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

Date of Notification (1)
9/8/2016

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07088

Name of Contact
Dwight Thomas

Name of Facility Where Abatement is Taking Place (3)

PSE&G

Street Address
422 UNIVERSITY AVE.

City (5)
NEWARK

County (9)
ESSEX

Type of Facility (4)

Environmental Tactics

County Code (7)
STATE USE ONLY

Square Feet
17241

# of Floors
3

Bldg. Age
57 yrs.

Current Use (Prior if being demolished)
SWITCH STATION

Name of Monitoring Firm Hired by Building Owner (5)
ASCN No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ 07747

Telephone No.
732-290-2217

License No.
01111

Start Date (10)
9/20/16

Scheduling Completion Date (11)
9/21/16

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

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

(13)

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)

Pipe Insulation

Amount (Specify SF or LF)
30 LF

Abatement Type
Removal

Endorsement

Name of Registered Waste Hauler
WASTE MANAGEMENT

Waste Hauler ID No.
NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste

Disposal Date

City, State
City, State
ELIZABETH, NJ
MORRISVILLE, PA

Completed by
CAROL RAIMO

Title
OFFICE MGR

Signature

Date
9/8/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1): 9/7/16

Agency Notified: EPA

Type of Notification: Initial

Name of Building Owner/Operator (2): Mega Land Wall, Mega Land Wall II, Mega Land III LLC/ #1609-2114

Street Address: 429 Market Street

City, State, Zip Code: Saddle Brook, NJ 07663

Name of Contact: Lisa Frantz

Facility Information

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

Commercial Property

Street Address: 1925 Route 35

City (5): Wall

County (6): Monmouth

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

Environmental Connections, Inc.

Asbestos Contractor (9):

Environmental Connections, Inc.

Vacancy Status: Unoccupied

Current Use (Prior to being demolished):

Vacant

Square Feet: 2500

# of Floors: 2

Bldg. Age: 75

Scope of Work (Check all that apply):

- Renovation
- Demolition

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

IN Facility

Lobby & Office

Patient Rooms & 2nd Fl. Apt.

2nd Floor Apartment

Basement Mechanical Room

Name of Registered Waste Hauler

Carnes Disposal

NJDEP Waste Hauler ID No. 17287

Cubic Yards of Waste: 5

Name of Registered Landfill:

GROWS Landfill

Completed By (Print or Type):

Kimberly A. Trumbetti

Title: Office Coordinator

Signature:

Date: 9/23/16

* 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)**  
09/07/2016  
**Name of Building Owner/Operator (2)**  
Robert Jaulin  

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

**Street Address**  
City, State, Zip Code  
Cranford, NJ 07016  
**Name of Contact**  
Robert Jaulin  

**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.)  

**City (5)**  
Cranford, NJ 07016  
**County Code (7) [STATE USE ONLY]**  
☐ Current Use (Prior to being demolished)  
☒ Vacant Residence  

**County (6)**  
**Union County**  
1200  
**Square Feet**  
2  
**# of Floors**  
80  
**Bldg. Age**  

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

**Name of Abatement Contractor (9)**  
DIA General Construction, Inc  
**ASCM No.**  

**Street Address**  
1360 Clifton Ave, PMB Suite 218  
**City, State, Zip Code**  
Clifton, NJ 07012  

**Project Manager for Monitoring Firm**  
**Telephone No.**  
973-389-0089  
**License No.**  
00693  
**Name of OSHA Monitor**  
DIA General Construction, Inc  
**Street Address**  
1360 Clifton Ave, PMB Suite 218  
**City, State, Zip Code**  
Clifton, NJ 07012  

**Start Date (10)**  
09/17/2016  
**Scheduled Completion Date (11)**  
09/18/2016  

**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)**  
☐ ±30 sf or ±30 if  
☒ ±160 sf or ±260 sf  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

