State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
10/29/2012

Name of Building Owner/Operator (2)
Township of Livingston

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

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

Street Address
333-357 South Livingston Avenue

City, State, Zip Code
Livingston, NJ 07039

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Monmouth Court Community Center

Street Address
26 Monmouth Court

City (5)
Livingston

County (6) Essex

County Code (7) (STATE USE ONLY) _______

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection Inc.

ASCM No. Name of Abatement Contractor (9)

Kielczewski Corporation

Street Address
120 N. Warren Street

City, State, Zip Code
Trenton NJ 08608

Telephone No. 609-392-4200

License No. 01171

Project Manager for Monitoring Firm

Name of OSHA Monitor

Start Date (10) 01/29/2013

Scheduled Completion Date (11) 01/30/2013

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: open during business hours

Scope of Work (Check All That Apply)
☐ 23 sf or 23 ft
☐ 160 sf or 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A
caulk
40 (2 doors) x
caulk
60 (2 windows) x

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Repair
Enclosure

Name of Registered Waste Hauler
Kielczewski Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Conestoga Landfill

City, State
West Orange, NJ

Disposal Date

Completed by
Slawomir Kielczewski
Title President

Signature Kielczewski

Date 01/28/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>CONTINUATION SHEET #4</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>11/29/2012</td>
<td></td>
<td>Township of Livingston</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td>Monmouth Court Community Center</td>
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<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>76 Monmouth Court</td>
<td>Livingston, NJ 07039</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>Community Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Connection Inc.</td>
<td>Kielczewski Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>120 N. Warren Street</td>
<td>West Orange, NJ 07090</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>609-392-4200</td>
<td>01171</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>12/03/2012</td>
<td>02/22/2013</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>X Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>X Other — Describe: open during business hours 8:00-4:00pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Renovation</td>
</tr>
<tr>
<td>X Demolition</td>
</tr>
<tr>
<td>X Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>X Mini-Enclosure</td>
</tr>
<tr>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior doors</td>
</tr>
<tr>
<td>Exterior windows Room 103</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>x</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, sealing, VAT, other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>doors caulk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SP or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 LF</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Rubbish</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linden NJ</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slawomir Kielczewski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/25/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bayberry Culinary Consultants</td>
</tr>
<tr>
<td>Street Address</td>
<td>383 South Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fanwood, NJ 07023</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lawrence Bayern (Owner's Rep)</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Office Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>383 South Avenue</td>
</tr>
<tr>
<td>City (6)</td>
<td>Fanwood, NJ</td>
</tr>
<tr>
<td>County (8)</td>
<td>Union</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Valiant Associates, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>145 Mill Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-553-5374</td>
</tr>
<tr>
<td>License No.</td>
<td>01108</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Valiant Associates, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>145 Mill Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>01/23/2013</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>01/26/2013</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>3 or more sf or 33 ft²</td>
<td></td>
</tr>
<tr>
<td>160 sf or 160 m²</td>
<td></td>
</tr>
<tr>
<td>Scope of Work</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</td>
<td></td>
</tr>
<tr>
<td>Le Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>225 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Project Manager</td>
<td>Miodrag Stamenovic</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>01/25/2013</td>
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</tbody>
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**Note:** Do not use this form for asbestos licence-exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>1/25/2013</td>
<td>CompleteCare Health Network</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Mike Stockku</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>53 South Laurel Street</td>
<td>Bridgeton, NJ 08302</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>CompleteCare Health Network</td>
<td>School (K-12)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>3700 New Jersey Avenue</td>
<td>2</td>
<td>50</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>8000</td>
<td>Vacant Community Center</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No. (STATE USE ONLY)</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>TTI Environmental Inc.</td>
<td>N/A</td>
<td>AEI2</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>1253 North Church Street</td>
<td>Moorestown, NJ 08057</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Stockku</td>
<td>609-304-3969</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>1/28/2013</td>
<td>2/4/2013</td>
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<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>250 sf or ≥260 sf</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor (see attached list)</td>
<td>XX</td>
<td>VAT</td>
</tr>
<tr>
<td>1st Floor (see attached list)</td>
<td>XX</td>
<td>VAT/Mastic</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>1260 SF</td>
<td>xxx</td>
</tr>
<tr>
<td>250 SF</td>
<td>xxx</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>American Disposal Systems</td>
<td>20213</td>
<td>20</td>
<td>Modern Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>American Disposal Systems</td>
<td>2/4/2013</td>
<td>York, PA 08302</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNARD D. MCKENNA, JR</td>
<td>GENERAL MANAGER</td>
<td>[Signature]</td>
<td>1/25/2013</td>
</tr>
</tbody>
</table>

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)

Agencies Notified: EPA, DEP, DOL, DOH, DOC

Type Notification: Initial Notification

Street Address: 101 COLUMBIA ROAD

City, State, Zip Code: MORRISTOWN, NEW JERSEY

Name of Facility Where Abatement Is Taking Place (5)

HONEYWELL, CRL BUILDING

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

X Other (ie. private & commercial, bridges, homes, etc.)

Square Feet: 50,000

# of Floors: 5

Currently (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

CTSI

ASCM No. 17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address: 1376 ROUTE 9 W

City, State, Zip Code: WAPPGINGERS FALLS, NY 12590

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Expected State Date (10)

?/30/13

Sched. Completion Date (11)

2/04/13

Month Day Year

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

X Other - Describe Monday-Friday 4PM-4AM

Month Day Year

Scope of Work (Check all that apply)

X Demolition

X >3SF OR LF

X >160 SF OR

Location of Asbestos-containing Material (ACM) TO BE ABATED

BASEMENT SWITCH GEAR ROOM

Description of Asbestos-Containing Material (ACM)

PIPE INSULATION

Amount (Specify SF or LF)

60 LF

Abatement Type

REMOVAL

ENCLOSURE

Name of Registered Waste Hauler

DJM TRANSPORT, LLC

NJDEP Waste Hauler ID No. 25951

Cubic Yards of Waste

3

Name of Registered Landfill

GROWS LANDFILL

City, State

KEARNEY, NEW JERSEY

Disposal Date

1/31/2013-2/04/13

City, State

MORRISVILLE, PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date

1/30/13
State of New Jersey  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:1-20-7)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>January 30, 2013</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Princeton University</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>[X] EPA</td>
<td>Type Notification</td>
<td>[ ] Initial Notification</td>
</tr>
<tr>
<td></td>
<td>[ ] DEP</td>
<td></td>
<td>[ ] Emergency Notification w/Justification</td>
</tr>
<tr>
<td></td>
<td>[X] DOL</td>
<td></td>
<td>[X] Amended Notification #4 Cancellation</td>
</tr>
<tr>
<td></td>
<td>[ ] DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] DCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Hibben &amp; Magie Apartment Complex</td>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>50 Faculty Road</td>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>City (5) Princetom</td>
<td>Mercer County</td>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>County Code (6)</td>
<td>ASCM No.</td>
<td>Other (i.e., private &amp; commercial, buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>County Code (7) (State Use Only)</td>
<td></td>
<td>Current Use (Prior if being demolished)</td>
<td>Student Housing</td>
</tr>
<tr>
<td>Licensed No.</td>
<td>00840</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>RAYMIN ILAZAROV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>East Hanover, NJ</td>
<td>07936</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>32 Williams Parkway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Debbie Hines</td>
<td>Telephone Number</td>
<td>609-400-0400</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Telephone Number</td>
<td>973-844-8632</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>10/1/2012</td>
<td></td>
<td></td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/1/2013</td>
<td></td>
<td></td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>[X] Facility Closed/Vacant During Entire Period of Abatement</td>
<td>Street Address</td>
<td>East Hanover, NJ 07936</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility</td>
<td></td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>[ ] Occupied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours - Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X] Demolition</td>
<td>[ ] Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] 3 sf or ≥ 3 if</td>
<td>[X] Full Containment with Negative Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X] Non-Friable Procedure</td>
<td></td>
<td>[X] Non-Friable Procedure</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) (1)</td>
<td>In Location Normally Used Solely By Maintenance/ Custodial Staff (12)</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Building Exterior</td>
<td>X</td>
<td>Mason</td>
<td>20000 SF</td>
</tr>
<tr>
<td>Through Structure</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>2000 LF</td>
</tr>
<tr>
<td>EXTERIOR PIPE TRENCH</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>550 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NIDEP Waste</td>
<td>Cubic Yards Of Waste</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>LVI Demolition Services, Inc.</td>
<td>20859</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>East Hanover, NJ</td>
<td>07936</td>
<td></td>
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<tr>
<td>Completed By (Print or Type)</td>
<td>Ed King</td>
<td>Telephone Date</td>
<td>January 30, 2013</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)
7 / 24 / 12

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA (NJAC 5:23-3)

Type Notification
☒ Initial
☒ Amended Amendment #S129/13
☒ Emergency (including justification)
☒ Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Jadwin Hall

Type of Facility (4)
☒ School (K-12)
☒ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Attending Firm Hired by Building Owner (8)
ATC Associates Inc.

