

Jan. 28, 2014 2:36PM

No. 7935 P. 2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 12:120-7)

Check # 32198
DOL - 10 DAY
WAIVER APPROVED

Date of Notification (1)
01/28/14

Name of Building Owner/Operator (2)
Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
☒ Initial
☐ Notification
☐ Amended
☐ Notification
☐ Cancellation

Street Address
P.O. box 2150

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University -- Lewis Center for Arts

Street Address
Princeton University 185 Nassau Street

City (5)
Princeton

County (6)

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K12)
☐ Subchapter S (Other than K12)
☒ Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
100000

of Floors
6

Bldg. Age
50+

Current Use (Prior to being demolished)
University

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
9 Terri Lane

City, State, Zip Code
Burlington NJ 08016

City, State, Zip Code
Glen Mills, PA 19342

Project Manager of Monitoring Firm
Mike Kechu

Telephone Number
609-386-8800

Telephone Number
610-364-9622

License Number
1109

Scheduled Start Date (10)
01/30/14

Sched. Completion Date (11)
01/31/14

Name of OSHA Monitor
Criterion Labs

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM - 5:00 PM

Other - Describe: various shifts

Street Address
3370 Progressive Drive

City, State, Zip Code
Bensalem PA 19020

Scope of work (Check all that apply)

☒ Demolition ☒ Renovation ☒ Full Containment with Negative Pressure

☒ >3 sf or >3 lf ☒ Mini-Enclosure

☒ >160 sf or >260 lf ☒ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
auditorium	x	pipe insulation	6 LF	x			

Name of Registered Waste Hauler
Horizon Disposal

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature
Mark Goshaw

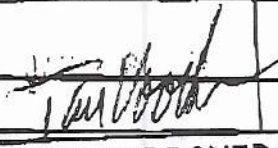
Date
1-28-14

Jan. 28, 2014 2:36PM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

check# No. 7935 P. 2

CK# 32198


Date of Notification (1) 01/28/14 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	 WAIVER APPROVED Telephone Number
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08542	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Lewis Center for Arts			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter S (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University 185 Nassau Street			Square Feet	# of Floors	Bldg. Age
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 3 Terri Lane			Street Address 98 LaCrua Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Kechu			Telephone Number 609-386-8800	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 01/30/14 Month/Day/Year		Sched. Completion Date (11) 01/31/14 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 5:00 PM Other - Describe: various shifts			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> > 5 sf or > 3 lf		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input type="checkbox"/> 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
auditorium	<input checked="" type="checkbox"/>	pipe insulation	6 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal		1	GROWS
City, State Trenton NJ	Disposal Date As needed		City, State Morrisville PA
Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature 	Date 1-28-14

AB9-41
JUN 95

04667

OK # 1957

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

Date of Notification (1) 1 / 27 / 14		Name of Building Owner/Operator (2) New Jersey Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 600 City, State, Zip Code Trenton, NJ 08625-0600 Name of Contact Andrew Yorke							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Parcel M-56 - Former Dynamic Trucking		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 125 Pennsylvania Avenue		Square Feet 38,400	# of Floors 2						
City (5) Kearny		Bldg. Age 30+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Gary Wywra	Telephone No. 732-939-3707	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) 2 / 4 / 2014	Scheduled Completion Date (11) 2 / 21 / 2014	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Caulking & Roof Tar Flashing	27 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Along Elevated Loading Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Expansion Joint Material	254 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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grows North Landfill					
City, State Camden, New Jersey		Disposal Date 2/14/14	City, State Morrisville, PA						
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>	Date 1/27/2014						

CHECK # 1543

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

Date of Notification (1) 1/19/2014		Name of Building Owner / Operator (2) Raghava Vellanki							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 322 City, State & Zip Code Princeton Junction Name of Contact Raghava Vellanki							
		Telephone Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2506 Columbia Ave		Square Feet 2000	# of Floors 2						
City (5) Ewing	County (6) Mercer	Bldg. Age 100							
County Code (7)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL							
City, State & Zip Code		Street Address 2129 Rt 33							
Project Manager for Monitoring Firm		City, State & Zip Code Hamilton, NJ							
Telephone Number		Telephone Number 215-295-1004	License Number 01091						
Scheduled Start Date (10) 1/29/2014	Scheduled Completion Date (11) 2/1/2014	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 180lf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1cubic	Name of Registered Landfill Grows Landfill					
City, State Trenton		Disposal Date Various		City, State Morrisville, PA					
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>			Date 1/19/2014			

