

CH 3114

NOTIFICATION OF ASBESTOS ABATEMENT

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

| |
|------------------------------|
| RECEIVED |
| JAN 16 2018 |
| ASBESTOS CONTROL & LICENSING |
| Telephone Number |

| | | | |
|--|---|--|--|
| Date of Notification (1) 11-7-17 | | Name of Building Owner / Operator (2) City of Gloucester | |
| Agencies Notified | Type Notification | Street Address 512 Monmouth Street | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Gloucester, NJ 08030 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Jack Lipsett | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |


FACILITY INFORMATION

| | | | | | |
|--|--|---|---|--------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Former O.S. Johnson, Co. Property | | | 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 450 North King Street (Building 4) | | | Square Feet NA | # of Floors NA | Bldg. Age NA |
| City (5) Gloucester | County (6) Camden | County Code (7) NA | Current Use (Prior if being demolished) Vacant/None | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental LLC | | ASCM No. | Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC | | |
| Street Address 234 20th Ave | | | Street Address 874 Piney Hollow Road, PO Box 70 | | |
| City, State & Zip Code Brick, NJ 08724 | | | City, State & Zip Code Winslow, NJ 08095 | | |
| Project Manager for Monitoring Firm Kelly Walton | | Telephone Number 908-862-4301 | Telephone Number 609-567-0600 | License Number 01263 | |
| Scheduled Start Date (10) 11-17-17 | Scheduled Completion Date (11) 2-28-18 | | Name of OSHA Monitor EMSL Analytical, 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 200 Route 130 North | | |
| | | | City, State & Zip Code Cinnaminson NJ 08077 | | |

Scope of Work (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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 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) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof (Upper & Lower Levels) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof and flashing material | 4950 s. f. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows (garage/shop) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Interior glazing material | 280 l.f. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler (garage/shop) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boiler insulation | 30 s.f. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 Bull Waste & Recycling, Inc. | | NJDEP Waste Hauler ID No. 21435 | Cubic Yards of Waste 60 | Name of Registered Landfill Salem County Landfill | |
| City, State Berlin, NJ | | Disposal Date 2-28-18 | City, State Alloway, New Jersey | | |
| Completed By (Print or Type) Theodore S. Budzynski | | Title President | Signature  | | Date 11/7/17 |

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

| | |
|------------------|-------------|
| CHECK # | JAN 16 2018 |
| | |
| Telephone Number | |

| | | | |
|--|--|---|--|
| Date of Notification (1) 12/15/17 | | Name of Building Owner / Operator (2) Passaic Properties LLC | |
| 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 101 S King Street | | City, State & Zip Code Gloucester, NJ 08030 | |
| Name of Contact Michael Fluehr | | Telephone Number | |

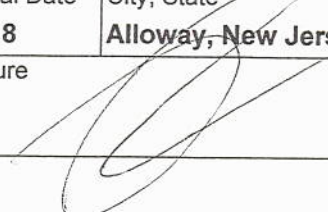
FACILITY INFORMATION

| | | | | | |
|--|-----------------------------|--|---|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3) 451-453 North Broadway | | | 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.) | | |
| City (5) Gloucester | County (6) Camden | County Code (7) NA | Square Feet NA | # of Floors NA | Bldg. Age NA |
| Current Use (Prior if being demolished) Vacant/None | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc. | | | Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC | | |
| Street Address 234 20th Avenue | | | Street Address 874 Piney Hollow Road, PO Box 70 | | |
| City, State & Zip Code Brick, NJ 08724 | | | City, State & Zip Code Winslow, NJ 08095 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 609-567-0600 | License Number 01263 | |
| Scheduled Start Date (10) 12/27/17 | | Scheduled Completion Date (11) 2-28-18 | | Name of OSHA Monitor EMSL Analytical, 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 200 Route 130 North | | |
| | | | City, State & Zip Code Cinnaminson NJ 08077 | | |

Scope of Work (Check all that apply)

