

OK 3562

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

Date of Notification (1) 04/17/2015		Name of Building Owner/Operator (2) Matteo Appicella								
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 2 East Main St. City, State, Zip Code Clinton NJ 08809 Name of Contact Matteo Appicella							
	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 commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)							
Street Address 2 East Main Street		Square Feet 1500	# of Floors 2							
City (5) Clinton		County Code (7) (STATE USE ONLY) _____								
County (6) Hunterdon		Current Use (Prior, if being changed) House								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Bako Construction & Restoration Inc							
Street Address		Street Address 265 A Route 46 Suite 3D								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-256-7010							
Start Date (10) 04/27/2015		Scheduled Completion Date (11) 04/29/2015								
Name of OSHA Monitor Bako Construction & Restoration Inc		Name of OSHA Monitor Bako Construction & Restoration 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 265 A Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07512								
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 (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Crawlspace		X		Pipe insulation/elbows	5L	X				
Attic		X		Debris clean up	25L					
Name of Registered Waste Hauler Bako Construction & Restoration Inc		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 5	Name of Registered Waste Hauler Grows					
City, State Totowa, NJ		Disposal Date 04/29/15		City, State Morrisville, PA						
Completed by Damir Valjevac		Title Project Manager		Signature <i>Damir Valjevac</i>			Date 04/17/2015			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-73

Ch #: 7178

Date of Notification (1) <u>01/14/17/15</u>		Name of Building Owner/Operator (2) Clara Maass Medical Center	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 1 Clara Maass Drive	
		City, State, Zip Code Belleville, NJ 07109	
		Name of Contact Luis Caceres	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Main Hospital, Entrance (NON SUB 8)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address 1 Clara Maass Drive			Square Feet	Bldg. Age
City (5) Belleville	County (6) Essex	County Code (7) (State use only)	Current Use Hospital Prior if being demolished) NON SUB 8	

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 04/27/2015	Sched. Completion Date (11) 05/01/2015			

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: <u>occupied & start: 7:00am</u>				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code LincolnPark, NJ 07035				

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Spec LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
underground			<input checked="" type="checkbox"/>	transite pipe	400 lf		<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 7 yards	Name of Registered Landfill Tullytown Resource Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/01/2015	City, State Tullytown, PA	

Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/17/2015
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-66

Ch#: 7177

Date of Notification (1) <u>10 14 / 1 17 / 1 15 </u>		Name of Building Owner/Operator (2) <u>Barbara Laura</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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>167 Ashland Avenue</u>	
		City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
		Name of Contact <u>Barbara Laura</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Barbara Laura</u>			Type of Facility <input type="checkbox"/> School (K - 12) <input type="checkbox"/> State Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address <u>167 Ashland Avenue</u>			
City (5) <u>Bloomfield, NJ</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Square Feet
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>			# of Floors
ASCM No.			Bldg. Age
Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>			Current Use <u>residential</u>
Street Address <u>105 Ryerson Road</u>			Prior if being demolished
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm		Phone Number	
Telephone Number <u>(973)696-6869</u>			
Scheduled Start Date (10) <u>04/29/2015</u>	Sched. Completion Date (11) <u>04/29/2015</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- Describe: _____			
<input type="checkbox"/> Other-Describe: _____			

Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
License Number <u>00378</u>			

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Spec LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
basement			<input checked="" type="checkbox"/>	pipe insulation	93 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"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>04/30/2015</u>		City, State <u>Tullytown, PA</u>

Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <i>Gordana Luna</i>	Date <u>04/17/2015</u>
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

CR # 1795

Date of Notification (1) <u>4</u> / <u>17</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input checked="" 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A MacMillan Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and							
Street Address 5 Ivy Lane		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center, 3 Terri Lane, Ste. 12		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	Licenses No. 00						
Start Date (10) <u>5</u> / <u>1</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>7</u> / <u>15</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / _____ 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable							
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 (Sf or Lf)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STUCCO ON WALL	1	<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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH					
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067						
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jsl</i>		Date 4/17/15					

ASB-41 MAY 11 **B515036**

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

OK 005853

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

D&S Proj. #: 2015-127

Date of Notification (1) 10/14/16		Name of Building Owner/Operator (2) DAVID Sirota	
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 127 INWOOD AVENUE	
	City, State, Zip Code MONTCLAIR, NJ 07042		
	Name of Contact DAVID Sirota	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID Sirota			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial/Bldg./Homes, etc.)
Street Address 127 INWOOD AVENUE			Square Feet
City (5) MONTCLAIR	County (6) Essex	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age
ASCM No.			Current Use (prior if being demolished)