1543


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

Date of Notification (1) 1/19/2014		Name of Building Owner / Operator (2) Raghava Vellanki	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address PO Box 322
			City, State & Zip Code Princeton Junction
			Name of Contact Raghava Vellanki
			Telephone Number 1
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1027 N Olden		Square Feet 2000	
City (5) Trenton	County (6) Mercer	County Code (7)	# of Floors 2
			Bldg. Age 100
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Current Use (Prior if being demolished) Residence
Street Address		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL	
City, State & Zip Code		Street Address 2129 Rt 33	
Project Manager for Monitoring Firm		Telephone Number 215-295-1004	License Number 01091
Scheduled Start Date (10) 1/29/2014	Scheduled Completion Date (11) 2/1/2014	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue	
		City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) Basement	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) Pipe Insulation
	Yes	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Amount (Specify SF or LF) 60lf
			Abatement Type
			Removal
			Repair
			Encapsulate
			Enclosure
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1cubic
City, State Trenton		Disposal Date Various	Name of Registered Landfill Grows Landfill
			City, State Morrisville, PA
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>
			Date 1/19/2014

Emergency

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

CK 3877

Date of Notification (1) 1/26/14		Name of Building Owner/Operator (2) Dennis Beloff Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 130 Bonita		City, State, Zip Code Waretown NJ 08758							
Name of Contact Dennis		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dennis Beloff Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 130 Bonita		Square Feet 1000	# of Floors 2						
City (5) Waretown NJ 08758		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/27/14	Scheduled Completion Date (11) 1/31/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
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
Living room area			X	Floor Tile	400 Sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 1/31/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/26/14		

* Emergency *

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

CK 3874


Date of Notification (1) 1/23/14		Name of Building Owner/Operator (2) Kevin Jacquel Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 W Potomac							
		City, State, Zip Code Little Egg Harbor NJ 08070							
		Name of Contact Kevin							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kevin Jacquel Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 W Potomac		Square Feet 1000 +	# of Floors 1						
City (5) Little Egg Harbor NJ 08070		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/24/14	Scheduled Completion Date (11) 1/29/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
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
Bedroom			x	Floor Tile	400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/29/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 1/23/14	

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

* Emergency *

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

CK 3878

Date of Notification (1) 1/26/14		Name of Building Owner/Operator (2) James Lape Private Home							
Agencies Notified	Type Notification	Street Address 111 First Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Seaside Park NJ 08752							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact James							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Lape Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 111 First Ave		Square Feet 1000	# of Floors 1						
City (5) Seaside Park NJ 08752		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/27/14	Scheduled Completion Date (11) 1/31/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
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
through-out			x	Floor Tile	400 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 1/31/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/26/14		

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

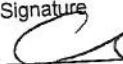
CK# 2222

Date of Notification (1) 1/27/14		Name of Building Owner/Operator (2) Liz + Don Taylor							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1981 Schrader Drive		City, State, Zip Code San Jose CA 95124							
Name of Contact Liz		Title 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Taylor Duplex		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 162-164 Fair Haven Rd		Square Feet 2000							
City (5) Fair Haven		# of Floors 2							
County (6) Monmouth		Bldg. Age 90							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rental Property							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Road							
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722							
Telephone No.		Telephone No. 732-294-1757							
Start Date (10) 1/29/14		License No. 00029							
Scheduled Completion Date (11) 2/1/14		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) basement	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) 30LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			X	ductwork		X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey		Disposal Date 2/1/14		City, State Easton, Pa					
Completed by George Wuest		Title President		Signature George Wuest		Date 1/27/14			

* Emergency *

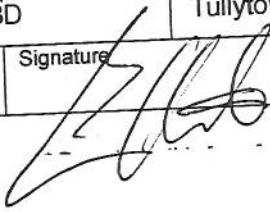
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 3879

Date of Notification (1) 1/27/14		Name of Building Owner/Operator (2) Frank Candio (Private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 411 Drexel Av							
		City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Frank							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frank Candio (Private Home)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 411 Drexel Av		Square Feet 1000+	# of Floors 1.5						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/28/14	Scheduled Completion Date (11) 1/31/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
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
Exterior Siding			X	Exterior Siding	1400 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/31/14	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 1/27/14		

