

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

Date of Notification (1) <div style="text-align: center;">April 7, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">DnA Demolition</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2156 Camplain Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Antonio Dimuzio	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
30 Ellers Drive					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Chatham	Morris		2000 sf	2	80
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Guardian Contracting, Inc.</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address		
1889 Route 9, Unit 61			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
Toms River, NJ 08755			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm <div style="text-align: center;">Nicholas Fernicola</div>		Telephone Number <div style="text-align: center;">732-349-9932</div>	Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">4/7/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">4/8/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure					

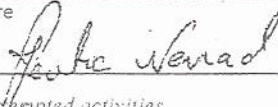
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Utility room		X		Transite	100 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">2</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">4/9/15</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">4/7/2015</div>	

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

Check#2159

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

Date of Notification (1) 04 / 08 / 15		Name of Building Owner/Operator (2) Jeffrey Rosenberg							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Claremont Avenue City, State, Zip Code Maplewood, NJ 07040 Name of Contact Jeffrey Rosenberg Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 51 Claremont Avenue		Square Feet	# of Floors						
City (5) Maplewood, NJ 07040		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 04 / 17 / 15	Scheduled Completion Date (11) 04 / 18 / 15		Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 		Date 04/08/2015				

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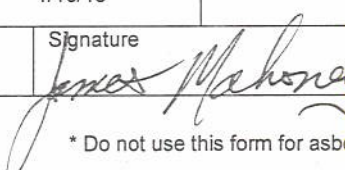
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State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

RECEIVED
APR 13 2015

Date of Notification 4/10/15		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) Cancellation	Street Address 32 East Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Jorge Alphonso Telephone Number 609 5408							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 345 South 11 th Street		Square Feet # of Floors Bldg. Age 100 +							
City (5) Newark		County Code (7) (STATE USE ONLY)							
County (6) Union		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services L.L.C.		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 464 Valley Brook Ave.		Street Address 322 Beers St							
City, State, Zip Code Lyndhurst, N.J. 07071		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201 438 4839	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 4/13/15	Scheduled Completion Date (11) 6/30/15		Name of OSHA Monitor n/a						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WET DEMOLITION			X			X			
Name of Registered Waste Hauler Hilltop Enterprises, Inc.		NJDEP Waste Hauler ID No. 0035966	Cubic Yards of Waste 300	Name of Registered Landfill Grows north					
City, State West Chester, PA 19380		Disposal Date 7/1/15		City, State Morrisville, P.A.					
Completed by James Mahoney		Title Project manager		Signature <i>James Mahoney</i>			Date 4/10/15		

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

Date of Notification (<u>4/10/15</u>)		Name of Building Owner/Operator (2) NJ Schools Development Authority					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 32 East Front Street					
		City, State, Zip Code Trenton, NJ 08625					
		Name of Contact	Jorge Alphonso	Telephone Number			
FACILITY INFORMATION							
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 376 South 12 th Street		Square Feet	# of Floors 100 +				
City (5) Newark		Bldg. Age					
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services L.L.C.		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc.				
Street Address 464 Valley Brook Ave.		Street Address 322 Beers St					
City, State, Zip Code Lyndhurst, N.J. 07071		City, State, Zip Code Keyport N.J. 07735					
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201 438 4839	Telephone No. 732-739-1200				
License No. 01095							
Start Date (10) 4/22/15	Scheduled Completion Date (11) 7/30/15	Name of OSHA Monitor n/a					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> 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)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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			
				Removal	Repair	Encapsulate	Enclosure
See attached	Yes No N/A			X			
Name of Registered Waste Hauler Hilltop Enterprises, Inc.		NJDEP Waste Hauler ID No. 0035966	Cubic Yards of Waste 100	Name of Registered Landfill Grows north			
City, State West Chester, PA 19380		Disposal Date 1/10/15		City, State Morgantown, P.A.			
Completed by James Mahoney		Title Project manager	Signature 	Date 4/10/15			

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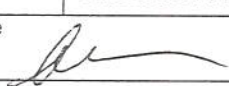
State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

Date of Notification () 4/10/15		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address 32 East Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Jorge Alfonso Telephone Number							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 354 South 12 th Street		Square Feet	# of floors Bldg. Age 100 +						
City (5) Newark	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if building demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services L.L.C.		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc.						
Street Address 464 Valley Brook Ave.		Street Address 322 Beers St							
City, State, Zip Code Lyndhurst, N.J. 07071		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm John Chiaviello		201 438 4839	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 4/22/15	Scheduled Completion Date (11) 7/30/15		Name of OSHA Monitor n/a						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> 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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached									
Name of Registered Waste Hauler Hilltop Enterprises, Inc.		NJDEP Waste Hauler ID No. 0035966	Cubic Yards of Waste 100	Name of Registered Landfill Grows north					
City, State West Chester, PA 19380			Disposal Date 1/10/15	City, State Morristown, P.A.					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 4/10/15			