Name of Abatement Contractor (9) D & S RESTORATION, INC	
Street Address 20 California Ave.	
City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone Number 973-345-8020
Phone Number	Name of OSHA Monitor D & S Restoration, Inc.
Start Date (10) 04/27/15	Sched. Completion Date (11) 05/20/15
Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503	

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours- Describe: _____

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

>3 sf or >3 lf Renovation

≥160 sf or ≥260 lf Demolition

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted 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)	Amount (Spec LF)
	Yes	No	N/A		
BASEMENT		X		PIPE INSULATION	177 L FT

License Number 01169			
Removal	Repair	Encap	Encl
<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"/>
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/28/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/16/2015

CK 005960

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

D&S Proj. #: 2015-125

Date of Notification (1) 10/14/14		Name of Building Owner/Operator (2) JOE CARLOZZO	
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 55 EAST SUMMIT AVENUE	
	City, State, Zip Code midland park, nj 07432		
	Name of Contact JOE CARLOZZO		
	Telep e Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOE CARLOZZO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Summer After 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Homes, etc.)	
Street Address 55 EAST SUMMIT AVENUE			Square Feet	
City (5) midland park		County (6) BERGEN	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.	

Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone Number	
Start Date (10) 04/24/15		Sched. Completion Date (11) 04/30/15	
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: NORMAL HOURS			
Name of OSHA Monitor D & S Restoration, Inc.		License Number 01169	
Street Address 20 California Avenue		City, State, Zip Code Paterson, NJ 07503	

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 /negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" 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)	Amount (Specify LF)
	Yes	No	N/A		
BASEMENT/CRAWL SPACE		X		PIPE INSULATION	158 L FT

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE
City, State PATERSON, NJ 07503	Disposal Date 04/27/15		City, State TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/14/ 2015
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CX 005734

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

D&S Proj. #: 2015-128

Date of Notification (1) 10 1 10 1 15		Name of Building Owner/Operator (2) JOHN MORRISON	
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 106 MAPLE PLACE	
		City, State, Zip Code CRANFORD, NJ 07016	
		Name of Contact JOHN MORRISON	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN MORRISON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial/Bldg./Homes, etc.)	
Street Address 106 MAPLE PLACE			Square Feet	# of Floors
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Bldg. Age	
			Current Use (prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/27/15	Sched. Completion Date (11) 05/20/15		Name of OSHA Monitor D & S Restoration, Inc.	
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: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 /negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure and Non-friable procedure
<input type="checkbox"/> 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)	Amount (Specify LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	122 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE
City, State PATERSON, NJ 07503	Disposal Date 04/28/15		City, State TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/16/2015
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NO OK

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

Date of Notification (1) <u>01</u> / <u>15</u> / <u>14</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction								
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 checked="" type="checkbox"/> Amended Amendment # <u>28-4/20/15</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)								
Street Address Washington Rd		Square Feet								
City (5) Princeton		# of Bldg. Age								
County (6) MERCER		County Code (7)(STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.								
Street Address Three Terri Center		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET								
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800								
Start Date (10) <u>4</u> / <u>21</u> / <u>15</u>		Scheduled Completion Date (11) <u>4</u> / <u>23</u> / <u>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 - Describe Time of Abatement: 6:00AM-2:30PM /___PM-___AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.								
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable								
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)	Area (SF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,400	SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	900	SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Work	1700	SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	700	SF	<input type="checkbox"/>	<input 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		Name of Registered Landfill G.R.O.W.S. NORTH				
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA		19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 4/20/15				

ASB-41
MAY 11 **B514003-B**

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

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

Pg 2

Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Cons	
Notified OLWD OHSS DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #28-4/20/15	Street Address 200 Elm Dr.	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortega	Telephone Number

Location
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 type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Washington Rd		Square Feet	# of Rooms
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library	

Other than K-12 commercial buildings, homes, etc.)
Bldg. Age
demolished)

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No.	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	Lic. No. 009

Lic. No. 009

Start Date (10) 4 / 21 / 15	Scheduled Completion Date (11) 4 / 23 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
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 Time of Abatement: 6:00AM-2:30PM/___PM-___AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Procedure

