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

Date of Notification (1)
[ ] Initial
[ ] Amended
[ ] Amendment # __________
[ ] Emergency (including justification)
[ ] Cancellation

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOI
[ ] DCA

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

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

Name of Contact
Bob Ortega

Facility Information

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

Street Address
11 Lake Lane
City (5)
Princeton
County (6)
Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Hatch Mott Macdonald
ASCN No

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Highway, Suite 500
City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Marlon MacPherson
Telephone No.
732-531-5571

Start Date (10)
9/2/16
Scheduled Completion Date (11)
[ ] 9/17/16

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)
[ ] 2,500 sf or ≥3,000 sf
[ ] ≥1600 sf or ≤2600 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Exterior Windows
Exterior Windows

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)

Exterior Windows
Exterior Windows

Amount (Specify SF or LF)
Caulkings
Glazing on Double Hung
255 LF
12 EA

Waste Management of New Jersey
NJDEP Waste Hauler ID No.

City, State
Trenton, NJ

Completed by
Joe White
Title
Project Manager

Name of Registered Landfill
GROWS Landfill
City, State
Morrisville, PA

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

Date of Notification (1)
8/29/16 Blue acres exempt

Name of Building Owner/Operator (2)
New Jersey D.P.M.C.

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

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

Street Address
20 West State St.

City, State, Zip Code
Trenton

Name of Contact
Walter Fernandez

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
6 Squire St.

City (5)
East Brunswick

County (6)
Middlesex

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Abandoned

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

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Enviromental

Street Address
135 Kinnelon RD

City, State, Zip Code
Kinnelon NJ 07040

License No.
01228

Name of OSHA Monitor
Yannuzzi Environmental

Street Address
135 Kinnelon Rd

City, State, Zip Code
Kinnelon, NJ 07040

Scope of Work (Check All That Apply)
- ≥30 sf or ≥3 If
- ≥160 sf or ≥260 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

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

Removal
Repair
Encapsulation
Enclosure

Basement/first floor
attic windows
roof
siding around house

stair treads
gray exterior window glaze
black tar flashing
transite siding

72 sf
12 lf
10 sf
2,184 sf

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
20

Name of Registered Landfill
Grows/Tullytown

City, State
Kinnelon, NJ

Completed by
John Mucha
Title
project manager

Signature

Date
9/2/16

ASB-41 (R-06-08)

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

Date of Notification (1)
3/30/16

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

Street Address
216 LEXINGTON AVENUE
City, State & Zip Code
LAKEWOOD, NJ 08701

Name of Contact
ALEX BAYLOR

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LAKEWOOD CENTRAL OFFICE

Street Address
216 LEXINGTON AVE

City (5)
LAKEWOOD

County (6)
OCEAN

County Code (7)

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

Square Feet
20000

# of Floors
3

Bldg. Age

Current Use (Prior if being demolished)

COMMUNICATIONS

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

Telephone Number
215-788-6040

License Number
00509

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

Street Address
8435 ENTERPRISE AVE

City, State & Zip Code
PHILADELPHIA PA 19153

Project Manager for Monitoring Firm
MARK JENKINS

Telephone Number
215-365-5810

Scheduled Start Date (10)
SEPTEMBER 9, 2016

Scheduled Completion Date (11)
SEPTEMBER 10, 2016

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

Describe:
5:00 PM – 1:30 AM

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

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

Is Location Normally Used Solely by Maintenance or 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)
64 SF

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

BASEMENT BATTERY AREA

VAT/MASTIC

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Date
8/30/16

PD 16103
Date of Notification (1) 8/29/16 Blue acres exempt

Name of Building Owner/Operator (2) New Jersey D.P.M.C.

Agencies Notified

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

Type Notification

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

Street Address
20 West State st.

City, State, Zip Code
Trenton

Name of Contact
Walter Fernandez

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
7 Squire St.

City (5)
East Brunswick

County (6)
Middlesex

Square Feet
300

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned

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

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Environmental

Street Address
1130 West Chestnut St. Suite 1224

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Richard Aquinera

Telephone No.
973-494-3762

License No.
01228

Start Date (10)
8/29/16

Scheduled Completion Date (11)
9/7/16

Name of OSHA Monitor
Yannuzzi Environmental

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

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

- [ ] Roof of garage/shed

Yes
No
N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

- [x] Yes
- [ ] No
- [ ] N/A

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

- [ ] black tar paper

Amount (Specify SF or LF)
625 sf

Abatement Type

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17487

Cubic Yards of Waste
20

Name of Registered Landfill
Grows/Tullytown

City, State
Kinnelon, NJ

Disposal Date
9/2/16

City, State
Morrisville

Completed by
John Mucha

Title
project manager

Signature

Date
8/29/16

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

Name of Building Owner/Operator (2)
New Jersey D.P.M.C.

