

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

Date of Notification (1) 8/20/2012		Name of Building Owner/Operator (2) P.S.E. & G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07080							
		Name of Contact Isabel Goncalves Rooney	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E & G - W. Orange Switching Station		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 341 Mt. Pleasant Ave.		Square Feet N/A	# of Floors N/A						
City (5) West Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switch Station							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 9/4/12	Scheduled Completion Date (11) 9/19/12	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
OUTSIDE DUCT BANKS & STORM DRAINS		X		ACM TRANSITE PIPES	870 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 150	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date 9/20/2012	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 8/20/2012					

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

07/11/12

2012 AUG 22 PM 3:44

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 07/11/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 20 Washington Road			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 20 Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	100000 4 50+
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Kechn			Telephone Number 609-386-8800	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 07/23/12 Month/Day/Year			Sched. Completion Date (11) 10/01/12 Month/Day/Year		
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Name of OSHA Monitor Criterion Labs		
			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)			Full Containment with Negative Pressure		
Demolition			x Mini - Enclosure		
x >3 sf or >3 if			x Glovebag Procedure		
x >160 sf or >260 lf			x 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) (ie. 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 L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ground Floor - exterior outside room 1		x		window caulk	170 LF	x			
1st Floor - exterior outside room 101 G		x		window caulk	170 LF	x			
2nd Floor - exterior outside room 201 G		x		window caulk	170 LF	x			
throughout		x		pipe insulation	100 LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal		5	GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 8-20-12
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ABS-41
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2012 AUG 22 PM 3:44

Princeton University - 20 Washington Lane Additional ACM Sections

ASBESTOS CONTROL
& LICENSING

Location of ACM	Description of ACM	Amount	Abatement
ground floor	floor tile and mastic	400 SF	Removal
ground floor lab 1	gasket material	20 SF	Removal

No check

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

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2012 AUG 22 PM 2:30

Date of Notification (1) 8-20-12		Name of Building Owner/Operator (2) Joseph Spataro	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P.O. Box 663		City, State, Zip Code Bridgewater NJ 08807	
Name of Contact Joseph Spataro		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Stone / Apartment		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 28 West Main Street		Square Feet _____	
City (5) Somerville NJ 08807		# of Floors 3	
County (6) Somerset		Bldg. Age 100+	
County Code (7) Somerset		Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies	
City, State, Zip Code New Egypt NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3345		Telephone No. 609 758-3345	
License No. 00394		Start Date (10) 8-23-12	
Scheduled Completion Date (11) 9-29-12		Name of OSHA Monitor EPC Technologies	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533		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	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		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			
2nd floor Back Wall		X	
Plaster wall		320 SF	
x			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	
Cubic Yards of Waste 6		Name of Registered Landfill Waste Management	
City, State NE NJ		Disposal Date _____	
City, State Monroeville PA		Signature Steve Schenker	
Completed by Steve Schenker		Title President	
Date 8-20-12		Date 8-20-12	

Not Stating Rightaway, extended Completion Date

8-23-12

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

Check #
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2012 AUG 22 PM 2:17
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-11-12		Name of Building Owner/Operator (2) Joseph Spataro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 6637 City, State, Zip Code Bridgewater NJ 08807 Name of Contact Joseph Spataro Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Store / Apartment		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 28 West Main Street		Square Feet	# of Floors 3						
City (5) Somerville NJ 08807		Bldg. Age 100+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-23-12	Scheduled Completion Date (11) 8-25-12	Name of OSHA Monitor EPC Technologies							
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 P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
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									
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
2nd Floor Back Wall		X		Plaster Wall	320 SF	X			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date		City, State Meadowville PA					
Completed by Steve Schenker	Title President	Signature Steve Schenker			Date 8-11-12				

DOL

Fax:

Aug 20 2012 11:50am P001/001

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

CHECK #:

