


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

Date of Notification (1) 3/19/18		Name of Building Owner/Operator (2) Denise Hodes Private Home							
Agencies Notified	Type Notification	Street Address							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Denise	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Denise Hodes Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Beach Haven NJ 08008		Square Feet 1000 +	# of Floors 2 Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage							
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) 3/30/18	Scheduled Completion Date (11) 4/6/18	Name of OSHA Monitor Same							
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 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	2200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/6/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/19/18		

Emergency

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

Inspector: Kurt
Approved Emergency Check # 10294
ON 3-13-18

Date of Notification (1) 3-13-18		Name of Building Owner/Operator (2) Henry Rich							
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"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code East Windsor NJ 08520 Name of Contact Henry Rich							
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 [REDACTED]		Square Feet	# of Floors 1 Bldg. Age 50+-						
City (5) East Windsor NJ 08520	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 3-13-18	Scheduled Completion Date (11) 3-23-18	Name of OSHA Monitor EPC 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 <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Family + Laundry Rm		X		12"x12" Floor Tiles	500 SF	X			
Kitchen + Foyer		X		Linoleum Flooring	300 SF	X			
Name of Registered Waste Hauler EPC Technologies City, State New Egypt NJ									
NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA City, State Morrisville PA						
Disposal Date by 3/23/18		Signature Steve Schenker Date 3-13-18							
Completed by Steve Schenker		Title President							

PAID

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

Check#3008


Date of Notification (1) 03 / 19 / 18		Name of Building Owner/Operator (2) Manna Arefayne							
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 [REDACTED]		City, State, Zip Code Glen Rock, NJ 07452							
Name of Contact Manna Arefayne		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Glen Rock, NJ 07452									
County (6) Bergen	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) 03 / 28 / 18	Scheduled Completion Date (11) 03 / 29 / 18	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. # 35E 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"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	160 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"/>
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 03/19/18		

ASB-41

MAY 11

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

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

Date of Notification (1) 03/15/2018		Name of Building Owner/Operator (2) Jorge Yannuzi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450							
		Name of Contact Jorge Yannuzi							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Ridgewood		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/26/2018	Scheduled Completion Date (11) 03/27/2018	Name of OSHA Monitor D&S Abatement							
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>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 Insulation	135 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/15/2018			

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

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Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-9/22/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE	MAR 26 2018
		City, State, Zip Code PRINCETON, NJ 08544	
		Name of Contact ROBERT ORTEGO	
		Telephone Number 609-258-1841	

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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	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 Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> 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 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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<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 MINERVA LANDFILL
City, State NEW CASTLE, DE		Disposal Date	City, State WAYNESBURG, OH

Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro/jl</i>	Date 9/22/17
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SB-41
AN 13 **BS17024**

* 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)

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Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-9/22/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841						
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	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 Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> 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 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 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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro / js</i>			Date 9/22/17		

BS17024

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

Pg 3

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-9/22/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 26 2018 </div>
		City, State, Zip Code PRINCETON, NJ 08544	
		Name of Contact ROBERT ORTEGO	
		Telephone Number 609-258-1841	

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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	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 Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> 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 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 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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE	Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>	Date <u>9/22/17</u>

BS17024

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

Pg 1

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-8/30/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO Telephone Number 609-258-1841							
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8							
County (6) MERCER		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LANE		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 R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		License No. 00509							
Scheduled Completion Date (11) <u>9</u> / <u>29</u> / <u>17</u>		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 Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		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 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		City, State, Zip Code BRISTOL, PA 19007							
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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<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 MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 8/30/17			

B-41
113 *ASBESTOS*

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

E 92
MAR 26 2018

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-8/30/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO	
		Telephone Number 609-258-1841	

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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 TERRI LANE		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 R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Start Date (10) 3 / 13 / 17	Scheduled Completion Date (11) 9 / 29 / 17		
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: 4:00AM-12:30PM / 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 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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>		Date 8/30/17	

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

Pg 3

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-8/30/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE	
		City, State, Zip Code PRINCETON, NJ 08544	
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841

MAR 26 2018

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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 TERRI LANE		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 R. KEEHN		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>9</u> / <u>29</u> / <u>17</u>	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 Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> 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 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 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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro / jl</i>		Date <u>8/30/17</u>	

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

Pg. #1

CR # 3241

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-7/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841						
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 3 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	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 Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM / 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
HASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<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 MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date	City, State WAYNESBURG, OH						
Completed By (Print or Type) ERIAN SCAFIRO		Title ESTIMATOR	Signature <i>Erion Scafiro</i>				Date 7/20/17		

Pg. 2

Ch # 3241

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

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-7/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841						
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 3 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	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 Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM / 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 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) 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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 7/20/17			

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

Pg #3

Ch # 3241

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-7/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544							
Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841							
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 checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>								
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
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: 4:00AM-12:30PM / <u> </u> PM - <u> </u> 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date	City, State WAYNESBURG, OH						
Completed By (Print or Type) CHRISTIAN SCAFIRO		Title ESTIMATOR	Signature <i>Christian Scafiro/jc</i>				Date 7/20/17		

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

CR# 3220

Pg 1

Date of Notification (1) 2 / 27 / 17			Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-5/16/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 ELM DRIVE					
				City, State, Zip Code PRINCETON, NJ 08544					
		Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841					
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 checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1 WASHINGTON ROAD			Square Feet 1,000,000		# of Floors 8				
City (5) PRINCETON, NJ			Bldg. Age 70						
County (6) MERCER			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY				
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 TERRI LANE				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 R. KEEHN		Telephone No. 609-386-8800		Telephone No. 215-788-6040					
Start Date (10) 3 / 13 / 17		Scheduled Completion Date (11) 8 / 1 / 17		License No. 00509					
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: 4:00AM-12:30PM / PM - AM			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> 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) 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
E 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler ICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State WASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
By (Print or Type) SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 6/16/17			

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

CR# 3220

Pg 2

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/16/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544	
Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841	
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 TERRI LANE		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 R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		License No. 00509	
Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>		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 Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Abatement Type
		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
SE 6 - LEVEL 1		ACOUSTICAL CEILING PLASTER	6075 SF
SE 6 - LEVEL 1		PIPE INSULATION	200 LF
SE 6 - LEVEL 1		SPLINE CEILING TILES	4050 SF
TREES READING RM MEZZ.		ACOUSTICAL PLASTER CEILING	450 SF
Name of Registered Waste Hauler WASTE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL
City, State CASTLE, DE		Cubic Yards of Waste	City, State WAYNESBURG, OH
Prepared By (Print or Type) SCAFIRO	Title ESTIMATOR	Signature <i>Diana Scario</i>	Date <u>6/16/17</u>

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

CL# 3220

Pg 3

MAR 26 2018

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-6/16/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544	
Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841	
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY			
Street Address 1 WASHINGTON ROAD		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 and commercial buildings, homes, etc.)	
City (5) PRINCETON, NJ		Square Feet 1,000,000	
County (6) MERCER		# of Floors 8	
County Code (7) (STATE USE ONLY)		Bldg. Age 70	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Street Address 3 TERRI LANE		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 R. KEEHN		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 609-386-8800		Telephone No. 215-788-6040	
Start Date (10) 3 / 13 / 17		License No. 00509	
Scheduled Completion Date (11) 8 / 1 / 17		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 Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM PM- AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <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		City, State, Zip Code BRISTOL, PA 19007	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
TRUSTEES READING RM MEZZ.		PIPE INSULATION	
		85 LF	
Registered Waste Hauler ICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	
City, State CASTLE, DE		Cubic Yards of Waste	
By (Print or Type) SCAFIRO		Name of Registered Landfill MINERVA LANDFILL	
Title ESTIMATOR		City, State WAYNESBURG, OH	
Signature <i>Brian Scafiro</i>		Date 6/16/17	

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

RECEIVED Pg 1
MAR 28 2010

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-3/27/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544	
Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841	
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Street Address 3 TERRI LAKE		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 R. KEEHN		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 609-386-8800		Telephone No. 215-788-6040	
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		License No. 00508	
Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>		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 Facility Hours - Describe time of Abatement: 4:00AM-12:30PM PM- AM Work of Work (Check all that apply) <input 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		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	
A - LEVELS C & B		PIPE INSULATION	
B - LEVELS C & B		FLOOR TILE & MASTIC	
C - LEVELS C & B		Packed fittings on fiberglass	
D - LEVELS C & B		Hanger pads on fiberglass	
Registered Waste Hauler TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20890	
Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL	
Disposal Date		City, State WAYNESBURG, OH	
Print or Type) FIRO		Signature <i>[Signature]</i>	
Title ESTIMATOR		Date 3/17/17	

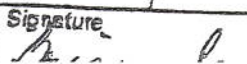
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Pg 2

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-B)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-3/27/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544							
Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841							
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 checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LAKE		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 R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00508						
Start Date (10) 3 / 13 / 17		Scheduled Completion Date (11) 8 / 1 / 17							
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: 4:00AM-12:30PM / ____ PM - ____ AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007							
Type of Work (Check all that apply) <input 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) 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
3 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 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"/>
Registered Waste Hauler TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20890		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State ATLANTA, GA		Disposal Date		City, State WAYNESBURG, OH					
Signature AFIRO		Title ESTIMATOR		Signature <i>[Signature]</i>		Date 12/15/16			