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
215-788-6040
00509

Name of CSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
8 / 13 / 12

Scheduled Completion Date (11)
1 / 29 / 13

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☒ ≥160 sf or ≥260 sf
☒ 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)

Basement - Men's & Women's
☐ Yes
☒ No
☒ N/A

Restrooms
☐ Yes
☒ No
☒ N/A

Pipe & Fittings
35 LF

Asbestos Debris on Ceiling
240 SF

Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
205090

Cubic Yards of Wastes

Name of Registered Landfill
G.R.O.W.S. LANDFILL

City, State
NEW CASTLE, DE

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
1/29/13

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**

7 / 24 / 12

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

**Agencies Notified**
- ✔ EPA
- ✔ DOLWD
- ✔ DHSS
- ✔ DCA (NJAC 5:23-6)

**Type Notification**
- ✔ Initial
- ✔ Amended
- ✔ Amendment #5-1-29/13
- ✔ Emergency (including Justification)
- ✔ Cancellation

**Street Address**
200 Elm Dr.

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortega

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Jadwin Hall

**Street Address**
Washington Rd.

**City (5)**
Princeton

**County (6)**
MERGERT COUNTY

**County Code (T/STATE USE ONLY)**

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

**ASCM No.**
00098

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
Burlington, NJ 08016

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Project Manager for Monitoring Firm**
Michael Keefn

**Telephone No.**
609-386-8800

**License No.**
215-788-6040

**License No.**
00509

**Start Date (10)**
8 / 13 / 12

**Scheduled Completion Date (11)**
1 / 29 / 13

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Abandoned During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/3PM-12AM

**Scope of Work (Check all that apply)**
- ✔ 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)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout 2nd floor</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>29,017 SF</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Throughout 2nd floor</td>
<td>No</td>
<td>Pipe Saddles</td>
<td>59 LF</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Elevator lobby 2nd floor</td>
<td>No</td>
<td>Plaster</td>
<td>482 SF</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Exterior soffits 2nd floor</td>
<td>No</td>
<td>Plaster</td>
<td>32 SF</td>
<td>✔ ✔</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP INC

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**
G.R.O.W.S. LANDFILL

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**
Brian Scafiro

**Date**
1/29/13

*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 / 12</td>
<td>Princeton University-Office of Design and Construction</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #4-12/18/12</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>200 Elm Dr.</td>
<td>Princeton, NJ 08544</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Jadwin Hall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)(STATE USE ONLY)</th>
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</thead>
<tbody>
<tr>
<td>Washington Rd.</td>
<td>MERCER</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc.</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terril Lane</td>
<td>215-788-6040</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td>608-386-8800</td>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>608-386-8800</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123 BEAVER STREET</td>
<td>BRISTOL, PA 19007</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>8 / 13 / 12</td>
<td>1 / 31 / 13</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- PM AM

### Scope of Work (Check all that apply)
- 
- 

### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout 2nd floor</td>
<td>Yes</td>
<td>Floor tile and mastic</td>
<td>29,017 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout 2nd floor</td>
<td>No</td>
<td></td>
<td>59 LF</td>
<td>X</td>
</tr>
<tr>
<td>Elevator lobby 2nd floor</td>
<td>No</td>
<td></td>
<td>482 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior soffits 2nd floor</td>
<td>Yes</td>
<td></td>
<td>32 SF</td>
<td>X</td>
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</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
<td>11/30/12</td>
<td>NEW CASTLE, DE</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>NEW CASTLE, DE</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scalfro</td>
<td>Estimator</td>
<td>Brian Scalfro</td>
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<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>12/18/12</td>
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<tr>
<td>Date of Notification (1)</td>
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<tr>
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<td>7 / 24 / 12</td>
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### Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)

### Type Notification
- Initial
- Amended
- Amendment 4-12/18/12
- Emergency (including justification)
- Cancellation

### Street Address
200 Elm Dr.

### City, State, Zip Code
Princeton, NJ 08544

### Name of Contact
Robert Ortega

### Name of Facility Where Abatement is Taking Place (3)
Princeton University-Jadwin Hall

### County Code (7) (STATE USE ONLY)
MERCIER

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

### ASCM No.
00098

### Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

### Street Address
3 Terri Lane

### City, State, Zip Code
Burlington, NJ 08016

### Telephone No.
609-386-8800

### License No.
00509

### Start Date (10) / Scheduled Completion Date (11)
8 / 13 / 12 / 1 / 31 / 13

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM

### Scope of Work (Check all that apply)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Renovation
- Demolition

### Location of Asbestos-Containing Material (ACM)
**TO BE ABATED**

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>Basement - Mens &amp; Womens</td>
<td>No</td>
</tr>
<tr>
<td>Restrooms</td>
<td>Yes</td>
</tr>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe &amp; Fittings</td>
<td>35 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Asbestos Debris on Ceiling</td>
<td>240 SF</td>
<td>Encapsulate</td>
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### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

### NJ/DEP Waste Hauler ID No.
20930

### Cubic Yards of Waste
Disposal Date

### City, State
MORRISVILLE, PA 19067

### Date
12/18/12
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 24 / 12</th>
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</table>

- **Agencies Notified**
  - EPA
  - DOLWD
  - DHSS
  - DCA (NJAC 5:23-8)
  - OSHA
  - NDEP

- **Type Notification**
  - Initial
  - Amended
  - Amendment 3-11/8/12
  - Emergency (Including Justification)
  - Cancellation

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

**Street Address**
200 Elm Dr.

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortega

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**
  - Princeton University-Jadwin Hall

- **Street Address**
  - Washington Rd.

- **City**
  - Princeton

- **County**
  - MERCER

- **County Code**
  - [STATE USE ONLY]

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - ATC Associates Inc.

- **ASCM No.**
  - 00098

- **Name of Abatement Contractor (9)**
  - BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Project Manager for Monitoring Firm**
Michael Keen

**Telephone No.**
610-386-9800

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

- **Street Address**
  - 1123 BEAVER STREET

- **City, State, Zip Code**
  - BRISTOL, PA 19007

**Start Date (10)**
8 / 13 / 12

**Scheduled Completion Date (11)**
12 / 24 / 12

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
  - Time of Abatement: 7:00AM-3:30PM
  - PM: AM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- 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)

- **Location**
  - Basement - Mens & Womens
  - Restrooms
  - Pipe & Fittings
  - Asbestos Debris on Ceiling

**Location**

- **Name of Registered Waste Hauler**
  - SERVICE TRANSPORT GROUP INC

- **Cubic Yards of Waste**
  - 0

- **Name of Registered Landfill**
  - G.R.O.W.S. LANDFILL

- **City, State**
  - MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scalfio

**Title**
Estimator

**Signature**
Brian Scalfio

**Date**
11/17/12
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 8:16)

**Date of Notification (1)**

| 7 | / | 24 | / | 12 |

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

**Street Address**
200 Elm Dr.

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortega

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Jadwin Hall

**Street Address**
Washington Rd.

**City (6)**
Princeton

**County (8)**
MERcer

**County Code (7)(STATE USE ONLY)**

**Current Use (Prior if being demolished)**

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**
00006

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Telephone No.**
215-788-6040

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Start Date (10)**

| 8 | / | 13 | / | 12 |

**Scheduled Completion Date (11)**

| 12 | / | 24 | / | 12 |

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM-AM

**Scope of Work (Check all that apply)**

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Throughout 2nd floor</th>
<th>Elevator lobby 2nd floor</th>
<th>Exterior soffits 2nd floor</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>N/A</td>
<td>SERVICE TRANSPORT GROUP INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 20990</td>
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</table>