- ☒ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
- ☐ Renovation
☒ Demolition
- ☐ Full Containment with Negative Pressure Mini-Enclosure
☐ Glove Bag Procedures
☒ 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 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) | Abatement Type | | | |
|--|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| Roof (Upper & Lower Levels) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Black Tar Material/Flashing | 1500 s. f. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 Bull Waste & Recycling, Inc. | | NJDEP Waste Hauler ID No. 21435 | Cubic Yards of Waste 60 | Name of Registered Landfill Salem County Landfill | |
| City, State Berlin, NJ | | Disposal Date 2-28-18 | City, State Alloway, New Jersey | | |
| Completed By (Print or Type) Theodore S. Budzynski | | Title President | Signature  | | Date 12/15/17 |

NOTIFICATION OF ASBESTOS ABATEMENT

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

| |
|------------------------------|
| RECEIVED |
| CHECK # |
| JAN 16 2018 |
| ASBESTOS CONTROL & LICENSING |

| | | | |
|--|--|---|--|
| Date of Notification (1) 11-7-17 | | Name of Building Owner / Operator (2) City of Gloucester | |
| 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 512 Monmouth Street | | City, State & Zip Code Gloucester, NJ 08030 | |
| Name of Contact Jack Lipsett | | Telephone Number | |

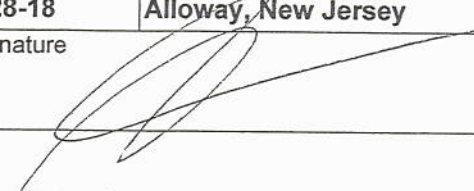
FACILITY INFORMATION

| | | | | | |
|--|--|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Former O.S. Johnson, Co. Property | | | 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 445 N Broadway (Building 3) | | | Square Feet NA | | |
| City (5) Gloucester | | | County (6) Camden | | County Code (7) NA |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc. | | | ASCM No. | | |
| Street Address 234 20th Ave | | | Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC | | |
| City, State & Zip Code Brick, NJ 08724 | | | Street Address 874 Piney Hollow Road, PO Box 70 | | |
| Project Manager for Monitoring Firm Kelly Walton | | | Telephone Number 908-862-4301 | | License Number 01263 |
| Scheduled Start Date (10) 11-17-17 | | Scheduled Completion Date (11) 2-28-18 | | Name of OSHA Monitor EMSL Analytical, 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 200 Route 130 North | | |
| | | | City, State & Zip Code Cinnaminson NJ 08077 | | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance 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) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof (garage area) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Built up roofing material | 2250 s. f. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 Bull Waste & Recycling, Inc. | | NJDEP Waste Hauler ID No. 21435 | Cubic Yards of Waste 60 | Name of Registered Landfill Salem County Landfill | |
| City, State Berlin, NJ | | Disposal Date 2-28-18 | City, State Alloway, New Jersey | | |
| Completed By (Print or Type) Theodore S. Budzynski | | Title President | Signature  | | Date 11/7/17 |

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

no ck

| Date of Notification (1) 1/4/18 | | Name of Building Owner/Operator (2) Lumaj Builders LLC | | <div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JAN 16 2018</div> | | | | | |
|---|--|---|--|--|---|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 345 Route 17 South | | | | | | | |
| <input type="checkbox"/> EPA <input 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Upper Saddle River, NJ Name of Contact _____ | | | | | | | |
| FACILITY INFORMATION | | | | ASBESTOS CONTROL & LICENSING | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | Type of Facility (4) | | | | | | |
| Street Address [REDACTED] | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Cresskill | | | Square Feet 2000 | # of Floors 2 | Bldg. Age 50+ | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residential House | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. n/a | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | | | |
| Street Address n/a | | | Street Address 360 Palisade Ave | | | | | | |
| City, State, Zip Code n/a | | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. n/a | Telephone No. 973460.6026 | License No. 01255 | | | | | |
| Start Date (10) 1/13/18 | | Scheduled Completion Date (11) 1/31/17 | | Name of OSHA Monitor Harmony Contracting Inc | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 360 Palisade Ave | | | | | | |
| <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: DEMOLITION | | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| 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 |
| Basement | | | x | Asbestos Floor Covering | 400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Harmony Contracting Inc | | NJDEP Waste Hauler ID No. 033085 | | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Garfield, NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Tina Caporino | | Title Secretary | | Signature <i>Tina Caporino</i> | | Date 1/4/18 | | | |