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

Ch # 9/65 Pg. 1

Date of Notification (1) 2 / 27 / 17			Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		
Agencies Notified <input checked="" type="checkbox"/> EPA 2298 <input checked="" type="checkbox"/> DOLWD 2250 <input checked="" type="checkbox"/> DOK 2267 <input checked="" type="checkbox"/> DCAEE74 (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 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544			Name of Contact ROBERT ORTEGO Telephone Number 609-258-1841		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY Street Address 1 WASHINGTON ROAD City (5) PRINCETON, NJ County (6) MERCER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 1,000,000 # of Floors 8 Bldg. Age 70 Current Use (Prior if being demolished) UNIVERSITY LIBRARY		
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC Street Address 3 TERRI LANE City, State, Zip Code BURLINGTON, NJ 08016 Project Manager for Monitoring Firm MICHAEL R. KEEHN		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-756-6040 License No. 00509		
Date (10) 3 / 13 / 17		Scheduled Completion Date (11) 8 / 1 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Agency 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 Date of Abatement: 7:00AM-3:30PM / _____ PM- _____ AM					
Type of Work (Check all that apply) <input checked="" type="checkbox"/> or ≥ 3 If <input checked="" type="checkbox"/> or ≥ 260 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
- LEVELS C & B		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		PIPE INSULATION	
- LEVELS C & B		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		FLOOR TILE & MASTIC	
- LEVELS C & B		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Packed fittings on fiberglass	
- LEVELS C & B		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Hanger pads on fiberglass	
Licensed Waste Hauler TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20880	Cubic Yards of Waste 40 EA	Name of Registered Landfill MINERVA LANDFILL	
E, DE		Disposal Date	City, State WAYNESBURG, OH		
Title ESTIMATOR		Signature 		Date 3/13/17	

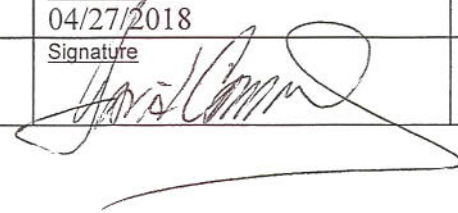
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

CR# 3165 Pg

MAR 26 2018

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOK <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 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544	
Name of Contact ROBERT ORTEGO		Telephone Number 609-258-1841	
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY			
Street Address 1 WASHINGTON ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) PRINCETON, NJ		Square Feet 1,000,000	
County (6) MERCER		# of Floors 8	
County Code (7) (STATE USE ONLY)		Bldg. Age 70	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Street Address 3 TERRI LANE		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 R. KEEHN		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		Telephone No. 609-366-5500	
Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>		Telephone No. 215-788-6040	
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: <u>7:00AM-3:30PM</u> PM- AM		License No. 00509	
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		Street Address 1123 BEAVER STREET	
Description of Work (Check all that apply) <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		City, State, Zip Code BRISTOL, PA 19007	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF)	
LEVEL 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		ACOUSTICAL CEILING PLASTER 6075 SF	
LEVEL 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		PIPE INSULATION 200 LF	
LEVEL 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		SPLINE CEILING TILES 4050 SF	
Abatement Type Removal Repair Encapsulate Enclosure		Amount (Specify SF or LF)	
LEVEL 1 <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure		ACOUSTICAL CEILING PLASTER 6075 SF	
LEVEL 1 <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure		PIPE INSULATION 200 LF	
LEVEL 1 <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure		SPLINE CEILING TILES 4050 SF	
Preferred Waste Hauler TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	
City, State WAYNESBURG, OH		Name of Registered Landfill MINERVA LANDFILL	
Disposal Date		City, State WAYNESBURG, OH	
Title ESTIMATOR		Signature <i>[Signature]</i>	
Date <u>3</u> / <u>14</u> / <u>17</u>		Date <u>3</u> / <u>14</u> / <u>17</u>	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 03/09/2018		Name of Building Owner/Operator (2) River Vale Church	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 600 New Street City, State, Zip Code River Vale, NJ 07675	
		Name of Contact Erik Martin	Tel. Number (201)248-6000
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) River Vale Community Church		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 600 New Street		Entire Building: Sq. Feet: ~ 9,000 # of Floors 2 Bldg. Age 80	
City (5) River Vale	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 03/19/2018	Scheduled Completion Date (11) 04/27/2018	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: Work in unoccupied space		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) Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance 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)
1 st floor	X	Floor Tile and associated Mastic	~ 4525 SF
2 nd floor	X	Floor Tile	~ 3157 SF
Basement (Pastor's)	X	Mastic	~ 600 SF
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste 30	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City, State 311 East Blackwell Street, Dover, NJ 07801	Disp. Date 04/27/2018	City, State Pen Argyl, PA 18072	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 03/09/2018

PAID

S & G Proj. #: 2018-74

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

Check # 6674

MAR 26 2018

Date of Notification (1) 03/19/18		Name of Building Owner/Operator (2) Boonton Public Schools	
Agencies Notified	Type Notification	Street Address 434 Lathrop Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Boonton, NJ 07006	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Steven Gardberg, Business Admin/Board Secretary	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973-335-9700 x 8003	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Boonton High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12)		
Street Address 306 Lathrop Avenue			<input type="checkbox"/> Subchapter B (Other than K-12)		
City (5) Boonton			<input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6) Morris		County Code (7) (State use only)	Square Feet 30,000	# of Floors 2	Bldg. Age 90
Name of Monitoring Firm Hired by Bldg. Owner (8) Detail Environmental Services			Current Use (Prior if being demolished) School		
ASCM No. 0012			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 300 Grand Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Englewood, NJ 07631-4355			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Nadine Bello		Phone Number 973-616-4601	Telephone Number (973)696-6166		License Number 00378
Scheduled Start Date (10) 03/22/2018		Sched. Completion Date (11) 03/26/2018	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Lincoln Park, NJ 07035		
<input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: Start: 2:00 p.m. (second shift)					
<input type="checkbox"/> Other-Describe: occupied					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/ negative pressure ☒ Glovebag procedure
☒ >2 sf or >2 lf ☐ >180 sf or >260 lf ☒ Mini-enclosure ☐ Non-frangible 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)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Electrical Room			<input checked="" type="checkbox"/>	elbows / pipe insulation / VAT	8 lf / 50 lf / 132sf	<input checked="" type="checkbox"/>			
Trainer's Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	6 lf / 40 lf	<input checked="" type="checkbox"/>			
Locker Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 10 lf	<input checked="" type="checkbox"/>			
Drying Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 7 lf	<input checked="" type="checkbox"/>			
Athletic Directors Office			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 40 lf	<input checked="" type="checkbox"/>			
Registered Waste Hauler B & G Restoration, Inc.		NJ DEP Hauler ID# 19563		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 03/22/18-03/26/18		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 03/19/2018			

B & G proj. #: 2018-74

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

Check # 8874

Date of Notification (1) <u>03/19/18</u>		Name of Building Owner/Operator (2) Boonton Public Schools	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 434 Lathrop Avenue	
	City, State, Zip Code Boonton, NJ 07005		
	Name of Contact Steven Gardberg, Business Admin/Board Secretary	Telephone Number 973-335-9700 x 8003	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Boonton 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 306 Lathrop Avenue			Square Feet 50,000		
City (5) Boonton			County (6) Morris	County Code (7) (State use only)	# of Floors 2
Name of Monitoring Firm Hired by Bldg. Owner (8) Detail Environmental Services			ASCM No. 0012	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 300 Grand Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Englewood, NJ 07631-4355			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Nadine Bello			Phone Number 973-616-4601	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 03/22/2018			Sched. Completion Date (11) 03/25/2018		
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: <u>Start: 2:00 p.m. (second Shift)</u> <input type="checkbox"/> Other-Describe: <u>occupied</u>					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

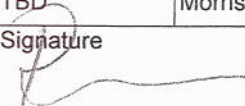
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			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						
Electrical Room			<input checked="" type="checkbox"/>	elbows / pipe insulation / VAT	8 lf / 50 lf / 132sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	5 lf / 40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drying Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Directors Office			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 03/22/18-03/26/18		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			Date 03/19/2018		

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

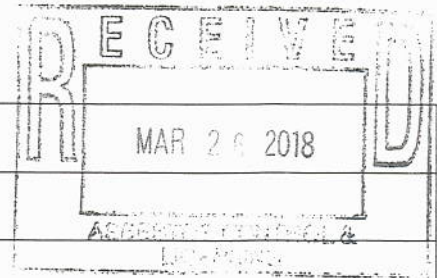
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RECEIVED

Date of Notification (1) 3-20-2018		Name of Building Owner / Operator (2) TOWER SARON TWO 2015 LLC		MAR 26 2018					
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 80 Kinderkamack Road, Suite 200 City, State & Zip Code River Edge, NJ 07661 Name of Contact David Dublirer					
				Telephone Number Cell 201-322-4051					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sharon Apartments – Building # 2 Street Address 34 State Street			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Teaneck, NJ 07666	County (6) Bergen	County Code (7)	Square Feet 27 255	# of Floors 5	Bldg. Age 91				
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services Street Address P.O. Box 365 City, State & Zip Code Berlin, NJ 08009			Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185					
Scheduled Start Date (10) 4-3-2018	Scheduled Completion Date (11) 4-18-2018		Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am – 5:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
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	Encapsulat	Enclosure
Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	225 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"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619			Disposal Date TBD	City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 03-20-2018				

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

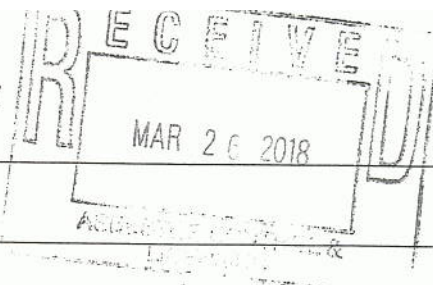


Date of Notification (1) February 9, 2018		Job #: 9692.01		Name of Building Owner/Operator (2) RWJ Barnabas Health					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment# 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Hamilton Health Place City, State, Zip Code Hamilton, NJ 08690					
Name of Contact Dennis Rudloff				Telephone Number 609-584-6570					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson University Hospital				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 One Hamilton Health Place				Square Feet 25,000					
City (5) Hamilton				# of Floors 3					
County (6) Mercer County				Bldg. Age 50 years					
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.		Name of Contractor (9) Prime Group Remediation, Inc.					
Street Address 400 Street Road				Street Address 1400 Adams Road, Suite I, P.O. Box 6					
City, State, Zip Code Bensalem, PA 19020				City, State, Zip Code Bensalem, PA 19020					
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300 Ext 26		Telephone Number 215-533-3503					
License Number 00858									
Scheduled Start Date (10) March 29, 2018		Scheduled Completion (11) April 03, 2018		Name of OSHA Monitor Criterion Labs					
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>Work area to be vacated during entire abatement.</u>				Street Address 400 Street Road					
				City, State, Zip Code Bensalem, PA 19020					
Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 160	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Radiology - X-Ray Rm 1 -Side Work Room		X		Floor Tile	160	X			
Name of Reg. Waste Hauler Prime Group Remediation, Inc.		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 1		Name of Reg. Landfill Western Berks Community Landfill (DEP#100739)			
City, State Bensalem, PA		Disposal Date 04/03/2018		City, State Birdsboro, PA					
Completed by Vincent Primavera		Title Project Manager		Signature 		Date March 19, 2018			

