

CK 2231

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

RECEIVED
 DEC 30 2015

Date of Notification (1) 12/22/15		Name of Building Owner/Operator (2) Andrew Economou	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Greentree Ave	
		City, State, Zip Code Point Pleasant, NJ 08742	
		Name of Contact Eric Plackis	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 520 Greentree Ave		<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.)	
City (5) Point Pleasant	Square Feet 872	# of Floors	Bldg. Age 69
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915		
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (732)899-7499	License No. 0196

Start Date (10) 12/23/15	Scheduled Completion Date (11) 12/24/15	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input checked="" 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:		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input 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) 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	
TO BE ABATED			<input checked="" type="checkbox"/>	Asbestos pipe insulation	50 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Inc.	
City, State Brick, New Jersey		Disposal Date 12/23/15		City, State PA	
Completed by Eric Plackis		Title President	Signature [Signature]		Date 12/22/15

CK 39186

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:139)

Date of Notification (1) 12-16-17

Name of Building Owner/Operator (2) Delphi

Agencies Notified: EPA, DEP, DCL, DOH, DCA

Type Notification: Initial, Amended, Amendment # 2, Emergency (including Insulation), Consultation

Street Address: PO Box 69

City, State, Zip Code: Swell NJ 08070

Name of Contact: Gary Clark

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) See Attach Paperwork

Street Address: N Black Horse Pike

City (5): Runnemede NJ 08078

County (6): Camden

County Code (7) (STATE USE ONLY)

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

Square Feet: 3600SF

of Floors: 2

Est. Age: 70

Current Use (Prior to being demolished) (8): HOME/WORKHOUSE, OFFICE SPACE

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) ANI JWS LLC

Street Address: 1212 Burlington Ave

City, State, Zip Code: Delanco NJ 08025

Telephone No.: 856-527-0971

License No.: 01070

Start Date (10) 1-4-16

Scheduled Completion Date (11) 2-20-16

Name of OSHA Monitor Self

Occupancy Status During Abatement (Check any one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check all that apply):

As of or After, Before or After

Restoration/Removal

Full Containment with Negative Pressure, Full Enclosure, Gloving Procedure, Non-Enclosed and Non-Fish's Procedure

Location of Asbestos-Containing Material (ACM) (13)	Is Location Annually Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VPI, or other miscellaneous)	Amount (Specify \$ or LBS)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
<u>See Attach Paperwork</u>								

Name of Registered Waste Handler: ANI JWS LLC

Waste Handler ID No.: 00055625

City, State: Delanco NJ

Public Vendors of Waste: Scy

Disposal Code: TBD

Name of Registered Landfill: WIM of PA

City, State: Tullytown PA

Completed By: JH

Signature: JH

Date: VP

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

Dunneville NJ. 08078



Report of Pre-Demolition Asbestos Survey
22, 26, 30A, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100
Synertech Incorporated Project No. 461-013

1. East 1st Ave

Living Room	Tan 9"x9" Floor Tile & Mastic (below carpet)	~2 8 square feet
Kitchen	Tan 9"x9" Floor Tile & Mastic (below "self stick" tile)	~1 0 square feet
Bedroom 1 - Front	Tan 9"x9" Floor Tile & Mastic (below carpet)	~1 2 square feet
Bedroom 1 - Rear	Tan 9"x9" Floor Tile & Mastic (below carpet)	~1 0 square feet
Hall o/s Bedrooms	Tan 9"x9" Floor Tile & Mastic (below carpet)	~1 0 square feet
Bathroom	Tan 9"x9" Floor Tile & Mastic (below 2 layers of "self stick" tile)	~1 0 square feet
HVAC Room	Tan 9"x9" Floor Tile & Mastic	~1 0 square feet
Laundry Room & Hall o/s Bathrooms	Tan 9"x9" Floor Tile & Mastic (below 1 layer of non-ACM tile)	~1 0 square feet
Exterior	Rear Door Caulk	~1 0 linear feet
Exterior	Roof Field Material & Flashing	~1 0 linear feet

