State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1)  
07-10-17

Name of Building Owner/Operator (2)  
Concord States

Agency Notified  | Type Notification  | Street Address  | City, State, Zip Code  | Telephone Number
---|---|---|---|---
EPA  | Initial  | 217 Brook Ave.  | Passaic, NJ 07055  |

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Commercial Property

Street Address  
217 Brook Ave

City (5)  
Passaic

County Code (7)  
Passaic

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)  
ASCM No.

Name of Abatement Contractor (8)  
Delta Contracting LLC.

Phone Number  
201 216-9603

License No.  
01206

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe: 7:00 AM - 5:00 PM

Scope of Work (Check All That Apply)

- 23 sf or 23 ft
- 1600 sf or 2200 sf

Renovation
Demolition

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)

- 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
Repair
Removal

Name of Registered Waste Hauler  
Delta Contracting LLC

Cubic Yards of Waste  
15

Name of Registered Landfill  
Tullytown Resource Recovery Facility

City, State  
Union City, PA

Disposal Date  
06-26-17

Completed by  
Jaime Delgado  
Proj. Manager.

Signature  
07-10-17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 27 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 ELM DRIVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PRINCETON, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ROBERT ORTEGO</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 WASHINGTON ROAD</td>
</tr>
<tr>
<td>City</td>
<td>PRINCETON, NJ</td>
</tr>
<tr>
<td>County</td>
<td>MERCER</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>County Code (STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ATC GROUP SERVICES LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00098</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVR STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3 / 13 / 17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 31 / 17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☐ Facility Closed/ Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00AM - 12:30PM PW PM - AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☐ ≥ 3 sf or ≥ 3 ft²</td>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☒ ≥ 160 sf or ≥ 260 ft²</td>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☐ ≥ 160 sf or ≥ 260 ft²</td>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>☑ PIPE INSULATION</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>1010 LF</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>☑ FLOOR TILE &amp; MASTIC</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>43,057 SF</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>☑ Packed fittings on fiberglass</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>285 EA</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>☑ Hanger pads on fiberglass</td>
</tr>
<tr>
<td>☑ PHASE 5A - LEVELS C &amp; B</td>
<td>40 EA</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1010 LF</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>WAYSNEBURY, OH</td>
</tr>
</tbody>
</table>
# 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>
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<tbody>
<tr>
<td>2 / 27 / 17</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

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

**PRINCETON UNIVERSITY - FIRESTONE LIBRARY**

**Street Address**

1 WASHINGTON ROAD

**City (5)**

PRINCETON, NJ

**County (6)**

MERCIER

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

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

ATC GROUP SERVICES LLC

**ASCM No.**

00098

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

**City, State, Zip Code**

BURLINGTON, NJ 08016

**Telephone No.**

609-366-8800

**License No.**

00509

**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 R. KEEHN

**Telephone No.**

609-366-8800

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

- [ ] Facility Closed/Abandoned During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM

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

- [ ] > 3,000 sf or > 3,000 sf
- [ ] > 1,600 sf or > 260 sf
- [x] 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 Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>Yes</td>
</tr>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>No</td>
</tr>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>Yes</td>
</tr>
<tr>
<td>TRUSTEES READING RM MEZZ.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

SERVICE TRANSIT GROUP, INC.

**NJDEP Waste Hauler ID No.**

20990

**Cubic Yards of Waste**

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

NEW CASTLE, DE

**Committed by (Print or Type)**

BRIAN SCAFIO

**Title**

ESTIMATOR

**Signature**

Brian Scafi

**Date**

7/20/17

*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)

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<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 ELM DRIVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PRINCETON, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ROBERT ORTEGO</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | PRINCETON UNIVERSITY - FIRESTONE LIBRARY |
| Street Address | 1 WASHINGTON ROAD |
| City (5) | PRINCETON, NJ |
| County (6) | MERCER |
| County Code (7) | Mercer |
| Current Use (Prior to being demolished) | UNIVERSITY LIBRARY |

| Name of Monitoring Firm Hired by Building Owner (8) | ATC GROUP SERVICES LLC |
| ASCM No. | 00098 |
| Name of Abatement Contractor (9) | BRISTOL ENVIRONMENTAL, INC. |
| Street Address | 1123 BEAVER STREET |
| City, State, Zip Code | BRISTOL, PA 19007 |
| Telephone No. | 609-386-9800 |
| 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) | 3 / 13 / 17 |
| Scheduled Completion Date (11) | 8 / 31 / 17 |

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: 4:00AM - 12:30PM PM - AM

Scope of Work (Check all that apply)
- ≥2 sf or ≥3 if
- ≥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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>WALL OUTSIDE COTSEN LIBRARY</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>PRESERVATION ROOF</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

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

Name of Registered Landfill

| Name of Registered Landfill | MINERVA LANDFILL |
| Cubic Yards of Waste | 85 LF |
| Name of Registered Landfill | MINERVA LANDFILL |

| Completion Date | 7/20/17 |

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

Date of Notification (1)  
2 / 27 / 17  

Name of Building Owner/Operator (2)  
TRUSTEES OF PRINCETON UNIVERSITY  

Street Address  
200 ELM DRIVE 

City, State, Zip Code  
PRINCETON, NJ 08544  

Name of Contact  
ROBERT ORTEGO  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
PRINCETON UNIVERSITY - FIRESTONE LIBRARY  

Street Address  
1 WASHINGTON ROAD  

City (5)  
PRINCETON, NJ  

County (6)  
MERCER  

Name of Monitoring Firm Hired by Building Owner (8)  
ATC GROUP SERVICES LLC  

ASCM No.  
00088  

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

Street Address  
1123 BEAVER STREET  

City, State, Zip Code  
BURLINGTON, NJ 08016  

Project Manager for Monitoring Firm  
MICHAEL R. KEEHN  

Telephone No.  
609-366-8800  

License No.  
00509  

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC  

Street Address  
1123 BEAVR STREET 

City, State, Zip Code  
BRISTOL, PA 19007  

Start Date (10)  
3 / 13 / 17  

Scheduled Completion Date (11)  
8 / 1 / 17  

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: 4:00AM - 12:30PM  

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  

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)  
PIPE INSULATION  

Amount (Specify SF or LF)  
1010 LF  

Abatement Type  
Removal ☐ Repair ☐ Encapsulate ☐ Enclosure ☐  

Name of Registered Waste Hauler  
SERVICES TRANSPORT GROUP, INC.  

