

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

Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div>			Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b> 18 2014						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>10-6/16/14</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>200 Elm Dr.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortega</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>				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 <b>Washington Rd</b>									
City (5) <b>Princeton</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Library</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>Three Terri Center</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Burlington, NJ 08016</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <div style="text-align: center;">2 / 5 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 20 / 14</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>6:30AM-3:00PM</b> / <b>PM</b> - <b>AM</b> <del>OFF SITE MON - 6/16/14</del>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	72 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>				Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>6/16/14</b>			

ASB-41  
MAY 11 **BS 14003-B**

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



CR# 2634

ASB-41  
MAY 11

BS 14003-B \* Do not use this form for asbestos licensure exempted activities.



State of New Jersey **REV#8-APPROVED BY**  
**NOTIFICATION OF ASBESTOS ABATEMENT** **FRANKLIN MEYER (VERBAL)**  
(Pursuant to NJAC 8:60 and 5:16) **WJ POL**

Date of Notification (1) <b>01 / 15 / 14</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>8-6/10/14</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortega</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		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 <b>Washington Rd</b>		Square Feet	# of Floors						
City (5) <b>Princeton</b>		Bldg. Age							
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>						
Start Date (10) <b>2 / 5 / 14</b>		Scheduled Completion Date (11) <b>ON HOLD</b>	License No. <b>00509</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>6:30AM-3:00PM</b> / <b>PM</b> - <b>AM</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" 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 <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>6/10/14</b>			



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

JUN 18 2014

Date of Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7-6/2/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		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 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 6 / 6 / 14	License No. 00509							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/____PM-____AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	Enclose
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" 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 SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type)		Title							



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

JUN 18 2014

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>01 / 15 / 14</span> </div>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6-5/2/14</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortega</b>	Telephone Number <b></b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		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 <b>Washington Rd</b>		Square Feet	# of Floors						
City (5) <b>Princeton</b>		Bldg. Age							
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		Current Use (Prior if being demolished) <b>Library</b>							
Street Address <b>Three Terri Center</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>2 / 5 / 14</b>	Scheduled Completion Date (11) <b>ON HOLD</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>6:30AM-3:00PM</b> PM- AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	Enclose
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" 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 <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					



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

JUN 18 2014

Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-4/25/14</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr.						
			City, State, Zip Code Princeton, NJ 08544						
		Name of Contact Robert Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		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 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Library						
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
Start Date (10) 2 / 5 / 14		Scheduled Completion Date (11) 5 / 2 / 14	License No. 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:30AM-3:00PM</u> PM-___AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" 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 SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State					



JUN 18 2014

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

Date of Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-4/16/14 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number 6. ....						
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library									
Street Address Washington Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Princeton	County (6) MERCER	Square Feet	# of Floors						
County Code (7) (STATE USE ONLY)		Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		Current Use (Prior if being demolished) Library							
Street Address Three Terri Center		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keeshn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00608						
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 4 / 25 / 14								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM / ____ PM-____ AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" 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 SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State									



JUN 18 2014

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

Date of Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-4/3/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	City, State, Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortega	Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
Princeton University-Firestone Library

**FACILITY INFORMATION**

Street Address Washington Rd	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
City (5) Princeton	Square Feet
County (6) MERCER	# of Floors
County Code (7) (STATE USE ONLY)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	Current Use (Prior if being demolished) Library

Street Address Three Terri Center	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET
Project Manager for Monitoring Firm Michael Keohn	Telephone No. 609-386-8800	City, State, Zip Code BRISTOL, PA 19007
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 4 / 18 / 14	Telephone No. 215-788-6040
		License No. 00509

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: 6:30AM-3:00PM- PM- AM

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

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

Scope of Work (Check all that apply)

☐  $\geq 3$  sf or  $\geq 3$  ft  
☒  $\geq 160$  sf or  $\geq 260$  ft

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic					
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1776 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP INC

NJDEP Waste

Cubic Yards of



JUN 18 2014

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

Date of Notification (1) 01 / 18 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment 02-2/12/14 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544	
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Name of Contact Robert Ortega	Telephone Number
<b>FACILITY INFORMATION</b>			
Street Address Washington Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Princeton	County (6) MERCER	Square Feet	# of Floors
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Three Terri Center		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keahn		Telephone No. 609-396-8800	Telephone No. 215-799-0040
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 4 / 4 / 14	License No. 00600	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-3:00PM PM- AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure		Street Address 1123 BEAVER STREET	
City, State, Zip Code BRISTOL, PA 19007			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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)
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	1,466 SF
Office A-7J	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window Caulk	96 LF
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Duct work	1776 SF
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Manifest #	Cubic Yards of