C. New Jersey Pre-Demolition Requirements

In New Jersey, all friable and non-friable asbestos containing materials must be removed by a New Jersey Licensed Asbestos Abatement Contractor prior to demolition. Final inspection and clearance air sampling, with analysis via TEM, is required prior to allowing ordinary demolition to proceed. All resulting asbestos waste is required to be disposed at landfills that accept friable or non-friable waste, as appropriate. All subsequent demolition waste would then become available for recycling or disposal as ordinary construction waste.

Synertech Incorporated is pleased to provide Marathon Engineering & Environmental Services with this report. If you have any questions regarding the information or data provided in this correspondence, feel free to contact our office at 215-755-2305.

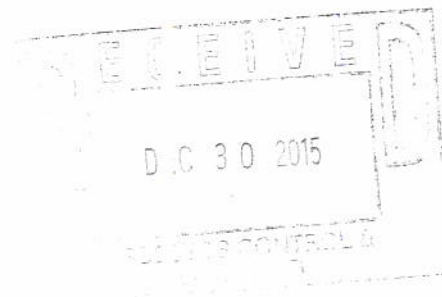
Sincerely,

John P. Fiorelli
Synertech Incorporated

John P. Fiorelli
Project Manager

1 E 1st St

Rummede NJ 08078



B. Detailed Listing of Asbestos Containing Materials
28 North Black Horse Pk

Basement	<i>28 N. BHP</i> Grey Packing (around flu pipe penetration)	~4 square feet
2 nd Fl. Apt.	Top Coat Plaster (one positive sample)	~4,500 square feet
Exterior	Roof Field Material & Flashing	1,000 square
Living Room	<i>30 N. BHP</i> Red Floor Tile & Black Mastic (below carpet and plywood)	~195 square feet
Kitchen	Red Floor Tile & Black Mastic (below non-ACM tile and plywood)	~235 square feet
Hall w/s Basement Entrance	Tan 12"x12" Middle Layer Floor Tile (below Sheet Flooring) & Green 9"x9" Bottom Layer Floor Tile	~75 square feet
Exterior	Roof Field Material & Flashing	~900 square feet
N/A	No ACMs Present	N/A
Throughout	Green Floor Tile & Mastic (below carpet, plywood and tan floor tile)	~300 square feet
Basement	<i>32 N. BHP</i> Asbestos Pipe Insulation (ACPI)	~80 linear feet
1 st Floor Rear Bedroom (right room)	<i>34 A North Black Horse Pk</i> Brown Floor Tile and Mastic (below carpet)	~210 square feet
Exterior	Window Glazing	~75 square feet
Exterior	Roof Field Material & Flashing	~900 square feet
Exterior	<i>34 B N. BHP</i> Roof Field Material & Flashing	~300 square feet
NE Office	Grey Floor Tile & Mastic (below carpet, plywood and non-ACM tile)	~150 square feet
Rm. Adj. to NE Office	Grey Floor Tile & Mastic (below carpet, plywood and non-ACM tile)	~115 square feet
Conference Room	Grey Floor Tile & Mastic (below carpet, plywood and non-ACM tile)	~170 square feet
Office adj. Conf. Rm.	Grey Floor Tile & Mastic (below carpet, plywood and non-ACM tile)	~110 square feet
Office adj. Conf. Rm.	Grey Floor Tile & Mastic (below carpet, plywood and non-ACM tile)	~90 square feet