**Cubic Yards of Waste**

**Name of Registered Landfill**
G.R.O.W.S. LANDFILL

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scalise

**Title**
Estimator

**Signature**
Brian Scalise

**Date**
11/8/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:16)  

**Date of Notification (1)**  
7 / 24 / 12

**Name of Building Owner/Operator (2)**  
Princeton University-Office of Design and Construction

**Agencies Notified**  
- [ ] EPA  
- [ ] DOLWD  
- [ ] DHSS  
- [ ] DCA (NJAC 5:23-6)

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #2-3/8/12  
- [ ] Emergency (including Justification)  
- [ ] Cancellation

**Street Address**  
200 Elm Dr.

**City, State, Zip Code**  
Princeton, NJ 08544

**Name of Contact**  
Robert Ortega  
**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Princeton University-Jadwin Hall

**Street Address**  
Washington Rd.

**City (5)**  
Princeton

**County (6)**  
MERCER

**Count Code (7)/STATE USE ONLY**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**  
00098

**Name of Asbestos Contractor (9)**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BRISTOL, PA 19007

**Current Use (Prior if being demolished)**

**Project Manager for Monitoring Firm**  
Michael Keehn  
**Telephone No.**  
609-388-8800

**License No.**  
00509

**Name of OSHA Monitor**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BRISTOL, PA 19007

**Start Date (10)**  
8 / 13 / 12

**Scheduled Completion Date (11)**  
12 / 24 / 12

**Occupancy Status During Abatement (Check only one)**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM, PM-AM

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

**Endorsement**

**Name of Registered Waste Hauler**  
SERVICE TRANSPORT GROUP INC  
NJDEP Waste Hauler ID No. 20990

**Cubic Yards of Waste**

**Name of Registered Landfill**  
G.R.O.W.S. LANDFILL

**City, State**  
NEW CASTLE, DE

**Disposal Date**

**City, State**  
MORRISVILLE, PA 19067

**Completed By (Print or Type)**  
Brian Scalfiro  
**Title**  
Estimator  
**Signature**  
[Signature]

[Date]
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:18)

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<td>Princeton University-Office of Design and Construction</td>
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**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place (3)**: Princeton University-Jadwin Hall
- **Street Address**: 200 Elm Dr.
- **City, State, Zip Code**: Princeton, NJ 08544
- **Name of Contact**: Robert Ortenga
- **Telephone Number**

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- **Square Foot # of Floors Bldg. Age**

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<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tr>
<td>ATC Associates Inc.</td>
<td>00088</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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**Street Address**: 3 Terri Lane, Burlington, NJ 08016

**City, State, Zip Code**: Burlington, NJ 08016

**Telephone No.**: 201-425-9000

**License No.**: 00809

- **Current Use (Prior if being demolished)**

**Start Date**: On Hold

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

**Time of Abatement**: 7:00AM-3:30PM PM-AM

**Scope of Work (Check all that apply)**
- ☐ ≥ 3 sf or ≥ 3 lf
- ☐ ≥ 150 sf or ≥ 260 lf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Throughout 2nd floor</th>
<th>Throughout 2nd floor</th>
<th>Elevator lobby 2nd floor</th>
<th>Exterior soffite 2nd floor</th>
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</thead>
<tbody>
<tr>
<td>☐ Floor tile and mastic</td>
<td>☐ Floor tile and mastic</td>
<td>☐ Pipe Saddles</td>
<td>☐ Plaster</td>
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<td>☐ ☐</td>
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<td>☐ ☐</td>
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**Disposal Date**

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<td>NEW CASTLE, DE</td>
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# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

### Date of Notification

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<th>7</th>
<th>24</th>
<th>12</th>
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**Name of Building Owner/Operator:**

Princeton University-Office of Design and Construction

**Street Address:**

200 Elm Dr.

**City, State, Zip Code:**

Princeton, NJ 08544

### Name of Facility Where Abatement is Taking Place

Princeton University-Jadwin Hall

### FACILITY INFORMATION

**Street Address:**

Washington Rd.

**City:**

Princeton

**County:**

Mercer

**Name of Monitoring Firm**

Mercer Environmental Inc.

**Name of Abatement Contractor:**

Bristol Environmental, Inc.

**Street Address:**

1123 Beaver Street

**City, State, Zip Code:**

Bristol, PA 19007

**Project Manager for Monitoring Firm:**

Michael Keehn

**Telephone No.:**

609-388-8800

**License No.:**

00509

**Name of OSHA Monitor:**

Bristol Environmental, Inc.

**Street Address:**

1123 Beaver Street

**City, State, Zip Code:**

Bristol, PA 19007

**Start Date:**

8 / 7 / 12

**Scheduled Completion Date:**

12 / 24 / 12

**Occupancy Status During Abatement:**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 9:30 PM __________ PM - ______ AM

**Scope of Work:**

- [ ] ≥ 3 ft
- [ ] ≥ 160 ft
- [ ] ≥ 260 ft

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

**Type:**

- [ ] Renovation
- [ ] Demolition

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

- [ ] Yes
- [ ] No
- [ ] N/A

**Location:**

- [ ] Throughout 2nd floor
- [ ] Throughout 2nd floor
- [ ] Elevator lobby 2nd floor
- [ ] Exterior soffit 2nd floor

**Description of Asbestos-Containing Material (ACM):**

- [ ] Floor tile and mastic
- [ ] Pipe Saddles
- [ ] Plaster

**Location:**

- [ ] Throughout 2nd floor
- [ ] Throughout 2nd floor
- [ ] Elevator lobby 2nd floor
- [ ] Exterior soffit 2nd floor

**Name of Registered Waste Hauler:**

Bristol Environmental, Inc.

**Cubic Yards of Waste:**

- [ ] 20,017 SF
- [ ] 59 LF
- [ ] 482 SF
- [ ] 32 SF

**Disposal Date:**

[ ] 1

**Name of Registered Landfill:**

G.R.O.W.S. Landfill

**Office of Design and Construction **

Princeton University
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 5:80 and 5:10)

**Date of Notification (1):**
- 9 / 21 / 12

**Name of Building Owner/Operator (2):**
- Princeton University-Office of Design and Construction

**Agency Notified:**
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

**Type Notification:**
- Initial
- Amended
- Amendment #3-1/29/13
- Emergency (including justification)
- Cancellation

**Street Address:**
- 200 Elm Dr

**City, State, Zip Code:**
- Princeton, NJ 08544

**Name of Contact:**
- Robert Ortega

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
- Princeton University- Jadwin Hall 2nd floor

**Street Address:**
- Washington Rd

**City (5):**
- Princeton

**County (6):**
- County Code (7) (STATE USE ONLY)

**Current Use (Prior if being demolished):**

**Name of Monitoring Firm Hired by Building Owner (8):**
- MERCER
- ATC Associates Inc

**ASCM No.:**

**Name of Abatement Contractor (9):**
- BRISTOL ENVIRONMENTAL, INC.

**Street Address:**
- 1123 BEAVER STREET

**City, State, Zip Code:**
- BRISTOL, PA 19007

**Telephone No.:**
- 215-788-6040

**License No.:**
- 00509

**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):**
- ≥3 sf or ≥3 ft
- ≥100 sf or ≥260 ft
- 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):**
- 2nd Floor
  - ACM Window frame caulk & glazing
  - 11,152 LF

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- Yes
- No
- N/A

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- 21500 SF

**Amount (Specify SF or LF):**
- 11,152 LF

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler:**
- SERVICE TRANSPORT GROUP INC
- NJ/DEP Waste Hauler ID No. 18706
- Cubic Yards of Waste

**Name of Registered Landfill:**
- G.R.O.W.S. NORTH LANDFILL
- MORRISVILLE, PA 19067

**Completed By (Print or Type):**
- Brian Scafaro
- Title
- Estimator

**Signature:**

**Disposal Date:**
- City, State
- NEW CASTLE, DE
- Date
- 1/29/13

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<th>Princeton University-Office of Design and Construction</th>
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<td>Agencies Notified</td>
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<td>□ #2-12/18/12</td>
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<td>□ Cancellation</td>
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<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
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<tr>
<td>Name of Contact</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Robert Ortega</td>
<td></td>
<td></td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University- Jadwin Hall 2nd floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Washington Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) | BRISTOL ENVIRONMENTAL, INC.**

| Street Address                                      | Bromley Corporate Center-Three Terri Lane   |
| City, State, Zip Code                               | Burlington, NJ 08016                         |
| Name of Project Manager for Monitoring Firm         | Michael Keen                                 |
| Telephone No.                                       | 609-386-8800                                 |

