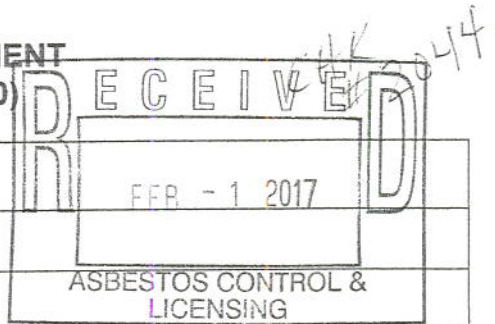


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



| | | | |
|--|---|--|--|
| Date of Notification (1) 1/23/2017 | | Name of Building Owner / Operator (2) Bob Byrne | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | |
| | | City, State & Zip Code Belmar, NJ | |
| | | Name of Contact Bob Byrne | |
| | | Telephone Number | |

| FACILITY INFORMATION | | | |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | Square Feet 2200 | # of Floors 2 |
| City (5) Belmar | County (6) Monmouth | Bldg. Age 50+ | |
| County Code (7) | | Current Use (Prior if being demolished) Residential | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Alpha Environmental Services | |
| Street Address | | Street Address 2129 Route 33 | |
| City, State & Zip Code | | City, State & Zip Code Hamilton, NJ 08610 | |
| Project Manager for Monitoring Firm | | Telephone Number 609-847-2956 | License Number 01222 |
| Scheduled Start Date (10) 2/1/2017 | Scheduled Completion Date (11) 2/5/2017 | 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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 107 Haddon Ave. | |
| | | City, State & Zip Code Westmont, NJ 08108 | |

Scope of Work (Check all that apply)

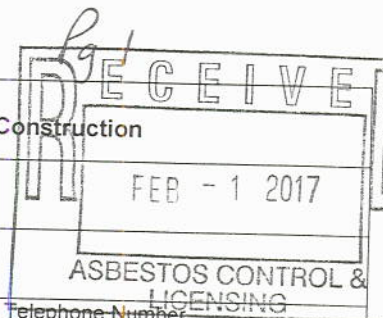
| | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) 225lf (est. 50% on floor) | Abatement Type | | | |
|--|--|-------------------------------------|--------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Crawlspace (10feet in garage) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|----------------------------------|--|
| Name of Registered Waste Hauler ALPHA ENVIRONMENTAL | NJDEP Waste Hauler ID No. 00033330 | Cubic Yards of Waste 1 | Name of Registered Landfill Grows Landfill |
| City, State Trenton, NJ | | Disposal Date Various | City, State Morrisville, PA |
| Completed By (Print or Type) Rod Richardson | | Title Project Manager | Signature <i>Rod Richardson</i> |
| | | | Date 1/23/2017 |

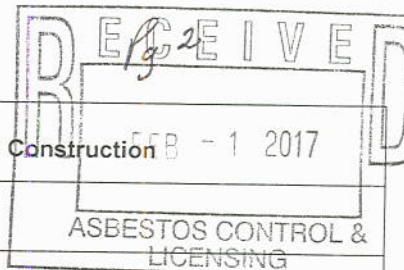
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

NO CK



| Date of Notification (1) 8 / 31 / 16 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment #3-1/26/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. | | | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Robert Ortego | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 | | | | | | | |
| City (5) Princeton | | # of Floors 8 | | | | | | | |
| County (6) MERCER | | Bldg. Age 70 | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | | | | | | |
| Start Date (10) 9 / 29 / 16 | | License No. 00509 | | | | | | | |
| Scheduled Completion Date (11) 2 / 28 / 17 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| 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: 7:00AM-3:30PM/ PM- AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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 |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe and pipe fitting Insulation | 4190 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 18,440 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joint compound | 16,520 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acoustical ceilin plaster | 2,222 SF | <input checked="" 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 | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature Brian Scafiro /jl | | Date 1/26/17 | | | | |

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 8 / 31 / 16 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | |
| 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 checked="" type="checkbox"/> Amended Amendment #3-1/26/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number | |

FACILITY INFORMATION

| | | | |
|--|---|--|---|
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 | |
| City (5) Princeton | | # of Floors 8 | Bldg. Age 70 |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Library | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 |
| Start Date (10) 9 / 29 / 16 | Scheduled Completion Date (11) 2 / 28 / 17 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| 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: 7:00AM-3:30PM/ PM- AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | |

Scope of Work (Check all that apply)

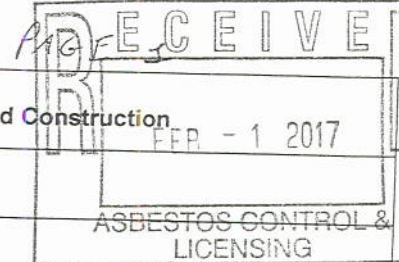
- | | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) 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 |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireproofing | 1,620 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiator liner | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spline, plaster & Drywall ceiling | 15,924 SF | <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"/> |

| | | | | | |
|--|--------------------|------------------------------------|--------------------------------------|--|--|
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | |
| City, State BRISTOL, PA 19007 | | Disposal Date | City, State MORRISVILLE, PA 19067 | | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature <i>Brian Scafiro</i> | Date 1/24/17 | | |