PAID

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

Print Form

Ck # 1428

| | | | | | | | | | |
|---|---|--|-----|--|---|----------------|--------|-------------|-----------|
| Date of Notification (1) 1/4/18 | | Name of Building Owner/Operator (2) Abdul Hamdan | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 16 2018 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | | Type Notification | | | | | | | |
| <input type="checkbox"/> EPA <input 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code Paterson, NJ | | | | | | | |
| | | Name of Contact | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | Type of Facility (4) | | | | | |
| Street Address [REDACTED] | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Long Branch | | | | Square Feet 2000 | # of Floors 2 | | | | |
| County (6) Monmouth | | | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50+ | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. n/a | | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | | |
| Street Address n/a | | | | Street Address 360 Palisade Ave | | | | | |
| City, State, Zip Code n/a | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. n/a | | Telephone No. 973460.6026 | License No. 01255 | | | | |
| Start Date (10) 1/13/18 | | Scheduled Completion Date (11) 1/31/18 | | Name of OSHA Monitor Harmony Contracting Inc | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 360 Palisade Ave | | | | | |
| <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: DEMOLITION | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| 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) <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 |
| Flat Roof | | | x | Roofing Material | 400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Harmony Contracting Inc | | NJDEP Waste Hauler ID No. 033085 | | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Garfield, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Tina Caporino | | Title Secretary | | Signature <i>Tina Caporino</i> | | Date 1/4/18 | | | |

PAID

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

CK# 1430

| | | | | | | | | | |
|---|---|---|-----|--|---|---------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 1/4/18 | | Name of Building Owner/Operator (2) Abdul Hamdan | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 16 2018 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | | Type Notification | | | | Street Address [REDACTED] | | | |
| <input type="checkbox"/> EPA <input 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 | | | | City, State, Zip Code Paterson, NJ | | | |
| | | Name of Contact | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Building | | | | Type of Facility (4) | | | | | |
| Street Address 231 Third Ave | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Long Branch | | | | Square Feet 2000 | # of Floors 2 | | | | |
| County (6) Monmouth | | | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50+ | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | | | ASCM No. n/a | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | |
| Street Address n/a | | | | Street Address 360 Palisade Ave | | | | | |
| City, State, Zip Code n/a | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Project Manager for Monitoring Firm n/a | | | | Telephone No. n/a | License No. 01255 | | | | |
| Start Date (10) 1/13/18 | | Scheduled Completion Date (11) 1/31/18 | | Name of OSHA Monitor Harmony Contracting Inc | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 360 Palisade Ave | | | | | |
| <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: DEMOLITION | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| 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 |
| Flat Roof | | | x | Roofing Material | 2,000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Harmony Contracting Inc | | NJDEP Waste Hauler ID No. 033085 | | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Garfield, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Tina Caporino | | Title Secretary | | Signature Tina Caporino | | Date 1/4/18 | | | |