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

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)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delong Reading Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Level Near Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Abatement Type	Removal	Repair	Encapsulate	Enclosure

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. NOR
City, State NEW CASTLE, DE		Disposal Date	City, State MORRISVILLE, I

Landfill LANDFILL
19067

Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 4/20/15
---	--------------------	-----------------------------------	-----------------

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

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

APR 23 11:55 AM
RECEIVED
NJ DEPARTMENT OF ENVIRONMENT & NATURE
ASBESTOS ABATEMENT DIVISION

Notification (1)
01 / 15 / 14

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

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

Type Notification
 Initial
 Amended Amendment #**28-4/20/15**
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if be demolished)
Library

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

ASCM No.

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

Lic. No.
009

Start Date (10)
4 / 21 / 15

Scheduled Completion Date (11)
4 / 23 / 15

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: **6:00AM-2:30PM** / ___ PM- ___ AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 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) (14)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B LEVEL NORTH CORRIDOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RMS B-9J & B-12J B LEVEL 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	30	<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"/>

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 ANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
4/20/15

ASB-41
MAY 11 **B514003-B**

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

CHECK # 3702

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

RECEIVED
 15 APR 23 11:23
 ING
 & LICENSING

Date of Notification (1) <u>4/20/15</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD N.J. 07230</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 <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter <input type="checkbox"/> Other (i.e., homes, etc.)	
Street Address <u>71 WEST 18TH ST</u>		Square Feet <u>1000</u>	
City (5) <u>OLMONT NJ</u>		# of Floors <u>2</u>	
County (6) <u>CAMDEN</u>		Bldg. Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (P) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>4/30/15</u>		Name of OSHA Monitor <u>JOSEPH KLEMM JR</u>	
Scheduled Completion Date (11) <u>5-7-15</u>		Street Address <u>369 S. SPRUCE AVE</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: _____		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Renovation <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Demolition <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
SIDING		TRANSITE	
Is Location Normally Used Solely by Custodial Staff? (13)			
Yes No N/A			
Name of Registered Waste Hauler <u>Klemco Inc.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE N.J.</u>		Cubic Yards of Waste <u>5</u>	
Disposal Date		Name of Registered Landfill <u>C.M. M.V.A. INC N.J.</u>	
City, State <u>WOODBURY N.J.</u>		Signature <u>[Signature]</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>VICE PRESIDENT</u>	
Date <u>4/20/15</u>			

2015 APR 23 AM 1:05

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

CHECK # 8725
NJ Dept. of Health & Senior Services
APPROVED
Signature: [Signature]
Time: 10:10

Date of Notification (1) 4/17/15		Name of Building Owner/Operator (2) KINNEY BUILDING ASSOCIATES, P.C.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 447 MOUNTAIN AVE, SUITE 2	
		City, State, Zip Code WEST ORANGE, NJ 07052	
		Name of Contact ANDREW	

Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING / BANK OF AMERICA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other) <input checked="" type="checkbox"/> Other (i.e. private & etc.)	
Street Address 790 BROAD STREET		Square Feet 40,000	
City (5) NEWARK		# of Floors 6	
County (6) ESSEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) RETAIL / BANK	

ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc	
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	

Start Date (10) 4/17/15	Scheduled Completion Date (11) 5/1/15	Name of OSHA Monitor Omega Environmental Services
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 280 Huyer Street
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 N <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N		City, State, Zip Code Hackensack, NJ 07606

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		
BASMENT 1 ROOM			X	PIPE	6
BASMENT 1 ROOM			X	CELT	3
BASMENT 1 ROOM			X	PLASTER	17

Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI PA Bethlehem
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/17/15		City, State, Zip Code Bethlehem, PA
Completed by R. McDonald	Title President	Signature <i>[Signature]</i>		Date 4/17/15

2015 APR 23 AM 1:05			
Commercial buildings, homes, etc.			
Bldg. Age 60			
Permitted			
/ BANK			
Permit No. 10156			
ic.			
Positive Pressure			
Friable Procedure			
Abatement Type			
Removal			
Repair			
Encapsulation			
Enclosure			
6 SF X			
3 SF X			
17 SF X			
Landfill			
n Landfill Corp.			
015			
Date 4/17/15			

[Empty Box]

