NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK #21945

Date of Notification (1) 6/4/2012		Name of Building Owner/Operator (2) AMCOR RIGID PLASTICS, INC.	
Agencies Notified ☑ EPA ☑ DEP ☑ DOL ☑ DOH ☑ DCA	Type Notification ☑ Initial ☐ Amended Amendment #___ ☐ Emergency (including justification) ☐ Cancellation	Street Address 625 SHARP STREET City, State, Zip Code MILLVILLE, NJ 08332 Name of Contact DAVID D'ANDREA	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AMCOR RIGID PLASTICS, INC. Street Address 625 SHARP STREET			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings)	
City (5) MILLVILLE, NJ 08332			Square Feet	# of Floors / Bldg. Age
County CUMBERLAND	County Code (7) (*STATE USE ONLY*)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH SERVICES	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.		
Street Address 78 EAST ATLANTIC WAY		Street Address 15 BLACK FOREST ROAD		
City, State, Zip Code LAVALLETTE, NJ 08735		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676	
Start Date (10) 6/15/2012	Scheduled Completion Date (11) 6/15/2012	Name of OSHA Monitor AMERITECH SERVICES		
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe		Street Address 78 EAST ATLANTIC WAY City, State, Zip Code LAVALLETTE,NJ 08735		
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf	☒ Renovation ☐ Demolition	☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) & Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
THROUGHOUT PLANT				TILE ADHESIVE	14,823 square feet	X			

Name of Registered Waste Hauler LUCAS DISPOSAL	NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 1 YD	Name of Registered Landfill GROWS
City, State HIGHTSTOWN, NJ 08520		Disposal Date 6/18/2012	City, State MORRISVILLE, PA

Completed By DAVID D'ANDREA	Title PRESIDENT	Signature David J. D'Andrea	Date 6/4/2012

ASB-41

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

STEVENS ENVIRONMENTAL SERVICES INC Check # 24817

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

Date of Notification (1): 6/4/12	Name of Building Owner/Operator (2): 55 Armour Road LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 55 Armour Road
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: Catherine Hegedus — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 55 Armour Road	
City (5): Princeton	Square Feet: 3000 — # of Floors: 2 — Bldg. Age: 70
County (6): Mercer — County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): residence
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.:	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: Wiliam Weisgarber Jr. — Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 — License No.: 00493
Start Date (10): 6/13/12 — Scheduled Completion Date (11): 6/18/12	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8AM - 4PM	Street Address: PO Box 341 — City, State, Zip Code: Crosswicks, NJ 08515

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition — ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement - 1st floor			X	duct insulation	400 SF	X			

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 3 CU	Name of Registered Landfill: T.R.R.F., Inc. Landfill
City, State: Allentown, NJ		Disposal Date: 6/18/12	City, State: Tullytown, PA
Completed By: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 6/4/12

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

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

1206-4993
Check #4196

Date of Notification (1): **6/4/12**	Name of Building Owner / Operator (2): **JC Penney Corporation**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended # ☐ Emergency ☐ Cancellation
	Street Address: **6501 Legacy Drive**
	City, State & Zip Code: **Plano, TX 75024**
	Name of Contact: **Richard Marnik** — Telephone Number

RECEIVED JUN 6 2012 ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **JC Penney**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **260 Wayne Town Center**	Square Feet: — # of Floors: — Bldg. Age: —
City (5): **Wayne** — County (6): **Passaic** — County Code (7): —	Current Use (Prior if being demolished): **Department Store**
Name of Monitoring Firm Hired by Building Owner (8): **Hillman Consulting, LLC** — ASCM No. —	Name of Abatement Contractor (9): **AbateTech, Inc.**
Street Address: **1600 Route 22 East**	Street Address: **PO Box 25**
City, State & Zip Code: **Union, NJ 07083-1597**	City, State & Zip Code: **Lumberton, NJ 08048**
Project Manager for Monitoring Firm: **Thomas Rubino** — Telephone Number: **908-688-7800**	Telephone Number: **609-265-2107** — License Number: **00529**
Scheduled Start Date (10): **6/13/12** — Scheduled Completion Date (11): **6/25/12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours — Describe: **11PM – 7AM** ☐ Facility Occupied During Abatement	Street Address: **108 Haddon Ave.** — City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf — ☒ Renovation ☐ Demolition

☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Lower Level Arizona	☐	☒	☐	Floor tile & Mastic	2,000 SF	☒	☐	☐	☐
Lower Level Arizona	☐	☒	☐	Floor tile & Mastic	1,750 SF	☒	☐	☐	☐
Lower Level Levis	☐	☒	☐	Floor tile & Mastic	1,000 SF	☒	☐	☐	☐
Lower Level Levis	☐	☒	☐	Floor tile & Mastic	2,000 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **14**	Name of Registered Landfill: **TRRF Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **6/25/12**	City, State: **Tullytown, PA**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Opps. Coord.**	Signature:	Date: **6/4/12**

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

1206-4993
Check #4195

Date of Notification (1): **6/4/12**	Name of Building Owner / Operator (2): **JC Penney Corporation**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended # ☐ Emergency ☐ Cancellation
	Street Address: **6501 Legacy Drive**
	City, State & Zip Code: **Plano, TX 75024**
	Name of Contact: **Richard Marnik** — Telephone Number:

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **JC Penney**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **502 Garden State Plaza**	Square Feet: — # of Floors: — Bldg. Age:
City (5): **Paramus** — County (6): **Bergen** — County Code (7):	Current Use (Prior if being demolished): **Department Store**
Name of Monitoring Firm Hired by Building Owner (8): **Hillman Consulting, LLC** — ASCM No.	Name of Abatement Contractor (9): **AbateTech, Inc.**
Street Address: **1600 Route 22 East**	Street Address: **PO Box 25**
City, State & Zip Code: **Union, NJ 07083-1597**	City, State & Zip Code: **Lumberton, NJ 08048**
Project Manager for Monitoring Firm: **Thomas Rubino** — Telephone Number: **908-688-7800**	Telephone Number: **609-265-2107** — License Number: **00529**
Scheduled Start Date (10): **6/13/12** — Scheduled Completion Date (11): **6/25/12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours — Describe: **11PM – 7AM** ☐ Facility Occupied During Abatement	Street Address: **108 Haddon Ave.** — City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Level Arizona	☐	☒	☐	Floor tile & Mastic	2,000 SF	☒	☐	☐	☐
2nd Level Arizona	☐	☒	☐	Floor tile & Mastic	1,750 SF	☒	☐	☐	☐
1st Level Levis	☐	☒	☐	Floor tile & Mastic	2,000 SF	☒	☐	☐	☐
2nd Level Levis	☐	☒	☐	Floor tile & Mastic	1,000 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **14**	Name of Registered Landfill: **TRRF Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **6/25/12**	City, State: **Tullytown, PA**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Opps. Coord.**	Signature:	Date: **6/4/12**

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

1205-4491
Check#

Date of Notification (1): **6/4/12**	Name of Building Owner / Operator (2): **Underwood Memorial Hospital**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended #2 ☐ Emergency ☐ Cancellation	Street Address: **509 N. Broad Street** City, State & Zip Code: **Woodbury, NJ 08096** Name of Contact: **Frank Cremeens** — Telephone Number: [redacted]

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residential Doctor Office** Street Address: **110 North Woodbury Rd.** City (5): **Pitman** — County (6): **Gloucester** — County Code (7):	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: Current Use (Prior if being demolished): **Doctor's Office**
Name of Monitoring Firm Hired by Building Owner (8): **Health & Safety Services** — ASCM No. Street Address: **318 12th Street** City, State & Zip Code: **Hammonton, NJ 08037** Project Manager for Monitoring Firm: **Jim Proctor** — Telephone Number: **609-704-8850**	Name of Abatement Contractor (9): **AbateTech, Inc.** Street Address: **PO Box 25** City, State & Zip Code: **Lumberton, NJ 08048** Telephone Number: **609-265-2107** — License Number: **00529**
Scheduled Start Date (10): **6/3/12** — Scheduled Completion Date (11): **6/5/12** Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours Describe: **7PM to 11PM** ☐ Facility Occupied During Abatement	Name of OSHA Monitor: **EMSL Analytical** Street Address: **107 Haddon Ave.** City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
(2) Areas	☐	☒	☐	**Floor tile & Mastic**	**100 SF total**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **5**	Name of Registered Landfill: **TRRF Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **6/5/12**	City, State: **Tullytown, PA**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Office Coord.**	Signature: [signature]	Date: **6/4/12**

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

1206-4993
Check #4194

Date of Notification (1): **6/4/12**	Name of Building Owner / Operator (2): **JC Penney Corporation**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended # ☐ Emergency ☐ Cancellation
	Street Address: **6501 Legacy Drive**
	City, State & Zip Code: **Plano, TX 75024**
	Name of Contact: **Richard Marnik** — Telephone Number

