No check

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

RECEIVED
FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02 / 6 / 12	Name of Building Owner/Operator (2): Avantor Performance Materials
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #001 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 600 N. Broad Street
	City, State, Zip Code: Phillipsburg, NJ 08865-1271
	Name of Contact: Robert Snyder
	Telephone Number: (908) 859-2151

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Avantor Performance Materials - Building 135			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 600 N. Broad Street			
City (5): Phillipsburg, NJ 08865-1271		Square Feet: 4000	# of Floors: 1 / Bldg. Age: 60
County (6): Warren	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services, Inc	ASCM No.	Name of Abatement Contractor (9): Alliance Environmental Systems	
Street Address: 318 12th Street		Street Address: 550 East Union Street	
City, State, Zip Code: Hammonton, NJ 08037-1352		City, State, Zip Code: West Chester, PA 129382	
Project Manager for Monitoring Firm: Jim Proctor	Telephone No.: (609) 704-8850	Telephone No.: 610-701-9000	License No.: 00508
Start Date (10): 01 / 30 / 12	Scheduled Completion Date (11): 02 / 24 / 12	Name of OSHA Monitor: Health & Safety Services, Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-_____PM/3:30PM-_____AM		Street Address: 318 12th Street / City, State, Zip Code: Hammonton, NJ 08037-1352	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Building 135 Boiler House	☒	☐	☐	Pipe Insulation	800 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: N.E.T.S.	NJDEP Waste Hauler ID No.: 18947	Cubic Yards of Waste: 10	Name of Registered Landfill: BFI Imperial
City, State: Hazelton, PA		Disposal Date: TBD	City, State: Imperial, PA

Completed By (Print or Type): John Heemer	Title: Estimator	Signature: [signature]	Date: 2/6/12

ASB-41
MAY 11

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

6039

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED
FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
February 2, 2012	Princeton University

Agencies Notified	Notification Type	Street Address / City, State, Zip Code	Name of Contact	Tel. Number
(X) EPA ( ) DEP (x) DOL (X) DOH ( ) DCA	( ) Initial Notification (X) Amended Certification ( ) Cancelled	E.A. MacMillan Building T Princeton NJ. 08544	Bob Ortega	609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
22 Chambers Street	( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.
Street Address: 22 Chambers Street	Sq. Feet 40,000 # of Floors 4 Bldg. Age 50 Current Use (prior if being demolished) Office Building

City (5)	County (6)	County Code (7) (State Use Only)
Princeton	Mercer	

Name of Monitoring Firm Hired by Bldg. Owner (8)	ASCM No	Name of Contractor (9)
Pennoni Associates, Inc.	00102	Luzon, Inc.

Street Address	Street Address
550 Grove Street	8451 Executive Avenue
City, State, Zip Code: Haddon Field, NJ 08035-1756	City State, ZipCode: Philadelphia, PA 19153

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
Alan Lloyd	856 547 0505	267 284 1050	01027

Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
January 23, 2012	April 13,2012	Joseph Maronski

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
( ) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Describe_____ Other - Describe_____	8451 Executive Avenue Philadelphia, PA 19153

Source of Work (Check all that apply)

( ) Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Third Floor	X			Floor Tile and Mastic	1460 SF	x		X	
Third Floor	X			Mastic	4819 SF	x		x	
Third Floor	X			Asbestos containing Elbows	25 LF	x		x	
Fourth Floor	X			Mastic	2400 SF	x		x	

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
Waste Management	20990	20 CY	Grows Landfill

City, State	Disp. Date	City, State
Tullytown Pa.	April 14,2012	Waynesburg, OH

Completed by (Print or Type)	Title	Signature	Date
Piyush Patel	Program Manager		February 2, 2012, 2012