JUN 18 2014

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment 01-12114 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544	
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Name of Contact Robert Ortega	Telephone Number
<b>FACILITY INFORMATION</b>			
Street Address Washington Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Princeton	County (6) MERCER	Square Feet	# of Floors
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Current Use (Prior if being demolished) Library
Street Address Three Terri Center		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Michael Keeshn		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) OFF SITE WTK 6/5/14		Telephone No. 609-386-8800	Telephone No. 215-788-0040
Scheduled Completion Date (11) 4 / 4 / 14		License No. 00000	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 100$ of or $\geq 200$ ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure		Street Address 1123 BEAVER STREET	
City, State, Zip Code BRISTOL, PA 19007			
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)
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	1,488 SF
Office A-7J	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window Caulk	96 LF
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Duct work	1776 SF
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler No.	Cubic Yards of



JUN 18 2014

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:09 and 8:10)

CR # 2544

Date of Notification (1) 01 / 18 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 7562 <input checked="" type="checkbox"/> DHS 1579 <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544	
Name of Facility Where Abatement is Taking Place (3) Princeton University-Fredstone Library		Name of Contact Robert Ortega	Telephone Number
Street Address Washington Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Princeton	County (6) MERCER	Square Feet	# of Floors
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Three Tert Center		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Koshn		Telephone No. 609-388-0800	Telephone No. 215-788-0040
Start Date (10) 1 / 30 / 14	Scheduled Completion Date (11) 4 / 4 / 14	License No. 00000	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-2:30PM / PM-AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 100$ of or $\geq 200$ ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Feasible 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 NA	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	1,466 SF
Office A-7J	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window Caulk	96 LF
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Duct work	1776 SF
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDES Waste Manifest #	Cubic Yards of



NO CK

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

CHECK#224207

RECEIVED

Date of Notification (1) <b>6/16/2014</b>		Name of Building Owner/Operator (2) <b>MR. SONTAG</b>		2014 JUN 18 PM 1:41				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>3112 WINDSOR AVENUE</b> City, State, Zip Code <b>TOMS RIVER</b>					
			Name of Contact <b>MR. SONTAG</b>		Telephone Number			
	<b>FACILITY INFORMATION</b>							
	Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b> Street Address <b>3112 WINDSOR AVENUE</b> City (5) <b>TOMS RIVER, NJ</b>			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)				
County <b>OCEAN</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		ASCM No.		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>				
Street Address <b>1A S. LAWRENCE AVENUE</b>		Street Address <b>15 BLACK FOREST ROAD</b>						
City, State, Zip Code <b>SEASIDE HEIGHTS, NJ 08751</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>						
Project Manager for Monitoring Firm		Telephone No.		License No.				
				<b>00676</b>				
Start Date (10) <b>6/18/2014</b>		Scheduled Completion Date (11) <b>6/18/2014</b>		Name of OSHA Monitor <b>N/A</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM			Street Address City, State, Zip Code					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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)		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
<b>MAIN FLOOR</b>		<input checked="" type="checkbox"/>	<b>NFVAT</b>	<b>120 SF</b>	<input checked="" type="checkbox"/>			
<b>EXTERIOR</b>		<input checked="" type="checkbox"/>	<b>TRANSITE SHINGLES</b>	<b>300 SF.F.</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>ROBINSON WASTE DISPOSAL</b>			NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>2 YD.</b>	Name of Registered Landfill <b>GROWS</b>			
City, State <b>BELLMAWR</b>			Disposal Date <b>6/19/2014</b>		City, State <b>MORRISVILLE, PA</b>			
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>		Date <b>6/16/2014</b>			

