


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


Check No. **3206**

Date of Notification (1) <b>April 06, 2016</b>		Name of Building Owner/Operator (2) <b>Highland Park School District</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-20-04</small> <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 # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>435 Mansfield Street</b> City, State, Zip Code <b>Highland Park</b> Name of Contact <b>Michael O'Donnell</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Highland Park High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>102 N 5th Ave.</b>		Square Feet <b>144,286</b>	# of Floors <b>2</b>					
City (5) <b>Highland Park</b>		Bldg. Age <b>1926</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Brinkerhoff Environmental Services, Inc.</b>	ASCM No. <b>00100</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>						
Street Address <b>1805 Atlantic Avenue</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Manasquan, NJ 08736</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Gary W. Fleming</b>	Telephone No. <b>732-223-2225</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>					
Start Date (10) <b>April 23, 2016</b>	Scheduled Completion Date (11) <b>May 31, 2016</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b>						
		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Boiler Room NNE Wall	<input checked="" type="checkbox"/>			Chimney Packing	20 sq ft	<input checked="" type="checkbox"/>		
Boiler Room NNE Wall	<input checked="" type="checkbox"/>			Chimney Cleanout Door Packing	2 sq ft	<input checked="" type="checkbox"/>		
Boiler Room South of Boilers	<input checked="" type="checkbox"/>			Electrical Panel	20 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>B&amp;N&amp;K. Restoration Company, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695</b>	Cubic Yards of Waste <b>&lt;5</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Clifton, NJ 07011</b>		Disposal Date 04/16/2016 - 04/22/2016		City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 		Date <b>4/12/2016</b>			



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

Check No. **3203**

Date of Notification (1) <b>April 11, 2016</b>		Name of Building Owner/Operator (2) <b>Andrew Pearson</b>							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not required per State Reg. 10-2004)</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Glen Ridge, NJ 07028</b> Name of Contact <b>Andrew Pearson</b>							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address [REDACTED] City (5) <b>Bloomfield, NJ 07003</b>		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.) Square Feet <b>2,119</b> # of Floors <b>2</b> Bldg. Age <b>1912</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Environmental</b>		ASCM No.							
Street Address <b>201 Stuyvesant Avneue</b>		Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>							
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		Street Address <b>223 Randolph Avenue</b>							
Project Manager for Monitoring Firm <b>Stephen Pharae</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>							
Telephone No. <b>201-673-0064</b>		Telephone No. <b>973-478-4681</b>							
License No. <b>00120</b>									
Start Date (10) <b>April 12, 2016</b>	Scheduled Completion Date (11) <b>4/31/16</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>							
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: <b>Basement will be vacated during abatement</b>		Street Address <b>464 Valley Brook Avenue</b>							
		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<b>Basement</b>			<input checked="" type="checkbox"/>	<b>Thermal Systems Insulation</b>	<b>149 In ft</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>B&amp;N&amp;K. Restoration Company, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695</b>		Cubic Yards of Waste <b>&lt;5</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Clifton, NJ 07011</b>		Disposal Date <b>04/12/2016 - 04/22/2016</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 		Date <b>4/11/2016</b>			



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

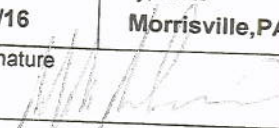
*Check # 10594*  
**2016 APR 15 AM 11:49**  
**ENVIRONMENTAL & LICENSING**