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)

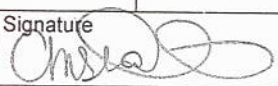


Date of Notification (1) 03 / 19 / 18		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building City, State, Zip Code Princeton, NJ 08543							
		Name of Contact Ryan Dickerson	Telephone Number 609-258-6911						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Springdale Apartments		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 53-59 College Road West		Square Feet 7,000	# of Floors 3						
City (5) Princeton		Bldg. Age 70							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Housing							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 04 / 02 / 18	Scheduled Completion Date (11) 08 / 03 / 18	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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		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"/> ≥ 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
Throughout Building 53-59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2,560 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building 53-59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheet Flooring	1,280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building 53-59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Adhesive	970 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Building 53-59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attic Vermiculite	2,600 CF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 240	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 08/03/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 3/19/18			

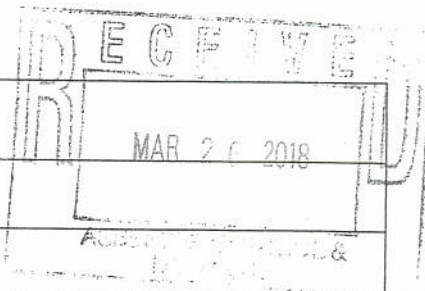
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
MAR 26 2018

Date of Notification (1) 03 / 19 / 18		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building							
		City, State, Zip Code Princeton, NJ 08543							
		Name of Contact Ryan Dickerson	Telephone Number 609-258-6911						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Springdale Apartments		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 63-65 College Road West		Square Feet 6,600	# of Floors 3						
City (5) Princeton		Bldg. Age 70							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Housing							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 04 / 02 / 18	Scheduled Completion Date (11) 08 / 03 / 18	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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building 63-65	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,704 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Building 63-65	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building 63-65	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheet Flooring	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building 63-65	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Adhesive	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 240	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 08/03/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 3/19/18			

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



Date of Notification (1) 03 / 19 / 18		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building City, State, Zip Code Princeton, NJ 08543							
		Name of Contact Ryan Dickerson	Telephone Number 609-258-6911						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Springdale Apartments		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 71-73 College Road West		Square Feet 4,300	# of Floors 3						
City (5) Princeton		Bldg. Age 70							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Housing							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 04 / 02 / 18	Scheduled Completion Date (11) 08 / 03 / 18	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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building 71-73	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,730 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building 71-73	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,260 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 90	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 08/03/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 				Date 3/19/18			

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

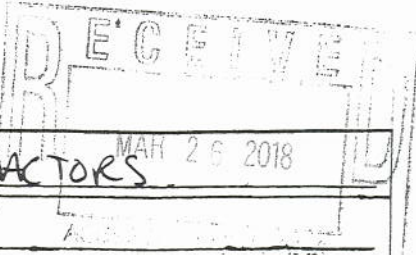
RECEIVED
MAR 26 2018

Date of Notification (1) 3-20-18		Name of Building Owner/Operator (2) BILL SCHWARTZ							
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 [REDACTED]							
		City, State, Zip Code OCEAN CITY NJ							
		Name of Contact BILL	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 [REDACTED]		Square Feet 1500	# of Floors 2						
City (5) OCEAN CITY		Bldg. Age 50+							
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC							
Street Address		Street Address 369 S. SPRUCE AVE							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. #00444						
Start Date (10) 3-30-18	Scheduled Completion Date (11) 4-9-18	Name of OSHA Monitor N/A							
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) IN Facility (13) SIDING	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) 1250 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			X	TRANSITE		X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C M C M U A					
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.						
Completed By MICHAEL KLEIN	Title PRES	Signature <i>[Signature]</i>	Date 3-20-18						

CK# 4492

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

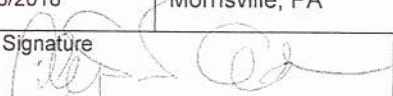
PAID



Date of Notification (1) 3-20-18		Name of Building Owner/Operator (2) D. K. C CONTRACTORS					
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 661 RT 9					
		City, State, Zip Code CAPE MAY N.J 08204					
		Name of Contact KIEL	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 [REDACTED]							
City (5) CAPE MAY COURT HOUSE	Square Feet 1500	# of Floors 2	Bldg. Age 50+				
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 3-30-18	Scheduled Completion Date (11) 4-9-18	Name of OSHA Monitor N/A					
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 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<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 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) 3250 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3 yds	Name of Registered Landfill C.M.C.M.V.A				
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE				
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 3-20-18				

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

Date of Notification (1) 03/16/2018		Name of Building Owner/Operator (2) Wayne Township Public Schools		Check#					
Agencies Notified		Type Notification		Street Address					
<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		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation (Letter Attached)		50 Nellis Drive					
				City, State, Zip Code Wayne, New Jersey 07470					
		Name of Contact John Maso		Telephone Number 973-317-2100					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Schuyler Colfax Middle School				Type of Facility (4)					
Street Address 1500 Hamburg Turnpike				<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.)					
City (5) Wayne, New Jersey 07470				Square Feet 99,999	# of Floors 2				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Middle School					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.			ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation					
Street Address P.O. Box 385				Street Address 606 McBride Ave					
City, State, Zip Code Oceanville, New Jersey 08231				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm John Smoyer			Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 03/30/2018		Scheduled Completion Date (11) 04/08/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 7am-3pm <input checked="" type="checkbox"/> Other - Describe: <u>7AM-11 PM OCCUPIED</u> <u>4/4-4/6 start 3:00PM-11:00PM</u>				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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
Art Rooms & Guidance Area		X		Drop Ceiling Tile	3800 SF	X			
Art Rooms		X		12 X 12 VAT Mastic	2250 SF	X			
Guidance Area		X		Sub Floor Paper & Mast	1614 SF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 04/08/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova			Title President	Signature 		Date 03/16/2018			

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

RECEIVED

MAR 20 2018

Date of Notification (1) 03/14/2018		Name of Building Owner/Operator (2) Wayne Township Public Schools		Check# MAR 20 2018
Agencies Notified	Type Notification	Street Address 50 Nellis Drive		
<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	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, New Jersey 07470		
		Name of Contact John Maso		Telephone Number 973-317-2100

FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Schuyler Colfax Middle 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 1500 Hamburg Turnpike			Square Feet 99,999	# of Floors 2
City (5) Wayne, New Jersey 07470			Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Middle School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation	
Street Address P.O. Box 385		Street Address 606 McBride Ave		
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 03/30/2018	Scheduled Completion Date (11) 04/08/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
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 7am-3pm <input checked="" type="checkbox"/> Other - Describe: <u>7AM-11 PM OCCUPIED</u> <u>4/4-4/6 start 3:00PM-11:00PM</u>			Street Address 2333 Route 22 West	
			City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input 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"/> Glove Bag Procedure / Limited Containment & Tent
		<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
Art Rooms & Guidance Area		X		Drop Ceiling Tile	3800 SF	X			
Art Rooms		X		12 X 12 VAT Mastic	2250 SF	X			
Guidance Area		X		Sub Floor Paper & Mast	1614 SF	X			


Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey			Disposal Date 04/08/2018	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 	Date 03/14/2018	

no ok

2) RECEIVED
MAR 26 2018
Telephone N
609-472

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


RECEIVED
MAR 26 2018

Date of Notification (1) 2-23-2018		Name of Building Owner / Operator (2) Kennedy University Hospital							
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(start date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus							
	City, State & Zip Code Cherry Hill, NJ 08002								
	Name of Contact Michael McCloskey								
	Telephone Number 609-472-0640								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-CPD area		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 2201 Chapel Hill Campus		Square Feet 250,000							
City (5) Cherry Hill, NJ	County (6) Camden	County Code (7)	# of Floors 2						
			Bldg. Age 52						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Suite 202						
City, State & Zip Code Bensalem, PA, 19020			City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-914-4279						
			License Number 01185						
Scheduled Start Date (10) 3-8-2018	Scheduled Completion Date (11) 3-26-2018	Name of OSHA Monitor J&S Environmental Laboratories, 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: Project to be conducted 2 nd shift 6:00pm to 2:00am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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
CPD area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	1,123 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured plaster ceiling	415 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"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 2-23-2018			

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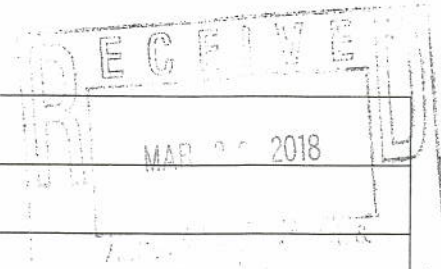
Print Form