9434

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11
Client Project #

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Date of Notification (1): **February 8, 2012**	Name of Building Owner/Operator (2): **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type: ☒ Initial Notification ☐ Amended Notification ☐ Emergency (including justification) ☐ 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: **732-445-2550**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **RECORDS HALL, BLDG# 3080**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **COLLEGE AVENUE CAMPUS**	Sq. Feet: **N/A** # of Floors: **2** Bldg. Age: **80+ years**
City (5): **NEW BRUNSWICK** County (6): **MIDDLESEX** County Code (7) (State Use Only):	Current Use (prior if being demolished): **ACADEMIC**
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATC ASSOCIATES** ASCM No.: **0098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 TERRI LANE**	Street Address: **268 MAIN STREET**
City, State, Zip Code: **BURLINGTON, NJ 08016**	City State, ZipCode: **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **BRIAN KEARNY** Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** License Number: **00840**
Scheduled Start Date (10): **02/17/12** Scheduled Completion Date (11): **02/18/12**	Name of OSHA Monitor: **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: **10 PM FRI TO MON 5 AM**	Street Address: **20-21 WARGARAW ROAD** City, State, Zip Code: **FAIRLAWN, NJ**

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Corridor		☒		**Transite / ACM Ceiling Tile**	**10 SF**	☒			

Name of Reg. Waste Hauler: **See Hauler Below #1 & 2**	NJDEP Waste Hauler ID #: **See Below**	Cubic Yards of Waste: **5 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: **2/18/2012**

City, State: **100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	SENIOR PROJECT MANAGER		February 8, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Print Form

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

ATCC 11091

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FEB 10 2012
ASBESTOS LICENSING

Date of Notification (1): 2/07/12	Name of Building Owner/Operator (2): Karen Maloney
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 22 North Summit
	City, State, Zip Code: Chatham NJ 07928
	Name of Contact: Karen Maloney — Telephone Number: 201-417-9462

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): house	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 22 North Summit	Square Feet: 2000 — # of Floors: 2 — Bldg. Age: 50
City (5): Chatham	Current Use (Prior if being demolished)
County (6): Morris — County Code (7) *(STATE USE ONLY)* _____	
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC
Street Address	Street Address: 4 E Gate Drive, PO Box 483
City, State, Zip Code	City, State, Zip Code: Glenwood NJ 07418
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-764-2276 — License No.: 703
Start Date (10): 2/16/12 — Scheduled Completion Date (11): 2/23/12	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	85 LF	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 10	Name of Registered Landfill: Cumberland County Landfill
City, State: Newark NJ		Disposal Date: TBD	City, State: Newburg PA

Completed by: Andrew Scott Higgins	Title: President/Owner	Signature	Date: 2/07/12

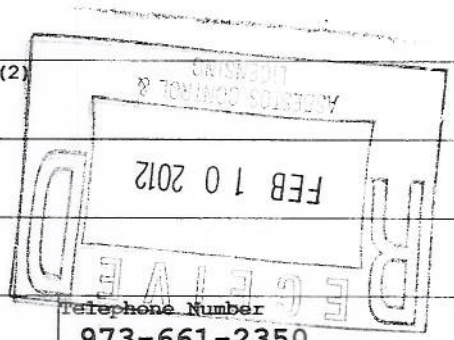
ASB-41 (R-06-08)

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

State of New Jersey

Check # 9990

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



Date of Notification (1)	Name of Building Owner/Operator (2)
2/7/12	Deborah Caputo

Agencies Notified	Type Notification	Street Address	Telephone Number
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	59 North Rd. City, State, Zip Code: Nutley, NJ 07110 Name of Contact: Deborah Caputo	973-661-2350

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [x]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 59 North Road	

City (5)	County (6)	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
Nutley	Essex		2600	2	65

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A	67	AZTECH MANAGEMENT, Inc.
Street Address		Street Address: 86 Christopher St.
City, State, Zip Code		City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973)744-8800 — License Number: 00371
Scheduled Start Date (10): 2/20/12 (Month Day Year)	Sched. Completion Date (11): 2/21/12 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»		Street Address City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	90 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.0	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040		G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 2/22/12	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	2/7/12

State of New Jersey

Check # 9992

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

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Date of Notification (1)	Name of Building Owner/Operator (2)
2/7/12	Harriet Stempel

Agencies Notified	Type Notification	Street Address
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	1341 River Road

City, State, Zip Code: Teaneck, NJ 07666

Name of Contact: Lisa Sammataro

Telephone Number: 201-970-8183

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private

Street Address: 1341 River Road

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

City (5)	County (6)	County Code (7) (STATE USE ONLY)
Teaneck	Bergen	

Square Feet	# of Floors	Bldg. Age
1500	2	69

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.
N/A	67

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone Number: N/A

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

Scheduled Start Date (10)	Sched. Completion Date (11)
2/17/12	2/18/12
Month Day Year	Month Day Year