ASB-41

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



2014 JUN 18 PM 1:41

REMEMBER - MAIL IN HARD COPY

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 6/13/2014		Name of Building Owner/Operator (2) MR. SONTAG		CHECKED BY JUN 13 2014 [Signature]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3112 WINDSOR AVENUE City, State, Zip Code TOMS RIVER Name of Contact MR. SONTAG Telephone Number [Blank]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 3112 WINDSOR AVENUE City (5) TOMS RIVER, NJ County OCEAN				Square Feet [Blank] # of Floors/Bldg. Age [Blank]	
County Code (7) (STATE USE ONLY) [Blank]				Current Use (Prior if being demolished) [Blank]	
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH Street Address 1A S. LAWRENCE AVENUE SEASIDE HEIGHTS, NJ 08751 Project Manager for Monitoring Firm [Blank]		ASCM No. [Blank]		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC. Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691 Telephone No. 609-890-7110 License No. 00676	
Start Date (10) 6/16/2014		Scheduled Completion Date (11) 6/16/2014		Name of OSHA Monitor N/A Street Address [Blank] City, State, Zip Code [Blank]	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 8PM-2 AM					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 250 ft <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 (*) & Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		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)	
MAIN FLOOR		Yes No N/A		NFVAT	
EXTERIOR		Yes No N/A		TRANSITE SHINGLES	
Name of Registered Waste Hauler ROBINSON WASTE DISPOSAL City, State BELLMAWR		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 2 YD. Disposal Date 6/17/2014	
Completed By DAVID D'ANDREA ASB-41		Title PRESIDENT		Name of Registered Landfill GROWS City, State MORRISVILLE, PA Date 6/13/2014	

\* Do not use this form for asbestos abatement exempted activities



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

CHECK # 21304

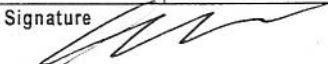
Date of Notification (1) 06-13-14		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 913 Frank E. Rogers Boulevard South					
		City, State, Zip Code Harrison, NJ 07029		Name of Contact Timothy Gallagher					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harrison Path Station			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 600 Guyon Avenue			Square Feet 5,915						
City (5) Harrison			# of Floors 2		Bldg. Age 76 yrs.				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Station					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.		License No. 00756					
Start Date (10) 06-16-14(1)Project Postponed		Scheduled Completion Date (11) 12-31-14		Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue						
			City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing & Transite	5,500SF	X			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Newburg, PA 17240				
Completed by Joseph Patrick		Title Project Manager		Signature		Date 06-13-14			



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

Check No.


1852

Date of Notification (1) <b>June 12, 2014</b>		Name of Building Owner/Operator (2) <b>Newark Board of Education</b>					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP Not required per State Reg. 10:27D4 <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Cedar Street</b> City, State, Zip Code <b>Newark, NJ 07112</b> Name of Contact <b>Benjamin Olagadeya</b> Telephone Number 					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>George Washington Carver Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>333 Clinton Place, Newark, NJ</b>		Square Feet <b>235,206</b> # of Floors <b>3</b> Bldg. Age <b>50 +/-</b>					
City (5) <b>Newark, NJ 07112</b>		County Code (7) (STATE USE ONLY) <b>Essex</b> Current Use (Prior if being demolished) <b>Education</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman environmental &amp; Engineering</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>				
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>223 Randolph Avenue</b>					
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>					
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>	Telephone No. <b>973-478-4681</b> License No. <b>00120</b>				
Start Date (10) <b>June 30, 2014</b>	Scheduled Completion Date (11) <b>July 06, 2014</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>				
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 <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>					
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>5 LF</b>	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>Boiler Room</b>			<b>Thermal Systems Insulation</b>			<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Incl.</b>		NJDEP Waste Hauler ID No. <b>12695 / 50071</b>	Cubic Yards of Waste <b>&lt;0.5</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>			
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>			Disposal Date <b>07/01/14 - 07/06/14</b>	City, State <b>Waynesburg, OH</b>			
Completed by <b>G. Roger Woodman</b>		Title <b>Safety Officer</b>		Signature 		Date <b>6/12/2014</b>	



