CK 6105

RECEIVED
2012 DEC -6 PM 3:23
ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 12 / 03 / 12	Name of Building Owner/Operator (2): Conifer-LeChase Construction	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 72 Cascade Drive
		City, State, Zip Code: Rochester, NY 14614
		Name of Contact: Henry Fey — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Lawnside Elementary School		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 23 Warwick Road N		
City (5): Lawnside, NJ 08045		Square Feet: 30000 — # of Floors: 2 — Bldg. Age: 90
County (6): Camden	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Former School

Name of Monitoring Firm Hired by Building Owner (8): MDG Environmental LLC — ASCM No.: NA		Name of Abatement Contractor (9): Alliance Environmental Systems
Street Address: 1000 Maplewood drive, Suite 207		Street Address: 550 East Union Street
City, State, Zip Code: Maple Shade, NJ 08052		City, State, Zip Code: West Chester, PA 19382
Project Manager for Monitoring Firm: Christopher Macri — Telephone No.: 856-755-9300		Telephone No.: 610-701-9000 — License No.: 00508
Start Date (10): 12 / 18 / 12 — Scheduled Completion Date (11): 01 / 11 / 13		Name of OSHA Monitor: AET
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-_____PM/3:30PM-_____AM		Street Address: 28 N. Pennel Road — City, State, Zip Code: Media, PA 19063

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) 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
Class Rooms (1915/1953)	☐	☐	☒	Mastic	7500 SF	☒	☐	☐	☐
Class Rooms and basement (1915)	☐	☐	☒	Glue Dots	2000 SF	☒	☐	☐	☐
Boiler Room	☐	☐	☒	Boiler Packing	250 SF	☒	☐	☐	☐
Generator Room	☐	☐	☒	Transite Board	4 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: N.E.T.S.	NJDEP Waste Hauler ID No.: 18947	Cubic Yards of Waste: 20	Name of Registered Landfill: Allied BFI Imperial
City, State: Hazelton, PA		Disposal Date: TBD	City, State: Imperial, PA

Completed By (Print or Type): John Heemer	Title: Estimator	Signature: John C. Heemer	Date

ASB-41
MAY 11

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

- Basement 1915 Incinerator Room Debris – 2 SF remove
- Basement 1915 Boiler Room – Interior Rope Gasket – 200 LF - remove
- First Floor 1953 – Room 102 – 30 SF 9x9 tile - Remove
- First Floor 1953 – Room 102 – 30 SF mastic – remove
- First Floor 1953 – Throughout – 260 SF – Remove
- First and 2nd Floors 1953 – mastic – 4000 SF – Remove

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
22475
2012 DEC -6 PM 3:22
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/30/2012	Name of Building Owner/Operator: B & B CLOTHING STORE
Agencies Notified: ☑ EPA ☑ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #___ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 704 GRAND CENTRAL AVENUE
	City, State, Zip Code: LAVALLETTE, NJ 08735
	Name of Contact: DAIVD D'ANDREA — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): B & B CLOTHING STORE	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings)
704 GRAND CENTRAL AVENUE	Square Feet: — # of Floors: — Bldg. Age: —
LAVALLETTE, NJ 08735	
County: ATLANTIC	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): CREAM RIDGE ENVIRONMENTAL INC.
Street Address: —	Street Address: 15 BLACK FOREST ROAD
City, State, Zip Code: —	City, State, Zip Code: HAMILTON, NJ 08691
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 609-890-7110 License No.: 00676
Start Date (10): 12/3/2012 Scheduled Completion Date (11): 12/7/2012	Name of OSHA Monitor: AMERITECH SERVICES
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: 78 E. ATLANTIC WAY City, State, Zip Code: LAVALLETTE, NJ 08735
Scope of Work (Check all that apply): ☐ ≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 260 lf	X RENOVATION ☐ Demolition
	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☒ Non-Exempted (*) & 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) 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
THROUGHOUT STORE		X		VAT	7000 SQ. FT.	X			

Name of Registered Waste Hauler: JACK ROBINSON WASTE DISPOSAL	NJDEP Waste Hauler ID No.: —	Cubic Yards of Waste: 30 YDS	Name of Registered Landfill: GROWS
City, State: BELLMAWR, NJ		Disposal Date: 12/10/2012	City, State: MORRISVILLE, PA

Completed By	Title	Signature	Date
DAVID D'ANDREA	PRESIDENT	David J. D'Andrea	11/30/2012

ASB-41

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

CK 3069

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

RECEIVED
2012 DEC -6 PM 3:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 12-5-12	Name of Building Owner/Operator (2): BFW Associates c/o Bensdon Development
Agency Notified: ☒ EPA ☒ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 570 Delaware Avenue
	City, State, Zip Code: Buffalo, NY 14202
	Name of Contact: Kelly Baron — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Cherrywood Plaza			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1460-1490 Blackwood-Clementon Road			
City (5): Clementon	Square Feet: 1200	# of Floors: 2	Bldg. Age: +/-50
County (6): Camden	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): vacant

Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Srvcs.	ASCM No.	Name of Abatement Contractor (9): Pepper Environmental Services, Inc.	
Street Address: 318 12th Street		Street Address: 2251 Fraley Street	
City, State, Zip Code: Hammonton, NJ 08037		City, State, Zip Code: Philadelphia, PA 19137	
Project Manager for Monitoring Firm: Jim Proctor	Telephone No.: 609-704-8850	Telephone No.: 215-533-5155	License No.: 00848
Start Date (10): 12-18-12	Scheduled Completion Date (11): 12-21-12	Name of OSHA Monitor: Health & Safety Services	
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: 318 12th St.	
		City, State, Zip Code: Hammonton, NJ 08037	

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) 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
bar area			x	wall paneling mastic	800sf	x			
throughout			x	black 9" floor tile	1,200sf	x			

Name of Registered Waste Hauler: Service Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: A & L Salvage
City, State: Morrisville, PA		Disposal Date	City, State: Libson, OH
Completed by: Jennifer Niven	Title: Dir. of Operations	Signature	Date: 12-5-12

ASB-41

* 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)

RECEIVED
2012 DEC -6 PM 3:03
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
12/3/12	Port Authority of NJ & NY

Agency Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact / Telephone Number
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification ☐ Cancelation	Street Address: 90 Moonachie Ave City, State, Zip Code: Moonachie, NJ Name of Contact: Joe Colindres Telephone Number: 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Teterboro Airport	☐ School (K-12) ☐ Subchapter 8 (Other than K-12} ☒ Other (i.e. private & commercial buildings, homes,
Street Address: 90 Moonachie Avenue	

City (5)	Square Feet	# of Floors	Bldg. Age
Teterboro, NJ 07608	140,000	1	52

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Bergen		

Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9)
(8) The Port Authority of NJ & NY		DSA Services, Inc.
Street Address		Street Address: 800 East Elizabeth Avenue
City, Slate, Zip Code		City, State, Zip Code: Linden, New Jersey 07036
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-925-5855 / License No. 00843

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
12/13/2012	12/3/13	DSA Services, Inc.

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:	800 East Elizabeth Avenue Linden, New Jersey 07036

Scope of Work (Check all that apply)

☐ μ 3 sf or μ 3 lf
☐ μ 160 sf or μ 260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material TO BE ABATED 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 1.F)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Flashing Perimeter			x	Roof Flashing	3513 sf	☒	☐	☐	☐
Pitch Pocket			x	Roof Flashing	782 sf	☒	☐	☐	☐
Duct Flashing			x	Roof Flashing	1500 sf	☒	☐	☐	☐
Misc Flashing			x	Roof Flashing	400 sf	☒	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No,	Cubic Yards of Waste	Name of Registered Landfill
Global Waste Industries Inc	NJ-868	80	110 Sand Company
City, State: Hackettstown, NJ		Disposal Date: TBA	City, Slate: Long Island City, NY

Completed by	Title	Signature	Dale
Carlo Frassetti	Operations Mgr		12/3/12

* Do not use this form for asbestos licensure exempted activities

CK 8483 Emergency

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

RECEIVED 2012 DEC 6 ... DOL – 10 DAY

Date of Notification (1): 11-29-12	Name of Building Owner/Operator (2): DelPrebe
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation
Street Address: 117 Dollmore Ave	City, State, Zip Code: Waretown
Name of Contact: Al Del Prebe	Telephone Number:

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings homes, etc.)
Street Address: 35 West Pampano Drive	
City (5): Brick NJ 08723	Square Feet: — # of Floors: 1 — Bldg Age: 60+
County (6): Ocean — 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 Technologies — ASCM No: N/A	Name of Abatement Contractor (9): EPC Technologies, Inc
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	Telephone No.: 609-758-3365 — License No.: 00394
Start Date (10): 12-2-12 — Scheduled Completion Date (11): 12-2-12	Name of OSHA Monitor: EPC Technologies, Inc
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: P.O. Box 337
	City, State, Zip Code: New Egypt NJ 08533

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) 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 walls			X	Siding Shingles	800 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 4	Name of Registered Landfill: Waste Management
City, State: NE NJ		Disposal Date: 12/3/12	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 11-29-12

ASB-41

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

REMEMBER – MAIL IN HARD COPY

CK 8405 EMERGENCY

RECEIVED

DEC -6 AM 11:32

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

REMEMBER – MAIL IN HARD COPY

Date of Notification (1): 12/4/12

Name of Building Owner/Operator (2): Geoffrey

Refunded TODAY

Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (Including justification) ☐ Cancellation