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
20 West State st.

City, State, Zip Code
Trenton, New Jersey 08618

Name of Contact
Walter Fernandez

FACILITY INFORMATION
Type of Facility

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet
1800

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned

County Code (7)
(MIDDLESEX)

Name of Monitoring Firm Hired by Building Owner (3)
Bioterra Solutions

ASCN No.

Name of Abatement Contractor (9)
Yannuzzi Environmental

Street Address
135 Kinnelon Rd

City, State, Zip Code
Kinnelon NJ 07405

Project Manager for Monitoring Firm
Richard Aguinera

Telephone No.
973-484-3762

Start Date (10)
8/25/16

Scheduled Completion Date (11)
9/7/16

Name of OSHA Monitor
Yannuzzi Environmental

Street Address
135 Kinnelon Rd

City, State, Zip Code
Kinnelon, NJ 07405

Occuancy 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 if

≥160 sf or ≥250 if

Renovation

Demolition

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

Location of Asbestos-Containing Material

(to be abated in facility (13))

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

(to be abated in facility (13))

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Yes

No

N/A

Description of Asbestos-Containing Material

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclose

Basement

x

air cell pipe insulation

125 sf

x

Basement

x

mud fittings

20 sf

x

Basement

x

flu cement

4 sf

x

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17487

Cubic Yards of Waste
10

Name of Registered Landfill
Grows/Tullytown

City, State
Kinnelon, NJ

Disposal Date

City, State
Morrisville

Completed by
John Mucha

Title
Project Manager

Signature

Date
8/29/16

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

Date of Notification (1)
8/29/16 Blue acres exempt

Name of Building Owner/Operator (2)
New Jersey D.P.M.C.

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

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

Street Address
20 West State st.
City, State, Zip Code
Trenton, NJ 08618

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
Garage at 9 Squire St.
City (5)
East Brunswick
County (6)
Middlesex

County Code (7) (STATE USE ONLY) __________

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

ASCM No. __________________________

Name of Abatement Contractor (9)
Yannuzzi Environmental

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

Project Manager for Monitoring Firm
Richard Aguinaera
Telephone No. 973-494-3762

Telephone No. 908-218-0880
License No. 01228

Start Date (10)
8/31/16

Scheduled Completion Date (11)
9/7/16

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
☐ ≥150 sf or ≥2600 sf
☐ Renovation Demolition

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

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

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

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

Location
Garage windows
Garage doors

Amount (Specify SF or LF)
32 lf
50 lf

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

Name of Registered Waste Hauler
Yannuzzi Group
NJDEP Waste Hauler ID No. 17467

Cubic Yards
2

Name of Registered Landfill
Grows/Tullytown

City, State
Morrisville

Disposal Date
9/2/16

Completed by
John Mucha
Title
Project Manager

Signature
______________________________

Date
8/29/16

ASB-41 (R-06-09)

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

8/29/16 Blue acres exempt

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
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<td>EPA</td>
<td>Initial</td>
<td>20 West State st.</td>
<td>New Jersey D.P.M.C.</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton</td>
<td>Walter Fernandez</td>
<td>609-57</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Squire St.</td>
<td></td>
</tr>
</tbody>
</table>

City (5)
East Brunswick

County (6)
Middlesex

<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>Bioterra Solutions</td>
<td></td>
<td>Yannuzzi Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1130 West Chestnut St. Suite 1224</td>
<td>Union NJ 07083</td>
<td>973-494-3762</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Aguirera</td>
<td>973-494-3762</td>
<td>01228</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/31/16</td>
<td>9/7/16</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other – Describe:</td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>269 sf</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>320 sf</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>120 sf</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>2938 sf</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Group</td>
<td>17467</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill Grows/Tullytown</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9/2/16</td>
<td>Morrisville</td>
</tr>
</tbody>
</table>

