


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

Date of Notification (1) June 18, 2014		Name of Building Owner/Operator (2) Lebanon Township Board of Education Check # 1226							
Agencies Notified	Type Notification	Street Address 70 Bunnvale Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Califon, NJ 07830							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodglen Elementary 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 70 Bunnvale Road		Square Feet 10,000	# of Floors 2						
City (5) Califon		Bldg. Age 100							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Enviro. Services, Inc.		ASCM No. 00099	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 619 River Drive		Street Address 623 Cutler Avenue							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-398-4544	License No. 00842						
Start Date (10) July 2, 2014	Scheduled Completion Date (11) July 14, 2014	Name of OSHA Monitor EMSL Analytical, 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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe Insulation	120 LF	xxx			
Boiler Room	X			Boiler Breeching Insulation	200 SF	xxx			
Boiler Room	X			Boiler Rib Gasket/Filler Insulation	130 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 80	Name of Registered Landfill Western Berks Community Landfill					
City, State Mount Holly, NJ 08060		Disposal Date 7/14/2014		City, State Birdsboro, PA 19508					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date June 18, 2014			

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

Check # 8879

Date of Notification (1) Amended June 20, 2014 June 12, 2014		Name of Building Owner / Operator (2) Santander Bank, NA	
Agencies Notified	Type Notification	Street Address 2 Morrissey Boulevard	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	City, State & Zip Code Dorchester, MA 02125	
		Name of Contact Susan Peck	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Santander Bank		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, home, etc.)	
Street Address 1135 & 1137 Burnt Tavern Road		Square Feet 6,000	# of Floors 2
City (5) Brick		Bldg. Age 60	
County (6) Ocean		Current Use (Prior if being demolished) Retail	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	License Number 00817
Scheduled Start Date (10) June 23, 2014	Scheduled Completion Date (11) July 30, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			x	Floor Tile & Mastic	600 SF	X			
First and Second Floors			x	Joint Compound	2,400 SF	X			
Second Floor Bathroom			x	Wall Stucco	175 SF	X			
Exterior by Utility Panels			x	Wall Caulk	10 SF	X			
Meter Room Shed			x	Transite Shingles	40 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 41	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date July 31, 2014		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date Amended June 20, 2014 June 12, 2014	

NO CK

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

Check # 8879

Date of Notification (1) June 12, 2014		Name of Building Owner / Operator (2) Santander Bank, NA	
Agencies Notified	Type Notification	Street Address 2 Morrissey Boulevard	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Dorchester, MA 02125	
		Name of Contact Susan Peck	Telephone Number 32

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Santander Bank		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, home, etc.)	
Street Address 1135 & 1137 Burnt Tavern Road		Square Feet 6,000	# of Floors 2
City (5) Brick		Bldg. Age 60	
County (6) Ocean		Current Use (Prior if being demolished) Retail	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road	
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	License Number 00817
Scheduled Start Date (10) June 23, 2014	Scheduled Completion Date (11) July 30, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			x	Floor Tile & Mastic	600 SF	X			
First and Second Floors			x	Joint Compound	2,400 SF	X			
Second Floor Bathroom			x	Wall Stucco	175 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date July 31, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date June 12, 2014

NO CK

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1) 04/11/14 Month/Day/Year		Name of Building Owner/Operator (2) State of NJ Department of Treasury	
Agency Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	Initial	50 Barrack Street	
<input checked="" type="checkbox"/> DEP	Notification	City, State, Zip Code	
<input type="checkbox"/> DCA	3 Amended	Trenton NJ 08608	
<input checked="" type="checkbox"/> DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Craig Cody	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Marlboro Psychiatric Hospital			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 546 Newman Springs Road			Square Feet	# of Floors	Bldg. Age
			0	70+ bldgs	100+
City (5) Marlboro Township	County (6) Monmouth County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant		
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 28 North Pennell Road		Street Address 98 laCrue Avenue			
City, State, Zip Code Media, PA 19063		City, State, Zip Code Glen Mills, PA 19342			
Project Manager of Monitoring Firm David Turotsy		Telephone Number 610-891-0114	Telephone Number 610-364-9622	Licence Number 1103	
Scheduled Start Date (10) 04/28/14 Month/Day/Year	Sched. Completion Date (11) 05/28/15 Month/Day/Year	Name of OSHA Monitor Accredited Environmental Technologies, 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 - Describe: 7:00 AM - 5:30 PM Other - Describe:			Street Address 28 North Pennell Road		
			City, State, Zip Code Media, PA 19063		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
see attached sheets									

Name of Registered Waste Hauler Allstate Power Vac, Inc	NJDEP Waste Hauler ID No. 17262	Cubic Yards of Waste 3700	Name of Registered Landfill Minerva Landfill
City, State Rahway, NJ 07065	Disposal Date As needed	City, State Waynesburg, OH	
Completed By (Print or Type) John Heemer	Title Project Manager	Signature 	Date 6/16/14

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
1		
Window Glazing	26	windows
Window Caulking	260	linear feet
Wall Mastic - Interior of Exterior Brick Wall (North and South Side Walls - All)	2,000	square feet
Mastic - Interior of Exterior Wall Around Windows Only (East and West Walls)	170	linear feet
Roof Material	350	square feet
Sinks With Coating	1	sink
2		
Thermal System Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	100	square feet
Window Glazing	35	windows
Window Caulking	350	linear feet
Sinks With Coating	1	sink
Roof Material	100	square feet
3		
TSI lin. ft.	600	linear feet
Radiators w/ Insulation	115	square feet
Window Glazing	35	windows
Window Caulking	350	linear feet
Sinks With Coating	1	sink
Roof Material	100	square feet
4		
Thermal System Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	110	square feet
Window Glazing	35	windows
Window Caulking	350	linear feet
Sinks With Coating	1	sink
Roof Material	100	square feet
5		
Thermal System Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	115	square feet
Window Glazing	35	windows
Window Caulking	350	linear feet
Sinks With Coating	1	sink
Roof Material	100	square feet
6		
Thermal System Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	135	square feet
Window Glazing	35	windows
Window Caulking	350	linear feet
Roof Material	100	square feet
Sinks With Coating	1	sink
7		
Thermal System Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	125	square feet
Window Glazing	35	windows
Window Caulking	350	linear feet
Roof Material	100	square feet
Sinks With Coating	1	sink
8		
Thermal System Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	125	square feet
Window Glazing	35	windows
Window Caulking	320	linear feet
Roof Material	100	square feet
Sinks With Coating	1	sink

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
9		
Thermal Sytem Insulation (TSI) on Pipes	600	linear feet
Radiators w/ Insulation	115	square feet
Window Glazing	35	windows
Window Caulking	320	linear feet
Roof Material	180	square feet
Sinks With Coating	1	sink
10		
Thermal Sytem Insulation (TSI) on Pipes	50	linear feet
Window Glazing	35	windows
Window Caulking	320	linear feet
Wall Mastic - Interior of Exterior Brick Wall (North and South Side Walls - All)	2,000	square feet
Mastic - Interior of Exterior Wall Around Windows Only (East and West Walls)	170	linear feet
Roof Material	350	square feet
Sinks With Coating	1	sink
11		
Floor Tile/Mastic	5,200	square feet
Thermal Sytem Insulation (TSI) on Pipes	4,500	linear feet
Radiators w/ Insulation	770	square feet
Waterproofing Material beneath Decorative Band - Building Exterior	730	linear feet
Roof Material	100	square feet
12		
Floor Tile/Mastic	110	square feet
Thermal Sytem Insulation (TSI) on Pipes	75	linear feet
Roof Material	1,645	square feet
14		
Radiators w/ Insulation	8,800	square feet
Thermal Sytem Insulation (TSI) on Pipes	20,800	linear feet
Floor Tile (9X9 & 12X12) and Mastic - 1st Floor	30,700	square feet
Floor Tile (9X9 & 12X12) and Mastic - 2nd Floor	29,800	square feet
Sinks With Coating	4	sink
Duct Pin Glue (4th Floor A/C Room)	1,600	square feet
Ground Floor Kitchen - Duct Joint Sealant	30	linear feet
Exterior Overhanging Roof - Roofing Material	250	square feet
4th Floor Elevator Machine Room & Basement - Transite	100	square feet
Canopy Flat Roof - Roofing Material	400	square feet
15		
Ceiling Tiles	130	square feet
Vibration Cloth HVAC	10	square feet
16		
Floor Tile/Mastic	18,500	square feet
Thermal Sytem Insulation (TSI) on Pipes	7,200	linear feet
Radiators w/ Insulation	2,210	square feet
Window Caulking (some concealed)	3,110	linear feet
Roof Material/Mastic (flat portions)	400	square feet
17		
Window Caulking	2,000	linear feet
Wall / Ceiling - Plaster (Tan)	32,500	square feet
Radiators w/ Insulation	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
18		
Window Caulking	2,000	linear feet
Wall / Ceiling - Plaster (Tan)	32,500	square feet
Radiators w/ Insulation	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Exterior Walkway - Black Waterproofing	30	square feet