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

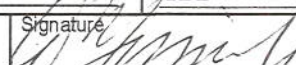
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Date of Notification (1) 4/8/15		Name of Building Owner/Operator (2) Peter & Betty Ann Sofko							
Agencies Notified	Type Notification	Street Address 359 Bennetts Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Somerset, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Becky Bongiovi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 359 Bennetts Lane		Square Feet 2100	# of Floors 2						
City (5) Somerset		Bldg. Age 65							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 4/13/15		Scheduled Completion Date (11) 5/5/15	License No. 703						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)		Street Address							
		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	75 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Disposal Facility Western Berks Landfill		City, State Birdsboro PA			
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro PA		Date 4/8/15			
Completed by A. Scott Higgins		Title President		Signature 					

CK 133

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


Date of Notification (1) <u>4/6/2015</u>		Name of Building Owner/Operator (2) <u>Material Handling Supply</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>100 Old Salem Road</u> City, State, Zip Code <u>Brooklawn, NJ 08030</u> Name of Contact <u>Brett Levin</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Industrial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)	
Street Address <u>6965 Airport Highway</u>		Square Feet <u>150,000</u>	# of Bldgs. <u>1</u>
City (s) <u>Pennsauken</u>		Bldg. Age <u>30yrs</u>	
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Vacant</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>
Street Address		Street Address <u>300 S. Lenola Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	Lic. No. <u>0068</u>
Start Date (10) <u>4/15/15</u>	Scheduled Completion Date (11) <u>4/29/15</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 Lenola Road</u> City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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)
	Yes	No	
Office Area		X	Floor Tile & Mastic
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Lab <u>TBD</u>
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 

ASB-11

Do not use this form for asbestos licensure exempted activities.

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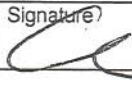
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

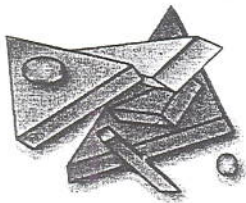
Date of Notification (1) 4/9/15		Name of Building Owner/Operator (2) Holy Angels Parish								
Agencies Notified	Type Notification	Street Address 64 Cooper Street								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbury NJ 08096								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Dean	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Abandoned Hotel Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)								
Street Address 85-87 Cooper Street		Square Feet 1000+	# of Floors 3							
City (5) Woodbury NJ 08096		Bldg. Age 35+								
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if building demolished) Abandoned Hotel								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 856-753-9800							
Start Date (10) 4/21/15	Scheduled Completion Date (11) 4/30/15	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)							
	Yes	No		N/A						
2nd Floor			x	Floor tile	1	6 SF	x			
3rd Floor			x	Floor tile	4	1 SF	x			
Windows			x	Exterior Caulk	9	2 LF	x			
Roof				Flashing	9	3 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 4/30/15		City, State Morrisville F		19067				
Completed by Anthony T Perna		Title President		Signature 		Date 4/9/15				

Emergency

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

CA 4 59

Date of Notification (1) 4/9/15		Name of Building Owner/Operator (2) Camden City School District			
Agencies Notified	Type Notification	Street Address 201 N Front Street			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden NJ 08102			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Camden City School District			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 201 N Front Street			Square Feet 1000+	# of Floors 9	Bldg. Age 35+
City (5) Camden NJ 08102		County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) SmithCo Engineering		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.		
Street Address 808 Market Street		Street Address PO Box 329			
City, State, Zip Code Camden NJ 08102		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm Nicole Campbell		Telephone No.	Telephone No. 856-753-9800	Response No. 727	
Start Date (10) 4/10/15	Scheduled Completion Date (11) 4/11/15		Name of OSHA Monitor Same		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: after 4:30 Friday night			Street Address		
			City, State, Zip Code		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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 (Square Feet) (14)
	Yes	No	N/A		
9th floor attic	X			pipe insulation	6
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State West Berlin		Disposal Date 4/13/15	City, State Morrisville PA 067		
Completed by Anthony T Perna		Title President	Signature 		Date 4/9/15



SMITHCO. ENGINEERING GROUP, INC.

Engineering • Environmental • Development • Construction Services

April 8, 2015

Mr. Anthony Perna
Pernaco, Inc.
P.O. Box 329
West Berlin, New Jersey 08091

Re.: **EMERGENCY LETTER**
Administration Building, 9th Floor
O&M on Asbestos Pipe Insulation
Camden City School District
Camden, New Jersey 08102

Dear Mr. Perna:

The Camden City School Administration Building began experienced a significant water leak on the 9th Floor of the Building. This leak has caused water damage to the floor below. The Camden City School District is requesting your immediate assistance to perform Operation & Maintenance Services for 9th Floor. In our opinion this abatement work will ensure maximum protection and safeguard from asbestos exposure to our employees, visitors, general public, and the environment.

