

NOCK

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

RECEIVED
MAY 27 2016
ASBESTOS CO
LICENSING

Date of Notification (1) <u>5</u> / <u>25</u> / <u>16</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1511-4963 Check # 7696	
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>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ	
		Name of Contact Michael Luciani	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Control 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 and commercial buildings, homes, etc.)	
Street Address 1274 South 2nd Street		Square Feet	# of Floors
City (5) Plainfield, NJ		Bldg. Age	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Control House	
Name of Monitoring Firm Hired by Building Owner (8) Health and 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. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>11</u> / <u>30</u> / <u>15</u>	Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>16</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

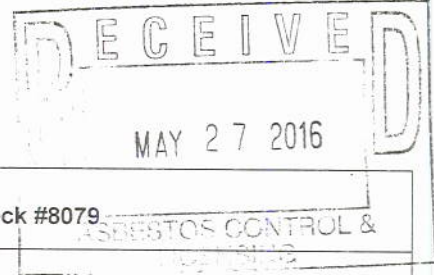
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Floor Panels	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing Materials	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Rated Doors	3 Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abandoned transite pipe	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 32	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Camden, NJ	Disposal Date 6/30/16	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>GMT</i>	Date 5/25/16

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>24</u> / <u>16</u>		Name of Building Owner/Operator (2) NJ SDA / Job #1506-4917 Check #8079	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 32 E. Front Street
			City, State, Zip Code Trenton, NJ 08625
			Name of Contact Administration

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vineland HS South		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 2880 East Chestnut Ave.		Square Feet	# of Floors
City (5) Vineland		Bldg. Age	
County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) Pennoni	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
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Street Address 515 Grove Street Suite 1B	Street Address 30 Maple Ave. PO Box 25
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City, State, Zip Code Haddon Heights, NJ 08035	City, State, Zip Code Lumberton, NJ 08048
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Project Manager for Monitoring Firm Brian Clark	Telephone No. 856-547-0505	Telephone No. 609-265-2107	License No. 00529
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Start Date (10) <u>4</u> / <u>18</u> / <u>16</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical	
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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 Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>4</u> PM- <u>1</u> AM	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gasket Insulation	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Center/Library	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	108 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"/>

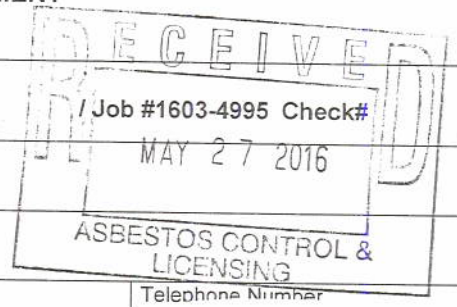
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill
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City, State Lumberton, NJ	Disposal Date 7/29/16	City, State Tullytown, PA
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Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>gmt</i>	Date 5/24/16
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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) <u>5</u> / <u>23</u> / <u>16</u>		Name of Building Owner/Operator (2) Delbarton High School	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 230 Mendham Road	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Bill Champi	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Delbarton High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 230 Mendham Road		Square Feet	
City (5) Morristown, NJ 07960		# of Floors	Bldg. Age
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) High School	

Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 16-0085	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 300 Grand Avenue		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 609-265-2107	License No. 00529

Start Date (10) <u>5</u> / <u>16</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>6</u> / <u>16</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>7AM-3:30PM/3:30PM-12AM</u>		Street Address 200 Route 130 North		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Trinity Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	12,119 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Trinity Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	4,000 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"/>

Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State New Castle, DE		Disposal Date 6/6/16	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>GMT</i>	Date 5/23/16		

NO CK

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

MAY 27 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5 / 25 / 16		Name of Building Owner/Operator (2) NJ DPMC/ Job # 1509-4949 Check #8011		Page 3 of 3
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 #8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 034	
			City, State, Zip Code Trenton, NJ 08625	
			Name of Contact Scott Fertig	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJ Training School for Boys		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 State Street		Square Feet	# of Floors	Bldg. Age
City (5) Jamesburg, NJ		Current Use (Prior if being demolished) Training School		
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Name of Abatement Contractor (9) AbateTech, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Street Address 30 Maple Ave. PO Box 25	
Street Address 120 North Warren Street		City, State, Zip Code Lumberton, NJ 08048		
City, State, Zip Code Trenton, NJ 08608		Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529
Project Manager for Monitoring Firm Dominic Derricole	Telephone No.	Name of OSHA Monitor EMSL Analytical		
Start Date (10) 10 / 21 / 15	Scheduled Completion Date (11) 6 / 30 / 16	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/___PM-___AM		
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077		