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
19		
Floor Tiles - 12x12 White 4th Floor	120	square feet
Radiators w/ Insulation	425	square feet
Elevator Machine Room - Brown Transite	30	square feet
Elevator Machine Room - White Fibrous Cable Wrap	20	linear feet
Thermal Sytem Insulation (TSI) on Pipes	3,300	linear feet
Basement Electrical Room - Tan Transite Arc Shield	60	square feet
Basement Tank Room - Water Tank Insulation	60	square feet
Basement Ceiling Covering	600	square feet
Window Caulk	2,500	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior	575	linear feet
Building Exterior - Concealed Window Caulking	2,050	linear feet
20		
Thermal Sytem Insulation (TSI) on Pipes	2,400	linear feet
Glue Dots (First Floor/2nd Floor, Hall - Cage Area)	40	square feet
Ceiling Insulation (Room 8)	120	square feet
Tank Insulation (Room 8)	200	square feet
Radiators w/ Insulation	600	square feet
Transite sq. ft	4,400	square feet
Fire Door (Elevator Doors)	4	door
Felt/Mastic Along Base of Interior Brick Wall (Attic)	300	square feet
21		
Thermal Sytem Insulation (TSI) on Pipes	550	linear feet
Vibration Cloth (HVAC Room - Roof Level)	100	square feet
Roofing Material (Flashing)	2,000	linear feet
Fire Door (North Side)	1	door
Inner Wall Waterproofing	18,000	square feet
22		
Floor Tile/Mastic	280	square feet
Thermal Sytem Insulation (TSI) on Pipes	25	linear feet
Transite	750	square feet
23		
Thermal Sytem Insulation (TSI) on Pipes	3,700	linear feet
Radiators w/ Insulation	1,280	square feet
Window Caulking	1,300	linear feet
Transite	10	square feet
Duct Insulation on Roof	250	square feet
Roof Material	3,800	square feet
24		
Window Caulking	2,000	linear feet
Wall / Ceiling - Plaster (Tan)	32,500	square feet
Radiators w/ Insulation	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic 1st Floor	3,300	square feet
Floor Tile & Mastic 2nd Floor	4,400	square feet
25		
Window Caulking	2,000	linear feet
Wall / Ceiling - Plaster (Tan)	32,500	square feet
Radiators w/ Insulation	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic 2nd Floor	4,170	square feet
Floor (room 101A) - Beige Linoleum	240	square feet

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
26		
Thermal Sytem Insulation (TSI) on Pipes	4,000	linear feet
Wood Floor Insulation (Black Mastic)	7,000	square feet
Window Caulking	3,000	linear feet
Metal Sink Undercoating	4	sink
Basement Floor - 12x12 Floor Tiles (tan)	580	square feet
Hot Water Tank Insulation	30	square feet
Fire Door (rear stairways)	4	door
Mastic Beneath Window Sills	210	linear feet
Exterior Doors - Caulking	105	linear feet
Flat Roof - Flashing Tar	475	square feet
Slope Roof - Roof Membrane - Bottom Layer (black)	11,000	square feet
27		
Window Caulking	3,250	linear feet
Window Glazing	268	windows
Exterior Building - Door Frame Caulking	105	linear feet
Thermal Sytem Insulation (TSI) on Pipes	5,400	linear feet
Stairwell - Beige 12x12 Floor Tile	300	square feet
Floor Tile and Mastic 3rd Floor	740	square feet
Elevator Machine Room - White Cable Insulation	20	linear feet
Black 9x9 Tile/Mastic	4,470	square feet
Basement Electrical Room - Transite for Arc Shield	85	square feet
Building Exterior - Window Linter Caulk	1,280	linear feet
Roof - Roof Membrane	200	square feet
Roof - Flashing Tar	80	square feet
28		
Window Caulking	2,000	linear feet
Radiators w/ Insulation	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior (Porches only)	125	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic	820	square feet
29		
Window Caulking	2,000	linear feet
Radiators w/ Insulation	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior (Porches only)	125	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tiles & Mastic 1st Floor	4,540	square feet
Floor Tiles & Mastic (side entrance) - 12x12 Red Tile	250	square feet
30		
Window Caulking	2,500	linear feet
Window Glazing	180	windows
Ceiling Plaster (white coat)	45,000	square feet
Brown 9x9 Floor Tile & Mastic 2nd Floor North Wing	400	square feet
Radiators w/ Insulation	600	square feet
Transite sq. ft	4,400	square feet
Fire Door (Elevator Doors)	4	door
Thermal Sytem Insulation (TSI) on Pipes	180	square feet
Linoleum & Mastic	1,000	square feet
32		
Thermal Sytem Insulation (TSI) on Pipes	950	linear feet
Radiators w/ Insulation	60	square feet
Sinks With Coating	4	sinks
Inner Wall Waterproofing	16,500	square feet
Steam Table Insulation	300	square feet

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
33		
Floor Tile/Linoleum/Mastic	8,300	square feet
Thermal Sytem Insulation (TSI) on Pipes	2,150	linear feet
Radiators w/ Insulation	680	square feet
Window Caulking	1,250	linear feet
Sinks With Coating	2	sinks
Roofing Material (Flat Upper Area and Sidewall Flashing (throughout roof)	800	square feet
34		
Floor Tile/Linoleum/Mastic	8,300	square feet
Thermal Sytem Insulation (TSI) on Pipes	2,150	linear feet
Radiators w/ Insulation	680	square feet
Window Caulk	1,250	linear feet
Sinks With Coating	2	sinks
Roofing Material (Flat Upper Area and Sidewall Flashing (throughout roof)	800	square feet
37		
Thermal Sytem Insulation (TSI) on Pipes	162	linear feet
Roof Material	8,000	square feet
Transite	3,250	square feet
38		
Floor Tile/Mastic	500	square feet
Thermal Sytem Insulation (TSI) on Pipes	250	linear feet
39		
Window Caulking	2,000	linear feet
Radiator Heat Shield Paper	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior (Porches only)	70	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic 1st Floor	310	square feet
40		
Window Caulking	2,000	linear feet
Radiator Heat Shield Paper	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior (Porches only)	130	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic 1st Floor	500	square feet
41		
Window Caulking	2,000	linear feet
Radiator Heat Shield Paper	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior (Porches only)	130	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic 1st Floor	5,200	square feet
Floor Tile & Mastic 2nd Floor	4,800	square feet
42		
Window Caulking	2,000	linear feet
Cottage Interior (10) - Radiator Heat Shield Paper	840	square feet
Stairs Landing (2 Stair) - 12x12 Tiles - Beige w/ spots	100	square feet
Thermal Sytem Insulation (TSI) on Pipes	3,100	linear feet
Waterproofing Material beneath Decorative Band - Building Exterior (Porches only)	120	linear feet
Exterior Walkway - Black Waterproofing	30	square feet
Floor Tile & Mastic 1st Floor	520	square feet
Floor Tile & Mastic 2nd Floor	5,700	square feet