ASBESTOS PROJECT TYPE – O & M PIPE INSULATION REMOVAL

Administration Building 201 N. Front Street, Camden, New Jersey				
LOCATION	ASBESTOS MATERIAL		EST. QUANT.	RESPONSE ACTION
9 th Floor, Attic		Thermal Pipe Insulation	Approximately 6 LF	Removal to enable repairs

PROJECT SCHEDULE

Abatement Dates: April 10, 2015

Work Hours: 2nd Shift

Once again, please expedite any process and /or procedure required by local and state agencies to obtain approval. Keep in mind this situation is an emergency with the potential for building contamination.

If you have any question, please feel free to contact this office 856-365-9111.

Sincerely,

Nicole Campbell

Nicole Campbell
Project Manager/Asbestos Building Inspector

THE SMITHCO. ENGINEERING GROUP, INC.
808 Market Street, Suite 336 • Camden, New Jersey 08102
Phone 856.365.9111 • Fax 856.365.9333 • www.smithcogroup.com

Apr 8 2015 10:46am

P001/001

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Check#2160

Date of Notification (1) 04 / 08 / 15		Name of Building Owner/Operator (2) Brian Kramer		NJ Dept of H th & Senior Services	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 205 Pemberton Avenue City, State, Zip Code Plainfield, NJ 07060 Name of Contact Brian Kramer	
				Date: 4/11/15 Telephone No.	

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 205 Pemberton Avenue		Square Feet # of Floors	
City (5) Plainfield, NJ 07060		Bldg. Age	
County (6) Union		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
ASCM No.		Name of Abatement Contractor (9)	
Gr Tech LLC		Street Address	
576 Valley Rd #283		City, State, Zip Code	
Wayne, NJ 07470		Telephone No.	
Project Manager for Monitoring Firm		License No.	
973-638-1777		01127	
Start Date (10) 04 / 09 / 15		Scheduled Completion Date (11) 04 / 10 / 15	
Name of OSHA Monitor		Name of OSHA Monitor	
Envirovision Consultants, Inc		Street Address	
20-21 Wagaraw Road, Bldg #35 E		City, State, Zip Code	
Fair Lawn, NJ 07410		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Products	

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	220 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJOEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	
Date 04/08/2015			

Check # 11573


<div style="display: flex; justify-content: space-between;"> File Number _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div>				
(K-12) commercial buildings, homes,				
Bldg. Age <div style="border: 1px solid black; padding: 2px; text-align: center;">30+</div>	(polished)			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Co., Inc. </div>				
Use No. <div style="border: 1px solid black; padding: 2px;">1398</div>				
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Co., Inc. </div>				
Air Pressure				
Friable Procedure				
	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
	X			
Sealing				
Date <div style="border: 1px solid black; padding: 2px;">4-8-15</div>				

APR 08/2015/WED 11:18 AM

FAX No.

P. 002

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 4-8-15		Name of Building Owner/Operator (2) PNC Realty Services	
Agencies Notified	Type Notification	Street Address 1921 Washington Valley Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Martinsville, NJ 08536	
		Name of Contact Ms. Brennan Quagliana	Telephone
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PNC Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 76 Nassau Street		Square Feet 5,800	# of Floors 2
City (5) Princeton		Bldg. Age 30+	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) PT Consultants, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental, Inc.
Street Address 629 Creek Road		Street Address 923 Haws Avenue	
City, State, Zip Code Ballmawr, NJ 08031		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Brian Havanki		Telephone No. 856-251-9980	Telephone No. 610-239-9920
Start Date (10) 4-11-15	Scheduled Completion Date (11) 4-11-15	License No. 003	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Plymouth Environmental, Inc.	
		Street Address 923 Haws Avenue	
		City, State, Zip Code Norristown, PA 19401	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
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)
	Yes	No	
basement		x	floor tile
			120 SF
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1
City, State Voorhees, NJ		Disposal Date 4-11-15	Name of Registered Landfill GROWS Landfill
Completed by David Rowley		Title Project Manager	Signature 

ASB-41 (R-06-05)

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

ch# 26536

ne Number

ol (k-12)
 hapter 8 (other than k-12)
 r (i.e., private & commercial
 ings, homes, etc.)

Floors 1	Bldg. Age 48
-------------	-----------------

demolished)

ntracting, Inc.