**Start Date (10) | 10 / 1 / 12 | Scheduled Completion Date (11) | 1 / 31 / 13**

**Facility Use During Abatement (Check only one):**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM

**Scope of Work (Check all that apply):**

- [ ] ≥ 3 sf or ≥ 3 l
- [ ] ≥ 160 sf or ≥ 260 l
- [x] Renovation  
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM)**

<table>
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<tr>
<th>TO BE ABATED</th>
<th>IN Facility</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td></td>
<td>ACM Window frame caulk &amp; glazing</td>
<td>11,152 LF</td>
<td></td>
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**Name of Registered Waste Hauler**

<table>
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<tr>
<th>SERVICE TRANSPORT GROUP INC</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td></td>
<td>18706</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
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**Commonwealth of New Jersey**  
**ABATED ASBESTOS CONTRACTOR APPLICATION**

**Completed By:** (Print or Type)  
Brian Scafiro  
Title: Estimator  
Signature: Brian Scafiro  
Date: 12/18/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
9 / 21 / 12

Name of Building Owner/Operator (2)
Princeton University- Office of Design and Construction

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-5

Type Notification
☐ Initial
☐ Amended
☐ Amendment 1-11/8/12
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Jadwin Hall 2nd floor

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Street Address
Washington Rd

City (5)
Princeton

County Code \STATE USE ONLY\ 

County (6)
MERCHER

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

ASCM No.

Street Address
Bromley Corporate Center - Three Terr Ln

City, State, Zip Code
Burlington, NJ 08016

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Telephone No.
609-386-8800

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
10 / 1 / 12

Scheduled Completion Date (11)
12 / 28 / 12

Scope of Work (Check all that apply)
☐ ≥300 sf or ≥35 if
☐ ≥150 sf or ≥175 if
☐ 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (13)

2nd Floor

ACM Window frame caulking & glazing

11,152 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
18706

Disposal Date

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
NEW CASTLE, DE

MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
11/18/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 8:16)

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<td>DHSS 6-7-72</td>
<td>Amended Amendment</td>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<td>Street Address</td>
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</tr>
<tr>
<td>Bromley Corporate Center Three Terri Lane</td>
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<tr>
<td>Burlington, NJ 08016</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Michael Keenh</td>
<td>609-388-8800</td>
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<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
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<td>10 / 1 / 12</td>
<td>12 / 28 / 12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Name of OSHA Monitor</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td></td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<td>Time of Abatement: 7:00AM-3:30PM/10AM-PM</td>
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<th>Scope of Work (Check all that apply)</th>
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<td>☑ 20 ft or ≥ 30 ft</td>
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<tr>
<td>≥ 160 ft or ≥ 260 ft</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>2nd Floor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Window frame caulk &amp; glazing</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>11,152 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Gloves Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Ribbable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>107806</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>BRISTOL, PA 19007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Secor</td>
<td></td>
<td></td>
<td></td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 6 / 12</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOLWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DHSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
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<tr>
<td>Type Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Initial</td>
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</tr>
<tr>
<td>□ Amended</td>
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<tr>
<td>Amendment #5-1-29/13</td>
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<tr>
<td>□ Emergency (including justification)</td>
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<td></td>
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<tr>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 Elm Dr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Princeton, NJ 08544</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Ortoga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University- Jadwin Hall</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Washington Rd</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>MERCER</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ATC Associates Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Bromley Corporate Center-Three Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Michael Keen</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>609-366-8800</td>
</tr>
<tr>
<td>License No.</td>
</tr>
<tr>
<td>00509</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>4 / 14 / 12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>1 / 29 / 13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
</tr>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of</td>
</tr>
<tr>
<td>Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility</td>
</tr>
<tr>
<td>Hours - Describe Time of Abatement: 7:00AM-3:30PM/</td>
</tr>
<tr>
<td>PM-3:30PM-AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
</tr>
<tr>
<td>□ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>□ &gt;160 sf or ≥260 If</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN FACILITY
(13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN FACILITY (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/</td>
</tr>
<tr>
<td>Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

| Corridor intersection                          |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |

| Outside room # 107                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |

| Outside room # J11                            |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |
| □                                             |

| Name of Registered Waste Hauler                |
| SERVICE TRANSPORT GROUP INC                    |
| NJ/DEP Waste Hauler ID No. 20990               |
| Cubic Yards of Waste                           |
| Name of Registered Landfill                    |
| G.R.O.W.S. NORTH LANDFILL                     |
| City, State                                    |
| NEW CASTLE, DE                                 |
| Completed By (Print or Type)                   |
| Brian Scarsno                                   |
| Title                                          |
| Estimator                                      |
| Signature                                      |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 5:16)

Date of Notification (1) 7 / 6 / 12

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr
Princeton, NJ 08544

City, State, Zip Code
Telephone Number

Name of Contact
Robert Ortega

FACILITY INFORMATION

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

Street Address
Washington Rd

City (5)
Princeton

County (5)
MERGER

Square Feet
# of Floors
Bldg. Age

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Bromley Corporate Center-Three Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keen

Telephone No.
609-366-8800

License No.
215-788-6040
00509

Telephone No.

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 4 / 14 / 12
Scheduled Completion Date (11) 1 / 29 / 13

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM_ _ PM- _AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥2 if
☒ ≥160 sf or ≥260 if
☐ Demolition
☐ Renovation

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, VAC, or other miscellaneous)

Amount (Specify SF or LF)
Abatement Type
Repeal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Disposal Date

City, State

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature

Disposal Date

City, State

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1):
7 / 6 / 12

Name of Building Owner/Operator (2):
Princeton University-Office of Design and Construction

Agencies Notified:
- [ ] EPA
- [X] DOHWD
- [X] DHSS
- [ ] DCA (NJAC 5:23-8)
Type Notification
- [ ] Initial
- [X] Amended
- [ ] Amendment #4-12/18/12
- [ ] Emergency (Including Justification)
- [ ] Cancellation

Street Address:
200 Elm Dr
City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortega
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Princeton University- Jadwin Hall

Street Address:
Washington Rd
City (5):
Princeton

County (6):
MERCIER
County Code (7)(STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
ATC Associates Inc
ASCN No.:

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007

Project Manager for Monitoring Firm:
Michael Keen
Telephone No.:
609-386-8800
License No.:
005609

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Start Date (10):
4 / 14 / 12
Scheduled Completion Date (11):
1 / 31 / 13

Occupancy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM__PM-____AM

Scope of Work (Check all that apply):
[ ] ≥3 sf or ≥3 ft
[ ] ≥160 sf or ≥260 ft
[ ] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
[ ] Yes
[ ] No
[ ] N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):

Amount (Specify SF or LF):

Abatement Type:

End Stage

Location

B-Level
[ ] Floor tile and mastic
12,212 SF
[ ] [ ] [ ]

Stair towers #2, #3, #4 & #5
[ ] Floor tile and mastic
1,755 SF
[ ] [ ] [ ]

Stair towers #2, #3, #4 & #5
[ ] Window caulking and glazing
1,094 LF
[ ] [ ] [ ]

Throughout 1st Floor
[ ] Window caulking and glazing
2,548 LF
[ ] [ ] [ ]

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP INC

Cubic Yards of Waste:

Name of Registered Landfill:
G.R.O.W.S. NORTH LANDFILL

City, State:
NEW CASTLE, DE

Disposal Date:

Completed By (Print or Type):
Brian Scafaro
Title:
Estimator

Signature:
[ ]

Date:
12/18/12

MAY 11

* Do not use this form for asbestos hazard assessments.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:60 and 5:16)

**Name of Building Owner/Operator (1)**  
Princeton University - Office of Design and Construction

**Date of Notification (1)**  
7/6/12

**Agencies Notified (2)**  
- [ ] EPA  
- [x] DOLWD  
- [ ] DHSS  
- [ ] DCA  
  (NJAC 5:23-8)

**Type Notification (3)**  
- [x] Amended
- [ ] Amendment #4-12/18/12
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address (4)**  
200 Elm Dr

