

CK61721

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



Date of Notification (1) <u>4</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) COOPER UNIVERSITY HOSPITAL	
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE COOPER PLAZA	
		City, State, Zip Code CAMDEN, NJ 08013	
		Name of Contact THOMAS JOHNSON	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COOPER HOSPITAL-KELEMEN BLDG.		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 1 COOPER PLAZA		Square Feet >50,000	# of Floors 10
City (5) CAMDEN, NJ		Bldg. Age 50	
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 400 STREET ROAD		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm ERIC WYSOCKI	Telephone No. 215 244-1300	Telephone No. 215 322-2900	License No. 00783

Start Date (10) <u>4</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor EHS	
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM-_____PM/_____PM- <u>7</u> AM	Street Address 411 SOUTH GATE SUITE E
	City, State, Zip Code MICKLETON, NJ 08056

Scope of Work (Check all that apply)

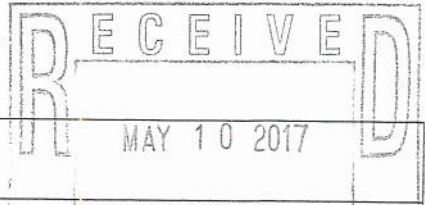
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
5 TH FLOOR PSYCHIATRY UNIT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE & MASTIC	3060 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 TH FLOOR-LARGE RM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINOLEUM	580 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR-HALLWAY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINOLEUM	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 TH FLOOR-SMALL ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMIN.	Signature <i>Christine DelViscio</i>	Date 5-8-2017

0922-02

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



Date of Notification (1) <u>4</u> / <u>17</u> / <u>17</u>		Name of Building Owner/Operator (2) COOPER UNIVERSITY HOSPITAL	
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 ONE COOPER PLAZA	
		City, State, Zip Code CAMDEN, NJ 08013	
		Name of Contact THOMAS JOHNSON	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COOPER HOSPITAL-KELEMEN BLDG.		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 1 COOPER PLAZA		Square Feet >50,000	# of Floors 10
City (5) CAMDEN, NJ		Bldg. Age 50	
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 3370 PROGRESS DRIVE		Street Address 1345 INDUSTRIAL BLVD		
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code SOUTHAMPTON, PA 18966		
Project Manager for Monitoring Firm ERIC WYSOCKI	Telephone No. 215 244-1300	Telephone No. 215 322-2900	License No. 00783	

Start Date (10) <u>4</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor EHS		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM-_____PM/_____PM- <u>7</u> AM		Street Address 411 SOUTH GATE SUITE E		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code MICKLETON, NJ 08056		

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5 TH FLOOR PSYCHIATRY UNIT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE & MASTIC	3060 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"/>

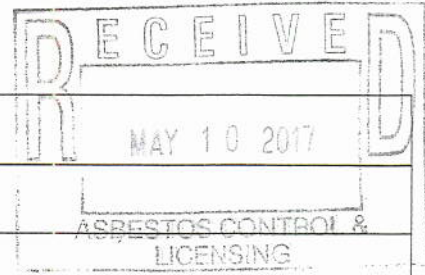
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	

Completed By (Print or Type) TOMAS JOHNSON/CDV	Title PROJECT MANAGER	Signature <i>Thomas Johnson/CDV</i>	Date 4/17/2017
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* Do not use this form for asbestos licensure exempted activities.

CK105

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



Date of Notification (1) 05/04/2017		Name of Building Owner/Operator (2) Tilcon New York Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 162 Old Mill Rd	
		City, State, Zip Code West Nyack, NY	
		Name of Contact Larry Rowe, Supervisor	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		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 800	# of Floors 1
City (5) Wharton NJ 07885		Bldg. Age 60	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 109 Heritage Lane		
City, State, Zip Code		City, State, Zip Code Hamburg, NJ 07419		
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 5/16/2017	Scheduled Completion Date (11) 5/22/2017	Name of OSHA Monitor Checkmark Industrial		
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 109 Heritage Lane		
		City, State, Zip Code Hamburg, NJ 07419		

Scope of Work (Check All That Apply)

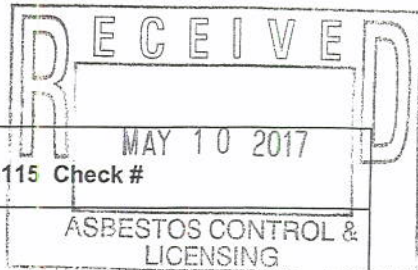
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 insulatioin	45 LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management	
City, State Wayne, NJ		Disposal Date		City, State Tullytown PA	
Completed by Corey Stankovic		Title CEO	Signature <i>C. Stankovic</i>		Date 5/4/2017

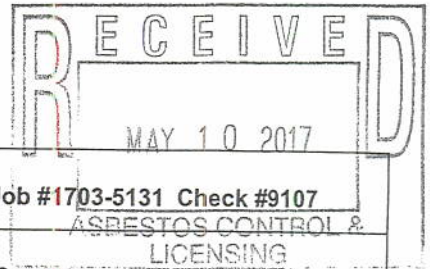
NO CK

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



Date of Notification (1) <u>5</u> / <u>5</u> / <u>17</u>		Name of Building Owner/Operator (2) Pennsville Township BOE / Job #1702-5115 Check #							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Church Street							
		City, State, Zip Code Pennsville, NJ 08070							
		Name of Contact Michael Simpkins	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pennsville Memorial HS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 110 South Broadway		Square Feet	# of Floors						
City (5) Pennsville, NJ 08070		Bldg. Age							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-839-2432	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>5</u> / <u>8</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>26</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM <u>3</u> PM / <u>11:30</u> PM - <u> </u> AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	5,800 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/26/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 5/5/17		

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



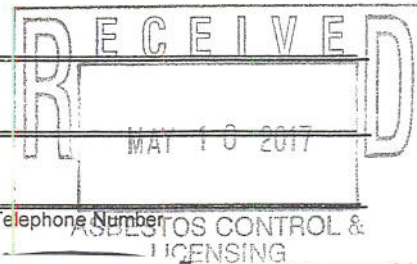
Date of Notification (1) <u>5</u> / <u>8</u> / <u>17</u>		Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1703-5131 Check #9107							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 REHS, 27 Road 1, Bldg. 4086 Livingston Campus							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Michael F. Smith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lippencott Hall Building 8332		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 33 Dudley Rd.		Square Feet	# of Floors 4						
City (5) New Brunswick, NJ		Bldg. Age 60+							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Academic							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.	ASCM No. 0098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>5</u> / <u>18</u> / <u>17</u>	Scheduled Completion Date (11) <u>6</u> / <u>19</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8AM-4:30PM/4:30PM-1AM & Saturday		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input 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
Floors 1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	33,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/19/17	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>				Date 5/8/17			

