
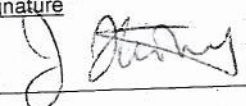


STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24755

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

| | | | | | | | | | |
|--|--|--|---|--|---|-------------------------------------|--|------------------------|--|
| Date of Notification (1) <u>4/24/12</u> | | Name of Building Owner/Operator (2) <u>Scott Harrison</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>114 Mercer Street</u> | | | | | | | |
| | | City, State, Zip Code <u>Princeton, NJ 08544</u> | | | | | | | |
| | | Name of Contact <u>Charles Donohue</u> | Telephone Number _____ | | | | | | |
| 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 than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address <u>114 Mercer Street</u> | | Square Feet <u>2500</u> | # of Floors <u>2</u> | | | | | | |
| City (5) <u>Princeton</u> | | Bldg. Age <u>100</u> | | | | | | | |
| County (6) <u>Mercer</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>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>Crosswick, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | |
| Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u> | | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | | | | | | |
| Start Date (10) <u>5/3/12</u> | | Scheduled Completion Date (11) <u>5/4/12</u> | License No. <u>00493</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 - 4:30PM</u> | | Name of OSHA Monitor <u>MECS</u> | | | | | | | |
| Street Address <u>PO Box 341</u> | | City, State, Zip Code <u>Crosswicks, NJ 08515</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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) <u>20 LF</u> | Abatement Type | | | |
| | Removal | Repair | Encapsulate | | | Enclosure | | | |
| <u>crawlspace</u> | | | <input checked="" type="checkbox"/> | <u>pipe insulation</u> | <u>20 LF</u> | <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>T.R.R.F., Inc. Landfill</u> | | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>5/4/12</u> | | City, State <u>Tullytown, PA</u> | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | | Title <u>Project Manager</u> | | Signature  | | | | Date <u>4/24/12</u> | |

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

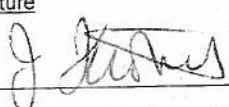
| | | | |
|--|---|--|---|
| Date of Notification (1) 4/23/2012 | | Name of Building Owner/Operator (2) Honeywell International | |
| Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA | | Notification Type (X) Initial Notification () Amended Certification () Cancelled | |
| Street Address 101 Columbia Rd. | | City, State, Zip Code Morristown, NJ 07962 | |
| Name of Contact John Mojka | | Name of Building Owner/Operator (2) Honeywell International | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Colonial Concrete | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| Street Address 75 Kellogg St. | | Sq. Feet 7,500 # of Floors 1 | |
| City (5) Jersey City | County (6) Hudson | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | |
| Street Address N/A | | Name of Contractor (9) Brandenburg Industrial Service Company | |
| City, State, Zip Code | | Street Address 2217 Spillman Drive | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Bethlehem Pennsylvania 18015 | |
| Telephone Number | | Telephone Number 610-691-1800 | |
| Scheduled Start Date (10) 5/7/2012 | | License Number 00721 | |
| Scheduled Completion Date (11) 5/25/2012 | | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe DEMOLITION ONLY Other - Describe Work hours will be Mon - Fri 07:00 am - 05:30 pm | | Street Address | |
| Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10<260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure | | City, State, Zip Code | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| Previously Abated | | | Abatement Type Rem Rep Encap Enclose |
| Name of Reg. Waste Hauler | NJDEP Waste Hauler ID # | Cubic Yards of Waste | Name of Reg. Landfill |
| City, State | | Disp. Date | City, State |
| Completed by (Print or Type) Jennifer Strobel | Title Contract Agent | Signature  | Date 4/23/2012 |

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

| | | | |
|--|--|---|--|
| Date of Notification (1) 4/23/2012 | | Name of Building Owner/Operator (2) Honeywell International | |
| Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA | Notification Type (X) Initial Notification () Amended Certification () Cancelled | Street Address 101 Columbia Rd. | |
| | | City, State, Zip Code Morristown, NJ 07962 | |
| | | Name of Contact John Mojka | Tel Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Harismus Bldg | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| Street Address 150 Kellogg St. | | Sq. Feet 6,500 # of Floors 1 | |
| City (5) Jersey City | County (6) Hudson | County Code (7) (State Use Only) | Bldg. Age + 50 Current Use (prior if being demolished) Boat Repair Yard |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | Name of Contractor (9) Brandenburg Industrial Service Company |
| Street Address N/A | | Street Address 2217 Spillman Drive | |
| City, State, Zip Code | | City, State, Zip Code Bethlehem Pennsylvania 18015 | |
| Project Manager for Monitoring Firm | Telephone Number | Telephone Number 610-691-1800 | License Number 00721 |
| Scheduled Start Date (10) 5/7/2012 | Scheduled Completion Date (11) 5/25/2012 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe <u>DEMOLITION ONLY</u> Other - Describe <u>Work hours will be Mon - Fri 07:00 am- 05:30 pm</u> | | Street Address City, State, Zip Code | |
| Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| Previously Abated | | | Abatement Type Rem. Rep. Encap Enclose |
| Name of Reg. Waste Hauler | | NJDEP Waste Hauler ID # | Cubic Yards of Waste |
| City, State | | Disp. Date | City, State |
| Completed by (Print or Type) Jennifer Strobel | Title Contract Agent | Signature  | Date 4/23/2012 |