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **JC Penney- Store # 497**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **305 Mt. Hope Avenue**	Square Feet: — # of Floors: — Bldg. Age: —
City (5): **Rockaway** — County (6): **Morris** — County Code (7): —	Current Use (Prior if being demolished): **Department Store**
Name of Monitoring Firm Hired by Building Owner (8): **Hillman Consulting, LLC** — ASCM No. —	Name of Abatement Contractor (9): **AbateTech, Inc.**
Street Address: **1600 Route 22 East**	Street Address: **PO Box 25**
City, State & Zip Code: **Union, NJ 07083-1597**	City, State & Zip Code: **Lumberton, NJ 08048**
Project Manager for Monitoring Firm: **Thomas Rubino** — Telephone Number: **908-688-7800**	Telephone Number: **609-265-2107** — License Number: **00529**
Scheduled Start Date (10): **6/13/12** — Scheduled Completion Date (11): **6/25/12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours — Describe: **11PM – 7AM** ☐ Facility Occupied During Abatement	Street Address: **108 Haddon Ave.** City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf — ☒ Renovation ☐ Demolition — ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Upper Level Arizona	☐	☒	☐	Floor tile & Mastic	2,000 SF	☒	☐	☐	☐
Upper Level Arizona	☐	☒	☐	Floor tile & Mastic	1,750 SF	☒	☐	☐	☐
Upper Level Levis	☐	☒	☐	Floor tile & Mastic	2,000 SF	☒	☐	☐	☐
Upper Level Levis	☐	☒	☐	Floor tile & Mastic	1,000 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **14**	Name of Registered Landfill: **TRRF Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **6/25/12**	City, State: **Tullytown, PA**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Opps. Coord.**	Signature: Gwt	Date: **6/4/12**

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

Page 2 of 2

Date of Notification (1) 06/04/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification x Initial Notification ____ Amended Notification ____ Cancellation	Street Address P.O. box 2158	
		City, State, Zip Code Princeton NJ 08543	
		Name of Contact Robert Otego	Telephone Number

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Dean Mathey Apartments			Type of Facility (4) ____ School (K12) x Subchapter 8 (Other than K12) ____ Other (i. e. Private & commercial buildings, homes, etc.)
Street Address Lake ave & Harrision Streets			Square Feet: 60000 / # of Floors: 8 / Bldg. Age: 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc	ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B		Street Address 98 LaCrue Avenue	
City, State, Zip Code Haddon Heights NJ		City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd	Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 06/14/12 Month/Day/Year	Sched. Completion Date (11) 06/22/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) ____ Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 4:00 PM Other - Describe: _____		Street Address 3370 Progresive Drive City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply)

Demolition	Renovation		Full Containment with Negative Pressure
x >3 sf or >3 if >160 sf or >260 lf		x	Mini - Enclosure
			Glovebag Procedure
		x	Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Main-tenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
West Bldg		x		drywall	2 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ		Disposal Date As needed	City, State Morrisville PA

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature Mark Goshow	Date 6-4-12

ABS-41
JUN 95

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

Page 1 of 6

Date of Notification (1) 06/04/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification x Initial Notification ____ Amended Notification ____ Cancellation	Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Dean Mathey Apartments			Type of Facility (4) ____ School (K12) x Subchapter 8 (Other than K12) ____ Other (i.e. Private & commercial buildings, homes, etc.)
Street Address Lake ave & Harrision Streets			Square Feet: 60000 / # of Floors: 8 / Bldg. Age: 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc	ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B		Street Address 98 LaCrue Avenue	
City, State, Zip Code Haddon Heights NJ		City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd	Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 06/14/12 Month/Day/Year	Sched. Completion Date (11) 06/22/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) ____ Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: ___ 7:00 AM - 4:00 PM Other - Describe: _____		Street Address 3370 Progresive Drive City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply)

Demolition	Renovation	Full Containment with Negative Pressure
x >3 sf or >3 if >160 sf or >260 lf		x Mini - Enclosure
		Glovebag Procedure
		x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
South Bldg Stairwell # 1		x		drywall	2 SF	x			
South Bldg Stairwell # 2				drywall	2 SF	x			
North Bldg Stairwell # 1				drywall	2 SF	x			
North Bldg Stairwell # 2				drywall	2 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ		Disposal Date As needed	City, State Morrisville PA

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature Mark Goshow	Date 6-4-12

ABS-41
JUN 95

G4667

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

Page 2 of 5

Date of Notification (1) 06/04/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification x Initial Notification ____ Amended Notification ____ Cancellation	Street Address P.O. box 2158	
		City, State, Zip Code Princeton NJ 08543	
		Name of Contact Robert Otego	Telephone Number