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Occupancy Status During Abatement (Check only one)
[X]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)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	80 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.0	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040		G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 2/20/12	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President		2/7/12

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2)
February 7, 2012	399 Lincoln Avenue Group

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Agencies Notified	Type of Notification	Street Address	
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[ ] Initial Notification [ ] Amended Notification Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	399 Lincoln Avenue	
		City, State, Zip Code Orange, NJ 07050	
		Name of Contact Antonio Dimuzio	Telephone Number 732-713-4496

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Apartments			[ ] School (k-12) [ ] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 399 Lincoln Avenue					
City Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Square feet 60,000	# of Floors 5	Bldg. Age 80
			Current Use (Prior if being demolished) Apartments		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Guardian Contracting, Inc.			Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 2/8/12	Scheduled Completion Date (11) 3/9/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe_____			Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)			
[ ] >3 sf or ≥3 lf	[x] Renovation	[x] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf	[ ] Demolition	[ ] Mini-Enclosure	
		[ ] Glovebag Procedure	
		[ ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Stairwells & hallways		X		plaster	12,000 sf	X			
Stairwells & hallways		X		Floor tile	500 sf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Guardian Contracting, Inc.	20223	300	T.R.R.F.	
City, State Toms River, New Jersey	Disposal Date 3/12/12		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Nicholas Fernicola		Date 2/7/2012

*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): February 7, 2012	Name of Building Owner/Operator (2): Segal & Segal
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA	Type of Notification: [ ] Initial Notification; [ ] Amended Notification, Amendment #_____; [X] Emergency (including justification); [ ] Cancellation
	Street Address: 465 South Street
	City, State, Zip Code: Morristown, NJ 07962
	Name of Contact: Fred Kimak; Telephone Number: 973-984-6400

RECEIVED FEB 10 2012 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Building			Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k-12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 754 Scotland Road			
City: Orange	County (6): Essex	County Code (7) (STATE USE ONLY):	Square feet: 10,000 sf; # of Floors: 1; Bldg. Age: 80
			Current Use (Prior if being demolished): Laundry Room

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Rte. 9, Unit 61			Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755			City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone Number: 7321-349-9932		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 2/7/12	Scheduled Completion Date (11): 2/8/12		Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____			Street Address: 1056 Stelton Road
			City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

- [x] >3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Laundry Room H		X		Asbestos pipe insulation	150 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	T.R.R.F.

City, State	Disposal Date	City, State
Toms River, New Jersey	2/9/12	Tullytown, Pennsylvania

Completed by (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		2/7/2012

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

Check # 13359

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

RECEIVED FEB 10 2012 ASBESTOS CONTROL & LICENSING

Date of Notification (2/8/12		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agencies Notified: X EPA, X DEP, X DOL, X DOH, DCA	Type Notification: X Initial, Amended, Amendment #_____, Emergency (including justification), Cancellation	Street Address 1 West State St. P.O. Box 991	
		City, State, Zip Code Trenton N.J. 08625	
		Name of Contact Paul Mock	Telephone Number 609-777-1493

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Caruso Elementary School		Type of Facility (4) School (K-12); Subchapter 8 (Other than K-12); x Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 81 Frances Place			
City (5) Keansburg, N.J. 07734		Square Feet 48000	# of Floors 2 / Bldg. Age 35+
County (6) Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald	ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 27 Bleeker St.		Street Address 322 Beers St	
City, State, Zip Code Millburn N.J. 07041		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Kevin Herrighty	Telephone No. 973-912-2480	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 2/23/12	Scheduled Completion Date (11) 3/30/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One): x Facility Closed/Vacated During Entire Period of Abatement; Abatement Performed Outside of Normal Facility Hours; Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill
City, State 235 Gibbs Ave Trenton N.J.		Disposal Date	City, State New Burg P.A.

