


NO CK

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

Check No. **2949**

Date of Notification (1) December 31, 2015		Name of Building Owner/Operator (2) William Paterson University				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP (Not required per State Reg. 10-2004) <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Pompton Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Carl Pettit				
<div style="float: right; text-align: right;"> RECEIVED 2016 JAN -6 AM 9:46 ASBESTOS & LICA CONTROL </div>						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Hunziker Hall		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 300 Pompton Road		Square Feet 91,520				
City (5) Wayne, NJ 07470		# of Floors 3	Bldg. Age 56 / 46			
County (6) Pasaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASCM No. 00003	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.			
Street Address 1253 North Church Street		Street Address 223 Randolph Avenue				
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code Clifton, NJ 07011				
Project Manager for Monitoring Firm Jeff Seaman	Telephone No. 856-840-8800	Telephone No. 973-478-4681	Licens. No. 00121			
Start Date (10) December 30, 2015	Scheduled Completion Date (11) February 29, 2016	Name of OSHA Monitor McCabe Environmental Services, L.L.C.				
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: Normal Business hours - Occupied Building		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071				
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 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) 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	Encapsulate/Repair	Enclosure
See attached for detail		Thermal Systems Insulation	4120 lft	<input checked="" type="checkbox"/>		
		Tank Insulation	200 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Clifton, NJ 07011 / Bronx, NY		Disposal Date 12/23/2015 - 03/14/2016	City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Safety Officer	Signature 		Date 12/31/2015		

William Paterson - Asb Quantity

	<u>Floor</u>	<u>Room</u>	<u>Pipe</u> <u>LF.</u>	<u>Tank</u> <u>Insulation</u>
HW	First	23	100	
HW	First	Room Outside Janitorial Supply	3	
HW	First	Storage	5	
HW	First	Speech & Hearing - 4A	16	
HW	First	5A-5E	5	
HW	First	Language - 6A	6	
HW	First	6C/6D	15	
HW	First	7A-E Faculty Off	6	
HW	First	Hallway	1000	
HW	First	Room 16	10	
HW	First	Mechanical	320	200
HW	First	Server Room	45	
HW	First	Communication Disorder	60	
HW	First	11E	30	
HW	First	Therapy Suits 10A-10G	1	
HW	First	Room 35	50	
HW	First	Utility Closet	5	
HW	First	Speech Clinic	90	
HW	First	Speech Clinic Bathroom	200	
HW	First	Child Development Center	100	
HW	Second	102	200	
HW	Second	103	20	
HW	Second	104	5	
HW	Second	106	10	
HW	Second	107	20	
HW	Second	108	20	
HW	Second	110	10	
HW	Second	Hallway	1000	
HW	Second	122	5	
HW	Second	123	5	
HW	Second	128	10	
HW	Second	126	12	
HW	Second	125	8	
HW	Second	124	5	
HW	Second	Conference Rm 120	26	
HW	Second	111	18	
HW	Second	130	2	
HW	Second	Utility Closet	5	
HW	Second	Knuckle Offices	75	
HW	Third	Hallway	40	
HH	Basement	Mechanical	557	
		Totals	4120	200
HW		Hunzinger Wing		
HH		Hunzinger Hall		

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

Check # 9534

Date of Notification (1) Jan 4, 2016		Name of Building Owner/Operator (2) Township of Pemberton						
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 500-Pemberton-Browns Mills Rd City, State, Zip Code Pemberton NJ 08068 Name of Contact Phil Sager Telephone Number _____					
	FACILITY INFORMATION							
	Name of Facility Where Abatement is Taking Place (3) Old Vacant Doctor's office Street Address 34 Juliustown Road City (5) Browns Mills NJ County (6) Burlington		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 _____ # of floors _____ Bldg. Age _____ Current Use (Prior if being demolished) old Doctor's office Bldg					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies Street Address P.O. Box 337 City, State, Zip Code New Egypt, NJ 08533		ASCM No. N/A Name of Abatement Contractor (9) EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker Telephone No. 609 758-3365		Telephone No. 609 758-3365 License No. 00394						
Start Date (10) Jan 14, 2016 Scheduled Completion Date (11) Jan 31, 2016		Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
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: _____								
Scope of Work (Check All That Apply) <input checked="" 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) 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			
Kitchen, Lobby, offices		X	Floor Tile 9"x9"	700 SF x				
Flat Roof		X	Roofing Material	400 SF x				
Name of Registered Waste Hauler EPC Technologies City, State New Egypt NJ NJDEP Waste Hauler ID No. 17000 Cubic Yards of Waste 8 Name of Registered Landfill Waste Management of PA City, State Morrisville PA Disposal Date by: 2-1-16 Completed by Steve Schenker Title President Signature Steve Schenker Date 1-4-16								

OK 6618

D&S Proj. #: 16-04

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

Date of Notification (1) 12/12/18		Name of Building Owner/Operator (2) PLEUNTJE VAN EIJK	
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 BLOOMFIELD, NJ 07003	
Name of Contact PLEUNTJE VAN EIJK		Telephone Number	