RECEIVED JUN 6

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Lawrence Low Rise Apartments			Type of Facility (4) ____ School (K12) x Subchapter 8 (Other than K12) ____ Other (i. e. Private & commercial buildings, homes, etc.)
Street Address Alaxender Road			Square Feet: 60000 / # of Floors: 8 / Bldg. Age: 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc	ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B		Street Address 98 LaCrue Avenue	
City, State, Zip Code Haddon Heights NJ		City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd	Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 06/14/12 Month/Day/Year	Sched. Completion Date (11) 06/22/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) ____ Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 9:00 AM - 4:00 PM Other - Describe:		Street Address 3370 Progresive Drive City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply)

- Demolition
- x >3 sf or >3 if >160 sf or >260 lf
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Bldg 1		x		floor tile	0.5 SF	x			
Bldg 2				floor tile	0.5 SF	x			
Bldg 3				floor tile	0.5 SF	x			
Bldg 4				floor tile	0.5 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ		Disposal Date As needed	City, State Morrisville PA

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature Mark Goshow	Date 6-4-12

ABS-41
JUN 95

G4667

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

Page 1 of 2

Date of Notification (1) 06/04/12 Month/Day/Year	Name of Building Owner/Operator (2) Princeton University
Agency Notified EPA DEP DCA DOH Type Notification x Initial Notification ____ Amended Notification ____ Cancellation	Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Lawrence Low Rise Apartments			Type of Facility (4) ____ School (K12) x Subchapter 8 (Other than K12) ____ Other (i. e. Private & commercial buildings, homes, etc.)
Street Address Alaxender Road			Square Feet: 60000 / # of Floors: 8 / Bldg. Age: 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc	ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B		Street Address 98 LaCrue Avenue	
City, State, Zip Code Haddon Heights NJ		City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd	Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 06/14/12 Month/Day/Year	Sched. Completion Date (11) 06/22/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) ____ Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: ___ 9:00 AM - 4:00 PM Other - Describe: _____		Street Address 3370 Progresive Drive City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply) Demolition x >3 sf or >3 if >160 sf or >260 lf	Renovation	Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Bldg 5		x		floor tile	0.5 SF	x			
Bldg 6				floor tile	0.5 SF	x			
Bldg 7				floor tile	0.5 SF	x			
				floor tile	0.5 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ		Disposal Date As needed	City, State Morrisville PA

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature Mark Goshow	Date 6-7-12

ABS-41
JUN 95

G4667

CCH 1497

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 7:1I-20)

Date of Notification (1): 6-4-12	Name of Building Owner/Operator (2): Monroe Township
Agencies Notified: [x] EPA [x] DEP [ ] HUD [x] MOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1 Municipal Plaza
	City, State, Zip Code: Monroe, NJ 08831
	Name of Contact: Joe Brunner — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Township Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter II (Other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 100 Tyndale Ave	
City (5): Monroe NJ	Square Feet: 2500 — # of Floors: 2 — Bldg Age: 65
County (6): Middlesex — County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): ACE Insulation Co. Inc.
Street Address	Street Address: 95 Montrose Rd
City, State, Zip Code	City, State, Zip Code: Colts Neck NJ 07722
Project Manager for Monitoring Firm — Telephone No	Telephone No.: 732 294 1757 — License No: 00025
Start Date (10): 6-20-12 — Scheduled Completion Date (11): 6-27-12	Name of OSHA Monitor: ACE Insulation Co Inc
Occupancy Status During Abatement (Check only one): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other - Describe: 7AM - 2PM	Street Address: 95 Montrose Rd — City, State, Zip Code: Colts Neck NJ 07722

Scope of Work (Check all that apply)

[ ] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf — [ ] Renovation [x] Demolition — [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ ] Non-Exempted (1) 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) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outdoors			✓	siding	2800 ft	✓			

Name of Registered Waste Hauler: ACE Insulation Co — NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 3	Name of Registered Landfill: Clows	
City, State: Colts Neck, NJ	Disposal Date: 6-27-12	City, State: Tulleytown, PA	
Completed By: Jack Gall — Title: OPS Mgr. — Signature: Jack Gall			Date: 6-4-12

ASB 4.1

* Do not use this form for asbestos licensed exempted activities

elc # 1497

RECEIVED JUN 6 2012 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 6-4-12

Name of Building Owner/Contractor (2): Monroe Township

Agencies Notified: [x] EPA [ ] DEP [ ] DOT [x] DOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation

