

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

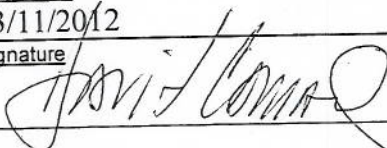
9276

<u>Date of Notification (1)</u> 02/28/2012			<u>Name of Building Owner/Operator (2)</u> Anthony Kruger		
<u>Agencies Notified</u> () EPA () NJDEP (X) NJ DOL (X) DOH () DCA		<u>Type of Notification</u> (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> 762 BlackOak Ridge Rd. <u>City, State, Zip Code</u> Wayne, NJ 07470 <u>Name of Contact</u> Anthony Kruger <u>Tel. Number</u> _____	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Property <u>Street Address</u> 1514 Bergenline Avenue <u>City (5)</u> Union City <u>County (6)</u> Hudson <u>County Code (7) (State Use Only)</u> _____			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) <u>Sq. Feet:</u> 400 <u># of Floors</u> 2 <u>Bldg. Age</u> 60 <u>Current Use (prior if being demolished):</u> _____		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A <u>Street Address</u> N/A <u>City, State, Zip Code</u> N/A			<u>Name of Contractor (9)</u> ISES, Inc. <u>Street Address</u> 3300 Hudson Avenue <u>City State, Zip Code</u> Union City, NJ <u>Telephone Number</u> (201)325-0055 <u>License Number</u> 01124		
<u>Scheduled Start Date (10)</u> 03/10/2012 <u>Scheduled Completion Date (11)</u> 03/10/2012			<u>Name of OSHA Monitor</u> ISES, Inc. <u>Street Address</u> 3300 Hudson Avenue <u>City, State, Zip Code</u> Union City, NJ 07087		
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Basement unoccupied during abatement;					
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure (X) 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 or Custodial Staff? (12) YES NO N/A			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room Area			X	TSI Insulation	100 LFT	X			

<u>Name of Reg. Waste Hauler</u> Vision Transport		<u>NJDEP Waste Hauler ID #</u> 22393		<u>Cubic Yards of Waste</u> 1		<u>Name of Reg. Landfill</u> Cumberland County Landfill	
<u>City, State</u> 2 Fish House Road, Kearny, NJ 07032				<u>Disp. Date</u> 03/11/2012		<u>City, State</u> Newburg, PA 17242	
<u>Completed by (Print or Type)</u> David Camacho				<u>Title</u> General Manager		<u>Signature</u>  <u>Date</u> 02/28/2012	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 02/28/2012		Name of Building Owner/Operator (2) Marie Acierno	
Agencies Notified () EPA () NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 7400 1 st Avenue City, State, Zip Code Wayne, NJ 07470 Name of Contact Marie Acierno	

RECEIVED
MAR 2 2012
DEPARTMENT OF LABOR CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 7400 1 st Avenue		Sq. Feet: 4000 # of Floors 2 Bldg. Age 60	
City (5) North Bergen	County (6) Hudson	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		Name of Contractor (9) ISES, Inc.	
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 03/11/2012	Scheduled Completion Date (11) 03/11/2012	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Basement unoccupied during abatement;		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM)			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13) Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) Amount (Specify SF or LF) Abatement Type Removal Repair Encapsulate Enclosure	
Ground Floor		TSI Pipe Insulation 70 LFT X	
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 1
City, State 2 Fish House Road, Kearny, NJ 07032		Name of Reg. Landfill Cumberland County Landfill	
Disp. Date 03/11/2012		City, State Newburg, PA 17242	
Completed by (Print or Type) David Camacho		Title General Manager	Date 02/28/2012

CK
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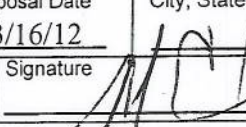
371