Project #

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

Check 2929

Date of Notification (1) 04/17/2015		Name of Building Owner/Operator (2) Roxsby Township	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1715 Rt 46	
		City, State, Zip Code Ledgewood, NJ 07852	
		Name of Contact Miriam	

23

Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Museum at Drakesville Historic Park		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other th <input checked="" type="checkbox"/> Other (i.e. private & co etc.)	
Street Address 209 Main St		Square Feet	# of Flo
City (5) Ledgewood, NJ		Bldg. Age	
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being c olished)

K-12)
ercial buildings, homes,

Bldg. Age

olished)

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address		Street Address 72 Brookside Rd		
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	Lic se No.
			973-933-2550	01 3

Start Date (10) 04/28/2015	Scheduled Completion Date (11) 04/30/2015	Name of OSHA Monitor J&S Environmental	
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 2333 RT 22	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

ive Pressure

riable 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 (Spec SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
King House Basement		X		TSI- Wrap and cure	150 LF		X		

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered G.R.O.W.S	
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>		Date 04/17/2015

ndfill

Date
04/17/2015

OK 1497

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

Date of Notification (1) 4-15-2015		Name of Building Owner/Operator (2) John Baragone	
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 22 Broad Terrace	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact John Baragone	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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 22 Broad Terrace		Square Feet 1048	# of Floors 2
City (5) Bloomfield, NJ 07003		Bldg. Age 75+	
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) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	Lic. No. 01
Start Date (10) 4-16-2015	Scheduled Completion Date (11) 4-16-2015	Name of OSHA Monitor Same as 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 checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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-Exempted (**) 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)
	Yes	No	
Basement		x	pipe insulation 100 L
Name of Registered Waste Hauler Green Environmental Services, LLC	NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Nor
City, State Jersey City, NJ		Disposal Date 4-16-2015	City, State Morrisville, P.A.
Completed by Liliana Serrano	Title Office Manager	Signature <i>Liliana Serrano</i>	Date 4-15-2015

* New
PK# 2628

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

Date of Notification (1) 4/16/15		Name of Building Owner/Operator (2) Jade Hackettstown Associates, LLC	
Agencies Notified	Type Notification	Street Address 1200 Sunnyview Oval	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u>	City, State, Zip Code Keasbey, NJ 08832	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact billy	Telephone Number

Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Bergen Machine and Tool Company		Type of Facility (4)	
Street Address 91 Main Street		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other th
City (5) Hackettstown		<input type="checkbox"/> Other (i.e. private & co etc.)	Commercial buildings, homes,
County (6) Warren	County Code (7) (STATE USE ONLY)	Square Feet 10,000	# of Flo 2
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being c Tool Company	

Bldg. Age 100+

Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address 95 Montrose Road	
City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm	Telephone No. 732-294-1757

Lic 9

Start Date (10) 3/23/15	Scheduled Completion Date (11) 4/25/15	Name of OSHA Monitor Mark Jovic
Occupancy Status During Abatement (Check Only One)		Street Address 87 Main Street
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Lincoln Park, New Jersey 07
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		
<input checked="" type="checkbox"/> Other - Describe: <u>Normal Hours</u>		

35

Scope of Work (Check All That Apply)		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If	<input checked="" 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 type="checkbox"/> Non-Exempted (*) and N

Variable 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 (Spec SF or l	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room			X	asbestos Cement	400	X			
boiler room			X	pipe insulation	25	X			

Variable Procedure

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Chrins
City, State Colts Neck, New Jersey	Disposal Date 4/25/15	City, State Easton,, PA	

Date 4/17/15

Completed by Bree McGuire	Title Secretary Treasurer	Signature
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CIC# 24777

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

Date of Notification (1) <u>4/9/15</u>		Name of Building Owner/Operator (2) <u>O'Brien</u>	
Agencies Notified <input checked="" 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>106 Morningside Drive</u>	
		City, State, Zip Code <u>Trenton, NJ 08618</u>	
		Name of Contact <u>John O'Brien</u>	Telephone Number _____

APR 23 AM 1:17
ASBESTOS CONTROL LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address <u>106 Morningside Drive</u>		Square Feet <u>2000</u>	# of Floors _____
City (5) <u>Trenton, NJ 08618</u>		Current Use (Prior if being demolished)	Bldg. Age <u>80+/-</u>
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)		

K-12 commercial buildings, s Bldg. Age 80+/-

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 01</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	Licenses No. <u>00493</u>