**City, State, Zip Code (5)**  
Princeton, NJ 08544

**Name of Contact (6)**  
Robert Ortega

**Telephone Number (7)**

**FACILITY INFORMATION (8)**

**Name of Facility Where Abatement is Taking Place (9)**  
Princeton University - Jadwin Hall

**Street Address (10)**  
Washington Rd

**City (11)**  
Princeton

**County (12)**  
Mercer

**County Code (13)** (STATE USE ONLY)

**Current Use (Prior if being demolished)**

**Type of Facility (14)**  
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet (15)**  

**# of Floors (16)**  

**Bldg. Age (17)**

**Name of Monitoring Firm Hired by Building Owner (18)**

**ATC Associates Inc**

**ASCM No. (19)**

**Name of Abatement Contractor (20)**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address (21)**  
1123 BEAVER STREET

**City, State, Zip Code (22)**  
BRISTOL, PA 19007

**License No. (23)**  
00509

**Telephone No. (24)**  
215-788-6040

**Project Manager for Monitoring Firm (25)**

**Michael Keehn**

**Telephone No. (26)**  
609-388-8800

**Start Date (27)**  
4/14/12  
**Completion Date (28)**  
1/31/13

**Facility Closed/Vacated During Entire Period of Abatement (29)**

**Abatement Performed Outside of Normal Facility Hours**

**Time of Abatement: 7:00 AM - 3:30 PM**

**Scope of Work (Check all that apply)**  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovesbag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM)**

**To be Abated in Facility (30)**

**Location**

**Is Location Normally Used Solely by Maintenance Custodial Staff? (31)**

**Yes (32)**

**No (33)**

**N/A (34)**

**Description of Asbestos Containing Material (ACM)**

**(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>47 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>230 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>110 SF</td>
<td>☒</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (35)**

SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 209090

**Cubic Yards of Waste (36)**

**Name of Registered Landfill (37)**

G.R.O.W.S. NORTH LANDFILL

**City, State (38)**

MORRISVILLE, PA 19067

**Disposal Date (39)**

**City, State (40)**

**Date (41)**  
12/18/12

**Completed By (Print or Type) (42)**

**Title (43)**

Brian Scafiro

**Signature (44)**

**Date (45)**  
12/18/12

---

*Do not use this form for asbestos license exempted activities*
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

### Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

### Name of Building Owner/Operator
Princeton University-Office of Design and Construction

### Street Address
200 Elm Dr

### City, State, Zip Code
Princeton, NJ 08544

### Name of Contact
Robert Ortega

### Name of Facility Where Abatement is Taking Place
Princeton University- Jadwin Hall

### Street Address
Washington Rd

### City
Princeton

### County
MERCER

### Name of Monitoring Firm Hired by Building Owner
ATC Associates Inc

### ASCM No.

### Name of Abatement Contractor
BRISTOL ENVIRONMENTAL, INC.

### Street Address
1123 BEAVER STREET

### City, State, Zip Code
BRISTOL, PA 19007

### Project Manager for Monitoring Firm
Michael Keefe

### Telephone No.
609-386-8800

### Start Date
4 / 14 / 12

### Scheduled Completion Date
12 / 28 / 12

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

### Square Feet

### # of Floors

### Current Use (Prior to if being demolished)

### 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)
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempt (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED

**IN FACILITY**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corridor intersection</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Outside room # 107</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Outside room # J11</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
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<td>Floor tile and mastic</td>
<td>230 SF</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>110 SF</td>
</tr>
</tbody>
</table>

### Location of Asbestos-Containing Material (ACM) USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corridor intersection</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Outside room # 107</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Outside room # J11</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

### NJDEP Waste Hauler ID No.
209890

### Cubic Yards of Waste

### Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

### City, State
MORRISVILLE, PA 19067

### Disposal Date

### Completed By
Brian Scafeiro

### Title
Estimator

### Signature

### Date
12/4/12
State of New Jersey

NOTIFICATION OF ASPERTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16) 2013 JAN 31 PM 238

Date of Notification (1)
7 / 6 / 12

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERDER

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6040

License No.
00509

Name of OSFA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-Level</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>12,212 SF</td>
<td>• Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Stair towers #2, #3, #4 &amp; #5</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>1,755 SF</td>
<td>• Mini-Enclosure</td>
</tr>
<tr>
<td>Stair towers #2, #3, #4 &amp; #5</td>
<td>No</td>
<td>Window caulk and glazing</td>
<td>1,094 LF</td>
<td>• Glovebag Procedure</td>
</tr>
<tr>
<td>Throughout 1st Floor</td>
<td>No</td>
<td>Window caulk and glazing</td>
<td>2,548 LF</td>
<td>• Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

City, State
BRISTOL, PA 19007

Cubic Yards of Waste

G.R.O.W.S. NORTH LANDFILL

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafacio

Title
Estimator

Signature

Date
7/6/10
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 6 / 12</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>Amendment 2-7/8/12</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Elm Dr</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Princeton, NJ 08544</td>
<td></td>
</tr>
</tbody>
</table>

Name of Contact: Robert Ortega

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University- Jadwin Hall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Rd</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bromley Corporate Center-Three Terri Lane</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Burlington, NJ 08016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Keehn</td>
<td>609-366-8800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 14 / 12</td>
<td>12 / 4 / 12</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM-AM

Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sq ft or ≥ 260 sq ft
- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corridor Intersection</td>
<td>☐       ☑   ☐</td>
<td>Floor tile and mastic</td>
<td>47 SF</td>
</tr>
<tr>
<td>Outside room # 107</td>
<td>☐       ☑   ☐</td>
<td>Floor tile and mastic</td>
<td>230 SF</td>
</tr>
<tr>
<td>Outside room # J11</td>
<td>☐       ☑   ☐</td>
<td>Floor tile and mastic</td>
<td>110 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>18706</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
<td>12/4/11</td>
<td>MORRISVILLE, PA 19067</td>
</tr>
</tbody>
</table>

Completed By (Print or Type): Brian Scalfro
Title: Estimator
Signature: Brian Scalfro
Date: 9/6/12
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

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

Current Use (Prior if being demolished)

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6040

License No.
00509

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)
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility

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

Endoscope

Endoscope

Endoscope

Endoscope

B-Level

Stair towers #2, #3, #4 & #5

Stair towers #2, #3, #4 & #5

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafaro

Title
Estimator

Signature

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

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### Name of Facility Where Abatement Is Taking Place (3)
Princeton University- Jadwin Hall

### Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
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</thead>
<tbody>
<tr>
<td>ATC Associates Inc</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

### Street Address
1123 BEAVER STREET

### City, State, Zip Code
BRISTOL, PA 19007

### Scope of Work (Check all that apply)
- 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

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<td>Stair towers #2, #3, #4 &amp; #5</td>
<td>No</td>
<td>Window caulk and glazing</td>
<td>1,094 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

### Cubic Yards of Waste
- NJ/DEP Waste Hauler ID No. 18708

### Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

### City, State
BRISTOL, PA 19007

### Disposal Date
City, State
MORRISVILLE, PA 19067

### Completed By (Print or Type)
Brian Seafiro

### Title
Estimator

### Signature
Brian Seafiro

### Date
4/4/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 12-31-12

Agencies Notified
[X]DEP
[X]DOL
[X]DOH
[ ]DEA

Name of Building Owner/Operator (2)
Crestfoam Industries

Street Address 100 Carol Pl.
City, State, Zip Code Moonachie, NJ 07074

Name of Contact Brian Long

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Crestfoam Industries

Street Address 100 Carol Place
City (5) Moonachie
County (6) Essex
County Code (7) BERGEN

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

Square Feet 56,000 # of Floors 1 Bldg. Age 45

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)
CTSI

ASCN No. 00109

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address 237 W. 35th STREET SUITE 805
City, State, Zip Code NEW YORK, NY 10001

Project Manager for Monitoring Firm

Farhood Selanic

Telephone Number 212-971-1017

Scheduled Start Date (10) Month 1 Day 8 Year 2013
Sched. Completion Date (11) Month 1 Day 18 Year 2013

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: OOO

Other - Describe: Other Occupancy Descriptions

Scope of Work (Check all that apply)
[X]33 sf or 93 15
[X]160 sf or >260 1f

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)

Location Normally Used
Yes No N/A

Solvent By Maintenance/Custodial Staff (12)

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SP or LF)

Abatement Type
[ ]Full Containment with Negative Pressure
[ ]Non-Friable Procedure
[ ]Mini-Enclosure
[ ]Glovebag Procedure

Location
Ceilings & perimeter basboard 1st floor
VAT PL tracks. 1st floor

ACM Pipe Insulation

475 1f

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No. 17040

Cubic Yards Name of Registered Landfill
3.0 G.R.O.W.S.