Completed by James Mahoney	Title Project manager	Signature James P Mahoney	Date 2/8/12

ASB-41 (R-06-08)

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

Check # 13359

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

RECEIVED FEB 10 2012 ASBESTOS CONTROL & LICENSING

Date of Notification (2/8/12		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agencies Notified X EPA X DEP X DOL x DOH DCA	Type Notification x Initial Amended Amendment #_____ Emergency (including justification) Cancellation	Street Address 1 West State St. P.O. Box 991	
		City, State, Zip Code Trenton, N.J. 08625	
		Name of Contact Paul Mock	Telephone Number 609-777-1493

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) VFW		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) x Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 161 Ramsey Ave.			
City (5) Keansburg, N.J. 07734		Square Feet	# of Floors 2 / Bldg. Age 35+
County (6) Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) VFW	

Name of Monitoring Firm Hired by Building Owner (8 Hatch Mott MacDonald	ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 27 Bleeker St.		Street Address 322 Beers St	
City, State, Zip Code Millburn, N.J. 07401		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Kevin Herrighty	Telephone No. 973-912-2480	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 2/23/12	Scheduled Completion Date (11) 3/30/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) x Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:_____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
x ≥160 sf or ≥260 lf

Renovation
x Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
x Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
						x			
SEE ATTACHED						x			
						x			
						x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal	22612		Cumberland County Landfill

City, State 235 Gibbs Ave Trenton N.J.		Disposal Date	City, State New Burg P.A.
Completed by James Mahoney	Title Project Manager	Signature James Mahoney	Date 2/8/12

ASB-41 (R-06-08)

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

Print Form

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

Check # 1370

RECEIVED
FEB 10 2012
ASBESTOS CONTROL UNIT

Date of Notification (1): 1/27/2012		Name of Building Owner/Operator (2): Jody Alberto	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 29 Dearborn Drive	
		City, State, Zip Code: Old Tappan NJ 07675	
		Name of Contact: Jody Alberto	Telephone Number: 201-767-7164

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 29 Dearborn Drive			
City (5): Old Tappan		Square Feet	# of Floors / Bldg. Age
County (6): Bergen County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: N/A	Name of Abatement Contractor (9): First Phase Group	
Street Address: N/A		Street Address: 567 52nd street suite#16	
City, State, Zip Code: N/A		City, State, Zip Code: West New York NJ 07093	
Project Manager for Monitoring Firm: N/A	Telephone No.: N/A	Telephone No.: 201-758-7158	License No.: 001144
Start Date (10): 2/7/2012	Scheduled Completion Date (11): 2/9/2012	Name of OSHA Monitor: J&S Environmental Corp	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 hours work		Street Address: 2333 Route 22	
		City, State, Zip Code: Union NJ 07083	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor tile and MPastic	495 SF	x			

Name of Registered Waste Hauler: DJM	NJDEP Waste Hauler ID No.: 100945	Cubic Yards of Waste	Name of Registered Landfill: Cumberland landfield
City, State: 109-113 Jacobus Ave		Disposal Date	City, State: South Kearny NJ

Completed by	Title	Signature	Date
Edwin Precilla	Project Manager		1/27/2012

* 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)

Check # 8009

RECEIVED
FEB 10 2012

Date of Notification (1): 2-6-12	Name of Building Owner/Operator (2): Simon Property Group
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 755 State Route 18
	City, State, Zip Code: East Brunswick, NJ 08816
	Name of Contact: Eric Evans
	Telephone Number: 317-263-8102

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Brunswick Square Mall	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 755 State Route 18	
City (5): East Brunswick	Square Feet: 225,754 / # of Floors: 1 / Bldg. Age: 39yrs
County (6): Middlesex / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): shopping mall
Name of Monitoring Firm Hired by Building Owner (8): Environmental Design, Inc. / ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co.,Inc.
Street Address: 5434 King Avenue, Suite 101	Street Address: 923 Haws Avenue
City, State, Zip Code: Pennsauken, NJ 08109	City, State, Zip Code: Norristown, PA 19401
Project Manager for Monitoring Firm: Jay Murray / Telephone No.: 856-616-9516	Telephone No.: 610-239-9920 / License No.: 00398
Start Date (10): 2-16-12 / Scheduled Completion Date (11): 2-18-12	Name of OSHA Monitor: Plymouth Environmental Co.,Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other –Describe: work area isolated	Street Address: 923 Haws Avenue / City, State, Zip Code: Norristown,PA 19401