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
44		
Floor Tile/Mastic	200	square feet
Thermal Sytem Insulation (TSI) on Pipes	800	linear feet
Tank Insulation and Gaskets (Basement)	400	square feet
Door Caulking	100	linear feet
Wire Insulation	120	linear feet
Roofing Material (All)	18,400	square feet
45		
Door Caulking	25	linear feet
Roofing Material (All)	1,500	square feet
46		
Boiler Room - Boiler Breaching	2,500	square feet
Boiler Room - Steam Pipe Insulation	600	linear feet
Boiler Room - Raw Water Pipe Insulation	10	linear feet
Boiler Room - Boiler Feed Pipe Insulation	10	linear feet
Boiler Room - Metal Jacket Pipe Insulation	60	linear feet
Room Adjacent to Boiler - Condensate Pipe Insulation	500	linear feet
Room Adjacent to Boiler - Hot Water Tank Insulation	850	square feet
Room Adjacent to Boiler - Condensate Tank Insulation	680	square feet
Roofing Material (All)	7,700	square feet
Exterior - Bulkhead Door Caulk	1	linear feet
Window Caulking	1,300	linear feet
Window Glazing	57	windows
Refractory Bricks	20	bricks
Rope gasket	20	linear feet
Millboard	4	boxes
47		
Roofing Material (All) Middle Section Only	1,100	square feet
48		
1st Floor - Hot Water Pipe Insulation (Gray)	100	linear feet
Window Glazing	40	windows
Roofing Material (All) Roofs A and B	2,800	square feet
49		
Window Glazing	40	windows
Old Roof Section B - Flashing Tar	300	square feet
50		
Window Caulking	30	linear feet
52 & 54		
Interior Floor - 12x12 Tiles (beige)	480	square feet
Interior Stairs - Tread Glue	100	square feet
Interior Pipes - Cold Water Insulation	110	linear feet
Interior - Duct Insulation (Air Cell)	100	linear feet
Interior Pipes - Block Insulation	500	linear feet
Exterior Doors - Door Caulking	110	linear feet
Window Caulking	600	linear feet
55		
Window Glazing (Door Windows)	4	Doors
60		
Thermal Sytem Insulation (TSI) on Pipes	85	linear feet
Tank Insulation	100	square feet
Window Glazing	14	windows
Roofing Material	375	square feet
61		
Window Glazing	2	windows
Roofing Material (Tar Paper)	160	square feet
64		
Window Glazing	4	windows
Roofing Material (Tar Paper)	500	square feet

TABLE 1
Marlboro Psychiatric Hospital
Estimated Quantities of Asbestos Containing Materials

Building ID#	Takeoff Quantity	Units
71		
Window Glazing	2	windows
72		
Floor Tile/Linoleum/Mastic	650	square feet
Thermal Sytem Insulation (TSI) on Pipes	750	linear feet
Sinks With Coating	2	sinks
100 (Steam Valve House)		
Thermal Sytem Insulation (TSI) on Pipes	50	linear feet
101 (Steam Expansion Joint Bunker)		
Thermal Sytem Insulation (TSI) on Pipes	100	linear feet
102 (Green House/Potting Shed)		
Transite	10	square feet
104 (Wood Shed)		
Window Caulking	30	linear feet
Transite	210	square feet
106 (Metal Shed)		
Gasket	2	linear feet
Tunnels		
Thermal Sytem Insulation (TSI) on Pipes	26,000	linear feet
Buried Steam Pipe		
Thermal Sytem Insulation (TSI) on Pipes	8,300	linear feet

END OF SECTION 020800

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

check # 11021

GAC Project # 451-14

<u>Date of Notification (1)</u> June 18, 2014		<u>Name of Building Owner/Operator (2)</u> CELGENE CORPORATION	
<u>Agencies Notified</u> <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	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 86 MORRIS AVENUE <u>City, State, Zip Code</u> SUMMIT, NJ 07901 <u>Name of Contact</u> MS. KIM HOPF <u>Environmental Health & Safety</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CELGENE CORPORATION		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> 50,000 <u># of Floors:</u> 3 <u>Bldg. Age:</u> ~60+ years	
<u>Street Address</u> 86 MORRIS AVENUE		<u>Current Use (prior if being demolished):</u> ADMINISTRATIVE OFFICES/ RESEARCH FACILITIES	
<u>City (5)</u> SUMMIT	<u>County (6)</u> MORRIS	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> McCABE ENVIRONMENTAL SERVICES, LLC		<u>ASCM No.</u> 00118	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 464 VALLEY BROOK AVENUE #3A		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> LYNDHURST, NJ		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JOHN CHIAVELLO	<u>Telephone Number</u> 732-438-4839	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 06/27/14	<u>Scheduled Completion Date (11)</u> 07/31/14	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 5PM - 5AM M-F And 24 Hours on WEEKENDS (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD <u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Source of Work (Check all that apply)</u> <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 (Cut & Wrap) <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Various Areas	<input checked="" type="checkbox"/>	TSI - PIPE INSULATION	9 LF
Various Areas	<input checked="" type="checkbox"/>	TSI - DUCT INSULATION ADHESIVE	150 LF
Various Areas	<input checked="" type="checkbox"/>	VAT, TRANSITE, BENCH TOPS, FIRE DOORS (~18 total)	5,000 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 60 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 07/31/14	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 18, 2014

Copies To: CELGENE CORP. Attn: Ms. Kim Hopf and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

CK 5097

Jun 18 2014 11:36am

P001/001

EMERGENCY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

REQUEST FOR 10 DAY WAIVER

(Permitted to NJAC 17:27 12-12)

Check 5097

APPROVED

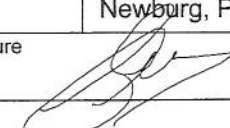
Date of Notification (1) 6-18-2014		Name of Building Owner/Operator (2) J. BLAKE		NJ Dept of Health & Senior Services Peter C. Homan (signature) Date: 6/18/14 Time: 11:35 AM	
Agency Method <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment (1) <input type="checkbox"/> Emergency Situations (Qualification) <input type="checkbox"/> Consultation	Street Address 53 GLENBROOK ROAD City, State, Zip Code MORRIS PLAINS, NJ 07950			
		Name of Contact J. BLAKE		Telephone Number 54	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) J. BLAKE			Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School 13 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)		
Street Address 53 GLENBROOK ROAD					
City (5) MORRIS PLAINS			Square Feet 1900	# of Floors 2	Building Age 69 YRS
County (6) MORRIS			County Code (7) (STATE USE ONLY) RESIDENCE		
Name of Abatement Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Street Address	
City, State, Zip Code				City, State, Zip Code	
Project Manager for Abatement Firm		Telephone No.		Telephone No.	Licence No.
				201-329-7444	00388
Start Date (10) 6-20-2014		Scheduled Completion Date (11) 6-21-2014		Name of CM/CA Abatement Omega Environmental Inc	
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: 8 AM 5 PM				Street Address 280 Bayler St City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input type="checkbox"/> 25.0 or 25 F <input type="checkbox"/> 25.0 or 25.25 F <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Enclosure Procedure <input type="checkbox"/> Hot Enclosure and Hot Enclosure Procedure					
Location of Asbestos-Containing Material (ACM) (13) TOILET (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes No NA		Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, surfacing, VMT, or other non-cellulose)	
BASEMENT		X		VAT	
Name of Registered Waste Handler Best Removal Inc		Waste Handler ID No. 17109	Crane Type of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises	
City, State Hackensack, N.J. 07601		Exposure Date 6-21-14	City, State Waynesburg, Oh		
Complimentary R. Veldran		Title Estimator		Signature R. Veldran	
Date 6-18-14					

Do not use this form for asbestos removal completed on-site.