Street Address: 1 Municipal Plaza

City, State, Zip Code: Monroe, NJ 08831

Name of Contact: Joe Brenner

Telephone Number: [redacted]

FACILITY INFORMATION

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

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

Street Address: 54 Daniel Rd

City (5): Monroe NJ

Square Feet: 2500 | # of Floors: 2 | Bldg. Age: 25

County (6): Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): Residence

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

Name of Abatement Contractor (9): ACE Insulation Co Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Project Manager for Monitoring Firm: Telephone No:

Telephone No: 732 294 1757 | License No: 00025

Start Date (10): 6-14-12 | Scheduled Completion Date (11): 6-21-12

Name of OSHA Monitor: ACE Insulation Co Inc

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other - Describe: 7am - 2pm

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Scope of Work (Check all that apply)
[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outdoors			✓	siding	1850 SF	✓			

Name of Registered Waste Hauler: ACE Insulation Co | NJDEP Waste Hauler ID No.: 120856 | Cubic Yards of Waste: 3 | Name of Registered Landfill: Crows

City, State: Colts Neck, NJ | Disposal Date: 6-21-12 | City, State: Tulleytown, PA

Completed By: Jack Gall | Title: OPS Mgr | Signature: Jack Gall | Date: 6-4-12

ASB-41

* Do not use this form for asbestos licensure exempted activities

CK# 1497

RECEIVED JUN 6 2012

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

Date of Notification (1): 6-4-12	Name of Building Owner/Operator (2): Monroe Township
Agencies Notified: [x] NJDA [ ] DEP [ ] HUD [x] MSDN [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1 Municipal Plaza
	City, State, Zip Code: Monroe, NJ 08831
	Name of Contact: Joe Brewer — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Township Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 52 Daniel Rd	
City (5): Monroe NJ	Square Feet: 2500 — # of Floors: 2 — Bldg Age: 25
County (6): Middlesex — County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8) — NJDOH No.	Name of Abatement Contractor (9): ACE Insulation Co Inc
Street Address	Street Address: 95 Montrose Rd
City, State, Zip Code	City, State, Zip Code: Colts Neck NJ 07722
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 732 294 1757 — License No.: 00029
Start Date (10): 6-14-12 — Scheduled Completion Date (11): 6-21-12	Name of OSHA Monitor: ACE Insulation Co Inc
Occupancy Status During Abatement (Check only one): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other - Describe: 7am - 2pm	Street Address: 95 Montrose Rd
	City, State, Zip Code: Colts Neck NJ 07722

Scope of Work (Check all that apply):
[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outdoors			✓	siding	2500 ft	✓			

Name of Registered Waste Hauler: ACE Insulation Co	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 3	Name of Registered Landfill: Crows
City, State: Colts Neck, NJ		Disposal Date: 6-21-12	City, State: Tulleytown, PA

Completed By: Jack Gall	Title: OP's Mgr	Signature: Jack Gall	Date: 6-4-12

ASB-41

* Do not use this form for asbestos licensure exempted activities

CK # 1497

RECEIVED JUN 6 2012 HOUSES CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 7:1G)

Date of Notification (1): 6-4-12

Name of Building Owner/Operator (2): Monroe Township

Agencies Notified: [x] OSHA [x] DEP [ ] PHO [x] MDOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation

Street Address: 1 Municipal Plaza

City, State, Zip Code: Monroe, NJ 08831

Name of Contact: Joe Brewer

Telephone Number:

FACILITY INFORMATION

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

Street Address: 37 Forest Park Terrace

City (5): Monroe NJ

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

Square Feet: 2500 | # of Floors: 2 | Bldg Age: 25

County (6): Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): Residence

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

ASCM No:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No:

Name of Abatement Contractor (9): ACE Insulation Co Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Telephone No: 732-577-1757 | License No: 00029

Start Date (10): 6-14-12 | Scheduled Completion Date (11): 6-25-12

Name of OSHA Monitor: ACE Insulation Co Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other - Describe: 7AM - 2PM

Scope of Work (Check all that apply)
[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outdoors			✓	siding	3100 ft	✓			

Name of Registered Waste Hauler: ACE Insulation Co | NJDEP Waste Hauler ID No: 12086 | Cubic Yards of Waste: 3 | Name of Registered Landfill: Crows

City, State: Colts Neck, NJ | Disposal Date: 6-25-12 | City, State: Tulleytown, PA

Completed By: Jack Gall | Title: OP's Mgr | Signature: Jack Gall | Date: 6-4-12

ASB-41

* Do not use this form for asbestos licensure exempted activities

CIC # 1497

RECEIVED
JUN 6 2012

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:23 and 5:23A)