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
roof			x	black sealant	5 SF	x			
roof			x	roof flashing	140 SF	x			
rooms to fill store			x	cove base mastic	30 SF	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 3	Name of Registered Landfill: GROWS, Inc.
City, State: Newark, NJ		Disposal Date: 2-20-12	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Timothy E. Bryan	Vice-President		2-6-12

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

State of New Jersey

Check # 9991

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

RECEIVED
FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
2/7/12	Estate of Joan Bryce

Agencies Notified	Type Notification	Street Address	Telephone Number
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	91 Hillside Avenue City, State, Zip Code: Verona, NJ 07044 Name of Contact: Jackie Denk	973-941-1818

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [x]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 91 Hillside Avenue	

City (5)	County (6)	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
Verona	Essex		1500	2	82

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A	67	AZTECH MANAGEMENT, Inc.
Street Address		86 Christopher St.
City, State, Zip Code		Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973) 744-8800 / License Number: 00371
Scheduled Start Date (10): 2/18/12 (Month Day Year)	Sched. Completion Date (11): 2/20/12 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»		Street Address City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	170 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040	2.0	G.R.O.W.S.
City, State: Montclair, NJ 07042	Disposal Date: 2/21/12		City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President		2/7/12

CK# 1356

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

RECEIVED
FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2-9-12

Agencies Notified:
[ ] EPA
[ ] DEP
[X] IDO
[X] DOH
[ ] DCA

Type Notification:
[X] Initial
[ ] Amended
Amendment #
[ ] Emergency (including justification)
[ ] Cancellation

Name of Building Owner/Operator (2): JEFF UNGAR
Street Address: 92-94 West 34th St
City, State, Zip Code: BAYONNE
Name of Contact: JEFF
Telephone Number: 917-771-5707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): JEFF UNGER
Street Address: 92-94 W. 34TH ST
City (5): BAYONNE
County (6): HUDSON
County Code (7) (STATE USE ONLY):

Type of Facility (4):
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[X] Other (i.e., private & commercial buildings, homes, etc.)
Square Feet: 4000
# of Floors: 2
Bldg Age: 80+
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.

Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732-294-1757
License No.: 900051

Start Date (10): 2-20-12
Scheduled Completion Date (11): 2-25-12

Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: 7AM - 7PM

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
[X] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT				PIPE	75 LF	X			

Name of Registered Waste Hauler: ACE INSULATION CO
NJDEP Waste Hauler ID No.: 0096
City, State: COLTS NECK NJ 07722
Cubic Yards of Waste: 1
Disposal Date: 2-25-12
Name of Registered Landfill: EESE
City, State: BRIDGETON PA

Completed by: SEAN
Title: OPS MGR
Signature: [signature]
Date: 2-9-12

ASH-41

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

ERH

1356

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT*

(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED
FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2-9-12

Agencies Notified:
- [X] EPA
- [X] DEP
- [X] DOH
- [X] DOH
- [ ] OSHA

Type Notification:
- [ ] Initial
- [ ] Amended
  - Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2): JEFF UNGER

Street Address: 1200 S F Kennedy BLVD

City, State, Zip Code: BAYONNE NJ 07002

Name of Contact: JEFF

Telephone Number: 917 721 3707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): JEFF UNGER

Street Address: 1200 S F Kennedy BLVD

City (5): BAYONNE

County (6): HUDSON

County Code (7) (STATE USE ONLY):

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

Square Feet	# of Floors	Bldg. Age
5000	3	80+

Current Use (Prior if being demolished): APT BLDG

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

AGCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732 577 1151

License No.: 000051

Start Date (10): 2-20-12

Scheduled Completion Date (11): 2-25-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 7AM - 7PM

Scope of Work (Check all that apply)
- [X] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Asbestos	Lead	Encapsulation	Encasing
BASEMENT				PIPE TANK	200 LF 50 SF	X			

Name of Registered Waste Hauler: ACE INSULATION CO

NJDEP Waste Hauler ID No.: 12696

Cubic Yards of Waste: 2

Name of Registered Landfill: EDGEBORO

City, State: EDGEBORO NJ 08618

Disposal Date: 2-25-12

City, State: MORRISVILLE PA

Transported By: SAME

Title: OPS MGR

Signature:

Date: 2-9-12

ASB-41

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

CK # 1356

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

RECEIVED
FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2-9-12

Name of Building Owner/Operator (2): JEFF UNGER

Street Address: 120/ 3 F KENNEDY BLVD

City, State, Zip Code: BAYONNE NJ. 07002

Telephone Number: 917 721 5707

Name of Contact: JEFF

Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): JEFF UNGER

Street Address: 120/ 3 F KENNEDY BLVD

City (5): BAYONNE

County (6): HUDSON

County Code (7) (STATE USE ONLY):

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

Square Feet: 5000 | # of Floors: 3 | Bldg. Age: 80+

Current Use (Prior if being demolished): APT BLDG

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732 294 1757 | License No.: 000451

Start Date (10): 2-20-12

Scheduled Completion Date (11): 2-25-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Other	Mini-Enclosure
BASEMENT				PIPE TANK	200 LF 50 SF	X		

Name of Registered Waste Hauler: ACE INSULATION CO

NJDEP Waste Hauler ID No.: 12051

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill: EAST

City, State: ROBBINSVILLE NJ

City, State: COLTS NECK NJ 07722

Completed By: [illegible] Title: FOR MGR Signature: [illegible] Date: 2-9-12

ASB-41

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

CIC # 1356

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

RECEIVED
FEB 2012

Date of Notification (1): 2-8-12

Name of Building Owner/Operator (2): MENDELBAUM + MEND. 2012 3A URN LLC

Street Address: 60 MAIN ST SUITE 510

City, State, Zip Code: WEST ORANGE, N.J. 07052

Name of Contact: CAROL

Telephone Number: 973-477-4461

Agencies Notified:
- [X] DCA
- [ ] DEP
- [X] DOH
- [ ] DOH
- [ ] DCA

Type Notification:
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [X] Emergency (including justification)
- [ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MENDELBAUM LLC PROPERTY

Street Address: 109 ETHEL ST

City (5): FRANKLIN

County (6): SOMERSET

County Code (7) (STATE USE ONLY):

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

Square Feet: 2000 | # of Floors: 2 | Bldg. Age: 75

Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): | ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1152 | License No.: 000039

Start Date (10): 2-9-12 | Scheduled Completion Date (11): 2-10-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7AM-7PM

Scope of Work (Check all that apply)
- [ ] 32 sf or 23 lf
- [X] 160 sf or 260 lf
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted
EXTERIOR UNDER VINYL				SIDING	2000		X		

Name of Registered Waste Hauler: ACE INSULATION CO | NJDEP Waste Hauler ID No.: 12086 | Cubic Yards of Waste: 5 | Name of Registered Landfill: GROWS

Disposal Date: 2-11-12 | City, State: Tullytown PA

Signature: [illegible] | Date: 2-8-12

Company Name: ACE INSULATION CO

ASM-11

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

FEB-03-2012 15:45 From:ASBESTOS 6096330664 To:19733459338 P.1/1

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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DOL – 10 DAY

FEB – 3 2012

WAIVER APPROVED

Date of Notification 02/03/2012	Name of Building Owner/Operator (2) Thomas Koester
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [X] Initial [ ] Amended Amendment # [X] Emergency (including justification) [ ] Cancellation	Street Address 5 Hillview Terrace
	City, State, Zip Code Glen Rock, NJ 07452
	Name of Contact Thomas Koester
	Telephone Number 201-447-5710

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Thomas Koester	Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address 5 Hillview Terrace	
City (5) GlenRock	Square Feet: N/A; # of Floors: N/A; Bldg Age: N/A
County (6) Bergen	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) house

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No
Street Address	Name of Abatement Contractor (9) D&S Abatement, Inc Street Address 11 Rosengren Avenue
City, State, Zip Code	City, State, Zip Code Totowa, NJ 07512
Project Manager for Monitoring Firm Telephone No.	Telephone No 973-345-8685 License No 973-345-9338
Start Date (10) 02/04/2012 Scheduled Completion Date (11) 02/06/2012	Name of OSHA Monitor D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe Occuppied	Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512

Scope of Work (Check All That Apply)

- [X] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		X		boiler Insulation	20 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ	Disposal Date TBD	City, State Tullytown, PA	

Completed by Susan Brkusanin	Title PM	Signature	Date 02/03/2012

ASB-41 (R-06-08)