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

1111-4414 SUB8

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

Check #

CK 4023

| | | | |
|--|---|--|------------------|
| Date of Notification (1) 4/23/12 | | Name of Building Owner / Operator (2) Princeton University | |
| Agencies Notified | Type Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial | Trustees of Princeton University E.A. MacMillan Bldg. | |
| <input type="checkbox"/> DEP | <input checked="" type="checkbox"/> Amended #10 | City, State & Zip Code | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Princeton, NJ 08544 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | Name of Contact | Telephone Number |
| <input checked="" type="checkbox"/> DCA | | Robert Ortego, P.E. | |

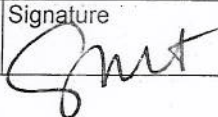
FACILITY INFORMATION

| | | | | | |
|---|--------------------------------|---------------------|---|-------------|----------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - Jadwin Hall | | | Type of Facility (4) | | |
| Street Address | | | <input type="checkbox"/> School (K-12) | | |
| Washington Road | | | <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) | | |
| Princeton University Main Campus | | | <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| City (5) | County (6) | County Code (7) | Square Feet | # of Floors | Bldg. Age |
| Princeton | Mercer | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc. | | | Name of Abatement Contractor (9) AbateTech, Inc. | | |
| Street Address | | | Street Address | | |
| Bromley Corporate Center 3 Terri Lane, Suite 12 | | | PO Box 25 | | |
| City, State & Zip Code | | | City, State & Zip Code | | |
| Burlington, NJ 08016 | | | Lumberton, NJ 08048 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| Mike Keehn | | 609-386-8800 | 609-265-2107 | | 00529 |
| Scheduled Start Date (10) | Scheduled Completion Date (11) | | Name of OSHA Monitor | | |
| 11/28/11 | 4/31/12 | | EMSL Analytical | | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | 108 Haddon Ave. | | |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours | | | City, State & Zip Code | | |
| Describe: WORKING 6AM-3PM | | | Westmont, NJ 08108 | | |
| <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | | | |

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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

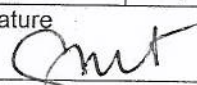
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1 st Floor Lobby | | | | Ceiling Plaster | 395 SF | | | | |
| Work Area #1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 2,100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 2) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 330 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 2) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 3) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 330 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 3) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Lobby | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile & Mastic | 395 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---------------------------------|--|---------------------------|--|-----------------------------|----------------|
| Name of Registered Waste Hauler | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | |
| AbateTech, Inc. | | 18750 | 20 | TRRF Landfill | |
| City, State | | Disposal Date | City, State | | |
| Lumberton, NJ | | 4/31/12 | Tullytown, PA | | |
| Completed By (Print or Type) | | Title | Signature | | Date |
| Gwen Trumbetti | | Opps. Coord. |  | | 4/23/12 |

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

1111-4414 SUB8

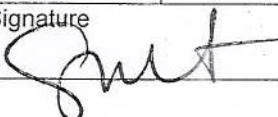
Check #

| Date of Notification (1) 4/23/12 | | Name of Building Owner / Operator (2) Princeton University | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED APR 26 2012 ASBESTOS CONTROL LICENSING </div> | | | | | |
|---|--|---|---|---|--|---|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #10 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | | | Street Address Trustees of Princeton University E.A. MacMillan Bldg | | | |
| | | | | | | City, State & Zip Code Princeton, NJ 08544 | | | |
| | | | | | | Name of Contact Robert Ortego, P.E. | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University – Jadwin Hall | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address Washington Road Princeton University Main Campus | | | | Square Feet # of Floors Bldg. Age | | | | | |
| City (5) Princeton | | County (6) Mercer | | County Code (7) | | | | | |
| Current Use (Prior if being demolished) University | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc. | | | ASCM No. | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | |
| Street Address Bromley Corporate Center 3 Terri Lane, Suite 12 | | | | Street Address PO Box 25 | | | | | |
| City, State & Zip Code Burlington, NJ 08016 | | | | City, State & Zip Code Lumberton, NJ 08048 | | | | | |
| Project Manager for Monitoring Firm Mike Keehn | | | Telephone Number 609-386-8800 | | Telephone Number 609-265-2107 | | | | |
| | | | | | License Number 00529 | | | | |
| Scheduled Start Date (10) 11/28/11 | | Scheduled Completion Date (11) 4/31/12 | | Name of OSHA Monitor EMSL Analytical | | | | | |
| 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 Hours Describe: WORKING 6AM-3PM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | | Street Address 108 Haddon Ave. | | | | | |
| | | | | City, State & Zip Code Westmont, NJ 08108 | | | | | |
| 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 ≥260 lf | | <input type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | | | | | |
| | | | | <input type="checkbox"/> Glove Bag Procedures | | | | | |
| | | | | <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 or 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 |
| Room #369 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 1,400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room #365 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 1,250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room #377 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 324 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room #361 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 1,350 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room #375 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 675 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room #359 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 324 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 20 | Name of Registered Landfill TRRF Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 4/31/12 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Opps. Coord. | | Signature  | | | Date 4/23/12 | | |