Date of Notification (1) <b>4 / 14 / 16</b>		Name of Building Owner/Operator (2) <b>State of New Jersey, Department of Corrections</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 <b>Whittlesey Road, PO Box 863</b>		City, State, Zip Code <b>Trenton, NJ 08625</b>					
Name of Contact <b>Joseph Fuca (EICOM)</b>		Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Mid State Correctional Facility</b>		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 <b>Fort Dix</b>		Square Feet <b>20,000</b>					
City (5) <b>Wrightstown, NJ</b>		# of Floors <b>1</b>					
County (6) <b>Burlington</b>		Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Correctional Facility</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No. <b>00112</b>					
Street Address <b>344 West State Street</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
City, State, Zip Code <b>Trenton, NJ 08618</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
Project Manager for Monitoring Firm <b>William Weisgarber</b>		City, State, Zip Code <b>Spring House, PA 19477</b>					
Telephone No. <b>609 656 8101</b>		Telephone No. <b>215 542 7000</b>					
Start Date (10) <b>4 / 25 / 16</b>		License No. <b>00847</b>					
Scheduled Completion Date (11) <b>7 / 30 / 16</b>		Name of OSHA Monitor <b>CES</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:00PM</b> PM- AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
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		City, State, Zip Code <b>Spring House, PA 19477</b>					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>Exterior Windows.</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>Glazing and Caulking</b>	<b>5216 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Hilltop Enterprises</b>		NJDEP Waste Hauler ID No. <b>3175</b>	Cubic Yards of Waste <b>120</b>	Name of Registered Landfill <b>GROWS Tullytown</b>			
City, State <b>1157 Phoenixville, Pike # 102-West Chester PA 19380</b>		Disposal Date <b>7/30/2016</b>		City, State <b>Tullytown, PA</b>			
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>4/14/2016</b>	



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

REC'D  
2016 APR 15 AM 11:48  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>04 / 14 / 16</b>		Name of Building Owner/Operator (2) <b>Verizon</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>216 Lexington Avenue</b>	
		City, State, Zip Code <b>Lakewood, NJ 08701</b>	
		Name of Contact <b>Alex Baylor</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>		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 <b>216 Lexington Avenue</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>
City (5) <b>Lakewood</b>		Bldg. Age <b>40+</b>	
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Enviornmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>
Street Address <b>8436 Enterprise Avenue</b>		Street Address <b>47 Foster Road</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Staten Island NY 10309</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5870</b>	Telephone No. <b>718-605-6256</b>
Start Date (10) <b>05 / 02 / 16</b>	Scheduled Completion Date (11) <b>12 / 31 / 16</b>	License No. <b>00774</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30 PM</b> PM- AM		Name of OSHA Monitor <b>Testor Tech</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>10 59 Jackson Avenue</b>	
		City, State, Zip Code <b>LIC NY 11101</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>Exterior</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>40</b>
City, State <b>Hackettstown, NJ</b>		Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>	
Disposal Date <b>06/13/16</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Project Manager</b>	Signature 	Date <b>04-14-16</b>



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

**NO CK**

**2016 APR 15 AM 11:48**

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1)  
4/14/16

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

Type Notification  
☐ Initial  
☒ Amended Amendment # 3  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
Princeton University, Trustees of Princeton University

Street Address  
EA McMillan Building

City, State, Zip Code  
Princeton, NJ 08544

Name of Contact  
Bob Ortega

Telephone Number

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

Street Address  
32 Maclean Circle

City (5)  
Princeton

County (6)  
Mercer

County Code (7) (STATE USE ONLY)

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

Square Feet  
3800

# of Floors  
3

Bldg. Age  
50+

Current Use (Prior if being demolished)  
Residential

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

Street Address  
515 Grove Street, Suite 1B

City, State, Zip Code  
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm  
Alan Lloyd

Telephone No.  
856-656-2875

Name of Abatement Contractor (9)  
ecoservices, LLC

Street Address  
407 W Lincoln Highway, Suite 500

City, State, Zip Code  
Exton, PA 19341

Telephone No.  
484-872-8884

License No.  
01161

Start Date (10)  
5/16/16

Scheduled Completion Date (11)  
5/27/16

Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
 Other - Describe:

Street Address  
200 Route 130 North

City, State, Zip Code  
Cinnaminson, NJ

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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Caulk @ wood siding & windows	2500	x			
Library Ceiling			X	Drywall and joint compound	250	x			

Name of Registered Waste Hauler  
Waste Management of New Jersey

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
40

Name of Registered Landfill  
GROWS Landfill

City, State  
Trenton, NJ

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
Joe White

Title  
Project Manager

Signature  
Joseph White

Date  
4/14/16