NO CK

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



| Date of Notification (1) 8 / 31 / 16 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment # 2-9/28/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. | | | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Robert Ortego | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 | # of Floors 8 | | | | | | |
| City (5) Princeton | | Bldg. Age 70 | | | | | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) <i>BACK ON SITE</i> 9 / 29 / 16 | Scheduled Completion Date (11) 1 / 30 / 17 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| 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: 7:00AM-3:30PM / PM - AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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) <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 |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe and pipe fitting Insulation | 4190 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 18,440 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joint compound | 16,520 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acoustical ceilin plaster | 2,222 SF | <input checked="" 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 | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | | Date 9/28/16 | | | |

NO CL

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

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 ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 31 / 16 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment #2-9/28/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 | # of Floors 8 | | | | | | |
| City (5) Princeton | | Bldg. Age 70 | | | | | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) BACK ON SITE 9 / 29 / 16 | Scheduled Completion Date (11) 1 / 30 / 17 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| 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: 7:00AM-3:30PM/ PM- AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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 |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireproofing | 1,620 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiator liner | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spline, plaster & Drywall ceiling | 15,924 SF | <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"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | | |
| City, State BRISTOL, PA 19007 | | | Disposal Date | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature Brian Scafiro /jl | | | Date 9/28/16 | | | |

NO CK

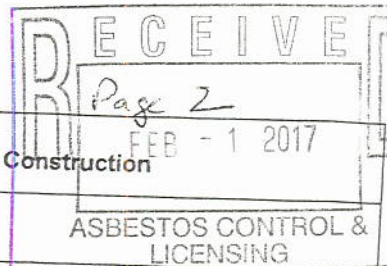
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL
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| | | | | | | | | | | |
|--|---|---|---------------------------|--------------------------------------|----------------------------|--|-------------------------------------|----------------------------------|--------------------------|--------------------------|
| Date of Notification (1) 9 / 16 / 16 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | | |
| 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | | |
| Street Address 200 Elm Dr. | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | | |
| Name of Contact Robert Ortego | | Telephone Number | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 | | | | | | | | |
| City (5) Princeton | | # of Floors 8 | | | | | | | | |
| County (6) MERCER | | Bldg. Age 70 | | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 | | | | | | | | |
| Street Address Three Terri Center | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | Street Address 1123 BEAVER STREET | | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | | |
| Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | | | | | | | | |
| Start Date (10) CANCELLED / 16 | | License No. 00509 | | | | | | | | |
| Scheduled Completion Date (11) 1 / 30 / 17 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | | |
| 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: 7:00AM-3:30PM / PM- AM | | Street Address 1123 BEAVER STREET | | | | | | | | |
| 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 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | | |
| 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 | | | |
| | Levels B, A and 1 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe and pipe fitting insulation | 4190 LF | |
| | Levels B, A and 1 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 18,440 SF | |
| | Levels B, A and 1 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joint compound | 16,520 SF | |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acoustical ceiling plaster | 2,222 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | Signature [Signature] | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Date | | | | | | |

NO CK

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



| | | | |
|---|---|--|------------------|
| Date of Notification (1) <u>9</u> / <u>16</u> / <u>16</u> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | |
| 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. | |
| | | City, State, Zip Code Princeton, NJ 08544 | |
| | | Name of Contact Robert Ortego | Telephone Number |

| FACILITY INFORMATION | | | |
|--|--|--|--------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | | |
| City (5) Princeton | | Square Feet 1,000,000 | # of Floors 8 |
| County (6) MERCER | | County Code (7) (STATE USE ONLY) | Bldg. Age 70 |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | Current Use (Prior if being demolished) Library | |
| ASCM No. 00098 | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 |
| License No. 00509 | | | |
| Start Date (10) <u>09/14/16</u> / <u>16</u> | Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>17</u> | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM- <u> </u> AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 1123 BEAVER STREET | | | |
| City, State, Zip Code BRISTOL, PA 19007 | | | |

| | | | |
|---|--|---|---|
| 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 |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireproofing | 1,620 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiator liner | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spline, plaster & Drywall ceiling | 15,924 SF | <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"/> |

| | | | |
|---|---|-----------------------------------|---|
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL |
| City, State BRISTOL, PA 19007 | | Disposal Date | City, State MORRISVILLE, PA 19067 |
| Completed By (Print or Type) Brian Scaffio | Title Estimator | Signature <i>Brian Scaffio</i> | Date <i>09/14/16</i> |

NO CK

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

ck# 3087

| |
|------------------------------|
| RECEIVED |
| Pg 1 |
| FEB - 1 2017 |
| ASBESTOS CONTROL & LICENSING |

| | | | |
|---|--|--|-----------------------|
| Date of Notification (1) <u>8</u> / <u>31</u> / <u>16</u> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 0904 <input checked="" type="checkbox"/> DOLWD 0928 <input checked="" type="checkbox"/> DHSS 0911 <input checked="" type="checkbox"/> DCA 1150 (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 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 | |
| | | Name of Contact Robert Ortego | Telephone Number - |

| FACILITY INFORMATION | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | | |
| City (5) Princeton | | Square Feet 1,000,000 | # of Floors 8 |
| County (6) MERCER | | County Code (7) (STATE USE ONLY) | Bldg. Age 70 |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 |
| Start Date (10) <u>9</u> / <u>14</u> / <u>16</u> | Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>17</u> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. |
| 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: 7:00AM-3:30PM / _____ PM-_____ AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | |
| 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 | | | |