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FACILITY INFORMATION

Name of facility where abatement is taking place (3) PLEUNTJE VAN EIJK			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) BLOOMFIELD,	County (6) essex	County Code (7) (State use only)	Current Use Prior if being demolished		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 01/11/15		Sched. Completion Date (11) 01/20/16	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		BARE HEATING PIPES	50 L FT			X	
BASEMENT		X		chimney thimble packing	6 SQ FT	X			
BASEMENT BOILER Rm.		X		VAT/MASTIC	120 SQ FT	X			
BASEMENT FAMILY Rm.		X		CARPET, VAT/MASTIC	430 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 6 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/12/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/28/2015

OK 6619

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

D&S Proj. #: 16-05

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) Norman and Gail Shaw	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Morris Twp., NJ 07050	
Name of Contact Christina Weiner		Telephone Number	
FACILITY INFORMATION			
Name of facility where abatement is taking place (3) Norman and Gail Shaw		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Morris Twp.	County (6) Morris	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Telephone Number 973-345-8020	
Phone Number		License Number 01169	
Start Date (10) 01/04/16		Sched. Completion Date (11) 01/22/16	
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 type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc.	
		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	
Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted () and Non-friable procedure	
Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	
Yes No N/A			
ATTIC		vermiculite attic insulation	
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	
City, State PATERSON, NJ 07503		Cubic Yards of Waste 10 yds	
Disposal Date 01/05/16		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	
Signature		Date 12/29/15	

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PAGE 02/04

D&S Proj. #: 16-05

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

D-10 DAY

Date of Notification (1) 12/12/19		Name of Building Owner/Operator (2) Norman and Gail Shaw		Telephone Number	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Morris Twp., NJ 07050 Name of Contact Christina Weiner	
FACILITY INFORMATION					
Name of facility where abatement is taking place (3) Norman and Gail Shaw Street Address [REDACTED] City (5) Morris Twp. County (6) Morris County Code (7) (State use only)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (First, Second, Commercial Bldgs./Houses) Square Feet # of Rooms Bldg. Age Current Use (Prior to abatement)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 01/04/16 Sched. Completion Date (11) 01/22/16		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07653 Telephone Number 973-345-8020 License Number 01269		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07653	
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 type="checkbox"/> Other-Describe: NORMAL HOURS				Scope of Work (check all that apply) <input type="checkbox"/> >2 of or >3 ft <input checked="" type="checkbox"/> ≥160 of or ≥260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Location of asbestos-containing material (acm) to be abated in facility (13) ATTIC		Is location normally used solely by maintenance/periodical staff (12) Yes No N/A X		Description of asbestos-containing material (ACM) vermiculite attic insulation Amount (Specify SF or LF) 900 SQ FT	
Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503		NJDEP Hauler ID# 13506 Cubic Yards of Waste 10 yds Disposal Date 01/05/16		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature Date 12/29/15	

ASR-41

Do not use this form for asbestos licensure exempted activities.

CK 6620


J&S Proj. #: 16-07

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

Date of Notification (1) 11/21/15		Name of Building Owner/Operator (2) garret voorhees						
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 SO. ORANGE, NJ 07079						
		Name of Contact garret voorhees	Telephone Number					
FACILITY INFORMATION								
Name of facility where abatement is taking place (3) garret voorhees		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)						
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age						
City (5) SO. ORANGE	County (6) essex	County Code (7) (State use only)						
Name of Monitoring Firm Hired by Bldg. Owner (8)		Name of Abatement Contractor (9) D & S RESTORATION, INC.						
Street Address		Street Address 20 California Ave.						
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503						
Project Manager for Monitoring Firm		Telephone Number 973-345-8020	License Number 01169					
Start Date (10) 01/12/16	Sched. Completion Date (11) 01/20/16	Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue						
		City, State, Zip Code Paterson, NJ 07503						
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted ("and Non-friable procedure)						
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No						
BASEMENT & CRAWL SPACE		X	pipe insulation	216 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"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 01/13/15		City, State TULLYTOWN, PA				
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 12/29/15			

CK #25017

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

Date of Notification (1) <u>1/2/16</u>		Name of Building Owner/Operator (2) <u>Torres</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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>Bridgeton, NJ 08302</u>	
		Name of Contact <u>Iliana Torres</u>	Telephone Number <u>(856) 553-2552</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>Bridgeton, NJ</u>		Square Feet <u>1500</u>	# of Floors _____
County (6) <u>Cumberland</u>		Bldg. Age <u>80 +/-</u>	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Licenses No. <u>00493</u>
Start Date (10) <u>1/13/16</u>	Scheduled Completion Date (11) <u>1/22/16</u>	Name of OSHA Monitor <u>DB Environmental</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkeley Place</u>	
		City, State, Zip Code <u>Freehold, NJ 07728</u>	
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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)
	Yes	No	
<u>Crawl Space</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROW Landfill</u>	
		Disposal Date <u>1/22/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>1/4/16</u>

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2016 JAN -6 PM 12:42
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