, Unit 61

New Jersey 08755-1271

License Number
00624

alytical

Road

New Jersey 08854

ith Negative Pressure

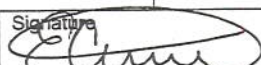
e
 and Non-Friable Procedure

Amount (Specify SF or LF)	Abatement Type				
	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
	sf	X			
idfill					
	Date 4/9/15				

**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)

CK# 59

Date of Notification (1) 4-9-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	50 Washington Street							
		City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4)							
Street Address 207-213 NJ Railroad Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harrison		Square Feet 6000	# of Floors 2						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Building for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950						
Start Date (10) 4-24-2015	Scheduled Completion Date (11) 5-4-2015	Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		City, State, Zip Code Lincoln Park NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 (Specified SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior - Windows			x	Tar	940	x			
Roof			x	Membrane + Flashing + Tar	6,400	x			
Roof Skylights			x	Mastic	90	x			
2nd Fl. Hall Foyer + Kitchen			x	Floor Tile + Mastic	280	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by E. Cirovic		Title Secretary		Signature 		Date 4-9-2015			

ck 36899

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

Date of Notification (1) <u>4/8/15</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACT</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u> City, State, Zip Code <u>GREENFIELD, N.J. 0730</u> Name of Contact <u>BRUCE BREUNIG</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 <input type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <u>1506 WESLEY AVE.</u>		Square Feet <u>1000</u>	
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>4/20/15</u>		Scheduled Completion Date (11) <u>4/27/15</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u> Street Address <u>369 S. SPRUCE AVE</u> City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply): <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Name of Registered Waste Hauler <u>Klemco Inc.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	Name of Registered Landfill <u>C.M.C. M.U.A. WOODRIDGE, N.J.</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>VICE PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>4/8/15</u>

CK 1897

Date of Notification (1) 4/8/15		Name of Building Owner/Operator (2) Louis Mauriello							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P.O. Box 345 MONTCLAIR							
		City, State, Zip Code MONTCLAIR, NJ 07042							
		Name of Contact Eric Plackis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Unelson Village		Type of Facility (4)							
Street Address 40 CROSS Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Matawan	Square Feet 800	# of Floors 2	Bldg. Age						
County (6) monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor Brick Industries Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	Telephone No.						
Start Date (10) 4/8/15	Scheduled Completion Date (11) 4/13/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure <input type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	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 (SF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				drywall + joint compound	200 SF	8			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 12	Name of Registered Landfill GROWS					
City, State Brick, New Jersey		Disposal Date 4/14/15		City, State PA					
Completed by Eric Plackis		Title President		Signature EPL		Date 4/8/15			

K14E-C70
3690

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

Date of Notification (1) <u>4/8/15</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u> City, State, Zip Code <u>BRIGANTINE N.J. 08203</u> Name of Contact <u>BOB.</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <u>131 11TH ST. SO.</u>		Square Feet <u>1000</u>	
City (5) <u>BRIGANTINE</u>		Bldg. Age <u>40+</u>	
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>4/20/15</u>		Scheduled Completion Date (11) <u>4/27/15</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>JOSEPH KLEWCO</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)		Street Address <u>369 S. SPRUCE AVE</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No.	
City, State <u>MAPLE SHADE N.J.</u>		Cubic Yards of Waste	
Disposal Date		Name of Registered Landfill <u>ACU A</u>	
City, State <u>PLEASANTVILLE N.J.</u>		Signature <u>[Signature]</u>	
Completed By <u>MICHAEL KLEWCO</u>		Date <u>4/8/15</u>	

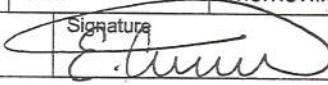
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 1157

Date of Notification (1) 4-9-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC			
Agencies Notified	Type Notification	Street Address 50 Washington Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030			
		Name of Contact	Telephone		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 219 NJ Railroad Ave		Square Feet 3000	# of Floors 2		
City (5) Harrison		Bldg. Age 50+			
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Building for Demo			
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp		
Street Address n/a		Street Address 22 Troy Lane			
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035			
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950		
Start Date (10) 4-18-2015	Scheduled Completion Date (11) 4-22-2015	Name of OSHA Monitor Loznica Management Corp			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		Street Address 22 Troy Lane			
		City, State, Zip Code Lincoln Park NJ 07035			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)		
	Yes	No		N/A	
Main Roof			x	Flashing	450 SF
Upper Roof			x	Flashing	100 SF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 19067	
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>		Date 4-9-2015

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

CK# 1158

Date of Notification (1) 4-9-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC			
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	50 Washington Street			
		City, State, Zip Code Hoboken, NJ 07030			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4)			
Street Address 215-217 NJ Railroad Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Harrison	County (6) Essex	Square Feet 5000	# of Floors 2		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Building for demo			
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp		
Street Address n/a		Street Address 22 Troy Lane			
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035			
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950		
Start Date (10) 4-20-2015		Scheduled Completion Date (11) 4-27-2015			
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Loznica Management Corp			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		Street Address 22 Troy Lane			
		City, State, Zip Code Lincoln Park NJ 07035			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)					
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)
	Yes	No	N/A		
Exterior - 1 Window			x	Caulking	150 SF
Main Roof			x	Tar	500 SF
Lower Roof			x	Roof Membrane + Flashing	300 SF
Lower Roof			x	Mastic	90 SF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 190	
Completed by E. Cirovic		Title Secretary		Signature 	

