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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/19/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>County of Essex</td>
<td>2016 SEP 23 4:11:33</td>
</tr>
</tbody>
</table>
| Agencies Notified | □ EPA  
         □ DEP  
         □ DOL  
         □ DOH  
         □ DCA |
| Type Notification | □ Initial  
         □ Amended  
         □ Amendment #  
         □ Emergency (including justification)  
         □ Cancellation |
| Street Address | 900 Bloomfield Avenue  
         Varona, NJ |
| City, State, Zip Code | Varona, NJ 07071 |
| Name of Contact | Mr. Sanjeev Vargheese |
| Telephone Number | |
| Name of Facility Where Abatement is Taking Place (3) | Veterans Courthouse |
| Street Address | 50 West Market Street |
| City (5) | Newark, |
| County (6) | Essex |
| County Code (7) | |
| Current Use (Prior to being demolished) | Courthouse |
| Square Feet | 275,000 |
| # of Floors | 11 |
| Bldg. Age | 80 |
| Name of Monitoring Firm Hired by Building Owner (8) | Mott MacDonald |
| ASCM No. | 00140 |
| Name of Abatement Contractor (9) | DIA General Construction, Inc. |
| Street Address | 1360 Clifton Avenue, PMB Suite 218 |
| City, State, Zip Code | Clifton, NJ 07012 |
| Project Manager for Monitoring Firm | Kevin Herrity |
| Telephone No. | 973-912-2480 |
| Name of GSHA Monitor | DIA General Construction, Inc. |
| Street Address | 1360 Clifton Avenue, PMB Suite 218 |
| City, State, Zip Code | Clifton, NJ 07012 |
| Start Date (10) | 9/30/2016 |
| Scheduled Completion Date (11) | 10/3/2016 |
| 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) | □ ≥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-Fireable Procedure |
| Location of Asbestos-Containing Material (ACM) (12) | 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 | |
| Mechanical Floor | Tank Insulation  
         40 SF  
         X |
| Mechanical Floor | Elbow Insulation  
         8 Each  
         X |
| Name of Registered Waste Hauler Service Transport Group | |
| Cubic Yards of Waste | 5 CY |
| Disposal Date | 3/2/2016 |
| City, State | Waynesburg, OH 44688 |
| Name of Registered Landfill | Minerva Landfill |
| Completed by | Krutarth Jagad |
| Title | Project Manager |
| Signature | |
| Date | 10/3/2016 |

*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)
09/16/2016

Name of Building Owner/Operator (2)
The Hudson Tea Buildings Condominium Association

Agencies Notified
☐ Initial
☐ Amended
☒ Amendment #3
☐ Emergency (including justification)
☐ Cancellation

Street Address
1500 Washington St. Management Office

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Vito X. Lanotte, Manager

Name of Facility Where Abatement is Taking Place (3)
Hudson Tea Buildings

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (5)
The Oak Group

County Code (7)
Hudson County

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

Square Feet
120000

# of Floors
12

Bldg. Age
1905

Current Use (Prior to being demolished)
Apartments

Name of Abatement Contractor (9)
SMAC Corp.

Telephone No.
(856)377-0060

License No.
01110

Street Address
431 North Midland Ave. Suite A

City, State, Zip Code
Saddle Brook, NJ 07663

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
1056 Shelton Ave.

City, State, Zip Code
Piscataway, NJ 08854

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥33 sf
☒ ≥160 sf or ≥290 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)

Amount (Specify SF or LF)
46,000

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

Exterior Columns
☒ Removal of Coating
☐ Store
☐ Abandon

Name of Registered Waste Hauler
SMAC Corp.

Cubic Yards of Waste
20

Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA

Completed by
Borce Gjorskosi

Title
President

Signature
Date
09/16/2016

Print Form

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

**Pursuant to NJAC 8:60 and 12:120**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>06/16/2016</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>The Hudson Teas Buildings Condominium Association Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Washington Street, Management Office</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hoboken, NJ 07030</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Vito X. Lanotte, Manager</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Hudson Teas Buildings</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Washington Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hoboken, NJ 07030</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Apartments</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>431 North Midland Ave, Suite A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Saddle Brook, NJ</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>SMAC Corp.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201) 791-6777</td>
</tr>
<tr>
<td>Name of GSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1065 Sheller Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Exterior</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Removal of Coating</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12) *</td>
<td></td>
</tr>
<tr>
<td>Cubic-Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SMAC Corp.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>09/30/2016</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

*Note: Do not use this form for asbestos licenced exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 12:120)  

**Date of Notification (1)**  
05/13/2015  

**Name of Building Owner/Operator (2)**  
The Hudson Tea Buildings Condominium Association Inc.  

**Street Address**  
1500 Washington Street, Management Office  

**City, State, Zip Code**  
Hoboken, NJ 07030  

**Name of Contact**  
Vito X. Lanotte, Manager  

**Telephone Number**  

**Name of Facility Where Abatement Is Taking Place (3)**  
Hudson Tea Buildings  

**Street Address**  
1500 Washington Street  

**City**  
Hoboken  

**County**  
Hudson County  

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

**Project Manager for Monitoring Firm**  
Ed Eichen, CIH  

**Start Date (10)**  
06/01/2016  

**Scheduled Completion Date (11)**  
09/30/2016  

**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-Outdoor project-Abatement on Exterior Columns  

**Scope of Work (Check All That Apply)**  
[ ] 23 sf or 33 if  
[ ] ≥160 sf or ≥2200 sf  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Fitlable Procedure  
[ ] Overseas  

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Square SF or LF)</th>
<th>( \times )</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>Exterior Columns</td>
<td>Removal of Coating</td>
<td>46,000</td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
SMAC Corp.  