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

Date of Notification (1) 3/22/2018		Name of Building Owner/Operator (2) Mercer County Improvement Authority							
Agencies Notified	Type Notification	Street Address 80 Hamilton Avenue							
<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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08611							
		Name of Contact Al Collins	Telephone Number 609 278-8100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse (Old Courthouse)		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 209 South Broad Street		Square Feet ~ 40,000	# of Floors 4						
City (5) Trenton		Bldg. Age 80+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse and Offices							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856 656-2912	Telephone No. 610 933-4332						
License No. 00836									
Start Date (10) 3/20/2018	Scheduled Completion Date (11) 3/22/2018	Name of OSHA Monitor Neuber Environmental Services, 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: <u>Construction Personnel Only</u>		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
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) <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 Switch Gear Room			X	Floor Tile and Mastic	35 SF	X			
Exterior Buried			X	Transite Pipe/Conduit	~ 140 LF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 8	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Trenton, NJ		Disposal Date 3/2018		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 3/22/2018		

work

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



Date of Notification (1) February 26, 2018		Job #: 9694.01		Name of Building Owner/Operator (2) Delaware River Port Authority					
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		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address One Port Center City, State, Zip Code Camden, NJ 08101					
				Name of Contact Christina Ogunsuyi		Telephone Number 856-772-6906			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PATCO Lindenwold Station				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)					
Street Address 801 Berlin Road N.				Square Feet 50,000		# of Floors 1			
City (5) Lindenwold				Bldg. Age 50					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Public transit					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No. 178		Name of Contractor (9) Prime Group Remediation, Inc.					
Street Address 400 Street Road				Street Address 1400 Adams Road, Suite I, P.O. Box 6					
City, State, Zip Code Bensalem, PA 19020				City, State, Zip Code Bensalem, PA 19020					
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300 Ext. 26		Telephone Number 215-533-3503		License Number 00858			
Scheduled Start Date (10) March 17, 2018		Scheduled Completion (11) March 25, 2018		Name of OSHA Monitor Criterion 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 - <input type="checkbox"/> Other - Describe: _____				Street Address 400 Street Road					
				City, State, Zip Code Bensalem, PA 19020					
Source of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area	x			Pipe Fittings	73 LF	X			
Name of Reg. Waste Hauler Prime Group Remediation Inc.		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 6		Name of Reg. Landfill Western Berk Community Landfill			
City, State Bensalem, PA 19020		Disposal Date 03/25/2018		City, State Birdsboro, PA 19608					
Completed by Vincent Primavera		Title Project Manager		Signature 			Date March 22, 2018		

ASB-41

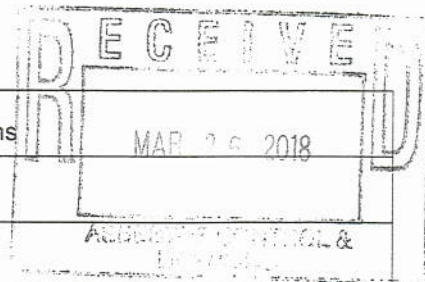
*Do not use this form for asbestos licensure exempted activities

work

COURTESY NOTIFICATION REPAIR ONLY

Print Form

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



Date of Notification (1) March 14, 2018		Name of Building Owner/Operator (2) Freeport-McMoRan - Bayway Operations							
Agencies Notified	Type Notification	Street Address 48-94 Bayway Avenue							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07202							
		Name of Contact Arvind Ravi	Telephone Number 908-558-4368						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Freeport-McMoRan Bayway Operations		Type of Facility (4)							
Street Address 48-94 Bayway Avenue		<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) Elizabeth		Square Feet 176,000	# of Floors 1						
		Bldg. Age 85 years							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Facility							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012	Name of Abatement Contractor (9) Neumeyer Environmental Services, Inc.						
Street Address 300 Grand Avenue		Street Address 3527 Smallman Street							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Pittsburgh, PA 15201							
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No. 201-569-6708	License No. 01362						
Start Date (10) March 26, 2017	Scheduled Completion Date (11) April 15, 2018	Name of OSHA Monitor Stephen A. Jaraczewski							
Occupancy Status During Abatement (Check Only One)		Street Address 300 Grant Avenue							
<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 Englewood, NJ 07631							
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Top "Bird House"			X	Repair Transite Panels	<3 sf		X		
Name of Registered Waste Hauler No Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill No Disposal					
City, State		Disposal Date		City, State					
Completed by Fred C. Neumeyer		Title President/Supervisor		Signature 		Date March 14, 2018			

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

PROJECT COMPLETE

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 11-3/20/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841						
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 12 / 4 / 17	Scheduled Completion Date (11) 3 / 20 / 18	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 Facility Hours - Describe Time of Abatement: 6:00AM-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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<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 MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 3/20/18			

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

PROJECT COMPLETE



Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 11-3/20/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841						
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 12 / 4 / 17	Scheduled Completion Date (11) 3 / 20 / 18	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 Facility Hours - Describe Time of Abatement: 6:00AM-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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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) 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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 3/20/18			

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

PROJECT COMPLETE

Pg. 3

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #11-3/20/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number 609-258-1841						
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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		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 R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 12 / 4 / 17	Scheduled Completion Date (11) 3 / 20 / 18	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 Facility Hours - Describe Time of Abatement: 6:00AM-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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL 1 STAIR #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE (WRAP & CUT)	12 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 MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro/jl</i>			Date 3/18/20			

Date of Notification (1) 3/16/18		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center							
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		703 Main Street City, State, Zip Code Paterson, NJ 07503 Name of Contact Frank Ribecca					
				Telephone Number 201-398-6530					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>				<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.)					
Paterson				Square Feet 1,016	# of Floors 3+				
				1940					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address				Street Address 32 Willow Way					
City, State, Zip Code				City, State, Zip Code Woodland Park, NJ 07424					
Project Manager fo Monitoring Firm			Telephone No.	Telephone No. 973-333-9176	License No. 01331				
Start Date (10) 3/20/18		Scheduled Completion Date (11) 3/20/18		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 20-21 Wagaraw Rd., Bldg. 35-E					
<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: _____				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 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			
						Removal	Repair	Encapsulate	Enclosure
Front Stoop Roof over front entry door		Yes	No	N/A	20 SF	XX			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Dimo Golcev		Title General Manager		Signature 		Date 3/16/18			

100 4491

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

MAR 26 2018

Date of Notification (1) 3-17-18		Name of Building Owner/Operator (2) MITCHELL NICHOLS	
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 23 KING ST	
		City, State, Zip Code RIO GRANDE N.J. 08242	
		Name of Contact SAME	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 [REDACTED]			
City (5) WILDWOOD	Square Feet 1500	# of Floors 2	Bldg. Age 50+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N.M.	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC	
Street Address		Street Address 369 S SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J.	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 779-0472	License No. 00444
Start Date (10) 3-27-18	Scheduled Completion Date (11) 4-4-18	Name of OSHA Monitor W/A	
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) 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	
SIDING		X	TRANSITE
Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 12904	Cubic Yards of Waste 3 yds	Name of Registered Landfill C.M.C.M.U.A
City, State MAPLE SHADE N.J.	Disposal Date	City, State WOODBINE N.J.	
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 3-17-18

Project #

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


Check # 4092

Date of Notification (1) 03/17/2018		Name of Building Owner/Operator (2) Lopatcong Township School District	
Agencies Notified	Type Notification	Street Address 321 Stonehenge Drive	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg, NJ 08865	
		Name of Contact Brian Fleming	Telephone Number (908)213-2995

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lopatcong School		Type of Facility (4)	
Street Address 263 Rt 57		<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.)	
City (5) Phillipsburg NJ		Square Feet	# of Floors
County (6) Warren County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC
Street Address 77 Nottingham Rd		Street Address 72 Brookside Rd	
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	License No. 01358
Start Date (10) 03/29/2018	Scheduled Completion Date (11) 04/02/2018	Name of OSHA Monitor IRIS	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 RT 22	
<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: 4pm		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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
Custodial Closet area	X			TSI	8 LF	X			

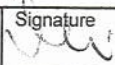
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA	
Completed by Nikica Mrda		Title President	Signature 	Date 03/17/2018	

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Project #

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

Check # 4187

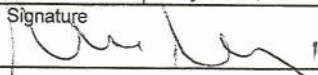
Date of Notification (1) 03/08/2018		Name of Building Owner/Operator (2) Hazlet Township BOE							
Agencies Notified	Type Notification	Street Address 421 Middle Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hazlet, NJ 07730							
		Name of Contact Jordan Reed	Telephone Number 609-392-4200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Raritan Valley School		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 37 Cresci Boulevard		Square Feet							
City (5) Hazlet, NJ 07730		# of Floors							
County (6) Monmouth County		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.							
Street Address 120 North Warren St		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Trenton, NJ 08608		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm Dominick Dercole		City, State, Zip Code Randolph NJ 07869							
Telephone No. (609)392-4200		Telephone No. 973-933-2550	License No. 01358						
Start Date (10) 03/30/2018	Scheduled Completion Date (11) 04/10/2018		Name of OSHA Monitor IRIS						
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>OCCUPIED</u>		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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 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
Boiler Room	<input checked="" type="checkbox"/>			Boiler insulation	230 SF	<input checked="" type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>			Boiler rope gasket	110 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Nikica Mrda		Title President	Signature 			Date 03/08/2018			

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Project #

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

Check # 4188


Date of Notification (1) 03/08/2018		Name of Building Owner/Operator (2) Hazlet Township BOE							
Agencies Notified	Type Notification	Street Address 421 Middle Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hazlet, NJ 07730							
		Name of Contact Jordan Reed	Telephone Number 609-392-4200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cove Road Elementary School		Type of Facility (4)							
Street Address 8 Cove Rd		<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.)							
City (5) Hazlet, NJ 07730		Square Feet	# of Floors						
County (6) Monmouth County		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 120 North Warren St		Street Address 72 Brookside Rd							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. (609)392-4200	License No. 973-933-2550						
Start Date (10) 03/30/2018	Scheduled Completion Date (11) 04/10/2018	Name of OSHA Monitor IRIS							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 RT 22							
<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>occupied</u>		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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	<input checked="" type="checkbox"/>			Boiler insulation	230 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Nikica Mrda		Title President		Signature 			Date 03/08/2018		