Cubic Yards of Waste  
Name of Registered Landfill  
MINERVA LANDFILL  

City, State  
NEW CASTLE, DE  

Disposal Data  
City, State  
WAYNESBURG, OH  

Completed By (Print or Type)  
BRIAN SCAFIREO  

Title  
ESTIMATOR  

Signature  
Brian Scafiro  

Date  
6/16/17  

Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (TY/STATE USE ONLY)</th>
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</thead>
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<tr>
<td>200 ELM DRIVE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCETON, NJ 08544</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASM No.</th>
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<tbody>
<tr>
<td>ATC GROUP SERVICES LLC</td>
<td>00098</td>
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</tbody>
</table>

<table>
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</thead>
<tbody>
<tr>
<td>1123 BEAVR STREET</td>
<td>BRISTOL, PA 19017</td>
</tr>
</tbody>
</table>

**SCOPe OF WORK (Check all that apply)**

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

**ABATEMENT TYPE**

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOUSTICAL CEILING PLASTER</td>
<td>6075 SF</td>
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</tr>
<tr>
<td>PIPE INSULATION</td>
<td>200 LF</td>
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</tr>
<tr>
<td>SPINE CEILING TILES</td>
<td>4050 SF</td>
<td></td>
</tr>
<tr>
<td>ACOUSTICAL PLASTER CEILING</td>
<td>450 SF</td>
<td></td>
</tr>
</tbody>
</table>

**AAS-41 JAN 13 13517 024**

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

**Date of Notification (1)**  
2 / 27 / 17  

**Name of Building Owner/Operator (2)**  
TRUSTEES OF PRINCETON UNIVERSITY

**Street Address**  
200 ELM DRIVE

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

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

**Square Feet**  
1,000,000

**Current Use (Prior to being demolished)**  
UNIVERSITY LIBRARY

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

**City (5)**  
PRINCETON, NJ

**County (6)**  
MERCE

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

**Name of Monitoring Firm Hired by Building Owner (6)**  
ATC GROUP SERVICES LLC

**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 R. KEEHN

**Telephone No.**  
609-386-6800

**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)**  
3 / 13 / 17

**Scheduled Completion Date (11)**  
8 / 1 / 17

**Occupancy Status During Abatement**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **4:00AM-12:30PM/** **PM---AM**

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

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

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUSTEES READING RM Mezz.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**Location of Registered Waste Hauler**

**Name of Registered Landfill**  
MINERVA LANDFILL

**City, State**  
NEW CASTLE, DE

**NJDEP Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Disposal Date**

**City, State**  
WAYNESBURG, OH

**Completed By (Print or Type)**  
BRIAN SCAFIO

**Title**  
ESTIMATOR

**Signature**  
[Signature]

**Date**  
6/16/17

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

Date of Notification (1) 2 / 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 6:23-8)

Type Notification
- Initial
- Amended
- Amendment #1-3/27/17

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
200 ELM DRIVE

City, State, Zip Code
PRINCETON, NJ 08544

Name of Contact
ROBERT ORTEGO

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

Square Feet
1,000,000

Current Use (Prior to being demolished)
UNIVERSITY LIBRARY

# of Floors
8

Bldg. Age
70

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES LLC

ASCM No.
00098

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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: 4:00AM-12:30PM

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)

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Encapsulate
- Endure

---

PHASE 5A - LEVELS C & B

PIPE INSULATION

1010 LF

PHASE 5A - LEVELS C & B

FLOOR TILE & MASTIC

43,057 SF

PHASE 5A - LEVELS C & B

Packed fittings on fiberglass

285 EA

PHASE 5A - LEVELS C & B

Hanger pads on fiberglass

40 EA

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

NJDEP Waste Hauler ID No. 20990

Disposal Date

Name of Registered Landfill
MINERVA LANDFILL

MINERVA LANDFILL

City, State
NEW CASTLE, DE

Completed By (Print or Type)
BRIAN SACAFIO

Title
ESTIMATOR

Signature

Date 3/27/17

* Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

**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>2 / 27 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 ELM DRIVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PRINCETON, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ROBERT ORTEGO</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-882-6040</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: PRINCETON UNIVERSITY - FIRESTONE LIBRARY
- **Street Address**: 1 WASHINGTON ROAD
- **City (5)**: PRINCETON, NJ
- **County (6)**: MERCER
- **County Code (?)(STATE USE ONLY)**: 0048
- **Current Use (Prior if being demolished)**: UNIVERSITY LIBRARY

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

**Monitoring Firm**

- **Name of Monitoring Firm Hired by Building Owner (8)**: ATC GROUP SERVICES LLC
- **ASCM No.**: 000088
- **Street Address**: 3 TERRI LANE
- **City, State, Zip Code**: BURLINGTON, NJ 08016
- **Project Manager for Monitoring Firm**: MICHAEL R. KEEHN
- **Telephone No.**: 609-366-6000

**Abatement Details**

- **Start Date (10)**: 3 / 13 / 17
- **Scheduled Completion Date (11)**: 8 / 1 / 17
- **Occupancy Status 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: 4:00AM - 12:00PM / 12:00PM - 6:00AM

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

- [ ] 3-6 sf or 3-12 sf
- [ ] 10-16 sf or 12-60 sf
- [ ] Renovation
- [x] Demolition
- [xx] 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)**

- **Phase 6 - Level 1**: ACOUSTICAL CEILING PLASTER 6075 SF
- **Phase 6 - Level 1**: PIPE INSULATION 200 LF
- **Phase 6 - Level 1**: SPLINE CEILING TILES 4050 SF

**Name of Registered Waste Hauler**

- **SERVICE TRANSPORT GROUP, INC.**
- **NJDEP Waste Hauler ID No.**: 20990
- **Cubic Yards of Waste**
- **Name of Registered Landfill**: MINERVA LANDFILL
- **Disposal Date**
- **City, State**: WAYNESBURG, OH

**Signatures**

- **Title**: ESTIMATOR
- **Signature**: [Signature]
- **Date**: 3/01/17

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 6:16)

Date of Notification (1)

| 2 | 27 | 17 |

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

Name of Contact
ROBERT ORTEGO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
1 WASHINGTON ROAD

City (6)
PRINCETON, NJ

County (7)
MERCER

County Code (7) (STATE USE ONLY)

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

Square Feet
1,000,000

# of Floors
8

Bldg. Age
70

Name of Abatement Contractor (5)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6000

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVR STREET

City, State, Zip Code
BRISTOL, PA 19007

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>FLOOR TILE &amp; MASTIC</td>
</tr>
<tr>
<td>Packed fittings on fiberglass</td>
</tr>
<tr>
<td>Hanger pads on fiberglass</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1010 LF</td>
</tr>
<tr>
<td>43,057 SF</td>
</tr>
<tr>
<td>285 EA</td>
</tr>
<tr>
<td>40 EA</td>
</tr>
</tbody>
</table>

Abatement Type

Endorsement

Signed By (Print or Type)
LIAM SCAFIO
Title
ESTIMATOR

Date
3/6/17

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Name of Building Owner/Operator**