PAID

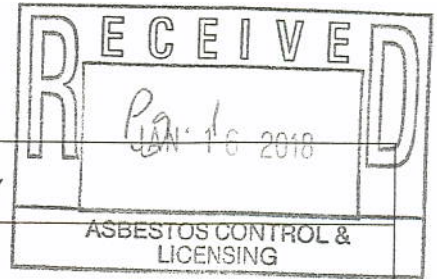
Print Form

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

ck# 1429

| | | | | | | | | | |
|---|---|---|-----|--|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1) 1/4/18 | | Name of Building Owner/Operator (2) Abdul Hamdan | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Paterson, NJ | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact | | | | | | | |
| | | Telephone Number ASBESTOS CONTROL & LICENSING | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | 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 2000 | | | | | | | |
| City (5) Long Branch | | # of Floors 2 | | | | | | | |
| County (6) Monmouth | | Bldg. Age 50+ | | | | | | | |
| 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 | | | | | | | |
| Street Address n/a | | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | | | | |
| City, State, Zip Code n/a | | Street Address 360 Palisade Ave | | | | | | | |
| Project Manager for Monitoring Firm n/a | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Telephone No. n/a | | Telephone No. 973460.6026 | | | | | | | |
| Start Date (10) 1/13/18 | | License No. 01255 | | | | | | | |
| Scheduled Completion Date (11) 1/31/18 | | Name of OSHA Monitor Harmony Contracting 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 <input checked="" type="checkbox"/> Other - Describe: DEMOLITION | | Street Address 360 Palisade Ave | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| 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) <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 | Drywall Joint Compound | 1,000 SF | x | | | |
| Basement | | | x | 9x9 VAT | 250 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Harmony Contracting Inc | | NJDEP Waste Hauler ID No. 033085 | | Cubic Yards of Waste TBD | | Name of Registered Landfill GROWS Landfill | | | |
| City, State Garfield, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Tina Caporino | | Title Secretary | | Signature <i>Tina Caporino</i> | | Date 1/4/18 | | | |

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



| | | | |
|--|---|--|--|
| Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u> | | Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>10-1/12/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 ELM DRIVE 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 1 WASHINGTON ROAD | | Square Feet 1,000,000 | |
| City (5) PRINCETON, NJ | | # of Floors 8 | Bldg. Age 70 |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE | | 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 R. KEEHN | | Telephone No. 609-386-8800 | License No. 00509 |
| Start Date (10) <u>12</u> / <u>4</u> / <u>17</u> | Scheduled Completion Date (11) <u>ON HOLD</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:00AM-3:00PM</u> / <u> </u> PM - <u> </u> 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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

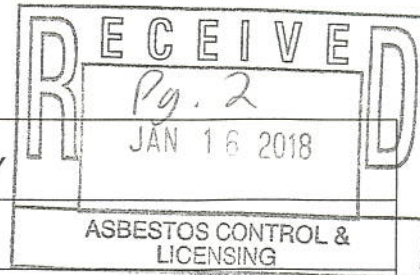
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| PHASE 5A - LEVELS C & B | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PIPE INSULATION | 1010 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PHASE 5A - LEVELS C & B | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FLOOR TILE & MASTIC | 43,057 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PHASE 5A - LEVELS C & B | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Packed fittings on fiberglass | 285 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PHASE 5A - LEVELS C & B | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hanger pads on fiberglass | 40 EA | <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 MINERVA LANDFILL | |
| City, State NEW CASTLE, DE | | | Disposal Date | City, State WAYNESBURG, OH | |
| Completed By (Print or Type) BRIAN SCAFIRO | Title ESTIMATOR | Signature <i>Brian Scafiro</i> | | Date 1-12-18 | |

ASB-41
JAN 13 BS17024

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

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



| Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u> | | Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 10-1/12/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 ELM DRIVE 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 1 WASHINGTON ROAD | | Square Feet 1,000,000 | | | | | | | |
| City (5) PRINCETON, NJ | | # of Floors 8 | Bldg. Age 70 | | | | | | |
| County (6) MERCER | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE | | 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 R. KEEHN | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | | | | | | |
| Start Date (10) <u>12</u> / <u>4</u> / <u>17</u> | | Scheduled Completion Date (11) <u>ON HOLD</u> | License No. 00509 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-3:00PM / <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"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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) | | | 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 |
| PHASE 6 - LEVEL 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACOUSTICAL CEILING PLASTER | 6075 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PHASE 6 - LEVEL 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PIPE INSULATION | 200 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PHASE 6 - LEVEL 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | SPLINE CEILING TILES | 4050 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRUSTEES READING RM MEZZ. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACOUSTICAL PLASTER CEILING | 450 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 MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) BRIAN SCAFIRO | | Title ESTIMATOR | Signature <i>Brian Scafiro</i> | | | Date 1-12-18 | | | |