OK 3143

Print Form

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

PAID

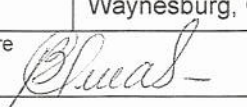
Date of Notification (1) 3/15/18		Check #3143		Name of Building Owner/Operator (2) St. Joseph the Carpenter	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		140 East Third Ave	
				City, State, Zip Code Roselle, NJ, 07203	
				Name of Contact Dave Janssen	
				Telephone Number 908-241-1250	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) St. Joseph the Carpenter				Type of Facility (4)	
Street Address 140 East Third Ave				<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.)	
City (5) Roselle		Square Feet 2,000+		# of Floors 3	Bldg. Age 50+
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A				Street Address 426 69th st	
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 03/17/18		Scheduled Completion Date (11) 3/19/18		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<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 N/A	
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) <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)
	Yes	No	N/A		
Boiler Room		X		Boiler room housing material	3 LF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprise Inc
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature 	Date 03/14/18

314402

Print Form

PAID

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

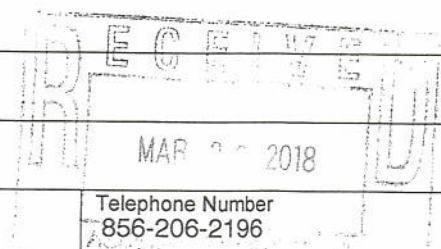
Date of Notification (1) 3/15/18		Check #3144		Name of Building Owner/Operator (2) St. Genevieve School	
Agencies Notified		Type Notification		Street Address 209 Princeton Rd	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Elizabeth, NJ, 07208	
				Name of Contact Rectory	
				Telephone Number 908-355-3355	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) St. Genevieve School				Type of Facility (4)	
Street Address 209 Princeton Rd				<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.)	
City (5) Elizabeth				Square Feet 2,000+	# of Floors 2
				Bldg. Age 50+	
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A				Street Address 426 69th st	
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 03/28/18		Scheduled Completion Date (11) 3/30/18		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<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 N/A	
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) <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)
	Yes	No	N/A		
Bsmt Hallway		X		Seams @ 2" dia pipe	3 LF
Cafeteria		X		Elbow & T valve @ side pipe	1.5 LF
Bsmt Girls Room		X		T valve above door	1 LF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprise Inc
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature 	Date 03/14/18

IN CONJUNCTION WITH ANNUAL
NOTIFICATION CHECK 1721

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

CHECK# 1730

PAID

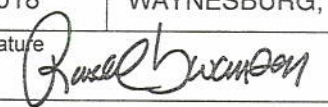


Date of Notification (1) 03/15/2018		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 MAPLE SHADE NJ 08052							
		Name of Contact DAN	Telephone Number 856-206-2196						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		Type of Facility (4)							
Street Address 5 ASHWOOD COURT		<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) MAPLE SHADE		Square Feet 800	# of Floors 1						
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Street Address 1012 INDUSTRIAL DRIVE		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMS RUN							
Project Manager for Monitoring Firm MATT DEPALMA		City, State, Zip Code MULLICA HILL NJ 08062	Telephone No. 610-304-4676						
Telephone No. 856-809-1202		License No. 01145							
Start Date (10) 03/15/2018	Scheduled Completion Date (11) 03/26/2018	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND FLOOR BEDROOM			X	JOINT COMPOUND	32	X			
BATHROOM			X	JOINT COMPOUND	120	X			
KITCHEN/LAUNDRY ROOM			X	JOINT COMPOUND	90	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ				Disposal Date 03/27/2018	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>			Date 03/15/2018		

IN CONJUNCTION WITH ANNUAL
NOTIFICATION CHECK 1721

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

CHECK# 1731

Date of Notification (1) 03/15/2018		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code MAPLE SHADE NJ 08052							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact DAN	Telephone Number 856-206-2196						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		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 6 LOCUST COURT		Square Feet 800	# of Floors 1						
City (5) MAPLE SHADE		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	License No. 01145						
Start Date (10) 03/15/2018	Scheduled Completion Date (11) 03/16/2018	Name of OSHA Monitor EMSL							
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 RT. 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 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
6 LOCUST			X	JOINT COMPOUND	8	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 03/16/2018	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 			Date 03/15/2018			

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

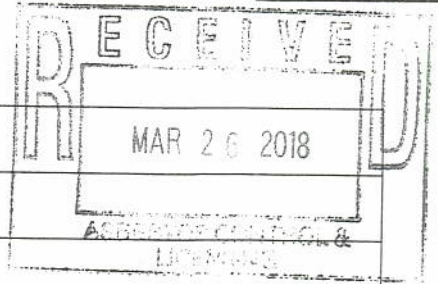
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MAR 26 2018

Date of Notification (1) 03-19-18		Name of Building Owner/Operator (2) Rubenstein 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 East Main St.							
		City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Dave Burkart	Telephone Number (973) 256-6644						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property Building # 12		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 101 East Main St.		Square Feet	# of Floors						
City (5) Little Falls		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) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 03-29-18	Scheduled Completion Date (11) 04-04-18	Name of OSHA Monitor Delfa Contracting LLC							
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: 7:00 am- 5:00 pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
1st Floor		x		Ceiling Cork-Like Insulation	1640 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 04-04-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 03-19-18		

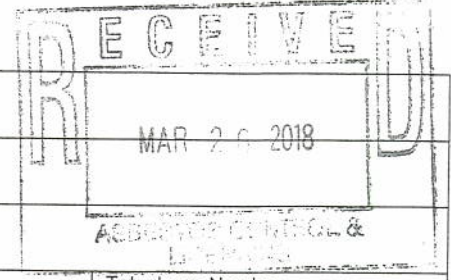
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/16/2018		Page 1 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC					
Agencies Notified		Type Notification		Street Address					
<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		3 Buckingham Road					
				City, State, Zip Code Lincoln Park, NJ 07035					
				Name of Contact Mike Carpino					
				Telephone Number 908-489-1694					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address [REDACTED]				<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) West Orange				Square Feet	# of Floors				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant				
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.			ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation					
Street Address 3 Crosswicks Street			Street Address 179 Route 46 Suite 15 #182						
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Rockaway, NJ 07866						
Project Manager for Monitoring Firm Mike Hoodak			Telephone No. 609-298-5520	Telephone No. 973-669-2900	License No. 01231				
Start Date (10) 03/28/2018		Scheduled Completion Date (11) 04/04/2018		Name of OSHA Monitor Schneider Laboratories Global Inc.					
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: _____				2512 W Cary Street					
				City, State, Zip Code Richmond, VA. 23220					
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
Basement		X		Pipe insulation	80LF	X			
Basement		X		Flue/Chimney Patch/Boiler Gaske	38SF	X			
Throughout		X		Plaster	3500SF	X			
Basement/Laundry Room		X		Floor tile	300SF	X			
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ			Disposal Date		City, State Morrisville, PA				
Completed by Barbara Reed			Title President	Signature <i>Barbara Reed</i>	Date 03/16/2018				

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



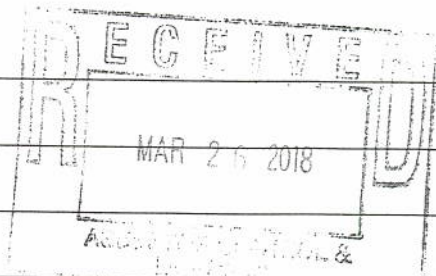
Date of Notification (1) 03/16/2018		Page 2 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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		3 Buckingham Road	
				City, State, Zip Code Lincoln Park, NJ 07035	
				Name of Contact Mike Carpino	
				Telephone Number 908-489-1694	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address [REDACTED]				<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) West Orange				Square Feet	# of Floors
				Bldg. Age	
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.			ASCM No.		Name of Abatement Contractor (9) Be Construction Corporation
Street Address 3 Crosswicks Street			Street Address 179 Route 46 Suite 15 #182		
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Rockaway, NJ 07866		
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520		Telephone No. 973-669-2900	License No. 01231
Start Date (10) 03/28/2018		Scheduled Completion Date (11) 04/04/2018		Name of OSHA Monitor Schneider Laboratories Global Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 2512 W Cary Street	
<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 Richmond, VA. 23220	
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)
	Yes	No	N/A		
Sun Porch		X		Floor tiles w/mastic	83SF
Throughout		X		Window Caulk	30SF
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>	Date 03/16/2018

OK 3738

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Print Form

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



Date of Notification (1) 03/16/2018		Page 1 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC					
Agencies Notified		Type Notification		Street Address 3 Buckingham Road					
<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 Lincoln Park, NJ 07035					
				Name of Contact Mike Carpino					
				Telephone Number 908-489-1694					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Restaurant				Type of Facility (4)					
Street Address 303 Mt. Pleasant Avenue				<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) West Orange				Square Feet					
County (6) Essex				# of Floors					
County Code (7) (STATE USE ONLY)				Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.				Current Use (Prior if being demolished) vacant					
Street Address 3 Crosswicks Street				Name of Abatement Contractor (9) Be Construction Corporation					
City, State, Zip Code Bordentown, NJ 08505				Street Address 179 Route 46 Suite 15 #182					
Project Manager for Monitoring Firm Mike Hoodak				City, State, Zip Code Rockaway, NJ 07866					
Telephone No. 609-298-5520				Telephone No. 973-669-2900					
Start Date (10) 04/05/2018				License No. 01231					
Scheduled Completion Date (11) 04/18/2018				Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2512 W Cary Street					
<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 Richmond, VA. 23220					
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
Basement/Crawl Space		X		Pipe insulation	75LF	X			
Basement		X		Boiler Rib Packing	35SF	X			
Throughout 2nd Floor		X		Plaster	4500SF	X			
2nd Floor Room & Staircase		X		Linoleum	450SF	X			
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Barbara Reed			Title President	Signature <i>Barbara Reed</i>	Date 03/16/2018				