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

1111-4414 SUB8

Check #4023

| | | | |
|--|--|---|--|
| Date of Notification (1) 4/23/12 | | Name of Building Owner / Operator (2) Princeton University | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #9 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | <div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED APR 26 2012 ASBESTOS LICENSING </div> Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State & Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. Telephone Number |
| | FACILITY INFORMATION | | |
| | Name of Facility Where Abatement is Taking Place (3) Princeton University – Jadwin Hall | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |
| | Street Address Washington Road Princeton University Main Campus | | Square Feet # of Floors Bldg. Age |
| City (5) Princeton | County (6) Mercer | County Code (7) | Current Use (Prior if being demolished) University |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc. | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. |
| Street Address Bromley Corporate Center 3 Terri Lane, Suite 12 | | Street Address PO Box 25 | |
| City, State & Zip Code Burlington, NJ 08016 | | City, State & Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Mike Keehn | | Telephone Number 609-386-8800 | Telephone Number 609-265-2107 |
| License Number 00529 | | | |
| Scheduled Start Date (10) 11/28/11 | Scheduled Completion Date (11) 4/31/12 | Name of OSHA Monitor EMSL Analytical | |
| 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 Hours Describe: WORKING 6AM-3PM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108 | |
| 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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | |
| | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) |
| | | | Abatement Type Removal Repair Encapsulate Enclosure |
| Room 380 A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Floor tile & mastic | 100 SF |
| Room 380 B | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Floor tile & Mastic | 68 SF |
| 4th Floor Stairwell #3 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Window Caulk (NF) | 40 LF |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 20 |
| City, State Lumberton, NJ | | Disposal Date 4/31/12 | Name of Registered Landfill TRRF Landfill |
| Completed By (Print or Type) Gwen Trumbetti | | Title Opps. Coord. | Signature  |
| | | Date 4/23/12 | |

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

*NOKEY ORDER ATTACHED
AND SENT VIA MAIL*

| Date of Notification (1) 04/21/12 | | Name of Building Owner/Operator (2) Prestia Family | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| 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 #1 _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 85 Scott Street | | City, State, Zip Code Franklin, NJ 07641 | | | | | | | |
| Name of Contact Toni Latronica | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) ASBESTOS CONTROL & LICENSING <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 85 Scott Street | | Square Feet 1,500 | # of Floors 1 | | | | | | |
| City (5) Franklin | | Bldg. Age 50+- | | | | | | | |
| County (6) Sussex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) Stanmark Contractors, LLC | | | | | | |
| Street Address | | Street Address 27 Edsall Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Sussex, NJ 07461 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-864-2022 | License No. 01137 | | | | | | |
| Start Date (10) 04/22/12 | Scheduled Completion Date (11) 04/24/12 | Name of OSHA Monitor AmeriSci | | | | | | | |
| 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 117 East 30th Street City, State, Zip Code New York, NY 10016 | | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | x | | | pipe insulation | 120 L.F. | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP Waste Hauler ID No. 26085 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Wayne, NJ | | Disposal Date on completion | | City, State Morrissville, PA | | | | | |
| Completed by Marko Stankovic | | Title President | Signature <i>Marko Stankovic</i> | | Date 04/21/12 | | | | |

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

B & G proj. #: 2012-73

Check # 5220

| | | | |
|---|---|--|--|
| Date of Notification (1) <u>10/14/12</u> | | Name of Building Owner/Operator (2) <u>Douglas Berman</u> | |
| Agencies Notified | Type Notification | Street Address <u>93 Watchung Avenue</u> | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code <u>Montclair, NJ 07043</u> | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact <u>Douglas Berman</u> | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number <u> </u> | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3) <u>Douglas Berman</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>93 Watchung Avenue</u> | | | Square Feet <u> </u> | | |
| City (5) <u>Montclair, NJ 07043</u> | | | # of Floors <u> </u> | | |
| County (6) <u>Essex</u> | | | Bldg. Age <u> </u> | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) <u>residential</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | ASCM No. <u> </u> | | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | |
| Street Address <u> </u> | | Street Address <u>105 Ryerson Road</u> | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | |
| City, State, Zip Code <u> </u> | | Telephone Number <u>973-696-6869</u> | | License Number <u>0378</u> | |
| Project Manager for Monitoring Firm <u> </u> | | Phone Number <u> </u> | | Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | |
| Scheduled Start Date (10) <u>5/3/2012</u> | | Sched. Completion Date (11) <u>5/3/2012</u> | | Street Address <u>105 Ryerson Road</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: <u> </u> <input type="checkbox"/> Other-Describe: <u> </u> | | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</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 (Specify SF or 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 around the boiler | | | <input checked="" type="checkbox"/> | pipe insulation | 12 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement in front crawl space | | | <input checked="" type="checkbox"/> | pipe insulation | 5 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| above washer in basement | | | <input checked="" type="checkbox"/> | pipe insulation | 2 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| above ceiling by steps | | | <input checked="" type="checkbox"/> | pipe insulation | 2 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"/> |

| | | | |
|---|----------------------------------|---------------------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1 yard</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ 07035</u> | Disposal Date <u>5/4/2012</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>4/23/2012</u> |

