**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>04 / 04 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>United States Air Force</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>☑ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>2403 Vandenberg Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>McGuire AFB, NJ 08641</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kobie Langevine</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>McGuire AFB</td>
</tr>
<tr>
<td>Street Address</td>
<td>Building B1907</td>
</tr>
<tr>
<td>City (5)</td>
<td>McGuire AFB, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>AET</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Alliance Environmental Systems</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>550 East Union Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Chester, PA 129382</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>David Tuftssey</td>
<td>(609) 704-8850</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td></td>
<td>610-701-5000</td>
</tr>
<tr>
<td>License No.</td>
<td>00508</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>04 / 19 / 12</td>
<td>04 / 24 / 12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AET</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____ PM/3:30PM-____ AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ ≥3 sf or ≥3 If</td>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 If</td>
<td>☑ Demolition</td>
</tr>
<tr>
<td></td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Space 115</td>
<td>☑</td>
</tr>
<tr>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Space B19</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler N.E.T.S.</td>
<td>NJ/DEP Waste Hauler ID No. 18847</td>
</tr>
<tr>
<td>City, State</td>
<td>Hazelton, PA</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>BFI Imperial</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Imperial, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Title</td>
</tr>
<tr>
<td>John Heemer</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

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

D&S Proj. #: MS 12-126

Date of Notification (1):
10/4/10

Name of Building Owner/Operator (2):
WILLIAM GILSENNAN

Address:
41 EAST RIDGEWOOD AVENUE
RIDGEWOOD, NJ 07450

Name of Contractor:
WILLIAM GILSENNAN

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
WILLIAM GILSENNAN

Street Address:
41 EAST RIDGEWOOD AVENUE

City, State, Zip Code:
RIDGEWOOD, N J 07450

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

ASCM No.:

Name of Abatement Contractor (9):
D & S RESTORATION, INC.

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

Start Date (10):
04/07/12

School/Completion Date (11):
04/12/12

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

Scope of Work (check all that apply):
- > 3 af or > 3, If
- Renovation

- ≥ 160 of or ≥ 250 ft
- Demolition

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT PIPE INSULATION</td>
<td>124 LF PE</td>
<td></td>
</tr>
<tr>
<td>BASEMENT BOILER INSULATION</td>
<td>40 LF FT</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
2 YDS

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
Paterson, NJ 07503

Disposal Data:
04/05/12

Completed by (Print or Type):
BOGDAN JOLYZIC

Title:
PRESIDENT

Signature:
04/04/12

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

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**D&S Proj. #: MS 12-126**

**Date of Notification (1)**

10 11 12

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

WILLIAM GILSENNAN

**Street Address**

41 EAST RIDGEWOOD AVENUE

**City, State, Zip Code**

RIDGEWOOD, NJ 07450

**Name of Contact**

WILLIAM GILSENNAN

**FACILITY INFORMATION**

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

WILLIAM GILSENNAN

**Street Address**

41 EAST RIDGEWOOD AVENUE

**City**

RIDGEWOOD

**County**

BERGEN

**Type of Facility (4)**

☐ School (K - 12)

☐ Subchapter B (Other than K-12)

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

00159

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

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

☒ 3 sf or >3 if

☐ Renovation

□ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Renovation</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>124 LF</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>BOILER INSULATION</td>
<td>40 LF</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDEP Hauler ID**

13506

**Cubic Yards of Waste**

2 YDS

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

TULLYTOWN, PA

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Date**

04/04/12
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:20)

**Date of Notification (1)**
4/4/2012

**Name of Building Owner/Operator (2)**
FEINBURG & McBURNEY

**Notification Type**

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

**Street Address**
1874 E. MARLTON PIKE

**City, State, Zip Code**
CHERRY HILL, NJ 08003

**Name of Contact**
STEPHANIE RIPA

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>CVS</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>( ) School (K-12)</td>
</tr>
<tr>
<td>( ) Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td>(X) Other (i.e. private &amp; commercial bldgs., homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
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<tr>
<td>7500</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>Building Age</th>
<th>Current Use (prior if being demolished)</th>
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<tbody>
<tr>
<td>30+</td>
<td>VACANT</td>
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**Name of Monitoring Firm**
VERTEX