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

Pay \$ 200.00

Check # 0000

Date of Notification (1) 05/09/14		Name of Building Owner/Operator (2) C/O Danco General Contracting							
Agencies Notified	Type Notification	Street Address PO Box 2							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morganville, NJ 07751							
		Name of Contact Dan Materese							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former computer sciences corporation		Type of Facility (4)							
Street Address 100 Locust Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Berkeley		Square Feet 35000	# of Floors 2						
County (6) Union		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned facility							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address 140 Boulevard		Street Address 106 Gold St							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code Green Brook, NJ 08812							
Project Manager for Monitoring Firm Leonid		Telephone No. 973-588-4821	Telephone No. 877-977-9516						
Start Date (10) 05/05/14		Scheduled Completion Date (11) 09/05/14	License No. 01203						
Name of OSHA Monitor America Enterprise Corp									
Occupancy Status During Abatement (Check Only One)		Street Address 106 Gold St							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Green Brook, NJ 08812							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" 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
Main Building, operations wing			X	12x12 VAT / mastic	30,000 SF	X			
Throughout main bldg			X	Sprayed-on fireproofing	30,000 SF	X			
New office Bldg			X	Roof material, flashing/mastic	17,750 SF	X			
Main bldg			X	Transite panels	515 SF	X			
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County				
City, State Freehold, NJ		Disposal Date TBD		City, State Newburg, PA					
Completed by Eli Brito		Title Proj manager		Signature 			Date 06/12/14		

CK 55-760/312

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

Pay \$ 200.00

Check# 0000

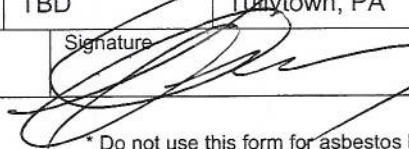
Date of Notification (1) 05/09/14		(page 2 of 2)		Name of Building Owner/Operator (2) C/O Danco General Contracting					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		PO Box 2 City, State, Zip Code Morganville, NJ 07751 Name of Contact Dan Materese					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former computer sciences corporation				Type of Facility (4)					
Street Address 100 Locust Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Berkeley		Square Feet 35000		# of Floors 2	Bldg. Age 50+				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned facility					
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc		ASCM No.		Name of Abatement Contractor (9) America Enterprise Corp					
Street Address 140 Boulevard				Street Address 106 Gold St					
City, State, Zip Code Mountain Lakes, NJ 07046				City, State, Zip Code Green Brook, NJ 08812					
Project Manager for Monitoring Firm Leonid		Telephone No. 973-588-4821		Telephone No. 877-977-9516	License No. 01203				
Start Date (10) 05/05/14		Scheduled Completion Date (11) 09/05/14		Name of OSHA Monitor America Enterprise Corp					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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:				106 Gold St					
				City, State, Zip Code Green Brook, NJ 08812					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <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
Exterior, east corner below grade			X	TSI pipe & joint insulation	6 LF	X			
Exterior facade			X	Galbestos siding	6,660 SF	X			
			X						
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County				
City, State Freehold, NJ				Disposal Date TBD	City, State Newburg, PA				
Completed by Eli Brito		Title Proj manager		Signature		Date 06/12/14			

CK 5138

5737
\$ 200

Print Form

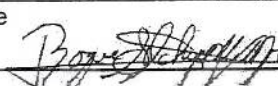
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/09/14		Name of Building Owner/Operator (2) 1707 Realty LLC							
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 PO Box 2							
		City, State, Zip Code Morganville, NJ 07751							
		Name of Contact c/o Dan Matarese	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private commercial		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 1707 69th St		Square Feet 16,000	# of Floors 3						
City (5) North Bergen		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial facility							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address		Street Address 106 Gold St							
City, State, Zip Code		City, State, Zip Code Green Brook, NJ 08812							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 877-977-9516						
Start Date (10) 5/19/14		Scheduled Completion Date (11) 7/30/14	License No. 01203						
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:		Name of OSHA Monitor America Enterprise Corp							
		Street Address 106 Gold St							
		City, State, Zip Code Green Brook, NJ 08812							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Wall south side bldg/north side			X	Vapor barrier	2500 sf	X			
Interior windows-2n & 3rd Fl			X	Caulking	165 sf	X			
Roof			X	roofing material	1500 sf	X			
Roof perimeter & penetrations			X	roof flashing & tar	650 sf	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Green Brook, NJ		Disposal Date TBD		City, State Tulhatchtown, PA					
Completed by Eli Brito		Title Project manager		Signature 		Date 06/02/14			

CK 2173

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

237-14

Date of Notification (1) 06/18/2014		Name of Building Owner/Operator (2) Fabco Shoes							
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	Notification Type	Street Address							
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	52-55 74 th Street							
	City, State, Zip Code Elmhurst, NY 11373								
		Name of Contact Max Weinman	Tel. Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 328 Barrow St		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 328 Barrow Street		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	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 Contractor (9) Cid & Sons, LLC						
Street Address		Street Address 365 River Drive							
City, State, Zip Code		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 07/02/2014	Scheduled Completion Date (11) 08/02/2014	Name of OSHA Monitor Testor Tech							
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							
Source of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag 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 Material	500 SF	X			
Basement			X	VAT	400 SF	X			
Name of Reg. Waste Hauler Cid & Sons, LLC	NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management					
City, State Garfield, NJ	Disposal Date TBD		City, State Morrisville, PA						
Completed by Roque Schipilliti Jr.	Title Project Manager	Signature 				Date 06/18/2014			

Jun 11 2014 02:12pm

P002

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

CK# 0697

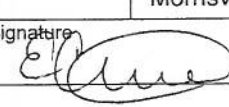
Date of Notification (1) 6-17-2014 6-17-2014		Name of Building Owner/Operator (2) Legow Management		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Brown</i> (signature) Date: 6/17/14 Time: 2:18 PM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> NJOL <input checked="" type="checkbox"/> DOH <input checked="" 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 160 South Livingston Ave. City, State, Zip Code Livingston, NJ 07039 Name of Contact John Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Ocean Harbor Apartment 103C Street Address 100 9th Ave. City (5) Belmar County (6) Monmouth				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.) Square Feet # of Floors Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Unit		Name of Monitoring Firm Hired by Building Owner (8) n/a	
ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950 License No. 01193	
Start Date (10) 6-18-2014		Scheduled Completion Date (11) 6-23-2014		Name of OSHA Monitor Loznica Management Corporation	
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: 9am - 5pm				Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> < 25 sf or < 25 lf <input type="checkbox"/> > 160 sf or > 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable Procedures					
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)	
Kitchen				VAT	
				60 SF (3 Layers)	
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S. Landfill City, State Morrisville, PA 19067	
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i> Date 6-17-2014	

P001/003

Jun 18 2014 02:34pm

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

CK# 2301

Date of Notification (1) 6-18-2014		Name of Building Owner/Operator (2) Joarder Properties							
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 862 Asbury Ave.		City, State, Zip Code Ocean City NJ 08226							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Unoccupied Commercial Property Under Renovation		Type of Facility (4) <input 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 862 Asbury Ave.		Square Feet 1800	# of Floors 3						
City (5) Ocean City		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 6-27-2014	Scheduled Completion Date (11) 6-30-2014	Name of OSHA Monitor Loznica Management Corporation							
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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 checked="" 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) <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
Ground Floor			x	Asbestos Pipe Insulation	250 LF	x			
Ground Floor			x	VAT	150 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date 6-18-2014			

State of New Jersey *APPROVED: NJ DOH*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120) *CR # 2646*

Date of Notification (1) 6/20/2014		Name of Building Owner / Operator (2) Wells Fargo Bank							
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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One South Broad Street							
		City, State & Zip Code Philadelphia, PA 19107							
		Name of Contact Orville Bishcoff							
		Telephone Number 215-561-1800							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank		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 167 Market Street		Square Feet	# of Floors						
City (5) Paterson	County (6) Passaic	Bldg. Age							
Current Use (Prior if being demolished) Bank									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08608		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 6/21/2014	Scheduled Completion Date (11) 6/21/2014	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 2:00 PM – 10:00 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris Clean up	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 6/23/2014		City, State Waynesburg, Ohio					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni / jg</i>			Date 6/20/14		