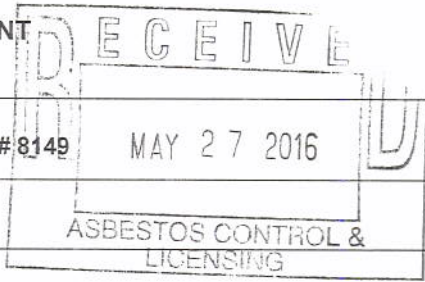
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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
15 Rooms at unit vent locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	148 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 12	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 6/30/16	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature Gmt	Date 5/25/16		

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



Date of Notification (1) <u>5</u> / <u>23</u> / <u>16</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1605-5013 Check # 8149	
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>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road
			City, State, Zip Code South Plainfield, NJ
			Name of Contact Mark Domingues

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Somerville		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 292 S. Bridge Street		Square Feet	# of Floors
City (5) Somerville, NJ 08876		Bldg. Age	
County (6) Somerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation	

Name of Monitoring Firm Hired by Building Owner (8) Health and 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. 856-452-1311	Telephone No. 609-265-2107	License No. 00529

Start Date (10) <u>5</u> / <u>23</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>16</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input 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 checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation Caulk	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar and Paper Roofing	320 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Camden, NJ	Disposal Date 6/30/16	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>gmt</i>	Date 5/23/16

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

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MAY 27 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>5</u> / <u>23</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Vineland / Job #1603-4998		Check #8238
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 640 East Wood Street PO Box 1508		
		City, State, Zip Code Vineland, NJ 08362		
		Name of Contact Mohan Puri	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VMEU Old Plant Basement		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 211 North West Ave.		Square Feet	# of Floors	Bldg. Age
City (5) Vineland	County (6) Cumberland	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	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. 856-452-1311	Telephone No. 609-265-2107	License No. 00529	

Start Date (10) <u>5</u> / <u>9</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>10</u> / <u>16</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

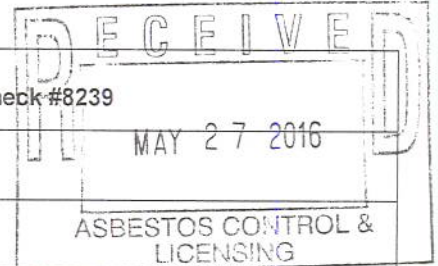
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure <i>Wrap & cut</i>
		<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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 6/10/16	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 5/23/16

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

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



Date of Notification (1) <u>5</u> / <u>23</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Vineland / Job #1603-4998 Check #8239	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 640 East Wood Street PO Box 1508	ASBESTOS CONTROL & LICENSING
	City, State, Zip Code Vineland, NJ 08362		
	Name of Contact Mohan Puri	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VMEU Old Plant Basement		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 211 North West Ave.		Square Feet	Bldg. Age
City (5) Vineland	County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Plant

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.
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Street Address PO Box 365	Street Address 30 Maple Ave. PO Box 25
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City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code Lumberton, NJ 08048
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Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1341	Telephone No. 609-265-2107	License No. 00529
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Start Date (10) <u>5</u> / <u>2</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>10</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical
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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: ___AM-___PM/___PM-___AM	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

<input 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

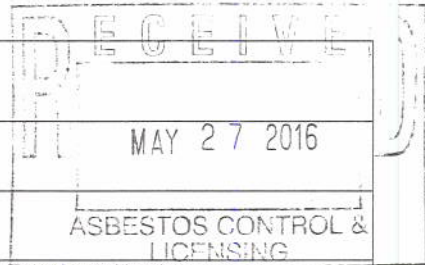
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Steam Turbines #4, 5 & 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Steam Turbines #4, 5 & 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turbine Insulation	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	230 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	40 SF	<input checked="" 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
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City, State Lumberton, NJ	Disposal Date 6/10/16	City, State Tullytown, PA
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Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>[Signature]</i>	Date 5/23/16
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>5</u> / <u>19</u> / <u>16</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1604-5007 Check # 8152	
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road
			City, State, Zip Code South Plainfield, NJ
			Name of Contact Scott Dinadio
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Warehouse Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 100 American Legion Drive		Square Feet	# of Floors
City (5) Riverside, NJ 08075		Bldg. Age	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse Building	
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 James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>5</u> / <u>2</u> / <u>16</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>16</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