**ASCM No.**

**Name of Contractor (9)**
Alliance Environmental Systems

**Street Address**
700 TURNER WAY, SUITE 105

**City, State, Zip Code**
West Chester, PA 19382

**Telephone Number**
610-701-9000

**License Number**
00503

**Project Manager for Monitoring Firm**
DON HEIM

**Telephone Number**
610787-0402

**Scheduled Completion Date (11)**
5/11/2012

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

<table>
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<th>Source of Work</th>
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<tbody>
<tr>
<td>( ) Demolition</td>
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<tr>
<td>( ) Renovation</td>
</tr>
<tr>
<td>(X) Large Proj. (&gt;180 SF or &gt;250 LF ACM)</td>
</tr>
<tr>
<td>(X) SM Proj. (&gt;25&lt;180 SF or &gt;10&lt;250 LF ACM)</td>
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<tr>
<td>( ) Full Containment with Negative Pressure</td>
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<tr>
<td>(X) Mini-Enclosure</td>
</tr>
<tr>
<td>(X) Glovebag Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of ACM Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, V.A.T., or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>YES</td>
<td>FLUE PACKING</td>
<td>75SF</td>
<td>X</td>
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<tr>
<td>RESTAURANT EXTERIOR</td>
<td>NO</td>
<td>STUCCO</td>
<td>1,344SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>NO</td>
<td>TRANSITE</td>
<td>65SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>NO</td>
<td>PIPE INSULATION</td>
<td>8LF</td>
<td>X</td>
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<tr>
<td>RESTAURANT COAT RM</td>
<td>NO</td>
<td>VAT &amp; MASTIC</td>
<td>48SF</td>
<td>X</td>
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<tr>
<td>RESTAURANT ROOF</td>
<td>NO</td>
<td>DUCT INSULATION</td>
<td>675SF</td>
<td>X</td>
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<tr>
<td>RENTAL ROOF</td>
<td>NO</td>
<td>SHINGLES</td>
<td>240SF</td>
<td>X</td>
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<tr>
<td>RENTAL KITCHEN</td>
<td>NO</td>
<td>VAT &amp; MASTIC</td>
<td>325SF</td>
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<tr>
<td>BEER BLDG EXTERIOR</td>
<td>NO</td>
<td>CAULK</td>
<td>58LF</td>
<td>X</td>
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</tbody>
</table>

**Name of Reg. Waste Hauler**
NJDEP Waste Hauler ID # 17235

**Cubic Yards of Waste**
Approx. 100

**Name of Reg. Landfill**
BFI Imperial

**N.E.T.S. / Miners**

**City, State**

**Hazleton, PA**

**Completed by (Print or Type)**
DEVIN BLOM

**Title**
Estimator

**Signature**

**Disp. Date**
TBD

**Date**
4/4/2012

**Mail to:**
NJDEP-DGW-BRTP 401 E. State St., PO 414
Trenton, NJ 08625-0414

**Telephone** 609-984-6520

**C:\WORD\MYDOCS\ASBESTOS**

9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification**: 4/14/12

**Name of Building Owner/Operator**: Armstine

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

**Street Address**: 165 Main Street

**City, State, Zip Code**: Flemington, NJ

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

**Name of Monitoring Firm Hired by Building Owner**: E.H.

**ASCM No.**: 27 West St.

**City, State, Zip Code**: Bloomfield, NJ

**Name of Abatement Contractor**: Pow-A-Save INC

**Street Address**: 655 West Shore Tr

**City, State, Zip Code**: Sparta, NJ

**Project Manager for Monitoring Firm**: Telephone No. 973-729-6499

**Telephone No.**: 973-680-0086

**License No.**: 357

**Start Date**: 4/14/12

**Scheduled Completion Date**: 5/4/12

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

**Square Feet**: 2

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

**Scope of Work**

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing</td>
<td>X</td>
<td>200 SF</td>
</tr>
<tr>
<td>Walls + Ceiling</td>
<td>Y</td>
<td>Joint Compound + glass</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Y</td>
<td>Boiler gasket</td>
</tr>
<tr>
<td>Closets</td>
<td>X</td>
<td>Sheet flooring</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: EGE