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Print Form

16611

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

RECEIVED
FEB 10 2012

Date of Notification (1): 2/8/2012	Name of Building Owner/Operator (2): Hoboken Board of Education
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 1115 Clinton Street
	City, State, Zip Code: Hoboken, NJ 07030
	Name of Contact: Tim Calligy — Telephone Number: 201-356-3668

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hoboken High School	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 800 Clinton Street	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): Hoboken	
County (6): Hudson — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): Birdsall Services Group — ASCM No.:	Name of Abatement Contractor (9): TWO BROTHERS CONTRACTING	
Street Address: 65 Jackson Drive	Street Address: 250 RUTHERFORD BLVD.	
City, State, Zip Code: Cranford, NJ 07016	City, State, Zip Code: CLIFTON, NJ 07014	
Project Manager for Monitoring Firm: Charles Schneekloth — Telephone No.: 908-497-8900	Telephone No.: 973-956-8700	License No.: 00494
Start Date (10): 2/10/2012 — Scheduled Completion Date (11): 2/13/2012	Name of OSHA Monitor: SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 4:00 PM Start	Street Address:	
	City, State, Zip Code:	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 126		X		VAT & Mastic	1,200	X			

Name of Registered Waste Hauler: TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No.: 18743	Cubic Yards of Waste: 2	Name of Registered Landfill: WASTE MANAGEMENT G.R.O.W.S.
City, State: CLIFTON, NJ		Disposal Date: 2/13/2012	City, State: MORRISVILLE, PA

Completed by: VIVECA RAMOS	Title: SECRETARY	Signature: Viveca Ramos	Date: 2/8/2012

ASB-41 (R-06/08)

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

RECEIVED FEB 10 2012 ASBESTOS CONTROL & LICENSING

DOL 10 DAY

FEB 8 2012

WAIVER APPROVED

Date of Notification (1) 2/8/2012	Name of Building Owner/Operator (2) Hoboken Board of Education
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address 1115 Clinton Street
	City, State, Zip Code Hoboken, NJ 07030
	Name of Contact Tim Calligy
	Telephone number 201-358-3658

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hoboken High School	Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 800 Clinton Street	
City (5) Hoboken	Square Feet / # of Floors / Bldg. Age
County (6) Hudson	County Code (7) (STATE USE ONLY) / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group — ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING
Street Address 65 Jackson Drive	Street Address 250 RUTHERFORD BLVD
City, State, Zip Code Cranford, NJ 07016	City, State, Zip Code CLIFTON, NJ 07014
Project Manager for Monitoring Firm Charles Schneekloth — Telephone No. 908-497-9900	Telephone No. 973-956-8700 — License No. 00494
Start Date (10) 2/10/2012 — Scheduled Completion Date (11) 2/13/2012	Name of OSHA Monitor SAME AS (9) ABOVE
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 4:00 PM Start	Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
Room 126		X		VAT & Mastic	1,200	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State CLIFTON, NJ		Disposal Date 2/13/2012	City, State MORRISVILLE, PA
Completed by VIVECA RAMOS	Title SECRETARY	Signature Viveca Ramos	Date 2/8/2012

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Check # 8116

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2-8-12	Name of Building Owner/Operator (2): Franchi Demolition
Agency Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. Box 734
	City, State, Zip Code: Camden NJ 08101
	Name of Contact: Mark Franchi
	Telephone Number: 856-232-8900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 316 North Black Horse Pike			
City (5): Runnemede NJ 08078		Square Feet	# of Floors: 2 / Bldg. Age: 60+-
County (6): Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Single family Dwelling	

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies	ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies, Inc	
Street Address: P.O. Box 337		Street Address: P.O. Box 337	
City, State, Zip Code: New Egypt NJ 08533		City, State, Zip Code: New Egypt NJ 08533	
Project Manager for Monitoring Firm: Steve Schenker	Telephone No.: 609 758-3365	Telephone No.: 609-758-3365	License No.: 00394
Start Date (10): 2-18-12	Scheduled Completion Date (11): 2-22-12	Name of OSHA Monitor: EPC Technologies, Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: P.O. Box 337	
		City, State, Zip Code: New Egypt NJ 08533	

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior walls			X	Siding Shingles	1500 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 6	Name of Registered Landfill: Waste Management
City, State: NE NJ		Disposal Date: 2-22-12	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 2-8-12