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

B & G proj. #: 2017-57

Check # 8368

Date of Notification (1) <u>10/5/18/17</u>		Name of Building Owner/Operator (2) Lisa & Erik Lindauer	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Short Hills, NJ 07078	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Lisa & Erik Lindauer	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH		ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lisa & Erik Lindauer			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K - 12)		
City (5) Short Hills			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Essex			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/18/2017	Sched. Completion Date (11) 05/19/2017		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Lincoln Park, NJ 07035		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

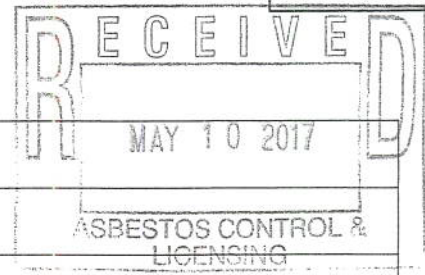
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT (no mastic)	530 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 7	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 05/22/2017	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 05/08/2017	

M01# 2438234736

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



Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Patricia Connolly	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Mountainside, NJ 07092	
		Name of Contact Patricia Connolly	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Patricia Connolly		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) Mountainside		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) IRIS Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC	
Street Address 2333 Route 22 West		Street Address 105 Van Riper Ave		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Clifton, NJ 07011		
Project Manager for Monitoring Firm Rick		Telephone No. 908-206-0073	Telephone No. 201-899-9008	License No. 01336

Start Date (10) 05-13-17	Scheduled Completion Date (11) 05-15-17	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>Normal Hours</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

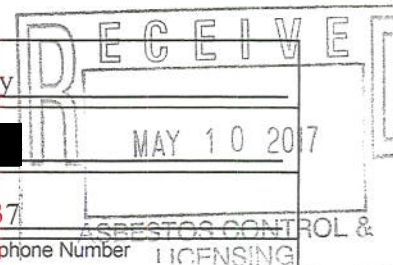
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT 5 LOCATIONS				DUCT INSULATION	145 SQ FT	X			

Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2 yds	Name of Registered Landfill 110 Sand Company	
City, State Clifton, NJ 07011		Disposal Date 05/15/17		City, State Melville, NY 11747	
Completed by Darko Raloski		Title Project Manager	Signature 		Date 05/08/17

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

Check # 25500



Date of Notification (1) <u>5/4/17</u>		Name of Building Owner/Operator (2) <u>Estate of John E Lioy</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 [REDACTED]	
		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
		Name of Contact <u>Donald Campbell Esq.</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 [REDACTED]			
City (5) <u>Jackson, NJ 08527</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
County (6) <u>Ocean</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>60+/-</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>

Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>5/22/17</u>	Scheduled Completion Date (11) <u>5/25/17</u>		Name of OSHA Monitor <u>MECS</u>

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

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

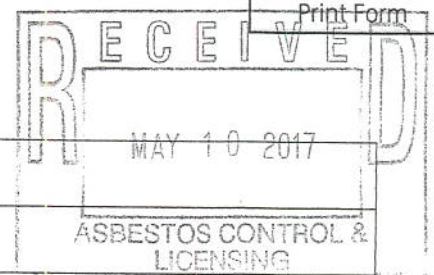
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>875 sf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/25/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/8/17</u>		

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

MO# 24425566593

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



Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Aniska Realty LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 41-33 38TH Street City, State, Zip Code Long Island City ,NY,11101
	Name of Contact ANISKA		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) Lodi		Bldg. Age N/A	
County (6) Bergen	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 ,07524	
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274
Start Date (10) 05/17/2017	Scheduled Completion Date (11) 05/18/2017	Name of OSHA Monitor EHW ABATEMENT 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 <input type="checkbox"/> Other - Describe: _____		Street Address 89 FRANKLIN STREET	
		City, State, Zip Code PATERSON,NJ,07524	

Scope of Work (Check All That Apply)

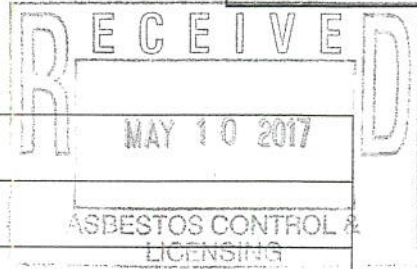
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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		X		ROOF	128SF	X			

Name of Registered Waste Hauler TRY STATE TRANSFER/YIMY BROTHERS		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES	
City, State 1199 RANDALL AVE BRONX NY			Disposal Date TBD	City, State 900 MINERVA RD WAYNESBURG OH	
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER	Signature <i>Victor Espiritu</i>	Date 05/08/2017	

MO# 24425561070

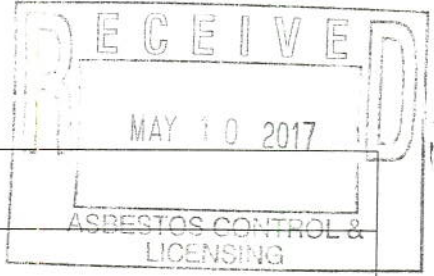
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/06/2017		Name of Building Owner/Operator (2) Stevens Institute of Technology	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Castle Point Terrace City, State, Zip Code Hoboken, NJ, 07030 Name of Contact Kevin Klich Telephone Number _____
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) Burchard Street Address river street City (5) Hoboken County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A # of Floors N/A Bldg. Age N/A Current Use (Prior if being demolished) Institute
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON, NJ, 07524 Telephone No. _____ License No. 01274	
Start Date (10) 05/18/2017 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: OCCUPIED		Scheduled Completion Date (11) 05/27/2017 Name of OSHA Monitor EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON, NJ, 07524	
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 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) 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			
Name of Registered Waste Hauler TRY STATE TRANSFER /YIMY City, State 1199 RANDALL AVE, BRONX, NY		NJDEP Waste Hauler ID No. 19551 Cubic Yards of Waste N/A Name of Registered Landfill MINERVA ENTERPRISES City, State 900 MINERVA RD WAYNESBURG OH	
Completed by VICTOR ESPIRITU Title PROJECT MANAGER		Signature Date 04/25/2017	