Print Form

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

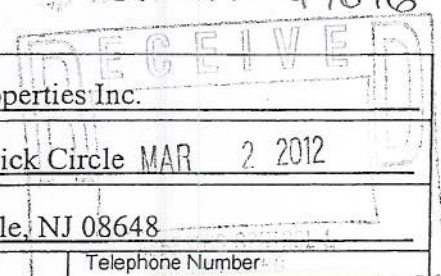
Date of Notification (1) 02/28/12		Name of Building Owner/Operator (2) community Food Bank of NJ							
Agencies Notified	Type Notification	Street Address 31 Evans Terminal Rd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillside NJ. 07205							
		Name of Contact Jim Doty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stone Cutters House		Type of Facility (4)							
Street Address Tract 2 Lot 5 Evans Terminal Rd.		<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) Hillside		Square Feet 2400	# of Floors 1						
County (6) Union		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) industrial building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington NJ. 07057.							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 03/13/12	Scheduled Completion Date (11) 03/20/12	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One)		Street Address 15 Maple Ave.							
<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 Wallington NJ.07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			*	boiler insulation	250sf.	*			
windows			*	window caulk	1200lf.	*			
roof			*	roof flashing	245lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 03/20/12		City, State Morrisville PA.					
Completed by Leslaw Nalodka		Title President	Signature 			Date 02/28/12			

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

Date of Notification (1) <u>2/10/12</u>		Name of Building Owner/Operator (2) <u>Nexus Properties Inc.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Brunswick Circle</u> MAR 2 2012							
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>							
		Name of Contact <u>Charles Bancroft</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>980 Hooper Avenue</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>						
City (5) <u>Toms River</u>		Bldg. Age <u>50</u>							
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>commercial building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Willoiam Weisgarber JR.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>2/27/12</u>	Scheduled Completion Date (11) <u>3/16/12</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>80</u>	<input checked="" type="checkbox"/>			
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>boiler breeching</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>HVAC Room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>25</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/16/12</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/29/12</u>						

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24676



Date of Notification (1) <u>2/10/12</u>		Name of Building Owner/Operator (2) <u>Nexus Properties Inc.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Brunswick Circle</u> MAR 2 2012							
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>							
		Name of Contact <u>Charles Bancroft</u>	Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>980 Hooper Avenue</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>						
City (5) <u>Toms River</u>		Bldg. Age <u>50</u>							
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>commercial building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Willoiam Weisgarber JR.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>2/27/12</u>	Scheduled Completion Date (11) <u>3/2/12</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>80</u>	<input checked="" type="checkbox"/>			
<u>boiler room</u>			<input checked="" type="checkbox"/>	<u>boiler breeching</u>	<u>40 SF</u>	<input checked="" type="checkbox"/>			
<u>HVAC Room</u>			<input checked="" type="checkbox"/>	<u>pipe fittings</u>	<u>25</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>					
City, State <u>Allentown, NJ</u>			Disposal Date <u>3/2/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 	Date <u>2/10/12</u>					

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

Check # 2141

Date of Notification (1) 2/28/2012		Name of Building Owner/Operator (2) Saint Michael's Medical Center							
Agencies Notified <input 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 Central Avenue							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Paul Rusotto	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Michael's Medical Center		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 268 Martin Luther King Blvd		Square Feet 160,000	# of Floors 8						
City (5) Newark		Bldg. Age 70+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenber, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 3/9/12	Scheduled Completion Date (11) 3/12/2012	Name of OSHA Monitor EMSL Analytical							
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 Other - Describe: Starting Fri @6:00PM around the clock		Street Address 307 West 28th Street							
		City, State, Zip Code New York, NY 10018							
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
"A" Building-6th Floor-main corridor		x		Double layer tile & mastic	1670 SF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill IESI-Bethlehem Landfill Corp					
City, State Wayne, NJ		Disposal Date tbd		City, State Bethlehem, PA					
Completed by Gina Salvador		Title Office Manager		Signature <i>[Signature]</i>			Date 2/28/2012		

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

Date of Notification (1) 2/29/2012		Name of Building Owner/Operator (2) MAINARDI MANAGEMENT							
Agencies Notified	Type Notification	Street Address 1680 ROUTE 23, SUITE 330							
<input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WAYNE, NJ 07470							
		Name of Contact RICHARD MAINARDI	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER UNION HOSPITAL		Type of Facility (4)							
Street Address 1000 GALLOPING HILL ROAD		<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) UNION		Square Feet	# of Floors						
County (6) UNION		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 116 TICES LANE, UNIT B-1		Street Address 250 RUTHERFORD BOULEVARD							
City, State, Zip Code EAST BRUNSWICK, NJ 08816		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	License No. 00494						
Start Date (10) 3/12/2012	Scheduled Completion Date (11) 4/26/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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:		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	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 4/26/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>			Date 2/29/2012		

B & G proj. #: 2012-45

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

*** Emergency ***

Check # 5089

Date of Notification (1)

10/12/12 18/1/12

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Victor Verno

Street Address

216 Walthery Avenue

City, State, Zip Code

Ridgewood, NJ 07450

Name of Contact

Victor Verno

APPROVED

NJ Dept of Health & Senior Services

(signature)

Date: 2/28/12 Time: 11:58 AM

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Victor Verno

Street Address

216 Walthery Avenue

City (5)

Ridgewood, NJ 07450

County (6)

Bergen

County Code (7)
(State use only)

ASCM No.