**Cubic Yards of Waste**: 000692061

**Name of Registered Landfill**: Cum Chemical Services

**City, State**: Maysville, NY

**Disposal Date**: 4/4/12

**Completed by**: Sharon Henderson

**Title**: Owner

**Signature**: [Signature]

**Date**: 4/4/12

**Work days are subject to other trades & weather.**

*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):** 04/04/2012

**Name of Building Owner/Operator (2):** Prudential Adamo Realty

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

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

**Street Address:**
742 Bergen Blvd
Ridgefield, NJ 07657

**Name of Contact:** Mr. Atilio Adamo

**FACILITY INFORMATION**

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

**Residence**
735 Blanch Avenue,
Norwood, NJ

**County (8):** Bergen

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

**Square Feet:** 1500

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

**Vacant Residence:**

**Name of Monitoring Firm Hired by Building Owner (9):**

**ASCM No.:**

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

**DIA General Construction, Inc.**

**Street Address:**
1360 Clifton Avenue, PMB Suite 218
Clifton, NJ 07012

**License No.:** 00893

**Telephone No.:** 973-389-0009

**Name of OSHA Monitor:**

**DIA General Construction, Inc.**

**Street Address:**
1360 Clifton Avenue, PMB Suite 218
Clifton, NJ 07012

**Start Date (10):** 04/14/2012

**Scheduled Completion Date (11):** 04/15/2012

**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):**
- [X] ≥3 sr or ≥3 If
- [X] ≥160 sf or ≥260 if
- [ ] Renovation
- [X] Demolition

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

**IN Facility:** (13)

**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):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe/Elbow Insulation</td>
<td>70 LF</td>
</tr>
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</table>

**Location of Registered Waste Hauler**

**Service Transport Group**

**NJDEP Waste Hauler ID No.:** 20970

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Minerva Landfill

**City, State:** Waynesburg, OH 44688

**Disposal Date:** 04/15/2012

**Completed By:**

**Krutath Jagad**

**Title:** President

**Signature:**

**Date:** 04/04/2012

---

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

---

**Date of Notification (1):** 04/04/2012

**Name of Building Owner/Operator (2):** Prudential Adamo Realty

---

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

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

---

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

**Residence:**
- **Street Address:** 735 Blanch Avenue.
- **City:** Norwood, NJ
- **County:** Bergen

---

**Name of Monitoring Firm Hired by Building Owner (4):** N/A

**ASCM No.:**

**Name of Abatement Contractor (5):** DIA General Construction, Inc.

**Street Address:** 1360 Clifton, Avenue, PMB Suite 218

**City, State, Zip Code:** Clifton, NJ 07012

**Telephone No.:** 973-389-0069

**License No.:** 00583

**Name of OSHA Monitor:** DIA General Construction, Inc.

**Street Address:** 1360 Clifton, Avenue, PMB Suite 218

**City, State, Zip Code:** Clifton, NJ 07012

---

**Current Use:**
- [ ] Vacant Residence

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** 70+

---

**Start Date (10):** 04/14/2012

**Scheduled Completion Date (11):** 04/15/2012

---

**Facility Closed/Vacated During Entire Period of Abatement:**
- [x] Yes
- [ ] No
- [ ] N/A

---

**Description of Work:**
- [ ] Renovation
- [ ] Demolition

---

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

**IN Facility:**

---

**Basement:**
- [ ] Yes
- [ ] No
- [x] N/A

**Pipe/Elbow Insulation:**
- **Amount:** 70 LF

---

**Name of Registered Waste Hauler:**

**Service Transport Group:**

**City, State:** New Castle, DE

**Disposal Date:** 04/15/2012

**Name of Registered Landfill:** Minerva Landfill

**City, State:** Waynesburg, OH 44688

---

**Completed By:**
- **Krutarth Jagad**
- **Title:** President

**Signature:**

**Date:** 04/04/2012

---

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

Date of Notification (1)  
4 / 4 / 12  
Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction  