ASB-41

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No check

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

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FEB 10 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 01 18 2012	Name of Building Owner/Operator (2): Exxon Mobil Environmental Services
Agencies Notified: ☒ DOL ☒ DOH ☐ DEP ☐ Public	Street Address: 52 Beacham Street
Type Notification: Initial / Revised / Amendment / ☐ Emergency (including justification) / ☒ Cancellation	City, State, Zip Code: Everett, MA. 02149
	Name of Contact: Eric W. Errico — Telephone Number: 617 381 2952

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Bayonne Lubrication Manufacturing Plant	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial building, homes, etc.)
Street Address: 1 Avenue J	Square Feet: N/A — # of Floors: N/A — Bldg Age: 65
City (5): Bayonne	County Code (7) (STATE USE ONLY):
County (6): Hudson	Current Use (Prior if being demolished): manufacturing

Name of Monitoring Firm Hired by Building Owner (8): ARCADIS	ASCM No.	Name of Abatement Contractor (9): Terra Abatement Services, LLC
Street Address: 194 Forbes Road		Street Address: 5787 Stadium Drive
City, State, Zip Code: Braintree, MA 02184		City, State, Zip Code: KALAMAZOO, MICHIGAN [illegible]
Project Manager for Monitoring Firm: Greg Donovan	Telephone No.: 781-356-7300	Telephone No.: 269-375-9595 — License No.: 01080
Start Date (10): 2 13 12	Scheduled Completion Date (11): 3 12 12	Name of OSHA Monitor: Analytical Testing & Consulting Services
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 14625 Doster Rd. — City, State, Zip Code: Plainwell, MI 49080

Scope of Work (Check all that apply): ☐ < 3 sf or 3 lf ☒ >160 sf or 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulation	Enclosure
attached to tanks 97, 98, 61	☒	☐	☐	thermal Systems insulation	500 LF	☒	☐	☐	☐
Pads # 3-6-7	☒	☐	☐	thermal Systems insulation	1500 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: HazMat [illegible]	NJDEP Waste Hauler ID No.: 1665	Cubic Yards of Waste: 120	Name of Registered Landfill: HIGH ACRES [illegible]
City, State: Buffalo NY		Disposal Date: 3-5-12	City, State: FAIRPORT, NY
Completed By (Print or Type): Gregory G. Moe	Title: Director of Abatement Services	Signature: Gregory G. Moe	Date: ~~1-18-2012~~ 1/31/12 2-3-12

ASB-41

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APPROVED! CINDY MITCHELL, NJDOH

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Ck # 2221

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FEB 10 2012
ASBESTOS CONTROL

Date of Notification (1)	Name of Building Owner/Operator (2)
2 / 3 / 12	County of Burlington

Agencies Notified	Type Notification	Street Address	
☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	1900 Briggs Road	
		City, State, Zip Code: Mount Laurel, NJ 08054	
		Name of Contact: Steve Stypinski	Telephone Number: 609-265-5429

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Health Clinic, Health Building	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 15 Pioneer Blvd	

City (5)	Square Feet	# of Floors	Bldg. Age
Westampton	7000	1	40+

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Burlington		Offices & Clinic

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Environmental Connection		BRISTOL ENVIRONMENTAL, INC.
Street Address: 120 North Warren Street		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: BRISTOL, PA 19007

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Rick Beach	609-392-4200	215-788-6040	00509

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
2 / 3 / 12	2 / 7 / 12	BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/4:00PM-12:00AM **2/6/12 - 7AM - 12:00 AM	1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout	☐	☒	☐	VAT	1,656 SF	☒	☐	☐	☐
Throughout	☐	☒	☐	Mastic	2,507 SF	☒	☐	☐	☐
Waste container	☐	☒	☐	VAT debris	15 CuYd	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
SERVICE TRANSPORT GROUP, INC.	20990	20 Yds	MINERVA LANDFILL
City, State: NEW CASTLE, DE 19720		Disposal Date: 2/7/12	City, State: WAYNESBURG, OH 44688

Completed By (Print or Type)	Title	Signature	Date
Gino Pizzigoni	Project Manager	Gino Pizzigoni / jl	2/3/12

ASB-41
MAY 11

GI 12024

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