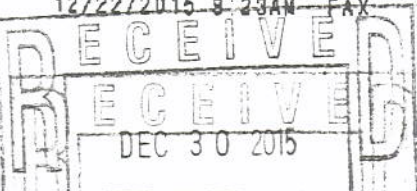
34 N N BHP

*28
30
32
34 A
34 B*

12/22/2015 9:23AM FAX

0004/0005

CK# 25012



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

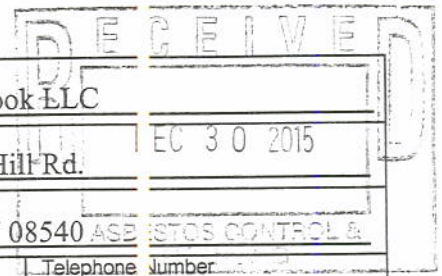
ASBESTOS CONTROL 12/22/15		Name of Building Owner/Operator (2) 300 Pretty Brook LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA'S CONTROL DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Pheasant Hill Rd.	
		City, State, Zip Code Princeton, NJ 08540	
		Name of Contact Steven Wilber-Baxter Const.	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address 18 Pheasant Hill Rd.		Square Feet 12000	# of Floors 3
City (5) Princeton, NJ		Bldg. Age 100 +/-	
County (8) Mercer		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (6) MECS		ASCM No.	Name of Abatement Contractor (a) Stevens Environmental Services, Inc.
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ		City, State, Zip Code Allentown, NJ 0850	
Project Manager for Monitoring Firm Bill Weisgerber		Telephone No. (609) 298-4070	Telephone No. (609) 259-9688
License No. 00493			
Start Date (10) 12/23/15	Scheduled Completion Date (11) 1/8/16	Name of OSHA Monitor DB Environmental	
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 4 Berkeley Place	
		City, State, Zip Code Freehold, NJ 07728	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 23 sf or ≥ 23 lf <input type="checkbox"/> ≥ 180 sf or ≥ 280 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 checked="" 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) 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)
1st floor	X	Thermal Pipe Insulation	40 lf
2nd floor	X	Thermal Pipe Insulation	40 lf
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Name of Registered Landfill GROWS Landfill
City, State Allentown, NJ		Disposal Date 1/8/16	City, State Morrisville, PA
Completed By Mahlon E. Stevens		Title Project Manager	Date 12/22/15

ASB-44
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* Do not use this form for asbestos licensure exempted activities.

CR# 25012

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



Date of Notification (1) <u>12/22/15</u>		Name of Building Owner/Operator (2) <u>300 Pretty Brook LLC</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>18 Pheasant Hill Rd.</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Steven Wilber-Baxter Const.</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>18 Pheasant Hill Rd.</u>		Square Feet <u>12000</u>	# of Floors <u>3</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>100 +/-</u>	Current Use (Prior if being demolished)
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	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</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>12/23/15</u>	Scheduled Completion Date (11) <u>1/8/16</u>	Name of OSHA Monitor <u>DB Environmental</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: _____		Street Address <u>4 Berkeley Place</u>	
		City, State, Zip Code <u>Freehold, NJ 07788</u>	

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" 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 L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st floor</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>40 L</u>	<input checked="" type="checkbox"/>			
<u>2nd floor</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>40 L</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>GROW Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/8/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>12/22/15</u>

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

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

**RECEIVED
2015 DEC 30 PM 12:26
ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) <u>12</u> / <u>28</u> / <u>15</u>		Name of Building Owner/Operator (2) Borough of Woodstown / Job #1512-4979 Check #7359							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 25 West Avenue							
		City, State, Zip Code Woodstown, NJ 08098							
		Name of Contact Michelle Gaudelli	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodstown Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 25 West Avenue		Square Feet	# of Floors						
City (5) Woodstown, NJ 08098		Bldg. Age							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Remington and Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 232 Kings Highway E.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Haddonfield, NJ 08033		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Kathleen Ealer		Telephone No. 856-795-9595	Telephone No. 609-265-2107						
Start Date (10) <u>1</u> / <u>11</u> / <u>16</u>		Scheduled Completion Date (11) <u>1</u> / <u>14</u> / <u>16</u>	Licens. No. 0059						
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor EMSL Analytical							
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		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
		<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
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	11 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	20 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 27	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 1/14/16		City, State Tullytown, PA					
Completed By (Print or Type) Lauren Welch		Title Asst. Operations Coordinator		Signature <i>Lauren Welch</i>		Date 12/28/15			