Services, Inc. 01 00493

Start Date (10) <u>4/10/15</u>	Scheduled Completion Date (11) <u>4/11/15</u>	Name of OSHA Monitor <u>MECS</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 checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 015</u>	

MECS PO Box 341 015

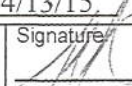
Scope of Work (Check all that apply)

<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-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 (Spec SF or cu yd)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>45</u>	<input checked="" type="checkbox"/>			

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROW</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/13/15</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	
		Date <u>4/9/15</u>	

Landfill GROW Morrisville, PA 4/9/15

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

PK 3310

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

Date of Notification (1) 04/20/15		Name of Building Owner/Operator (2) JOE MOSCONY	
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 207 N ROOSEVELT BLVD City, State, Zip Code BRIGANTINE, NJ 08203 Name of Contact JOE
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 207 N ROOSEVELT BLVD		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.)	
City (5) BRIGANTINE, NJ	Square Feet 1500	# of Floors 2	
County (6) ATLANTIC COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	

	Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address 6 WHITE DOVE COURT		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code LAKEWOOD, NJ 08701		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	Lic. No. 12

Start Date (10) 05/04/15	Scheduled Completion Date (11) 05/05/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

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 checked="" 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 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 (Spec SF or CF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				JOINT COMPOUND	3000	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Professional IESI
City, State NEWARK, NJ	Disposal Date 05/05/15	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	

Date 04/20/15

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

Date of Notification (1) <p style="text-align: center;">April 20, 2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Seminole Construction</p>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<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	Joyce	

20579

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4)	
Street Address <p style="text-align: center;">60 Clarence Drive</p>			<input type="checkbox"/> School	<input type="checkbox"/> Other (other than k-12), private & commercial buildings, etc.)
City <p style="text-align: center;">Beach Haven West</p>			<input type="checkbox"/> Subhome	<input checked="" type="checkbox"/> Other homes
County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	Square feet <p style="text-align: center;">1200 sf</p>	# of floors	Bldg. Age <p style="text-align: center;">60</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>		ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>	
Street Address		Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code		City, State, Zip Code <p style="text-align: center;">Toms River, NJ 08755-1271</p>		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <p style="text-align: center;">732-349-9932</p>		
Scheduled Start Date (10) <p style="text-align: center;">4/20/15</p>	Scheduled Completion Date (11) <p style="text-align: center;">4/22/15</p>	Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. ANALCAL</p>		
Occupancy Status During Abatement (Check only one)		Street Address <p style="text-align: center;">1056 Stelton Road</p>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <p style="text-align: center;">Piscataway, NJ 08854</p>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input type="checkbox"/> Other - Describe _____				
Scope of Work (Check all that apply)		<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 Negative Pressure Procedure		
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		

Residence
60 Clarence Drive
Beach Haven West
Ocean
N/A
1889 Route 9, Unit 61
Toms River, NJ 08755-1271
732-349-9932
E.M.S.L. ANALCAL
1056 Stelton Road
Piscataway, NJ 08854
Non-Exempted (*) and Negative Pressure 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)	Area (Square Feet)
	YES	NO	N/A		
Exterior house		X		Asbestos siding	1080
Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>		NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>	
City, State <p style="text-align: center;">Toms River, New Jersey</p>		Disposal Date <p style="text-align: center;">4/23/15</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>		
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>		Title <p style="text-align: center;">Project Manager</p>	Signature 		Date <p style="text-align: center;">4/20/15</p>

Abatement Type			
R	R	E	E
E	E	N	N
M	P	C	C
O	A	A	L
V	I	P	O
A	R	S	S
L		U	U
		L	R
		E	E
X			

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

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check# 11575

GAC Project # 060-15

Date of Notification (1) April 20, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVER		City, State, Zip Code PISCATAWAY, NJ 08854	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 – new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SA 27 ROAD 1, BLDG 4086, LIVINGS	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BOYDEN HALL, BLDG# 7217		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, mes, etc.)		City, State, Zip Code BURLINGTON, NJ 08016	
Street Address NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Blc		Age: 60+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): A		
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONS		City, State, Zip Code BUTLER, NJ 07405
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET		Telephone Number 973-492-0477	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405		Lic 00 0	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Scheduled Start Date (10) 05/08/15		Scheduled Completion Date (11) 05/11/15		Street Address 20-21 WARGARAW ROAD	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: M-F 5:00 PM – 5:00 AM		City, State, Zip Code FAIRLAWN, NJ		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Proce <input checked="" type="checkbox"/> Non-Exempted (*)	
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 311, 334, 344	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 2400 SF	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY	Name of Registered Landfill D.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969			Disposal Date 05/11/15	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990			Date April 20, 2015		
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date April 20, 2015