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

B & G proj. #: 2012-87

Non Sub 8

Check # 5221

| | | | |
|---|--|---|--|
| Date of Notification (1) <u>04/12/11</u> | | Name of Building Owner/Operator (2) <u>Rahway Public Schools</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>1138 Kline Road</u> | | City, State, Zip Code <u>Rahway, NJ 07065</u> | |
| Name of Contact <u>Mark Cantagallo</u> | | Telephone Number <u></u> | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------------|--|--|--|-------------------------------|
| Name of facility where abatement is taking place (3) <u>Rahway High School</u> | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>1012 Madison Avenue</u> | | | Square Feet # of Floors Bldg. Age | | |
| City (5) <u>Rahway</u> | County (6) <u>Union</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>School (non sub 8)</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>PMK Group</u> | | ASCM No. <u>0017</u> | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address <u>65 Jackson Drive, P.O. Box 5000</u> | | | Street Address <u>105 Ryerson Road</u> | | |
| City, State, Zip Code <u>Union, NJ 07083</u> | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |
| Project Manager for Monitoring Firm <u>Kevin Burns</u> | | Phone Number <u>908-497-8900</u> | Telephone Number <u>973-696-6869</u> | | License Number <u>0378</u> |
| Scheduled Start Date (10) <u>5/3/2012</u> | | Sched. Completion Date (11) <u>5/7/2012</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: _____ <input checked="" type="checkbox"/> Other-Describe: <u>Start work 3:00pm</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 type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" 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 (Specify SF or 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 | | | | | | |
| Band Room | | | <input checked="" type="checkbox"/> | VAT & Mastic | 1,550 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Band storage area | | | <input checked="" type="checkbox"/> | VAT & Mastic | 200 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Band office | | | <input checked="" type="checkbox"/> | VAT & Mastic | 120 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chorus storage area | | | <input checked="" type="checkbox"/> | VAT & Mastic | 100 sf | <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"/> |

| | | | | | |
|---|--|----------------------------------|---|--|------------------------|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>10 yards</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | |
| City, State <u>Lincoln Park, NJ 07035</u> | | Disposal Date <u>5/7/2012</u> | | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | | Title <u>Treasurer</u> | Signature <u>Gordana Luna</u> | | Date <u>4/23/12</u> |

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

| Date of Notification (1) 4/19/12 | | Name of Building Owner/Operator (2) Bucchino / Residence | | | | | | | |
|--|---|--|---|---|--|----------------|-----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 43 Ronnie Dr. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Manahawkin NJ 08050 | | | | | | | |
| | | Name of Contact Mike | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Bucchino / Residence | | 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 43 Ronnie Dr. | | Square Feet 1000 | # of Floors 1 | | | | | | |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 4/30/12 | Scheduled Completion Date (11) 5/4/12 | Name of OSHA Monitor Pernaco 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 PO Box 329 | | | | | | | |
| | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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 |
| Exterior Siding | | | x | Exterior Siding | 1500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S | | | | |
| City, State Elm NJ | | | | Disposal Date 5/4/12 | City, State Morrisville PA 19067 | | | | |
| Completed by Anthony Perna | | Title President | | Signature  | | | Date 4/19/12 | | |

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7
ANNUAL NOTIFICATION**

check # 2641

| | | | |
|---|--|---|--|
| Date of Notification (1) 04 / 23 / 12 | | Name of Building Owner / Operator (2) STEPAN COMPANY | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | |
| Street Address 100 WEST HUNTER AVENUE | | City, State, Zip Code MAYWOOD, NJ 07607 | |
| Name of Contact JOHN MAHONEY | | Telephone Number | |

RECEIVED
 APR 26 2012

| | | | |
|--|----------------------|---|---|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) STEPAN COMPANY | | 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 bldgs., homes, etc.) | |
| Street Address 100 WEST HUNTER AVENUE | | | |
| City (5) MAYWOOD | County (6) BERGEN | County Code (7) | Square Feet 10,000 # Of Floors 2 Building Age 50 + |
| Current Use (Prior if being demolished) MANUFACTURING | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) AET | | ASCM NO | |
| Street Address 907 DOOLITTLE DRIVE | | Name of Abatement Contractor (9) LVI Environmental Services Inc. | |
| City, State, Zip Code BRIDGEWATER, NJ 08807 | | Street Address 462 Getty Avenue | |
| Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT | | City, State, Zip Code Clifton, NJ 07011 | |
| Telephone Number 908-218-1108 | | Telephone Number 973-772-3660 | |
| Sched. Start Date (10) 05 / 07 / 12 | | Sched. Completion Date (11) 05 / 17 / 12 | |
| Occupancy Status During Abatement (Check Only 1) <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: 7:00AM-5:00PM | | License Number 00117 Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code CLIFTON, NJ 07011 | |

| | | | |
|--|--|---|--|
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation | <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 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 | | | |
|--|--|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| BLDG 10 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | TRANSITE | 20 SF | <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"/> |

| | | | | | |
|---|--|-----------------------------------|------------------------------|---|--|
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste | Name of Registered Landfill I.E.S.I. | |
| City, State NEWARK, NJ | | Disposal Date | City, State BETHLAHEM, PA | | |

| | | | |
|---|--------------------------|-----------------------------------|------------------|
| Completed by (Print or Type) STEVEN STILES | Title PROJECT MANAGER | Signature <i>Steven Stiles</i> | Date 04/23/12 |
|---|--------------------------|-----------------------------------|------------------|

