

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

B & G proj. #: 2012-162

Check # 5438

Date of Notification (1) 10/18/12 17/12/1		Name of Building Owner/Operator (2) Beth Ferlicchi	
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 3 Tulip Street		City, State, Zip Code Cranford, NJ 07016	
Name of Contact Beth Ferlicchi		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) same			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 3 Tulip Street			Square Feet # of Floors Bldg. Age		
City (5) Cranford, NJ 07016		County (6) Union		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		
Phone Number			License Number 0378		
Scheduled Start Date (10) 9/7/2012			Sched. Completion Date (11) 9/7/2012		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					

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

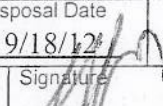
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage area			<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 9/10/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 8/27/2012

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

STEVENS ENVIRONMENTAL SERVICES INC.
CHECK # 24907

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Date of Notification (1) <u>8/24/12</u>		Name of Building Owner/Operator (2) <u>Tom Sheehan</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1301 SW Central Ave.</u>							
		City, State, Zip Code <u>Seaside Park, NJ 08752</u>							
		Name of Contact <u>Tom Sheehan</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>415 Main Street</u>		Square Feet	# of Floors						
City (5) <u>South Amboy</u>		Bldg. Age							
County (6) <u>Middlesex</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>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 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>	License No. <u>00493</u>						
Start Date (10) <u>9/17/12</u>	Scheduled Completion Date (11) <u>9/18/12</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<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
<u>basement</u>			<input checked="" type="checkbox"/>	<u>pipe insulation</u>	<u>170 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>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/18/12</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 			Date <u>8/24/12</u>			

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

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Type Notification		Name of Building Owner / Operator (2) Antony Picerno	
Agencies Notified	Emergency Notification	Street Address 90 Coley Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Woodbridge, NJ 07095	
<input checked="" type="checkbox"/> DEP	Amended Notification	Name of Contact Antony Picerno	
<input checked="" type="checkbox"/> DOL	Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
90 Coley Street		Square Feet 2000	# of Floors 2
City (5) Woodbridge	County (6) Middlesex	Bldg. Age 60	
County Code (7)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Tom Geiger		City, State & Zip Code Monroe Township, NJ 08831	
Telephone Number 732-290-2217		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 9/5/12	Scheduled Completion Date (11) 9/7/12	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Clean up	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 Square Feet or Linear Feet)
Garage	N/A	TSI Pipe	50 LF
			Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5
City, State Freehold, NJ		Disposal Date 9/7/12	Name of Registered Landfill TRRF
Completed By (Print or Type) Dominick Tringali		Signature Dominick Tringali	Date 8/24/12

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

Date of Notification (1) 8-27-2012		Name of Building Owner/Operator (2) Sherley Gargano							
Agencies Notified	Type Notification	Street Address 1025 Lorraine Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Union NJ.							
		Name of Contact Jerome D. Petti	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 1025 Lorraine ave.		Square Feet 6250	# of Floors 1						
City (5) Union		Bldg. Age 56							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.						
Street Address		Street Address 235 virginia ave							
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-3338855	License No. 01174						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
Laundry Room.		x		V.A.T	50sf.	x			
Living Room.		x		V.A.T	180sf.	x			
Basement.		x		ACM	6lf.	x			
Garage.		x		ACM	6lf.	x			
Name of Registered Waste Hauler Tri-state transfer associate.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises.					
City, State Bronx, New York.			Disposal Date 8-28-2012	City, State Waynesburg-Ohio					
Completed by Tiffany nunez		Title Office Manager		Signature <i>Tiffany Nunez</i>		Date 8-27-2012			

(CHECK #)
2395

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:174)

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Date of Notification (1) <u>8/27/12</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>	
Agencies Notified	Type Notification	Street Address <u>23 KING ST.</u>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCJ	<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 <u>RIO GRANDE, N.J. 08242</u>	
		Name of Contact <u>Same</u>	Telephone Number <u>609-425-1111</u>

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)	
Street Address <u>74 PELICAN DRIVE</u>		<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.)	
City (5) <u>AVULON</u>	County Code (7) (STATE USE ONLY) <u>CAPE MAY</u>	Square Feet <u>2000</u>	Total Floors <u>2</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Street Address <u>N/A</u>		Name of Abatement Contractor (9) <u>Klemm Inc.</u>	
City, State, Zip Code <u>N.J. 08052</u>		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm <u>Joseph Klemm</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. <u>856-779-0422</u>		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>9/5/12</u>		Scheduled Completion Date (11) <u>9/12/12</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe		Name of OSHA Monitor <u>Joseph Klemm</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 10 CFR 191.101 <input checked="" type="checkbox"/> 10 CFR 191.102 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Location of Asbestos-Containing Material (ACM) (12) <u>TO BE ABATED IN FACILITY</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V.A.I. or other miscellaneous)	Amount (Specify S.F.) <u>2000 SF</u>
	Yes	No	N/A		
<u>TRANSITE</u>				<u>SIDING</u>	<u>2000 SF</u> X

Name of Registered Waste Hauler <u>Klemm Inc.</u>	Waste Hauler ID No. <u>179011</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Vendor <u>C.M.C.M.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date <u>8/27/12</u>	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>8/27/12</u>

Do not use this form for asbestos abatement exempted activities

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

PAGE REJECTED

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	

2012 AUG 29 PM 1:03

ASBESTOS CONTROL
& LICENSING

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 Keehn			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		Name of OSHA Monitor Criterion Labs	
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:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	x Renovation	Full Containment with Negative Pressure
>3 sf or >3 lf		x Mini - Enclosure
x >160 sf or >260 lf		x Glovebag Procedure
		x 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) (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 A 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 Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill 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 8-28-12

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PAGE 2 of 2

2012 AUG 29 PM 1:03

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
ground floor lab 1	packing material	84 SF	Removal