Agencies Notified  
☐ EPA  
☐ DOLWD  
☐ DHSS  
☐ DCA (NJAC 5:23-6)  

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 Ortega  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Princeton University- Jadwin Hall  

Street Address  
Washington Rd  
City (5)  
Princeton  
County (6)  
MERCIER  

Square Feet # of Floors Bldg Age  

Name of Monitoring Firm Hired by Building Owner (8)  
ATC Associates Inc  

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

Street Address  
Bromley Corporate Center-Three Terri Lane  
City, State, Zip Code  
Burlington, NJ 08016  

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

Start Date (10) 4 / 14 / 12  
Scheduled Completion Date (11) 6 / 20 / 12  

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  
☐ ≥150 sf or ≥250 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  

| Location | Yes | No | N/A | Description of Asbestos Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VMT, or other miscellaneous) | Amount (Specify SF or LF)  

|  |  |  |  |  
| --- | --- | --- | --- | --- |
| B-Level  | ☒ | ☐ | ☐ | Floor tile and mastic  | 12,212 SF  
| Stair towers #2, #3, #4 & #5  | ☒ | ☐ | ☐ | Floor tile and mastic  | 1,755 SF  
| Stair towers #2, #3, #4 & #5  | ☐ | ☐ | ☐ | Window caulk and glazing  | 1,054 SF  

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.  

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 Scafaro  
Title  
Estimator  
Signature  

Date 4/4/12  

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 04/04/2012

Name of Building Owner/Operator (2) 570 BROAD ST., LLC

Agencies Notified ( ) EPA ( ) NJDEP ( ) NJ DOL ( ) DOH ( ) DCA

( ) Initial Notification ( ) Amended Certification ( ) Emergency Notification (including justification) ( ) Cancelled

Notification Type

Name of Facility Where Abatement is Taking Place (3)

Commercial Property: 570 BROAD

Street Address 570 BROAD ST.

City, State, Zip Code NEWARK, NJ 07102

Type of Facility (4)

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

Sq. Feet: 200,000 # of Floors 14 Bldg. Age 50

Current Use (prior if being demolished)

Name of Contact JOSH WERTENTHEIL

FACILITY INFORMATION

Tel. Number

Name of Facility Where Abatement is Taking Place (3)

Commercial Property: 570 BROAD

Street Address 570 BROAD ST.

City, State, Zip Code NEWARK, NJ 07102

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

ISES, Inc.

County (6) ESSEX County Code (7) (State Use Only)

Name of Contractor (9)

Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)

Street Address 3300 Hudson Avenue

City, State, Zip Code Union City, NJ 07087

Project Manager for Monitoring Firm David Camacho

Telephone Number (201) 325-0055

Scheduled Start Date (10) 03/26/2012

Scheduled Completion Date (11) 04/12/2012

Name of OSHA Monitor ISES, Inc.

Telephone Number (201) 325-0055

License Number 01124

Occupancy Status During Abatement (Check only one)

( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe: Areas of abatement are not occupied.

Source of Work (Check all that apply)

☑ ≥ 3 SF or ≥ 3 LF ( ) Renovation ( ) Full Containment with Negative Pressure ( ) Glove-bag Procedure

☑ ≥ 160 SF or ≥ 260 LF ( ) Demolition ( ) Mini-Enclosure ( ) Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA

Description of ACM (i.e. thermal systems, insulation, surfing, VAT, or other miscellaneous.)

Amount (Specify SF or LF)

Abatement Type


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

Groundfloor X

2nd, 4th, 11th Floors X

Additional TSI Material Found on fittings throughout.