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

RECEIVED

APPROVED

NJ Dept. of Health & Senior Services

(signature)

Date: 4/23/12 Time: 1:18 PM

CK 2047

| | | | |
|--|--|---|--|
| Date of Notification (1) 04/23/12 CK# 2047 \$200 | | Name of Building Owner/Operator (2) Passaic City School District | |
| Agencies Notified | Type Notification | Street Address 101 Passaic Avenue | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Passaic, New Jersey 07055 | |
| | | Name of Contact Barry Stein | |
| | | Telephone Number | |

| FACILITY INFORMATION | | | | | | | | | |
|---|---|---|---------------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) WB Cruise School # 11 | | Type of Facility (4) | | | | | | | |
| Street Address 390 Gregory Avenue | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Passaic, New Jersey 07055 | | Square Feet 20,000 | # of Floors 2 | | | | | | |
| County (6) Passaic | | Bldg. Age 55+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc. | | ASCM No. | | | | | | | |
| Street Address PO Box 385 | | Name of Abatement Contractor (9) Lilich Corporation | | | | | | | |
| City, State, Zip Code Oceanville, New Jersey 08231 | | Street Address 606 McBride Avenue | | | | | | | |
| Project Manager for Monitoring Firm John Smoyer | | City, State, Zip Code Woodland Park, New Jersey 07424 | | | | | | | |
| Telephone No. 609-652-1833 | | Telephone No. 973-225-8400 | License No. 01104 | | | | | | |
| Start Date (10) 04/25/12 | Scheduled Completion Date (11) 04/26/12 | Name of OSHA Monitor J&S Environmental Labs LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 2333 Route 22 West | | | | | | | |
| <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: 4PM Start | | City, State, Zip Code Union, New Jersey 07083 | | | | | | | |
| 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 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 |
| Auditorium | | X | | O&M Paint spot removal | 8 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste - 2 | Name of Registered Landfill G.R.O.W.S Landfill | | | | | |
| City, State Woodland Park, New Jersey 07424 | | Disposal Date 04/27/12 | | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Tatiana Kalenikova | | Title Vice President | Signature Tatiana Kalenikova | | Date 04/23/12 | | | | |

CK
083140

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 04 / 23 / 12 | | Name of Building Owner/Operator (2) Robert Stanchak | |
| 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 of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation | |
| Street Address 67 Grove Street | | City, State, Zip Code Clifton, NJ 07013 | |
| Name of Contact Robert Stanchak | | Telephone Number | |

RECEIVED
APR 26 2012

FACILITY INFORMATION

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Residence Street Address 167 Knapp Avenue City (5) Clifton | | | County (6) Passaic | | | County Code (7) (STATE USE ONLY) | | | 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.) | | |
| Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A Fairlawn NJ 07410 Project Manager for Monitoring Firm Willie Morales | | | Telephone Number 973-636-9145 | | | Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 Telephone Number 973 628-9500 License No. 00408 | | | Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) | | |
| Scheduled State Date (10) 05 / 04 / 12 Month / Day / Year | | | Scheduled Completion Date (11) 05 / 08 / 12 Month / Day / Year | | | Name of OSHA Monitor Enviro Vision Consultants, Inc. | | | Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | | | | | | | | |

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 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 | | | |
|--|--|--|---------------------------|-------------------------------------|---|---|---|
| | | | | R | E | N | E |
| Basement | <input checked="" type="checkbox"/> | Pipe Insulation | 85LF. | <input checked="" type="checkbox"/> | | | |
| Basement | <input checked="" type="checkbox"/> | VAT | 300SF. | <input checked="" type="checkbox"/> | | | |
| | | | | | | | |
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| | | | | |
|---|--------------------------|------------------------------------|----------------------|--|
| Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc. City, State Wayne NJ 07470 | | NJDEP Waste Hauler ID No. 17819 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. City, State Morrisville PA |
| Completed by (Print or Type) Jerry Bijelonic | Title Project Manager | Signature | Date 4/23/2012 | |