Completed by John Mucha
Title project manager

Signature
Date 8/29/16

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

Date of Notification (1)  
08/12/2016  

Name of Building Owner/Operator (2)  
OUR LADY OF GOOD COUNSEL  

RECEIVED  
SEP 2 2016  

FACILITY INFORMATION  

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

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

Square Feet  
1,250  

Current Use (Prior if being demolished)  
98  

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

Square Feet  
1,250  

Current Use (Prior if being demolished)  
98  

Street Address  
42 W MAIN ST  

City, State, Zip Code  
MCORESTOWN, NJ 08058  

County Code (7) (STATE USE ONLY)  
BURLINGTON  

County Code (7) (STATE USE ONLY)  
BURLINGTON  

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

Name of Abatement Contractor (9)  
ALPHA ENVIRONMENTAL LLC  

Street Address  
PO BOX 82517  

City, State, Zip Code  
TRENTON, NJ 08650  

Telephone No.  
609-817-2956  

License No.  
012-22-  

Name of OSHA Monitor  
  

Scope of Work (Check all that apply)  
☐ ≥30 sf or ≥30 ft  
☐ ≥160 sf or ≥260 ft  
☐ ≥160 sf or ≥260 ft  

Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure  
Non-Exempted (*) and Non-Fireable 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  
Repair ☐ Encapsulate ☐  
Recover ☐  

Name of Registered Waste Hauler  
ALPHA ENVIRONMENTAL LLC  

NJDEP Waste Hauler ID No.  
00000000000  

Cubic Yards of Waste  
3  

Name of Registered Landfill  
  

Disposal Date  
  

City, State  
  

Completed By (Print or Type)  
  

Title  
  

Signature  
  

Date  
7/12/2016  

* 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)**
08-29-16

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

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

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

**Street Address**
1108 Grove St.

**City, State, Zip Code**
Irvington, NJ 07111

**Name of Contact**
Josh Thomas

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1108 Grove St.

**City**
Irvington

**County**
Essex

**County Code (7)**
N/A

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

**Name of Abatement Contractor (9)**
Delphi Contracting LLC.

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**Project Manager for Monitoring Firm**

**Telephone No.**
201 216-8603

**License No.**
01206

**Start Date (10)**
09-07-16

**Scheduled Completion Date (11)**
09-10-16

**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)**
- [ ] ≥30 sf or ≥3 lf
- [ ] 160 sf or ≥2250 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**

<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>In Facility (12)</td>
<td>Yes</td>
<td>VAT</td>
<td>200 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor</td>
<td>Yes</td>
<td>VAT</td>
<td>30 SF</td>
<td>x</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>Yes</td>
<td>Roof Materials</td>
<td>7200 SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Delphi Contracting LLC

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
30

**Disposal Date**
09-12-16

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
08-29-16

---

* 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):
08/29/2016

Name of Building Owner/Operator (2):
JAMES FORTNEY

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

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

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

Street Address:
1012 INDUSTRIAL DRIVE

City, State, Zip Code:
WEST BERLIN NJ 08091

County (6):
GLOUCESTER

Name of Abatement Contractor (9):
ASSURED ENVIRONMENTAL SERVICES INC.

County Code (7) (STATE USE ONLY):

Name of OSHA Monitor:
EMSL

Square Feet:
1500

# of Floors:
2

Bldg. Age:
40+

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):
RESIDENTIAL

Packet Consisting of:
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):
24 SF

Abatement Type:
☐ Removal ☐ Repair ☐ Encapsulate ☒ Endocure

Name of Registered Waste Hauler:
ASSURED ENVIRONMENTAL

Cubic Yards of Waste:
6

Name of Registered Landfill:
MINERVA LANDFILL

Disposal Date:
City, State:
WAYNESBURG, OH

Completed by:
RON SWANSON
Title:
GENERAL MANAGER
Signature:
Date:
08/29/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

Date of Notification (1)
August 29, 2016

 Agencies Notified:

☐ EPA
☐ DCA
☒ DO
☒ DEP- No Longer REQUIRED
☒ DOH

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 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)
77 HAMILTON AVENUE, BLDG# 3015

Street Address
COLLEGE AVENUE CAMPUS

City (4)
NEW BRUNSWICK

County (6)
MIDDLESEX

County Code (7)
(State Use Only)

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: 100+ years

Current Use (prior to being demolished): ACADEMIC

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
09/16/16

Scheduled Completion Date (11)
09/19/16

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: 4PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)

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) 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)