Date of Notification (1): 6-4-12	Name of Building Owner/Operator (2): Monroe Township
Agencies Notified: [ ] OSHA [ ] DEP [ ] HUD [✓] MUNI [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment # [ ] Emergency (Indicate justification) [ ] Cancellation
	Street Address: 1 Municipal Plaza
	City, State, Zip Code: Monroe, NJ 08831
	Name of Contact: Joe Brewer
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Township Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 96 Tyndale Ave	
City (5): Monroe NJ	Square Feet: 2500 # of Floors: 2 Bldg Age: 45
County (6): Middlesex	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No: Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address:	Street Address: 95 MONTROSE RD
City, State, Zip Code:	City, State, Zip Code: COLTS NECK NJ 07722
Project Manager for Monitoring Firm: Telephone No:	Telephone No: 732 431 1757 License No: 00029
Start Date (10): 6-8-12 Scheduled Completion Date (11): 6-25-12	Name of OSHA Monitor: ACE INSULATION CO INC
Occupancy Status During Abatement (Check only one): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [✓] Other - Describe: 7AM - 2PM	Street Address: 95 MONTROSE RD
	City, State, Zip Code: COLTS NECK NJ 07722

Scope of Work (Check all that apply):
[ ] ≥3 sf or ≥3 lf [✓] ≥160 sf or ≥260 lf [ ] Renovation [✓] Demolition
[ ] full Containment with Negative Pressure [ ] mini-Enclosure [ ] glovebag Procedure [ ] non-Exempted (*) mini 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 sys items insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outdoors			✓	SIDING	8700 #	✓			

Name of Registered Waste Hauler: ACE Insulation Co	NJDEP Waste Hauler ID No.: 12056	Cubic Yards of Waste: 3	Name of Registered Landfill: Crows
City, State: Colts Neck, NJ		Disposal Date: 6-27-12	City, State: Tulleytown, PA

Completed By	Title	Signature	Date
Jack Gall	OPS MGR	Jack Gall	6-4-12

ASB-41

* Do not use this form for asbestos licensure exempted activities

CK # 1497

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 7:1G-20)

RECEIVED JUN 6 2012 ASBESTOS CONTROL & ...

Date of Notification (1): 6-4-12

Name of Building Owner/Operator (2): Monroe Township

Agencies Notified: [ ] OSHA [ ] USEP [ ] HUD [ ] NJDOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 1 Municipal Plaza

City, State, Zip Code: Monroe, NJ 08831

Name of Contact: Joe Brewer

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address: 94 Tyndale Ave

City (5): Monroe NJ

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

Square Feet: 2500 | # of Floors: 2 | Bldg Age: 65

County (6): Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished): Residence

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

ASCP No:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No: 732 294 1757 | License No: 00029

Start Date (10): 6-18-12 | Scheduled Completion Date (11): 6-25-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other - Describe: 7am - 2pm

Scope of Work (Check all that apply)
[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] 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 sys items (insulation, surfacing, VAT, or other (specify miscellaneous))	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outdoors			✓	SIDING	2004	✓			

Name of Registered Waste Hauler: ACE Insulation Co

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 3

Name of Registered Landfill: Clows

City, State: Colts Neck, NJ

Disposal Date: 6-25-12

City, State: Tullytown, PA

Completed By: Jack Gall

Title: OPS MGR

Signature: Jack Gall

Date: 6-4-12

ASB-41

* Do not use this form for asbestos licensed exempted activities

e/c # 1497

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

RECEIVED
JUN 6 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
6-7-12

Name of Building Owner/Operator (2)
PAT BROWN

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

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

Street Address
901 River Rd

City, State, Zip Code
Fairhaven NJ

Name of Contact
Kerry

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Patrick Brown

Street Address
901 River Rd

City (5)
Fairhaven

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

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

Square Feet: 2000
# of Floors:
Bldg. Age: 77

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9)
ACE INSULATION Co Inc

Street Address
95 MONROE RD

City, State, Zip Code
COLTS Neck NJ 07722

Telephone No.
732 294 1757

License No.
00029

Start Date (10)
6 13 12

Scheduled Completion Date (11)
6 16 12

Name of OSHA Monitor
ACE INSULATION Co Inc

Street Address
95 MONROE RD

City, State, Zip Code
COLTS Neck NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other - Describe: 7am 7pm

Scope of Work (Check all that apply)
[ ] ≥3 sf or ≥3 lf
[x] 160 sf or >260 lf
[ ] Renovation
[x] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted
outdoors			x	siding	2000sf		x		