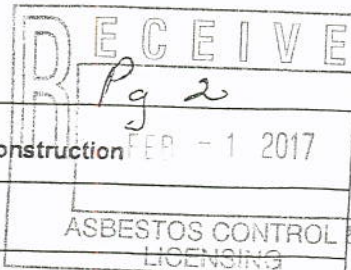
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe and pipe fitting insulation | 4190 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 18,440 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joint compound | 16,520 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acoustical ceiling plaster | 2,222 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|---------------------------------|---|--|
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State MORRISVILLE, PA 19067 | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>[Signature]</i> | Date 2/1/17 | |

NO CK

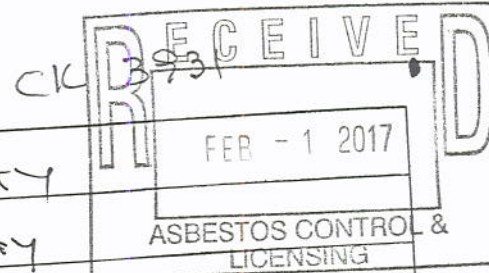
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK # 3081



| Date of Notification (1) 8 / 31 / 16 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
|--|--|--|--------------------------|--|---------------------------|--|--------------------------|--------------------------|--------------------------|
| 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 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 | | | | | | | |
| City (5) Princeton | | # of Floors 8 | | | | | | | |
| County (6) MERCER | | Bldg. Age 70 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 | | | | | | | |
| Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | Street Address 1123 BEAVER STREET | | | | | | | |
| Street Address Three Terri Center | | City, State, Zip Code Burlington, NJ 08016 | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | | | | | | | |
| Start Date (10) 9 / 14 / 16 | | Scheduled Completion Date (11) 1 / 30 / 17 | | | | | | | |
| 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: 7:00AM-3:30PM/ _____ PM- _____ AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| 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 | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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 |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireproofing | 1,620 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiator liner | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Levels B, A and 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spline, plaster & Drywall ceiling | 15,924 SF | <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"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | | Cubic Yards of Waste | | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scaffaro | | Title Estimator | | Signature Brian Scaffaro / il | | Date 8/31/16 | | | |

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

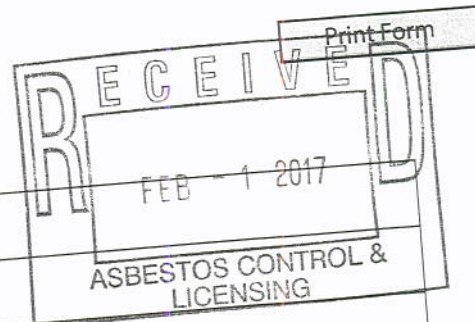


| | | | | | | | |
|---|--|---|-------------------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 1/27/17 | | Name of Building Owner/Operator (2) FELICIAN UNIVERSITY | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | |
| Street Address ONE FELICIAN WAY | | City, State, Zip Code RUTHERFORD, NJ. 07070 | | | | | |
| Name of Contact MR. CHARLES SARASIAN | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ELLIOT TERRACE BLDG... | | 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 & commercial buildings, homes, etc.) | | | | | |
| Street Address ONE FELICIAN WAY | | Square Feet 59,000 | # of Floors 5 | | | | |
| City (5) RUTHERFORD | | Bldg. Age 1969 | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) UNIVERSITY | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES | ASCM No. 00012 | Name of Abatement Contractor (9) Best Removal Inc | | | | | |
| Street Address 300 GRAND AVE | | Street Address 450 South River Street | | | | | |
| City, State, Zip Code ENGLEWOOD, NJ. 07631 | | City, State, Zip Code Hackensack, NJ 07601 | | | | | |
| Project Manager for Monitoring Firm A. VALENTINE | Telephone No. 201-569-6708 | Telephone No. 201-329-7444 | License No. 00388 | | | | |
| Start Date (10) 2/8/17 | Scheduled Completion Date (11) 2/8/17 | Name of OSHA Monitor Omega Environmental | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 2:00 PM | | Street Address 280 Huyler Street | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | City, State, Zip Code South Hackensack, NJ 07606 | | | | | |
| <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 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) 9 LF | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| ELLIOT TERRACE BLDG 2C9 | | OTM THERMAL SYSTEM INSULATION | | X | | | |
| ROOM Y Z | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 11/29 | Name of Registered Landfill Minverva Enterprises, LLC | | | |
| City, State Hackensack, NJ 07601 | | Disposal Date 2/9/17 | City, State Waynesburg, OH 44688 | | | | |
| Completed by J. Maiorano | | Title Estimator | Signature <i>J. Maiorano</i> | Date 1/27/17 | | | |

Do not use this form for asbestos licensure exempted activities.