CK 4249

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

RECEIVED
 2015 DEC 30 PM 12:24
 ASBESTOS CONTROL
 LICENSING

Date of Notification (1) 12/29/2015		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST								
Agencies Notified <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	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1626 EAST JEFFERSON STREET								
		City, State, Zip Code ROCKVILLE, MD 20852								
		Name of Contact RIC WOODIE	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TROY HILLS SHOPPING CENTER-SPACE #15-VACANT PATHMARK		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 1157 US HIGHWAY 46		Square Feet 70,000	# of Floors 1							
City (5) PARSIPPANY		Bldg. Age +/- 50								
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT SUPERMARKET								
Name of Monitoring Firm Hired by Building Owner (8) THE VERTEX COMPANIES		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.							
Street Address 700 TURNER WAY		Street Address 2251 FRALEY STREET								
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137								
Project Manager for Monitoring Firm DON HEIM	Telephone No. 610-558-8902	Telephone No. 215-533-5155	Lic. No. 01866							
Start Date (10) 01/08/16	Scheduled Completion Date (11) 02/15/16	Name of OSHA Monitor THE VERTEX COMPANIES								
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 700 TURNER WAY								
		City, State, Zip Code ASTON, PA 19014								
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 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	
THROUGHOUT			X	Multi Layer Floor Tile & Mastic	49,000 SF	X				
ROOF			X	Roof Tar Sealer	10 SF	X				
ROOF			X	Residual Tar Sealer	12 SF	X				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANI FILL						
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG OH						
Completed by DENISE M. NIVEN		Title ADMINISTRATIVE ASST.	Signature <i>Denise M. Niven</i>				Date 12-29-15			

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

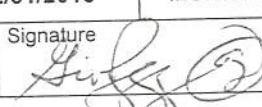
Check # 2590

Date of Notification (1) 08 / 07 / 15		Name of Building Owner / Operator (2) HOFFMAN LAROCHE, INC.				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110				
Name of Contact TOM AIELLO		Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE		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 bldgs., homes, etc.)				
Street Address 340 KINGSLAND AVENUE		Building Age				
City (5) CLIFTON	County (6) PASSAIC	County Code (7)	Square Feet			
			# Of Floors			
			Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Bldg. Owner (8) EMILCOTT ASSOCIATES, INC. / EHI		ASCM NO N/A	Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 190 PARK AVE / 655 WEST SHORE TRAIL		Street Address 32 WILLIAMS PARKWAY				
City, State, Zip Code MORRISTOWN, NJ 07960 / SPARTA, NJ 07871		City, State, Zip Code EAST HANOVER, NJ 07936				
Project Mngr. For Monitoring Firm DAVID TOMSEY / BILL KIRBIL		Telephone Number 973-538-1110/729-5649	Telephone Number 973-772-3660			
Sched. Completion Date (11) 08 / 18 / 15		License Number 00860				
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI 7:00AM-5:00PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC				
		Street Address 32 WILLIAMS PARKWAY				
		City, State, Zip Code EAST HANOVER, NJ 07936				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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		
				R E M O V A L	E N C A P S U L	E N C L O S U R
	YES NO N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IA10 EXTERIOR SOIL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	NON FRIABLE SOIL	10,000C.Y.	<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"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT		
City, State EAST HANOVER, NJ		Disposal Date	City, State TULLYTOWN, PA			
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 12/29/15	

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 ASBESTOS CONTROL & LICENSING