NO CK

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



Date of Notification (1) <u>4</u> / <u>7</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications	
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 checked="" type="checkbox"/> Amended Amendment # <u>2-5/5/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Van Hiseville Central Office		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 140 West Veterans Highway		Square Feet 6,195	# of Floors Bldg. Age
City (5) Jackson Township	County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave.		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>4</u> / <u>21</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>10</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>5:00</u> AM- <u>1:30</u> 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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

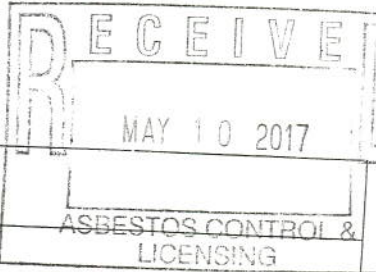
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 5/5/17
--	---------------------------	---------------------------------------	-----------------------

NO CK

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



Date of Notification (1)
 4 / 7 / 17

Name of Building Owner/Operator (2)
Verizon Communications

Agencies Notified
 EPA
 DOLWD
 DOH
 DCA (NJAC 5.23-8)

Type Notification
 Initial
 Amended
 Amendment #1-4/27/17
 Emergency (including justification)
 Cancellation

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Van Hiseville Central Office

Street Address
140 West Veterans Highway

City (5)
Jackson Township

County (6)
Ocean

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

Square Feet
6,195

of Floors

Bldg. Age

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management

ASCM No.

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

Street Address
8436 Enterprise Ave.

Street Address
1123 BEAVER STREET

City, State, Zip Code
Philadelphia, PA 19153

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
 4 / 21 / 17

Scheduled Completion Date (11)
 5 / 5 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
Patrick T. DeCaro

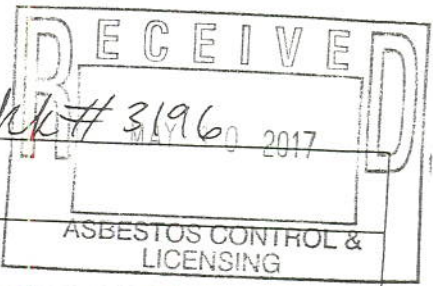
Title
Estimator

Signature
Patrick T. DeCaro

Date
4/27/17

NOCK

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



Date of Notification (1)
 4 / 7 / 17

Name of Building Owner/Operator (2)
Verizon Communications

Agencies Notified
 EPA 2657
 DOLWD 2538
 DOH 2552
 DCA (NJAC 5:23-8)

Type Notification
 Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Van Hiseville Central Office

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

Street Address
140 West Veterans Highway

City (5)
Jackson Township

Square Feet
6,195

of Floors

Bldg. Age

County (6)
Ocean

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management

ASCM No.

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

Street Address
8436 Enterprise Ave.

Street Address
1123 BEAVER STREET

City, State, Zip Code
Philadelphia, PA 19153

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
 4 / 21 / 17

Scheduled Completion Date (11)
 4 / 28 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: _____ AM- _____ PM **5:00PM-1:30AM**

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
Patrick T. DeCaro

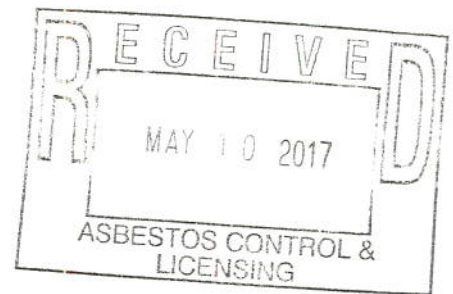
Title
Estimator

Signature
Patrick T. DeCaro / PK

Date
4-7-17

PD17042

Van Hiseville Central Office
 140 West Veterans Highway
 Jackson Township, NJ 08527

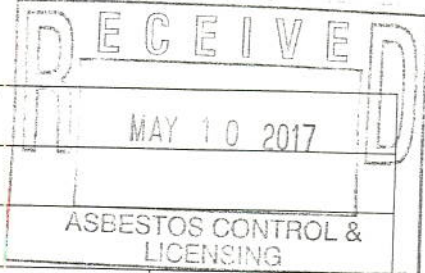


BASE BID			
Location	Quantity	Number of Estimate d Shifts	Total Dollar Amount *
1 st Floor-Boiler Room	Removal of 36 LF of Pipe Fitting Insulation, 130 SF of Duct Insulation, 90 SF of Boiler Breeching/Stack Insulation and 150 SF of 9"x9" Gray VAT/Mastic (1 Phase)		
1 st Floor-Boiler Room	Demolition/Removal of Boiler in its entirety, associated Ductwork and Header, designated Piping, associated Fire Brick/Brick Base Support/Curbs		
1 st Floor-Vestibule	Removal of 15 SF of 9"x9" Gray VAT/Mastic		
1 st Floor-AC1-1 Area	Removal of 3 SF of Thermal Wrap Insulation and 20 LF of Pipe Fitting Insulation (1 Phase)		
1 st Floor-HSB Room	Removal of 11 LF of Valve/Pipe Fitting Insulation, 220 SF of 9"x9" Gray VAT/Mastic and 20 SF of 12"x12" Gray VAT/Mastic (2 Phases)		
1 st Floor-Generator Room	Removal of 4 LF of Valve/Pipe Fitting Insulation, 8 SF of Vibration Damper Cloth, 420 SF of 9"x9" Gray VAT/Mastic (1 Phase)		
1 st Floor-Plant Storage Room	Removal of 6 LF of Valve/Pipe Fitting Insulation and 130 SF of 9"x9" Gray VAT/Mastic (1 Phase)		
1 st Floor-Generator Room	Removal of 50 SF of 9"x9" VAT/Mastic (Separate Mobilization)		
TOTAL BASE BID			

* Includes Supervisor and Laborers

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

NO CK



Date of Notification (1) 8/30/16		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
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 checked="" type="checkbox"/> Amended R#2-5/5/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 216 LEXINGTON AVENUE
			City, State & Zip Code LAKEWOOD, NJ 08701
			Name of Contact ALEX BAYLOR
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LAKEWOOD CENTRAL OFFICE			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 216 LEXINGTON AVE			Square Feet 20000	# of Floors 3	Bldg. Age
City (5) LAKEWOOD	County (6) OCEAN	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET			
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm MARK JENKINS	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509		

Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11) 5/5/17 (JOB COMPLETE)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