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 01-28-14		Name of Building Owner/Operator (2) Jose M. Peruyero										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 309 Windsor Tr. 319 WINDSOR TR.										
		City, State, Zip Code Ridgewood, NJ, 07450										
		Name of Contact Jose M. Peruyero										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Peruyero Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 309 Windsor Tr. 319 WINDSOR TR.		Square Feet 3300	# of Floors 2									
City (5) Ridgewood		Bldg. Age 88										
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence										
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries									
Street Address		Street Address 144 Mill St										
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07501										
Project Manager for Monitoring Firm		Telephone No. 973-653-9652	License No. 1183									
Start Date (10) 01-30-14	Scheduled Completion Date (11) 02-14-14	Name of OSHA Monitor Indian Arrow Industries										
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 144 Mill St										
		City, State, Zip Code Paterson, NJ, 07501										
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) 25 lf	Abatement Type						
	Yes No N/A	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Removal</td> <td style="width:15%;">Repair</td> <td style="width:15%;">Encapsulate</td> <td style="width:15%;">Enclosure</td> </tr> <tr> <td align="center">x</td> <td></td> <td></td> <td></td> </tr> </table>				Removal	Repair	Encapsulate	Enclosure	x		
Removal	Repair	Encapsulate	Enclosure									
x												
Basement	x	TSI Pipe Insulation										
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management Inc.								
City, State Wayne, NJ		Disposal Date TBD	City, State Tullytown, PA									
Completed by Goran Igev		Title Secretary	Signature 			Date 01-28-14						

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

Date of Notification (1) 01-29-14		Name of Building Owner/Operator (2) Moinian Group West Gramercy Associates LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 3 Columbus Circle 33 East 20th St.							
		City, State, Zip Code New York, NY, 10019 New York, NY, 10003							
		Name of Contact Gabriel Dagan/Susan Sakim							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Crawl Space/Basement		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 756 Broad St.		Square Feet 30000	# of Floors 4						
City (5) Newark		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) HSS Enviro		ASCM No. 117	Name of Abatement Contractor (9) Indian Arrow Industries Inc.						
Street Address 328 12th St.		Street Address 730 Broadway							
City, State, Zip Code Hammonton, NJ, 08037		City, State, Zip Code Paterson, NJ, 07514							
Project Manager for Monitoring Firm HSS Enviro		Telephone No. 609-704-8850	Telephone No. 973-653-9652						
		License No. 1183							
Start Date (10) 02-02-14	Scheduled Completion Date (11) 03-03-14	Name of OSHA Monitor Jim Proktor							
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 328 12th St							
		City, State, Zip Code Hammonton, NJ, 08037							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement/Crawl Space	x			TSI	N/A				
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management Inc.					
City, State Wayne, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Goran Igev		Title Secretary		Signature				Date 01-29-14	

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

Notification Details:

Notification Number: 1381
 Date of Notification (1): 1-19-14
 Name of Building Owner/Operator (2): KEITH SCARWETHER
 Street Address: 689 HARBOR RD
 City, State, Zip Code: BRICK N.J.
 Name of Contact: ERIC PLACKIS

Agencies Notified:
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification:
☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
 Street Address: 689 HARBOR RD
 City (5): BRICK, NJ.
 County (6): OCEAN
 County Code (7) (STATE USE ONLY):
 Type of Facility (4):
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.) PRIVATE HOME
 Square Feet: 1400 # of Floors: 1 Bldg. Age: 50
 Current Use (Prior if being demolished): EMPTY ONE FAM. HOME

Name of Abatement Contractor (9): BRICK INDUSTRIES - ERIC PLACKIS
 Street Address: 145 NATICK TRAIL
 City, State, Zip Code: BRICK, NJ 08724
 Telephone No.: 732-899-7499 License No.: 01196

Name of Monitoring Firm Hired by Building Owner (8):
 Street Address:
 City, State, Zip Code:
 Project Manager for Monitoring Firm:
 Telephone No.:
 Start Date (10): 1-18-14 Scheduled Completion Date (11): 1-19-14

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
<u>400 SF FLOOR TILE + MASTIC</u>			<input checked="" type="checkbox"/>	<u>FLOOR TILE/MASTIC</u>	<u>400 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: BRICK IND. INC.
 City, State: BRICK, NJ.
 NJDEP Waste Hauler ID No.: 21602
 Cubic Yards of Waste: 4
 Disposal Date: 1-20-14
 Name of Registered Landfill: G.R.O.W.S
 City, State: PA.
 Completed By: ERIC PLACKIS Title: PRES.
 Signature: _____ Date: 1/20/14