Abatement Type

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

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

Cubic Yards of Waste: 5 CY

Disposal Date
09/19/2016

City, State
100 New Ford Mill Rd., Morrisville, Pa 19067

215-736-1700

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

Hauler #2)
Newark Carting, Inc., Newark, NJ 07109
NJ DEP # 4599

Completed by (Print or Type)
RAGNOLD C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
August 29, 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)  
August 29, 2016  

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

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 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)  
DAVIDSON HALL A, BLDG# 3563

Street Address  
BUSCH CAMPUS

City (5)  
PISCATAWAY  
County (6)  
MIDDLESEX  
County Code (7)  
(State Use Only)

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

ASCM No.  
0095

Street Address  
3 TERRI LANE

City, State, Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN KEARNY

Telephone Number  
609-386-8800

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: 1  
Bldg. Age: 80+ 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  
973-492-0477

License Number  
00840

Name of OSHA Monitor  
ENVIROVISION, INC.

Street Address  
20-21 WARGARAW 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  
☐ Other - Describe:  
Schedule: 8AM - 5PM (24 HOURS & WEEKENDS AS NEEDED)

Sopps of Work (Check all that apply)  
☐ ≥ 3 sf or ≥ 3 ft  
☐ ≥ 160 sf or ≥ 260 ft  
☒ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure / Wrap & Cut  
☒ Non-Exempted (*) and Non-Friable Procedure

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)  
Abatement Type  
Remove, Repair Encap, Endose

Throughout Building  
☒ MASTIC

15,700SF  
☒

Throughout Building  
☒ TSI

100 LF  
☒

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

Disposal Date  
09/19/2016

City, State  
100 New Ford Mill Rd. Morrisville, Pa 19067  
215-736-1700

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

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

Hauler #2) Newark Carting, Inc., Newark, NJ 07114  
NJ DEP # 4509

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

Signature  
Raymond C. Pedalino  
Date  
August 29, 2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
08/31/16

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

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

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

Street Address
[redacted]

City, State, Zip Code
EAST ORANGE NJ

Name of Contact
DANIEL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
[redacted]

City (5)
EAST ORANGE

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
MULTI FAMILY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-588-9078

License No.
1200

Start Date (10)
09/09/16

Scheduled Completion Date (11)
09/13/16

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

Scope of Work (Check All That Apply)
- 23 sf or 23 sf
- 160 sf or 226 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (X) 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)
TSI

Amount (Specify SF or LF)
180 SF X

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
7

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
09/11/16

City, State
BETHLEHEM, PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

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 12:129)

Date of Notification (1): 08/31/16
Name of Building Owner/Operator (2): TINTON FALLS NJ

Agencies Notified □ EPA □ DEP □ DOL □ DOH □ DCA
Type Notification □ Initial □ Amended □ Amendment # □ Emergency (including justification) □ Cancellation
Name of Facility Where Abatement is Taking Place (3): TINTON FALLS
Street Address: 524 WARDELL RD
City, State, Zip Code: TINTON FALLS NJ
County: MONMOUTH
County Code (STATE USE ONLY): 2
Name of Contact: DAVID
Type of Facility (4):
□ School (K-12)
□ Subchapter 8 (Other than K-12)
□ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet: 2
# of Floors: 3
Bldg. Age: 2
Current Use (Prior to being demolished): NURSING HOME

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Name of Abatement Contractor (9):
AAA LEAD PROFESSIONALS
Street Address: 6 WHITE DOVE COURT
City, State, Zip Code: LAKEWOOD, NJ 08701
Project Manager for Monitoring Firm:
Telephone No.:
License No.:
Start Date (10): 09/12/16
Scheduled Completion Date (11): 09/12/16
Name of OSHA Monitor:
AAA LEAD PROFESSIONALS
Street Address: 6 WHITE DOVE COURT
City, State, Zip Code: LAKEWOOD, NJ 08701
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):
□March 2016 or 23
□ ≥160 sq ft or ≥2500 sq 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):
Yes □ No □ N/A

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

Amount (Specify SF or LF):

Abatement Type:
□ Removal
□ Repair
□ Encapsulate
□ Endotherm

Endotherm

Name of Registered Waste Hauler:
NEWARK CARTING
City, State:
NEWARK, NJ
Name of Registered Landfill:
IESI
Disposal Date: 09/12/16
City, State:
BETHLEHEM PA

Completed by:
JOSEPH PERLSTEIN
Title: OWNER
Signature
Date

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1) 8/29/16</th>
<th>Name of Building Owner / Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>Type Notification</td>
<td>7-Eleven Inc.</td>
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<tr>
<td>Agencies Notified</td>
<td>Street Address</td>
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<tr>
<td>EPA</td>
<td>1722 Routh Street, Suite 1000</td>
</tr>
<tr>
<td>DEP</td>
<td>City, State &amp; Zip Code</td>
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<td>X DOL</td>
<td>Dallas, TX 75201</td>
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<tr>
<td>X DOH</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>DCA</td>
<td>Eric Roemer</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

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

Street Address
609 Bear Tavern Road

City (5) Ewing
County (6) Mercer
County Code (7)

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

ASCM No.