K 1235

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



| | | | | | | | | | |
|--|---|---|---|--|--------------------------------------|---------|-------------------|-------------|-----------|
| Date of Notification (1) 1/25/2017 | | Name of Building Owner/Operator (2) EOM 516 Broadway LLC | | ASBESTOS CONTROL & LICENSING | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 3605 Sedgwick Avenue, Suite A1 | | | | | |
| | | City, State, Zip Code Bronx, NY 10463 | | Telephone Number | | | | | |
| | | Name of Contact Noah Friedman | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Store Front | | | 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 516 Broadway | | | Square Feet n/a | # of Floors n/a | Bldg. Age n/a | | | | |
| City (5) Bayonne | | | Current Use (Prior if being demolished) n/a | | | | | | |
| County (6) Hudson | | | County Code (7) (STATE USE ONLY) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions | | | Name of Abatement Contractor (9) Amax Contracting LLC | | | | | | |
| Street Address 1130 W Chestnut Street | | | Street Address PO Box 734 | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | | Telephone No. 973-692-6298 | | | | | | |
| Start Date (10) 2/03/2017 | | | License No. 01266 | | | | | | |
| Scheduled Completion Date (11) 2/28/2017 | | | Name of OSHA Monitor Amax Contracting LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | Street Address PO Box 734 | | | | | | |
| | | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | Pipe Insulation | 150 LF | x | | | |
| Basement | | | x | Boiler Insulation | 50 SF | x | | | |
| Crawlspace | | | x | Pipe Insulation | 30 LF | x | | | |
| Name of Registered Waste Hauler Amax Contracting LLC | | | NJDEP Waste Hauler ID No. 0036184 | Cubic Yards of Waste 3 | Name of Registered Landfill GROWS | | | | |
| City, State Woodland Park, NJ | | | Disposal Date 2/28/17 | City, State Morrisville, PA | | | | | |
| Completed by Tome Maslarkov | | | Title Project Manager | Signature | | | Date 1/25/2017 | | |

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

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



| | | | |
|--|--|--|------------------------|
| Date of Notification (1) 1/27/17 | | Name of Building Owner/Operator (2) JA Neary Excavating | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 330 Lincoln Boulevard | |
| | | City, State, Zip Code Middlesex, NJ 08846 | |
| | | Name of Contact Phil Sabatino | Telephone Number _____ |

| FACILITY INFORMATION | | | |
|--|---|--|------------------|
| Name of Facility Where Abatement is Taking Place (3) Street Address 1346 Route 23 City (5) Wayne County (6) Passaic | | 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.) | |
| | | Square Feet 3100 | # of Floors 1 |
| | | Bldg. Age 63 | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | Current Use (Prior if being demolished) <div style="display: flex; justify-content: space-between;"> <div> County Code (7) (STATE USE ONLY) _____ </div> <div> Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418 Telephone No. 973-764-2276 License No. 703 </div> </div> | |
| Project Manager for Monitoring Firm _____ | | Telephone No. _____ | |
| Start Date (10) 2/6/17 | Scheduled Completion Date (11) 3/31/17 | Name of OSHA Monitor _____ | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address _____ City, State, Zip Code _____ | |
| Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div> | | | |

| 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 |
| main building | | | x | roofing | 300 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|------------------------------|---|
| Name of Registered Waste Hauler Freehold Cartage | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill |
| City, State Freehold, NJ | Disposal Date TBD | City, State Birdsboro, PA | |
| Completed by A. Scott Higgins | Title President | Signature | Date 1/27/17 |

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

36 2915

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

RECEIVE
FEB - 1 2017
ASBESTOS CONTROL & LICENSING

| | | | |
|--|--|---|--|
| Date of Notification (1) 1/27/17 | | Name of Building Owner/Operator (2) Mary Lea Dwyer | |
| 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 [REDACTED] | | City, State, Zip Code Brick, NJ 08724 | |
| Name of Contact Eric Plackis | | Telephone Number | |

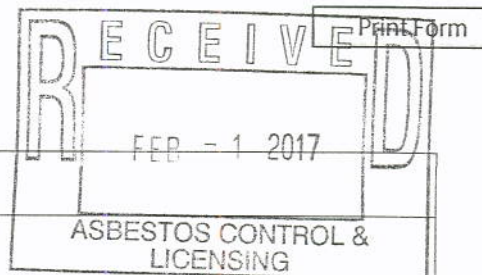
| | | | |
|--|--|---|--|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1300 | |
| City (5) Brick | | # of Floors 2 | |
| County (6) Ocean | | Bldg. Age 65 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Home | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) Brick Industries Inc. | |
| City, State, Zip Code | | Street Address P.O. Box 915 | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Brick, New Jersey 08723 | |
| Telephone No. | | Telephone No. (732)899-7499 | |
| Start Date (10) 1/30/17 | | License No. 01196 | |
| Scheduled Completion Date (11) 2/6/17 | | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | |
| | | City, State, Zip Code | |
| Scope of Work (Check All That Apply) <input 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 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 |
| | | | | floor tile | 250 SF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|------------------------------------|--|---------------------------|--|---|--|
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | | Cubic Yards of Waste 4 | | Name of Registered Landfill GROWS Inc. | |
| City, State Brick, New Jersey | | | | Disposal Date 2/17/17 | | City, State PA | |
| Completed by Eric Plackis | | Title President | | Signature [Signature] | | Date 1/27/17 | |