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

OK 2938

Date of Notification (1) <u>12</u> / <u>28</u> / <u>15</u>		Name of Building Owner/Operator (2) Old Bridge Township Board of Education - Dept. of Planning & Services		RECEIVED ASBESTOS CONTROL & LICENSING 2015 DEC 30 PM 12:21					
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2093 Route 9 South							
		City, State, Zip Code Old Bridge, NJ 08857							
		Name of Contact Frank Frazzitta	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walter Schirra Elementary School			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 and commercial buildings, homes, etc.)						
Street Address 1 Awn Street			Square Feet	# of Floors					
City (5) Old Bridge			Bldg. Age						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	Telephone No. 215-788-6040	Licens. No. 0059					
Start Date (10) <u>12</u> / <u>30</u> / <u>15</u>		Scheduled Completion Date (11) <u>12</u> / <u>30</u> / <u>15</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: 8:00AM - <u> </u> PM/ 1:00PM - <u> </u> AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
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) 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
All purpose room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date 12/31/2015		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature 				Date 12/25/15	

CK 6613

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

D&S Proj. #: 16-03

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/1/12 12/1/15		Name of Building Owner/Operator (2) LAURA NAPIER	
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 75 so. centre street,	
		City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact LAURA NAPIER	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAURA NAPIER			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 75 so. centre street,			Square Feet	# of Floors	Bldg. Age
City (5) SO. ORANGE	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	License Number 01169	
Start Date (10) 01/11/16	Sched. Completion Date (11) 01/15/16				
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					

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	131 lf	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 01/12/15	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 12/22/15

Use this form for asbestos licensure exempt activities

NO CK

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

Date of Notification (1) <u>12</u> / <u>23</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892 Check # 1							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus		Square Feet 214,000	# of Floors 8						
City (5) Princeton		Bldg. Age 68							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University Gymnasium							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00029						
Start Date (10) <u>4</u> / <u>27</u> / <u>15</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical							
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 Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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"/> 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)			Abatement Type					
	Yes	No	N/A	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
Work Area #1, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting insulation on fiberglass	35 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	61 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Asbestos Window Panel	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ		Disposal Date 7/29/16	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>					Date 12/23/15		

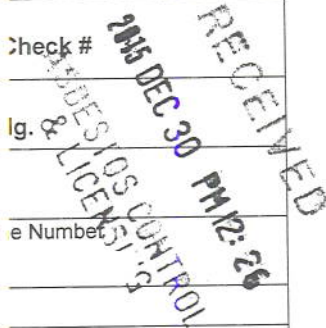
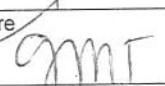
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 ASBESTOS CONTROL
 2015 DEC 30 PM 12:26

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

Date of Notification (1) <u>12</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892 Check # 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus		Square Feet 214,000	# of Floors 8						
City (5) Princeton		Bldg. Age 68							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University Gymnasium							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00 29						
Start Date (10) <u>4</u> / <u>27</u> / <u>15</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical							
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 Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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
Work Area #A2, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	1,90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A3, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A3, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	1,70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/29/16	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>			Date 12/23/15				

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ASBESTOS CONTAINING MATERIAL ENGINEERING

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

Date of Notification (1) <u>12</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892		Check #					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bl						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Robert Ortego, P.E.			Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus			Square Feet 214,000	# of Floors 8	Bldg. Age 68				
City (5) Princeton		County (6) Mercer		County Code (7)(STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00029					
Start Date (10) <u>4</u> / <u>27</u> / <u>15</u>		Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>		Name of OSHA Monitor EMSL Analytical					
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 Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
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
Work Area #A4, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A4, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	45 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A5, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting Insulation	1,515 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A5, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	3,674 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/29/16	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 12/23/15				

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

2015 DEC 30 PM 12:26
RECEIVED
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>12</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892 Check # <u>4</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.								
		City, State, Zip Code Princeton, NJ 08544								
		Name of Contact Robert Ortego, P.E.	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus		Square Feet 214,000	# of Floors 8							
City (5) Princeton		Bldg. Age 68								
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University Gymnasium								
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.								
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	Licence No. 00029							
Start Date (10) <u>4</u> / <u>27</u> / <u>15</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical								
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
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"/> 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)			Abatement Type						
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure			
Work Area #A6, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	10	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1A First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting Insulation	20	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1A First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	6,000	SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1B First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	2,302		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill							
City, State Lumberton, NJ	Disposal Date 7/29/16	City, State Tullytown, PA								
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>GMT</i>		Date 12/23/15						