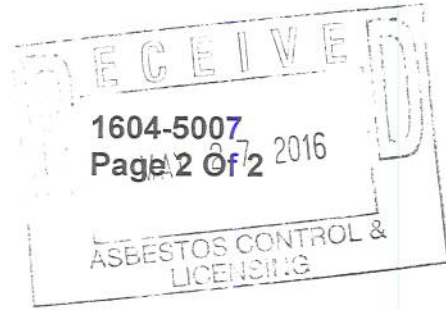
Scope of Work (Check all that apply)

<input 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Shingles	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulk	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	1,950	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

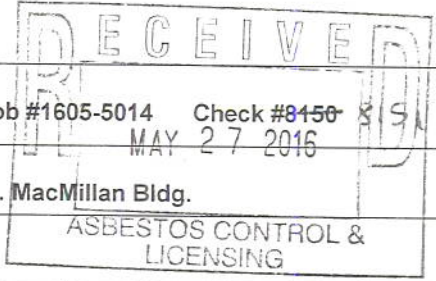
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Camden, NJ	Disposal Date 5/31/16	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>GMT</i>	Date 5/19/14

State of New Jersey Check #8152
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	Window Glazing	2,200 LF	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Date of Notification (1) <u>5</u> / <u>18</u> / <u>16</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1605-5014 Check #8150	
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego, P.E.	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 5 Ivy Lane		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) Cardno ATC	ASCM No. 00098	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 Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529

Start Date (10) <u>5</u> / <u>27</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>6</u> / <u>16</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input 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

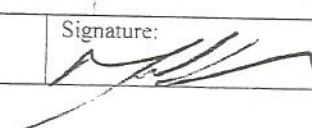
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	560 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 6/6/16	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>GMT</i>	Date 5/19/16

OK 1270

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:20)

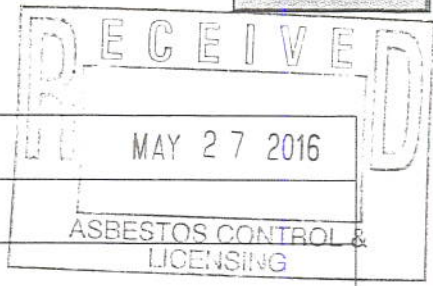
RECEIVED
 MAY 27 2016
 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5/24/16		Name of Building Owner/Operator (2): NEWARK PUBLIC SCHOOLS							
Agencies Notified () EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification (X) Initial Notification () Amendment Notification () Emergency () Cancellation	Street Address: 2 CEDAR STREET		City, State, Zip Code: NEWARK, NJ 07102					
		Name of Contact: MICHAEL SIBBALD		Telephone Number: 201-765-3372					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3): ANN STREET ELEMENTRY SCHOOL			Type of Facility (4): (X) School (K-12) () Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)						
Street Address: 30 ANN STREET			Square Feet: NA # of Floors: 4 Bldg. Age: NA						
City & State (5): NEWARK, NJ			Current Use (Prior if being demolished): SCHOOL						
County (6): ESSEX		County Code (7) (STATE USE ONLY)		Name of Monitoring Firm Hired by Building Owner:(8)					
ASCM No.: NA		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.							
Street Address:		Street Address: 339 North 6 th Street							
City, State, Zip Code:		City, State, Zip Code: Prospect Park, NJ 07508							
Project Manager for Monitoring Firm:		Telephone No.:		Telephone No.: License No.:					
(973) 595-6955		00641		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.					
Start Date (10): 5/3/16		Scheduled Completion Date (11): 5/18/16		Street Address: P.O. Box 8265					
Occupancy Status During Abatement (Check only one) () Facility Closed/vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours () Other - Describe:		City, State, Zip Code: Haledon, NJ 07538							
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"/> Wrap & Cut <input type="checkbox"/> 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	Encapsulat	Enclosure
OUTSIDE		X		ROOF FLASHING	670 LF	X			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC. INC.		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste:		Name of Registered landfill: MINERVA ENTERPRISES, INC			
City, State: BRONX, NY		Disposal Date: 11/16/2010		City, State: WAYNESBURG, OHIO					
Completed By: MIKE ALTADOUKA		Title: PRESIDENT		Signature: 		Date: 5/24/16			