CR# 3094

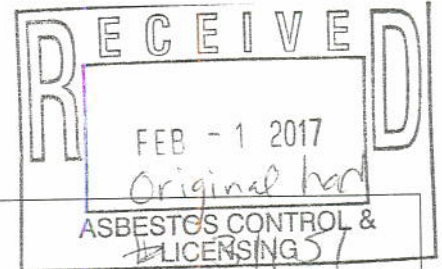
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) 1/28/17 | | Name of Building Owner/Operator (2) Dan Jon Management | | | | | | | |
|---|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 908 Fairmont Ave | | | | | | | |
| | | City, State, Zip Code Whitehall, PA 18052 | | | | | | | |
| | | Name of Contact Tim | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Locust Garden Apartments-Buildings 1-4 | | 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 26 Locust Drive | | Square Feet 10000 | # of Floors 2 | | | | | | |
| City (5) Summit | | Bldg. Age 55+ | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) apartment buildings | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | |
| Street Address | | Street Address 95 Montrose Rd | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, New Jersey | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732 294 1757 | License No. 00029 | | | | | | |
| Start Date (10) 2/6/17 | Scheduled Completion Date (11) 2/17/17 | Name of OSHA Monitor Mark Jovic Consulting | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 am-7pm | | Street Address 87 Main Street Suite A | | | | | | | |
| | | City, State, Zip Code Lincoln Park, New Jersey 07035 | | | | | | | |
| 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 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 |
| building 1-appliance/storage | | | x | pipe insulation | 400 lf | x | | | |
| building 2-storage/maintenance/stor. | | | x | pipe insulation | 650 lf | x | | | |
| building 3-storage/boiler | | | x | pipe insulation | 400 lf | x | | | |
| building 4-maintenance | | | x | pipe insulation | 100 lf | x | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 30 | Name of Registered Landfill IESI | | | | | |
| City, State Newark, New Jersey | | | Disposal Date 2/17/17 | City, State Bethlehem, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | Signature | Date 1/28/17 | | | | | |

NOCK

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



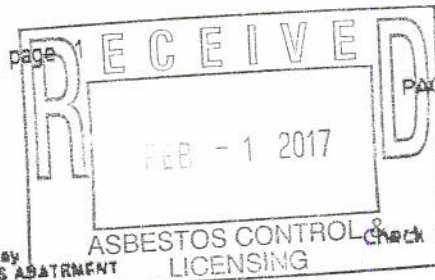
| Date of Notification (1) <u>01</u> / <u>27</u> / <u>17</u> | | Name of Building Owner/Operator (2) Meridian Environmental Services | | | | | | | |
|---|---|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | Street Address 24 Germania Station Road | | | | | | | |
| | | City, State, Zip Code Toms River, NJ 08755 | | | | | | | |
| | | Name of Contact Chris Delucca | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Brick | Square Feet 1300 sf | # of Floors 1 | Bldg. Age 65 | | | | | | |
| County (6) Ocean | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) <u>02</u> / <u>03</u> / <u>17</u> | Scheduled Completion Date (11) <u>02</u> / <u>06</u> / <u>17</u> | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| 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-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior house | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1250 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| exterior garage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 550 sf | <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 Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 02/07/17 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) | | Title | | Signature | | Date | | | |

Jan 27 2017 02:49PM NJ Asbestos Control 609.633.0664

01/27/2017 11:44

2012620321

AMAC



PAGE 02/03

Check # 9350

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

| | | | |
|---|--|--|--|
| Name of Facility (1) | | Name of Building (Owner/Operator) (2) | |
| 1/26/17 | | NREF III 25 DEFOREST OWNER, LLC | |
| Agency Notice | | Street Address | |
| | | 53 MAPLE AVE | |
| Type of Notification | | City, State, Zip Code | |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation | | MOORESTOWN, N.J. 07960 | |
| Name of Owner | | Telephone Number | |
| RICH LEMBLE | | | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| NREF III | | <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Supervisor's (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address | | Approx. Floor | |
| 25 DEFOREST AVE | | 45,000 | |
| City (5) | | Total Floors | |
| SUMMIT | | 3 | |
| County (6) | | Approx. Age | |
| UNION | | 62 | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (If not being demolished) | |
| | | OFFICE | |
| Street Address | | Name of Abatement Contractor (9) | |
| | | A.MAC Contracting Inc. | |
| City, State, Zip Code | | Street Address | |
| | | 185 Vreeland Ave. | |
| Project Manager for Monitoring Firm | | City, State, Zip Code | |
| | | Midland Park, NJ | |
| Telephone No. | | Telephone No. | |
| | | (201) 262-6841 | |
| Start Date (10) | | Name of OSHA Monitor | |
| 1/26/17 | | Omega Environmental Services | |
| Scheduled Completion Date (11) | | Street Address | |
| 1/30/17 | | 280 Huyler St | |
| Occupancy Status During Abatement (Check Only One) | | City, State, Zip Code | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: | | Hackensack, NJ 07606 | |
| Scope of Work (Check All That Apply) | | Full Containment with Negative Pressure Min. Enclosure Closures Procedure Non-Enclosed ("I" and Non-Positive Pressure) | |
| <input checked="" type="checkbox"/> 10' x 10' or 10' x 15' or 15' x 15' or 20' x 20' or 20' x 30' | | <input checked="" type="checkbox"/> Renovation Demolition | |
| Location of Asbestos-Containing Material (ACM) (12) | | Description of Asbestos-Containing Material (ACM) (13) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) | |
| TO BE ABATED In Facility (13) | | VAT | |
| Is Location Normally Used Regularly by Maintenance/Custodial Staff? (14) | | Amount (Specify CF or LF) (15) | |
| Yes No N/A | | 350 SF | |
| HALL | | | |
| Name of Registered Waste Handler | | Name of Registered Landfill | |
| Newark Carting, Inc. | | IESI PA, Bethlehem Landfill Corp | |
| City, State | | City, State | |
| Newark, NJ | | Bethlehem, PA | |
| Completed by | | Signature | |
| Joseph Vaccaro | | J. Vaccaro | |
| Title | | Date | |
| Vice President | | 1/26/17 | |