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

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

Square Feet 5000
# of Floors 1
Bldg. Age 60

Current Use (Prior if being demolished)
Commercial

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

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Telephone Number 732-290-2217
License Number 00714

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

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

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

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

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

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

Amount (Specify Square Feet or Linear Feet)

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

Full Containment with Negative Pressure
Mini-Enclosure
X Glovebag Procedure
X Other: Non-friable

Basement
N/A
TSI pipe
232 LF
Removal

Basement
N/A
Flue packing
2 SF
Removal

Basement
N/A
Window glazing
12 SF
Removal

Freehold Carting
NJDEP Waste Hauler ID # 18693
Cu. Yds. of Waste 10
Name of Registered Landfill TRRF

City, State
Trenton, NJ

Disposal Date 9/16/16
City, State Tullytown, Pa

Completed By (Print or Type)
Dominick Tringali
Title Pres.

Signature 
Dominick Tringali
Date 8/29/16

ASB-41 JUN 95 G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
08/26/2016

Name of Building Owner/Operator (2)
Robert Fairchild

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

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

Street Address [redacted]
City, State, Zip Code New Providence, NJ 07974
Name of Contact Robert Fairchild

Telephone Number

FACILITY INFORMATION

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

Street Address [redacted]
City (5)
New Providence
County (6) Union
County Code (7) [STATE USE ONLY] __________

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

ASCM No. [redacted]
Name of Abatement Contractor (9)
D&S Abatement, Inc

Street Address
11 Rosengren Avenue
City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-346-8685
License No.
01311
Name of OSHA Monitor
D&S Abatement, Inc

Start Date (10)
09/07/2016

Scheduled Completion Date (11)
09/08/2016

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

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

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

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

garage X

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

Amount (Specify SF or LF)
30 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
D&S Abatement, Inc

NJDEP Waste Hauler ID No. 20996

Cubic Yards of Waste TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD

City, State
Tullytown, PA

Completed by
Oliver Hegedus
Title Project Manager

Signature

Date 08/26/2016

* 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)
08/25/2016

Name of Building Owner/Operator (2)
Laura Cristaldi

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOH
[ ] DOL
[ ] DCA

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

Street Address

City, State, Zip Code
Westwood, NJ 07675

Name of Contact
Laura Cristaldi

FACILITY INFORMATION

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

Street Address

City (5)
Westwood

County (6)
Bergen

County Code (7)

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

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

ASCM No.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
01311

Start Date (10)
08/09/2016

Scheduled Completion Date (11)
09/10/2016

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

Scope of Work (Check All That Apply)
[ ] ≤3,500 sq ft ≤3,000 sq ft
[ ] ≤160 sq ft ≤260 sq ft

Renovation
Demolition

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

Amount (Specify SF or LF)

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

Location of
Normal
Used Solely by
Custodial
Staff?

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

Abatement Type

Location
Removal
Encapsulate

Name of Registered Waste Hauler
D&S Abatement, Inc

Disposal Date
TBD

City, State
Totowa, NJ

Name of Registered Landfill
Waste Management of PA

City, State
Tullytown, PA

Completed by
Oliver Hegedis
Title
Project Manager

Signature
Date
08/26/2016

* 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)**
08/26/2016

**Name of Building Owner/Operator (2)**
Somerset County YMCA

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

**Street Address**
140 Mt. Airy Road

**City, State, Zip Code**
Basking Ridge, NJ 07920

**Name of Contact**
Anthony Alu

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Foot**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**

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

**Street Address**
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8685

**License No.**
01311

**Start Date (10)**
09/10/2016

**Scheduled Completion Date (11)**
09/11/2016

**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)**
- ≥3 sf or ≥3 If
- ≥160 sf or ≥280 If
- [x] Renovation
- [x] Demolition