Pressure

Abatement Type

Removal	Repair	Encapsulate	Enclosure
x			
x			
x			
x			

ill

date
4-9-2015

Number					
-12)					
rcial buildings, homes,					
		Bldg. Age			
lished)					
ING, INC.					
No.					
e Pressure					
iable Procedure					
	Abatement Type				
	Removal	Repair	Encapsulate	Enclosure	
	X				
ifill					
MENT G.R.O.W.S.					
Date					
4/8/2015					

* 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) 4/6/2015		Name of Building Owner/Operator (2) CHAPEL HILL ACADEMY	
Agencies Notified	Type Notification	Street Address 31 CHAPEL HILL ROAD	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LINCOLN PARK, NJ	
		Name of Contact THOMAS CELLI	Telephone Number 973-636-9145
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHAPEL HILL ACADEMY		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 31 CHAPEL HILL ROAD		Square Feet	# of Floors
City (5) LINCOLN PARK		Bldg. Age	
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 20-21 WAGARAW ROAD, BLDG. 35E		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm FRED LARSON		Telephone No. 973-636-9145	Telephone No. 973-956-8700
Start Date (10) 4/17/2015	Scheduled Completion Date (11) 4/24/2015	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)	
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)
	Yes	No	
PIPE TUNNEL W/ PUMP ROOM	X		Pipe Insulation 350 LF
STAGE		X	Pipe Insulation via limited containment 10 LF
MAINT. SUPERVISOR'S OFFICE	X		Pipe Insulation via limited containment 22 LF
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20
City, State CLIFTON, NJ		Disposal Date 4/24/2015	Name of Registered Waste Management Firm WASTE MANAGEMENT G.R.O.W.S.
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>
		Date 4/6/2015	

RECEIVED

Apr 2 2015 04:12p

P001/001

NJ Dept. of Health & Senior Services

2015 APR 13 11:12

State of New Jersey

Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

(Signature)

Date: 4/2/15 Time: 4:00

ck* 1756

Date of Notification (1) 04/02/15		Name of Building Owner/Operator (2) Board of Education Township of Hillside	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (Including Justification) <input type="checkbox"/> Cancelled	
Street Address 195 Virginia Street		City, State, Zip Code Hillside, NJ 07205	
Name of Contact Kenneth R. Weinheimer		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hillside High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) Other (i.e. private & commercial buildings, home etc.) Sq. Feet: NA # of Floors: 3 Bldg. Age: 1951	
Street Address 1085 Liberty Avenue		Current Use (prior if being demolished):	
City (5) Hillside	County (6) Union	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Detail Associates, Inc.		ASCM No.	
Street Address 300 Grand Avenue		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City, State, Zip Code Englewood, NJ 07631		Street Address 712 Sergeantsville Road	
Protect Manager for Monitoring Firm		Telephone Number 201-569-6708	License 01237
Scheduled Start Date (10) 04/06/15		Scheduled Completion Date (11) 04/30/15	
Name of OSHA Monitor IAQ GURU LLC		Street Address 87 Main Street	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: M-S 0700-1600		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior windows	<input checked="" type="checkbox"/>	Transite material under 270 solid window panels Red & tile panels	3,340 SF
Perimeter Window Caulk	<input checked="" type="checkbox"/>	Perimeter window caulking	1351 LF
Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #	Cubic Yards of Waste
Waste Management of PA		Name of T.R.R.F.	
Disposal Date		City, State Tullytown, PA	
Completed by (Print or Type) Mark M Jovic	Title Consultant	Signature 	Date 04/02/15

OK 3638

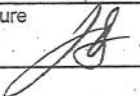
Print Form

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

Date of Notification (1) 4-8-15		Name of Building Owner/Operator (2) American Detergent			
Agencies Notified	Type Notification	Street Address 2 English Ave			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Egg Harbor NJ 08234			
		Name of Contact B. Styer	Telephone Number 609-346-0916		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input checked="" type="checkbox"/> Other (i.e. private & comm etc.)			
Street Address 4 N Pelham Ave		Square Feet 2000	# of Floors 2		
City (5) Long Port		Bldg. Age 70			
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Am Jie LLC		
Street Address		Street Address 1212 Burlington Ave			
City, State, Zip Code		City, State, Zip Code Delaware NJ 08075			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-346-0916		
Start Date (10) 4-18-15		Scheduled Completion Date (11) 4-25-15	Name of OSHA Monitor Self		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
		City, State, Zip Code			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-F			
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)
	Yes	No	N/A		
OUTSIDE				ACM Siding	2000
Name of Registered Waste Hauler Am Jie LLC		NJDEP Waste Hauler ID No. 35635	Cubic Yards of Waste 304	Name of Registered Landfill WMA of 1	
City, State Delaware NJ		Disposal Date TBD	City, State Tullytown PA		
Completed by JOE HILL		Title VP	Signature JH		