City, State Montclair, NJ 07042

Disposal Date 1-21-2013

Name of Registered Landfill
City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian Title President

Signature Date 12-31-2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification: 1/28/13

Name of Building Owner/Operator: Arthur Masiello

Street Address: 29 Kilmer Drive

City, State, Zip Code: Short Hills, NJ 07078

Name of Contact: Jeff Goldfinger

FACILITY INFORMATION

Private house

Street Address: 29 Kilmer Drive

City: Short Hills, NJ 07078

County Code (7) (STATE USE ONLY): Essex

Name of Monitoring Firm Hired by Building Owner: Gr Tech LLC

ASCM No.: 576 Valley Rd #283

Street Address: Wayne, NJ 07470

City, State, Zip Code: Wayne, NJ 07470

Project Manager for Monitoring Firm: Envirovision Consultants, Inc

Telephone No.: 20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code: Fair Lawn, NJ 07410

License No.: 973-638-1777

Name of Abatement Contractor: 01127

Name of OSHA Monitor: Envirovision Consultants, Inc

Scope of Work:

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

Abatement Type:

- Asbestos
- Silica
- Other Hazardous Material
- Other (i.e., private and commercial buildings, homes, etc.)

- Location of Asbestos-Containing Material (ACM) TO BE ABATED
- Normally Used Solely by Maintenance/ Custodial Staff
- Description of Asbestos-Containing Material (ACM)
- Amount (Specify SF or LF)
- Abatement Type

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>75 LF</td>
</tr>
<tr>
<td>VAT Floor Tiles</td>
<td>200 SF</td>
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</tbody>
</table>

Name of Registered Waste Hauler: N.J.E.P. Waste Haulers, Inc.

Cubic Yards of Waste: TBD

Name of Registered Landfill: T.R.R.F. Inc

Tullytown, PA

Disposal Date: TBD

City, State: Wayne, NJ 07470

Completed By (Print or Type): N. Jevtic

Title: Owner

Signature: Jevtic

Date: 01/28/2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

State of New Jersey

Date of Notification (1)
1/27/13

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Nasmare Cotto /Private Home

Street Address
619 Wabash Avenue
City, State, Zip Code
Atlantic City NJ 08401

Name of Contact
Nasmare

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Nasmare Cotto /Private Home

Street Address
619 Wabash Avenue

City (5)
Atlantic City NJ 08401

County (6)
Atlantic

Type of Facility (4)
School (K-12)
Subchapter 9 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
1000+

# of Floors
1+

Bidg. Age
35+

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
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
2/11/13

Scheduled Completion Date (11)
2/18/13

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)

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

Crawl Space

Pipe Insulation

90 LF

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount
Specify
SF or LF

Removal
Repair
Encapsulate
Endorse

Endorse

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
City, State

Disposal Date
2/18/13

Morrisville PA 19067

Completed by
Anthony T. Perna
Title
President

Signature

Date
1/27/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/28/13

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Allen Vogelson

Street Address
102 White Oak Rd

City, State, Zip Code
Cherry Hill, NJ 08034

Name of Contact
Allen

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)*
Hill Manor Apts

Street Address
203 Reading Rd

City (5)
Oaklyn NJ 08107

County (6)
Camden

Current Use (Prior if being demolished)
1000+ SF

# of Floors
2

Bldg. Age
35+

Square Feet

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
2/12/13

Scheduled Completion Date (11)
2/18/13

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: Basement Closed off

Scope of Work (Check All that Apply)
☐ ≥ 2sf or ≥ 23 If
☐ ≥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

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)
Pipe insulation

Amount (Specify SF or LF)
25 LF

Abatement
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorsement

Endorsement

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
Morrisville PA 19067

Disposal Date
2/18/13

Completed by
President

Signature

Date
1/28/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/27/13</td>
<td>Christine Salamone /Private Home</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>121 East 16th Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City: Ship Bottom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>State: NJ Zip Code: 08008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Salamone /Private Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ship Bottom</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Ocean</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>1000+</td>
<td>1+</td>
<td>35+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Pernaco Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/8/13</td>
<td>2/19/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 units or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
</tr>
<tr>
<td>1400.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>22459</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill (G.R.O.W.S.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Morrijville PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elm NJ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/18/13</td>
<td>Anthony T Perna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/27/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
1/27/13

Name of Building Owner/Operator (2)
Joe Mancini /Private Home

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
7101 Ocean Rd
City, State, Zip Code
Brant Beach NJ 08008
Name of Contact
Joe
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Joe Mancini /Private Home
Street Address
7101 Ocean Rd
City (5)
Brant Beach NJ 08008
County (6)
Ocean
County Code (7)
(SSTATE USE ONLY)

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

Square Feet
1000+
# of Floors
1+
8ldg. Age
35+
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
PO Box 329
City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
856-753-9800
License No.
00727

Start Date (10)
2/3/13
Scheduled Completion Date (11)
2/19/13
Name of OSHA Monitor
Same

Occupy 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 if
- ≥160 sf or ≥260 if
- 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 (12)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
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)
1200 SF
Abatement Type

Bottom of House
transite Board

Name of Registered Waste Hauler
United Containers
NJ/DEP Waste Hauler ID No.
22459
Cubic Yards of Waste
2
Name of Registered Landfill
G.R.O.W.S.
City, State
Elm NJ
City, State
Morrilsville PA 19067
Disposal Date
2/18/13

Completed by
Anthony T. Perna
Title
President
Signature

Date
1/27/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/28/2013
Name of Building Owner/Operator (2)
Mark Drew

Agencies Notified
[ x ] EPA
[ ] DEP
[ x ] DOL
[ x ] DOH
[ ] DCA
Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including justification)
[ ] Cancellation

Street Address
1416 Cypress Street
City, State, Zip Code
Point Pleasant, NJ 08742

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Residence

108 Sanborn Avenue
City
Point Pleasant Beach
County (6)
Ocean
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm
Telephone Number

Scheduled Start Date (10) 1/28/13
Scheduled Completion Date (11) 1/29/13

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

Scope of Work (Check all that apply)
[ ] >500 sf or >500 ft
[ x ] 1600 sf or >2600 ft
[ x ] Renovation
[ x ] Demolition
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in facility (13)
Exterior

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)
Asbestos siding 1350 sf X

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 202223
Cubic Yards of Waste 3
Name of Registered Landfill T.R.R.F.
City, State
Toms River, New Jersey
Disposal Date 1/30/13
City, State
Tullytown, Pennsylvania
Completed by (Print or Type)
Nicholas Fernicola
Title Project Manager
Signature
Date 1/28/2013

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>January 28, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>T Fiore Demolition</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] EPA</td>
<td>[ ] Initial Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[x] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[x] DOH</td>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>645 Fisher Blvd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Square feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County Code</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>License Number</td>
</tr>
<tr>
<td>License No.</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Start Date (10)</td>
<td>1/29/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/30/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 3+ sf or ≥2 if</td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>[x] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[x] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
</tr>
<tr>
<td>Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUIEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1/31/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/25/13

Name of Building Owner/Operator (2)
Michael Paone

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

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

Street Address
719 Belmont Road

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Michael Paone

FACILITY INFORMATION

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

Name of Facility Where Abatement is Taking Place (3)
House

Street Address
719 Belmont Road

City (5)
Ridgewood

County Code (7)
Bergen

County (6)
(BERGEN)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

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)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
2/7/13

Scheduled Completion Date (11)
2/8/13

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 23 if
☐ ≥ 190 sf or ≥ 2600 if
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
☐ In Facility
☐ Not to exceed 100 ft
☐ Other

basement

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)
Pipe insulation

Amount (Specify SF or LF)
84 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorsement

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
# 00675

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Birkusnin

Title
Project Manager

Signature
Delores Bell

Date
1/25/13

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator (2)**
Kevin & Ingrid Cipriano-Matthews

**Tanggal of Notification (1)**
1/25/13

** Agencies Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

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

**Street Address**
353 North Fullerton Avenue

**City, State, Zip Code**
Montclair, NJ 07043

**Name of Contact**
Kevin & Ingrid Cipriano-Matthews

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
House

**Street Address**
353 North Fullerton Avenue

**City (5)**
Montclair

**County (6)**
Essex

**County Code (7)**
N/A

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Current Use (Prior if being demolished)**
House