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc

**Disposal Date**
TBD

**City, State**
Totowa, NJ

**Completed by**
Oliver Hegedis

**Title**
Project Manager

**Signature**

**Date**
08/26/2016

*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)
5-30-16

Name of Building Owner/Operator (2)
Tom Welsh Builder

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

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

City, State, Zip Code
HADDONFIELD NJ 08033

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
VACANT

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

Name of Abatement Contractor (9)
KLEMCOK INC

Type of Work (Check all that apply)

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

Siding

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

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

Amount (Specify SF or LF)
2500 SF

Abatement Type
Removal

Name of Registered Waste Hauler
KLEMCOK INC

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

Cubic Yards of Waste
3

Disposal Date

City, State
Maple Shade N.J

Complied By
Michael Klemm
Superintendent

Signature
Michael Klemm
Date
5-30-16

* 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)**
8-30-16

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

**Street Address**
716 HAVENTU AVE

**City, State, Zip Code**
OCEAN CITY, N.J. 08732

**Name of Contact**
DEAN ADAMS

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>RESIDENCE</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>OCEAN CITY</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>CAPE MAY</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td>KLEMCIO INC</td>
</tr>
</tbody>
</table>

**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**
2

**Bidg. Age**
50

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

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

**ASCM No.**

**Start Date (10)**
8-17-16

**Scheduled Completion Date (11)**
9-24-16

**Occupancy Status During Abatement (Check one only)**
- 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
- 3160 sf or ≥2600 sf
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**
- SIDING
- TRANSITE
- 3500 sf

**Name of Registered Waste Hauler**
KLEMCIO INC

**NDEP Waste Hauler ID No.**
17904

**Cubic Yards of Waste**

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

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

**Disposal Date**
8-30-16

**Completed By**
MICHAEL KLEMCIO

**Title**
UP

**Signature**

**Date**
8-30-16

*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)  
**5-30-16**

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

Agencies Notified  
- DOL

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

Street Address  
**155 RT 50**

City, State, Zip Code  
**Greenfield, NJ 08230**

Name of Contact  
**Bruce**

Facility Information  

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

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

Square Feet  
**2000**

# of Floors  
**2**

Bldg. Age  
**50+**

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

City (5)  
**Ocean City**

County (6)  
**Cape May**

County Code (7) (STATE USE ONLY)  
**260**

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, NJ 08052**

License No.  
**00444**

Project Manager for Monitoring Firm  
**Klemco Inc**

Telephone No.  
**856-779-0472**

Telephone No.  
**00444**

Start Date (10)  
**9-14-16**

Scheduled Completion Date (11)  
**9-21-16**

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

Scope of Work (Check all that apply)  
- 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 of Asbestos-Containing Material (ACM)</th>
<th>Transite</th>
<th>750 sq ft</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
**Klemco Inc**

NJDEP Waste Hauler ID No.  
**19904**

Cubic Yards of Waste  
**0**

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

City, State  
**Maple Shade, N.J.**

Disposal Date  
**8-30-16**

Completed By  
**Michael Klem**

Title  
**SUP.**

Signature  
**DAVID**

Date  
**8-30-16**

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (11)</th>
<th>8-30-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HARBAUGH DEVELOPERS</td>
</tr>
<tr>
<td>Street Address</td>
<td>318 GLASSBORO RD.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WOODBRIDGE HEIGHTS N.J. 08757</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City</td>
<td>STONE HARBOR</td>
</tr>
<tr>
<td>County</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>VACANT</td>
</tr>
</tbody>
</table>

| Name of Abatement Contractor (9) | KLEMCO INC |
| Street Address | 369 S SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |
| Telephone No. | 856-779-0422 |
| License No. | 00444 |
| Name of OSHA Monitor | JOSEPH KLEMM |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |

Start Date (10) | 9-12-16 |
| Scheduled Completion Date (11) | 9-19-16 |
| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |

Scope of Work (Check all that apply)

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>Siding</td>
</tr>
<tr>
<td>Transite</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
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<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | KLEMCO INC |
| NDEP Waste Hauler ID No. | [Redacted] |
| Cubic Yards of Waste | [Redacted] |
| Name of Registered Landfill | C.M.C. M.V.A |
| City, State | WOODBRIDGE N.J. |

Completed By | MICHAEL KLEMM |
| Title | Sup |
| Signature | [Signature] |
| Date | 8-30-16 |

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