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure			
Leakage Procedure			
PA			
4-8-15			

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

Date of Notification (1) 04-01-15		Name of Building Owner/Operator (2) Diane Ballance	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 Princeton Rd. City, State, Zip Code Linden NJ 07036 Name of Contact Diane Ballance
			Telephone Number
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 215 Princeton Rd.		Square Feet	# of Floors
City (5) Linden		County Code (7) (STATE USE ONLY) _____	
County (6) Union		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC
Street Address		Street Address 522 7th Street	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603
Start Date (10) 04-02-15		Scheduled Completion Date (11) 04-03-15	Name of OSHA Monitor Delfa Contracting LLC
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th Street City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)			
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)
	Yes	No	
Basement		x	VAT
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4
City, State Union City NJ 07087		Disposal Date 04-06-15	Name of Registered Landfill Tullytown Resource Recovery Facility
Completed by Jaime Delgado		Title Proj. Manager	Signature 


Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			
Date 04-01-15			

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

Date of Notification (1)		4/7/2015		Name of Building Owner/Operator (2)		Sakoutis Brothers Disposal	
Agencies Notified		Type of Notification		Street Address		P O Box 84	
[x] EPA		[] Initial Notification		City, State, Zip Code		Colts Neck, NJ 07722	
[] DEP		[] Amended Notification		Name of Contact		John Sakoutis	
[x] DOL		Amendment # _____		Telephone			
[x] DOH		[x] Emergency (including justification)					
[] DCA		[] Cancellation					

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
Residence				<input type="checkbox"/>	School
Street Address				<input type="checkbox"/>	Subcontractor
145 Park Road				<input checked="" type="checkbox"/>	Other home
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of	
Fair Haven	Monmouth		1500 sf		
			Current Use (Prior if being changed) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)		
N/A			Guardian Corporation		
Street Address		Street Address			
		1889 Route 9			
City, State, Zip Code		City, State, Zip Code			
		Toms River, NJ			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		
			732-349-9932		
Scheduled Start Date (10)		Scheduled Completion Date (11)	Name of OSHA Monitor		
4/8/15		4/9/15	E.M.S.L. Associates		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____			City, State, Zip Code		
			Piscataway, NJ		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)		

<p>Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)</p>	<p>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</p> <p>YES NO N/A</p>			<p>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</p>	<p>Asbestos (Spill) on</p>
Exterior		X		Asbestos siding	155
<p>Name of Registered Waste Hauler Guardian Contracting, Inc.</p>	<p>NJDEP Waste Hauler ID No. 20223</p>			<p>Cubic Yards of Waste 3</p>	<p>Name of Registered Landfill T.R.R.F.</p>
<p>City, State Toms River, New Jersey</p>	<p>Disposal Date 4/10/15</p>			<p>City, State Tullytown, Pennsylvania</p>	
<p>Completed by (Print or Type) Nicholas Fernicola</p>	<p>Title Project Manager</p>			<p>Signature </p>	

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

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Inventory SF F)	Abatement Type			
	RE MO V A L	RE PA IR	EN C A P S U L E	EN C L O S U R E
	X			
	Date 4/7/2015			

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

Date of Notification (1) April 8, 2015		Name of Building Owner/Operator (2) Rominnella Associates, LLC	
Agencies Notified [x] EPA [] DEP [x] DOL	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 15 Doyle Court	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Dominick Romeo	Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)	
Residence			<input type="checkbox"/> School	<input type="checkbox"/> Sub
Street Address			<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Home
27 Washington Avenue				
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of
Berkeley Heights	Union		1500 sf	
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being Residence)	
N/A				
Street Address			Name of Abatement Contractor (9)	
			Guardian Co	
City, State, Zip Code			Street Address	
			1889 Route 9	
Project Manager for Monitoring Firm			City, State, Zip Code	
			Toms River, NJ	
Telephone Number			Telephone Number	
			732-349-9932	
Scheduled Start Date (10)			Scheduled Completion Date (11)	
4/9/15			4/10/15	
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. An	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address	
<input type="checkbox"/> Other - Describe _____			1056 Stelton	
Scope of Work (Check all that apply)			City, State, Zip Code	
<input type="checkbox"/> Full Containment with N			Piscataway, NJ	
<input type="checkbox"/> Mini-Enclosure				
<input type="checkbox"/> Glovebag Procedure				
<input checked="" type="checkbox"/> Non-Exempted (*) and N				