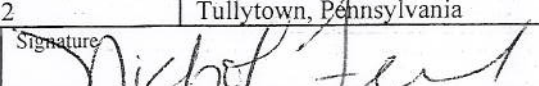
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|---|---|--|
| Date of Notification (1) <div style="text-align: center;">April 23, 2012</div> | | Name of Building Owner/Operator (2) Princeton Theological Seminary CH 20196 | |
| Agencies Notified | Type of Notification | Street Address PO Box 821 | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | City, State, Zip Code Princeton, New Jersey 08542 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Name of Contact German Martinez | |
| | | Telephone Number _____ | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | 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 11 Alexander Street | | | | | |
| City Princeton | County (6) Mercer | County Code (7) (STATE USE ONLY) | Square feet 2500 sf | # of Floors 2 | Bldg. Age 100 |
| | | | Current Use (Prior if being demolished) Residence | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Route. 9, Unit 61 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Toms River, NJ 08755 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 4/24/12 | | Scheduled Completion Date (11) 4/25/12 | Name of OSHA Monitor E.M.S.L. Analytical | | |
| 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 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| | | | | | |
| Scope of Work (Check all that apply) | | | | | |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf | | <input 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 (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|--------------------------------------|----------------------------|---|---|
| | YES | NO | N/A | | | R E M O V E A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| 1 st & 2 nd floors | | X | | Asbestos pipe insulation | 40 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------------|---|--|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 4/26/12 | City, State Tullytown, Pennsylvania | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | | Date 4/23/2012 | |

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

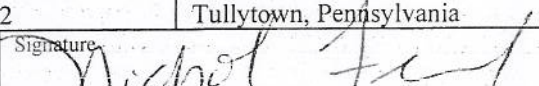
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|--|---|--|---------------------------------------|
| Date of Notification (1) April 23, 2012 | | Name of Building Owner/Operator (2) Schweitzer-Mauduit | |
| 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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 85 Main Street | |
| | | City, State, Zip Code Spotswood, New Jersey 08884-0401 | |
| | | Name of Contact Hal Bernstein | Telephone Number [REDACTED] |

FACILITY INFORMATION

| | | | | | |
|--|--------------------------------|--|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Schweitzer-Mauduit | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 85 Main Street | | | | | |
| City Spotswood | County (6) Middlesex | County Code (7) (STATE USE ONLY) | Square feet 20,000 sf | # of Floors 2 | Bldg. Age 65 |
| | | | Current Use (Prior if being demolished) Main Office Building | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Route 9, Unit 61 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Toms River, NJ 08755 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 5/7/12 | | Scheduled Completion Date (11) 5/11/12 | Name of OSHA Monitor E.M.S.L. Analytical | | |
| 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 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| 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"/> 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 | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | X | | Pipe insulation | 300 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 5/14/12 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 4/23/2012 |

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

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

NJ Dept. of Health & Senior Services

(Signature) CHECK #:

Date: 4/16/12 Time: 3:13

| | | | | | | | | | |
|--|--|---|---|--|---------------------------|------------------------|--------|---------------|-----------|
| Date of Notification (1) 4.16.12 | | Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center | | | | | | | |
| Agencies Notified | Type Notification | Street Address 703 Main Street | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Paterson NJ 07503 | | | | | | | |
| | | Name of Contact Marilyn Edwards | Telephone Number 973-321-1111 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 167 Barclay Street | | Square Feet 5000 | # of Floors 3 | | | | | | |
| City (5) Paterson | | Bldg. Age 60 | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) residential/demo | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A. MAC Contracting Inc | | | | | | |
| Street Address | | Street Address 105 Lowell Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glen Rock, NJ 07452 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-262-5841 | License No. 00156 | | | | | | |
| Start Date (10) 4.17.12 | Scheduled Completion Date (11) 4.23.12 | Name of OSHA Monitor Omega Environmental Services 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 250 Myer Street | | | | | | | |
| | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | Encapsulation | Enclosure |
| Roof | | | X | flashing | 450 SF | X | | | |
| kitchens | | | X | vinyl tile | 600 SF | X | | | |
| basement | | | X | pipe insulation | 400 LF | X | | | |
| exterior | | | X | siding | 3000 SF | X | | | |
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | Cubic Yards of Waste 30 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | | |
| City, State, Zip Code Riverside, NJ 07457 | | Disposal Date 4.17.12 | | City, State, Zip Code Bethlehem, PA 18015 | | | | | |
| Completed by R. McDonald | | Title President | Signature [Signature] | | | Date 4.16.12 | | | |

CH# 7883

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

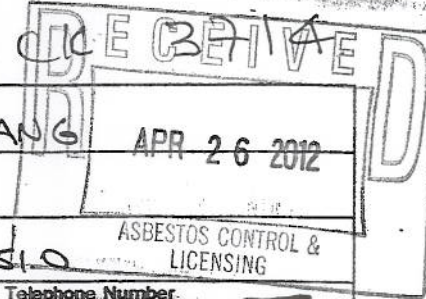
NJ Dept. of Health & Senior Services
(Signature) CHECK #:
Date: 4/16/12 Time: 2:33 2-6-2012