Street Address: 9 White House Lane

City, State, Zip Code: Weston, MA

LICENSING DEC 2012

Name of Contact

Telephone Number

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): Single family Shore House

Street Address: 11 5th Street

City (5): Beach Haven NJ 08008

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

Square Feet | # of Floors: 2 | Bldg Age: 54+-

County (6): Ocean

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): Single Family Shore House

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies

ASCM No.: N/A

Name of Abatement Contractor (9): EPC Technologies, Inc

Street Address: P.O. Box 337

City, State, Zip Code: New Egypt NJ 08533

Street Address: P.O. Box 337

City, State, Zip Code: New Egypt NJ 08533

Project Manager for Monitoring Firm: Steve Schenker

Telephone No.: 609 758-3365

Telephone No.: 609-758-3365

License No.: 00394

Start Date (10): 12-5-12

Scheduled Completion Date (11): 12-6-12

Name of OSHA Monitor: EPC Technologies, Inc

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: P.O. Box 337

City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check all that apply): ☐ ≥ 3 sf or ≥ 3 lf ☒ 100 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) 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 walls			X	Siding Shingles	1800 SF	X			

Name of Registered Waste Hauler: EPC Technologies

NJDEP Waste Hauler ID No.: 17000

Cubic Yards of Waste: 12

Name of Registered Landfill: Waste Management

City, State: NE NJ

Disposal Date: 12/6/12

City State: Morrisville PA

Completed by: Steve Schenker

Title: President

Signature: Steve Schenker

Date: 12/4/12

ASB-41

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

4170 WAIVER REQUEST EMERGENCY

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)

RECEIVED 2012 DEC -6 AM 11:34
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11-30-12	Name of Building Owner/Operator (2): S. BASSLER
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amendment ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 140 UNADILLA ROAD
	City, State, Zip Code: RIDGEWOOD, NJ 07450
	Name of Contact: S. BASSLER — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): S. BASSLER	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 140 UNADILLA ROAD	
City (5): RIDGEWOOD — Square Feet: 2300 — # of Floors: 2 — Bldg. Age: 76 YRS	
County (6): BERGEN — County Code (7) (STATE USE ONLY): — Current Use (Prior if being demolished): RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address	Street Address: 450 S.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): 12-1-12 — Scheduled Completion Date (11): 12-2-12	Name of OSHA Monitor: Omega Environmental Inc
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: 280 Huyler St
	City, State, Zip Code: South Hackensack, N.J. 07606

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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, sprayed/troweled, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	15 LF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 1/4 YD	Name of Registered Landfill: Minerva Enterprises
City, State: Hackensack, N.J. 07601		Disposal Date: 12-2-12	City, State: Waynesburg , Oh
Completed by: R. Veldran — Title: Estimator		Signature: R Veldran	Date: 11-30-12

ASB-41

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

JK 29704

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

RECEIVED
2012 DEC -6 AM 11:46
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 12/04/12 (Month/Day/Year)		Name of Building Owner/Operator (2): Princeton University
Agency Notified: EPA, DEP, DCA, DOH	Type Notification: x Initial Notification; ___ Amended Notification; ___ Cancellation	Street Address: P.O. box 2158
		City, State, Zip Code: Princeton NJ 08543
		Name of Contact: Robert Otego — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University -- 126 Alexander street			Type of Facility (4): ___ School (K12); ___ Subchapter 8 (Other than K12); x Other (i. e. Private & commercial buildings, homes, etc.)
Street Address: 126 Alexander Street			Square Feet: 5000 / # of Floors: 2 / Bldg. Age: 50+
City (5): Princeton	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 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): 12/18/12 (Month/Day/Year)	Sched. Completion Date (11): 2/31/2013 (Month/Day/Year)	Name of OSHA Monitor: Criterion Labs	
Occupancy Status During Abatement (Check only one): ___ Facility Closed/Vacated During Entire Period of Abatement; x Abatement Performed Outside of Normal Facility; Hours - Describe: ___ 7:00 AM - 3:30 PM; Other - Describe:		Street Address: 3370 Progresive Drive; City, State, Zip Code: Bensalem PA 19020	

Scope of work (Check all that apply)

- x Demolition
- >3 sf or >3 if
- x >160 sf or >260 lf

Renovation

- x Full Containment with Negative Pressure
- Mini - Enclosure
- 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Bldg 126 throughout 1st floor		x		floor tile & mastic	7195 SF	x			
Bldg 126 2nd floor		x		floor tile & mastic	180 SF	x			
Bldg 126 room 124 multiple layers		x		floor tile & mastic	195 SF	x			
Bldg 126 basement		x		flu packing	3 SF				

Name of Registered Waste Hauler: Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 40	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: Mark Goshow	Date: 12-4-12

ABS-41
JUN 95

G4667