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)	A (Sp c
	YES NO N/A		
Exterior	X	Asbestos siding	140
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 4/13/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	

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

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ors	Bldg. Age
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unt (y SF F)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
f	X			

Date

4/8/2015

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4-7-15		Name of Building Owner/Operator (2) Malik Aberdine	
Agencies Notified	Type Notification	Street Address 195 S. Mountain Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Malik Aberdine	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial building, homes, etc.)	
City (5)	County (6) Essex	Square Feet	# of Bldg. Age
	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	

Scheduled Start Date (10) 4-18-15		Sched. Completion Date (11) 4-21-15		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>					
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

Scope of Work (Check all that apply)			[] Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> >3 sf or >3 lf			<input checked="" type="checkbox"/> Renovation		
<input type="checkbox"/> >160 sf or >260 lf			<input type="checkbox"/> Demolition		
			<input type="checkbox"/> Glovebag Procedure		
			<input type="checkbox"/> 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)
	Yes	No	N/A		
Basement			X	Pipe Insulation	178 lf

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 2.0		Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-22-15		City, State Morrisville,		A 19067	

Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 4-7-15	
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Abatement Type			
R	R	E	E
E	E	N	N
M	P	C	C
O	A	P	O
V	I	S	S
A	R	U	U
L		L	R
			E

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4-7-15		Name of Building Owner/Operator (2) Marla Cohen	
Agencies Notified	Type Notification	Street Address 77 Essex Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Marla Cohen	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address			Square Feet 2500	# of Floors 3
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 4-16-15 Month Day Year		Sched. Completion Date (11) 4-22-15 Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Name of OSHA Monitor N/A		
		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)
	Yes	No	N/A		
Basement			X	Pipe Insulation	30

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Individual G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 4-23-15	City, State Morrisville, NC 27567	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>
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homes, etc.)
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00371

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Abatement Type	REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE

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19067

Date
4-7-15

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

Date of Notification (1) 04/06/2015		Name of Building Owner/Operator (2) First United Methodist Church of Montclair	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 North Fullerton Avenue	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Robert Predmore	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) First United Methodist Church of Montclair		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 24 North Fullerton Avenue		Square Feet 10,000	# of Floors 2
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.
Street Address 20-21 Wagaraw Road, Building 35E		Street Address 1360 Clifton Avenue, Unit 3	
City, State, Zip Code Fair Lawn, NJ 07410-1322		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9145	Telephone No. (973) 450-9500
Start Date (10) 04/20/2015	Scheduled Completion Date (11) 04/24/2015		Name of OSHA Monitor Incinia Contracting, Inc.
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, Unit 3	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and N	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)
	Yes	No	N/A		
Boiler Room		X		Ceiling Plaster	520
Boiler Room, Vestibule		X		Pipe Insulation	77

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Wayne, NJ		Disposal Date TBD	City, State Bethlehem, PA	
Completed by Milena Zoric		Title Executive Director	Signature <i>Milena Zoric</i>	

Date 04/06/2015			
Signature <i>Milena Zoric</i>			
Title Executive Director			
City, State Wayne, NJ			
County Essex			
Zip Code 07042			
Phone Number (973) 636-9145			
Fax Number (973) 450-9500			
E-mail Address milena.zoric@atlanticcarting.com			
Other Contact Information _____			
Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure			
Abatement Procedure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N			
Date 04/06/2015			

Date of Notification (1) 4/8/15		Name of Building Owner/Operator (2) BRICK TOWNSHIP BOARD OF EDUCATION		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 HENDRICKSON AVENUE City, State, Zip Code BRICK TOWN, NJ 08724 Name of Contact DAVID O'KEEFE (OWNER'S REP)		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) VETERAN'S MEMORIAL ELEMENTARY SCHOOL			Type of Facility <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input type="checkbox"/> Other (i.e. Industrial)	
Street Address 103 HENDRICKSON AVENUE			Square Feet	
City (5) BRICK TOWN, NJ 08724				
County OCEAN	County Code (7) (STATE USE ONLY)		AIRPORT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL	
Street Address		Street Address 15 BLACK FOREST ROAD		
		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110		
Start Date (10) ** TO BE DETERMINED - ON HOLD **	Scheduled Completion Date (11)	Name of OSHA Monitor AMERITECH SERVICES		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM		Street Address 259 DRUM PT. ROAD, STE 7 City, State, Zip Code BRICK, NJ 08723		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebagged <input type="checkbox"/> Non-Exhausted		
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 (Specified in LF)
	Yes	No		
WINDOWS		X	GLAZING	
Name of Registered Waste Hauler CURRENT CONSTRUCTION		NJDEP Waste Hauler ID No. 35149	Cubic Yards of Waste 1 YDS	Name of Registered Waste Hauler GROWS
City, State ALLENTOWN, NJ		Disposal Date TBD		CITY, STATE MORRISVILLE
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>[Signature]</i> 27-Mar		