GOOD TRUSTEES OF PRINCETON UNIVERSITY

**Name of Contact**

ROBERT ORTEGO

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**

PRINCETON UNIVERSITY - FIRESTONE LIBRARY

**Street Address**

200 ELM DRIVE

**City, State, Zip Code**

PRINCETON, NJ 08544

**Square Feet**

1,000,000

**# of Floors**

6

**Bldg. Age**

70

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

UNIVERSITY LIBRARY

**Type of Abatement Contractor**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

**City, State, Zip Code**

BRISTOL, PA 19007

**Start Date**

3 / 13 / 17

**Scheduled Completion Date**

8 / 1 / 17

**Scope of Work**

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

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

_i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous_

**Amount (Specify SF or LF)**

6075 SF

200 LF

4050 SF

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

**Phase 6 - Level 1**

**Location**

ACOUSTICAL CEILING PLASTER

**Location Name**

MINERVA LANDFILL

**Location City, State**

NEW CASTLE, DE

**Disposal Date**

2/27/17

**Signature**

Brian Scafiro

**Title**

ESTIMATOR

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**Waste Hauler ID No.**

20990

**Cubic Yards of Waste**

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

WAYNESBURG, OH

**Date**

2/27/17

---

*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>07-13-17</th>
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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>[ ] DEP</td>
<td>[ ] Amended</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>[ ] Amendment #</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>[ ] Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
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</table>

| Name of Building Owner/Operator (2) | Warren Bradley |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>[REDACTED]</th>
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</table>

| City, State, Zip Code | Wayne, NJ 07470 |

| Name of Contact | Warren Bradley |

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>[REDACTED]</th>
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</thead>
</table>

| City (5) | Wayne |

| County (6) | Bergen |

| County Code (7) | [STATE USE ONLY] |

| Current Use (Prior to being demolished) | [REDACTED] |

| Square Feet | [REDACTED] |

| # of Floors | [REDACTED] |

| Bldg Age | [REDACTED] |

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>[ ] School (K-12)</th>
</tr>
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<tbody>
<tr>
<td>[ ] Subchapter 6 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>[ ] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
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</tbody>
</table>

| Name of Abatement Contractor (9) | Delta Contracting LLC |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>522 7th St.</th>
</tr>
</thead>
</table>

| City, State, Zip Code | Union City NJ 07087 |

| Name of OSHA Monitor | Delta Contracting LLC |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>522 7th St.</th>
</tr>
</thead>
</table>

| City, State, Zip Code | Union City NJ 07087 |

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>07-27-17</th>
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</table>

| Scheduled Completion Date (11) | 07-28-17 |

<table>
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<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>[ ] Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
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</tr>
<tr>
<td>[ ] Other – Describe: 7:00 AM - 5:00 PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>[ ] Asbestos Removal</th>
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</thead>
<tbody>
<tr>
<td>[ ] Renovation</td>
<td>23 x 23</td>
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<tr>
<td>[ ] Demolition</td>
<td>2100 x 2260</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>2nd Floor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>No</th>
</tr>
</thead>
</table>

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

| Amount (Specify SF or LF) | 110 SF |

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>[ ] Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Repairs</td>
<td>[ ] Envelope</td>
</tr>
<tr>
<td>[ ] Encapsulate</td>
<td>[ ] Endorsement</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Delta Contracting LLC |

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>35240</th>
</tr>
</thead>
</table>

| Cubic Yards of Waste | 2 |

| Name of Registered Landfill | Tullytown Resource Recovery Facility |

| City, State | Union City, NJ |

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>07-31-17</th>
</tr>
</thead>
</table>

| City, State | Tullytown, PA |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Jaime Delgado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Proj. Manager</td>
</tr>
</tbody>
</table>

| Signature | [REDACTED] |

| Date | 07-18-17 |

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**State of New Jersey**

**MONCLAIR STATE UNIVERSITY**

**Name of Building Owner/Operator**

**Street Address:** 160 CLOVE ROAD, 3rd Floor

**City, State, Zip Code:** LITTLE FALLS, NJ, 07424

**Name of Contact:** WILSON ROBLES (Associate Director)

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:** PRIVATE

**Status Address:**

**City:** MONCLAIR NJ.

**County:** ESSEX COUNTY

**Name of Monitoring Firm Hired by Building Owner:** DETAIL ASSOCIATE INC.

**Telephone No.:** 201.569.6708

**Name of Abatement Contractor:** NORTH EAST ENVIRONMENTAL LLC.

**Street Address:** 1126 - 51 ST.

**City, State, Zip Code:** NORTH BERGEN NJ, 07047

**Telephone No.:** 201.776.0842

**Name of OSHA Monitor:** DETAIL ASSOCIATES INC.

**Street Address:** 300 GRAND AVE.

**City, State, Zip Code:** ENGLEWOOD NJ, 07631

---

**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:**

- Sprague Library

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

- Yes
- No
- N/A

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

- VAT, FLOOR TILE

- 712 SF

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

- 712 SF

---

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:** 19951

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** MINERVA ENTERPRISE INC.

**City, State:** WAYNESBURG OHIO

**Completed by:** CARLOS ESQUIVEL

**Title:** SAFETY MANAGER

**Signature:**

---

**Date:** 07/16/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner/Operator (2)
Nicole Luisi

Street Address
Hawthorne, NJ 07506

Name of Contact
Rosalind Raymond

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Nicole Luisi

City (5)
Hawthorne

County (6)
Passaic

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor
N/A

Telephone Number
(973) 744-8800

License Number
00371

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

Square Foot # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number
N/A

Scheduled Start Date (10) Sched. Completion Date (11)
07-31-17 08-01-17

Month Day Year Month Day Year

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

[ ] Abatement Performed Outside of Normal Facility Hours - Describe:

[ ] Other - Describe:

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

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

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

[ ] Yes
[ ] No

[ ] Full Containment with Negative Pressure
[ ] Demolition
[ ] Glove bag Procedure
[ ] Non-Frisable Procedure

Amount (Specify SF or LP)

Abatement Type

Re MOVAL
REPAIR
ENCAPSUL.
ENCLO

BASEMENT

Location
Pipe Insulation

Amount
125

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

Location
X

Re MOVAL
REPAIR
ENCAPSUL.
ENCLO

Minerva Enterprise INC
Waynesburg, Ohio 44688

Completed By (Print or Type) Title
Constantine Vivian President

Name of Registered Landfill

Date
7/21/2017

Disposal Date
8-2-17

Cubic Yards
1.5

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Haulor ID No.
17040

NUDEP Waste

 delivery Date
17040
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 7/4/17

**Name of Building Owner/Operator (2):** Stephen + Erlinda Nally

**City, State, Zip Code:** Somerville, NJ 08876

**Street Address:**

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

**Square Feet:** 1087

**# of Floors:** 6

**Bldg. Age:** 7

**Name of Monitoring Firm Hired by Building Owner (3):**

**Deal Industry Co.**

**ASCM No.:**

**Name of Abatement Contractor (9):** Brick Industries Inc.

**Street Address:** P.O. Box 915

**City, State, Zip Code:** Brick, New Jersey 08723

**Telephone No.:** (732)999-7499

**License No.:** 01198

**Start Date (10):** 7/24/17

**Scheduled Completion Date (11):** 8/7/17

**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):**
- ±2 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):**

**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):**
- Asbestos Siding: 1000 SF
- Asbestos Floor Tile: 200 SF

**Name of Registered Waste Hauler:**
Brick Industries Inc.

**NJDEP Waste Hauler ID No.:** 21602

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
GROWS Inc.