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

Date of Notification (1) 03/16/2018		Page 2 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC					
Agencies Notified		Type Notification		Street Address 3 Buckingham Road					
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lincoln Park, NJ 07035					
				Name of Contact Mike Carpino					
				Telephone Number 908-489-1694					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Restaurant				Type of Facility (4)					
Street Address 303 Mt Pleasant Avenue				<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) West Orange				Square Feet	# of Floors				
				Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.			ASCM No.		Name of Abatement Contractor (9) Be Construction Corporation				
Street Address 3 Crosswicks Street			Street Address 179 Route 46 Suite 15 #182						
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Rockaway, NJ 07866						
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520		Telephone No. 973-669-2900	License No. 01231				
Start Date (10) 04/05/2018		Scheduled Completion Date (11) 04/18/2018		Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2512 W Cary Street					
<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 Richmond, VA. 23220					
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) 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
2nd Fl Alcove & Room		X		Linoleum	125SF	X			
Parapet Walls, perimeter edging		X		Roof Flashing	450SF	X			
Basement		X		Boiler Rib Gasket	25SF	X			
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ			Disposal Date		City, State Morrisville, PA				
Completed by Barbara Reed			Title President		Signature <i>Barbara Reed</i>		Date 03/16/2018		

OK 23029

Print Form

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

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MAR 26 2018

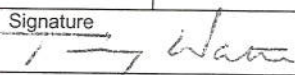
Date of Notification (1) 3/14/2018		Name of Building Owner/Operator (2) NJDOT							
Agencies Notified	Type Notification	Street Address P.O. BOX 600							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08625 -0600							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact JITENDRA PATEL	Telephone Number 609-530-5466						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DOT SUMMIT MAINTENANCE YARD BLDG #1358		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 46 SPRINGFIELD AVENUE		Square Feet	# of Floors						
City (5) SUMMIT		Bldg. Age							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm DOMINICK DERCOLE		Telephone No. 609-392-4200	Telephone No. 973-956-8700						
Start Date (10) 3/26/2018		Scheduled Completion Date (11) 4/9/2018	License No. 00494						
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: VACANT		Name of OSHA Monitor SAME AS (9) ABOVE							
		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 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		X		WINDOW CAULK	175 LF	x			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/9/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>			Date 3/14/2018		

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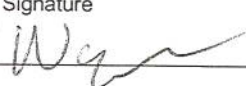
Print Form

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

Date of Notification (1) 3/15/2018		Name of Building Owner/Operator (2) Pequannock, Lincoln Park & Fairfield Sewerage Authority							
Agencies Notified	Type Notification	Street Address Lincoln Blvd							
<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 Lincoln Park, NJ 07035							
		Name of Contact Michael E. Solla	Telephone Number 973-696-4494						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Two Bridges Wastewater Treatment Plant		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 Lincoln Blvd		Square Feet 1,875	# of Floors 1						
City (5) Lincoln Park		Bldg. Age 40							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Water Treatment Bldg							
Name of Monitoring Firm Hired by Building Owner (8) Lighthouse Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 3 Vose Avenue		Street Address 42 Ridge Road							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 973-275-5000	License No. 00836						
Start Date (10) 4/2/2018	Scheduled Completion Date (11)	Name of OSHA Monitor Neuber Environmental Services, 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
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 (By Neuber After Abatement) <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
Grit Building			X	Roofing/Flashing	1,875 SF	X			
Grit Building			X	Caulk on HVAC	20 SF	X			
Grit Building			X	Ductwork paper	250 SF	X			
Grit Building			X	Flange Gaskets	45 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste ~40	Name of Registered Landfill PWS Bethlehem Landfill					
City, State Riverdale, NJ		Disposal Date 4/2018		City, State Bethlehem, PA					
Completed by Timothy Walter		Title Project Manager	Signature 			Date 3/15/18			

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

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Date of Notification (1) 01 / 18 / 17		Name of Building Owner/Operator (2) J.T. Baker Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1904 J. T. Baker Way							
		City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Jim Johnson	Telephone Number 267-688-9023						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J. T. Baker Company		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 1904 J. T. Baker Way									
City (5) Phillipsburg		Square Feet 8932	# of Floors 2						
		Bldg. Age 50+							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Prior use chemical company							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 0030	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 120 North Warren Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	License No. 00646						
Start Date (10) 03 / 30 / 18	Scheduled Completion Date (11) 05 / 04 / 18	Name of OSHA Monitor SAME AS 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 - Describe Time of Abatement: 7AM-5PM / _____ PM- _____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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
Exterior Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	2920 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	846 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	1768 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next page	<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 Group		NJDEP Waste Hauler ID No. A901#20990	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date as needed		City, State Waynesburg, OH					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 			Date 3-16-18		

RECEIVED	
MAR 26 2018	
Amount of	Abatement
ACM	Type

[illegible]

APPROVED BY: CK3332

Franklin Meyer, DOL

3/13, 2:30pm

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

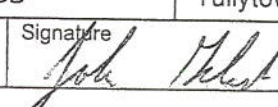
CHK# 3332

Date of Notification (1) 3/13/18		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services							
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 P.O. Box 700, 222 South Warren Street							
		City, State & Zip Code Trenton, NJ 08625							
		Name of Contact Pamela Tye-Harlan							
		Telephone Number 609-292-1856							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hunterdon Developmental Center – Cottage		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 40 Pittstown Road		Square Feet	# of Floors Bldg. Age						
City (5) Clinton	County (6) Hunterdon	County Code (7)							
		Current Use (Prior if being demolished) Various Services							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.							
Street Address 7 Pleasant Hill		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Cranbury, NJ 08512		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Kevin Lovely		City, State & Zip Code Bristol, PA 19007							
Telephone Number 732-390-5858		Telephone Number (215) 788-6040	License Number 00509						
Scheduled Start Date (10) 3/19/18	Scheduled Completion Date (11) 3/23/18	Name of OSHA Monitor Bristol Environmental 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 – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement 7AM- 3:30 PM		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 ≥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 Procedures <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
Office Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic, VAT & Mastic	1300 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 15 Cu YD	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 3/23/18	City, State Waynesburg, OH 44688						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 3/13/18		

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

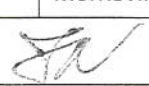
RECEIVED
MAR 26 2018

Date of Notification (1) 03/16/18		Name of Building Owner/Operator (2) Westwood Regional School District							
Agencies Notified	Type Notification	Street Address 710 Ridgewood Rd							
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Township of Washington, NJ 07676							
		Name of Contact Mario Cofini	Telephone Number 201-664-0880						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Westwood Regional Middle 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 23 3rd Ave		Square Feet	# of Floors						
City (5) Westwood		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) Westchester Environmental Inc.		ASCM No. 00127	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address 1248 Wrights Ln		Street Address 205 Route 46 West Suite 14							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Phillip Conteh		Telephone No. 610-431-7545	Telephone No. 973-832-4244						
Start Date (10) 03/29/18		Scheduled Completion Date (11) 04/14/18	License No. 01155						
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 Same as Above							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached.									
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by John Geleski		Title PM	Signature 			Date 03/16/18			




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)	Enter only Square Footage		Enter only Lineal Footage	
Tunnel #2 / Crawlspace #1	Yes	PIPE TSI RUNS & ELBOWS		sf	271	lf
Tunnel #2 / Crawlspace #1	Yes	FLOOR DEBRIS	590	sf		lf
Tunnel #7 / Crawlspace #2	Yes	PIPE TSI RUNS & ELBOWS		sf	714	lf
Tunnel #7 / Crawlspace #2	Yes	FLOOR DEBRIS	1900	sf		lf
Small Storage	Yes	PIPE TSI RUNS & ELBOWS		sf	110	lf
Stair Landing	Yes	PIPE TSI RUNS & ELBOWS		sf	47	lf
Maintenance Shop	Yes	PIPE TSI RUNS & ELBOWS		sf	57.9	lf

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

Date of Notification (1) 03/15/2018		Name of Building Owner/Operator (2) Tom Gonnella							
Agencies Notified	Type Notification	Street Address							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Tom Gonnella	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Short Hills		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/22/2018	Scheduled Completion Date (11) 03/23/2018	Name of OSHA Monitor D&S Abatement							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
1st Floor Entrance		X		VAT	150 SF	X			
Stairs to the Basement		X		VAT	60 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/15/2018			

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

Date of Notification (1) 03/15/2018		Name of Building Owner/Operator (2) Raymond Connell							
Agencies Notified	Type Notification	Street Address							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; height: 15px; width: 100%;"></div> City, State, Zip Code Montclair, NJ 07043							
		Name of Contact Raymond Connell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/28/2018	Scheduled Completion Date (11) 03/29/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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>occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
Basement		X		Pipe Insulation	60 LF	X			
Basement		X		VAT	500 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/15/2018			

069103237360

Print Form

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

Date of Notification (1) 03/15/2018		Name of Building Owner/Operator (2) Christine Tobias							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Ridgewood, NJ 07450							
		Name of Contact Christine Tobias	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Ridgewood		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/27/2018	Scheduled Completion Date (11) 03/28/2018	Name of OSHA Monitor D&S Abatement							
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>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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 Insulation	85 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/15/2018			

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

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Ch # 8886

Date of Notification (1) 3/14/18		Name of Building Owner/Operator (2) Gertrude Jones	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>	
	City, State, Zip Code Englewood, NJ 07631		
	Name of Contact Brian Starkey	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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>			Square Feet 2000		
City (5) Englewood			County (6) Bergen		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner N/A			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address			Street Address 323 Changebridge Rd., Suite 100		
City, State, Zip Code			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm			Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 3/24/18		Sched. Completion Date (11) 3/31/18		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
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: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 If | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 If | | <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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
basement		x		TSI – boiler insulation	75 LF	x			
basement		x		VAT	640 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 4/4/18		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 3/14/18

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

Check#3007

Date of Notification (1) 03 / 16 / 18		Name of Building Owner/Operator (2) Victor Panico	
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 [REDACTED]		City, State, Zip Code Short Hills, NJ 07078	
Name of Contact Victor Panico		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Short Hills, NJ 07078		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 03 / 27 / 18		License No. 01127	
Scheduled Completion Date (11) 03 / 28 / 18		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. # 35E	
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		City, State, Zip Code Fair Lawn, NJ 07410	