**NJDEP Waste Hauler ID No.**  
18550  

**Cubic Yards of Waste**  
20  

**Name of Registered Landfill**  
GROWS Landfill  

**City, State**  
Saddle Brook, NJ 07663  

**Disposal Date**  
09/30/2016  

**City, State**  
Morristown, PA  

**Completed by**  
Borce Gjorcoli  
Title: President  

**Signature**  

**Print Form**  

---  

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

Date of Notification (1)
9/22/16

Name of Building Owner/Operator (2)
356 Getty Ave, LLC

Address of Abatement
356 Getty Avenue

City, State, Zip Code
Clifton, NJ

Name of Contact
John Inglese

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Former Alfred Heller Site

Street Address
356 Getty Avenue

City (6)
Clifton

Square Feet
16,100

County Code (7)
NA

Type of Facility (4)

Bidg. Age
75

Current Use (Prior to being demolished)
NA

County (5)
Passaic

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
510 Heron Drive, Suite 360

City, State, Zip Code
Bridgeport, NJ 08016

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

Telegram No.
856-487-2276

License No.
01161

Telephone No.
484-872-8884

Project Manager for Monitoring Firm
Tony Alessandrini

Street Address
407 West Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Start Date (10)
9/26/16

Name of OSHA Monitor
EMSL

Scheduled Completion Date (11)
10/28/16

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ

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-Frigible 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 SP or LF)

Abatement Type

See Attached

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
38

Disposal Date
TBD

Name of Registered Landfill
Minerva

City, State
Waynesburg, OH

Completed by
Jack Rally

Title
Sr. Project Manager

Signature

Date 9/22/16

* Do not use this form for asbestos licensure exempted activities.
| 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) | Removal | Repair | Encap | Enclosure |
|---|---|---|---|---|---|---|---|---|
| Building 1 | na | acpl | 1988 sf | x | | | | |
| Building 2 | na | Gray floor tile | 3 sf | x | | | | |
| Building 5 | na | acpi | 825 sf | x | | | | |
| Building 6 | na | acpi | 525 sf | x | | | | |
| Brick Building | na | 9"x9" floor tile | 1250 sf | x | | | | |
| Brick Building | na | floor tile mastic | 3925 sf | x | | | | |
| Brick Building, boiler room | na | tank insulation | 32 sf | x | | | | |
| Brick Building, boiler room | na | acpl | 20 sf | x | | | | |
| Single Story Masonry Building | na | 9"x9" floor tile and underlying mastic | 2600 sf | x | | | | |
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

| 1/1/18 | 1/1/16 |

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

City of Clifton

**Street Address**

900 Clifton Ave.

**City, State, Zip Code**

Clifton, NJ 07013

**Name of Contact**

Mr. Dominick Villano

**Telephone Number**


**FACILITY INFORMATION**

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

City of Clifton DPW Garage Building B

**Street Address**

307 East 7th Street

**City (5)**

Clifton, NJ 07013

**County (6)**

Passaic

**County Code (7)**

(State use only)

**Type of Facility (4)**

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☐ Other (Private/Commercial, Bldgs./Homes, etc.)

**Square Feet**

12,000 sf

**# of Floors**

02

**Bldg. Age**

65

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

Vacant Building

**Name of Abatement Contractor (9)**

Paragon Contracting, Inc.

**Street Address**

590 River Rd.

**City, State, Zip Code**

Clifton, NJ 07014

**Telephone Number**

(973) 614-1600

**License Number**

00748

**Name of OSHA Monitor**

Paragon Contracting, Inc.

**Street Address**

590 River Rd.

**City, State, Zip Code**

Clifton, NJ 07014

**Scheduled Start Date (10)**

10/05/2016

**Sched. Completion Date (11)**

10/17/2016

**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)**

☒ Demolition

☐ Renovation

☐ >3 sf or >3 if

☐ ≥180 sf or ≥280 if

☐ ≥3 sf or ≥3 if

☐ ≥180 sf or ≥280 if

☐ Full Containment w/ negative pressure

☐ Glovebag procedure

☐ Mini-enclosure

☒ Non-Exempted (*) Non-friable procedure

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage</td>
<td>Pipe Insulation</td>
<td>245 LF</td>
</tr>
<tr>
<td>Garage 1st Floor Bathroom</td>
<td>VAT</td>
<td>90 SF</td>
</tr>
<tr>
<td>Garage 2nd Floor Bathroom</td>
<td>VAT &amp; Mastic</td>
<td>120 SF</td>
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</tbody>
</table>

**Registered Waste Hauler**

Paragon Contracting, Inc.

**NJ DEP Hauler ID#**

22161

**Cubic Yards of Waste**

15 cyds

**Name of Registered Landfill**

GROWS/Tullytown

**City, State**

Clifton, NJ

**Tullytown, PA**

**Completed by (Print or Type)**

Goran Lazevski

**Title**

President

**Signature**


**Date**

09/21/2016
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
*Forward to NJAC 8:60 and 12:1250*

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>2013 SEP 23 11:21 AM</th>
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<tbody>
<tr>
<td>12/22/18</td>
<td>PSE&amp;G Fossil LLC Mercer Generating Station</td>
<td></td>
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**Persons Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Name</th>
<th>Notified</th>
<th>Written</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>DEP</td>
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</tr>
<tr>
<td>DCS</td>
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**Street Address**

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2512 Lamberton Road</td>
<td>Hamilton, New Jersey</td>
</tr>
</tbody>
</table>

**County**

<table>
<thead>
<tr>
<th>County Name</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Person/Entity**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Williams</td>
<td>302-344-4217</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE&amp;G Fossil LLC Mercer Generating Station</td>
<td>School K-12</td>
</tr>
</tbody>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1005 St George Lane</td>
<td>Hamilton, New Jersey</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>NJ</td>
<td>08619</td>
</tr>
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**Current Use**

<table>
<thead>
<tr>
<th>Current Use</th>
<th>(Prior if Being Demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150000</td>
<td>10</td>
</tr>
</tbody>
</table>

**Scope of Work**

- Asbestos-containing Materials (ACM) to be Abated
  - Location:
    - X | Renovation
    -  | Demolition
  - Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, roofing, VAT, or other asbestos
  - Amount:
    - 3500 SF

**Abatement Type**

- Retain
- Repair
- Encapsulate
- Remove

**Name of Registered Waste Handler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Wasted Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of New Jersey</td>
<td></td>
</tr>
</tbody>
</table>

**City, State**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton</td>
<td>NJ</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan McConnell</td>
<td>Insulation Superintendent</td>
</tr>
</tbody>
</table>

