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Print Form

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

RECEIVED
JUN 13 2018

Date of Notification (1) 6/9/18		Name of Building Owner/Operator (2) Beverly Wolf							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Haven, New Jersey 07704	Telephone Number						
Name of Contact Paul									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wolf Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Haven	Square Feet 2500	# of Floors 2	Bldg. Age 50+						
County (6) Monmouth	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)							
Street Address		Ape Inspection Co., Inc							
City, State, Zip Code		95 Montrose Rd							
Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code							
		Colts Neck, NJ 07722							
Start Date (10) 6/18/18	Scheduled Completion Date (11) 6/22/18	Telephone No.	License No.						
		732 294 1757	00029						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM - 7PM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Floor tile w/mastic	500 SF	X			
Name of Registered Waste Hauler Ape Inspection Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chriss					
City, State Colts Neck, NJ		Disposal Date 6/22/18		City, State Coston, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature [Signature]		Date 6/9/18			

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

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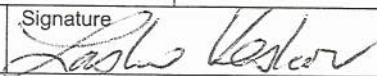
Check # 11808

Date of Notification (1) 6 / 12 / 18		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 13 2018 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 95120			
		City, State, Zip Code Camden, NJ 08101				Name of Contact James Rizzo			
						Telephone Number 856-757-7032			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 870 HADDON AVE STRUCTURE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 870 HADDON AVE STRUCTURE									
City (5) Camden				Square Feet varies	# of Floors varies				
				Bldg. Age 50+					
County (6) CAMDEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) 6 / 13 / 18		Scheduled Completion Date (11) 7 / 31 / 18		Name of OSHA Monitor CES					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / ____ PM - ____ AM				Street Address 1121 N Bethlehem Pike -Suite 60					
				City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS				
City, State Fairless Hills, PA				Disposal Date 7/31/18	City, State Tullytown PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 6/12/2018			

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

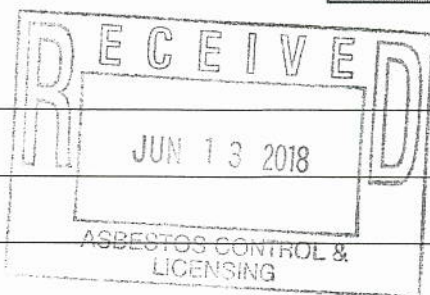
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CK# 1096

Date of Notification (1) 06/11/2018		Name of Building Owner/Operator (2) Paola Escobar		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 13 2018 </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Passaic, NJ 07055 Name of Contact Paola			
						Telephone Number AS _____ PL & _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Passaic				Square Feet	# of Floors				
County (6) Passaic		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) Removal Safety LLC					
Street Address				Street Address 8 Crosby Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07502					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-400-8711	License No. 01332				
Start Date (10) 06/20/2018		Scheduled Completion Date (11) 06/24/2018		Name of OSHA Monitor Same as (9)					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am - 5:00pm				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor			x	Pipe Insulation	200 LF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 3	Name of Registered Landfill GROWS North				
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Lasko Veskov		Title President		Signature 		Date 06/11/2018			

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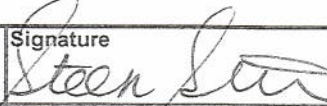
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/08/2018		Name of Building Owner/Operator (2) Glenwood Apartments							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857							
		Name of Contact Eric Prieto	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Apple Tree Ln		Square Feet 2,000	# of Floors 2						
City (5) Old Bridge, NJ		Bldg. Age 60+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 06/22/18	Scheduled Completion Date (11) 06/28/18	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
9 A-D Apple Tree Ln	x			Pipe/Elbow Insulation	140 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 06/28/18		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 06/08/2018					