TSI on oil tank 400 SF (completed) X

TSI Fittings 80 LFT (completed) X

TSI Fittings 240 LFT (pending) X

Name of Reg. Waste Hauler Newark Carting

NJDEP Waste Hauler ID # 04509

Cubic Yards of Waste 10 estimated

Name of Reg. Landfill Cumberland County Landfill

City, State, Zip Code Newburg, PA 17242

Disp. Date 04/12/2012

Completed by (Print or Type) David Camacho

Title General Manager

Signature

Date 04/04/2012
Date of Notification (1)  
04/04/2012

Agencies Notified  
(X) EPA  
(X) NJDEP  
(X) NJ DOL  
(X) DOH  
( ) DCA

Notification Type  
(X) Initial Notification  
( ) Amended Certification  
( ) Emergency Notification (including justification)  
( ) Cancelled

Name of Building Owner/Operator (2)  
Branch Brook Park Manor Associates

Street Address  
1 Branch Brook Park Plaza

City, State, Zip Code  
Newark, NJ 07108

Name of Contact  
Julia Ferrirera

Tel. Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Branch Brook Park Manor Associates

Street Address  
1 Branch Brook Park Plaza

City, County, State Code (6)  
NEWARK    ESSEX

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ISED, Inc.

ASCM No.  
N/A

Name of Contractor (9)  
Industrial Safety and Environmental Solutions, Inc. (ISED, Inc.)

Street Address  
3300 Hudson Avenue

City, State, Zip Code  
Union City, NJ 07087

Project Manager for Monitoring Firm  
David Camacho

Telephone Number  
(201) 325-0055

Scheduled Start Date (10)  
04/14/2012

Scheduled Completion Date (11)  
04/15/2012

Occupancy Status During Abatement (Check only one)  
(X) Abatement Performed Outside of Normal Facility Hours.

Describe: Areas of abatement is located in the exterior of the building, it’s segregated and are is not occupied.

Source of Work (Check all that apply)  

☐ ≥ 3 SF or ≥ 3 LF  
☐ ≥ 160 SF or ≥ 260 LF  
[X] Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure

☐ Mini-Enclosure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES  
NO  
NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)  
Transite Panels

Amount (Specify SF or LF)  
100 SF

Abatement Type  
X


Name of Reg. Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID #  
04509

Cubic Yards of Waste  
.5

Name of Reg. Landfill  
Cumberland County Landfill

City, State  

Disp. Date  
04/15/2012

Completed by (Print or Type)  
David Camacho

Title  
General Manager

Signature  

Date  
04/04/2012
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 4/2/12

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

**Trustees of Princeton University**

**Street Address:**

E.A. MacMillan Building

**City, State, Zip Code:**

Princeton, NJ 08544

**Name of Contact:**

Robert Ortega

**Telephone Number:**


**FACILITY INFORMATION**

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

Firestone Library

**Street Address:**

Nassau St. & Washington Road

**City (6):**

Princeton, NJ

**County Code (7):**

Mercer

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

ASCM No.

00098

**Name of Monitoring Firm and/or Person Responsible for Asbestos Abatement:**

ATC Associates Inc.

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

Stevens Environmental Services, Inc.

**Street Address:**

PO Box 322

**City, State, Zip Code:**

Allentown, NJ 08501

**Project Manager for Monitoring Firm:**

Mike Keehn

**Telephone No.:**

(609) 386-8800

**License No.:**

00493

**Name of OSHA Monitor:**

MECS

**Street Address:**

P.O. Box 341

**City, State, Zip Code:**

Crosswicks, NJ 08515

**Start Date (10):**

4/16/12

**Scheduled Completion Date (11):**

5/18/12

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 6AM - 12 Midnight

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

- 23 sf or < 23 if
- 210 sf or > 230 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Non-Exempted Cleaning
- Abatement Type

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

South Fan Room

**Description of Asbestos-Containing Material (ACM):**

- pipe insulation

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

600 LF

**Abatement Type:**

- X

**Name of Registered Waste Hauler:**

Carnevale Disposal

**Hauler ID No.:**

17297

**Cubic Yards of Waste:**

40 CU

**Name of Registered Landfill:**

T.R.R.F., Inc.

**City, State:**

Allentown, NJ

**Disposal Date:**

5/18/12

**Completed By:**

Mahlon E. Stevens

**Title:**

Project Manager

**Signature:**

[Signature]

**Date:**

4/2/12

* 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) 03/29/2012

Agencies Notified

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type Notification
☐ Initial
☑ Amended
Amendment # 1
☐ Emergency (Including Justification)
☐ Cancellation

Name of Building Owner/Oparer (2)
Golda Och Academy

Street Address
1418 Pleasant Valley Way
City, State, Zip Code
West Orange, NJ

Name of Contact
Mr. Idan Levin
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Golda Och Academy

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

Square Feet
25,000 SF
# of Floors
2
Bldg. Age
70+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (5)
AET, Inc.