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

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

Name of Building Owner/Operator (2):
Princeton University-Office of Design and Construction

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:22-8)

Type Notification:
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address:
200 Elm Dr.
City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Princeton University-Firestone Library

Street Address:
Washington Rd
City (5):
Princeton
County (6):
MERCE

Square Feet:
1,000,000
# of Floors:
8
Bldg. Age:
70

Name of Monitoring Firm Hired by Building Owner (8):
ATC Group Services LLC
ASCM No.:
00098

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007

Project Manager for Monitoring Firm:
Michael Keehn
Telephone No.:
609-386-8800

License No.:
215-788-6040

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Start Date (10):
10/31/16
Scheduled Completion Date (11):
1 / 30 / 17

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM

Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 3 if
- ≥ 150 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12):

<table>
<thead>
<tr>
<th>Levels B, A and 1</th>
<th>Pipe and pipe fitting Insulation</th>
<th>4190 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels B, A and 1</td>
<td>Floor tile and mastic</td>
<td>18,440 SF</td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td>Joint compound</td>
<td>16,520 SF</td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td>Acoustical ceiling plaster</td>
<td>2,222 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.
NJDEP Waste Hauler ID No.:
18706
Cubic Yards of Waste:

Name of Registered Landfill:
G.R.O.W.S. NORTH LANDFILL
City, State:
BRISTOL, PA 19007
Disposal Date:

Completed By (Print or Type):
Brian Scafio
Title:
Estimator
Signature:
Date:
7/16/16

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 16 / 16</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

### Agencies Notified
- EPA
- CLOWD
- DHSS
- DCA
  - NJAC 5:23-8

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>200 Elm Dr.</td>
</tr>
<tr>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Firestone Library</td>
<td>ATC Group Services LLC</td>
</tr>
</tbody>
</table>

### Street Address
- Washington Rd
- Princeton, NJ 08544

### City, State, Zip Code
- Princeton, NJ 08544

### Square Feet
- 1,000,000

### # of Floors
- 8

### Edg. Age
- 70

### County Code
- MERCER

### County Code (STATE USE ONLY)
- MERCER

### Current Use (Prior if being demolished)
- Library

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

### Name of Abatement Contractor
- BRISTOL ENVIRONMENTAL, INC.

### Street Address
- 1123 BEAVER STREET

### City, State, Zip Code
- BRISTOL, PA 19007

### Project Manager for Monitoring Firm
- Michael Keehn

### Telephone No.
- 609-366-8800

### License No.
- 00500

### Start Date
- 1 / 16

### Scheduled Completion Date
- 1 / 30 / 17

### Scope of Work
- Full Containment with Negative Pressure
- Renovation
- Demolition
- Fireproofing
- Radiator liner
- Splice, plaster & Drywall ceiling
- Cubic Yards of Waste

### Disposal Date
- 9/16/2020

### Name of Registered Waste Hauler
- BRISTOL ENVIRONMENTAL, INC.

### NJDEP Waste Hauler ID No.
- 18706

### Name of Registered Landfill
- G.R.O.W.S. NORTH LANDFILL

### City, State
- BRISTOL, PA 19007

### Completed By
- Brian Scafro

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 31 / 16</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

**Agency Notified**  
- [X] EPA 964
- [X] DOHWD 0928
- [X] DHSS 0911
- [X] DCA 1550 (NJAC 5:23-B)

**Street Address**  
200 Elm Dr.
Princeton, NJ 08544

**Telephone Number**  
Robert Ortega

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Princeton University-Firestone Library

**Type of Facility (4)**  
- [X] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**  
1,000,000

**# of Floors**  
8

**Bldg. Age**  
70

**Name of Monitoring Firm Hired by Building Owner (6)**  
ATC Group Services LLC

**ASCM No.**  
00098

**Name of Abatement Contractor (5)**  
BRISTOLEN VIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BURLINGTON, NJ 08016

**Telephone No.**  
609-386-8800

**License No.**  
00509

---

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

**Scheduled Completion Date (11)**  
1 / 30 / 17

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM_——FM——AM

**Scope of Work (Check all that apply)**
- [X] Renovation
- [X] Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Levels B, A and 1</th>
<th>Pipe and pipe fitting insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels B, A and 1</td>
<td>Floor tile and mastic</td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td>Joint compound</td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td>Acoustical ceiling plaster</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
BRISTOLEN VIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**  
18706

**Cubic Yards of Waste**  
4190 LF

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

**City, State**  
BRISTOL, PA 19007

**Disposal Date**  
MORRISVILLE, PA 19067

**Completed By (Print or Type)**  
Brian Scafaro

**Title**  
Estimator

**Signature**  
Brian Scafaro

**Date**  
8/31/16

---

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

Date of Notification (1)
8 / 31 / 16

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

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

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

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortigo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)\STATE USE ONLY\ County Code
1000000

# of Floors
8

Bldg. Age
70

Type of Facility (4)
- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
10000

Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.
00088

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Kehn

Telephone No.
609-386-8800

License No.
00509

Start Date (10)
9 / 14 / 16

Scheduled Completion Date (11)
1 / 30 / 17

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 Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM, 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)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels B, A and 1</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fireproofing</td>
<td>1,620 SF</td>
</tr>
<tr>
<td>Radiator liner</td>
<td>320 SF</td>
</tr>
<tr>
<td>Spline, plaster &amp; Drywall ceiling</td>
<td>15,924 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Disposal Date

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

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scalafo

Title
Estimator

Signature
Brian Scalafo

Date
8/31/16

* 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)

Date of Notification (1)

Name of Building Owner/Operator (2)
605 Jackson Hoboken, LLC
Street Address
1450 Garden St.
City, State, Zip Code
Hoboken, NJ 07030
Name of Contact
Matthew Testa

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Pino Property

Type of Facility (4)

Square Feet
4,000 sf

City (5)
Hoboken, NJ 07030
County (6)
Hudson
County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Langan Engineering
Street Address
300 Kimball Dr. 4th Floor
City, State, Zip Code
 Parsippany, NJ 07054