no CK

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 05 / 29 / 18		Name of Building Owner / Operator (2) PSE&G		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 13 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type of Notification						Street Address 4000 Hadley Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation						City, State, Zip Code South Plainfield, NJ 07080	
								Name of Contact Randy Koncelik	
				Telephone Number 973-452-8378					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 159 EAST RAILROAD AVE				Type of Facility (4)					
Street Address 159 EAST RAILROAD AVE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
City (5) PATERSON	County (6) PASSAIC	County Code (7)	Square Feet 3,200	# Of Floors 2	Building Age 50 +				
			Current Use (Prior if being demolished) VACANT / RETAIL						
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.						
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway						
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936						
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649						
Scheduled Start Date (10) 06 / 08 / 18		Sched. Completion Date (11) 07 / 31 / 18		Telephone Number 973-884-8682		License Number 00860			
Occupancy Status During Abatement (Check Only 1)				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM MON-FRID				Street Address 32 Williams Parkway					
				City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	YES NO N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R		
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF AND FLASHING	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	MASTIC	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler ENVIRONMENTAL TRANSPORT GROUP INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State FLANDERS, NJ 07836		Disposal Date	City, State MORRISVILLE, PA 19067						
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 			Date 06/12/18			

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check 3134

Date of Notification (1) 05 / 29 / 18		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
Name of Contact RANDY KONCELIK		Telephone Number 973-452-8378	

RECEIVED
JUN 13 2018

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 161 EAST RAILROAD AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 161 EAST RAILROAD AVE		ASBESTOS CONTROL & LICENSING	
City (5) PATERSON	County (6) PASSAIC	County Code (7)	Building Age 50 +
Square Feet 25,000		# Of Floors 2	
Current Use (Prior if being demolished) VACANT / WAREHOUSE			
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NO.	
Street Address 655 WEST SHORE TRAIL		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code SPARTA, NJ 07871		Street Address 32 WILLIAMS PARKWAY	
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		City, State, Zip Code EAST HANOVER, NJ 07936	
Telephone Number 973-729-5649			
Scheduled Start Date (10) 06 / 12 / 18	Sched. Completion Date (11) 09 / 30 / 18	Telephone Number 973-884-8682	License Number 00860
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>7:00 AM-3:30 PM MON-FRID</u>		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 WILLIAMS PARKWAY	
		City, State, Zip Code EAST HANOVER, NJ 07936	

Scope of Work (Check All That Apply)

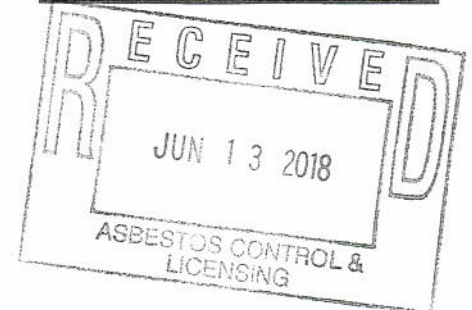
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3sf or >3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE AND FITTING	1,110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN OFFICE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT	2,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE OFFICE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT	152 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	DOOR CAULK	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WINDOW CAULK	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ENVIRONMENTAL TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL
City, State FLANDERS, NJ 07836	Disposal Date	City, State MORRISVILLE, PA 19067	

Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 06/12/18
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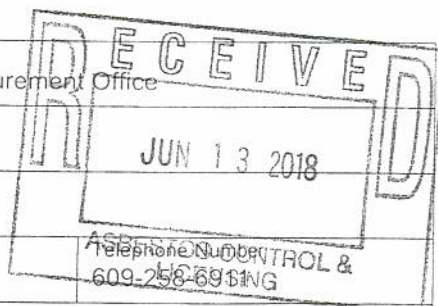
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
WAREHOUSE ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHEET METAL MASTIC	29,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING / MASTIC	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAREHOUSE ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF & FLASHING	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OK 6024
PAID

Print Form

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



Date of Notification (1) 6/12/2018		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Ryan Dickerson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bainbridge House		Type of Facility (4)							
Street Address 158 Nassau Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton		Square Feet 7500	# of Floors 4						
County (6) Mercer		Bldg. Age 250							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1253 North Church Street		Street Address 303 B National Road							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 856-840-8800	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 6-26-18	Scheduled Completion Date (11) 8-03-18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 U.S. 130 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st, 2nd, 3rd Floors		X		Plaster	6700 SF	X			
Exterior Windows		X		Caulk	610 LF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 60	Name of Registered Landfill Grows					
City, State Trenton, NJ			Disposal Date 8-3-18	City, State Morrisville, PA					
Completed by Joe White		Title Project Manager	Signature 			Date 6/12/18			