* Do not use this form for asbestos removal exempted activities

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

Check # 15820

Date of Notification (1)

1/28/2017

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ EMERGENCY
☐ Cancellation

Name of Building Owner/Operator (2)

Ilona Etlenyi

Street Address

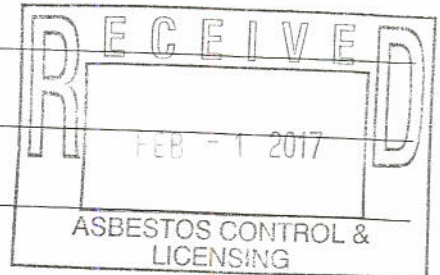
City, State, Zip Code

Clifton, NJ, 07011

Name of Contact

Ilona Etlenyi

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Ilona Etlenyi

Street Address

City (5)

Clifton

County (6)

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

1550

of Floors

2

Bldg. Age

1926

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

2 - 6 - 2017

Sched. Completion Date (11)

2 - 8 - 2017

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

☐ Other - Describe: «Other Occupancy Descript»

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
☒ Glove-bag Procedure
☐ Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (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 | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | Pipe insulation | 95 | X | | | |

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.2

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

2-9-2017

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

1/28/2017

NO. Ck

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

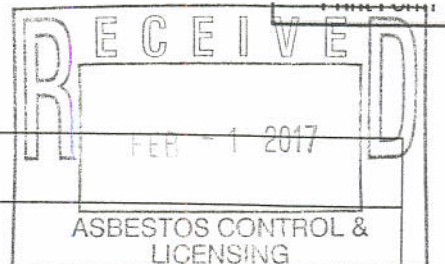
R E C E I V E
FEB - 1 2017

GAC Project # 060-17

| | | | |
|--|--|---|--|
| Date of Notification (1) January 17, 2017 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025 | | 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.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years | |
| Street Address COOK CAMPUS | | Current Use (prior if being demolished): ACADEMIC | |
| City (5) NEW BRUNSWICK | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | ASCM No. 0098 | |
| Street Address 3 TERRI LANE | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | Street Address 268 MAIN STREET | |
| Project Manager for Monitoring Firm BRIAN KEARNY | | Telephone Number 609-386-8800 | License Number 00840 |
| Scheduled Start Date (10) 01/27/17 | | Scheduled Completion Date (11) 1/30/17 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) | | Name of OSHA Monitor 1 ENVIROVISION, INC. | |
| Street Address 20-21 WARGARAW ROAD | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 309,328,331 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 1200 SF |
| Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 15 CY | Name of Registered Landfill G.R.O.W.S. North Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 1/27/2017 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date January 17, 2017 |

CK 861

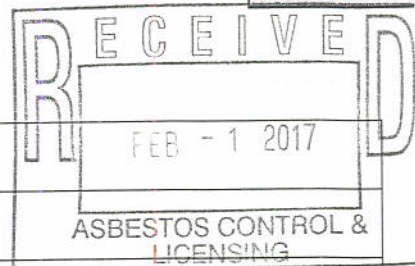
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) 01-27-17 | | Name of Building Owner/Operator (2) Segundo Pinguil | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|------------------|-------------|-----------|
| 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 [REDACTED] | | | | | | | |
| | | City, State, Zip Code Hillside, NJ 07205 | | | | | | | |
| | | Name of Contact Segundo Pinguil | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Home | | 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 [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Hillside | | Bldg. Age | | | | | | | |
| County (6) Union | 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) Delfa Contracting LLC. | | | | | | |
| Street Address | | Street Address 522 7th St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| | | 201 216-9603 | 01206 | | | | | | |
| Start Date (10) 02-06-17 | Scheduled Completion Date (11) 02-08-17 | Name of OSHA Monitor Delfa Contracting LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 522 7th St. | | | | | | | |
| | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor | | x | | Wall Plaster | 500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 4 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Union City, NJ | | Disposal Date 02-10-17 | | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature | | | Date 01-27-17 | | |

CK 858

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



| Date of Notification (1) 01-25-17 | | Name of Building Owner/Operator (2) Dior Silva | | | | | | | |
|--|---|---|--|--|---|------------------|--------|-------------|-----------|
| 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | | |
| | City, State, Zip Code Livingston, NJ 07039 | | Name of Contact Dior Silva | | | | | | |
| | Telephone Number _____ | | | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Home | | 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 <div style="background-color: black; width: 100px; height: 15px;"></div> | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Livingston | | Current Use (Prior if being demolished) | | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | | |
| Street Address _____ | | Street Address 522 7th St. | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. 201 216-9603 | | | | | | | |
| Start Date (10) 01-27-17 | | Scheduled Completion Date (11) 01-28-17 | | | | | | | |
| Name of OSHA Monitor Delfa Contracting LLC | | License No. 01206 | | | | | | | |
| 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 522 7th St. | | | | | | | |
| | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| 1st Floor Bathroom | | x | | VAT | 40 SF | x | | | |
| Attic | | X | | Pipe Insulation | 50 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | | Cubic Yards of Waste 2 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | |
| City, State Union City, NJ | | | | Disposal Date 01-31-17 | City, State Tullytown, PA | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature | | Date 01-25-17 | | | |