Project Manager for Monitoring Firm
Langan
Phone Number
973-560-4900

Scheduled Start Date (10)
07/27/2016
Sched. Completion Date (11)
10/19/2016

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

Scope of Work (check all that apply)
☒ Demolition
☒ Renovation
☐ Full Containment w/negative pressure
☐ Glovebag procedure
☐ Mini-enclosure
☒ Non-Exempted (*) Non-friable procedure

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Roof Stand By During Demo
Metal Roof Panels with Tar
5,400 SF

Office Roof
Roofing/Flashings
823 SF

Office Interior
VAT/Mastic
380 SF

Registered Waste Hauler
Red Technologies, LLC.
NJDEP Hauler ID# 36163
Cubic Yards of Waste
60 cyds
Name of Registered Landfill
Minerva Enterprises
City, State
Portland, CT 06480
Disposal Date
TBD

Completed by (Print or Type)
Title
Goran Lazevski
President

Date
09/19/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)         September 20, 2016
Name of Building Owner/Operator (2)   Messercola Excavating Co., Inc.

Agencies Notified
[ X ] EPA                     Type of Notification
[ X ] NDEP                    [ x ] Initial Notification
[ X ] DOEL                    [ x ] Amended Notification
[ X ] DOH                     [ x ] Emergency (including justification)
[ ] DCA                      [ ] Cancellation

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

Seaside Park
County (6)
Ocean
County Code (7)

FACILITY INFORMATION

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

ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.

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

Square feet
1200 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior to being demolished)
Residence

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

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

Telephone Number
732-349-9932

License Number
00624

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
[ ] 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

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

REM OVAL
R EP A I R
E N C A P S U L E
E NCLOURE

Asbestos siding
1250 sf

X

Exterior

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
10/4/16

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Pernicola

Title
Project Manager

Signature

Date
9/20/2016

*Do not use this form for asbestos licensure exempted activities.
DEMOLOITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

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

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

OWNER NAME: Messercola Excavating Co., Inc.

Address: 127 Bloomfield Road

City: Barnegat State: New Jersey Zip: 08005

Contact: Fernando Tel: 609-549-5704

REMOVAL CONTRACTOR: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61

City: Toms River State: New Jersey Zip: 08755

Contact: Nicholas Fernicola Tel: 732-349-9932

OTHER OPERATOR (if different)

Address: 

City: State:

Contact: 

Tel: 

NJ License:

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)

Building Name: Residence

Address: 259 N Street

City: Seaside Park State: New Jersey County: Ocean

Site Location: Exterior

Building Size: 1200 sf # of Floors: 1 Age in Years: 60

Present Use: Residence Prior Use: Residence

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

IS MATERIAL ASSUMED TO BE ASBESTOS?

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

<table>
<thead>
<tr>
<th>Nonfibrous Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
</tr>
<tr>
<td>-------</td>
</tr>
</tbody>
</table>

 Pipes (Linear feet):

Surface Area (Square feet): 1250 sf Asbestos siding Exterior

RACM Off Facility Component (Cubic feet):

VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

Start: 9/30/16 Complete: 10/3/16
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 sheeting will be placed on the ground below and the asbestos will be removed by non-sharable 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

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 CRUMBLING, 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 REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) September 20, 2016

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) September 20, 2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 20, 2016

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

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

Name of Building Owner/Operator (2)
Princeton Academy of the Sacred Heart

Street Address
101 Drake’s Corner Road
City, State, Zip Code
Princeton, New Jersey 08540
Name of Contact
Dave

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton Academy of the Sacred Heart

Street Address
101 Drake’s Corner Road

City
Princeton
County (6)
Mercer
County Code (7)
ASCM No.

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

Street Address
Post Office Box 315
City, State, Zip Code
Thoroughfare, New Jersey 08086

Thoroughfare, New Jersey 08086
Project Manager for Monitoring Firm
Steve Flannagan

Telephone Number
856-848-0800

Scheduled Start Date (10)
9/21/16
Scheduled Completion Date (11)
9/22/16

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

Scope of Work (Check all that apply)
[ X ] >3 sf or >26 sf
[ ] ≥1600 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)

Amount (Specify SF or LF)

Abatement Type

REM OVAL
RE PAIR
ENCAPS ULE
ENCLOSURE

Asbestos pipe insulation
10 lf
X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
2

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

City, State
Toms River, New Jersey

Disposal Date
9/23/16

City, State
Tullytown, Pennsylvania

Date
9/20/2016

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

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</td>
<td>O</td>
<td>I. IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
</tbody>
</table>

### Facility Information

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>Princeton Academy of the Sacred Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>101 Drake's Corner Road</td>
</tr>
<tr>
<td>City:</td>
<td>Princeton</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08540</td>
</tr>
<tr>
<td>Contact:</td>
<td>Dave</td>
</tr>
<tr>
<td>Tel:</td>
<td>609-915-5345</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMOVAL CONTRACTOR:</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City:</td>
<td>Toms River</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08755</td>
</tr>
<tr>
<td>Contact:</td>
<td>Nicholas Pernicola</td>
</tr>
<tr>
<td>Tel:</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

### Other Operator (if different)

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
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</table>

### Type of Operation

<table>
<thead>
<tr>
<th>TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation):</th>
<th>E</th>
</tr>
</thead>
</table>

### Facility Description

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Princeton Academy of the Sacred Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>101 Drake's Corner Road</td>
</tr>
<tr>
<td>City:</td>
<td>Princeton</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>County:</td>
<td>Mercer</td>
</tr>
<tr>
<td>Site Location:</td>
<td>Administration Building</td>
</tr>
<tr>
<td>Building Size:</td>
<td>20,000 sf</td>
</tr>
<tr>
<td># of Floors:</td>
<td>2</td>
</tr>
<tr>
<td>Age in Years:</td>
<td>60</td>
</tr>
<tr>
<td>Present Use:</td>
<td>School</td>
</tr>
<tr>
<td>Prior Use:</td>
<td>School</td>
</tr>
</tbody>
</table>

### 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>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACM To Be Removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos pipe insulation</td>
</tr>
<tr>
<td>Admin. Bldg.</td>
</tr>
</tbody>
</table>

### Schedule Dates Asbestos Removal (MM/DD/YY)

<table>
<thead>
<tr>
<th>Start:</th>
<th>9/21/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete:</td>
<td>9/22/16</td>
</tr>
</tbody>
</table>
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:

Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air must be put in place. All asbestos material will be wetted with water to prevent dust generation. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.