| | | | | | | | | | |
|---|--|---|-----|---|---|-----------------|--------|---------------|-------------|
| Date of Notification (1) 4.16.12 | | Name of Building Owner/Operator (2) St. Joseph's Regional 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 703 Main Street City, State, Zip Code Paterson NJ 07503 Name of Contact Marilyn Edwards Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 167 Barclay Street | | Square Feet 5000 | | | | | | | |
| City (5) Paterson | | # of Floors 3 | | | | | | | |
| County (6) Passaic | | Bldg. Age 68 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) residential/demo | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) A. MAC Contracting Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 105 Lowell Road | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Glen Rock, NJ 07462 | | | | | | | |
| Telephone No. | | Telephone No. 201-262-5941 | | | | | | | |
| Start Date (10) 4.17.12 | | License No. 00156 | | | | | | | |
| Scheduled Completion Date (11) 4.25.12 | | Name of OSHA Monitor Omega Environmental Services 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 280 Myer Street City, State, Zip Code Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Retreatment |
| Roof | | | X | Flashing | 450 SF | X | | | |
| Kitchens | | | X | Vinyl tile | 600 SF | X | | | |
| basement | | | X | Pipe insulation | 400 LF | X | | | |
| exterior | | | X | Siding | 6000 SF | X | | | |
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | | Cubic Yards of Waste 30 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | |
| City, State, Zip Code Riverdale, NJ 07457 | | Disposal Date 4.17.12 | | City, State, Zip Code Bethlehem, PA 18015 | | | | | |
| Completed by R. McDonald | | Title President | | Signature <i>[Signature]</i> | | Date 4.23.12 | | | |

APPROVED: PAUL HORN E.P.
STATEMENT NJDOT

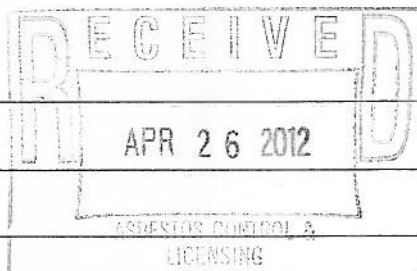
RECEIVED
APR 26 2012
ASBESTOS CONTROL &
LICENSING
Telephone Number

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



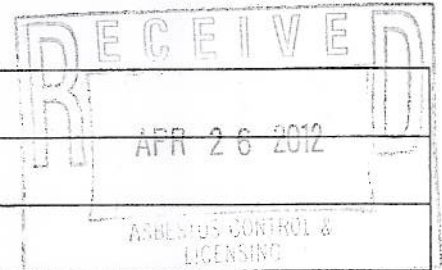
| Date of Notification (1) 4/24/12 | | Name of Building Owner/Operator (2) MR. HWANG-YONG JANG | | | | | | | |
|---|--|---|--------------------------------------|--|---------------------------|------------------------|--------|-------------|-----------|
| Agency Notified <input type="checkbox"/> EPA <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 145 MAIN ST City, State, Zip Code PATERSON, NJ 07510 Name of Contact MR. JANG Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR JANG | | 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 145 MAIN ST | | Square Feet 3200 | # of Floors 2 | | | | | | |
| City (5) PATERSON | | Bldg. Age 70 YRS | | | | | | | |
| County (6) PASSAIC | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) STORE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | | | |
| Street Address | | Street Address 450 South River St | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | | | | |
| Start Date (10) 5/4/12 | Scheduled Completion Date (11) 5/5/12 | 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: 70M TO 5PM | | Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606 | | | | | | | |
| 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 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 (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | | | THERMAL SYSTEMS INSULATION 3 SLE | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 11/40 | Name of Registered Landfill Minerva Enterprises Inc | | | | | |
| City, State Hackensack, N.J. | | Disposal Date 5/5/12 | | City, State Waynesburg, OH | | | | | |
| Completed by J. Maiorano | Title Estimator | Signature | | | | Date 4/24/12 | | | |

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



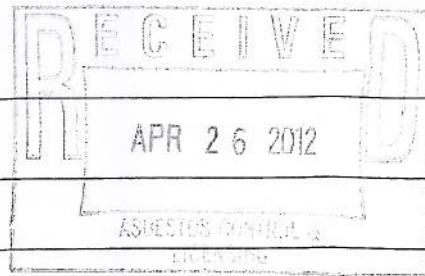
| | | | | | | | | | |
|--|--|--|-----------------------------|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 4/05/12 | | Name of Building Owner/Operator (2) Estate of Krebs | | | | | | | |
| Agencies Notified | Type Notification | Street Address 77 Stonebridge Road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Montclair, NJ 07042 | | | | | | | |
| | | Name of Contact Frederick Ferguson | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 77 Stonebridge Road | | | | | | | | | |
| City (5) Montclair | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 | | | | | | |
| Start Date (10) 4/24/12 | Scheduled Completion Date (11) 4/25/12 | Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | X | | pipe insulation | 150 LF | X | | | |
| crawl space | | X | | duct insulation | 190 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Tullytown, PA | | | | | |
| Completed by Deanna Brkusanin | | Title Project Estimator | | Signature | | Date 4/05/12 | | | |