NO CK

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

| | | | | | | | |
|---|--|--|--|--|--|------------------|--|
| Date of Notification 0 1 2 3 1 7 | | | | Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED) | | | |
| Agencies Notified X USEPA X DEP X DCA/DOL X DOH | | Type of Notification Initial Notification X Amended Cancellation | | Street Address 7 WEST SEVENTH STREET | | | |
| | | | | City, State, Zip Code CINCINNATI, OHIO 45202 | | | |
| | | | | Name of Contact TIA WENRICH | | Telephone Number | |

RECEIVED
FEB - 1 2017
ASBESTOS CONTROL & LICENSING

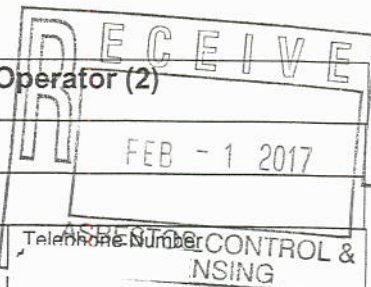
| | | | | | | | |
|---|--|--|--|--|--|-------------------------|--|
| Name of Facility Where Abatement is Taking Place MACY'S - LIVINGSTON MALL | | | | Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.) | | | |
| Street Address 173 EISENHOWER PARKWAY | | | | SF of Bldg. 1 MILLION +SF | | # Floor 3 | |
| City LIVINGSTON | | County MIDDLESEX | | County Code State use Only | | Age of Bldg. 50+ | |
| Name of Monitoring Firm Hired by Building Owner Pennoni Associates Inc. | | | | Name of Abatement Contractor ACM CONSULTING CORP. | | | |
| Street Address 515 Grove Street Ste 1B | | | | Street Address 2150 STANLEY TERRACE | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | | | City, State, Zip Code UNION, NJ 07083 | | | |
| Project Manager for Monitoring Firm TO BE DETERMINED | | Telephone No. TO BE DETERMINED | | Telephone Number 908-687-1008 | | License Number 00575 | |
| Scheduled Start Date 1 23 2017 | | Scheduled Completion Date 3 15 2017 | | Name of OSHA Monitor EMSL ANALYTICAL | | | |
| Month Day Year | | Month Day Year | | Street Address 307 WEST 38TH STREET | | | |
| Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:00PM TO 6:30AM Other - Describe: _____ | | | | City, State, Zip Code NEW YORK, NY 10118 | | | |
| Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation | | | | Abatement Method X Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure | | | |

| Location of ACM Facility | Is Location Normally Used by Custodial Staff | | | Description of ACM to be Removed | Amount to be Removed (Specify SF/LF) | Abatement Type | | | |
|--------------------------|--|----|-----|----------------------------------|--------------------------------------|----------------|------|------|-------|
| | Yes | NO | N/A | | | Rem. | Rep. | Enc. | Encl. |
| MECHANICAL ROOM | | | | Spray-on Fireproofing | 5000SF | X | | | |
| | | | | Thermal Insulation | 1400LF | X | | | |
| | | | | Boiler Insulation | 400SF | X | | | |
| | | | | Tank Insulation | 100SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|------------------------------|--|--|--|---|--|
| Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC. | | NJDEP Waste ID No. SW1896 | | Cubic Yds waste TBD | | Name of Registered Landfill MINERVA ENTERPRISES, INC | |
| City, State BRONX, NY | | Disposal Date TBD | | City, State of Registered Landfill WAYNESBURG, OHIO | | | |
| Completed By (Print or Type) ANITA SMOLAR | | Title GENERAL MANAGER | | Signature <i>Anita Smolar</i> | | Date 1/23/17 | |

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 417



| | | | | | |
|--|---|---|--|--|---|
| <u>Date of Notification (1)</u> 01/27/17 | | | <u>Name of Building Owner/Operator (2)</u> Private House | | |
| <u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH | | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial notification <input type="checkbox"/> Amended <input type="checkbox"/> Emergency notification <input type="checkbox"/> Cancelled | | <u>Street Address</u> [REDACTED] | |
| | | | | <u>City, State, Zip Code</u> Maplewood NJ | |
| | | | | <u>Name of Contact:</u> Joe Notare | |
| FACILITY INFORMATION | | | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> Private House | | | <u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc. Sf 1800 sf Floors 2 Age: 49 Current Use (prior if being demolished) : | | |
| <u>Street Address</u> [REDACTED] | | | | | |
| <u>City (5)</u> Maplewood NJ | <u>County (6)</u> Essex | <u>County Code (7)</u> (State Use Only) | | | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A | | <u>ASCM No.</u> | | <u>Name of Contractor (9)</u> BL Contracting, Inc | |
| <u>Street Address</u> | | | <u>Street Address</u> 5 Marguerite Lane | | |
| <u>City, State, Zip Cod</u> | | | <u>City State, Zip Code</u> Towaco 07082 | | |
| <u>Projec. Manager for Monitoring Firm</u> | | <u>Telephone Number</u> | | <u>Telephone Number</u> 973-901-0153 | <u>License Number</u> 01265 |
| <u>Scheduled Start Date (10)</u> 02/06/17 | | <u>Scheduled Completion Date (11)</u> 02/10/17 | | <u>Name of OSHA Monitor</u> BL Contracting Inc. | |
| <u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe: | | | <u>Street Address</u> 5 Marguerite Lane | | |
| | | | <u>City, State, Zip Code</u> Towaco, NJ 07082 | | |
| <u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> x Non Exempted and Non Friable Procedure <input checked="" type="checkbox"/> Mini-Enclosure Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure </div> </div> | | | | | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> | <u>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</u> YES NO NA | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u> | <u>Amount (Specify SF or LF)</u> | <u>Abatement Type</u> Remove Repair Encap Enclose | |
| Basement | | Floor Tile and Mastic | 900 SF | <input checked="" type="checkbox"/> | |
| Basement | | Pipe Insulation | 90 LF | <input checked="" type="checkbox"/> | |
| | | | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of Pennsylvania | | <u>NJDEP Waste Hauler ID #</u> 0036784 | <u>Cubic Yards of Waste</u> 5 | | <u>Name of Registered Landfill</u> T.R.R.F |
| | | | <u>Disposal Date</u> 02/10/17 | <u>City, State</u> Tullytown, PA | |
| <u>Completed by (Print or Type)</u> Nedo Vasilic | | <u>Title</u> President | <u>Signature</u> Nedo Vasilic | | <u>Date</u> 01/27/2017 |