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

3/1/2012

Sched. Completion Date (11)

3/1/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours.

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ ≥ 3 sf or ≥ 3 lf☐ ≥ 160 sf or ≥ 280 lf☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	L
e	i	p	
<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"/>

basement

pipe insulation

6 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1/2 yardName of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJ 07035Disposal Date
3/2/2012City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Treasurer

Signature

Gordana Luna

Date
2/28/2012

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

B & G proj. #: 2012-45

*** Emergency ***

Check # 5089

Date of Notification (1) <u>10/21/12</u>		Name of Building Owner/Operator (2) <u>Victor Verno</u>	
Agencies Notified	Type Notification	Street Address <u>216 Walther Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Ridgewood, NJ 07450</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Victor Verno</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number <u></u>	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Victor Verno</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>216 Walther Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Ridgewood, NJ 07450</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>3/1/2012</u>		Sched. Completion Date (11) <u>3/1/2012</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- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<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 <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>3/2/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>2/28/2012</u>

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

Date of Notification (1) 2/28/2012		Name of Building Owner/Operator (2) DAVID HAZEN							
Agencies Notified	Type Notification	Street Address 35 WESTVIEW TERRACE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 MIDLAND PARK, NJ 07432							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact DAVID HAZEN	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, homes, etc.)							
Street Address 35 WESTVIEW TERRACE		Square Feet	# of Floors						
City (5) MIDLAND PARK		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 3/10/2012	Scheduled Completion Date (11) 3/12/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE	130 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 3/12/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>				Date 2/28/2012	

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

Check #6275

Date of Notification (1) February 29, 2012		Name of Building Owner / Operator (2) Bank of America							
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 360 Hamilton Avenue							
		City, State & Zip Code Trenton, NJ 08609							
		Name of Contact Jim Kalafsky							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 360 Hamilton Avenue		Square Feet 4,000	# of Floors 2						
City (5) Trenton		Bldg. Age 125							
County (6) Mercer		County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No.							
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.							
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road							
Project Manager for Monitoring Firm Jim Kalafsky		Telephone Number 908-625-6900	License Number 00817						
Scheduled Start Date (10) March 9, 2012	Scheduled Completion Date (11) March 12, 2012	Name of OSHA Monitor Synatech, 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 <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 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 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
Basement			X	Floor Tile and Mastic	3,500 SF	X			
Conference Room			X	Transite Wall Panels	750 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date March 13, 2012		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature 			Date February 29, 2012				

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

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

Check # 1311

Date of Notification (1) 02/28/2012		Name of Building Owner/Operator (2) Leon Hackett	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Church Street City, State, Zip Code Washington, NJ 07882	
		Name of Contact Leon Hackett	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-1 2) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 32 E. Church Street		Square Feet	# of Floors
City (5) Washington, NJ 07882		Bldg. Age	
County (6) Warren	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.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 03/10/2012	Scheduled Completion Date (11) 03/11/2012	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 <input type="checkbox"/> Other - Describe:		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 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 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) <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	Enclosure
Basement			x	Pipe insulation	80 LF	x		

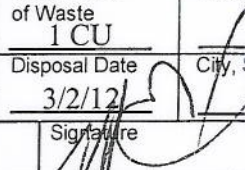
Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date	City, State Tullytown, PA	
Completed by N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/28/2012