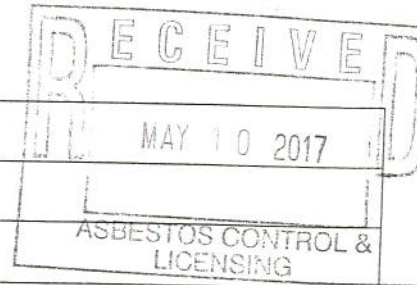
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
BASEMENT BATTERY AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	64 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 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 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro/jzl</i>		Date 8/30/16

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

NOCK



Date of Notification (1) 8/30/16		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
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 checked="" type="checkbox"/> Amended R#1-9/8/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 216 LEXINGTON AVENUE	
		City, State & Zip Code LAKWOOD, NJ 08701	
		Name of Contact ALEX BAYLOR	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LAKWOOD CENTRAL OFFICE			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 216 LEXINGTON AVE			Square Feet 20000	# of Floors 3	Bldg. Age
City (5) LAKWOOD	County (6) OCEAN	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET			
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
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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 - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT BATTERY AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	64 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 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 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / jk</i>		Date 8/30/16

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

REG 5185
MAY 10 2017
ASBESTOS CONTROL & LICENSING

NO CK

Date of Notification (1) 8/30/16		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 1147 <input checked="" type="checkbox"/> DOH 1154 <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 216 LEXINGTON AVENUE		Telephone Number
	City, State & Zip Code LAKWOOD, NJ 08701		Name of Contact ALEX BAYLOR

Name of Facility Where Abatement is Taking Place (3) LAKWOOD CENTRAL OFFICE				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 216 LEXINGTON AVE				Square Feet 20000	# of Floors 3
City (5) LAKWOOD	County (6) OCEAN	County Code (7)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.			ASCM No.	Current Use (Prior if being demolished) COMMUNICATIONS	
Street Address 8436 ENTERPRISE AVE			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code PHILADELPHIA PA 19153			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040		License Number 00509
Scheduled Start Date (10) SEPTEMBER 9, 2016	Scheduled Completion Date (11) SEPTEMBER 10, 2016		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

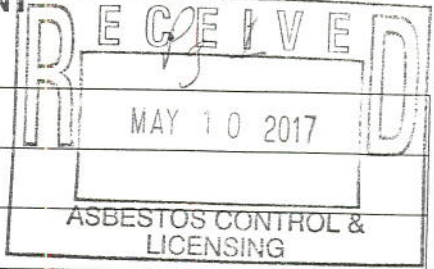
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input 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
CEMENT BATTERY AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	64 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 WASTE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
State DE	City, State WAYNESBURG, OH 44688	Disposal Date TBD	
Completed By (Print or Type) RICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro/jl</i>	Date 8/30/16

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

NO CK



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended #4-5/5/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State & Zip Code Newark, NJ	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Market Central Office		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 95 William Street		Square Feet 425000	# of Floors 12
City (5) Newark	County (6) Essex	County Code (7)	Bldg. Age 70+/-
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET	
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 5/5/17 (JOB COMPLETE)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 pm - 1:30 am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input 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 ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st FL Hallway Adjacent to Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st FI Corridor adjacent to generator rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor switch board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	135 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 75	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Patrick T. DeCaro	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jtl</i>	Date 7/13/16

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

NOCK



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
Agencies Notified	Type Notification	Street Address 95 William Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #4-5/5/17	Name of Contact Alex Baylor	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			Type of Facility (4)		
Street Address 95 William Street			<input type="checkbox"/> School (K-12)		
City (5) Newark			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Essex			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County Code (7)			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
Current Use (Prior if being demolished) Communications					

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509		

Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 5/5/17 (JOB COMPLETE)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one)		Street Address 1123 BEAVER STREET			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code BRISTOL, PA 19007			
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm					
Describe: 5 pm - 1:30 am					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

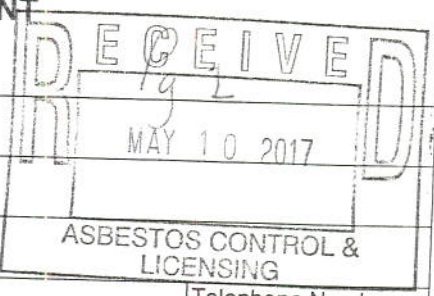
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mezzanine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall outside refrigeration rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall near stair F, Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish Store Room, Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall near stair F, Store Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish Store Room, Cable Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- electric switchboard room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	400SF	<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 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Patrick T. DeCaro	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro/jl</i>	Date 7/13/16

NO CK

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



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended #3-9/1/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State & Zip Code Newark, NJ	
		Name of Contact Alex Baylor	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			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 95 William Street			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Communications		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 pm - 1:30 am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

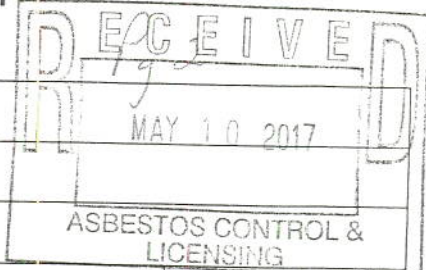
Scope of Work (Check all that apply)

<input 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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 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	Enclose
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st FL Hallway Adjacent to Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st FI Corridor adjacent to generator rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor switch board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	135 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 75	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Patrick T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 7/13/16

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



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended #3-9/1/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State & Zip Code Newark, NJ	
		Name of Contact Alex Baylor	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			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 95 William Street			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Communications		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509		

Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 pm - 1:30 am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

<input 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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mezzanine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall outside refrigeration rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall near stair F, Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish Store Room, Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall near stair F, Store Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish Store Room, Cable Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- electric switchboard room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	400SF	<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 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Patrick T. DeCaro	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 7/13/16

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

ck# 3086
RECEIVED
Pg 1
MAY 10 2017
ASBESTOS CONTROL & LICENSING

NO CK

Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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		Street Address
	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2-8/31/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		95 William Street
			City, State & Zip Code Newark, NJ
			Name of Contact Alex Baylor
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			Type of Facility (4)		
Street Address 95 William Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Newark	County (6) Essex	County Code (7)	Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia Pa 19153			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 9/1/16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one)			Street Address 1123 BEAVER STREET		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5 pm – 1:30 am <input type="checkbox"/> Facility Occupied During Abatement			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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st FL Hallway Adjacent to Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st FI Corridor adjacent to generator rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor switch board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	135 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 75	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Patrick T. DeCaro	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 7/13/16