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 Femicola

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

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

xv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name:
Title:
Authority:

xvi. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

xvii. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

xviii. 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

xix. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Femicola / Project Manager
(Printed Name/Title)

Signature of Owner/Operator
September 20, 2016
(Date)

xx. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager
(Printed Name/Title)

Signature of Owner/Operator
September 20, 2016
(Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 9/20/16
Name of Building Owner/Operator: M.S. HERMIN PORCEWE

Name of Facility Where Abatement is Taking Place:

Name of Monitoring Firm Hired by Building Owner:

Name of Abatement Contractor:

Best Removal Inc

Scope of Work (Check all that apply):
- Removal
- Demolition
- Rodent Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireproof Procedure

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

Basement

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

Amount (Specify SF or LF):

500 SF X

Name of Registered Waste Hauler:

Best Removal Inc

Disposal Date:

10/4/16

Waynesburg, Oh. 44688

Completed by:

J. MAIORANO

Estimator

Signature

Date: 9/20/16

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

Date of Notification (1) September 19, 2016

Name of Building Owner/Operator (2) James Tuscano

AGENCIES NOTIFIED
[X] EPA  [X] DEP
[X] DOL  [X] DOH
[X] DCA

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

FACILITY INFORMATION

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

Street Address
City, State, Zip Code
Nutley, NJ 07110

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

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

Square feet 1500 sf
# of Floors 1
Bldg. Age 60

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

Street Address
City, State, Zip Code
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

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

Street Address
City, State, Zip Code
1056 Stelton Road
Piscataway, New Jersey 08854

Project Manager for Monitoring Firm
Telephone Number

Scheduling Start Date (10)
9/29/16

Scheduling Completion Date (11)
9/30/16

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)

[ ] >100 sf or ≥100 sf
[X] ≥160 sf or ≥260 sf
[ X ] Demolition

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, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

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

Exterior front only X Asbestos siding 750 sf X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste 3

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

City, State
Toms River, New Jersey

Disposal Date 9/30/16

City, State
Tullytown, Pennsylvania

Completed by
Nicholas Pernicola
Title Project Manager

Signature

Date 9/19/16

*Do not use this form for asbestos licensure exempted activities.
# DEMOLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>IS ASBESTOS PRESENT? (Yes/No):</th>
<th>Y</th>
</tr>
</thead>
</table>

## FACILITY INFORMATION (identify owner, removal contractor and other operator)

### OWNER NAME: James Tuscano

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City: Nutley</td>
<td>State: NJ</td>
</tr>
<tr>
<td>Zip: 07110</td>
<td></td>
</tr>
</tbody>
</table>

### REMOVAL CONTRACTOR: Guardian Contracting, Inc.

<table>
<thead>
<tr>
<th>Address:</th>
<th>1889 Route 9, Unit 61</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: Toms River</td>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip: 08755</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER OPERATOR (if different)

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

## TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation): D

## FACILITY DESCRIPTION (including building name, number and floor or room number)

### Building Name: Residence

<table>
<thead>
<tr>
<th>Address:</th>
<th>222 Bryn Mawr Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: Lavallette</td>
<td>State: New Jersey</td>
</tr>
</tbody>
</table>

### Site Location: Exterior

### Building Size: 1500 sf

### # of Floors: 1

### Age in Years: 60

### Present Use: Residence

### Prior Use: Residence

## 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:

<table>
<thead>
<tr>
<th>RACM To Be Removed</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulated ACM to be removed</td>
<td></td>
</tr>
<tr>
<td>Category I ACM not removed</td>
<td></td>
</tr>
<tr>
<td>Category II ACM not removed</td>
<td></td>
</tr>
</tbody>
</table>

### Pipes (Linear feet):

<table>
<thead>
<tr>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
</tr>
</tbody>
</table>

### Surface Area (Square feet): 750 sf

### RACM Off-Facility Component (Cubic feet):

<table>
<thead>
<tr>
<th>Exterior</th>
</tr>
</thead>
</table>

## SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

<table>
<thead>
<tr>
<th>Start</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/29/16</td>
<td>9/30/16</td>
</tr>
</tbody>
</table>
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 sheeting 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

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

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

xv. 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):

xvi. 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:

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

xviii. 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 REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title)

September 19, 2016
(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title)

September 19, 2016
(Date)
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** September 20, 2016

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

**Type of Notification:**
- [x] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2):**
- DnA Demolition

**Street Address:** 2156 Canplain Road

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

**Name of Contact:** Antonio Dimuzio

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Property Where Abatement is Taking Place (3):**
- **Residence**

**Street Address:** 161 Main Street

**City:** Hackensack

**County:** Bergen

**County Code:** Bergen

**Name of Monitoring Firm Hired by Building Owner (8):**
- [N/A]

**ASCM No.:**

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

**Street Address:** 1889 Route 9, Unit 61

**City, State, Zip Code:** Toms River, New Jersey 08755-1271

**Telephone Number:** 732-349-9932

**License Number:** 00624

**Name of OSHA Monitor:**
- E.M.S.I. Analytical

**Street Address:** 1056 Stelton Road

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

**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

**Scheduled Start Date (10):** 9/21/16

**Scheduled Completion Date (11):** 9/23/16

**Scope of Work (Check all that apply):**
- [x] >3 sf or >3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] 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):**
- Exterior
- [x] Asbestos roof

**Amount (Specify SF or LF):**
- 1700 sf

**Abatement Type:**
- R

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

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 4

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

**City, State:**
- Toms River, New Jersey

**Disposal Date:** 9/23/16

**City, State:**
- Tullytown, Pennsylvania

**Completed by (Print or Type):**
- Nicholas Fernicola

**Title:** Project Manager

**Signature:**

**Date:** 9/20/2016

*Do not use this form for asbestos licensure exempted activities.*
# DEMOLITION / RENOVATION NOTIFICATION