ASB-41

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

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

**STEVENS ENVIRONMENTAL
SERVICES INC.**
Check # 24694
RECEIVED
MAR 2 2012

Date of Notification (1) <u>2/29/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u>	
		City, State, Zip Code <u>Princeton, NJ 08544</u>	
		Name of Contact <u>Robert Ortego</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Apartment Building - Apt B-1</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>120 Prospect Ave.</u>		Square Feet	# of Floors
City (5) <u>Princeton, NJ</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Apartment Building</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC Associates Inc.</u>	ASCM No. <u>00098</u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>3 Terri Lane</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Burlington</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Mike Keehn</u>	Telephone No. <u>(609) 386-8800</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/1/12</u>	Scheduled Completion Date (11) <u>3/2/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 AM - 4:30 PM</u>		Street Address <u>P.O. Box 341</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"/> 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)
	Yes	No	
<u>kitchen</u>		<input checked="" type="checkbox"/>	<u>floor tile</u>
			<u>50 SF</u>
			<input checked="" type="checkbox"/>
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>
City, State <u>Allentown, NJ 08501</u>		Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
		Disposal Date <u>3/2/12</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/29/12</u>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

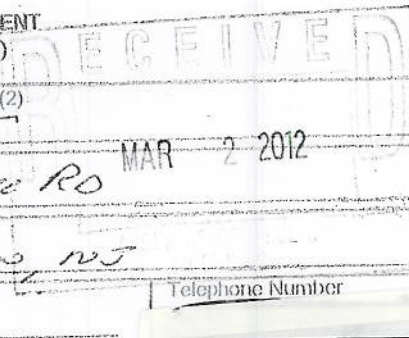
APPROVED
NJ Dept. of Health & Senior Services
Paul C. Jones
(signature)
Date: 2/29/12 Time: 9:16 AM

Date of Notification (1) <u>2/29/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> PCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u>						
		City, State, Zip Code <u>Princeton, NJ 08544</u>						
		Name of Contact <u>Robert Ortega</u>	Telephone Number <u>[REDACTED]</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Apartment Building - Apt B-1</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>120 Prospect Ave.</u>		Square Feet # of Floors Bldg. Age						
City (5) <u>Princeton, NJ</u>								
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Apartment Building</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC Associates Inc.</u>	ASCM No. <u>00098</u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>3 Terri Lane</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Burlington</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Mike Kechn</u>	Telephone No. <u>(609) 386-8800</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>3/1/12</u>	Scheduled Completion Date (11) <u>3/2/12</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 AM - 4:30 PM</u>		Street Address <u>P.O. Box 341</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"/> Mink 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
<u>kitchen</u>			<u>X</u>	<u>50 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NUDEP 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.</u>				
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>3/2/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <i>[Signature]</i>	Date <u>2/29/12</u>					

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

Date of Notification (1) February 29, 2012		Name of Building Owner/Operator (2) Joan Cohen		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED # 4499 MAR 2 2012 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 132 E. Central Ave							
<input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Moorestown, NJ 08057							
		Name of Contact Joan Cohen							
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 132 E. Central 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) Moorestown				Square Feet 2500	# of Floors 3				
County (6) Burlington				Bldg. Age 90					
		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) MECS			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341			Street Address 47 S. Lippincott Ave						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) March 10, 2012		Scheduled Completion Date (11) March 20, 2012		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave					
<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 Westmont, New Jersey 08108					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			XXX	Pipe insulation	80 LF	XXX			
Crawl Space			XXX	Pipe Insulation	20 LF	XXX			
Name of Registered Waste Hauler Eastern Waste			NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date	City, State Tullytown, PA.				
Completed by William Lynch			Title Owner	Signature <i>William J. Lynch</i>	Date February 29, 2012				

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 3-28-12		Name of Building Owner/Operator (2) FOREFRONT							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 41 RIDGE RD City, State, Zip Code Rumson NJ Name of Contact MATT Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FOREFRONT HOMES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 41 RIDGE RD		Square Feet 2000	# of Floors 1						
City (5) Rumson		Bldg. Age 50							
County (6) monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC							
Street Address		Street Address 95 MONTROSE RD							
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 4-8-12	Scheduled Completion Date (11) 4-12-12	Name of OSHA Monitor ACE INSULATION CO 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: 7AM - 7PM		Street Address 95 MONTROSE RD							
		City, State, Zip Code COLTS NECK NJ 07722							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS			<input checked="" type="checkbox"/>	SIDING	2400 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ACE INSULATION		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State COLTS NECK, NJ		Disposal Date	City, State Tullytown PA						
Completed By Jack GALL	Title OPS MGR	Signature Jack GALL	Date 3-28-12						

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

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