16094
** NOTE: OFF SITE FRIDAY 8/19/16

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

CE # 3086
Pg 2
MAY 10 2017
ASBESTOS CONTROL & LICENSING

NO @K

Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended #2-8/31/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 95 William Street
			City, State & Zip Code Newark, NJ
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			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 95 William Street			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Communications		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509		

Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 9/1/16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 pm - 1:30 am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

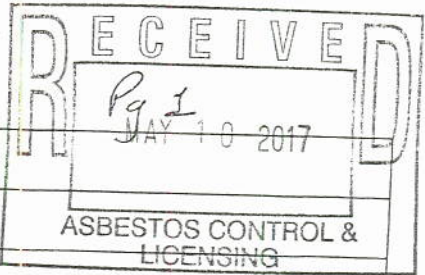
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mezzanine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall outside refrigeration rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall near stair F, Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish Store Room, Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall near stair F, Store Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish Store Room, Cable Room									
Basement- electric switchboard room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ERVIC TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Patrick T. DeCaro	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 7/13/16	

NO CB

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



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended #1-8/19/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State & Zip Code Newark, NJ	
Name of Contact Alex Baylor			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			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 95 William Street			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Communications		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 8/31/16				

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 - 7am to 3pm Describe: 5 pm - 1:30 am <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
		Street Address 1123 BEAVER STREET			
		City, State & Zip Code BRISTOL, PA 19007			

Scope of Work (Check all that apply)

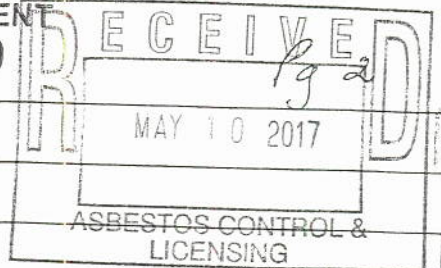
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL Hallway Adjacent to Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fl Corridor adjacent to generator rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor switch board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler RVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 75	Name of Registered Landfill MINERVA LANDFILL	
State CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Patrick T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 7/13/16

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

NOCK



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended #1-8/19/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 95 William Street	
		City, State & Zip Code Newark, NJ	
Name of Contact Alex Baylor			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			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 95 William Street			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Communications		
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 8/31/16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 pm - 1:30 am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input 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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
cezzanine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ement Hall outside refrigeration rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ement Hall near stair F, Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bbish Store Room, Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ement Hall near stair F, Store Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ubbish Store Room, Cable Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ement- electric switchboard room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler RVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State W CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) rick T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 7/13/16

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

NO CK

RECEIVED
3065
MAY 10 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
Agencies Notified	Type Notification	Street Address 95 William Street	
<input checked="" type="checkbox"/> EPA 4462	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Alex Baylor	
<input checked="" type="checkbox"/> DOL 4136	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH 4143	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			Type of Facility (4)		
Street Address 95 William Street			<input type="checkbox"/> School (K-12)		
City (5) Newark			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Essex		County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Square Feet 425000		# of Floors 12	Bldg. Age 70+/-		
Current Use (Prior if being demolished) Communications					

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue			Street Address 1123 BEAVER STREET		
City, State & Zip Code Philadelphia Pa 19153			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 8/19/16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC			
Occupancy Status During Abatement (Check only one)		Street Address 1123 BEAVER STREET			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code BRISTOL, PA 19007			
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm					
Describe: 5pm - 1:30am					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

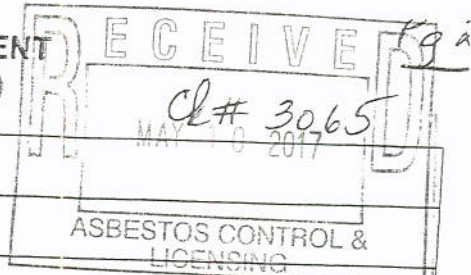
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	275 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Hallway Adjacent to Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corridor adjacent to generator rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door switch board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler WASTE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 75	Name of Registered Landfill MINERVA LANDFILL	
City, State CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Signed By (Print or Type) Mark T. DeCaro		Title PROJ. MGR.	Signature <i>Mark T. DeCaro</i>		Date 7/13/16

NO OK

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



Date of Notification (1) 7/13/16		Name of Building Owner / Operator (2) Verizon	
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 95 William Street	
		City, State & Zip Code Newark, NJ	
Name of Contact Alex Baylor			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Market Central Office			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 95 William Street			Square Feet 425000	# of Floors 12	Bldg. Age 70+/-
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Communications		
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET			
City, State & Zip Code Philadelphia Pa 19153		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/27/16	Scheduled Completion Date (11) 8/19/16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5pm - 1:30am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
cope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf			City, State & Zip Code BRISTOL, PA 19007		

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure
- Renovation
- Demolition

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
ceiling in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ceiling in Hall outside refrigeration rm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ceiling in Hall near stair F, Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ceiling in Store Room, Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ceiling in Hall near stair F, Store Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ceiling in Store Room, Cable Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ceiling in - electric switchboard room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler WASTE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG OH 44688	
Prepared By (Print or Type) Mark T. DeCaro	Title PROJ. MGR.	Signature <i>[Signature]</i>	Date 7/13/16

NOCK

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

PROJECT COMPLETE
RECEIVED
MAY 10 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #6-5/5/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
9 / 29 / 16

Scheduled Completion Date (11)
5 / 5 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 4:00AM-8:30PM/ PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting Insulation	4190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 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
G.R.O.W.S. NORTH LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro / js

Date
5/5/17

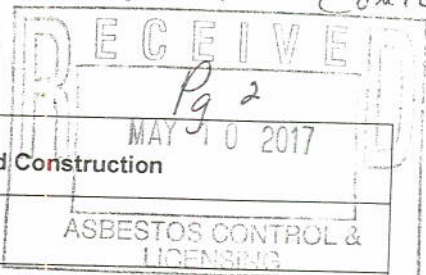
ASB-41
MAY 11
BS16120

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

PROJECT COMPL

NOCK

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



Date of Notification (1) <u>8</u> / <u>31</u> / <u>16</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6-5/5/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert 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 Washington Rd		Square Feet 1,000,000	# of Floors 8
City (5) Princeton		Bldg. Age 70	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Three Terri Center		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>9</u> / <u>29</u> / <u>16</u>	Scheduled Completion Date (11) <u>5</u> / <u>5</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>4:00AM-8:30PM</u> /____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 type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

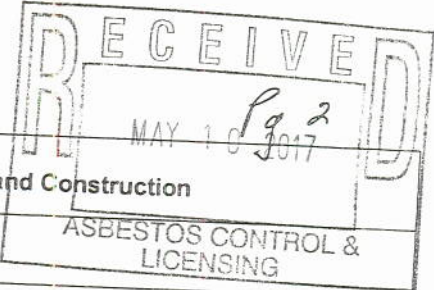
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	15,924 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 BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jle</i>	Date 5/5/17

BS16120

NO CK

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



Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #5-3/27/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
9 / 29 / 16

Scheduled Completion Date (11)
4 / 28 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 4:00AM-8:30PM PM-___AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	15,924 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
BRISTOL ENVIRONMENTAL, INC.