Name of Registered Waste Hauler
ACE INSULATION Co

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS

City, State
Colts Neck NJ 07722

Disposal Date
6-16-12

City, State
Tullytown PA

Completed By
Jack Gale

Title
OPS Mgr

Signature

Date
6-4-12

ASB-41

* 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)

Check # 8217

RECEIVED JUN - 6 2012 BUREAU OF CONTROL & LICENSING

Date of Notification (1): 6-4-12	Name of Building Owner/Operator (2): Flo Rice
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 208 Shunpike Road	
City, State, Zip Code: Madison, NJ 07940	
Name of Contact: Flo Rice	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 208 Shunpike Rd	
City (5): Madison NJ 07940	Square Feet: — # of Floors: 2 Bldg. Age: 50+
County (6): Morris	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies; ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies, Inc
Street Address: P.O. Box 337	Street Address: P.O. Box 337
City, State, Zip Code: New Egypt NJ 08533	City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker; Telephone No.: 609 758 3365	Telephone No.: 609-758-3365; License No.: 00394
Start Date (10): 6-15-12; Scheduled Completion Date (11): 6-15-12	Name of OSHA Monitor: EPC Technologies Inc
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address: P.O Box 337; City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Garage	X			Cardboard TSI	30 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 4	Name of Registered Landfill: Waste Management
City, State: NE NJ		Disposal Date: 6-18-12	City, State: Morrisville PA

Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 6-4-12

ASB-41

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

Print Form

2579

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

Date of Notification (1): 6/4/12	Name of Building Owner/Operator (2): Woodstown-Pilesgrove Regional School District
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 135 East Avenue
	City, State, Zip Code: Woodtown, NJ 08098
	Name of Contact: Dwayne Hickman

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Shoemaker Elementary School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 207 East Millbrooke Avenue	
City (5): Woodstown NJ 08098	Square Feet: 1000 + / # of Floors: 1+ / Bldg. Age: 35+
County (6): N/A / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 6/18/12 / Scheduled Completion Date (11): 6/26/12	Name of OSHA Monitor: Pernaco Inc
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: _____	Street Address: PO Box 329 / City, State, Zip Code: West Berlin NJ 08091

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Cafeteria		x		Floor tile /Mastic	2125 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S
City, State: Elm NJ		Disposal Date: 6/26/12	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 6/4/12

ASB-41 (R-06-08)

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

409

Print Form

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

RECEIVED JUN 6 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/02/12	Name of Building Owner/Operator (2): Community Food Bank of NJ
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 31 Evans Terminal Rd.
	City, State, Zip Code: Hillside NJ 07205
	Name of Contact: Jim Doty — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Community Food Bank of NJ	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 31 Evans Terminal Rd.	
City (5): Hillside	Square Feet: 285.000 — # of Floors: 2 — Bldg. Age: 80
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): food bank
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): Lesco Services Inc.
Street Address	Street Address: 156 Maple Ave
City, State, Zip Code	City, State, Zip Code: Wallington NJ 07057
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-406-7341 — License No.: 01107
Start Date (10): 06/12/12 — Scheduled Completion Date (11): 06/29/12	Name of OSHA Monitor: Leslaw Nalodka
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 156 Maple Ave. — City, State, Zip Code: Wallington NJ 07057

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st.floor			*	pipe insulation	600lf.	*			

Name of Registered Waste Hauler: Newark Carting Inc.	NJDEP Waste Hauler ID No.: 05409	Cubic Yards of Waste: 10	Name of Registered Landfill: GROWS
City, State: Newark NJ.		Disposal Date: 06/29/12	City, State: Morrisville PA.

Completed by: Leslaw Nalodka	Title: President	Signature: L Nal	Date: 06/02/12

ASB-41 (R-06-08)

* 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)

B & G proj. #: 2012-107

Check # 5292

Date of Notification (1): 05/31/12

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Jill Thoerle

Street Address: 317 North Ridgewood Road

City, State, Zip Code: South Orange, NJ 07079

Name of Contact: Jill Thoerle

Telephone Number:

RECEIVED JUN 6 2012 ASBESTOS CONTROL &

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Jill Thoerle

Street Address: 317 North Ridgewood Road

City (5): South Orange, NJ 07079

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 Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

Scheduled Start Date (10): 6/12/2012

Sched. Completion Date (11): 6/13/2012

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

Street Address: 105 Ryerson Road

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

Occupancy Status During Abatement (Check only one)
☒ 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)
☐ Demolition ☒ Renovation ☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure ☒ Mini-enclosure ☒ Glovebag procedure ☐ Non-friable procedure