**Name of Monitoring Firm Hired by Building Owner (8)**
N/A

**ASCN No.**

**Name of Abatement Contractor (9)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Telephone No.**
973-345-8685

**License No.**
H0675

**Name of OSHA Monitor**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Start Date (10)**
2/12/13

**Scheduled Completion Date (11)**
2/13/13

**Occupancy Status During Abatement (Check Only One)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other – Describe: Occupied

**Scope of Work (Check All That Apply)**
- [X] 23 sf or >23 if
- [ ] 160 sf or >160 if
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Flammable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

**In Facility (13)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>145 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJ DEP Waste Hauler ID No.**
#00675

**Cubic Yards of Waste (TBD)**

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Completed by**
Deanna Bkusanin

**Title**
Project Manager

**Signature**

**Date**
1/25/13

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey
Check # 10404
1-4-12
MAGGIE KONNER
Name of Building Owner/Operator (2)

Agencies Notified     Type Notification
[X] EPA               [X] Initial Notification
[X] DOT               [ ] Amended Notification
[X] DOH               [ ] Emergency
[ ] DCA               [ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

20 KNOLLWOOD TERRACE
City (5)                County (6) Essex County Code (7)
Caldwell, NJ, 07006

Name of Monitoring Firm hired by Building Owner (8)
N/A

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.

Square Feet     # of Floors     Block Age
2700            2                84

Current Use (Prior if being demolished)

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

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

Scope of Work (Check all that apply)
[X] >3 sf or ≥ 1lf
[X] Renovation
[X] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

In Facility

Location Normally Used Solely By Maintenance/Custodial Staff (12)

Yes No N/A

Location of Asbestos-Containing Material (ACM)
(i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Basement

X Pipe insulation 60 lf X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste
1.5

Name of Registered Landfill
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date
1-16-2012

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian
Title
President

Signature
Date
1-4-2013
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Jan 1400 01.40a Aztech Management**

**REMEMBER - MAIL IN HARD COPY**

**Date of Notification (1)**
1-25-2013

**Agencies Notified**
- [ ] DEP
- [X] DOH
- [ ] DOCA
- [ ] Cancellation

**Type of Notification**
- [ ] Initial
- [X] Amended
- [X] Emergency

**Name of Building Owner/Operator (2)**
Harold Plummer

**Street Address**
159 Watchung Ave.

**City, State, Zip Code**
Montclair, NJ 07042

**Name of Contact**
Harold Plummer

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**

**Same as above**

**Name of Monitoring Firm hired by Building Owner**

**Owner (8)**
N/A

**Street Address**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone Number**
N/A

**Scheduled Start Date (10)**
N/A

**Sched. Completion Date (11)**
N/A

**Month 1 Day 25 Year 2013**

**Month 1 Day 25 Year 2013**

**Occupancy Status During Abatement**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: (Other Occupancy Description)

**Scope of Work (Check all that apply)**
- [X] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ELIMINATED**
- [X] In Facility

**Description of Asbestos-Containing Material (ACM)**

**Abatement Type**

**Abatement Method**
- [X] Full Containment with Negative Pressure
- [ ] Encapsulation

**Abatement Date**
1-28-2013

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Public Waste Disposal Date**
G.R.O.W.S.

**City, State**
Montclair, NJ 07042

**Name of Registered Landfill**
1-15-2013

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type)**
Constantine Vivian

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

Date of Notification (1) 1-28-2013

Name of Building Owner/Operator (2) KEVIN PILLEY

Street Address 265 UNION AVE

City, State, Zip Code NEW PROVIDENCE, NJ, 07974

Name of Contact KEVIN PILLEY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above

Street Address 265 UNION AVE

City (5) New Providence  County (6) Essex  County Code (7) UNION

Name of Monitoring Firm hired by Building Owner (8) N/A

Name of Abatement Contractor (9) AZTECH MANAGEMENT, INC.

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Project Manager for Monitoring Firm Telephone Number (973) 744-8800

Name of OSHA Monitor N/A

Scheduled Start Date (10) N/A  Sched. Completion Date (11) N/A

Month 1 Day 29 Year 2013  Month 1 Day 30 Year 2013

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Details

Other - Describe: Other Occupancy Details

Scope of Work (Check all that apply)
[X] < 3 sf or < 3 lf
[X] 160 sf or < 260 lf
[X] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility

Location Normally Used 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

REMOVABLE ENCLOSURE
REPAIR REPAIR ENCLOSURE
ENCLOSURE

Basement X PIPE INSULATION 110 X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill G.R.O.W.S.

City, State Montclair, NJ 07042

Disposal Date 1/31/2013

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian  Title President

Signature Date 1-28-2013
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/28/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300-77 TH ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY, N.J., 08243</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>PAUL EDUARDI</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>TEL</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>4460 VENETIAN ROAD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
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</thead>
<tbody>
<tr>
<td>SEA ISLE CITY</td>
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</table>

<table>
<thead>
<tr>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCAPE MAY</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACANT</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMER INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>369 S. SPRUCE AVE.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>MAPLE SHADE, N.J., 08052</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
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</thead>
<tbody>
<tr>
<td>856-779-0477</td>
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</table>

<table>
<thead>
<tr>
<th>License No</th>
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<tbody>
<tr>
<td>00444</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
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<tbody>
<tr>
<td>JOSEPH KLEEM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
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<tbody>
<tr>
<td>MAPLE SHADE, N.J., 08052</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
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<tbody>
<tr>
<td>2/11/13</td>
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<table>
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<tr>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>2/18/13</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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<tbody>
<tr>
<td>SIDING</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes No N/A</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE</td>
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| Amount (Specify SF or LF) | 1700 sq ft |

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>KLEEMER INC.</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler D No.</th>
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<tbody>
<tr>
<td>17904</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>0</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>C.M., C.M.V.A.</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tr>
<td>MAPLE SHADE, N.J.</td>
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<th>Disposal Date</th>
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<tbody>
<tr>
<td>1/28/13</td>
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<table>
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<tr>
<th>Completed By</th>
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<tbody>
<tr>
<td>JOSEPH KLEEM</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>V/P</td>
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<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>James Klem</td>
</tr>
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<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>1/28/13</td>
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</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/29/13

Name of Building Owner/Operator (2) PINELEND CONSTRUCTION

Street Address 300 77th St.
City, State, Zip Code Sea Isle City, N.J. 08243

Name of Contact Frank Edoardi
Telephone Number

 FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE
Street Address 153 24th Street
City (5) Avalon
County (6) Cape May

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

Square Feet

Current Use (Prior to being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner N/A

ASOM No.
Name of Abatement Contractor (9) Klemco Inc.
Street Address 369 S. Spruce Ave.
City, State, Zip Code Maple Shade, N.J. 08052

Telephone No. 856-779-0472
License No. 00474

Name of OSHA Monitor Joseph Klemo
Street Address 369 S. Spruce Ave.
City, State, Zip Code Maple Shade, N.J. 08052

Scope of Work (Check all that apply)
33 sf or < 33 sf
33 sf or > 2600 sf
Removal & Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSITE</td>
<td></td>
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</tbody>
</table>

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAM, or other miscellaneous).

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler Klemco Inc.
NEPA Waste Hauler ID No. 1996

Cubic Yards of Waste
Name of Registered Landfill C.M.C.M.U.A.

Disposal Date
City, State Woodbine, N.J.