**Location of Asbestos-Containing Material (ACM) to Be Abated in Facility (13)**  

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe / Elbow Insulation</th>
<th>120 LF</th>
<th></th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**  
Service Transport  
**NJDEP Waste Hauler ID No.**  
20990  
**Cubic Yards of Waste**  
5  
**Name of Registered Landfill**  
Minerva Landfill  
**Disposal Date**  
09/18/2016  
**City, State**  
Waynesburg, PA  

**Completed by**  
Krutarth Jagad  
**Title**  
Project Manager  
**Signature**  
Date  
09/07/2016  

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/6/16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td></td>
</tr>
<tr>
<td>Verizon Communications</td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>15 East Montgomery Place</td>
<td></td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td></td>
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<tr>
<td>Pittsburgh, PA 15212</td>
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</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Alex Baylor</td>
<td></td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) |
| Verizon New Brunswick CO |
| Street Address |
| 18 Paterson Street |

| City (5) |
| New Brunswick |
| County (6) |
| Middlesex |
| County Code (7) |

| Name of Monitoring Firm Hired by Building Owner (8) |
| USA Environmental Inc. |
| Street Address |
| 8436 Enterprise Avenue |
| City, State & Zip Code |
| Philadelphia pa 19153 |

| Project Manager for Monitoring Firm |
| Mark Jenkins |
| Telephone Number |
| 215-365-5810 |

| Scheduled Start Date (10) |
| 9/19/16 |
| Scheduled Completion Date (11) |
| 9/20/16 |

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

| Square Feet |
| 236521 |
| # of Floors |
| 10 |
| Bldg. Age |
| 79 |

| Current Use (Prior if being demolished) |
| Telephone Communications |
| Bristol Environmental, Inc. |
| Street Address |
| 1123 Beaver Street |
| City, State & Zip Code |
| Bristol, PA 19007 |

| Name of Abatement Contractor (9) |
| Bristol Environmental, Inc. |
| Street Address |
| 1123 Beaver Street |
| City, State & Zip Code |
| Bristol, PA 19007 |

| Name of OSHA Monitor |
| Bristol Environmental, Inc. |
| Street Address |
| 1123 Beaver Street |
| City, State & Zip Code |
| Bristol, PA 19007 |

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

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

| 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) |
| 8 SF |

| Abatement Type |
| Removal |
| Repair |
| Encapsulation |
| Enclosure |

| Column 60 – 3rd Floor |

| Name of Registered Waste Hauler |
| Service Transport Inc. |
| NJDEP Waste Hauler ID No. 20980 |

| Cubic Yards of Waste |
| Minerva Landfill |
| Disposal Date |
| City, State |
| Waynesburg, Ohio |

| Name of Registered Landfill |
| Minerva Landfill |

| Completed By (Print or Type) |
| Patrick T. Decaro |
| Title |
| Project Manager |
| Signature |
| Patrick T. Decaro |
| Date |
| 9/6/16 |

PD 16113
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
09/07/2016

Name of Building Owner/Operator (2)
Pat Kelly

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

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

Street Address

City, State, Zip Code
Branchburg, NJ 08853

Name of Contact
Pat Kelly

FACILITY INFORMATION

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

Bldg. Age
80

Current Use (Prior if being demolished)
Vacant Residence

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

City (5)
Branchburg, NJ 08853

County (6)
Somerset

County Code (7) (STATE USE ONLY) ________

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

ASCM No.