Name of Abatement Contractor (6)
Valiant Associates, LLC

Street Address
907 Doolittle Drive
City, State, Zip Code
Bridgewater, NJ 08807

Telephone No.
908-296-1132

License No.
01108

Name of OSHA Monitor
Valiant Associates, LLC

Start Date (10)
04/06/2012
Scheduled Completion Date (11)
04/16/2012

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
☐ ≥100 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Govebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
272 LF

Abatement Type

Enclosure

Name of Registered Waste Hauler

Service Transport Group

Cubic Yards of Waste
20

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburgh, OH

Completed By
Miodrag Stamenovic
Title
Project Manager
Signature

Date
04/02/2012

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  4/5/12  

Name of Building Owner / Operator (2)  Township of Ocean

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

Type Notification  
- Initial  
- Amended #  
- Emergency  
- Cancellation

Street Address  399 Monmouth Road

City, State & Zip Code  Oakhurst, NJ 07755-1589

Name of Contact Administration  

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Ocean Township Municipal Building

Street Address  399 Monmouth Rd

City (5)  Ocean  County (6)  County Code (7)  

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

ASCM No.

Name of Abatement Contractor (9)  AbateTech, Inc.

Street Address  344 West State Street

City, State & Zip Code  Trenton, NJ 08618

Telephone Number  609-656-8101

Telephone Number  609-265-3207

License Number  00520

Name of OSHA Monitor  EMSL Analytical

Street Address  108 Haddon Ave.

City, State & Zip Code  Westmont, NJ 18108


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

Describe:

Scheduled Start Date (10)  4/16/12  
Scheduled Completion Date (11)  4/20/12

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

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

Boiler Room

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)  

Boiler Rope Insulation  96 LF  
Pipe Insulation  20 LF

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

Amount (Specify SF or LF)

Abatement Type  

Endorsement

Endorsement

Name of Registered Waste Hauler  AbateTech, Inc.

NUDEP Waste Hauler ID No.  18750

Cubic Yards of Waste  8

Name of Registered Landfill  TRRF Landfill

Disposal Date  4/20/12  
City, State  Tullytown, PA

Name of Registered Waste Hauler

AbateTech, Inc.

City, State  Lumberton, NJ

Completed By (Print or Type)  Gwen Trumbetti

Title  Office Coord.

Signature  

Date  4/5/12
## NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)  
1204-4464  
Check #3946  
Received APR 10 2012

### Date of Notification (1)
- **4/5/12**

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

### Type Notification
- **Initial**
- **Amended #**
- **Emergency**
- **Cancellation**

### Name of Building Owner / Operator (2)
- **Cherry Hill B.O.E.**

### Street Address
- **45 Ranaldo Terrace**

### City, State & Zip Code
- **Cherry Hill, NJ 08034**

### Name of Contact
- **Tom Carter**

### Telephone Number

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
- **Malberg Administration Building**

**Street Address**
- **45 Ranaldo Terrace**

**City (5)**
- **Cherry Hill**

**County (6)**
- **Camden**

**County Code (7)**

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

### Square Feet

### # of Floors

### Bldg. Age

### Current Use (Prior if being demolished)
- **School**

### Name of Monitoring Firm Hired by Building Owner (8)
- **TTI Environmental**

**Street Address**
- **1253 North Church Street**

**City, State & Zip Code**
- **Moorestown, NJ 08057**

### Telephone Number
- **856-985-8800**

### Name of Abatement Contractor (9)
- **AbateTech, Inc.**

**Street Address**
- **PO Box 25**

**City, State & Zip Code**
- **Lumberton, NJ 08048**

### Name of OSHA Monitor
- **EMSL Analytical**

**Street Address**
- **108 Haddan Ave.**

**City, State & Zip Code**
- **Westmont, NJ 18108**

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

### Occupancy Status During Abatement (Check only one)
- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Hours**
  - **Describe:** 5PM - 1:30AM
  - **Facility Occupied During Abatement**