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

Check No. 1853

Date of Notification (1) <b>June 12, 2014</b>		Name of Building Owner/Operator (2) <b>Newark Board of Education</b>				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Cedar Street</b> City, State, Zip Code <b>Newark, NJ 07112</b> Name of Contact <b>Benjamin Olagadeya</b> Telephone Number <b>86</b>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Roberto Clemente Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>257 Summer Avenue</b>		Square Feet <b>68,274</b>				
City (5) <b>Newark, NJ 07104</b>		# of Floors <b>3</b>				
County (6) <b>Essex</b>		Bldg. Age <b>80 +/-</b>				
County Code (7) (STATE USE ONLY) <b>Essex</b>		Current Use (Prior if being demolished) <b>Education</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman environmental &amp; Engineering</b>		ASCM No. <b>00110</b>				
Street Address <b>7 Pleasant Hill Road</b>		Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>				
City, State, Zip Code <b>Cranbury, NJ 08512</b>		Street Address <b>223 Randolph Avenue</b>				
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>				
Telephone No. <b>732-390-5858</b>		Telephone No. <b>973-478-4681</b>				
Start Date (10) <b>June 24, 2014</b>		License No. <b>00120</b>				
Scheduled Completion Date (11) <b>June 29, 2014</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>				
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 <b>464 Valley Brook Avenue</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>				
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		
				Removal	Repair	Encapsulate
Boiler Room & Custodial Storage Room by Room B-5	Yes No N/A	Thermal Systems Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Incl.</b>	NJDEP Waste Hauler ID No. <b>12695 / 50071</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>			
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>		Disposal Date <b>06/27/14 - 06/30/14</b>	City, State <b>Waynesburg, OH</b>			
Completed by <b>G. Roger Woodman</b>	Title <b>Safety Officer</b>	Signature 	Date <b>6/12/2014</b>			



Check # 2737

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14

<b>Date of Notification (1)</b> <b>June 12, 2014</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>Name of Contact</b> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> 201 434 1100	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>ADMC, BUILDING 8, 30 BERGEN STREET, BLDG# 7274</b>		<b>Type of Facility (4)</b> <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.) <b>Sq. Feet: N/A # of Floors: 1 Bldg Age: 80+ years</b>	
<b>Street Address</b> <b>RBHS NEWARK CAMPUS</b>		<b>Current Use (prior if being demolished):</b> ACADEMIC	
<b>City (5)</b> <b>NEWARK</b>	<b>County (6)</b> <b>ESSEX</b>	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Cardno ATC</b>		<b>ASCM No.</b> <b>0098</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>	<b>Telephone Number</b> <b>609-386-8800</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>06/13/14</b>	<b>Scheduled Completion Date (11)</b> <b>06/16/14</b>		
<b>Occupancy Status During Abatement (Check only one)</b> <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: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		<b>Name of OSHA Monitor</b> <b>1 ENVIROVISION, INC.</b>	
		<b>Street Address</b> <b>20-21 WARGARAW ROAD</b>	
		<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Rooms 804, 804A, 804B, 812, 812B, 814B &amp; 815</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>VAT &amp; MASTIC</b>	<b>Amount (Specify SF or LF)</b> <b>2000 SF</b>
			<b>Abatement Type</b> Remove Repair Encap Enclose <input checked="" type="checkbox"/>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> 30 CY
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b>		<b>Disposal Date</b> <b>06/16/14</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>
<b>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</b> <b>NJDEP # 20990</b>		<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>June 13, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney



Jun 12 2014 12:21pm

P001/001

State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

APPROVED  
NJ Dept. of Health & Senior Services  
(Signature)  
Date: 6/12/14 Time: 12:45

GAC Project # 060-14

Date of Notification (1) <b>June 12, 2014</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP, No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone <b></b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>ADMC, BUILDING 8, 30 BERGEN STREET, BLDG# 7274</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>RBHS NEWARK CAMPUS</b>		Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Cardno ATC</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>06/13/14</b>		License Number <b>00840</b>	
Scheduled Completion Date (11) <b>06/16/14</b>		Name of OSHA Monitor <b>1</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		Street Address <b>20-21 WARGARAW ROAD</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Rooms 804, 804A, 804B, 812, 812B, 814B &amp; 815</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT &amp; MASTIC</b>	Amount (Specify SF or LF) <b>2000 SF</b>
Abatement Type Remove Repair Encase Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>30 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>06/16/14</b>	
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>June 13, 2014</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney



From:

06/12/2014 11:58

4678 P.002/004

Check # 2737

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

GAC Project # 060-14

DOL - 10 DAY

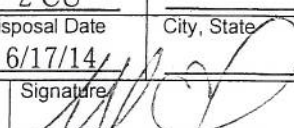
Date of Notification (1) <b>June 12, 2014</b>		Name of Building Owner/Owner (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP: No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b> Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b> Telephone Number <b>732-972-3800</b>	
Name of Facility Where Abatement is Taking Place (3) <b>ADMC, BUILDING 8, 30 BERGEN STREET, BLDG# 7274</b> Street Address <b>RBHS NEWARK CAMPUS</b> City (5) <b>NEWARK</b> County (6) <b>ESSEX</b> County Code (7) (State Use Only)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>80+ years</b> Current Use (prior to being demolished): <b>ACADEMIC</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Cardno ATC</b> Street Address <b>3 TERRILANE</b> City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Name of Controller (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b> Street Address <b>286 MAIN STREET</b> City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b> Telephone Number <b>609-366-8600</b>		Telephone Number <b>973-482-0477</b> License Number <b>00840</b>	
Scheduled Start Date (10) <b>06/13/14</b> Scheduled Completion Date (11) <b>06/16/14</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b> Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: <b>5:00 PM - 5:00 AM</b> <b>(24 hours as needed)</b>			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Rooms 804, 804A, 804B, 812, 812B, 814B &amp; 815</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT &amp; MASTIC</b>	Amount (Specify SF or LF) <b>2000 SF</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Enclose <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste <b>30 CY</b> Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20000		Disposal Date <b>06/18/14</b>	City, State <b>100 New Ford Mill Rd, Morrisville, Pa 19067</b> <b>215-738-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i> Date <b>June 13, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney



CIC # 24553

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

Date of Notification (1) <u>6/12/14</u>		Name of Building Owner/Operator (2) <u>Heisler</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>838 River Rd</u> City, State, Zip Code <u>Ewing, NJ 08618</u>	
		Name of Contact <u>Bill Heisler</u>	Telephone Number <u>856-866-1000</u>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		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 <u>838 River Rd.</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Ewing, NJ</u>		Bldg. Age <u>80+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Lou Laureti</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/13/14</u>	Scheduled Completion Date (11) <u>6/17/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <u>TO BE ABATED IN Facility (13)</u>	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)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>
<u>Basement</u>			<u>Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/17/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Tullytown, PA</u>			
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/12/14</u>



0004/0005

CIC #24553

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:28)

DOL - 10 DAY

Date of Notification (1) <u>6/12/14</u>		Name of Building Owner/Operator (2) <u>Heisler</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>838 River Rd.</u>		City, State, Zip Code <u>Ewing, NJ 08618</u>	
Name of Contact <u>Bill Heisler</u>		Telephone Number <u></u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>838 River Rd.</u>		Square Feet <u>2000</u>	
City (5) <u>Ewing, NJ</u>		# of Floors <u>2</u>	
County (6) <u>Mercer</u>		Bldg. Age <u>80 +/-</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. <u></u>	
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>	
Project Manager for Monitoring Firm <u>Lou Lauren</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Telephone No. <u>(609) 298-1070</u>		Telephone No. <u>(609) 259-9688</u>	
Start Date (10) <u>6/13/14</u>		License No. <u>00493</u>	
Scheduled Completion Date (11) <u>6/17/14</u>		Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Basement		Yes	
Basement		No	
		N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Boiler Insulation		60 sf	
Pipe Insulation		25 lf	
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	
City, State <u>Allentown, NJ</u>		Cubic Yards of Waste <u>2 CY</u>	
Name of Registered Landfill <u>T.R.R.F., Inc.</u>		City, State <u>Tullytown, PA</u>	
Disposal Date <u>6/17/14</u>		Signature <u>[Signature]</u>	
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	
		Date <u>6/12/14</u>	

ASST-61  
MAR 00

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



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

Date of Notification (1) <u>6-13-14</u>		Name of Building Owner/Operator (2) <u>ROY FARFEL</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>3106 ALLAIRE ROAD</u>		City, State, Zip Code <u>WALL NJ 07719</u>	
Name of Contact <u>ERIC PLACKIS</u>		Telephone Number <u>732 899 4499</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>3106 ALLAIRE ROAD</u>		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.)	
City (5) <u>WALL NJ 07719</u>		Square Feet <u>        </u> # of Floors <u>        </u> Bldg. Age <u>        </u>	
County (6) <u>MONMOUTH</u>		County Code (7) (STATE USE ONLY) <u>        </u>	
Current Use (Prior if being demolished) <u>PRIVATE HOME</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>BRICK INDUSTRIES INC.</u>		ASCM No. <u>        </u>	
Street Address <u>145 NATICK TR.</u>		City, State, Zip Code <u>BRICK NJ 08821</u>	
Project Manager for Monitoring Firm <u>        </u>		Telephone No. <u>732 899 4499</u> License No. <u>D1196</u>	
Start Date (10) <u>6/16/14</u>		Scheduled Completion Date (11) <u>6-18-14</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>        </u>		Name of OSHA Monitor <u>        </u>	
Street Address <u>        </u>		City, State, Zip Code <u>        </u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>ATTIC VERMICULITE</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>ATTIC VERMICULITE</u>
	Amount (Specify SF or LF) <u>600 SQ FT</u>		
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>			
Name of Registered Waste Hauler <u>BRICK INDUSTRIES INC</u>		NUEP Waste Hauler ID No. <u>21602</u>	
City, State <u>BRICK N.J.</u>		Cubic Yards of Waste <u>12</u>	
Disposal Date <u>6/19</u>		Name of Registered Landfill <u>G.R.O.W.I.S</u>	
City, State <u>TPA</u>			
Completed By <u>ERIC PLACKIS</u>		Title <u>PRES.</u>	
Signature <u>        </u>		Date <u>6-13-14</u>	