R 13 4W 1156				
Telephone Number				
(Other than K-12)				
Private & commercial buildings)				
	# of Floors	Bldg. Age		
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ment with Negative Pressure				
are				
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ed (*) & Non-Friable Procedure				
SF or	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
	X			
red Landfill				
E, PA				
Date				
4/8/15				

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

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 1 / 15 / 14 </div>		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 17-4/9/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton University- Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	# of Bldg. Age
City (5) Princeton			
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if be Library	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC
Street Address Three Terri Center		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040
Start Date (10) 3 / 2 / 15	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
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)
	Yes	No	
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State New Castle, DE		Disposal Date	Name of Registered Landfill G.R.O.W.S. NORTH
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>
			Date 4/9/15

Date of Notification (1) 4/9/15			
Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction			
Street Address 200 Elm Drive			
City, State, Zip Code Princeton, NJ 08544			
Name of Contact Robert Ortego			
Telephone Number			
Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.)			
Square Feet	# of Bldg. Age		
Current Use (Prior if be demolished)			
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.			
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			
Telephone No. 215-788-6040			
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / ____ PM - ____ AM			
Street Address 1123 BEAVER STREET			
City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
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)
	Yes	No	
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State New Castle, DE		Disposal Date	Name of Registered Landfill G.R.O.W.S. NORTH
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>
			Date 4/9/15

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

Notification (1) 1 / 15 / 14		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 17-4/9/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Princeton University- Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private commercial buildings, homes, etc.)			
Street Address Washington Road		Square Feet	# of Floors		
City (5) Princeton		Bldg. Age			
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library			
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC		
Street Address Three Terri Center		Street Address 1123 BEAVER STREET			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040		
Start Date (10) 3 / 2 / 15	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM PM- AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
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 (SF)
	Yes	No	N/A		
Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Liner	2
Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1
Work Area #B6 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	4
Work Area #B6 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	38
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH	
City, State New Castle, DE		Disposal Date		City, State MORRISVILLE, PA	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	

Date 4/9/15					
Time 1:59					
Location Princeton University - Firestone Library					
Address Washington Road					
City, State, Zip Code Princeton, NJ 08544					
Name of Contact Robert Ortego					
Telephone Number					
Type of Facility 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)					
Name of Monitoring Firm ATC Associates Inc.					
ASCM No. 00098					
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. 609-386-8800					
Telephone No. 215-788-6040					
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM PM- AM					
Street Address 1123 BEAVER STREET					
City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable					
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 (SF)
	Yes	No	N/A		
Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Liner	2
Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1
Work Area #B6 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	4
Work Area #B6 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	38
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH	
City, State New Castle, DE		Disposal Date		City, State MORRISVILLE, PA	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	
Date 4/9/15					
Time 1:59					
Location Princeton University - Firestone Library					
Address Washington Road					
City, State, Zip Code Princeton, NJ 08544					
Name of Contact Robert Ortego					
Telephone Number					
Type of Facility 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)					
Name of Monitoring Firm ATC Associates Inc.					
ASCM No. 00098					
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. 609-386-8800					
Telephone No. 215-788-6040					
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM PM- AM					
Street Address 1123 BEAVER STREET					
City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable					

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

15 / 14		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction			
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 17-4/9/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive				
	City, State, Zip Code Princeton, NJ 08544				
	Name of Contact Robert Ortego		Telephone Number		
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Princeton University- Firestone Library Street Address Washington Road City (5) Princeton County (6) MERCER County Code (7) (STATE USE ONLY) Current Use (Prior if building is demolished) Library				
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC		
Street Address Three Terri Center		Street Address 1123 BEAVER STREET			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040		
Start Date (10) 3 / 2 / 15		Scheduled Completion Date (11) ON HOLD			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / ____ PM - ____ AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC			
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable </div> </div>					
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 of ACM (SF)
	Yes	No	N/A		
Work Area #B6 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings on Fiberglass Lines	4
Work Area #B7 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings on Fiberglass Lines	4
Work Area #B7 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	3
Work Area #B7 - Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	4
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH	
City, State New Castle, DE		Disposal Date		City, State MORRISVILLE, PA	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	
				Date 4/9/15	

APR 13 4:11:09 PM			
CONTROL			
One Number			
Bldg. Age			
No. of floors			
No. of commercial buildings			
No. of homes, etc.			
No. of demolished			
e No.			
09			
Procedure			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landfill			
19067			