CK 1155

REMEMBER - MAIL IN HARD COPY

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

Date of Notification (1) June 20, 2014		Name of Building Owner/Operator (2) Grace Episcopal Church		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DOL - 10 DAY JUN 20 2014 WAIVER APPROVED Telephone Number: _____ </div>				
Agencies Notified	Type Notification	Street Address 7 East Maple Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Merchantville, NJ 08109						
		Name of Contact The Rev. Dr. Jeffrey M. Kirk Rector						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Grace Episcopal Church				Type of Facility (4)				
Street Address 7 East Maple Avenue				<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, homes, etc.)				
City (5) Merchantville, NJ 08109				Square Feet	# of Floors			
County (6) Camden				Bldg. Age				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) church						
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.				
Street Address 222 Church Road				Street Address 1500 Kings HWY N, STE 209				
City, State, Zip Code Bridgewater, NJ 08807				City, State, Zip Code Cherry Hill, NJ 08034				
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132		Telephone No. (877) 759 - MACK	Licence No. 00781			
Start Date (10) 6/23/14		Scheduled Completion Date (11) 7/27/14		Name of OSHA Monitor The MACK Group, LLC.				
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Cherry Hill, NJ 08034				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 8 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) (13) TO BE ABATED	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
Boiler Room	<input checked="" type="checkbox"/>			Boiler	192 sf	<input checked="" type="checkbox"/>		
" "	<input checked="" type="checkbox"/>			pipe	30 lf	<input checked="" type="checkbox"/>		
" "	<input checked="" type="checkbox"/>			gaskets	198 lf	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste 4.2	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF			
City, State Newark / Freehold, NJ		Disposal Date 7/27/14		City, State Newburg / Imperial / Morrisville, PA				
Completed by Mike Cooper		Title President		Signature 		Date 6/20/14		

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

Check # 8886

Date of Notification (1) June 20, 2014		Name of Building Owner / Operator (2) David Menendez	
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"/> Cancellation	Street Address 69 Hillside Avenue City, State & Zip Code Chatham, NJ 07928 Name of Contact David Menendez	
		Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		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, home, etc.)	
Street Address 69 Hillside Avenue		Square Feet 1,810	# of Floors 2
City (5) Chatham		Bldg. Age 83 years	
County (6) Morris		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) July 2, 2014	Scheduled Completion Date (11) August 4, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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"/> 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 or 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
Attic		X		Vermiculite/Zonolite Insulation	360 SF	X			

Name of Registered Waste Hauler Synatech, Inc	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ	Disposal Date August 5, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date June 20, 2014

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

Jun 19 2014 01:57pm

P001/001

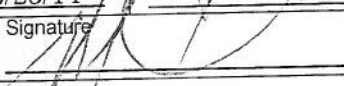
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26D and 12:26D)

CHECK# 8476

Date of Notification (1) 6/19/14		Name of Building Owner/Operator (2) MEREDITH GRIFFIN		APPROVED NJ Dept. of Health & Senior Services Date: 6/19/14 Time: 1:55 AM	
Agency 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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 292 MYRTLE ST. City, State, Zip Code HAWORTH, N.J. 07641	
		Name of Contact MEREDITH GRIFFIN		Telephone Number 707	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 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, homes, etc.)		
Street Address 292 MYRTLE ST.			Square Feet 1,800		
City (5) HAWORTH			# of Floors 2		
County (6) BERGEN			Age +50		
County Code (7) BERGEN			Current Use (For if being demolished) RESIDENTIAL		
Name of Abatement Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 185 Lowell Road		City, State, Zip Code Glen Rock, NJ 07452	
City, State, Zip Code		Telephone No. 201-652-5841		License No. 00150	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 6/20/14		Scheduled Completion Date (11) 6/30/14		Street Address 280 Haver Street City, State, Zip Code Hackensack, NJ 07606	
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					
Scope of Work (Check all that Apply) <input checked="" type="checkbox"/> AS of or AS IF <input checked="" type="checkbox"/> AS IF or >250 IF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure					
Location of Asbestos-Containing Material (ACM) BASEMENT (12)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, caulking, VAT, or other miscellaneous)	
Basement		VAT		Amount (Specify SF or LB) 1200 SF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill	
Route Transport		Curbside Voids of Waste 5		IEST SA Solidification Landfill Corp.	
City, State, Zip Code Parsippany, NJ 07054		Expected Date 6/20/14		City, State, Zip Code Bethlehem, PA 18015	
Completed by Joseph Vioratus		Title Operations		Signature J. Vioratus	
				Date 6/19/14	

OK #24559

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

Date of Notification (1) 6/18/14		Name of Building Owner/Operator (2) Chapin School JUN 25 2014						
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4101 Princeton Pike						
		City, State, Zip Code Princeton, NJ 08540						
		Name of Contact Bill Ehret	Telephone _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Chapin Upper School		Type of Facility (4) <input checked="" 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 4101 Princeton Pike		Square Feet 15000 SF	# of Floors 2					
City (5) Princeton, NJ		Bldg. Age 60						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 371		Street Address PO Box 322						
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501						
Project Manager for Monitoring Firm William Weigarber Jr.		Telephone No. (609) 298-4070	License No. 00493					
Start Date (10) 6/19/14	Scheduled Completion Date (11) 6/21/14	Name of OSHA Monitor MECS						
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: 3:30PM- Midnight		Street Address PO Box 371						
		City, State, Zip Code Crosswicks, NJ 08515						
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 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) 25	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
2nd Floor			✗	Pipe Fitting Insulation (wrap and cut)	✗			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 CU	Name of Registered Landfill T.R.R.F., Inc. Landfill				
City, State Allentown, NJ		Disposal Date 6/23/14		City, State Tullytown, PA				
Completed By Mahlon E. Stevens	Title Project Manager	Signature 			Date 6/18/14			

06/18/2014 10:18AM FAX

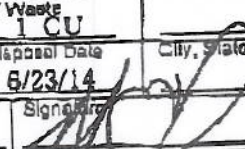
140002/0005

CK# 24589

JUN 25 2014

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

DOI - 10 DAY


Date of Notification (1) <u>6/18/14</u>		Name of Building Owner/Operator (2) <u>Chapin School</u>	
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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>4101 Princeton Pike</u>		City, State, Zip Code <u>Princeton, NJ 08540</u>	
Name of Contact <u>Bill Ehret</u>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Chapin Upper School</u>		Type of Facility (4) <input checked="" 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>4101 Princeton Pike</u>		Square Foot <u>15000 SF</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>60</u>	
County (6) <u>Mercer</u>		Current Use (Prior if being demolished) <u>School</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 371</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>William Welgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>6/19/14</u>		Scheduled Completion Date (11) <u>6/21/14</u>	
Name of OSI IA Monitor <u>MECS</u>			
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: <u>3:30PM - Midnight</u>		Street Address <u>PO Box 371</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>			
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"/> Min-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)
2nd Floor		Pipe Fitting Insulation (wrap and cut)	25
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
City, State <u>Allentown, NJ</u>	Disposal Date <u>6/23/14</u>	City, State <u>Tullytown, PA</u>	
Completed By <u>Mahton E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/18/14</u>

ASB-41
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)

CK 4163

Date of Notification (1) 6/19/14		Name of Building Owner/Operator (2) Julia & Harry Such (Private Home)							
Agencies Notified	Type Notification	Street Address 127 N Burgee							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Harry							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Julia & Harry Such (Private Home)		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 127 N Burgee		Square Feet 1000+	# of Floors 1.5						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/20/14	Scheduled Completion Date (11) 6/25/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/25/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/19/14			

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

CK 4166

Date of Notification (1) 6/19/14		Name of Building Owner/Operator (2) Gerard Tucci (Private Home)							
Agencies Notified	Type Notification	Street Address 31 Ronni Dr.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08091							
		Name of Contact Gerard							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gerard Tucci (Private Home)		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 31 Ronni Dr.		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08091		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/20/14	Scheduled Completion Date (11) 6/25/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/25/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/19/14		

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

CK 4170

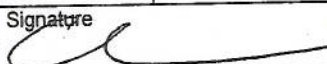
Sandy Emergency

Date of Notification (1) 6/19/14		Name of Building Owner/Operator (2) Ken Eagan (Private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1715 Bay Terrace		City, State, Zip Code Ship Bottom NJ 08735							
Name of Contact Mike Eagan		Telephone Number [Redacted]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ken Eagan (Private Home)		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 1715 Bay Terrace		Square Feet 1000+	# of Floors 1						
City (5) Ship Bottom NJ 08735		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/23/14	Scheduled Completion Date (11) 6/27/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
TO BE ABATED Exterior siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/25/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 6/19/14	

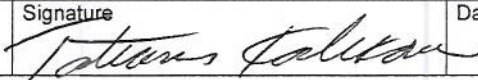
* Do not use this form for asbestos licensure exempted activities.