796A

RECEIVED

Date of Notification (1) 8-20-12		Name of Building Owner/Operator (2) Becton Dickinson BD		APPROVED NJ Dept. of Health & Senior Services Ferdie Horner (signature) Date: 8/20/12 Time: 11:45AM				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Becton Drive City, State, Zip Code Franklin Lakes, NJ 07615 Name of Contact Anthony Albanese Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BD			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 544 Summit Avenue			Square Feet 1000					
City (5) Franklin Lakes			# of Floors 1		Bldg. Age 65			
County (6) Bergen			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Res. 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.		Telephone No. 201-262-5841 License No. 00156			
Start Date (10) 8-20-12		Scheduled Completion Date (11) 8-22-12		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 Huyer 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 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) In Facility (13) TO BE ABATED		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	
exterior				roof flashing		30 SF	X	
Name of Registered Waste Hauler Rovic Transport			NJDEP Waste Hauler ID No. 20795		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Riverdale, NJ 07457			Disposal Date 8-20-12		City, State, Zip Code Bethlehem, PA 18015			
Completed by R. McDonald			Title President		Signature R. McDonald		Date 8-20-12	

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

Check # 8302

RECEIVED

Date of Notification (1) 8-20-12		Name of Building Owner/Operator (2) BWJ LLC							
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 62 Lambertville Hopewell Rd City, State, Zip Code Hopewell NJ 08525 Name of Contact Gary Vinch Telephone Number 856-525-1100							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 64 Hart Ave		Square Feet							
City (5) Hopewell NJ 08525		# of Floors 1							
County (6) Mercer		Bldg. Age 60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies							
City, State, Zip Code New Egypt NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) 8-30-12		License No. 00394							
Scheduled Completion Date (11) 8-31-12		Name of OSHA Monitor EPC Technologies							
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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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
<input checked="" type="checkbox"/> Extension walls			X	Siding Shingles	1300 SF	X			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 6		Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 8-31-12		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature SD Schenker		Date 8-20-12			

B & G proj. #: 2012-155

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

Check #

5431

Date of Notification (1) 10/8/16/12		Name of Building Owner/Operator (2) New Jersey City University		2012 AUG 22 PM 2:34	
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 251 West Side Avenue City, State, Zip Code Jersey City, NJ 07305 Name of Contact Michael D'Aquila Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hepburn Hall (non sub 8)				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 2039 John F Kennedy Boulevard				Square Feet # of Floors Bldg. Age	
City (5) Jersey City, NJ 07305		County (6) Hudson		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Horizon Environmental Group				Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 301 9th Street				Street Address 105 Ryerson Road	
City, State, Zip Code West Deptford, NJ 08086				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Dave Flanigan		Phone Number (856) 848-0800		Telephone Number 973-696-6869	
Scheduled Start Date (10) 8/21/2012		Sched. Completion Date (11) 8/22/2012		License Number 0378	
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: start project 5:30 pm					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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						
MWT			<input checked="" type="checkbox"/>	O&M plaster repair	20 sf	<input type="checkbox"/>	<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"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1/2 yard		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 8/22/2012		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna		Date 8/16/12	

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

B & G proj. #: 2012-155

Check # 5431

Date of Notification (1) 08/16/12		Name of Building Owner/Operator (2) New Jersey City University		RECEIVED APPROVED NJ Dept. of Health & Senior Services 2012 AUG 22 9:25 AM ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 251 West Side 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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07305		
		Name of Contact Michael D'Aquila		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hepburn Hall (non sub 8)			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 2039 John F Kennedy Boulevard			Square Feet	# of Floors
City (5) Jersey City, NJ 07305	County (6) Hudson	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Horizon Environmental Group			Current Use (Prior if being demolished) University (non sub 8)	
Street Address 301 9th Street			Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code West Deptford, NJ 08086			Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm Dave Planigan			Telephone Number 973-696-6869	License Number 0378
Scheduled Start Date (10) 8/21/2012			Name of OSHA Monitor B & G Restoration, Inc.	
Sched. Completion Date (11) 8/22/2012			Street Address 105 Ryerson Road	
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: start project 5:30 pm			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ >2 sf or >2 lf
☐ ≥160 sf or ≥260 lf
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
MWT			X	O&M plaster repair	20 sf		X		


Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 8/22/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 8/16/12

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8/20/12		Name of Building Owner/Operator (2) All Risk							
Agencies Notified	Type Notification	Street Address 501 Kennedy Blvd							
<input checked="" 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 Somerdale NJ 08083							
		Name of Contact Tom							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Highland Park Senior Housing		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 242 South 6th Avenue		Square Feet 1000	# of Floors 1 +						
City (5) Highland Park NJ 08904		Bldg. Age 35+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 8/21/12	Scheduled Completion Date (11) 8/23/12	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) 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
Kitchen			x	Floor Tile/mastic	150 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 8/23/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/20/12		