City, State
BRISTOL, PA 19007

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Disposal Date

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

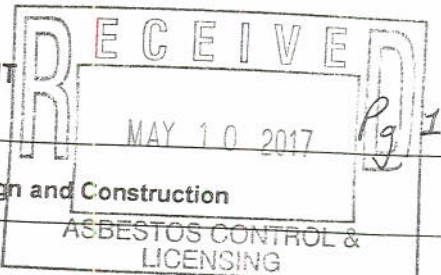
Date
3/27/17

B-41
Y 11 BS16120

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

NO CK

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



Date of Notification (1)
 8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #5-3/27/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

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
Washington Rd

City (5)
Princeton

County (6)
MERCER

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
 9 / 29 / 16

Scheduled Completion Date (11)
 4 / 28 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: **4:00AM-8:30PM** PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting Insulation	4190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 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
G.R.O.W.S. NORTH LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro / jf

Date
3/27/17

SB-41
 IAY 11 B 516 120

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

NOCK

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



Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment # 4-2/28/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7) (STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
9 / 29 / 16

Scheduled Completion Date (11)
3 / 31 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM / PM - AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting insulation	4190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 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
G.R.O.W.S. NORTH LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro /jl

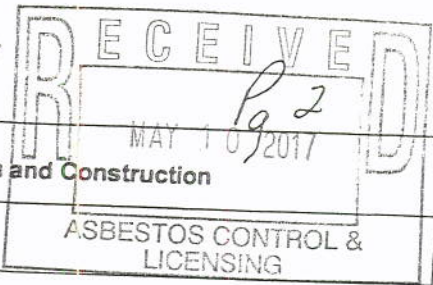
Date
2/28/17

41
 11 B 516120

* Do not use this form for asbestos licensure exempted activities

NOCK

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



Date of Notification (1)
 8 / 31 / 16

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

Agencies Notified
 EPA
 DOLWID
 DHSS
 DCA (NJAC 5:23-8)

Type Notification
 Initial
 Amended
 Amendment #4-2/28/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
 9 / 29 / 16

Scheduled Completion Date (11)
 3 / 31 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: **7:00AM-3:30PM** PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	15,924 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
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro / jk

Date
2/28/17

1-41
 11 B 516 120

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

NO CK

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



Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended Amendment #3-1/26/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
9 / 29 / 16

Scheduled Completion Date (11)
2 / 28 / 17

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM / 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)
 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Asbestos B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting insulation	4190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
WASTE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Disposal Date

Signature
Brian Scafiro

Date
1/26/17

Prepared By (Print or Type)
Scafiro

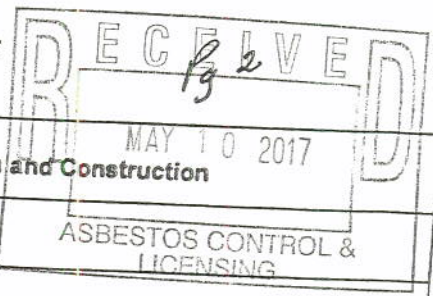
Title
Estimator

BS 16120

* Do not use this form for asbestos licensure exempted activities

NOCK

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



Date of Notification (1)
 8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #3-1/26/17
 Emergency (including justification)
 Cancellation

Street Address
 200 Elm Dr.

City, State, Zip Code
 Princeton, NJ 08544

Name of Contact
 Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
 Washington Rd

City (5)
 Princeton

County (6)
 MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
 1,000,000

of Floors
 8

Bldg. Age
 70

Current Use (Prior if being demolished)
 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
 Three Terri Center

Street Address
 1123 BEAVER STREET

City, State, Zip Code
 Burlington, NJ 08016

City, State, Zip Code
 BRISTOL, PA 19007

Project Manager for Monitoring Firm
 Michael Keehn

Telephone No.
 609-386-8800

Telephone No.
 215-788-6040

License No.
 00509

Start Date (10)
 9 / 29 / 16

Scheduled Completion Date (11)
 2 / 28 / 17

Name of OSHA Monitor
 BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM/ PM- AM

Street Address
 1123 BEAVER STREET

City, State, Zip Code
 BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	15,924 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
 BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
 18706

Cubic Yards of Waste

Name of Registered Landfill
 G.R.O.W.S. NORTH LANDFILL

State
 BRISTOL, PA 19007

Disposal Date

City, State
 MORRISVILLE, PA 19067

Completed By (Print or Type)
 Brian Scaffiro

Title
 Estimator

Signature
 Brian Scaffiro

Date
 1/24/17

BS16120

* Do not use this form for asbestos licensure exempted activities

NO OK

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

RECEIVED
PAGE 1
MAY 10 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #2-9/28/16
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
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
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10) BACK ON SITE
9 / 29 / 16

Scheduled Completion Date (11)
1 / 30 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM/ PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
 >3 sf or >3 lf
 >160 sf or >260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Is B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting insulation	4190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
VICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Prepared By (Print or Type)
Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
9/28/16

5110120

NO CK

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

RECEIVED
PAGE 217
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #2-8/28/16
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10) BACK ON SITE
9 / 29 / 16

Scheduled Completion Date (11)
1 / 30 / 17

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM/ PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

cope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Is B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is B, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	15,924 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
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Disposal Date

Signature
Brian Scafiro / jl

Date
9/28/16

Estimated By (Print or Type)
Scafiro

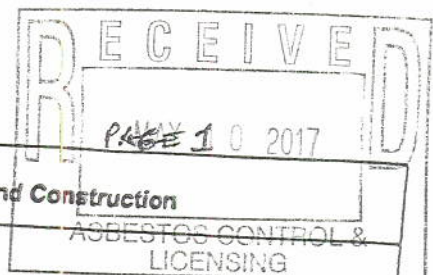
Title
Estimator

B 5 16 120

* Do not use this form for asbestos...