**Operator Project #:**

**Postmark:**

**Notification:**

| I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): | O |
| II. IS ASBESTOS PRESENT? (Yes/No): | Y |

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

**OWNER NAME:** DnA Demolition

**Address:** 2156 Canplain Road

**City:** Hillsborough **State:** NJ **Zip:** 08844

**Contact:** Antonio Dimuzio **Tel:** 732-713-4496

**REMOVAL CONTRACTOR:** Guardian Contracting, Inc. **NJ License:** 00624

**Address:** 1889 Route 9, Unit 61

**City:** Toms River **State:** New Jersey **Zip:** 08755

**Contact:** Nicholas Ferminola **Tel:** 732-349-9932

## IV. OTHER OPERATOR (if different)

**Address:**

**City:**

**State:**

**Zip:**

**Tel:**

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

## VI. FACILITY DESCRIPTION (Including building name, number and floor or room number)

**Building Name:** Residence **Address:** 161 Main Street

**City:** Hackensack **State:** New Jersey **County:** Bergen

**Site Location:** Exterior **Building Size:** 1700 sf **# of Floors:** 1 **Age in Years:** 60

**Present Use:** Residence **Prior Use:** Residence

## VII. 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

**LOCATION**

<table>
<thead>
<tr>
<th>Nonfrangible Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surfaces Area (Square feet): 170 sf</td>
</tr>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACM Off Facility Component (Cubic feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos roofing</td>
</tr>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

## VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

**Start:** 9/21/16 **Complete:** 9/23/16
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 sheeting will be placed on the ground below and the asbestos will be removed by non-fibrous 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 REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title) Signature of Owner/Operator September 20, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title) Signature of Owner/Operator September 20, 2016 (Date)
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
September 20, 2016  

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

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

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment # _  
☐ Cancellation  

Street Address  
170 Broad Street  

City, State & Zip Code  
Red Bank, NJ 07701  

Name of Contact  
Jim Kalafsky  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
170 Broad Street  

City (5)  
Red Bank  

County (6)  
Monmouth  

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

USE ONLY  

Name of Abatement Contractor (9)  
Synatech, Inc.  

Street Address  
829 Radio Road  

City, State & Zip Code  
Little Egg Harbor, NJ 08087  

Project Manager for Monitoring Firm  
Michael Baudo  

Telephone Number  
516-944-5500  

License Number  
00817  

Scheduled Start Date (10)  
October 1, 2016  

Scheduled Completion Date (11)  
December 1, 2016  

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

Other – Describe:  

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥ 50 if  
☐ ≥160 sf or ≥260 if  

☒ Renovation  
☐ Demolition  

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

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

Yes  
No  
N/A  

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  

Removal  
Reader  
Bulker  
Entrenchment  

Main Banking Area  
X  
Carpet Mastic  
4,000 SF  
X  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
27425  

Cubic Yards of Waste  
Name of Registered Landfill  
T.R.R.F. Landfill  

City, State  
Tullytown, PA  

Little Egg Harbor, NJ 08087  

Completed By  
Ruthetta Roots  
Title  
Administrative Asst.  

Signature  
Date  
September 20, 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) 9/19/16
Name of Building Owner/Operator (2) Michael Essig

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

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

Street Address
City, State, Zip Code

Name of Facility Where Abatement is Taking Place (3)
Street Address
City (5)
County (6)

County Code (7)

Square Foot
# of Floors
Bidg. Age

Current Use (Prior If being demolished)

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

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

Name of Abatement Contractor (9)
Street Address
City, State, Zip Code

Project Manager for Monitoring Firm Telephone No.

License No.

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

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
☐ ≥ 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)

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

Name of Registered Landfill

City, State

Disposal Date

Completed by

Title

* 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 (1)</th>
<th>9/20/16</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Robert Blocker Private Home</th>
</tr>
</thead>
</table>

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

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

**Address:**
- Street Address [Redacted]
- City, State, Zip Code: Peahala Park NJ 08008

**Name of Contact:**
- Robert

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Robert Blocker Private Home</th>
</tr>
</thead>
</table>

**Street Address:**
- [Redacted]

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peahala Park NJ 08008</td>
<td>[State Code]</td>
<td>Home</td>
</tr>
</tbody>
</table>

**Square Feet:**
- 1000+

**# of Floors:**
- 2

**Bldg. Age:**
- 35+

<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>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

**Street Address:**
- PO Box 329

**City, State, Zip Code:**
- West Berlin NJ 08091

**Telephone No.:**
- 856-753-9800

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>00727</td>
<td>Same</td>
</tr>
</tbody>
</table>

**Start Date (10):**
- 10/3/16

**Scheduled Completion Date (11):**
- 10/7/16

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

**Scope of Work (Check All That Apply):**
- [x] ≥3 sf or ≥3 if
- [x] ≥180 sf or ≥250 if
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM):**
- Exterior Siding
- N/A

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>2200 SF</th>
<th>x</th>
</tr>
</thead>
</table>

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

**Hauler ID No.:**
- 22459

**Cubic Yards of Waste:**
- 4

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/7/16</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

**Completed by:**
- Anthony T Perma

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>[Signature]</td>
<td>9/20/16</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) Name of Building Owner/Operator (2)  
9 / 16 /16 MERCK SHARP & DOHME CORP.  