APR 23 AM 11:22
MICHAEL SMITH
DEMIC

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

Date of Notification (1) March 23, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BOYDEN HALL, BLDG# 7217		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 NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bl	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	Lic 00
Scheduled Start Date (10) 04/24/15	Scheduled Completion Date (11) 04/27/15	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: M-F 5:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*)	
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 311, 334, 344	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 2400 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY	Name of Registered Landfill J.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 04/27/15	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date March 23, 2015

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

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 11574

GAC Project # 060-15

Date of Notification (1) April 20, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVER		TY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & S 27 ROAD 1, BLDG 4086, LIVING	
		City, State, Zip Code PISCATAWAY, NJ 08854		ETY DEPT. ON CAMPUS	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) GRADUATE SCHOOL OF SOCIAL WORK, BLDG# 3008			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 COLLEGE AVENUE CAMPUS			Sq. Feet: N/A # of Floors: 4 Bl		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): A		
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CON		
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	Lic se Number 00 00	
Scheduled Start Date (10) 05/01/15		Scheduled Completion Date (11) 05/04/15		Name of OSHA Monitor ENVIROVISION, INC.	
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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Proc <input checked="" type="checkbox"/> Non-Exempted (* and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SI or LF)	
Room 203	<input checked="" type="checkbox"/>	VAT		100SF	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	of Registered Landfill O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969			Disposal Date 05/04/15	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990					
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date April 20, 2015	

RECEIVED
2015 APR 23 AM 1:21
DEMIC
101

C eck# 11573

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

Date of Notification (1) April 20, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 732-932-2300	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MILLEDOLER HALL, BLDG# 3010		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, etc.)	
Street Address COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 4 Block: 	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ADMINISTRATIVE
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477
Scheduled Start Date (10) 05/01/15		Scheduled Completion Date (11) 05/04/15	
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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		Name of OSHA Monitor ENVIROVISION, INC.	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*)	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 213	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 70SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill J.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 05/04/15	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJDEP # 20990		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date April 20, 2015

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

CK 1535

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

Date of Notification (1) <u>4/15/15</u>		Name of Building Owner/Operator (2) <u>Earl Wojciechowski</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>530 Howard Road</u>	
		City, State, Zip Code <u>Cherry Hill, NJ 08034</u>	
		Name of Contact <u>Earl Wojciechowski</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 (Other commercial buildings, <input checked="" type="checkbox"/> Other (i.e., private 8 homes, etc.)	
Street Address <u>530 Howard Road</u>		Square Feet <u>2300</u>	# of Floors <u>2</u>
City (s) <u>Cherry Hill, NJ 08034</u>		Bldg. Age <u>40 yrs</u>	
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	

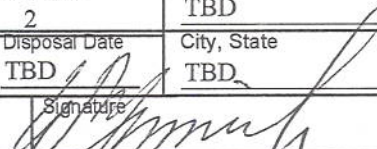
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>	
Street Address		Street Address <u>300 S. Lenola Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	Lic. No. <u>006</u>

Start Date (10) <u>4/25/15</u>	Scheduled Completion Date (11) <u>5/2/15</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 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 type="checkbox"/> Glovebag Procedure
		<input checked="" 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 (Spill) SF or cu yd	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulation	Other	Enclosure	
First Floor			X	Floor Tile	840sf	X					

Name of Registered Waste Hauler <u>AEi2, LLC</u>	NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Lic. Firm <u>TBD</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	City, State <u>TBD</u>
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	

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Removal

Repair

Encapsulation

Other

Enclosure

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date

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

Date of Notification (1) 04/16/2015		Name of Building Owner/Operator (2) Bulin Associates, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 707 Summit Avenue City, State, Zip Code Union City, NJ 07087 Name of Contact Felisa Salamanca						
			Telephone _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Angels's World Day Care		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e. private & comm etc.)							
Street Address 708 West Street		Square Feet	# of Floors						
City (5) Union City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being der Day Care							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 0079	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 20-21 Wagraw Rd.		Street Address 208 Piaget Avenue							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-253-8828						
Start Date (10) 05/01/2015		Scheduled Completion Date (11) 05/02/2015	Name of OSHA Monitor VMC Company, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Fri. 3:00pm- Sat. 3:00pm		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 Negat <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Restroom		x		Pipe insulation	9 LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Lab IESI					
City, State Newark, NJ		Disposal Date		City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 4/16/2015			