C K 006193

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

D&amp;S Proj. #: 2014-242

RECEIVED

Date of Notification (1) 06/11/14		Name of Building Owner/Operator (2) VIVIAN SQUASHIC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 59 HILLSIDE CRESCENT		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact VIVIAN SQUASHIC		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) VIVIAN SQUASHIC			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 59 HILLSIDE CRESCENT			Square Feet		
City (5) NUTLEY			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 06/23/14		Sched. Completion Date (11) 07/10/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	90 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT, rec. rm		<input checked="" type="checkbox"/>		VAT	43 sq ft	<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"/>		

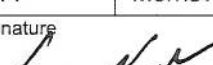
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/24/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/12/2014	



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

**766**

Print Form

Date of Notification (1) 06/12/14		Name of Building Owner/Operator (2) Berkeley Heights B.O.E		2014 JUN 18 PM 4:30					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 345 Plainfield Ave. City, State, Zip Code Berkeley Heights, NJ 07922 Name of Contact Anthony Amiano Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William Woodruff School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Briarwood Dr. West			Square Feet 30,000 # of Floors 1 Bldg. Age 50+						
City (5) Berkeley Heights		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc.		ASCM No. 0045					
Street Address 64 Broad St.		Name of Abatement Contractor (9) Lesco Services Inc.		Street Address 156 Maple Ave.					
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Wallington, NJ 07057		Telephone No. 973-406-7341					
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217		License No. 01107					
Start Date (10) 06/23/14		Scheduled Completion Date (11) 07/07/14		Name of OSHA Monitor Leslaw Nalodka					
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 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057					
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) <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
Front Hallway		*		pipe insulation	743lf.	*			
Front Hallway		*		ceiling tiles	1680sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S				
City, State Newark, NJ		Disposal Date 07/08/14		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President		Signature 		Date 06/12/14			



CK 006198

D&amp;S Proj. #: 2014-245

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

RECEIVED

Date of Notification (1) 10/16/13/14		Name of Building Owner/Operator (2) JOHN STRICKLEY		2014 JUN 18 PM 4:28	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 17 EAST CEDAR PLACE City, State, Zip Code RAMSEY, NJ 07446	
Name of Contact JOHN STRICKLEY				Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN STRICKLEY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 17 EAST CEDAR PLACE			Square Feet # of Floors Bldg. Age		
City (5) RAMSEY			County (6) MORRIS		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 06/25/14		Sched. Completion Date (11) 07/18/14		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				City, State, Zip Code Paterson, NJ 07503	

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 w/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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	80 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/26/14		City, State TULLYTOWN, PA		Date 06/13/2014	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/13/2014	



CK 0000196

D&amp;S Proj. #: 2014-244

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

REC-20



Date of Notification (1) 10/16/11/12/14		Name of Building Owner/Operator (2) KIRBY JEFFERSON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 164 BLUE MILL ROAD		City, State, Zip Code HARDING TWP., NJ 07960	
Name of Contact KENNETH NORTON/RUSS		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) KIRBY JEFFERSON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 164 BLUE MILL ROAD			Square Feet		
City (5) HARDING TWP.			County (6) MORRIS		County Code (7) (State use only)
Name of Monitoring Firm (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		

Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone Number	
Phone Number		License Number	
Start Date (10) 06/25/14		Sched. Completion Date (11) 07/25/14	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code Paterson, NJ 07503	

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 w/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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT (wrap & cut)		<input checked="" type="checkbox"/>		PIPE INSULATION	240 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	145 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 4 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/26/14		City, State TULLYTOWN, PA		Date 06/12/2014	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/12/2014	