Completed By Joseph Klemo Title VIP
Signature Joseph Klemo Date 1/29/13

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 1/28/13

**Name of Building Owner/Operator (2):**
CARE TECH CONSTRUCTION

**Guest Address:**
155 N. 50

**City, State Zip Code:**
OCEAN, NJ, 07712

**Name of Contact:**
Bruce Andereon

**FACILITY INFORMATION**

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

**Street Address:**
2821-23 ASBURY AVE.

**City (5):**
OCEAN CITY

**County (6):**
CAPE MAY

**Name of Monitoring Firm Hired by Building Owner (8):**
N/A

**Name of Abatement Contractor (9):**
Klemco INC.

**Street Address:**
369 S. SPRUCE AVE.

**City, State Zip Code:**
MAPLE SHADE, N.J., 08052

**Current Use (Prior to being demolished):** VACANT

**Type of Facility (4):**
School (K-12)

**Current Use Code:**
1000

**Square Feet:**
9

**No. of Floors:**
2

**Building Age:**
100

**Facility Closest/Validated During Entire Period of Abatement:**

**Occupancy Status During Abatement (Check only one):**

**Abatement Performed Outside of Normal Facility Hours:**

**Scope of Work (Check all that apply):**

**Removal**

**Demolition**

**Description of Asbestos-Containing Material (ACM) (Check all that apply):**

**Amount (Specify SF or LF):**

**Asbestos Type:**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

**Name of Registered Waste Hauler:**
Klemco INC.

**NIDEP Waste Header D No.:**
17904

**Cubic Yards of Waste:**
3000

**Name of Registered Landfill:**
C.M.C., M.O.A.

**Disposal Date:**
1/28/13

**City, State Zip Code:**
MAPLE SHADE, N.J., 08052

**Signature:**
Joseph Klemm

**Date:** 1/28/13

---

*Do not use this form for asbestos removal of exempted activities*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 1/29/13

Name of Building Owner/Operator (2): FRANK FECH CONTRACTING

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

Site Address: 205 27TH ST.

City: OCEAN CITY

County: CARRIAGE

Name of Abatement Contractor (5): KLEEMCO INC.

Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Square Feet: 1000

# of Floors: 2

Bldg Age: 40 YRS

Current Use (Prior to being demolished): VACANT

Type of Facility (4): Other (I.E., private & commercial building, home, etc.)

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):
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

- Siding

Name of Registered Waste Hauler: KLEEMCO INC.

Name of Registered Landfill: C.M.C.M.U.A.

ON STATE: MAPLE SHADE, N.J. 08052

Date: 1/29/13

Complied By: JOSEPH KLEEM

Owner:

Signature:

Do not use this form for asbestos licensed or exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
1/24/2013
Check #2357

Name of Building Owner/Operator (2)
St John the Evangelist Parish

Agencies Notified (3)

EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment # __,
Emergency (including justification)
Cancellation

City, State, Zip Code
Bergenfield, NJ 76410

Name of Contact
Monsignor Richard J. Arnolds

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Transfiguration Academy

Street Address
10 Bradley Avenue

City (5)
Bergenfield, NJ

County Code (7)
BERGEN

County Code (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 65th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm
Fred Larson

Telephone No.
973-636-9145

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
1/26/2013

Scheduled Completion Date (11)
1/28/2013

Occupy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 12:00 noon

Scope of Work (Check All That Apply)

≥ 324 sf or ≥ 324 ft
≥ 160 sf or ≥ 160 ft
Renovation
Demolition

Description of Abatement Type
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

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, other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Second Floor-Girls Bathroom

Steam Line

7 LF

Name of Registered Waste Hauler
Freehold Cartage

Waste Hauler ID No.
15939

Cubic Yards of Waste

Name of Registered Landfill
Waste Management

City, State
PO Box 5010

Disposal Date

City, State
Tullytown, PA

Completed by
Gina Salvador

Title
Office Manager

Signature

Date
1/24/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1-23-13

Name of Building Owner/Operator (2)
Anthony Orefice

Agency Notified
DEPA
DEP
DOL
ROH
RDECA

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

Street Address
29 Monroe St.

City, State, Zip Code
West Long Branch, NJ 07764

Name of Contact
Anthony

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential home

Street Address
29 Monroe St.

City
West Long Branch

County
Monmouth

Current Use (Prior to being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (6)
Finog Environmental

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

County Code (7) (STATE USE ONLY)

Square Feet
2000

# of Floors
2

Bldg. Age
+/−100

Name of Abatement Contractor (8)
Pepper Environmental Services, Inc.

Street Address
617 Stokes Road, Suite 4-318

City, State, Zip Code
Medford, NJ 08055

Project Manager for Monitoring Firm
Mark Rubinetz

Telephone No.
888-715-2211

License No.
00848

Start Date (10)
1-31-13

Scheduled Completion Date (11)
1-31-13

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 l
☐ ≥ 160 sf or ≥ 260 l
☐ Renovation
☐ Demolition

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

Encapsulate
Removal
Repair

Encapsulate
Removal
Repair

Name of Registered Waste Hauler

Service Transport

Cubic Yards of Waste

Name of Registered Landfill

A & L Salvage

City, State
Morrisville, PA

Disposal Date

City, State
Libson, OH

Completed by
Jennifer Niven
Dir. of Operations

Signature

Date
1-23-13

* Do not use this form for asbestosโรงเลิกอน(exempted) activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3909/13

Date of Notification (1) 12/5/2013

Name of Building Owner / Operator (2)
THE PORT AUTHORITY OF NEW YORK & NEW JERSEY/LUFTHANSA

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial Notification
- Amended Notification
- Cancellation

Street Address
241 ERIE STREET, ROOM 236
City, State & Zip Code
JERSEY CITY, NJ 07310
Name of Contact
MR. RALPH CAMPIONE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TERMINAL B, B-3 SATELLITE DEPARTURES LEVEL-LUFTHANSA LOUNGE

Street Address
NEWARK INTERNATIONAL AIRPORT
City (5) County (6) County Code (7)
NEWARK ESSEX

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

Square Feet
1.2 MIL.

# of Floors
2

Bidg. Age
50+

Current Use (Prior if being demolished)
AIRPORT

Name of Monitoring Firm Hired by Building Owner (8)
THE PORT AUTHORITY OF NY&NJ
ASCM No. 0045

Name of Abatement Contractor (9)
ETS CONTRACTING, INC.

Street Address
241 ERIE STREET, ROOM 236
City, State & Zip Code
JERSEY CITY, NJ 07310

Telephone Number
(973) 624-6988
License Number
718-706-6300 00511

Name of OSHA Monitor
TESTOR TECH., INC.

Street Address
1059 JACKSON AVE
City, State & Zip Code
L.I.C., NY 11101

Operability Status During Abatement (Check one only)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  Describe: Monday - Friday from 7:00 AM - 12:30 AM
- Other - Describe:

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other:

Location of Asbestos-Containing Material (ACM)
IN TO BE ABATED

in Facility

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount (Specify Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Removal)

TERM#B CONNECTOR, DEPT LEVEL LUFTHANSA LOUNGE

NO FIREPROOFING 385 LF REMOVAL

TERM#B CONNECTOR, DEPT LEVEL LUFTHANSA LOUNGE

NO FIREPROOFING 4,685 SF ENCAPSULATION

Name of Registered Waste Hauler
NJDEP Waste Hauler ID # 2A-458

Cu. Yds. of Waste
120

Name of Registered Landfill
MINERVA ENTERPRISES, INC.

City, State Disposal Date
1199 RANDELL AVENUE, BRONX, NY 10474

9000 MINERVA ROAD,
WAYNESBURG, OH 44688

Completed By (Print or Type) Title
Ritchie Smith Sr. Project Executive

Signature Date
1/25/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
January 28, 2013

Name of Building Owner/Operator (2)
IMTT - Bayonne

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
[ ] Initial
[ ] Amended
[ ] Emergency (including justification)
[ ] Amendment #002
[ ] Cancellation

Street Address
250 East 22nd Street

City, State, Zip Code
Bayonne, New Jersey 07002

Name of Contact
Aubrey Hotard
 Telephone Numbers

Name of Facility Where Abatement is Taking Place (3)
IMTT - Bayonne

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

Square Feet

# of Floors

Bldg. Age

County Code (7)

County (8)
Bayonne, New Jersey 07002

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
EnviroVision Consultants, Inc.

ASCM No.
00079

Name of Abatement Contractor (9)
Insulations, Inc.

Street Address
1101 Edwards Avenue

City, State, Zip Code
Harahan

License No.
01120

Telephone No.
504-733-5033

Telephone No.
973-636-9145

Name of OSHA Monitor

Project Manager for Monitoring Firm
Guillermo Morales

Start Date (10)
January 30, 2013

Scheduled Completion Date (11)
February 28, 2013

Occupy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: area unoccupied

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 ft
[ ] ≥160 sf or ≥260 ft
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

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)
Asbestos pipe insulation

Amount (Specify SF or LF)
4,250 sf

Abatement Type

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No.
S-2265

Cubic Yards of Waste
<30

Name of Registered Landfill
IESI

City, State
Dunmore, PA

Disposal Date
02/28/2013

City, State
Bethlehem, PA

Completed by
Aubrey Hotard

Title
Corporate Safety Director

Signature

Date
01/28/2013

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