Clean up and decontamination with negative pressure	
Full Containment with Negative Pressure	
Mini-Enclosure	
<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	150 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"/>	<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 03/16/18

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

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NEGATIVE

Date of Notification (1) 03 / 16 / 18		Name of Building Owner/Operator (2) Del Corp							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 117 Dollmore Avenue							
		City, State, Zip Code Waretown, NJ 08758							
		Name of Contact Al DelPrete	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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Forked River		Square Feet 1000 sf	# of Floors 1						
		Bldg. Age 70							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 03 / 16 / 18	Scheduled Completion Date (11) 03 / 19 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
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 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 03/19/18	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 	Date 3/16/18					

#1004

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

RECEIVED
MAR 25 2018

Date of Notification (1) <u>3/14/2018</u>		Name of Building Owner/Operator (2) <u>Samantha Beato</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>[REDACTED]</u>					
			City, State, Zip Code <u>Pitman, NJ 08071</u>					
			Name of Contact <u>Samantha Beato</u>					
			Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>[REDACTED]</u>		Square Feet <u>2100 SF</u>						
City (s) <u>Pitman, NJ 08071</u>		# of Floors <u>3</u>	Bldg. Age <u>60yrs</u>					
County (6) <u>Camden</u>		County Code(7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>AEi2, LLC</u>						
Street Address		Street Address <u>361 E. Fleming Pike</u>						
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>						
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>					
Start Date (10) <u>3/24/18</u>	Scheduled Completion Date (11) <u>3/31/18</u>	Name of OSHA Monitor <u>AEi2, LLC</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: _____		Street Address <u>361 E. Fleming Pike</u>						
		City, State, Zip Code <u>Hammonton, NJ 08037</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 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 IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>140 lf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Basement			X	TSI	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>TBD</u>				
City, State <u>Hammonton, NJ 08037</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>				
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature <u>[Signature]</u>		Date <u>3/14/18</u>			

ASB-41

Do not use this form for asbestos licensure exempted activities.

OK (652)

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

Date of Notification (1) 3/20/18		Name of Building Owner/Operator (2) Michelle Gaines							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07305 Name of Contact Michelle							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 [REDACTED]		Square Feet	# of Floors						
City (5) Jersey City		3	Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address							
		6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code							
Telephone No.		LAKEWOOD, NJ 08701							
Start Date (10) 3/22/18		Telephone No. 732-668-9078	License No. 1200						
Scheduled Completion Date (11) 3/26/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		6 WHITE DOVE COURT							
		City, State, Zip Code							
		LAKEWOOD, NJ 08701							
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
INTERIOR				Floor Tile	500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IES!					
City, State NEWARK, NJ		Disposal Date 3/26/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

03/20/2018 08:48AM 9736381778

PAGE 03/04

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

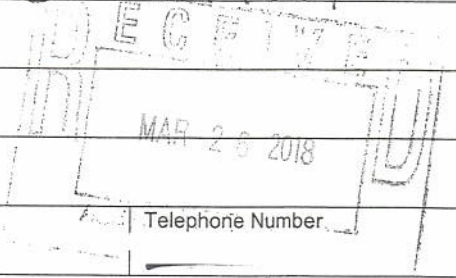
Date of Notification (1) 03 / 20 / 18		Name of Building Owner/Operator (2) Stephanie Szul	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Direct Address [REDACTED]		City, State, Zip Code Allentown, NJ 08501	
Name of Contact Jerome J. Williams		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Sub: repair (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square feet # of Floors Bldg. Age	
City (5) Allentown, NJ 08501		County (6) Morris	
County Code (7) (STATE USE ONLY) Morris		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code Wayne, NJ 07470		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 03 / 21 / 18		Scheduled Completion Date (11) 03 / 22 / 18	
Name of OSHA Monitor [REDACTED]		License No. [REDACTED]	
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		Environmental Consultant (12) [REDACTED]	
Street Address 20-21 Wagaraw Road, E. Bg. #35E		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> >180 sf or >280 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and pack <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Expendable <input type="checkbox"/> Other (Specify)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Kitchen-under floor		Is Location Used Solely by Maintenance/Custodial Staff? (14) Yes No N/A	
Description of ACM (15) Pipe insulation		Amount (Specify SIF or LP) 20 LP	
Abatement Type Removal Repair Encapsulation Enclosure		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler Gr Tech LLC		NJ DEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N. Javtic		Disposal Date TBD	
Title Owner		Name of Registered Landfill TBD	
Signature [Signature]		City, State TBD	
Date 03/20/18		Date 03/20/18	

Do not use this form for asbestos license compliance.

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

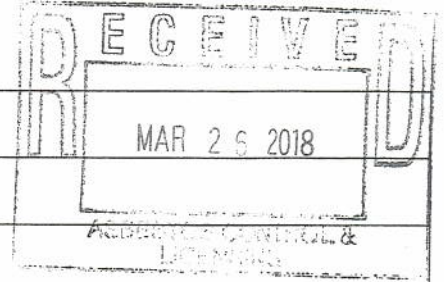
Check 17474



Date of Notification (1) 3/21/18		Name of Building Owner/Operator (2) Regina Carter							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Verona NJ 07042							
		Name of Contact Regina Carter							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Verona		Square Feet 2000	# of Floors 2						
County (6) Essex		Bldg. Age 69							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/24/18	Scheduled Completion Date (11) 3/31/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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 type="checkbox"/> Full Containment with Negative Pressure <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/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 insulation	30 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature			Date 3/21/18		

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



Date of Notification (1) 3/21/2018 check #0055		Name of Building Owner/Operator (2) Gene And Mandy Cricco							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Jersey City NJ 07307							
		Name of Contact Mandy cricco	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 1000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50 years						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) All Solutions Contracting INC						
Street Address		Street Address 24 Church St							
City, State, Zip Code		City, State, Zip Code Elmwood NJ 07407							
Project Manager for Monitoring Firm		Telephone No. 201 8739418	License No. 01301						
Start Date (10) 03/23/2018	Scheduled Completion Date (11) 03/24/2018	Name of OSHA Monitor All solutions contracting inc							
Occupancy Status During Abatement (Check Only One)		Street Address 24 church 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 Elmwood NJ 07407							
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
basement			X	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill grand central					
City, State pen Argyl		Disposal Date TDB		City, State Pen Argyl Pa 18072					
Completed by Luis Arcila		Title president	Signature <i>Luis Arcila</i>			Date 03/21/2018			

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

Date of Notification (1) 3/22/18		Name of Building Owner/Operator (2) Ruth Rizzo	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code ELMWOOD PARK, NJ, 07407	
		Name of Contact Ruth	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ruth Rizzo		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 [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Elmwood Park	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.	
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	License Number 00371
Scheduled Start Date (10) 04-04-18 Month Day Year	Sched. Completion Date (11) 04-06-18 Month Day Year	Name of OSHA Monitor N/A	
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

☒ >3 sf or >2 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ 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	ENCLOSURE	ENCLOSURE
Basement N. corner			X	pipe insulation	100 LF	X			
Basement - boiler room			X	pipe insulation	80 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill Minerva Enterprise INC
City, State Montclair, NJ 07042	Disposal Date 04/09/18	City, State Waynesburg, Ohio, 44688	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 3/22/18

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

Date of Notification (1)

3/22/18

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial Notification
☐ Amended Notification
☐ EMERGENCY
☐ Cancellation

Name of Building Owner/Operator (2)

Monroe Bryant

Street Address

City, State, Zip Code

Montclair, NJ, 07043

Name of Contact

Monroe

Telephone Number

MAR 26 2018

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Monroe Bryant

Street Address

City (5)

Montclair

County (6)

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residence

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

67

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

04 14 18
Month Day Year

Sched. Completion Date (11)

04 23 18
Month Day Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript
☐ Other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

- ☒ >3 sf or < 1f
☐ >160 sf or >260 lf

- ☒ Renovation
☐ Demolition

- ☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ 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			REM OV A L	REP AIR	ENC AP S UL	ENC LOS URE
Attic			X	vermiculite	600 SQ	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards

of Waste 7.0

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

4/24/18

City, State

Waynesburg OH 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

3/22/18

PAID

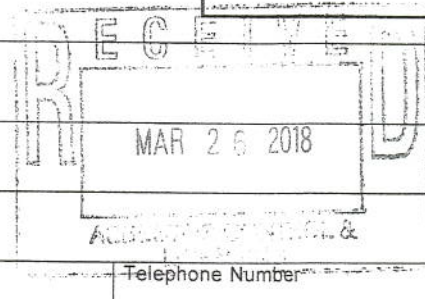
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # 456

Date of Notification (1) 03/21/2018		Name of Building Owner/Operator (2) Lisa & Patrick Carroll	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code Saddle River NJ 07548	
Name of Contact Lisa Carroll		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		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.) Sq. Feet: # 2000 of Floors: 1 Bldg. Age: 55 Current Use (prior if being demolished):	
Street Address [REDACTED]		Sq. Feet: # 2000 of Floors: 1 Bldg. Age: 55	
City (5) Saddle River NJ	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	
Street Address		Name of Contractor (9) BL Contracting Inc.	
City, State, Zip Code		Street Address 5 Marguerite Lane	
Project Manager for Monitoring Firm		City, State, Zip Code Towaco NJ 07082	
Telephone Number		Telephone Number 973-901-0153	License Number 01265
Scheduled Start Date (10) 03/24/18		Scheduled Completion Date (11) 04/25/18	
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 checked="" type="checkbox"/> Other - Describe: 7 AM- 4 PM		Name of OSHA Monitor BL Contracting Inc.	
Street Address 5 Marguerite Lane		City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Basement	<input checked="" type="checkbox"/>	Pipe Insulation	126 LF
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 4
Name of Registered Landfill T.R.R.F		Disposal Date 04/12/2018	City, State Tullytown, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 3/21/2018