**Disposal Date:** 8/1/17

**City, State:**
Brick, New Jersey

**Completed by:** Eric Plackis

**Title:** President

**Signature:**

**Date:** 7/4/17

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

Date of Notification (1) 7/10/17

Name of Building Owner/Operator (2) Leslie Garibaldi

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

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

Street Address: [Redacted]

City, State, Zip Code: Toms River, NJ 08753

Name of Contact: Eric Plackis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address: [Redacted]

City (5): Toms River

County (6): Ocean

County Code (7) (STATE USE ONLY)____

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

Square Feet: 2,135

# of Floors: 2

Bldg. Age: 49

Current Use (Prior if being demolished) Home

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

Name of Abatement Contractor (9) Brick Industries Inc.

Street Address: P.O. Box 915

City, State, Zip Code: Brick, New Jersey 08723

Telephone No. (732)899-7499

License No. 01196

Name of OSHA Monitor

Start Date (10) 7/10/17

Scheduled Completion Date (11) 7/17/17

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

Location of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste: 4

Name of Registered Landfill: GROWS Inc.

Disposal Date

City, State: PA

Completed by: Eric Plackis

Title: President

Signature

Date 7/10/17

* 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:** 06/21/17
- **Name of Building Owner/Operator:** Daphnae Torres

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **City, State, Zip Code:** Maywood, NJ 07607
- **Name of Contact:** Daphnae Torres

### FACILITY INFORMATION

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

- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**
- **Current Use:**
  - Prior if being demolished

- **Name of Facility Where Abatement is Taking Place:**

### Monitoring Firm

- **Name of Monitoring Firm Hired by Building Owner:**
- **Name of Abatement Contractor:** MKD Property Maintenance

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>105 Van Riper Avenue</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>07011</td>
<td>01336</td>
</tr>
</tbody>
</table>

- **Telephone No.:**
- **License No.:**

- **Start Date:** 07/01/17
- **Scheduled Completion Date:** 07/15/17

- **Occupancy Status During Abatement:**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
  - Other - Describe: 

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 23 sf or 23 sq ft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X 100 sf or 2260 sq ft</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>155 ft</td>
<td>X</td>
</tr>
</tbody>
</table>

- **Name of Registered Waste Hauler:** TBD
- **Name of Registered Landfill:** 110 Sand Company

<table>
<thead>
<tr>
<th>City, State</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melville, NY</td>
<td>TBD</td>
<td>2 yards</td>
<td>07/03/17</td>
<td>110 Sand Company</td>
</tr>
</tbody>
</table>

- **Completed by:** Darko Raloska
- **Title:** project manager

- **Signature:**
- **Date:** 08/21/17

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

Date of Notification (1) 07 / 26 / 17
Name of Building Owner/Operator (2) CAPC ASF #1

Agencies Notified

\[ \square \] EPA
\[ \times \] DOLWD
\[ \checkmark \] DHSS
\[ \square \] DCA
\[ \checkmark \] (NJAC 5:23-8)
Type Notification

\[ \square \] Initial
\[ \square \] Amended

\[ \square \] Emergency (including justification)
\[ \square \] Cancellation

Street Address 108 Church Street, 3rd Floor
City, State, Zip Code New Brunswick, NJ 08901
Name of Contact Daniel Karbownik
Telephone Number

FACTOR INFORMATION

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

Type of Facility (4)

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

Square Feet 4,800
# of Floors 4
Bldg. Age 82
Current Use (Prior if being demolished) Vacant

County (6) Hudson

County Code (7)(STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services, Inc.

ASCM No. 00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Street Address 2 Henderson Drive
City, State, Zip Code West Caldwell, NJ 07006
Telephone No. (973) 808-1616
License No. 00411

Name of OSHA Monitor Superior Abatement Inc

Street Address 2 Henderson Drive
City, State, Zip Code West Caldwell, NJ 07006

Project Manager for Monitoring Firm Jim Proctor

Telephone No. 856-452-1311

Start Date (10) 08 / 05 / 17
Scheduled Completion Date (11) 08 / 06 / 17

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

Scope of Work (Check all that apply)

\[ \square \] > 3 sf or > 3 if
\[ \checkmark \] > 160 sf or > 280 if
\[ \square \] renovation
\[ \square \] Demolition

\[ \checkmark \] Full Containment with Negative Pressure
\[ \square \] Mini-Enclosure
\[ \square \] Glovebag Procedure
\[ \square \] 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)

\[ \times \] Yes
\[ \square \] No
\[ \times \] N/A

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

Amount (Specify SF or LF) 400 SF

Abatement Type

Endorse

Name of Registered Waste Hauler Service Transport Group, Inc

NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste 2

Name of Registered Landfill Minerva Landfill

City, State New Castle, DE

Disposal Date 08/06/17

City, State Waynesburgh, OH

Completed By (Print or Type) Mary Petrovski

Title President

Signature

Date 7/26/17

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Sub chapter 8 Project

**B & G proj. #:** 2017-96  
**Check #:** 8503

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/29/2017</td>
<td>Bayonne Board of Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>Leo J Smith, Jr. / Scott Nolan</td>
</tr>
<tr>
<td>☑ DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
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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>John M Bailey School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 West 10th Street</td>
<td>Hudson</td>
</tr>
</tbody>
</table>

- **City (5):** Bayonne, NJ  
- **County (6):** Hudson  
- **County Code (7):** N/A

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>T &amp; M Associates</td>
<td>145</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Tindall Road</td>
<td>732-639-2482</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>(973)696-6859</td>
<td>00378</td>
</tr>
</tbody>
</table>

- **Type of Facility (4):** School (K-12)
- **Current Use (Prior if being demolished):** School

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

- **Scheduled Start Date (10):** 08/04/2017  
- **Scheduled Completion Date (11):** 08/07/2017

- **Occupancy Status During Abatement (Check one only):**  
  ☑ Other-Describe: start 4:30 pm un-occupied

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Demolition</td>
<td>asbestos flooring system</td>
</tr>
<tr>
<td>☑ &gt;20 sf or &gt;3 if</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with negative pressure</td>
<td></td>
</tr>
<tr>
<td>☑ Glovebag procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-friable procedure</td>
<td></td>
</tr>
</tbody>
</table>

- **Location of asbestos-containing material to be abated in facility (13):**  
  - **Asbestos flooring system:** 750 sf

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

- **Registered Waste Hauler:** B & G Restoration, Inc.  
  - **NJDEP Hauler ID#:** 39563
  - **Cubic Yards of Waste:** 8

- **Disposal Date:** 08/07/2017  
- **Date:** 07/25/2017

- **Completed by (Print or Type):** Gordana Luna  
  - **Title:** Secretary/Treasurer  
  - **Signature:** Gordana Luna
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
07/11/2017

Name of Building Owner/Operator (2):  
Norma J. Calle

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

Type Notification:  
- Initial

Street Address:  
[Redacted]

City, State, Zip Code:  
East Orange, NJ 07017

Name of Contact:  
Fernando Sacoto

FACILITY INFORMATION

Name of facility where abatement is taking place (3):  
Norma J. Calle

Street Address:  
[Redacted]

City (6):  
East Orange

County (6):  
Essex

County Code (7):  
(State use only)

Type of Facility (4):  
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs., Homes, etc.)