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

CR 4169

Date of Notification (1) 6/19/14		Name of Building Owner/Operator (2) Patricia Metzinger (Private Home)							
Agencies Notified	Type Notification	Street Address 205 Johnson Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chadwick Beach NJ 08735							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Joe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Patricia Metzinger (Private Home)		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 205 Johnson Road									
City (5) Chadwick Beach NJ 08735		Square Feet 1000+	# of Floors 1. Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/23/14	Scheduled Completion Date (11) 6/27/14	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Ceiling			x	Dry wall Compound	800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/25/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 6/19/14	

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

Date of Notification (1) 06 / 20 / 14			Name of Building Owner/Operator (2) East Brunswick Public School			Check # 3142 \$200				
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 760 Route 18						
					City, State, Zip Code East Brunswick, New Jersey 08816					
					Name of Contact Randy Leiser		Telephone Number _____			
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) East Brunswick High 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 and commercial buildings, homes, etc.)				
Street Address 380 Cranbury Road										
City (5) East Brunswick, New Jersey 08816						Square Feet 20,000	# of Floors 2	Bldg. Age 55+		
County (6) Middlesex			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) High School				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.			ASCM No. 0095		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 5435 King Avenue, Suite 101					Street Address 606 McBride Avenue					
City, State, Zip Code Pennsauken, New Jersey 08109					City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm Tom Pruno			Telephone No. 856-616-9516		Telephone No. 973-225-8400		License No. 01104			
Start Date (10) 06 / 30 / 14		Scheduled Completion Date (11) 08 / 29 / 14		Name of OSHA Monitor J & S Environmental Labs						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11 if necessary, TBD PM/____ PM-AM					Street Address 2333 Route 22 West					
					City, State, Zip Code Union, New Jersey 07083					
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 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) (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
Labs L-13,12,11,9,4,I-12,11,10,K-8,9		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots (Non Friable Method)	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs L-13,12,11,9,4,I-12,11,10,K-8,9		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DL VAT & Mastic (Non Friable Meth)	8824	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs Listed Above and Hallway C		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Wet Wrap&Cut/Glove Bag)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs L-13,12,11,9,4,I-12,11,10,K-8,9		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	translabtops,counters,boards,sinks	2520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, New Jersey 07424			Disposal Date 08/30/14		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President			Signature 		Date			

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

CK 4164

Date of Notification (1) 6/18/14		Name of Building Owner/Operator (2) Christopher Mercer (private home)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 1016 Anchor Way	
		City, State, Zip Code Forked River NJ 08731	
		Name of Contact Chris	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Christopher Mercer (private home)		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 1016 Anchor Way		Square Feet 1000	# of Floors 1
City (5) Forked River NJ 08731		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 6/19/14	Scheduled Completion Date (11) 6/20/14	Name of OSHA Monitor Same	
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	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

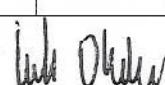
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom area			x	Floor tile	50 SF	x			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 6/20/14	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 6/18/14

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

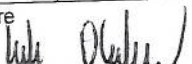
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHECK # 8331

Date of Notification (1) <div style="text-align: center;">06 / 18 / 14</div>		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified <input checked="" 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 701 Camegle Center							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Mr. Bob Ortego	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University		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 175 Prospect Street									
City (5) Princeton		Square Feet 3,600 SF	# of Floors 2						
		Bldg. Age 40+							
County (6) Mercer		County Code (7)(STATE USE ONLY)							
		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address 515 Grove Street, Suite 1B		Street Address 494 E. 41 Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Craig P. Wilson		Telephone No. 856-547-0505	License No. 00507						
Start Date (10) 07 / 14 / 14		Scheduled Completion Date (11) 10 / 01 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/_PM-_AM		Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
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 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) (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
Original Structure & Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows Glaze/Caulking	1,800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Patch	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602		Cubic Yards of Waste 30	Name of Registered Landfill GROWS, INC. W/M of Pennsylvania				
City, State Paterson, NJ 07504		Disposal Date 07-28-2014		City, State Morrisville, PA 19067					
Completed By (Print or Type) Lelsie Olszewski	Title Project Manager			Signature 	Date 06-18-2014				

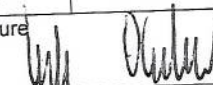
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHECK # 8330

Date of Notification (1) 06 / 18 / 14		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified <input checked="" 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 701 Camegle Center							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Mr. Bob Ortego	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University		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 120 Broadmead Street		Square Feet 3,800 SF	# of Floors 3						
City (5) Princeton		Bldg. Age 40+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 515 Grove Street, Suite 1B		Street Address 494 E. 41 Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Craig P. Wilson	Telephone No. 856-547-0505	Telephone No. 973-345-0022	License No. 00507						
Start Date (10) 07 / 14 / 14	Scheduled Completion Date (11) 07 / 27 / 14	Name of OSHA Monitor East Coast Haz Mat Removal, 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 - Describe Time of Abatement: 7:00AM-4:00PM/ _PM- _AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
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 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) (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
Entire Interior - Wall & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & Joint Compound	5,083 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor Northwest Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Flooring & Mastic	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall & Ceiling Cavities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	284 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 50	Name of Registered Landfill GROWS, INC. W/M of Pennsylvania					
City, State Paterson, NJ 07504		Disposal Date 07-28-2014		City, State Morrisville, PA 19067					
Completed By (Print or Type) Lelsie Olszewski	Title Project Manager	Signature 				Date 06-18-2014			

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

CHECK # 8329

Date of Notification (1) 06 / 19 / 14		Name of Building Owner/Operator (2) Norwood Public School District						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 177 Summit Street						
		City, State, Zip Code Norwood, NJ 07648						
		Name of Contact Louise A. Napolitano	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Norwood Public 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 and commercial buildings, homes, etc.)						
Street Address 177 Summit Street		Square Feet 160,000 SF	# of Floors 2					
City (5) Norwood		Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 0079	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address 20-21 Wagaraw Rd, Bldg. 35E		Street Address 494 E. 41 Street						
City, State, Zip Code Fair Lawn, NJ 08037		City, State, Zip Code Paterson, NJ 07504						
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. (973) 636-9145	Telephone No. 973-345-0022					
License No. 00507		Name of OSHA Monitor East Coast Haz Mat Removal, Inc.						
Start Date (10) 08 / 04 / 14		Scheduled Completion Date (11) 08 / 08 / 14						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ AM		Street Address 494 E. 41 Street						
		City, State, Zip Code Paterson, NJ 07504						
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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Hallways, Classrooms, Stage and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler with Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, INC. W/M of Pennsylvania				
City, State Freehold, NJ 07728-5010		Disposal Date 08-08-2014		City, State Morrisville, PA 19067				
Completed By (Print or Type) Lelsie Olszewski		Title Project Manager		Signature 		Date 06-19-2014		

0003/0005

06/09/2014 08:02 FAX

REMEMBER - MAIL IN HARD COPY
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

JUN 25 2014

DATE OF NOTIFICATION (1)
06/19/14 CK# 3138 \$200

AGENCIES NOTIFIED
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

TYPE NOTIFICATION
☐ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

NAME OF BUILDING OWNER/OPERATOR (2)
Ramsey Board of Education

STREET ADDRESS
266 East Main Street

CITY, STATE, ZIP CODE
Ramsey, New Jersey 07446

NAME OF CONTACT
Greg Bohacik

DOL - 10 DAY
JUN 20 2014

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
Eric S. Smith Middle School

STREET ADDRESS
73 Monroe Street

CITY (5)
Ramsey, New Jersey 07446

COUNTY (6)
Bergen

COUNTY CODE (7) (STATE USE ONLY)

TYPE OF FACILITY (4)
☒ School (K-12)
☐ Subchapter s (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

SQUARE FEET
20,000

OF FLOORS
2

BLDG. AGE
55+

CURRENT USE (Prior to being demolished)
School

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)
Environmental Design Inc.

