

Crab 37049


RECEIVED
DEC 3 2014
ASBESTOS CONTROL & LICENSING
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University			Type of Facility (4) School (K12)		
Street Address 34 Western Way - Princeton NJ			Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Square Feet N/A	# of Floors 0	Bldg. Age 100 +
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 12/04/14 Month/Day/Year		Sched. Completion Date (11) 12/06/14 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
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: 8:00 AM to 4:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		x	Full Containment with Negative Pressure
Demolition	x	Renovation	Mini - Enclosure
x >3 sf or >3 lf			Glovebag Procedure
>160 sf or >260 lf			Non-Friable Procedure

[illegible]

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal		2	GROWS
City, State Trenton NJ		Disposal Date As needed	City, State Morrisville PA
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature 	Date 12-2-14

Dec. 2. 2014 11:09AM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)

Chub # 37097

RECEIVED

DO NOT WRITE

3 2014

ASBESTOS CONTROL & LICENSING

WAIVER APPROVED

Date of Notification (1) 12/02/14 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	Telephone Number
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University			Type of Facility (4) School (K12) <input type="checkbox"/> Subchapter S (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 34 Western Way - Princeton NJ			Square Feet	# of Floors	Bldg. Age
City (5) Princeton			N/A	0	100+
County (6)	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCru Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Olney Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 12/04/14 Month/Day/Year		Schedule Completion Date (11) 12/06/14 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM to 4:30 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Danzon PA 19020		

Scope of work (Check all that apply)

☒ Demolition

☒ Renovation

☒ Full Containment with Negative Pressure

☐ Mini - Enclosure

☐ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (13)	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	B E P A I R	E N C A P S U L	E N C L O S U R E
1st floor	<input checked="" type="checkbox"/>	Acoust insulation	100 SF				

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 10-2-14

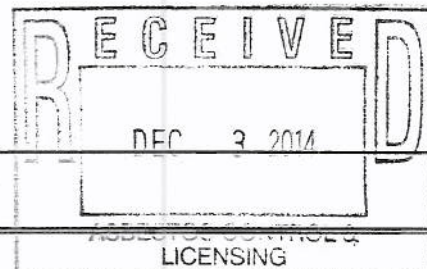
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JUN 99

G4667

CK 005120

D&S Proj. #: 2014-491

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



Date of Notification (1) 11/12/16/14		Name of Building Owner/Operator (2) brown residence	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2 tracey avenue		City, State, Zip Code Newark, NJ 07106	
Name of Contact brown residence		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) brown 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 tracey avenue			Square Feet # of Floors Bldg. Age		
City (5) Newark	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 11/28/14		Sched. Completion Date (11) 12/10/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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		X		PIPE INSULATION	80-120 ln ft	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/01/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 11/26/2014	

11/26/2014 03:33PM 9733458850

D&S Proj. #: 2014-491

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

PAGE 02/04

Date of Notification (1)
11/12/14

Name of Building Owner/Operator (2)
brown residence

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

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

Amendment #:

Street Address
2 tracey avenue

City, State, Zip Code
Newark, NJ 07106

Name of Contact
brown residence

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
brown residence

Street Address
2 tracey avenue

City (5)
Newark

County (6)
ESSEX

County Code (7) (State use only)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter s (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet **# of Floors** **Bldg. Age**

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm **Phone Number**

Start Date (10)
11/28/14

Sched. Completion Date (11)
12/10/14

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours. Describe:
☒ Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥180 sf or ≥280 lf ☐ Demolition

☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-Viable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Monitor
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	80-120 ln ft	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJ DEP Hauler ID#
13506

Cubic Yards of Waste
2 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
12/01/14

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

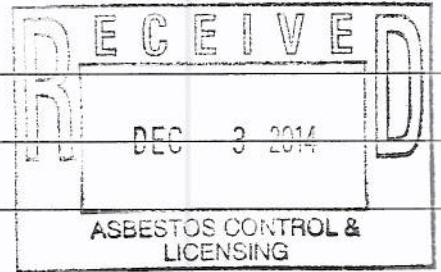
Signature

Date
11/26/2014

ASR-11

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) 11/25/14		Name of Building Owner/Operator (2) Edax Realty Corp							
Agencies Notified	Type Notification	Street Address 314 Route 4							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edax Realty Corp		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 314 Route 4		Square Feet	# of Floors						
City (5) Paramus, NJ		Bldg. Age							
County (6) Bergen County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-293-6305	01223						
Start Date (10) 11/26/14	Scheduled Completion Date (11) 11/27/14	Name of OSHA Monitor HILMAMM CONSULTING LLC							
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 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 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 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
Main Floor				TSI/ Clean up					
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KENILWORTH, NJ			Disposal Date	City, State KEARNY, NJ					
Completed by Bryan Parra		Title Project Manager			Signature 		Date 11/25/14		