Check#3015

PAID


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 03 / 22 / 18		Name of Building Owner/Operator (2) Jasmin Young							
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 [REDACTED]		City, State, Zip Code Union, NJ 07083							
Name of Contact Jasmin Young		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Union, NJ 07083		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY) Union		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address [REDACTED]		Street Address 576 Valley Rd #283							
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 01127						
Start Date (10) 03 / 31 / 18	Scheduled Completion Date (11) 04 / 01 / 18	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. # 35E 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 type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	85 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"/>	<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 03/22/18		

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

Check 17473

Date of Notification (1) 3/20/18		Name of Building Owner/Operator (2) Neal Merker							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Englewood, NJ 07631							
Name of Contact Brian Heytink		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet 2100							
City (5) Englewood		# of Floors 2							
County (6) Bergen		Bldg. Age 64							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 3/29/18		License No. 703							
Scheduled Completion Date (11) 4/9/18		Name of OSHA Monitor							
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>basement</u>		Street Address							
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 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
basement			x	transite exhaust pipes	30 LF	x			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Brothers Sanitary Landfill			
City, State Bridgewater NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 3/19/18			

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

Check 17469

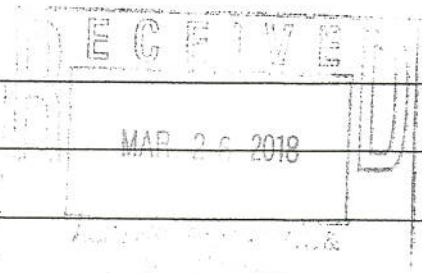
Date of Notification (1) 3/19/18		Name of Building Owner/Operator (2) James Howard Ribbe							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ 07110 Name of Contact James							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Nutley		Square Feet 2200	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/9/18	Scheduled Completion Date (11) 4/23/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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
living room			x	wood lath, ceiling plaster	252 SF	x			
hall at stairs			x	ceiling	10 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature			Date 3/19/18		

OK 1427

FORM 1001

PAID

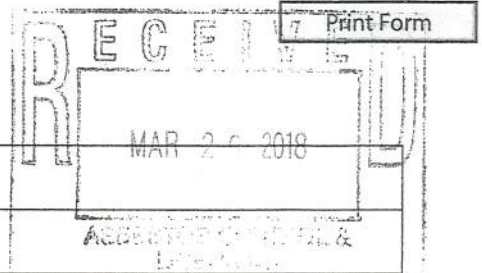
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03-21-2018		Name of Building Owner/Operator (2) Amanda Khalifa							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford NJ 07070							
		Name of Contact Amanda Khalifa	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Rutherford NJ 07070		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 04-03-2018		Scheduled Completion Date (11) 04-23-2018	License No. 01266						
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 Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
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
Basement			x	Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424			Disposal Date 04-30-2018	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 03-21-2018					

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



Date of Notification (1) 03/13/2018		Name of Building Owner/Operator (2) David Messer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Elizabeth, NJ, 07208							
		Name of Contact David Messer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Elizabeth		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07514							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 03/14/2018	Scheduled Completion Date (11) 03/14/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
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:		Street Address 89 FRANKLIN, NJ, 07524							
		City, State, Zip Code PATERSON, NJ, 07524							
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 INSULATION	20LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri sta transfer					
City, State Paterson			Disposal Date TBD	City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 03/13/2018			

OK 6/20/18

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

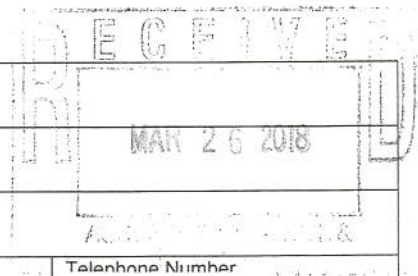
Date of Notification (1) 3/16/18		Name of Building Owner/Operator (2) Seminole Construction							
Agencies Notified	Type Notification	Street Address 128 Bartlett Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Creek, NJ 08092							
		Name of Contact Joycelynn Carr							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 [REDACTED]									
City (5) Ship Bottom		Square Feet 4200	# of Floors Bldg. Age						
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)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 3/26/18	Scheduled Completion Date (11) 3/29/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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	3500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 3/29/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

OK6525

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

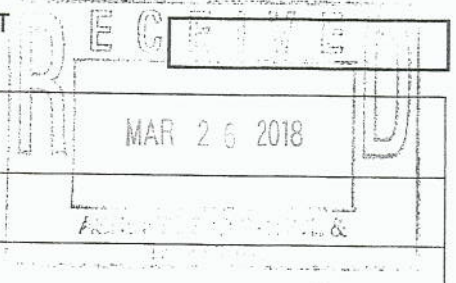


Date of Notification (1) 3/19/18		Name of Building Owner/Operator (2) Ashley Management							
Agencies Notified	Type Notification	Street Address 411 Ashley Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Devora	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 [REDACTED]									
City (5) Lakewood		Square Feet	# of Floors 2						
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)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 3/21/18	Scheduled Completion Date (11) 3/26/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	700SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 3/26/18	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

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



Date of Notification (1) 03 / 20 / 18		Name of Building Owner/Operator (2) Brian Gittis							
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 [REDACTED] City, State, Zip Code Jersey City, NJ 07307 Name of Contact Brian Gittis Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Jersey City, NJ 07307		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 03 / 30 / 18		License No. 01127							
Scheduled Completion Date (11) 03 / 31 / 18		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. # 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		City, State, Zip Code Fair Lawn, NJ 07410							
<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 type="checkbox"/> Mini-Enclosure <input checked="" 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) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 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"/>	<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 03/20/18			

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2018-03-19 14:05

Shade Environmental 1 >> 609 633 0664

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

P 2/4
MAR 20 2018

Date of Notification (1) 03 / 19 / 18		Name of Building Owner/Operator (2) Nichelle Clemente							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Willingboro, NJ 08046 Name of Contact Nichelle Clemente Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clemente 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 (e.g., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,800							
City (5) Willingboro		# of Floors 2							
County (6) Burlington		Bldg. Age 80							
Country Code (7) (STATE USE ONLY)		Current Use (8) (If being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (9) MDG Environmental, LLC		Name of Abatement Contractor (5) Shade Environmental, LLC							
Street Address 1008 Maplewood Drive, Suite 207		Street Address 623 Outler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300							
Start Date (10) 03 / 22 / 18		Telephone No. 856-755-0089							
Scheduled Completion Date (11) 03 / 27 / 18		License No. 00842							
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 - Describe Time of Abatement: _____ AM- _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08071							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") or 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	Encapsulation	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	586 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill GROVE 3 North Landfill					
City, State Freehold, NJ		Disposal Date 03/27/2018	City, State Mortonville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature [Signature]	Date 3/19/18					

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JAN 13

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

Check
10301

Date of Notification (1) March 20, 2018		Name of Building Owner/Operator (2) Sharon Krenzel							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highland Park, NJ 08904							
		Name of Contact Sharon Krenzel	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 [REDACTED]		Square Feet	# of Floors 2						
City (5) Highland Park, NJ 08904		Bldg. Age 80+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) March 30, 2018	Scheduled Completion Date (11) March 30, 2018	Name of OSHA Monitor EPC 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 <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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 Insulation	70 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 4-2-18		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 3-20-18			

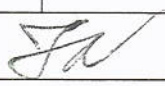
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAR 23 2018
ASBESTOS ABATEMENT
DIVISION

Date of Notification (1) 03/19/2018		Name of Building Owner/Operator (2) Jack Bouman							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Jack Bouman	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		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 150 Day Road		Square Feet N/A	# of Floors N/A						
City (5) Wayne		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/30/2018	Scheduled Completion Date (11) 03/31/2018	Name of OSHA Monitor D&S Abatement, 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: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 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
Ground Floor		X		Owen Insulation	10 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 			Date 03/19/2018			

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

Date of Notification (1) 03/19/2018		Name of Building Owner/Operator (2) John Renolds							
Agencies Notified	Type Notification	Street Address							
<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 Clifton, NJ 07011 Name of Contact John Renolds Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 03/29/2018		Scheduled Completion Date (11) 03/30/2018	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<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>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 Insulation	95 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/19/2018			

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

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10302

Date of Notification (1) March 20, 2018		Name of Building Owner/Operator (2) Kelly Egan	
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 type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Denville NJ 07801	
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 [REDACTED]		Square Feet	# of Floors 2
City (5) Denville NJ 07801		Bldg. Age 70+-	
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) April 6, 2018		Scheduled Completion Date (11) April 10, 2018	
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 EPC Technologies Inc	
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 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		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533			
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)
Basement	X	Pipe Insulation	100 LF
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA
City, State New Egypt NJ	Disposal Date 4-10-18	City, State Morrisville PA	
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 3-20-18

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New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION			
Date of Notification: <u>03 / 19 / 2018</u>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Carolyn Martin</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Neptune</u>	State: <u>NJ</u> Zip: <u>07753</u>
Name of Contact: <u>Carolyn Martin</u>		Telephone N <u></u>	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Martin Residence</u>			
Describe Facility Use: <u>Residence</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Neptune</u>	State: <u>NJ</u> Zip: <u>07753</u>
County Name: <u>Monmouth</u>		County Code (State Use Only): <u></u>	
Scheduled Start Date: <u>03 / 30 / 2018</u>		Scheduled Completion Date: <u>04 / 02 / 2018</u>	
Occupancy Status During Activity (check only one):			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: <u></u>			
<input type="checkbox"/> Other—Describe: <u></u>			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>315 SF</u>	Percentage Asbestos: <u></u> %	
<input type="checkbox"/> Mastic	Square Footage: <u></u>	Percentage Asbestos: <u></u> %	
IV. CONTRACTOR INFORMATION			
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>	
Street Address: <u>623 Cutler Avenue</u>		City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>			
Monitoring Firm (if applicable): <u>Mgmt. & Enviro. Consulting Services</u>		Telephone No.: <u>609-298-4070</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>	
Signature: <u>[Signature]</u>		Date: <u>March 19, 2018</u>	