Location of asbestos-containing material 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement laundry room			X	pipe insulation	120 lf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1 1/2 yards

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 6/13/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 5/31/2012

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

B & G proj. #: 2012-109

Check # 5291

RECEIVED JUN 6 2012

Date of Notification (1): 05/31/12

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Julie Honey

Street Address: 34 Old Army Road

City, State, Zip Code: Bernardsville, NJ 07924

Name of Contact: Jill Cannan

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Julie Honey

Street Address: 34 Old Army Road

City (5): Bernardsville, NJ 07924

County (6): Somerset

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 Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

Scheduled Start Date (10): 6/11/2012

Sched. Completion Date (11): 6/11/2012

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement laundry room			X	pipe insulation	5 lf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1/2 yard

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 6/12/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 5/31/2012

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

B & G proj. #: 2012-110

Check # 5293

RECEIVED
JUN 6 2012
ASBESTOS CONTROL &

Date of Notification (1): 05/31/12

Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amendment [ ] Cancellation

Name of Building Owner/Operator (2): Eric Curley

Street Address: 8 Sheridan Avenue

City, State, Zip Code: West Orange, NJ 07052

Name of Contact: Eric Curley

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Eric Curley

Street Address: 8 Sheridan Avenue

City (5): West Orange, NJ 07052

County (6): Essex

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished): residential

Name of Monitoring Firm Hired by Bldg. Owner (8): EnviroVision

ASCM No.: 0079

Street Address: 20-21 Wagaraw Avenue, Building 34A

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

Project Manager for Monitoring Firm: Willie Morales

Phone Number: 973-636-9145

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

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

Street Address: 105 Ryerson Road

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

Scheduled Start Date (10): 6/14/2012

Sched. Completion Date (11): 6/15/2012

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)
[ ] Demolition [X] Renovation [X] Full Containment w/negative pressure [ ] Glovebag procedure
[X] >3 sf or >3 lf [ ] ≥160 sf or ≥260 lf [ ] Mini-enclosure [ ] Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
kitchen area			X	linoleum	111 sf	X			

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1 1/2 yards

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 6/15/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 5/31/2012

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

B & G proj. #: 2012-111

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JUN 6 2012
ASBESTOS CONTROL &

Check # 5294

Date of Notification (1): 05/31/12

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Jon Baczewski

Street Address: 21 Vones Lane

City, State, Zip Code: Raritan, NJ 08869

Name of Contact: Jon Baczewski

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Jon Baczewski

Street Address: 21 Vones Lane

City (5): Raritan, NJ 08869

County (6): Somerset

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 Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

Scheduled Start Date (10): 6/11/2012

Sched. Completion Date (11): 6/12/2012

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

Street Address: 105 Ryerson Road

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

Occupancy Status During Abatement (Check only one)
☒ 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)
☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement			X	pipe insulation	105 lf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1 yards

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 6/12/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 5/31/2012

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

B & G proj. #: 2012-112

Check # 5295

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JUN 6 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05/31/12

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Bernard Schaefer

Street Address: 524 Prospect Street

City, State, Zip Code: Maplewood, NJ 07040

Name of Contact: Bernard Schaefer

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Bernard Schaefer

Street Address: 524 Prospect Street

City (5): Maplewood, NJ 07040

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 Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

Scheduled Start Date (10): 6/12/2012

Sched. Completion Date (11): 6/13/2012

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

Street Address: 105 Ryerson Road

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

Occupancy Status During Abatement (Check only one)
☒ 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)
☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement			X	pipe insulation	110 lf	☐	☒	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1 yard

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 6/13/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 5/31/2012

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

B & G proj. #: 2012-113

Check # 5296

RECEIVED
JUN 6 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05/31/12

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Mauricio Kuilan

Street Address: 96 Malone Avenue

City, State, Zip Code: Belleville, NJ 07109

Name of Contact: Mauricio Kuilan

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Mauricio Kuilan

Street Address: 96 Malone AVenue

City (5): Belleville, NJ 07109

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 Monitoring Firm Hired by Bldg. Owner (8): n/a

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

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

Telephone Number: 973-696-6869

License Number: 0378

Scheduled Start Date (10): 6/14/2012

Sched. Completion Date (11): 6/14/2012

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement			X	pipe insulation	15 lf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 1/2 yard

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ 07035

Disposal Date: 6/15/2012

City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna

Title: Treasurer

Signature: Gordana Luna

Date: 5/31/2012