ASCM NO.

NAME OF ABATEMENT CONTRACTOR (9)
Lilich Corporation

STREET ADDRESS
606 McBride Avenue

CITY, STATE, ZIP CODE
Woodland Park, New Jersey 07424

TELEPHONE NO.
856-616-9516

TELEPHONE NO.
873-225-8400

LICENSE NO.
01104

PROJECT MANAGER FOR MONITORING FIRM
Tom Pruno

START DATE (10)
06/27/14

SCHEDULED COMPLETION DATE (11)
07/08/14

NAME OF OSHA MONITOR
J&S Environmental Labs

STREET ADDRESS
2333 Route 22 West

CITY, STATE, ZIP CODE
Union, New Jersey 07083

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 5 PM Un-occupied

SCOPE OF WORK (Check All That Apply)
☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥280 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Boiler Room	X			Boiler Breaching/duct insulation	200 SF	X			
Boiler Room	X			Nonasbestos/ACM Pipe Fittings	500 LF	X			
Boiler Room	X			hot water heater	60 SF	X			

NAME OF REGISTERED WASTE HAULER
Lilich Corporation

NJDEP WASTE HAULER ID NO.
18724

CUBIC YARDS OF WASTE
8

NAME OF REGISTERED LANDFILL
G.R.O.W.S Landfill

CITY, STATE
Woodland Park, New Jersey 07424

DISPOSAL DATE
07/01/14

CITY, STATE
Morrisville, Pennsylvania

COMPLETED BY
Tatiana Kalenikova

TITLE
Vice President

SIGNATURE
Tatiana Kalenikova

DATE
06/19/14

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

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

Paragon Job#

MO# 21570924914

JUN 25 2014

Date of Notification (1)
10/16/19/11/14

Agencies Notified	Type Notification
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment
<input checked="" type="checkbox"/> DOL	Amendment # _____
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (include justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Name of Building Owner/Operator (2)
Church of Sacred Heart

Street Address
171 Clifton Ave.

City, State, Zip Code
Newark, NJ 07104

Name of Contact
Chris Tomlan

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Main School North Side of the Building Fan Room

Street Address
1060-1066 South Orange Avenue

City (5)
Newark

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)

☒ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet	# of Floors	Bldg. Age
16,000 sf	03	50

Current Use (Prior if being demolished)
School

Name of Monitoring Firm (8)
Whitman Companies

Street Address
7 Pleasant Hill Rd.

City, State, Zip Code
Cranbury, NJ 08512

Project Manager for Monitoring Firm
Kevin Lovely

Scheduled Start Date (10)
06/19/2014

Sched. Completion Date (11)
06/20/2014

ASCM No.
00110

Name of Abatement Contractor (9)
Paragon Contracting, Inc.

Street Address
590 River Rd.

City, State, Zip Code
Clifton, NJ 07014

Telephone Number
(973) 614-1600

License Number
00748

Name of OSHA Monitor
Paragon Contracting, Inc.

Street Address
590 River Rd.

City, State, Zip Code
Clifton, NJ 07014

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☒ Abatement performed outside of normal facility hours-
Describe: After 5:00 PM

☐ Other-Describe:

Scope of Work (check all that apply)

- ☐ Demolition
- ☒ Renovation
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf

- ☐ Full Containment w/negative pressure
- ☐ Glovebag procedure
- ☐ Mini-enclosure
- ☒ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material 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						
North Side Fan Room		<input checked="" type="checkbox"/>		Pipe Elbows (Wrap & Cut)	8 EA	<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
Paragon Contracting, Inc.

NJDEP Hauler ID#
22161

Cubic Yards of Waste
1 cyds

Name of Registered Landfill
Tullytown/GROWS

City, State
Tullytown, PA

Disposal Date
TBD

Signature

Date
06/19/2014

Completed by (Print or Type)
Goran Lazevski

Title
President

Jun 19 2014 10:58am

P001/001

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 6/19/14 Time: 11:00

Paragon Job#

Date of Notification (1) 10/6/19/14		Name of Building Owner/Operator (2) Church of Sacred Heart	
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07104	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Telephone Number	
<input checked="" type="checkbox"/> DOL	Amendment #	Name of Contact Chris Tornlan	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (Include justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Main School North Side of the Building Fan Room			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1060-1066 South Orange Avenue			Square Feet 16,000 sf	# of Floors 03	Bldg. Age 50
City (5) Newark	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Companies		ASCM No. 00110	Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address 7 Pleasant Hill Rd.			Street Address 590 River Rd.		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858	Telephone Number (973) 614-1600		
Scheduled Start Date (10) 06/19/2014		Sched. Completion Date (11) 06/20/2014	License Number 00748		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: After 5:00 PM <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor Paragon Contracting, Inc.					
Street Address 590 River Rd.					
City, State, Zip Code Clifton, NJ 07014					

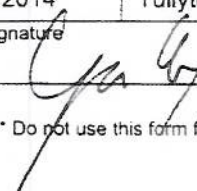
Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-Exempted ("") Non-friable procedure

Location of asbestos-containing material 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						
North Side Fan Room		X		Pipe Bibows (Wrap & Cut)	8 EA	<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 Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 1 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature	Date 06/19/2014

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

Date of Notification (1) 06/09/2014		Name of Building Owner/Operator (2) RUTHERFORD BOARD OF EDUCATION						
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Cancellation						
Street Address 176 Park Avenue		City, State, Zip Code Rutherford, NJ 07070						
Name of Contact Joseph P. Kelly		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RUTHERFORD SYLVAN SCHOOL MS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 109 Sylvan Street		Square Feet 30,000						
City (5) Rutherford		# of Floors 2						
County (6) Bergen		Bldg. Age 50+						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 118						
Name of Abatement Contractor (9) Hazmat Diagnostic, LLC		Street Address 90 Dayton Ave.						
Street Address 464 Valley Brook Ave. #3A		City, State, Zip Code Passaic, NJ 07055						
City, State, Zip Code Lynchhurst, NJ 07071		Telephone No. (973)9283995						
Project Manager for Monitoring Firm John Chiaviello		License No. 01181						
Telephone No. (201)438-4839		Name of OSHA Monitor same as above						
Start Date (10) 06/23/2014		Scheduled Completion Date (11) 07/25/2014						
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 City, State, Zip Code						
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
see attached sheet			X		X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 40		Name of Registered Landfill Tullytown		
City, State Newark, NJ		Disposal Date 07/25/2014		City, State Tullytown, PA				
Completed by Boban Verigik		Title President		Signature 		Date 06/04/2014		

MO#21901426007

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

Date of Notification (1) 06 / 20 / 14		Name of Building Owner/Operator (2) Peter Farabaugh							
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 High Street							
		City, State, Zip Code Nutley, NJ 07110							
		Telephone Number							
Name of Contact Peter Farabaugh									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		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 75 High Street		Square Feet	# of Floors						
City (5) Nutley, NJ 07110		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 06 / 30 / 14	Scheduled Completion Date (11) 07 / 01 / 14		Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>			Date 06/20/2014		