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

Date of Notification (1) <u>12</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892		Check #7655							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544		Telephone Number							
		Name of Contact Robert Ortego, P.E.									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus			Square Feet 214,000								
City (5) Princeton			# of Floors 8	Bldg. Age 68							
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) University Gymnasium							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.								
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107		License No. 00519						
Start Date (10) <u>4</u> / <u>27</u> / <u>15</u>		Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>		Name of OSHA Monitor EMSL Analytical							
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 Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM			Street Address 200 Route 130 North								
			City, State, Zip Code Cinnaminson, NJ 08077								
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)		Abatement Type					
		Yes No N/A				Removal	Repair	Encapsulate	Enclosure		
Work Area #1C,1D & 1E First Floor Attic		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe & fitting insulation		20 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1C,1D & 1E First Floor Attic		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct Insulation		17,015 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1C,1D & 1E First Floor Attic		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Insulated Roof Drain Piping		40 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Bleachers under pool		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation		30 LF		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill							
City, State Lumberton, NJ		Disposal Date 7/29/16		City, State Tullytown, PA							
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 12/23/15					

RECEIVED
2015 DEC 30 PM 12:26
ASBESTOS CONTROL & LICENSING

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

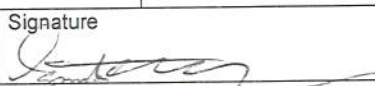
Date of Notification (1) <u>12</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-489; Check #7648 6							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus		Square Feet 214,000	# of Floors 8						
City (5) Princeton		Bldg. Age 68							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Gymnasium							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107						
Start Date (10) <u>4</u> / <u>27</u> / <u>15</u>		Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>	License No. 00029						
Name of OSHA Monitor EMSL Analytical									
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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
Work Area #B1A: B1 level Pipe/Tunnel/crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #B1A: B1 Level Pipe tunnel/crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	contaminated soil	45 CF	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/29/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>GMT</i>				Date 12/23/15	

RECEIVED
ASBESTOS CONTROL
LICENSING
2015 DEC 30 PM12:26

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

CK#: 25226

RECEIVED
 2015 DEC 30 PM 12:23
 ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>12</u> / <u>29</u> / <u>15</u>		Name of Building Owner/Operator (2) Township of Branchburg							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 Kenbury Road							
		City, State, Zip Code Somerset, NJ 08876							
		Name of Contact Cynthia Weaver	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Department of Public Works Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 34 Kenbury Road		Square Feet 3000	# of Floors 1						
City (5) Township of Branchburg		Bldg. Age 75							
County (6) Sumerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. 0023	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Craig ABRAMS		Telephone No. 908-686-0315	Telephone No. 718-605-6256						
License No. 0077									
Start Date (10) <u>12</u> / <u>29</u> / <u>15</u>	Scheduled Completion Date (11) <u>12</u> / <u>30</u> / <u>15</u>	Name of OSHA Monitor Testor Tech							
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: <u> </u> AM- <u>12</u> PM/ <u>8:30</u> PM- <u> </u> AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
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 type="checkbox"/> Demolition <input 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
Water Heater Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	151 F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	121 F	<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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F					
City, State Newark, New Jersey		Disposal Date 01/05/16		City, State Tullytown Pa.					
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager	Signature 			Date 12-29-15			