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

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

### Is Location Normally Used Solely by Maintenance or Custodial Staff?
- **Yes**
- **No**
- **N/A**

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

### Amount (Specify SF or LF)

### Abatement Type
- **Removal**
- **Repair**
- **Encapsulate**
- **Encorese**

### Name of Registered Waste Hauler
- **AbateTech, Inc.**

**City, State**
- **Lumberton, NJ**

**Disposal Date**
- **4/6/12**

**Cubic Yards of Waste**
- **2**

**Name of Registered Landfill**
- **TRRF Landfill**

**City, State**
- **Tullytown, PA**

**Completed By (Print or Type)**
- **Gwen Trumbetti**

**Title**
- **Office Coord.**

**Signature**
- **[Signature]**

**Date**
- **4/5/12**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1103-4272
Check #3985

Date of Notification (1) 4/4/12

Name of Building Owner / Operator (2) Robert Wood Johnson Hospital

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

Type Notification
- Initial
- Amended #
- Emergency
- Cancellation

Street Address
One Robert Wood Johnson Place
City, State & Zip Code
New Brunswick, NJ 08901

Name of Contact
Geiser Fajardo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital

Street Address
One Robert Wood Johnson Place

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

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

ASCM No.

Name of Abatement Contractor (9) AbateTech, Inc.

Street Address
PO Box 25
City, State & Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor
EMSL Analytical

Telephone Number
609-265-2107
License Number
00529

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone Number
201-489-8400

Scheduled Start Date (10) 4/9/12 Scheduled Completion Date (11) 4/12/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
  Describe: 6PM-2:30AM
- Facility Occupied During Abatement

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
- Glove Bag Procedures
- 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 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
- Repair
- Encapsulation

Operating Room

Floor tile & Mastic 260 SF

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

Cubic Yards of Waste
12

Name of Registered Landfill
TRRF Landfill

Disposal Date
4/12/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature

Date 4/4/12
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
04/03/2012

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

**Street Address**
1 Bay Avenue

**City, State & Zip Code**
Montclair, NJ 07042

**Name of Contact**
Mr. Barry Mousa

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1 Bay Avenue

**City (5)**
Montclair

**County (6)**
Essex

**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**
963,743

**# of Floors**
6

**Bldg. Age**
98 Years

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

**Name of Abatement Contractor (9)**
Envirocare Enterprises Inc.

**Street Address**
135 Green Street Suite 301

**City, State & Zip Code**
Woodbridge, NJ 07095

**Telephone Number**
732-596-1800

**License Number**
011017

**Name of OSHA Monitor Testor Tech**

**Street Address**
10-59 Jackson Avenue

**City, State & Zip Code**
Long Island City, NY 11101

---

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Describe: Phase work, some weekend work and 2nd shift work
- [ ] Isolated Area

**Scope of Work (Check all that apply)**
- [X] ≥3 sf or ≥3 if
- [X] ≥160 sf ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Ph#4 Ground Floor Various Locations</th>
<th>Ph#5 Ground Floor Various Locations</th>
<th>Ph#6 Ground Floor Various Locations</th>
<th>Ph#6 Ground Floor Various Locations</th>
<th>Ph#7 Ground Floor Various Locations</th>
<th>Ph#7 Ground Floor Various Locations</th>
<th>Ph#8 Ground Floor Various Locations</th>
<th>Ph#8 Ground Floor Various Locations</th>
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</thead>
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<tr>
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<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Putty on Heating Coil</td>
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<tr>
<td>4 SF</td>
<td>5 SF</td>
<td>2 SF</td>
<td>10 LF</td>
<td>10 SF</td>
<td>60 LF</td>
<td>4 SF</td>
<td>13 LF</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**

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**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 22147

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, OH

**Disposal Date**
TBD

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**Completed By (Print or Type)**
Marcos Cubilette

**Title**
Office Mang/Operation

**Signature**

**Date**
04/03/12