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

Date of Notification (1) 04/16/2015		Name of Building Owner/Operator (2) Mount Holly Township BOE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 331 Levis Drive		City, State, Zip Code Mount Holly, NJ 08060	
Name of Contact Jack Soltesz		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gertrude C. Folwell Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than school buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 455 Jacksonville Road		Square Feet	
City (5) Mount Holly		# of Floors	
County (6) Burlington		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) M&ECS, Inc.		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) VMC Company, Inc.	
City, State, Zip Code Chesterfield, NJ 08515		Street Address 208 Piaget Avenue	
City, State, Zip Code Clifton, NJ 07011		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-298-4070	
Start Date (10) 05/04/2015		Scheduled Completion Date (11) 05/22/2015	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4:00 PM-12:30 AM		Name of OSHA Monitor VMC Company, Inc.	
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 with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)	
Name of OSHA Monitor VMC Company, Inc.		Telephone No. 973-253-8828	
Street Address		City, State, Zip Code	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4:00 PM-12:30 AM		<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		Removal Repair Encapsulate Enclosure	
Crawlspace		x	
Crawlspace		x	
1st Floor Hallway		x	
Pipe/fitting insulation "wrap&cut"		1,740 LF	
Pipe/fitting insulation		100 LF	
Transite panels		128 SF	
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	
Cubic Yards of Waste 40		Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date	
City, State Birdsboro, PA		Date 04/16/2015	
Completed by Voytek Roszkowski		Title President	
Signature <i>Voytek Roszkowski</i>		Date 04/16/2015	

No OK

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

CHECK # 213 7030109

Date of Notification (1) 04-17-15		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
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 checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 913 Frank E. Rogers Boulevard South							
		City, State, Zip Code Harrison, NJ 07029							
		Name of Contact Robert May	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Harrison Path Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than residential buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial)							
Street Address 600 Guyon Avenue		Square Feet 5,915	# of Floors 2						
City (5) Harrison		Bldg. Age 76 yrs.							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	Lic. No. 007						
Start Date (10) (1)Project Postponed(5)04-23-15	Scheduled Completion Date (11) 12-31-14(4)06-30-15	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Canopy Roof			x	Roofing	2,420S	x			
Canopy Walls			x	Tar Coated Metal Panels	2,174S	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Licenser Minerva Enterprises		fill			
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH		688				
Completed by Joseph Patrick		Title Project Manager	Signature 		Date 04-17-15				

NO OK

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

CHECK 030446

Date of Notification (1) 04-20-15		Name of Building Owner/Operator (2) Johnson & Johnson			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Johnson & Johnson Plaza			
		City, State, Zip Code New Brunswick, NJ 08901			
		Name of Contact Nandita Kamdar	Telephone Number (732) 5-2560		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Kilmer House (J&J Museum)		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 501 George Street		Square Feet 20,000	# of Floors 2		
City (5) New Brunswick		Bldg. Age 100 yrs.			
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Museum			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigators, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp		
Street Address 655 West Shore Trail		Street Address 200 Broad Street			
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072			
Project Manager for Monitoring Firm Laura Wiecezszak		Telephone No. (973) 651-1040	Telephone No. 201-939-6565		
Start Date (10) (1)Project Postponed(2)03-25-15		Scheduled Completion Date (11) 06-30-15(3)Project Completed			
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 Even-Air Inc.			
		Street Address 10-59 Jackson Avenue			
		City, State, Zip Code Long Island City, NY 11101			
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 type="checkbox"/> Non-Exempted (*) and 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		N/A	
1st Floor Perimeter Walls			x	ACM Wall Plaster	1,080SF
Basement Stairwell			x	ACM Ceiling Plaster	90SF
Name of Registered Waste Hauler Environmental Transport Group Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Flanders, NJ 07836		Disposal Date TBD	City, State Morrisville, PA 19177		
Completed by Richard Doran		Title Project Manager	Signature 		Date 04-20-15