ASB-41
JAN 13 **BS17024**

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

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



| Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u> | | Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>10-1/12/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 ELM DRIVE 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 1 WASHINGTON ROAD | | Square Feet 1,000,000 | | | | | | | |
| City (5) PRINCETON, NJ | | # of Floors 8 | Bldg. Age 70 | | | | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE | | 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 R. KEEHN | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) <u>12</u> / <u>4</u> / <u>17</u> | Scheduled Completion Date (11) <u>ON / HOLD</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:00AM-3:00PM</u> / <u> </u> PM - <u> </u> 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"/> ≥160 sf or ≥260 lf <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) | | | 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 |
| TRUSTEES READING RM MEZZ. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PIPE INSULATION | 85 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL OUTSIDE COTSEN LIBRARY | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | WATERPROOFING | 250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESERVATION ROOF | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | WATERPROOFING | 150 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LEVEL 1 STAIR #4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PIPE (WRAP & CUT) | 12 LF | <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 MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) BRIAN SCAFIRO | | Title ESTIMATOR | Signature <i>Brian Scafiro</i> | | | Date 1-12-18 | | | |

ASB-41
JAN 13 BS17024

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


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

| | | | | | | | | | |
|--|---|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u> | | Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>10-1/12/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 ELM DRIVE 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 1 WASHINGTON ROAD | | Square Feet 1,000,000 | | | | | | | |
| City (5) PRINCETON, NJ | | # of Floors 8 | Bldg. Age 70 | | | | | | |
| County (6) MERCER | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE | | 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 R. KEEHN | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) <u>12</u> / <u>4</u> / <u>17</u> | Scheduled Completion Date (11) <u>ON HOLD</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:00AM-3:00PM</u> / <u> </u> PM - <u> </u> 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"/> 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) | | | 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 |
| ACCESS OFFICE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FLOOR TILE/MASTIC | 460 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACCESS OFFICE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PIPE INSULATION | 206 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MEN'S RESTROOM | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PIPE INSULATION | 160 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) BRIAN SCAFIRO | | Title ESTIMATOR | Signature <i>Brian Scafiro</i> | | | | Date 1-12-18 | | |

ASB-41
JAN 13 BS17024

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

Check # 8770

| | | | | |
|---|---|---|--|---|
| Date of Notification (1) 01/12/18 | | Name of Building Owner/Operator (2) New Jersey Institute of Technology | |  |
| Agencies Notified | Type Notification | Street Address University Heights, 333 MLK Blvd., | | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Newark, NJ 07102-1982 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Andrew P. Christ, PE | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

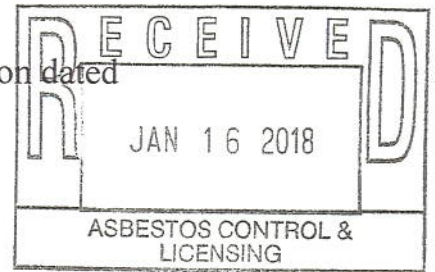
| | | | | | |
|--|---|-------------------------------------|--|-------------------------|--|
| Name of facility where abatement is taking place (3) Fleisher Athletic Center | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 80 Lock Street | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Newark, NJ 07102-1982 | County (6) Essex | County Code (7) (State use only) | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Omega Environmental Services Inc. | | ASCM No. n/a | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 280 Huyler Street | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code South Hackensack, NJ 07606 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Geiser Fajardo | Phone Number 201-489-8700 | | Telephone Number (973)696-6869 | License Number 00378 | |
| Scheduled Start Date (10) 01/29/2018 | Sched. Completion Date (11) 03/26/2018 | | | | |
| 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: _____ | | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code LincolnPark, NJ 07035 | | |