Check # 25208

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

RECEIVED
2015 DEC 30 PM 12:28
ASBESTOS COMMISSION

Date of Notification (1) <u>12</u> / <u>29</u> / <u>15</u>		Name of Building Owner/Operator (2) Township of Branchburg							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 Kenbury Road							
		City, State, Zip Code Somerset, NJ 08876							
		Name of Contact Cynthia Weaver	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Department of Public Works Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 34 Kenbury Road		Square Feet 3000	# of Floors 1						
City (5) Township of Branchburg		Bldg. Age 75							
County (6) Sumerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. 0023	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Craig ABRAMS		Telephone No. 908-686-0315	Telephone No. 718-605-6256						
Start Date (10) <u>01</u> / <u>18</u> / <u>16</u>		Scheduled Completion Date (11) <u>01</u> / <u>20</u> / <u>16</u>	License No. 00774						
Name of OSHA Monitor Testor Tech									
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: <u>7AM-7PM</u> / <u> </u> PM - <u> </u> AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
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 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)	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
Water Heater Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	151 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	121 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F					
City, State Newark, New Jersey		Disposal Date 01/20/16	City, State Tullytown Pa.						
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager	Signature <i>Ignatius Marraccino</i>		Date 12-29-15				

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Check # 25921

Date of Notification (1) 12 / 22 / 15		Name of Building Owner/Operator (2) Township of Branchburg	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address 34 Kenbury Road	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerset, NJ 08876	
		Name of Contact Cynthia Weaver	

Check - 11 DAY

APPROVED

WALTON

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Department of Public Works Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-2) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 34 Kenbury Road		Square Feet 3000	# of Floors 1
City (5) Township of Branchburg		Bldg. Age 75	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Millmann Consulting, LLC	ABCM No. 0023	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 1000 Route 22 East	Street Address 47 Foster Road		
City, State, Zip Code Union, NJ 07083	City, State, Zip Code Staten Island		
Project Manager for Monitoring Firm Craig ABRAMS	Telephone No. 908-886-0316	Telephone No. 718-805-6266	License No. 00774

Start Date (10) 12 / 29 / 15	Scheduled Completion Date (11) 12 / 30 / 15	Name of OSHA Monitor Tastor Tech	
---------------------------------	--	-------------------------------------	--

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: _____ AM-12PM/3:30PM-_____ AM	Street Address 10 59 Jackson Avenue
	City, State, Zip Code LIC, NY 11101

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 280 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
Water Heater Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	24LF	<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 Newark Carting	NJDEP Waste Hauler ID No. NJ-588	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F
City, State Newark, New Jersey	Disposal Date 08/09/14	City, State Tullytown Pa.	

Completed By (Print or Type) Ignatius Marracchino	Title Project Manager	Signature <i>Ignatius Marracchino</i>	Date 12-22-15
--	--------------------------	--	------------------

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)**

Check # 25221

Date of Notification (1) <u>12</u> / <u>22</u> / <u>15</u>		Name of Building Owner/Operator (2) Township of Branchburg							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	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 34 Kenbury Road		APPROVED N.J. Dept. of Health & Senior Services Date: <u>12/22/15</u> Telephone Number: _____					
		City, State, Zip Code Somerset, NJ 08878							
		Name of Contact Cynthia Weaver							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Department of Public Works Garage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-2) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 34 Kenbury Road			Square Feet 3000	# of Floors 1	Bldg. Age 75				
City (5) Township of Branchburg			Current Use (Prior if being demolished)						
County (6) Somerset		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. 0023	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Craig ABRAMS		Telephone No. 908-686-0315	Telephone No. 718-805-8258	License No. 00774					
Start Date (10) <u>12</u> / <u>29</u> / <u>15</u>		Scheduled Completion Date (11) <u>12</u> / <u>30</u> / <u>15</u>		Name of OSHA Monitor Testor Tech					
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: <u>AM-12PM/8:30PM-</u> AM			Street Address 10 59 Jackson Avenue						
			City, State, Zip Code LIC, NY 11101						
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 type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
Water Heater Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	24LF	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F					
City, State Newark, New Jersey		Disposal Date 08/09/14	City, State Tullytown Pa.						
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager	Signature <i>Ignatius Marraccino</i>		Date 12-22-15				