Square Feet:  

# of Floors:  

Bldg. Age:  

Current Use (Prior if being demolished):  
Residential

Name of Abatement Contractor (9):  
B & G Restoration, Inc.

Street Address:  
105 Ryerson Road

City, State, Zip Code:  
Lincoln Park, NJ 07035

Telephone Number:  
(973)966-6666

License Number:  
00378

Name of OSHA Monitor:  
B & G Restoration, Inc.

Street Address:  
105 Ryerson Road

City, State, Zip Code:  
Lincoln Park, NJ 07035

Scope of Work (check all that apply):  
- Demolition
- Renovation
- >3 sf or >3 if
- >160 sf or >260 sf

Location of asbestos-containing material to be abated in facility (13):  
- Basement
- Basement

Is location normally used solely by maintenance/custodial staff (12):  
- Yes
- No
- N/A

Description of asbestos-containing material (ACM):  
- pipe insulation
- pipe

Amount (Specify SF or LF):  
- 1 if
- 45 if

Registered Waste Hauler:  
B & G Restoration, Inc.

NJDEP Hauler ID#:  
19563

Cubic Yards of Waste:  
1/2 yd

Name of Registered Landfill:  
Tullytown Resource & Recovery Center

City, State:  
Lincoln Park, NJ

Disposal Date:  
08/07/2017

Completed by (Print or Type):  
Gordana Luna

Title:  
Secretary/Treasurer

Signature:  
Gordana Luna

Date:  
07/25/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

Name of Building Owner/Operator (2): School District of Chatham

Name of Contact: John Cataldo

Name of Facility Where Abatement is Taking Place (3): Chatham Middle School

Street Address: 58 Meyersville Road
City, State, Zip Code: Chatham, NJ 07928

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

Name of Abatement Contractor (9): Bako Construction & Restoration, Inc

Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Environmental Analysis, Inc

ASCM No.: 0090

Street Address: 265 A Route 46 Suite 3D
City, State, Zip Code: Totowa, NJ 07512

Telephone No.: 973-256-7010
License No.: 0666

Name of OSHA Monitor: Bako Construction & Restoration, Inc

Telephone No.: 909-454-6316

Start Date (10): 08/05/2017
Scheduled Completion Date (11): 08/05/2017

Facility Closed/Vacated/During Entire Period of Abatement

Occupancy Status During Abatement (Check Only One):

Scope of Work (Check All That Apply):

- x ≤3 sf or ≤3 lf
- x >160 sf or ≥280 sf
- x Renovation Demolition
- x Full Containment with Negative Pressure
- x Mini-Enclosure
- x Glovebag Procedure
- x Non-Exempted (*) and Non-Friable Procedure

Room 152 hallway
Auditorium mechanical room

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Use</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 152 hallway</td>
<td>Pipe Insulation</td>
<td>4.5 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Auditorium</td>
<td>Pipe Insulation</td>
<td>4.5 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Bako Construction & Restoration, Inc

NJ/DEP Waste Hauler ID No.: 20889

Cubic Yards of Waste: TBD

Name of Registered Landfill: Tullytown Resource Recovery Facility

City, State: Totowa, NJ

Disposal Date: TBD

Completion Date: 07/25/2017

Completed by: Damir Valjevac
Title: Project Manager

Signature: [Signature]

Printed Name: [Printed Name]

Date: 07/25/2017

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

Date of Notification (1) 7 / 20 / 17

Name of Building Owner/Operator (2) CVS

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
  (NJAC 5:23-8)
Type Notification
- Initial
- Amended
  Amendment #____
- Emergency (including justification)
- Cancellation
Street Address
2400 Fair Lawn Ave.
City, State, Zip Code
Fair Lawn, NJ 07410
Name of Contact
Terry Bongard

Telephone Number

FACILITY INFORMATION

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

Street Address
2400 Fair Lawn Ave.

City (5)
Fair Lawn, NJ 07410

County (6)
Bergen

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

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union St.

City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Don Heim

Telephone No.
610-558-8902

License No.
00508

Start Date (10) 8 / 7 / 17

Scheduled Completion Date (11) 9 / 29 / 17

Name of OSHA Monitor
Vertex

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: ZAM—PM/3:30PM—AM

Scope of Work (Check all that apply)

- 3 sf or ≥ 3 If
- 2160 sf or ≥260 sf

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility (13)

Yes No N/A

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

Removal
Repair
Encapsulate
Enclosure

Store Area

[ ] [ ] [ ] VAT
2460 SF

[ ] [ ] [ ] Glue Dots
2460 SF

[ ] [ ] [ ] VAT
670 SF

Name of Registered Waste Hauler
Richard Burns

NJDEP Waste Hauler ID No.
19855

Cubic Yards of Waste
30

Name of Registered Landfill
Western Berks Community Landfill

City, State
Birdsboro, PA

Disposal Date
TBD

Completed By (Print or Type)
Mark Griffin

Title
Estimator

Signature
Date

ASB-41
MAY 11

* 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 / 20 / 17

**Name of Building Owner/Operator (2)**
- CVS

**Type of Notification**
- Initial

**Street Address**
- 2400 Fair Lawn Ave.

**City, State, Zip Code**
- Fair Lawn, NJ 07410

**Name of Contact**
- Terry Bongard

**Telephone Number**
- 

## FACILITY INFORMATION

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

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

**Square Feet**
- 13,730

**# of Floors**
- 1

**Bldg. Age**
- 45+

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

**Name of Monitoring Firm Hired by Building Owner (8)**
- ASCM No.
- NA

**Name of Abatement Contractor (9)**
- Alliance Environmental Systems

**Street Address**
- 700 Turner Way

**City, State, Zip Code**
- Aston, PA 19014

**Project Manager for Monitoring Firm**
- Don Heim

**Telephone No.**
- 610-558-8902

**Telephone No.**
- 610-701-9000

**License No.**
- 00508

**Start Date (10)**
- 8 / 7 / 17

**Scheduled Completion Date (11)**
- 9 / 29 / 17

**Name of OSHA Monitor**
- Vertex

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

**Time of Abatement**
- ZAM____PM____PM____AM

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

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

<table>
<thead>
<tr>
<th>Location</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>Store Area</td>
<td>√</td>
<td>VAT</td>
<td>2460 SF</td>
<td>√</td>
</tr>
<tr>
<td>Store Area</td>
<td>√</td>
<td>Glue Dots</td>
<td>2460 SF</td>
<td>√</td>
</tr>
<tr>
<td>Vacant Area</td>
<td>√</td>
<td>VAT</td>
<td>670 SF</td>
<td>√</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
<td>Name of Registered Landfill</td>
<td>Western Berks Community Landfill</td>
<td></td>
</tr>
<tr>
<td>Richard Burns</td>
<td></td>
<td>NJDEP Waste Hauler ID No. 19955</td>
<td>Cubic Yards of Waste 30</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
<td>Disposal Date TBD</td>
<td>City, State Birdsboro, PA</td>
<td></td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
- Mark Griffin
- Title
- Estimator
- Signature
- Date