CX 4478

Print Form

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



Date of Notification (1) 05/26/16		Name of Building Owner/Operator (2) TOWNSHIP OF MONROE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 VIRGINIA AVENUE
			City, State, Zip Code WILLIAMSTOWN, NJ 08094
		Name of Contact DARRYL MEASE	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MONROE TOWNSHIP 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 & commercial buildings, homes, etc.)	
Street Address 306 SOUTH MAIN STREET		Square Feet 50,000	# of Floors 2
City (5) WILLIAMSTOWN		Bldg. Age +/-100	
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 2251 FRALEY STREET	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code PHILADELPHIA, PA 19137	
Project Manager for Monitoring Firm JEFFREY SEAMAN		Telephone No. (856) 840-0800	License No. 01166
Start Date (10) 06/06/2016	Scheduled Completion Date (11) 07/06/2016	Name of OSHA Monitor TTI ENVIRONMENTAL	
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 1253 NORTH CHURCH STREET	
		City, State, Zip Code MOORESTOWN, NJ 08057	

Scope of Work (Check All That Apply) *ABATEMENT PRIOR TO DEMO*

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

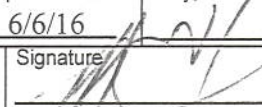
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR			X	WINDOW SLATE	25 SF	X			
BASEMENT, FIRST FLOOR			X	JOINT COMPOUND	1,280 SF	X			
FIRST FLOOR			X	9X9 TAN FLOOR TILE	5,500 SF	X			

Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBORO, OH	
Completed by DENISE M. NIVEN		Title ADMINISTRATIVE ASST.	Signature <i>Denise M. Niven</i>	Date 05/26/2016	

CK #25169

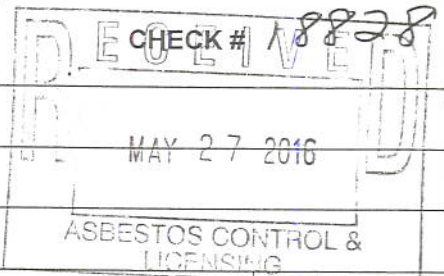
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

MAY 27 2016

Date of Notification (1) <u>5/20/16</u>		Name of Building Owner/Operator (2) <u>Briggs</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] ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code <u>Trenton, NJ 08618</u>							
		Name of Contact <u>Rose Briggs</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Briggs</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>Trenton, NJ</u>		Square Feet <u>2500</u>	# of Floors <u>2</u>						
		Bldg. Age <u>100+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>6/3/15</u>	Scheduled Completion Date (11) <u>6/6/16</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: _____		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Attic</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>10 lf</u>	<input checked="" type="checkbox"/>			
<u>Attic</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Debris</u>	<u>10 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/6/16</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 			Date <u>5/25/16</u>				

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

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



Date of Notification (1) 5-26-16		Name of Building Owner / Operator (2) PKF Mark III, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 17 Blacksmith Road, Suite 101
			City, State & Zip Code Newtown, Pennsylvania 18940
			Name of Contact Larry Keough, Vice President
			Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) New Jersey Dep't. of Transportation		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 690 U. S. Route #130		Square Feet NA	# of Floors NA
City (5) Bridgeport	County (6) Gloucester	County Code (7) NA	Bldg. Age NA
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC.	
Street Address		Street Address 874 Piney Hollow Road, PO Box 70	
City, State & Zip Code		City, State & Zip Code Winslow, New Jersey 08095	
Project Manager for Monitoring Firm		Telephone Number 609-567-0600	License Number 01263
Scheduled Start Date (10) 6-6-16	Scheduled Completion Date (11) 11-30-16	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Building Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	1,800 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum Flooring	288 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	280 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vent Pipe Flashing	1 s. f.	<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 Bull Waste & Recycling, Inc.	NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 30	Name of Registered Landfill Salem County Landfill
City, State Berlin, NJ	Disposal Date 12-16-16	City, State Alloway, New Jersey	
Completed By (Print or Type) Theodore S. Budzynski	Title President	Signature 	Date 5-26-16