NOCK

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



Date of Notification (1)
 8 / 16 / 16

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

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

Type Notification
 Initial
 Amended Amendment #1
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
8/16/16

Scheduled Completion Date (11)
1/30/17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe time of Abatement: **7:00AM-3:30PM/ PM- AM**

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Methods of Work (Check all that apply)

Removal
 Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting insulation	4190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Disposal Date

Signature
Blair S. Lewis

Date
8/16/16

Title
Estimator

NO CK

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

RECEIVED
Page 2
MAY 10 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
9 / 16 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment #1
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.
00088

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

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
09/16/16

Scheduled Completion Date (11)
1 / 30 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM/ PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
 5000 sf or ≥ 3 lf
 50 sf or ≥ 260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15,924 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
16706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

(Print or Type)
Title
Estimator

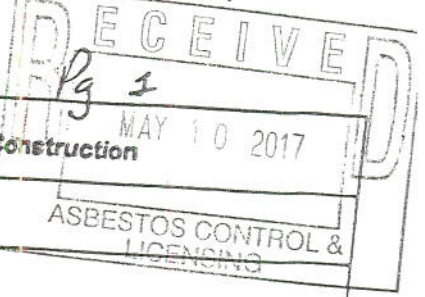
Signature
Brian Scifano

Date
9/16/16

NO CK

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

Ch # 3087



Date of Notification (1)
8 / 31 / 16

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

Agencies Notified
 EPA 0964
 DOLWD 0928
 DKSS 0911
 DCA 1150 (NJAC 5:23-8)

Type Notification
 Initial
 Amended
 Amendment #: _____
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

Type of Facility (4)
 School (K-12)
 Subchapter B (Other than K-12)
 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)
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
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
9 / 14 / 16

Scheduled Completion Date (11)
1 / 30 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Facility Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Name of Abatement: 7:00AM-3:30PM / _____ PM-_____ AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Types of Work (Check all that apply)

Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedures

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
A and f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe and pipe fitting insulation	4180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	18,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint compound	16,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustical ceiling plaster	2,222 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
BRISTOL, PA 19007

City, State
MORRISVILLE, PA 19067

Print or Type
Estimator

Signature

Date

NO CK

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

RECEIVED
3081
MAY 27 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
8 / 31 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter B (Other than K-12)
 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)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
9 / 14 / 16

Scheduled Completion Date (11)
1 / 30 / 17

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ 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)

1 sf or ≥ 3 lf
 60 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator liner	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1, A and 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spline, plaster & Drywall ceiling	15,824 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
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
MORRISVILLE, PA 19067

Disposal Date

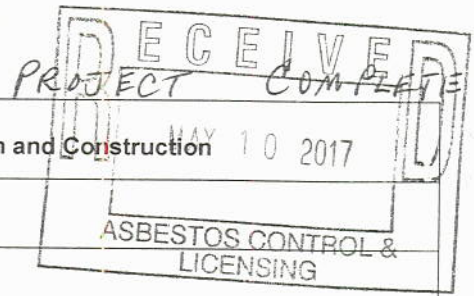
Signature
Brian Scopus / jl

Date
8/31/16

Title
Estimator

11.12.17

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



NO CK

Date of Notification (1) 1 / 30 / 17		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-5/5/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Washington Rd		Square Feet 1,000,000	# of Floors 8
City (5) Princeton		Bldg. Age 70	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Three Terri Center		Street Address 1123 BEAVER STREET	

City, State, Zip Code Burlington, NJ 08016	City, State, Zip Code BRISTOL, PA 19007
---	--

Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
--	-------------------------------	-------------------------------	----------------------

Start Date (10) 2 / 13 / 17	Scheduled Completion Date (11) 5 / 5 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/5:00PM-1:30AM	Street Address 1123 BEAVER STREET		
	City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input 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
Level B Hallway outside room B7L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level C Hallway outside room C6J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 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 SERVICE TRANSPORT GROUP INC	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
--	------------------------------------	----------------------	--

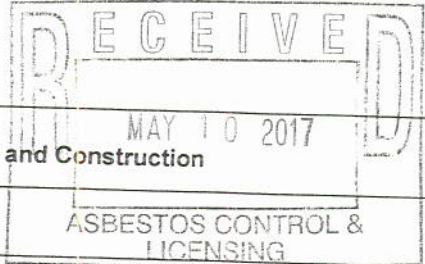
City, State NEW CASTLE, DE	Disposal Date	City, State MORRISVILLE, PA 19067
-------------------------------	---------------	--------------------------------------

Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro/jl</i>	Date 5/5/17
---	--------------------	--------------------------------------	----------------

ASB-41 MAY 11 BS16120 NS

* 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)



NO OK

Date of Notification (1)
1 / 30 / 17

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

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

Type Notification
 Initial
 Amended
Amendment #1-2/17/17
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
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
Three Terri Center

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
2 / 13 / 17

Scheduled Completion Date (11)
ON HOLD

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____AM-_____PM:5:00PM-1:30AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Level B Hallway outside room B7L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level C Hallway outside room C6J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 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
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro / jh

Date
2/17/17

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

NO CK

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

Check #
RECEIVED
 MAY 10 2017
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>1</u> / <u>30</u> / <u>17</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA 3481 <input checked="" type="checkbox"/> DOLWD 3504 <input checked="" type="checkbox"/> DHSS 3498 <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 200 Elm Dr.	City, State, Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortega	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Washington Rd		Square Feet 1,000,000	# of Floors 8
City (5) Princeton		Bldg. Age 70	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
--	--------------------------	--

Street Address Three Terri Center	Street Address 1123 BEAVER STREET
City, State, Zip Code Burlington, NJ 08016	City, State, Zip Code BRISTOL, PA 19007

Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
---	--------------------------------------	--------------------------------------	-----------------------------

Start Date (10) <u>2</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>17</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 1:30 AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
Level B Hallway outside room B7L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level C Hallway outside room C6J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 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"/>

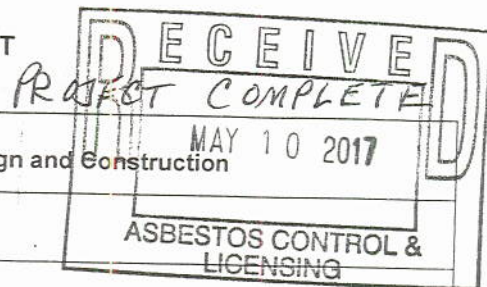
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007	Disposal Date	City, State MORRISVILLE, PA 19067	

Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / JS</i>	Date 1/30/17
--	---------------------------	--	------------------------

3-41
r 11 **BS16120 NS**

* 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)

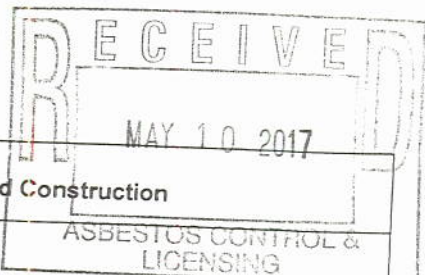


NOCK

Date of Notification (1) 2 / 26 / 16		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6-5/5/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Dodge Hall		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 Chapel Dr		Square Feet							
City (5) Princeton		# of Floors	Bldg. Age						
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center-Three 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 Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 5 / 2 / 16	Scheduled Completion Date (11) 5 / 5 / 17	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 Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ___ PM-___ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature		Date			

* 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)**



NO CK

Date of Notification (1) <u>2</u> / <u>26</u> / <u>16</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5-5/10/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University- Dodge Hall		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 Chapel Dr		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center-Three 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 Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>5</u> / <u>2</u> / <u>16</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	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 Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ___ PM-___ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

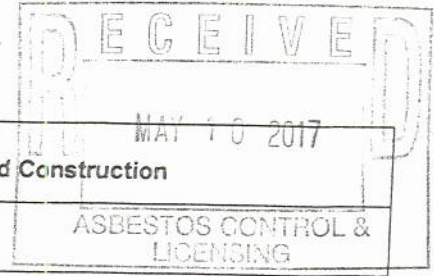
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 5/18/16

ASB-41
MAY 11 BS 16021

* 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)



NO CK

Date of Notification (1) <u>2</u> / <u>26</u> / <u>16</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-5/5/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University- Dodge Hall		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 Chapel Dr		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center-Three 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 Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

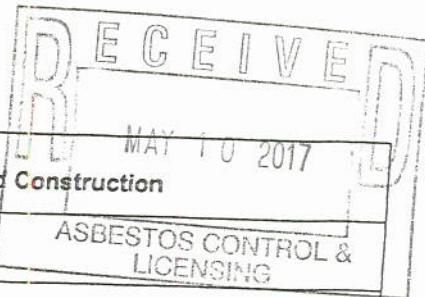
Start Date (10) <u>5</u> / <u>2</u> / <u>16</u>	Scheduled Completion Date (11) <u>5</u> / <u>10</u> / <u>16</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> PM-___ AM BACK ON SITE 5/6/16		Street Address 1123 BEAVER STREET	
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		City, State, Zip Code BRISTOL, PA 19007	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067

Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 5/5/16
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



NOCK

Date of Notification (1) <u>2</u> / <u>26</u> / <u>16</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-5/3/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortega	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University- Dodge Hall		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 Chapel Dr		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
--	----------	--

Street Address Bromley Corporate Center-Three 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 Keehn	Telephone No. 609-366-8800	Telephone No. 215-788-6040	License No. 00509
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Start Date (10) <u>5</u> / <u>1</u> / <u>16</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	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 Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

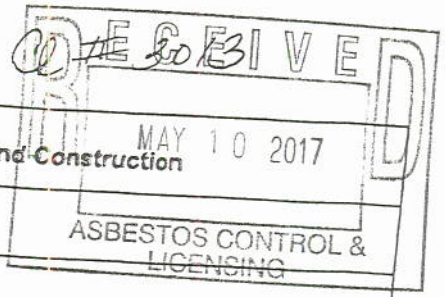
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007	Disposal Date	City, State MORRISVILLE, PA 19067	

Completed By (Print or Type) Christian Scafiro	Title Estimator	Signature	Date
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NOCK

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



Date of Notification (1)
 2 / 26 / 16

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

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

Type Notification
 Initial
 Amended
 Amendment # **2-4/29/16**
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Dodge Hall

Street Address
Chapel Dr

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.

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

Street Address
Bromley Corporate Center-Three 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 Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
 5 / 2 / 16

Scheduled Completion Date (11)
 5 / 2 / 16

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
rior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
TOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

Disposal Date

City, State
MORRISVILLE, PA 19067

Prepared By (Print or Type)
Scaffiro

Title
Estimator

Signature

Date

NOCK

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

RECEIVED
MAY 10 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
2 / 26 / 16

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

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

Type Notification
 Initial
 Amended
Amendment #1-3/4/16
 Emergency (including justification)
 Cancellation

Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Dodge Hall

Street Address
Chapel Dr

City (5)
Princeton

County (6)
MERCER

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

Square Feet # of Floors Bldg. Age

County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.

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

Street Address
Bromley Corporate Center-Three 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
Michæl Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
ON HOLD

Scheduled Completion Date (11)

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-3:30PM/ PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Type of Work (Check all that apply)

3 sf or \geq 3 lf
160 sf or \geq 260 lf

Renovation
 Demolition

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

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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
L, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Print or Type

Title

Signature

NOCK

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

RECEIVED
 MAY 10 2017
 Cl # 2965
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
 2 / 26 / 16

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

Agencies Notified
 EPA
 DOLWD 7455
 DHSS 4426
 DCA (NJAC 5:23-8)

Type Notification
 Initial
 Amended Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
 200 Elm Dr

City, State, Zip Code
 Princeton, NJ 08544

Name of Contact
 Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Princeton University- Dodge Hall

Street Address
 Chapel Dr

City (5)
 Princeton

County (6)
 MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 ATC Group Services LLC

ASCM No.

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

Street Address
 Bromley Corporate Center-Three Terri Lane

City, State, Zip Code
 Burlington, NJ 08016

City, State, Zip Code
 BRISTOL, PA 19007

Project Manager for Monitoring Firm
 Michael Keehn

Telephone No.
 609-386-8800

Telephone No.
 215-788-6040

License No.
 00509

Start Date (10)
 3 / 7 / 16

Scheduled Completion Date (11)
 3 / 11 / 16

Facility Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Name of Abatement: 7:00AM-3:30PM/____PM-____AM

Name of OSHA Monitor
 BRISTOL ENVIRONMENTAL, INC.

Street Address
 1123 BEAVER STREET

City, State, Zip Code
 BRISTOL, PA 19007

Types of Work (Check all that apply)

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
 ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
 18766

Cubic Yards of Waste

Name of Registered Landfill
 G.R.O.W.S. NORTH LANDFILL

City, State
 MORRISVILLE, PA 18867

Disposal Date