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASPHETOS ABATEMENT**
(Pursuant to NJAC 8:99 and 12:120)

**Date of Notification (1)**
7-19-2017

**Name of Building Owner/Operator (2)**
Ramsey School District

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

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

**Street Address**
286 East Main Street

**City, State, Zip Code**
Ramsey, NJ 07446

**Name of Contact**
Greg Bohack

**FACILITY INFORMATION**

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

**Street Address**
256 East Main Street

**City (5)**
Ramsey

**County (6)**
Bergen

**Square Feet**
50,000+

**# of Floors**
2

**Bldg. Age**
50+

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Design, Inc

**Name of Abatement Contractor (9)**
GL Group, Inc

**Street Address**
5434 King Avenue, Suite 101

**City, State, Zip Code**
Pennsauken NJ 08109

**Telephone No.**
856-616-9516

**License No.**
01084

**Project Manager for Monitoring Firm**
Tom Pruno

**Telephone No.**
201-710-9725

**Name of OSHA Monitor**
GL Group, Inc

**Start Date (10)**
7/21/2017

**Scheduled Completion Date (11)**
7/25/2017

**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)**
- [X] 2-3 stories or 2-3 stories
- [X] 400 sf or 500 sf
- [X] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Facilty</th>
<th>Special Considerations</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd &amp; 3rd Fl Boys &amp; Girls Bathrooms</td>
<td>X</td>
<td>Pipe Insulation Wrap &amp; Cut</td>
<td>25 LF</td>
</tr>
<tr>
<td>2nd &amp; 3rd Fl Boys &amp; Girls Bathrooms</td>
<td>X</td>
<td>Pipe Fittings Wrap &amp; Cut</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
GL Group, Inc

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**City, State**
Bloomingdale, NJ

**Completed by**
Elena Solakos

**Title**
President

**Signature**
[Signature]

**Date**
7-19-2017

---

* Do not use this form for asbestos licensure exempted activities.
**EDS-17-164**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 8:80 and 12:120**

---

**State of New Jersey**

**Name of Building Owner/Operator:**

Ramsey School District

**Street Address:**

256 East Main Street

**City, State, Zip Code:**

Ramsey, NJ 07446

**Name of Contact:**

Greg Golubic

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**

Ramsey High School

**Street Address:**

5434 King Avenue, Suite 101

**City, State, Zip Code:**

Parsippany, NJ 07054

**Project Manager for Monitoring Firm:**

Tom Prunno

**Telephone No.:**

855-816-9516

**License No.:**

01084

**Scope of Work (Check All That Apply):**

- [ ] Renovation
- [X] Demolition

---

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

**In Facility:**

| 2nd & 3rd Fl Boys & Girls Bathrooms | X | Pipe Insulation Wrap & Cut | 25 LF | X |
| 2nd & 3rd Fl Boys & Girls Bathrooms | X | Pipe Fittings Wrap & Cut | 8 LF | X |

---

**Name of Registered Waste Handler:**

GL Group, Inc

**Cubic Yards of Waste:**

TBD

**Name of Registered Landfill:**

Minerva

**City, State:**

Bloomingdale, NJ

**Disposal Date:**

TBD

**City, State:**

Waynesburg, OH

---

**ASB-11 (R-06-08)**

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

Date of Notification (1):
7 / 27 / 17

Name of Building Owner/Operator (2):
PENNSVILLE SCHOOL DISTRICT

Street Address:
30 CHURCH STREET
City, State, Zip Code:
PENNSVILLE NJ 08070

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
PENNSVILLE HIGH SCHOOL

Streel Address:
110 S BROADWAY
City (5):
PENNSVILLE

County (6):
SALEM

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

Square Feet:
>50,000
# of Floors:
1
Bldg. Age:
75

Current Use (Prior to if being demolished):
SCHOOL

Name of Monitoring Firm Hired by Building Owner (8):
HEALTH AND SAFETY SERVICES

Street Address:
318 12TH STREET
City, State, Zip Code:
HAMMONTON, NJ 08037

Name of Abatement Contractor (9):
DELTA/BJDS, INC

Project Manager for Monitoring Firm:
AL OSWALD

Telephone No.:
609 704-8850

License No.:
00783

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: TAM-- PM/4:30PM---AM

Name of OSHA Monitor:
CRITERION LABS

Telephone No.:
215 322-2900

Street Address:
400 STREET ROAD
City, State, Zip Code:
BENSALEM PA 19020

Scope of Work (Check all that apply):
≥3 sf or ≥3 if
≥160 sf or ≥260 if
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):

Location
Amount (Specify SF or LF)
Removal
Repair
Encapsulate
Enclosure

ADMINISTRATION AREA

SERVICE TRANSPORT GRP

Name of Registered Waste Hauler

City, State:
WAYNESBURG, OH 44688

Disposal Date:

Name of Registered Landfill:
MINERVIA LANDFILL

Cubic Yards of Waste:

Date:
7-27-2017

ASB-41
JAN 13

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

ASB-41
JAN 13

ASB-41
JAN 13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
7 / 14 / 17

Name of Building Owner/Operator (2)
PENNSVILLE SCHOOL DISTRICT

Street Address
30 CHURCH STREET
City, State, Zip Code
PENNSVILLE NJ 08070

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PENNSVILLE HIGH SCHOOL

Street Address
110 S BROADWAY
City (5)
PENNSVILLE

County (6)
SALEM

County Code (7) STATE USE ONLY

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

Square Feet
>50,000

# of Floors
1

Bldg. Age
75

Current Use (Prior if being demolished)
SCHOOL

Name of Monitoring Firm Hired by Building Owner (8)
HEALTH AND SAFETY SERVICES

Street Address
318 12TH STREET
City, State, Zip Code
HAMMONTON, NJ 08037

Project Manager for Monitoring Firm
AL OSWALD

Telephone No.
609 704-8850

License No.
215 322-2900

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD
City, State, Zip Code
SOUTHAMPTON, PA 18966

Name of OSHA Monitor
CRITERION LABS

Street Address
400 STREET ROAD
City, State, Zip Code
BENSALEM PA 19020

Scope of Work (Check all that apply)


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

ADMINISTRATION AREA
FLOOR TILE (PLEASE SEE ATTACH)

ADMINISTRATION AREA
SHELVING CONVECTORS

ADMINISTRATION AREA
SELECTIVE FLOOR TILES BY UV'S

ADMINISTRATION AREA
ACM FITTINGS (ASSUMED)