Name of Abatement Contractor (9)
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.
973-389-0093

License No.
00693

Start Date (10)
09/17/2016

Scheduled Completion Date (11)
09/18/2016

Name of OSHA Monitor
DIA general Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 if
☒ 260 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

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

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

Amount (Specify SF or LF)
120 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20390

Cubic Yards of Waste
5

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, PA

Disposal Date
09/18/2016

Completed by
Krutarth Jagad

Title
Project Manager

Signature

Date
09/07/2016

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

Date of Notification (1) 9/8/2016

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

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

Name of Building Owner/Operator (2) PSEG
Street Address 4000 HADLEY ROAD
City, State, Zip Code SOUTH PLAINFIELD, NJ 07080

Name of Contact Dwight Thomas
Facility Information

Name of Facility Where Abatement is Taking Place (3) PSE + G
Street Address 422 UNIVERSITY AVE.
City (5) NEWARK
County (6) ESSEX

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS
ASCM No. 0045
Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 396 WHITEHEAD AVE.
City, State, Zip Code SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm TOM GEIGER
Telephone No. 732-290-2217

License No. 01111

Start Date (10) 9/8/16
Scheduled Completion Date (11) 9/21/16

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

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 if
- [ ] ≤150 sf or ≤2600 sf
- [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 (13)

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

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF) 30 LF

Abatement Type

Name of Registered Waste Hauler WASTE MANAGEMENT
NJDEP Waste Hauler ID No. 1125
Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ MORRISVILLE, PA

Completed by CAROL RAIMO
Title OFFICE MGR
Signature

Disposal Date TBD

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

Date of Notification (1)
9 / 7 / 16

Name of Building Owner/Operator (2)
Mega Land Wall, Mega Land Wall II, Mega Land III LLC/ #1609-2114

Ck #4469

Name of Contact
Lisa Franz

FACILITY INFORMATION

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

Square Feet
2500

# of Floors
2

Bidg. Age
75

County Code (7)/(STATE USE ONLY)

Current Use (Prior if being demolished)
Vacant

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylon Boulevard
City, State, Zip Code
Hainesport, NJ 08036

License No.
00862

ASCM No.

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

Number of Stories

Number of Floors

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

Street Address
120 North Warren Street
City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Kwand Jones

Telephone No.
609-392-4200

Start Date (10)
9 / 21 / 16

Scheduled Completion Date (11)
9 / 23 / 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)
☐ ≥300 sf or ≥300 sf
☐ ≥600 sf or ≥600 sf
☐ ≥250 sf or ≥250 sf
☐ Renovation
☐ Demolition
☐ Negative Pressure
☐ Enclosure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

Lobby & Office
☐ ☐ ☐
Patient Rooms & 2nd Fl. Apt.
☐ ☐ ☐
2nd Floor Apartment
☐ ☐ ☐
Basement Mechanical Room
☐ ☐ ☐

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
☐ ☐ ☐

Location of Registered Waste Hauler
Carnevale Disposal

Waste Hauler ID No.
17297

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

Disposal Date
9/23/16

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date 9-7-2016

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

Date of Notification (1) 09/07/2016  
Name of Building Owner/Operator (2) Robert Jaulin

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

Street Address  
City, State, Zip Code  
Cranford, NJ 07016

Name of Facility Where Abatement is Taking Place (3)  
Residence
City (5)  
Cranford, NJ 07016  
County (5)  
County Code (?)  
(STATE USE ONLY)  
Square Feet 1200  
# of Floors 2  
Bidg. Age 80

Type of Facility (4)  
□ School (K-12)  
□ Subchapter 8 (Other than K-12)  
□ 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)  
DIA General Construction, Inc  
Street Address 1360 Clifton Ave, PMB Suite 218  
City, State, Zip Code  
Clifton, NJ 07012

Project Manager for Monitoring Firm  
Telephone No.  
Telephone No. 973-389-0089  
License No. 00693

Start Date (10) 09/17/2016  
Scheduled Completion Date (11) 09/18/2016  
Name of OSHA Monitor  
DIA general Construction, Inc  
Street Address 1360 Clifton Ave, PMB Suite 218  
City, State, Zip Code  
Clifton, NJ 07012