| Scope of Work (check all that apply) | | | | <input checked="" type="checkbox"/> wrap & cut <input checked="" type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-friable procedure | | | | | | | | | | | | | | | |
|--|--|--|--|---|----|--|-------------------------|---|-----------|------------------------------|-------------------------------------|--------|--|--------|--|--------------------|--|------|--|
| <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | Location of asbestos-containing material 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 | | | | | | | | | | | | | |
| Roof, Middle Elevation | | | | | | <input checked="" type="checkbox"/> | top layer | | 20,500 sf | | <input checked="" type="checkbox"/> | | | | | | | | |
| 2nd floor | | | | | | <input checked="" type="checkbox"/> | fittings | | 4 lf | | <input checked="" type="checkbox"/> | | | | | | | | |
| 2nd fl hallways & all rooms | | | | | | <input checked="" type="checkbox"/> | VAT & associated mastic | | 2,500 sf | | <input checked="" type="checkbox"/> | | | | | | | | |
| 1st floor Room 139 | | | | | | <input checked="" type="checkbox"/> | VAT & associated mastic | | 112 sf | | <input checked="" type="checkbox"/> | | | | | | | | |
| 1st fl MER 129 & entr. 142 | | | | | | <input checked="" type="checkbox"/> | expansion joint | | 1,000 lf | | <input checked="" type="checkbox"/> | | | | | | | | |
| Registered Waste Hauler B & G Restoration, Inc. | | | | NJDEP Hauler ID# 19563 | | Cubic Yards of Waste 250 | | Name of Registered Landfill Tullytown Resource & Recovery Center | | | | | | | | | | | |
| City, State Lincoln Park, NJ | | | | | | Disposal Date 01/29/18 - 03/26/18 | | | | City, State Tullytown, PA | | | | | | | | | |
| Completed by (Print or Type) Gordana Luna | | | | Title Secretary/Treasurer | | | | Signature <i>Gordana Luna</i> | | | | | | | | Date 01/12/2018 | | | |

*** Additional quantities & locations *** see next page

Re: One page attachment to 14 day initial notification dated
 01/12/2018 for asbestos removal at:
Fleisher Athletic Center
 80 Lock Street, Newark, NJ 07102-1982

Start date: 01/29/2018



The following materials shall be abated:

| Location of asbestos-containing material to be abated in facility | Is location normally used solely by maintenance / custodial staff | Description of ACM | Amount (LF or SF) | Remove | Repair |
|---|---|--------------------------------|-------------------|--------|--------|
| 1 st FL Gym by roof | NO | Window glazing | 15 windows | X | |
| 1 st Elevation MER | NO | Caulking around wall | 15 lf | X | |
| 1 st Elevation MER | NO | Mastic inside Air hanging unit | 52 sf | X | |
| 1 st floor | NO | fittings | 416 lf | X | |
| 1 st floor | NO | Pipe insulation | 250 lf | X | |
| basement | NO | fittings | 57 lf | X | |
| basement | NO | Pipe insulation | 580 lf | X | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B & G proj. #: 2018-22

PAID

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

Check # 8773

| | | | | |
|--|--|---|--|---|
| Date of Notification (1) 01/11/18 | | Name of Building Owner/Operator (2) Richard Krouth | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 16 2018 STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF AIR CONTROL & LICENSING </div> |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | |
| <input type="checkbox"/> EPA <input 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"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Perkasie, PA 18944 | | |
| | | Name of Contact Richard Krouth | | |
| | | | | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|-------------------------|--|--|---|-------------------------|
| Name of facility where abatement is taking place (3) Richard Krouth | | | 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) Milford, NJ 08848 | County (6) hunterdon | County Code (7) (State use only) | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. n/a | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 01/23/2018 | | Sched. Completion Date (11) 01/24/2018 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) | | Street Address 105 Ryerson Road | | | |
| <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: _____ | | City, State, Zip Code LincolnPark, NJ 07035 | | | |

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

| Location of asbestos-containing material 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 | | | | | | |
| kitchen | | | <input checked="" type="checkbox"/> | VAT | 75 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 01/24/2018 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 01/12/2018 |