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP

NUDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44888

Compiled By (Print or Type)
MICHAEL PARSON

Title
PROJECT MANAGER

Signature

Date
7-14-2017

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

Date of Notification (1)  7 / 12 / 17  

Agencies Notified  
- EPA  
- DOLWD  
- DOH  
- DCA  

Type Notification  
- Initial  
- Emergency (including justification)  
- Cancellation  

Name of Building Owner/Operator (2)  
PENNSVILLE SCHOOL DISTRICT  
Street Address  
30 CHURCH STREET  
City, State, Zip Code  
PENNSVILLE NJ 08070  
Name of Contact  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
PENNSVILLE HIGH SCHOOL  
Street Address  
110 S BROADWAY  
City (5)  
PENNSVILLE  
County (6)  
SALEM  
County Code (7)  
STATE USE ONLY  

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

Square Feet  
>50,000  
# of Floors  
1  
Bidg. Age  
75  

Current Use (Prior if being demolished)  
SCHOOL  

HEALTH AND SAFETY SERVICES  

Name of Monitoring Firm Hired by Building Owner (8)  
HEALTH AND SAFETY SERVICES  
Street Address  
318 12TH STREET  
City, State, Zip Code  
HAMMONTON, NJ 08037  

ASCN No.  
DELTA/BJDS, INC  
Street Address  
1345 INDUSTRIAL BLVD  
City, State, Zip Code  
SOUTHAMPTON, PA 18966  

Project Manager for Monitoring Firm  
AL OSWALD  
Telephone No.  
609 704-8850  

Telephone No.  
215 322-2900  
License No.  
00783  

Name of Abatement Contractor (9)  
CRITERION LABS  
Street Address  
400 STREET ROAD  
City, State, Zip Code  
BENSALEM PA 19020  

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement  
    - 7AM-12PM-2PM-6PM-12AM  

Name of OSHA Monitor  

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 (13)  

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

ADMINISTRATION AREA  

FLOOR TILE (PLEASE SEE ATTACH)  
12 SF  

ADMINISTRATION AREA  

SHELVING CONVECTORS  
12  

ADMINISTRATION AREA  

SELECTIVE FLOOR TILE BY UV'S  
108 SF  

ADMINISTRATION AREA  

ACM FITTINGS (ASSUMED)  
24 SF  

Name of Registered Waste Hauler SERVICE TRANSPORT GRP  
NJDEP Waste Hauler ID No.  
20990  
Cubic Yards of Waste  
Disposal Date  
City, State  
WAYNESBURG, OH 44688  

Name of Registered Landfill MINERVA LANDFILL  

Completed By (Print or Type)  
MICHAEL PARSON  
Title  
PROJECT MANAGER  
Signature  
Date  
7-12-2017  

ASB-41  
JAN 13  

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to Be Abated in Facility</th>
<th>IS Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (Ie, Thermal Systems Insulation Surfacings, VAT, or Other Miscellaneous)</th>
<th>Amount Specify SF or LF</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Area</td>
<td>YES</td>
<td><strong>Exterior Caulk</strong></td>
<td>24 LF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library Closet</td>
<td>NO</td>
<td><strong>Duct with Black Mastic (Cut and Wrap)</strong></td>
<td>40SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Fl Principles Office Closet</td>
<td>NO</td>
<td><strong>Pipe (Cut and Wrap)</strong></td>
<td>16 LF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15th Fl Vice Principles Office</td>
<td>NO</td>
<td><strong>Pipe (Cut and Wrap)</strong></td>
<td>10 LF</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Back Entrance By Elevator</td>
<td>NO</td>
<td><strong>Pipe (Cut and Wrap)</strong></td>
<td>12 LF</td>
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</tr>
</tbody>
</table>
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 6 / 19 / 17

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EPA</td>
</tr>
<tr>
<td>• DOLWD</td>
</tr>
<tr>
<td>• DOH</td>
</tr>
<tr>
<td>• DCA (NJAC 5:22-5)</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2):** PENNSVILLE SCHOOL DISTRICT

**Street Address:** 30 CHURCH STREET
**City, State, Zip Code:** PENNSVILLE NJ 08070

**Name of Contact:**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3):</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENNSVILLE HIGH SCHOOL</td>
</tr>
</tbody>
</table>

**Street Address:** 110 S BROADWAY
**City (5):** PENNSVILLE
**County (6):** SALEM

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

**HEALTH AND SAFETY SERVICES**

**Project Manager for Monitoring Firm:** AL OSWALD
**Telephone No.:** 609 704-8850

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

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

**Square Feet:** >50,000

**# of Floors:** 1
**Bldg. Age:** 75

**Name of Abatement Contractor (9):** DELTA/BJDS, INC

**Street Address:** 1345 INDUSTRIAL BLVD
**City, State, Zip Code:** SOUTHAMPTON, PA 18966

**Telephone No.:** 215 322-2900
**License No.:** 00783

**Name of OSHA Monitor:** CRITERION LABS

**Street Address:** 400 STREET ROAD
**City, State, Zip Code:** BENSALEM PA 19020

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement [X]
- Abatement Performed Outside of Normal Facility Hours [X]
- Time of Abatement: 7AM-PM 4:30PM-AM

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR TILE (PLEASE SEE ATTACH)</td>
</tr>
<tr>
<td>SHELVING CONVECTORS</td>
</tr>
<tr>
<td>SELECTIVE FLOOR TILE BY UV'S</td>
</tr>
<tr>
<td>ACM FITTINGS (ASSUMED)</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 12 SF

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

**Name of Registered Waste Hauler SERVICE TRANSPORT GRP:**
**Hauler ID No.:** 20950
**Cubic Yards of Waste:**

**Name of Registered Landfill:** MINERVA LANDFILL
**City, State:** WAYNESBURG, OH 44683

**Disposal Date:**

**City:**

**City:** WAYNESBURG
**State:** OH

**Disposal Date:**

**Disposal Date:**

**Completed By (Print or Type):** MICHAEL PARSON
**Title:** PROJECT MANAGER
**Signature:**
**Date:** 6-19-2017

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

Date of Notification (1)
5 / 31 / 17

Name of Building Owner/Operator (2)
PENNsville SCHOOL DISTRICT

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

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

Name of Facility Where Abatement Is Taking Place (3)
PENNsville HIGH SCHOOL

Street Address
110 S BROADWAY

City (5)
PENNsville

County Code (7)/(STATE USE ONLY)
SALEM

Name of Monitoring Firm Hired by Building Owner (6)
PENNoni ASSOCIATES, INC

ASCM No. 102

Name of Abatement Contractor (9)
DElTA/BJDS, INC

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

Square Feet
>60,000

# of Floors
1

Bldg. Age
75

Current Use (Prior if being demolished)
SCHOOL

Street Address
515 GROVE STREET SUITE B

City, State, Zip Code
HADDON HEIGHTS, NJ 08035

Project Manager for Monitoring Firm
ALan lloyd

Telephone No. 856-656-8785

Start Date (10)
6 / 13 / 17

Scheduled Completion Date (11)
8 / 31 / 17

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: ZAM-____PM/4:30PM-____AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥1600 ft
☒ 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)