Occupancy Status During Abatement (Check Only One)  
□ Facility Closed/Vacated During Entire Period of Abatement  
□ Abatement Performed Outside of Normal Facility Hours  
□ Other – Describe:  
Scope of Work (Check All That Apply)  
□ 23 sf or ≤23 sf  
□ ≥160 sf or ≥260 sf  
□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
(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)  
Pipe/Elbow Insulation 120 LF  
Amount (Specify SF or LF)  
Name of Registered Waste Hauler  
Service Transport  
NJDEP Waste Hauler ID No. 20930  
Cubic Yards of Waste 5  
Name of Registered Landfill  
Minerva Landfill  
Disposal Date 09/18/2016  
City, State Waynesburg, PA

Completed by  
Krutarth Jagad  
Title  
Project Manager  
Signature  
Date 09/07/2016

* 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) 9/6/16

Name of Building Owner / Operator (2) Verizon Communications

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☒ DOH Emergency
☐ DCA Cancellation

Street Address
15 East Montgomery Place

City, State & Zip Code
Pittsburgh, PA 15212

Name of Contact
Alex Baylor

FACILITY INFORMATION

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

Street Address
18 Paterson Street

City (6) New Brunswick
County (6) Middlesex
County Code (7)

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

ASCM No.

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental Inc.

Square Feet # of Floors Bldg. Age
236521 10 79

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)

Telephone Communications

Scheduled Start Date (10) 9/19/16
Scheduled Completion Date (11) 9/20/16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 6:00 PM -1:30 AM
☐ Facility Occupied During Abatement

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

Abatement Type

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

Column 50 – 3rd Floor

VAT & MASTIC 8 SF

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste
NJDEP Waste Hauler ID No.
20990

Name of Registered Landfill
Minerva Landfill

Disposal Date
City, State
Waynesburg, Ohio

Completed By (Print or Type)
Patrick T. Decaro

Title Project Manager

Signature

Date 9/6/16

PD 16113
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

**Date of Notification (1)**  
09/07/2016  
**Name of Building Owner/Operator (2)**  
Pat Kelly  
**Name of Facility Where Abatement is Taking Place (3)**  
Residence  
**City (5)**  
Branchburg, NJ 08853  
**County (8)**  
Somerset  
**Type of Facility (4)**  
Vacant Residence  
**Square Feet**  
1500  
**# of Floors**  
2  
**Bldg. Age**  
80  
**Current Use (Prior if being demolished)**  
Vacant Residence  
**Name of Monitoring Firm Hired by Building Owner (8)**  
N/A  
**ASCM No.**  
**Name of Abatement Contractor (9)**  
DIA General Construction, Inc  
**Street Address**  
1360 Clifton Ave, PMB Suite 218  
**City, State, Zip Code**  
Clifton, NJ 07012  
**Telephone No.**  
973-389-0089  
**License No.**  
00693  
**Name of OSHA Monitor**  
DIA General Construction, Inc  
**Street Address**  
1360 Clifton Ave, PMB Suite 218  
**City, State, Zip Code**  
Clifton, NJ 07012  
**Start Date (10)**  
09/17/2016  
**Scheduled Completion Date (11)**  
09/18/2016  
**Occupancy Status During Abatement (Check Only One)**  
Facility Closed/Vacated During Entire Period of Abatement  
**Scope of Work (Check All That Apply)**  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  
- Yes  
- No  
- NA  
**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**  
Basement  
**Is Location Normally Used Solated by Maintenance/ Custodial Staff? (12)**  
Yes  
**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**  
Pipe/Elbow Insulation  
**Amount (Specify SF or LF)**  
120 LF  
**Name of Registered Waste Hauler**  
Minerva Landfill  
**Service Transport**  
NJDEP Waste Hauler ID No. 20990  
**Cubic Yards of Waste**  
5  
**Name of Registered Landfill**  
Minerva Landfill  
**City, State**  
Waynesburg, PA  
**Disposal Date**  
09/18/2016  
**Completed by**  
Krutarth Jagad  
**Title**  
Project Manager  
**Signature**  
[Signature]  
**Date**  
09/07/2016  

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