COPY

Print Form

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

Date of Notification (1) June 4, 2014		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Mahwah, NJ 07430-1680							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gina Mayer-Costa							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Academic Building - Core 2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 505 Ramapo Valley Road		Square Feet 350,000	# of Floors 4						
City (5) Mahwah		Bldg. Age 44							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) SMAC Corp.						
Street Address 355 West State Street		Street Address 27 East 33rd Street							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Paterson, NJ 07514							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. (609)656-8101	License No. 01110						
Start Date (10) 06/16/2014	Scheduled Completion Date (11) 08/29/2014	Name of OSHA Monitor EMSL Analytical, Inc.							
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: Facility occupied during Abatement		Street Address 1056 Shelton Ave.							
		City, State, Zip Code Piscataway, NJ 08854							
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
See Attached									
Name of Registered Waste Hauler SMAC Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 20 Yards	Name of Registered Landfill GROWS Landfill					
City, State Paterson, NJ		Disposal Date 08/29/2014		City, State Morrisville, PA					
Completed by Borce Gjorsoski		Title President		Signature <i>Borce Gjorsoski</i>				Date 06/04/2014	

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
Core 2, 1st Floor		X		Sprayed-On Fireproofing	25 SF	X		X	X
Core 2, 2nd Floor		X		Sprayed-On Fireproofing	25 SF	X		X	X
Core 2, Mechanical Penthouse, Lower Level	X			Sprayed-On Fireproofing	25 SF	X		X	X
Core 2, Mechanical Penthouse, Upperr Level	X			Sprayed-On Fireproofing	25 SF	X		X	X
Core 2, 1st Floor		X		Drywall with Fireproofing	480 SF	X		X	X
Core 2, 2nd Floor		X		Drywall with Fireproofing	480 SF	X		X	X

JUN 25 2014

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

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 # 11-6/23/14 <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		
FACILITY INFORMATION						
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						
City (5) Princeton				Square Feet		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		License No. 00509
Start Date (10) 2 / 5 / 14		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		
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				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) 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)
		Yes	No			
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	
Throughout Levels C, B and A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	
1 st Floor Level 1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	
City, State NEW CASTLE, DE			Disposal Date		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State MORRISVILLE, PA 19067						
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jle</i>		Date 6/23/14

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

Date of Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction 5 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 # 10-6/16/14 <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						
FACILITY INFORMATION									
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									
City (5) Princeton		Square Feet	# of Floors						
		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	License No. 00509						
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 6 / 20 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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 OFF SITE MON. 6/16/14		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) <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"/>
1 st 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 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) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 6/16/14			

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

CP # 2634

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 #9-6/12/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortega	
		Telephone Number	
FACILITY INFORMATION			
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			
City (5) Princeton		Square Feet	# of Floors
County (6) MERCER		Bldg. Age	
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.		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	License No. 00509
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 6 / 16 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
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 ON SITE 6/13/14 - 6/16/14		Street Address 1123 BEAVER STREET	
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		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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic
Office A-7J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct work
1 st Floor Level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)
Amount (Specify SF or LF)		Abatement Type	
1,465 SF		Removal	Repair
96 LF		Encapsulate	Enclosure
1775 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
72 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	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) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 6/12/14

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

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 # 8-6/10/14 <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					
FACILITY INFORMATION							
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 Bldg. Age					
City (5) Princeton		County Code (7) (STATE USE ONLY)					
County (6) MERCER		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. License No. 609-386-8800 215-788-6040 00509					
Start Date (10) 2 / 5 / 14		Scheduled Completion Date (11) ON HOLD					
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.					
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		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)	Abatement Type			
				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 MORRISVILLE, PA 19067			

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

JUN 25 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

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	Bldg. Age
City (5) Princeton			
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
		License No. 00509
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 6 / 6 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

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	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"/> 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"/> 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 JERSEY	Disposal Date	City, State	

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

JUN 25 2014

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> 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>6-5/2/14</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							
FACILITY INFORMATION									
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 City (5) Princeton		Square Feet	# of Floors						
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 City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-3800	Telephone No. 215-788-6040						
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) ON HOLD	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"/> ≥ 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) <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									

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

JUN 25 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 #5-4/25/14 <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						
FACILITY INFORMATION									
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 Keshn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
Start Date (10) 2 / 5 / 14		License No. 00509							
Scheduled Completion Date (11) 5 / 2 / 14		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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		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) 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	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				

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

JUN 25 2014

Date of Notification (1)
01 / 15 / 14

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

Type Notification
☒ Initial
☒ Amended
Amendment # 4-4/16/14
☐ Emergency (including justification)
☐ Cancellation

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

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Library

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

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keohn

Telephone No.
609-386-8800

Start Date (10)
2 / 5 / 14

Scheduled Completion Date (11)
4 / 25 / 14

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-8040

License No.
00609

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)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	1,485 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.

Cubic Yards of

Name of Registered

JUN 25 2014

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

Date of Notification (1)
01 / 15 / 14

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

Type Notification
☒ Initial
☒ Amended
 Amendment # 3-4/3/14
☐ Emergency (Including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction
 Street Address
200 Elm Dr.
 City, State, Zip Code
Princeton, NJ 08544
 Name of Contact
Robert Ortega
 Telephone Number

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

FACILITY INFORMATION

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

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

Square Feet # of Floors Bldg. Age

County Code (7) (STATE USE ONLY)

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

City, State, Zip Code
Burlington, NJ 08016

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keeshn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
2 / 5 / 14

Scheduled Completion Date (11)
4 / 18 / 14

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)

☐ ≥ 3 sf or ≥ 3 ft
☒ ≥ 160 sf or ≥ 260 ft

☒ Renovation
☐ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

	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	1,466 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"/>		1778 SF				

JUN 25 2014

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

Date of Notification (1) 01 / 16 / 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 type="checkbox"/> Amended Amendment # 2-2112/14 <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			
Street Address Washington Rd City (5) Princeton County (6) MERCER		FACILITY INFORMATION 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.) Square Feet # of Floors Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Street Address Three Terri Center City, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm Michael Keohn Telephone No. 609-396-0000		County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-798-0940 License No. 00009	
Start Date (10) 2 / 5 / 14 Scheduled Completion Date (11) 4 / 4 / 14		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Occupancy Status During Abatement (Check only one) <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		Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 of or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 100 of or ≥ 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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Throughout Levels C, B and A Office A-7J Throughout Levels C, B and A	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor tile and mastic Window Caulk Duct work	Amount (Specify SF or LF) 1,406 SF 86 LF
		Abatement Type Removal Repair Encapsulate Enclosure <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"/>	

JUN 25 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"/> DHS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment 01-12/1/14 <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			
Street Address Washington Rd City (5) Princeton County (6) MERCER		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.) Square Feet # of Floors Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Street Address Three Terri Center City, State, Zip Code Burlington, NJ 08016		County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keahn Telephone No. 609-395-8000		Current Use (Prior if being demolished) Library Telephone No. 215-788-8040 License No. 00000	
Start Date (10) OFF SITE WITH 6/5/14 Scheduled Completion Date (11) 4 / 4 / 14		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Occupancy Status During Abatement (Check only one) <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			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 100 of or ≥ 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 checked="" type="checkbox"/> Non-Exempted (?) and Non-Flexible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Exclusively 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) Abatement Type Removal Repair Encapsulate Enclosure
Throughout Levels C, B and A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	1,486 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	

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JUN 25 2014

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

CR # 2544

Date of Notification (1) 01 / 16 / 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 1562 <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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	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
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	County (6) MERCER	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		County Code (NY/STATE USE ONLY) 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 Keohn		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) 1 / 30 / 14	Scheduled Completion Date (11) 4 / 4 / 14	Telephone No. 609-386-8800	Telephone No. 215-798-0840
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-2:00PM PM AM		License No. 00000	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >100 sf or >200 ft		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 1123 BEAVER STREET	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Feasible Procedure		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)	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	Yes No NA	Floor tile and mastic	1,465 SF
Office A-J	Yes No NA	Window Caulk	96 LF
Throughout Levels C, B and A	Yes No NA	Dust work	