AdministrATion AREA
☐ ☒ ☐ FLOOR TILE (PLEASE SEE ATTACH) 12 SF ☒ ☒ ☒

AdministrATion AREA
☐ ☒ ☐ SHELVING CONVECTORS 12 ☒ ☒ ☒

AdministrATion AREA
☐ ☒ ☐ SELECTIVE FLOOR TILE BY UV'S 108 SF ☒ ☒ ☒

AdministrATion AREA
☐ ☒ ☐ ACM FITTINGS (ASSUMED) 24 SF ☒ ☒ ☒

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNebURG, OH 44688

Disposal Date

Completed By (Print or Type)
MICHaEL PARSON

Title PROJECT MANAGER

Signature Michael Parson 5/31/2017

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY</th>
<th>IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF?</th>
<th>DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)</th>
<th>AMOUNT SPECIFIED SF OR LF</th>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATE</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATION AREA</td>
<td>X</td>
<td>EXTERIOR CAULK</td>
<td>24LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 06/20/17

Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.

Agencies Notified
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOL

Type of Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment # 1
- [ ] Emergency w/ Justification
- [ ] Cancellation

Street Address 570 COMMERCE BLVD
City, State, Zip Code CARLSTADT, NJ 07072

Name of Contact DOMINICK TUCCI
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION

Street Address 1011 MORRIS AVE
City (5) UNION
County (6) UNION
County Code (7)

Square Feet 12,500
# Of Floors 1
Building Age 40 +
Current Use (Prior if being demolished) OFFICE / PRODUCTION

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO

EHI
Street Address 655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NJ 07871

Project Mgr. for Monitoring Firm WILLIAM KIERBIL
Telephone Number 973-729-8649

Scheduled Start Date (10) 07/05/17
Sched. Completion Date (11) 12/30/17

Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.
Street Address 32 Williams Parkway
City, State, Zip Code East Hanover, NJ 07936

Occupancy Status During Abatement (Check Only 1)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [ ] Other - Describe: 7:00 AM-3:30 PM

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

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

<table>
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<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Description of Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6</td>
<td>VAT MASTIC</td>
<td>370 SF</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>#6</td>
<td>VAT</td>
<td>2,100 SF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>#6</td>
<td>CAULK</td>
<td>415 LF</td>
<td>ENCAPSULATION</td>
</tr>
<tr>
<td>#6</td>
<td>LAB TOP</td>
<td>40 SF</td>
<td>ENCLOSURE</td>
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</table>

Name of Registered Waste Hauler Hauler ID No. 4508
NEWARK CARTING
Cubic Yards of Waste

City, State Disposal Date Name of Registered Landfill I.E.S.I.
NEWARK, NJ

Completed by (Print or Type) Steve Stias Title Project Manager
Signature
Date 07/27/17

ASB-41
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
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<tr>
<td>YES NO N/A</td>
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<tr>
<td>U6</td>
<td>ROOF FLASHING</td>
<td>510 SF</td>
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<tr>
<td>U6</td>
<td>PIPE &amp; FITTING</td>
<td>467 LF</td>
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<tr>
<td>U6</td>
<td>DUCT MASTIC</td>
<td>500 SF</td>
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</table>
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/20/17</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Amendment # 1</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>Emergency w/justification</td>
</tr>
<tr>
<td>[ ]</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>RUSSO DEVELOPMENT INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>570 COMMERCE BLVD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CARLSTADT, NJ 07072</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DOMINICK TUCCI</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>FORMER MERCK UNION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1011 MORRIS AVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>UNION</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
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<tr>
<td>County Code (7)</td>
<td></td>
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<thead>
<tr>
<th>Square Feet</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,200</td>
<td>OFFICE / PRODUCTION</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Bldg. Owner (8) | ASCM NO. |
**Street Address | EHI |
**City, State, Zip Code | SPARTA, NJ 07871 |
| Project Mngr. For Monitoring Firm | WILLIAM KIERBIL |
| Telephone Number | 973-729-5549 |

| Scheduled Start Date (10) | 07/05/17 |
| Sched. Completion Date (11) | 12/30/17 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
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<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos Containing</th>
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</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB TOP</td>
<td>60 SF</td>
<td>☐</td>
</tr>
<tr>
<td>CAULK</td>
<td>1,650 LF</td>
<td>☐</td>
</tr>
<tr>
<td>ROOF TAR</td>
<td>5 SF</td>
<td>☐</td>
</tr>
<tr>
<td>ROOF FLASHING</td>
<td>6,385 SF</td>
<td>☐</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID</td>
<td>Cubic Yards of Waste Name of Registered Landfill (IE.S.I.)</td>
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<tr>
<td>WASTE HAULING SERVICES, INC.</td>
<td>4509 WASTE</td>
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| City, State | NEWARK, NJ |
| Disposal Date | 07/27/17 |

Completed by | Title | Signature | Date |
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<tbody>
<tr>
<td>Steve Stiles</td>
<td>Project Manager</td>
<td></td>
<td>07/27/17</td>
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ASB-41
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U10

U10

PIPE & FITTINGS

320 SF

40 LF

YES NO N/A
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

**Date of Notification:** 7/31/2017  
**Name of Building Owner/Operator:** PSE&G  
**Street Address:** 4000 HADLEY ROAD  
**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Name of Facility Where Abatement Is Taking Place:** PSE&G  
**Street Address:** 2ND ST. & MONROE STREET  
**City:** HOBO肯  
**County:** HUDSON  

**Name of Monitoring Firm HIred by Building Owner:** ASCM No. 0045  
**Name of Abatement Contractor:** UNIQUE SYSTEMS OF AMERICA  
**Street Address:** 396 WHITEHEAD AVE.  
**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm:** TOM GEIGER  
**Telephone No.:** 732-290-2217  
**Start Date:** 8/11/2017  
**Schedules Completion Date:** 8/30/2017

**Occupancy Status During Abatement:**  
- [X] Facility Closed/Vacated During Entire Period of Abatement  
- [X] Abatement Performed Outdoors of Normal Facility Hours  
- Other - Describe: *OUTDOORS - NECESSARY OPERATORS ONLY*

**Scope of Work:**  
- [X] ±50 sf or ±100 sf  
- [X] ±150 sf or ±250 sf  
- [X] Renovation  
- [X] Demolition  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**  
- [X] Outdoors in STREET

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

**Description of Asbestos-Containing Material (ACM):** *TRANSFER Piping 720 LF*

**Amount (Specify SF or LF):** 720 LF  
**Abatement Type:**  
- Removal

**Name of Registered Waste Hauler:** WASTE MANAGEMENT  
**Waste Hauler ID No.:** 1125  
**Disposal Date:** TBD

**Name of Registered Landfill:** GROWS NORTH  
**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO  
**Title:** OFFICE MANAGER  
**Signature:** 

---

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