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



| | | | | | | | | | |
|--|---|---|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) April 24, 2012 | | Name of Building Owner/Operator (2) Virginia Molino | | | | | | | |
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 60 Hillside Ave | | City, State, Zip Code Short Hills, New Jersey 07078 | | | | | | | |
| Name of Contact Virginia Molino | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 60 Hillside Ave | | Square Feet 2250 | # of Floors 2 | | | | | | |
| City (5) Short Hills | | Bldg. Age 30 | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) none | | ASCM No. _____ | Name of Abatement Contractor (9) Academy Construction, Inc | | | | | | |
| Street Address _____ | | Street Address 205 Route 46 West, Suite 14 | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm none | | Telephone No. _____ | License No. 01155 | | | | | | |
| Start Date (10) May 7, 2012 | Scheduled Completion Date (11) May 29, 2012 | Name of OSHA Monitor none | | | | | | | |
| 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>during working hours</u> | | Street Address _____ | | | | | | | |
| | | City, State, Zip Code _____ | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation; surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | VAT & Mastic | 1000 | x | | x | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Academy Construction, Inc | | NJDEP Waste Hauler ID No. 0034422 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. (Waste Management) | | | | | |
| City, State Totowa, New Jersey | | Disposal Date April 29, 2012 | | City, State Morrisville, PA | | | | | |
| Completed by Zlate Geleski | | Title VP | Signature <i>Zlate Geleski</i> | | | Date 4/24/2012 | | | |

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



| | | | |
|---|---|--|---|
| Date of Notification (1) <div style="text-align: center;">03 / 29 / 12</div> | | Name of Building Owner/Operator (2) <div style="text-align: center;">PSEG</div> | |
| 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>1-4/9/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <div style="text-align: center;">80 Park Plaza</div> | |
| | | City, State, Zip Code <div style="text-align: center;">Newark, NJ 07102</div> | |
| | | Name of Contact <div style="text-align: center;">Kelly McKinney</div> | Telephone Number <div style="text-align: center;">[redacted]</div> |

FACILITY INFORMATION

| | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">PSEG Nuclear</div> | | 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 <div style="text-align: center;">End of Alloway Creek Neck Rd.</div> | | Square Feet # of Floors Bldg. Age | |
| City (5) <div style="text-align: center;">Hancocks Bridge</div> | | County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) <div style="text-align: center;">Exterior work on interior of cooling tower</div> | |
| County (6) <div style="text-align: center;">Salem</div> | | Name of Abatement Contractor (9) <div style="text-align: center;">BRISTOL ENVIRONMENTAL, INC.</div> | |
| Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">NA</div> | | Street Address <div style="text-align: center;">1123 BEAVER STREET</div> | |
| Street Address | | City, State, Zip Code <div style="text-align: center;">BRISTOL, PA 19007</div> | |
| City, State, Zip Code | | Telephone No. License No. <div style="text-align: center;">215-788-6040 00509</div> | |
| Project Manager for Monitoring Firm Telephone No. | | Name of OSHA Monitor <div style="text-align: center;">BRISTOL ENVIRONMENTAL, INC.</div> | |
| Start Date (10) <div style="text-align: center;">04 / 16 / 12</div> | | Scheduled Completion Date (11) <div style="text-align: center;">04 / 23 / 12</div> | |
| 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: <u>7:00AM-3:30PM</u> PM-___AM | | Street Address <div style="text-align: center;">1123 BEAVER STREET</div> | |
| | | City, State, Zip Code <div style="text-align: center;">BRISTOL, PA 19007</div> | |

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-Friable Procedure |
|---|---|--|

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Hope Creek Cooling tower | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite panels | 400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Genreal Area beneath tower | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite debris clean up | 200 SF | <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 <div style="text-align: center;">C&H Disposal Service Inc.</div> | | NJDEP Waste Hauler ID No. <div style="text-align: center;">7903</div> | Cubic Yards of Waste <div style="text-align: center;">15</div> | Name of Registered Landfill <div style="text-align: center;">Salem Co Improve. Auth. Solid Waste Div</div> | |
| City, State <div style="text-align: center;">Elmer, NJ</div> | | Disposal Date <div style="text-align: center;">4/23/2012</div> | | City, State <div style="text-align: center;">Alloway, NJ</div> | |
| Completed By (Print or Type) <div style="text-align: center;">Gino Pizzigoni</div> | | Title <div style="text-align: center;">Estimator</div> | | Signature <div style="text-align: center;">Gino Pizzigoni / jhl</div> | |
| | | | | Date <div style="text-align: center;">4/9/12</div> | |

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

2253

APR 26 2012

| Date of Notification (1) 03 / 29 / 12 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
|--|--|--|-------------------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 3214 <input checked="" type="checkbox"/> DHSS 3207 <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 80 Park Plaza | | | | | | | |
| | | City, State, Zip Code Newark, NJ 07102 | | | | | | | |
| | | Name of Contact Kelly McKinney | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSEG Nuclear | | 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 End of Alloway Creek Neck Rd. | | | | | | | | | |
| City (5) Hancocks Bridge | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) Salem | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Exterior cooling tower | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) NA | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 04 / 16 / 12 | Scheduled Completion Date (11) 04 / 23 / 12 | 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: 7:00AM-3:30PM/____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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| Hope Creek Cooling tower | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite panels | 400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Genreal Area beneath tower | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite debris clean up | 200 SF | <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 15 | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date 4/23/2012 | | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Estimator | | Signature Ernest DeCaro / jl | | Date 3/29/12 | | | |