GL16-004
Cypress**PAID**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)check # 3376
Page 1 of 1

| | | | | | | | | | |
|--|--|---|---|--|--|------------------|--------|-------------|-----------|
| Date of Notification (1) 1/5/2018 | | Name of Building Owner/Operator (2) Ramapo College of New Jersey | | RECEIVED JAN 16 2018 ASBESTOS CONTROL & ABATEMENT Telephone Number: 908-741-1111 | | | | | |
| Agencies Notified | Type Notification | Street Address 505 Ramapo Valley Road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Mahwah, NJ 07430 Name of Contact Gina Mayer-Costa | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Cypress Building College Park Apartments | | | 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 505 Ramapo Valley Road | | | Square Feet 21,054 | | | | | | |
| City (5) Mahwah | | | # of Floors 3 | | | | | | |
| County (6) Bergen | | | Bldg. Age 47 | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) College Apartments | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc | | ASCM No. 00112 | | Name of Abatement Contractor (9) GL Group, Inc | | | | | |
| Street Address 344 West State Street | | Street Address 140 Hamburg Turnpike | | | | | | | |
| City, State, Zip Code Trenton, New Jersey 08618 | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | |
| Project Manager for Monitoring Firm William Weisgarber, Jr. | | Telephone No. 609.656.8101 | | Telephone No. 201-710-9725 License No. 01084 | | | | | |
| Start Date (10) 1-16-2018 | | Scheduled Completion Date (11) 4-15-18 | | Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike City, State, Zip Code Bloomingdale, NJ 07403 | | | | | |
| 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 |
| Apartments A-V & Mechanical Rm | | X | | Drywall and Joint Compound | 73,799 SF | X | | | |
| Apartments A-V & Mechanical Rm | | X | | Stud/Joist Adhesive | 36,846 LF | X | | | |
| Apartments A-V | | X | | Resilient Floor Coverings | 5,907 SF | X | | | |
| Name of Registered Waste Hauler GL Group, Inc | | NJDEP Waste Hauler ID No. 0033034 | | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva | | | | |
| City, State Bloomingdale, NJ | | | | Disposal Date TBD | City, State Waynesburg, OH | | | | |
| Completed by Elena Solakov | | Title President | | Signature <i>Elena Solakov</i> | | Date 1-5-2018 | | | |

CH 0143609

PAID

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

| | |
|---|-------------|
| RECEIVED | Print Form |
| | JAN 16 2018 |
| ASBESTOS CONTROL & LICENSING | |

| Date of Notification (1) 01-05-18 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
|---|---|---|---|--|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd. | | | | | | | |
| <input 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 | City, State, Zip Code South Plainfield NJ | | | | | | | |
| | | Name of Contact Brandon Preston | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement Is Taking Place (3) PSEG Linden | | Type of Facility (4) | | | | | | | |
| Street Address 4001 S Wood Ave. | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Linden | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Control House | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) WRS Environmental Services Inc. | | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Road | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01136 | | | | | | |
| Start Date (10) 01-16-18 | Scheduled Completion Date (11) 06-03-18 | Name of OSHA Monitor WRS Environmental Services Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 17 Old Dock Road | | | | | | | |
| <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: Electrical circuit cabinet | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| 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 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 |
| Control House | | | x | Stucco | 3300 SF | x | | | |
| Control House | | | x | roof | 2400 sf | x | | | |
| Control House | | | x | floor tile | 2100 sf | x | | | |
| Control house | | | x | vermiculite | 3300sf | x | | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste | Name of Registered Landfill Fairless landfill | | | | | |
| City, State Elizabeth, NJ 07201 | | | Disposal Date TBD | City, State Morrisville PA 19067 | | | | | |
| Completed by Raymond Tutiven | | Title supervisor | Signature <i>Raymond Tutiven</i> | | | Date 01-05-18 | | | |

CH014369

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Print Form

| | |
|----------|------------------------------|
| RECEIVED | JAN 16 2018 |
| | ASBESTOS CONTROL & LICENSING |

| | | | | | | | | | |
|---|---|--|----------------------------------|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) | | Name of Building Owner/Operator (2) | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) | | | | | | |
| Street Address | | Street Address | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. License No. | | | | | | |
| Start Date (10) | Scheduled Completion Date (11) | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <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: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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"/> 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 |
| Switching yard | | | x | duct bank | 160 lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | | | | | |
| City, State | | | Disposal Date | City, State | | | | | |
| Completed by | | Title | Signature | Date | | | | | |