Agencies Notified Type Notification  
EPA Initial Notification  
DEP Amended Notification  
X DOL Cancellation  
X DOH On Hold  
X DCA EMERGENCY NOTIFICATION  

State Address  
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414  
City, State, Zip Code  
RAHWAY, NEW JERSEY 07065  

Name of Contact Sandra M. Schenk  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  
MERCK SHARP & DOHME CORPORATION  

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 80K  
City (5) RAHWAY  
County (6) UNION  
County Code (7) (STATE USE ONLY)  

Square Feet 13,900  
# of Floors 1  
Bldg. Age 52  

Current Use (Prior if being demolished) OFFICE  

Name of Monitoring Firm Hired by Building Owner (8) ENVIROMENTAL HEALTH INVESTIGATIONS, INC.  
ASCM No. 104  

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION  

Street Address  
313 SPOOK ROCK ROAD  
City, State, Zip Code  
SUFRERN, NEW YORK 10901  

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIIH  
Telephone Number 973-729-5649  
Telephone Number 845-369-7500  
License Number 1101  

Expected State Date (10) Sched. Completion Date (11)  
10 / 7 /16 11 / 30 /16  
Month Day Year  

Occupancy Status During Abatement (Check only one)  
X Facility Closed/Vacated During Entire Period of Abatement  
X Abatement Performed Outside of Normal Facility Hours - Describe: Friday 5pm-3am/Saturday 7am-5pm, 5pm-3am Sunday 7am-5pm, 5pm-3am  

Scope of Work (Check all that apply)  
Demolition X Renovation  
>3SF OR LF  
X >100 SF OR 250 LF  

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

is Location normally used solely by Maint/Custodial Staff (12)  
Yes No N/A  

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

Amount (Specify SF or LF)  

Abatement Type  
REMOVAL  
REPAIR  
ENCAPSULATE  
ENCLOSURE  

1st Floor -Main Corridor X Mastic  
2.500 Sq. Ft. X  

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  
826 HIGHWAY 33  
Cubic Yards of Waste 30  

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15  

City, State FREEHOLD, NEW JERSEY  
Disposal Date 10/07/16-11/30/16  
City, State MONTAGERY, PA 17752  
Completed by (Print or Type) BENJAMIN SANCHEZ  
Title DIRECTOR OF OPERATIONS  
Signature  
Date 9/11/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification: 3/19/16

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Date of Notification</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] DOH</td>
<td>[X] Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X] DCA</td>
<td>[X] Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator: NJ DOT

Street Address: 1035 Parkway Ave.

City, State, Zip Code: Trenton, NJ 08625-0600

Name of Contact: Anthony Pellegrino

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: NJ DOT Maintenance Yard

Street Address: 350 Old Tuckahoe Road (Petersburg)

City: Woodbine, NJ

County: Cape May

County Code: 000

Name of Abatement Contractor: Jupiter Environmental Services, Inc.

Street Address: 323 Changebridge Road, Suite 100

City, State, Zip Code: Pine Brook, NJ 07058

Telephone Number: 973-575-8700

License Number: 00852

Name of OSHA Monitor: Iris Environmental Laboratories, LLC

Street Address: 2333 Route 22W

City, State, Zip Code: Union, NJ 07083

Scope of Work: Demolition; ≥3 sf or ≥3 if; ≥160 sf or ≥250 sf

Location of Asbestos: Offices, exterior

Description of Asbestos: Floor tile mastic; Caulk/glazing

Amount (Specify SF or LF): 700 SF; 500 LF

NAME OF REGISTERED WASTE HAULER

Name: Jupiter Environmental Services

Hauler ID No.: 04782

Cubic Yards of Waste: 5

Name of Registered Landfill: Alliance Landfill

Disposal Date: 10/4/16

City, State: Pine Brook, NJ

Completed By: [Signature]

Title: General Manager

City: Pine Brook, NJ

JUNE 95

ASB-41

G4607
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJOAC 5:60:7 and 12:200:7)

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Non-Subchapter 5 and K-12)

Data of Notification (1):
9/19/18

Agencies Notified: [X] DOL

1. EPA
2. DEP
3. DOL
4. DOH
5. DCA
6. DOT

Type of Notification:
[X] Amended Notification

Name of Building Owner/Operator:
NJ DOT

Street Address:
1035 Parkway Ave.
Trenton, NJ 08625-0800

City, State, Zip Code:
Trenton, NJ 08625-0800

Name of Facility Where Abatement is Taking Place:
NJ DOT Maintenance Yard

Street Address:
350 Old Tuckahoe Road, Petersburg

City, State, Zip Code:
Woodbine, NJ 08270
Cape May

Name of Monitoring Firm Hired by Building Owner:
Environmental Connection, Inc.

ASCM No.:
000

Name of Abatement Contractor:
Jupiter Environmental Services, Inc.

Street Address:
323 Orangebridge Road, Suite 100

City, State, Zip Code:
Pine Brook, NJ 07058

Name of OSHA Monitor:
Life Environmental Laboratories, LLC

Street Address:
2333 Route 22W

City, State, Zip Code:
Union, NJ 07083

Name of Registered Waste Handler:
Jupiter Environmental Services

Name of Registered Landfill:
Alliance Landfill

City, State:
Pine Brook, NJ
Taylor, PA

Name of Contact:
Anthony Pellegrino

Telephone Number:

Type of Facility:
[ ] School (K-12)
[ ] Other (e.g., private and commercial buildings, homes, etc.)

Square Feet:

No. of Floors:

Date of Start:
9/19/18

Scheduled Completion Date:
9/20/18

Occupancy Status During Abatement (Check all that apply):
[X] Facility Closed/Occupied During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours—Describe:

Name of Project Manager for Monitoring Firm:
Dominick Dercole

Telephone Number:
609-352-4200

Name of Registered Waste Handler:
Jupiter Environmental Services

Hauler ID No:
04762

Disposal Date:
10/4/16

City, State:
Pine Brook, NJ
Taylor, PA

Method of Transport:

Amount (capacity):
700 SF

Abatement Type:
[ ] Removal
[ ] Enclosure
[ ] Seal

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

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

Yes: No: N/A

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

Floor:

CAULK/GLAZING:

700 SF

500 LB

Name of Registered Waste Handler:
Jupiter Environmental Services

Title:
General Manager

Signature:

Date:
9/19/16

ASB-41
JUN 99

94067
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 9-19-2016  
Name of Building Owner/Operator (2): Larry Spada  

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

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

Street Address: 28 Clinton Street  
City, State, Zip Code: Newark, NJ 07102  
Name of Contact: Mike Ferraro  
Telephone Number:  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3):  
Commercial  
Street Address: 532 Summit Avenue  
City (6): Jersey City, NJ 07306  
County (5):  
- Hudson  
County Code (7):  
- (STATE USE ONLY)  
Square Feet: 2300  
# of Floors: 2  
Bldg. Age: 75+  
Current Use (Prior if being demolished):  