CK 1746

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



| | | | |
|--|--|--|--|
| Date of Notification (1) <u>1/26/17</u> | | Name of Building Owner/Operator (2) <u>Teresa Mariconda</u> | |
| 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 [REDACTED] | |
| | | City, State, Zip Code <u>Sea Side Heights, NJ</u> | |
| | | Name of Contact <u>Teresa Mariconda</u> | |
| | | Telephone Number _____ | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet <u>1000 SF</u> | # of Floors <u>1</u> |
| City (s) <u>Sea Side Heights, NJ</u> | | Bldg. Age <u>40 yrs</u> | |
| County (6) <u>Ocean</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Vacant</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) _____ | | ASCM No. _____ | |
| Street Address _____ | | Name of Abatement Contractor (9) <u>AEi2, LLC</u> | |
| City, State, Zip Code _____ | | Street Address <u>361 E. Fleming Pike</u> | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>609-481-2122</u> | License No. <u>00689</u> |
| Start Date (10) <u>2/4/17</u> | Scheduled Completion Date (11) <u>2/11/17</u> | Name of OSHA Monitor <u>AEi2, LLC</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>361 E. Fleming Pike</u> | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> 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) 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) <u>800 SF</u> | | |
| Exterior | Yes | No | N/A |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler <u>AEi2, LLC</u> | | NJDEP Waste Hauler ID No. <u>21376</u> | Cubic Yards of Waste <u>2</u> |
| City, State <u>Hammonton, NJ</u> | | Disposal Date <u>TBD</u> | Name of Registered Landfill <u>TBD</u> |
| Completed By <u>Wm. Minnick</u> | Title <u>Program Mgr.</u> | Signature | Date <u>1/26/17</u> |

MO#24219182586

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



| | | | |
|---|--|--|--|
| Date of Notification (1) 01 / 27 / 17 | | Name of Building Owner/Operator (2) John Bacchia | |
| 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Leonia, NJ 07605 Name of Contact John Bacchia | |
| | | Telephone Number | |

| FACILITY INFORMATION | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Leonia, NJ 07605 County (6) Bergen | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm Telephone No. | | Telephone No. License No. | |
| Start Date (10) 02 / 07 / 17 | | Scheduled Completion Date (11) 02 / 08 / 17 | |
| 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- _____ PM/ _____ PM _____ AM | | Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410 | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> > 160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|---|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 170 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"/> |
| | <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 Gr Tech LLC City, State Wayne, NJ 07470 | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 01/27/17 |

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

VIA U.S. MAIL
ch # 3911

| | | | |
|---|---|--|--|
| Date of Notification (1) 1/27/17 | | Name of Building Owner/Operator (2) Ms ZORAIDA GRACIA | |
| 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | City, State, Zip Code ELIZABETH N.J. | | |
| | Name of Contact MR GRACIA | | |
| | FACILITY INFORMATION | | |

RECEIVE
FEB 1 2017
ASBESTOS CONTROL

| | | | |
|--|---|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | 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, etc.) | |
| Street Address [REDACTED] | | Square Feet 2,500 | # of Floors 2 |
| City (5) ELIZABETH N.J. | | Bldg. Ac 85 | |
| County (6) UNION | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) HOUSE | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) NOVATECH INC | |
| Street Address | | Street Address P.O. Box 814 | |
| City, State, Zip Code | | City, State, Zip Code OLD BRIDGE N.J. 08857 | |
| Project Manager for Monitoring Firm | | Telephone No. 732 238-7500 | License No. 00806 |
| Start Date (10) 2/06/17 | Scheduled Completion Date (11) 3/06/17 | Name of OSHA Monitor NOVATECH INC | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 814 | |
| | | City, State, Zip Code OLD BRIDGE N.J. 08857 | |

Scope of Work (Check All That Apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" 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 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) | Abater Type | |
|--|---|----|-----|---|---------------------------|-------------|--------|
| | Yes | No | N/A | | | Removal | Repair |
| BASEMENT | | | X | PIPE INSULATION | <120 LF | X | |
| | | | | | | | |
| | | | | | | | |

| | | | | | | |
|---|--|------------------------------------|--|--------------------------------|---|--|
| Name of Registered Waste Hauler NOVATECH INC | | NJDEP Waste Hauler ID No. 12501 | | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | |
| City, State OLD BRIDGE N.J. 08857 | | Disposal Date 1/17 | | City, State Morristown P.A. | | |
| Completed by CARLOS ALMEIDA | | Title PRESIDENT | | Signature [Signature] | | |
| | | | | Date 1/27/17 | | |