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.  
Name of Abatement Contractor (9): Green Environmental Services, LLC  
Street Address: 235 Virginia Avenue  
City, State, Zip Code: Jersey City, NJ 07304  
Project Manager for Monitoring Firm:  
Telephone No.: Telephone No. 201-333-8855  
License No.: 01174  

Start Date (10): 9-30-2016  
Scheduled Completion Date (11): 10-1-2016  
Name of OSHA Monitor: Same as above  
Occuany Status During Abatement (Check 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):  
- 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? (12):  
  - Yes  
  - No  
  - N/A  

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stair going to bsmt level</td>
<td>X</td>
<td>VAT</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>South end of bsmt</td>
<td>X</td>
<td>VAT</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>South end middle room in front door</td>
<td>X</td>
<td>VAT</td>
<td>1500 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st level, South end mech room</td>
<td>X</td>
<td>VAT</td>
<td>50 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Green Environmental Services  
NJ DEP Waste Hauler ID No. 0034889  
Cubic Yards of Waste:  
- Disposal Date: 10-1-2016  
- Name of Registered Landfill: G.R.O.W.S. North Ladfill  
City, State: Morrisville, PA  
Completed by: Liliana Serrano  
Title: Office manager  
Signature:  
Date: 9-19-2016  

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

Date of Notification (1) 09 / 20 / 16

Name of Building Owner/Operator (2) Jim Meyer

Agencies Notified
- □ EPA
- □ DOLWD
- □ DHSS
- □ DOA (NJAC 5:23-8)

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

Street Address

City, State, Zip Code
North Plainfield, NJ 07060
Name of Contact Jim Meyer

Telephone Number

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

Street Address

City (5)
North Plainfield, NJ 07060

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
ASCM No.
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
01127

Project Manager for Monitoring Firm
Telephone No.
973-638-1777

Established Completion Date (11)
09 / 30 / 16

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagrar Road, Bldg # 35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- □ >5 sf or >3 lf
- □ > 150 sf or >260 lf
- □ Renovation
- □ Demolition
- □ Clean up and decontamination with negative pressure
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebag Procedure
- □ Tent with Negative Pressure
- □ Non-Exempted (*) and Non-Exempted Procedure

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

LOCATION

Yes No N/A

Basement
Duct-wrap&cut

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SIF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
Gr Tech LLC

NDEP Waste Hauler ID No.
00335785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date
TBD

Tullytown, PA

Completed By (Print or Type)
N. Jeovic

Title
Owner

Signature

Date
09/20/16

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:18)

Date of Notification (1) 09 / 20 / 16
Name of Building Owner/Operator (2) International Flavors & Fragrances Inc.
Check No. 4362 $200

Agencies Notified
☐ EPA
☐ DOL/WD
☐ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended 
Amendment #_____
☐ Emergency (including justification)
☐ Cancellation

Street Address
P.O. Box 8
City, State, Zip Code
Hazlet, New Jersey 07730
Name of Contact
Gary Stappiferne
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
International Flavors & Fragrances Inc.

Street Address
1515 State Route 36
City (5)
Union Beach, New Jersey 08731

County (6)
Monmouth
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
555 Broad Street
City, State, Zip Code
Glen Rock, New Jersey 07452

Project Manager for Monitoring Firm
Bruce Wolf
Telephone No.
201-652-1119

Telephone No.
975-225-8400
License No.
01104

Name of OSHA Monitor
IRIS Environmental Laboratories

Start Date (10)
09 / 30 / 16
Scheduled Completion Date (11)
10 / 02 / 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 5PM-12AM

Scope of Work (Check all that apply)
☐ Full Containment with Negative Pressure
☒ Renovation
☐ Mini-Enclosure
☐ Demolition
☐ 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 ☐

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 ☒

Lab 116 
☐ ☒ ☐ Linolium & Mastic (Non Friable) 600 SF ☒ ☐ ☒
Lab 116 ☐ ☐ ☒ Elbows (Wrap & Cut) 30 ea ☐ ☒ ☒
Lab 116 ☐ ☐ ☒ Counter Tops (Non Friable) 125 SF ☐ ☒ ☒

Name of Registered Waste Hauler
Lilich Corporation
NJDEP Waste Hauler ID No. 18724
Cubic Yards of Waste 5
Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Woodland Park, New Jersey
Disposal Date 10/02/2016

Completed By (Print or Type)
Momo Glavatovic
Title Vice President
Signature

Date 09/20/16

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 09/19/16

Name of Building Owner/Operator (2) Jordan Seales

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

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

Street Address [Redacted]

City, State, Zip Code Westfield, NJ 07090

Name of Contact Jordan Seales

Telephone Number

FACILITY INFORMATION

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

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

Bidg. Age

County (6) Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Competent Supervisor

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) 10/1/16

Scheduled Completion Date (11) 10/8/16

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:

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

☒ 23 sf or 23 LF
☐ 180 sf or 280 LF

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox 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

Location  Description  Amount  Abatement Type

Kitchen  VCT Tile  200 SF  X  X

First Floor  Pipe Insulation  30 LF  X  X

Name of Registered Waste Hauler
Academy Construction Inc.

NUDEP 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, PA

Completed by Filip Geleski
Title Supervisor

Signature

Date 09/19/16

* 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)** 9/20/16

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

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

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

**Street Address**

City, State, Zip Code

**Name of Contact**

**Telephone Number**

**Facility Information**

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

**Street Address**

City (5)

County (6)

County Code (7)

**Square Feet** 1,554

**# of Floors** 2

**Bldg. Age** 66

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**

**Street Address**

P.O. Box 915

City, State, Zip Code

**Telephone No.**

(732) 899-7499

**License No.** 01196

**Name of OSHA Monitor**

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

- ≥250 sf or ≥23 ft
- ≥100 sf or ≥260 ft
- Renovation
- Demolition

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

Yes No N/A

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

- Asbestos ductwork wrap 40 LF

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

**Name of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**

21602

**Cubic Yards of Waste**

4

**Name of Registered Landfill**

**Disposal Date**

9/29/16

**City, State**

PA

**Completed by**

**Title**

President

**Signature**

**Date**

9/20/16

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