Print Form

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

RECEIVED
2012 NOV -5 PM 7:24
ASBESTOS CONTROL & LICENSING

Date of Notification (1): November 2, 2012		Name of Building Owner/Operator (2): State of New Jersey DPMC Check # 5079	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 33 West State Street 9th Floor	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: Jasmine Morris	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): NJ State House		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 125 West State Street			
City (5): Trenton		Square Feet: 25,000	# of Floors: 3 / Bldg. Age: 70
County (6): Mercer	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): State House	
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 344 West State Street		Street Address: 623 Cutler Ave	
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Bill Weisgarber	Telephone No.: 609-743-0493	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): November 12, 2012	Scheduled Completion Date (11): Nov. 16, 2012	Name of OSHA Monitor: EMSL	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 107 Haddon Ave	
		City, State, Zip Code: Westmont, New Jersey 08108	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ 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
Governor's Entrance		XXX		Pipe Insulation	10 LF	XXX			
Governor's Entrance		XXX		Pipe Insulation	15 LF			XXX	

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: <1	Name of Registered Landfill: Grows Landfill
City, State: Freehold, NJ		Disposal Date: 11-16-2012	City, State: Tullytown, PA.

Completed by	Title	Signature	Date
William Lynch	Owner	William J. Lynch	Nov. 2, 2012

ASB-41 (R-06-08)

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

CK 007098

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

RECEIVED
2012 NOV -5 PM 7:23
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/31/12	Name of Building Owner/Operator (2): Ocean County community College
Agencies Notified: [X] EPA [X] DEP [X] DOL [ ] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: College Drive, P.O. Box 2001
	City, State, Zip Code: Toms River, NJ 08754-2001
	Name of Contact: Jules Raichel — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): College of New Jersey			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: College Drive, Brown Property			
City (5): Toms River	Square Feet: 2000	# of Floors: 2	Bldg. Age: 15+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Vacant Residential

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Mattiola Services, LLC	
Street Address		Street Address: 2082 B Lucon Road	
City, State, Zip Code		City, State, Zip Code: Skippack, PA 19474	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 610.539.5634	License No.: 01077
Start Date (10): 11/13/12	Scheduled Completion Date (11): 12/31/12	Name of OSHA Monitor: Mattiola Services, LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Vacant property		Street Address: 2082 B Lucon Road	
		City, State, Zip Code: Skippack, PA 19474	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ 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
First floor			X	Mastic and floor tiles	1500 SF	X			

Name of Registered Waste Hauler: WASTE MANAGEMENT, INC.	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste	Name of Registered Landfill: WASTE MANAGEMENT, INC.
City, State: KEYPORT, NJ		Disposal Date	City, State: TULLYTOWN, PA

Completed by: Caroline M. Harper	Title: Project Manager	Signature: Caroline M. Harper	Date: 10/31/12

ASB-41 (R-06-08)

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

Print Form

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

RECEIVED
2012 NOV -5 PM 7:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/26/12 CK# 2316 $200	Name of Building Owner/Operator (2): Dover Public Schools
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 100 Grace Street City, State, Zip Code: Dover, New Jersey 07801 Name of Contact: Bob Gomes Telephone Number: [illegible]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Academy Street 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: 14 Academy Street	
City (5): Dover, New Jersey 07950	Square Feet: 20,000 / # of Floors: 2 / Bldg. Age: 55+
County (6): Morris / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): Garden State Environmental / ASCM No.:	Name of Abatement Contractor (9): Lilich Corporation
Street Address: 555 South Broad	Street Address: 606 McBride Avenue
City, State, Zip Code: Glen Rock, New Jersey 07452	City, State, Zip Code: Woodland Park, New Jersey 07424
Project Manager for Monitoring Firm: Bruce Wolf / Telephone No.: 201-652-1119	Telephone No.: 973-225-8400 / License No.: 01104
Start Date (10): 11/08/12 / Scheduled Completion Date (11): 11/10/12	Name of OSHA Monitor: J&S Environmental Labs
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7AM Start	Street Address: 2333 Route 22 West City, State, Zip Code: Union, New Jersey 07083

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ 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
Exterior Building		X		Transite Panels 19 each	200 SF	X			

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date: 11/12/12	City, State: Morrisville, Pennsylvania

Completed by: Tatiana Kalenikova	Title: Vice President	Signature: [signature]	Date: 10/26/12

ASB-41 (R-06-08)

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CHECK # 2498

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

RECEIVED
2012 NOV -5 PM 1:15
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/31/12

Name of Building Owner/Operator (2): EARTH TECH CONTRACTING

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

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

Street Address: 155 RT. 50

City, State, Zip Code: GREENFIELD, MA 01301

Name of Contact: BRUCE BREUNIG

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 826 PENNSYLVANIA PLACE

City (5): OCEAN CITY

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40+

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Telephone No.: 856-779-0422 License No.: 00444

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, NJ, 08052

Start Date (10): 11/12/12 Scheduled Completion Date (11): 11/19/12

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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) 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	Renew	Encapsulation
SIDING				TRANSITE	1200 SF	X		

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: C.M.C.M.U.A.

City, State: WOODBINE, N.J.

City, State: MAPLE SHADE, NJ, 08052

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 10/31/12

ASB-1

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AMENDING AUG TO SANDY - NO POWER OR GAS

RECEIVED
2012 NOV -5 PM 6:57
ASBESTOS CONTROL & LICENSING

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

(1) Date of Notification: 10-16-12

Agencies Notified:
[ ] EPA
[ ] DEP
[ ] DOH
[ ] OSHA

Type Notification:
[ ] Initial
[X] Amended
Amendment #
[ ] Emergency (including justification)
[ ] Cancellation

(2) Name of Building Owner/Operator: LAFAYETTE MANAGEMENT
Street Address: P.O. Box 785
City, State, Zip Code: UNION CITY NJ 07087
Name of Contact: SERGIO
Telephone Number: [redacted]

FACILITY INFORMATION

(3) Name of Facility Where Abatement is Taking Place: LAFAYETTE MANAGEMENT
Street Address: 2695 KENNEDY BLVD
(5) City: JERSEY CITY
(6) County: HUDSON
County Code (7) (STATE USE ONLY)

Type of Facility (4):
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[X] Other (i.e., private & commercial buildings, homes, etc.)
Square Feet: 8000
# of Floors: 4
Bldg. Age: 80
Current Use (Prior if being demolished): APT BLDG

(8) Name of Monitoring Firm Hired by Building Owner: [ ]
ACM No.
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.

(9) Name of Abatement Contractor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732-294-1757
License No.: 006294

(10) Start Date: 10-25-12
(11) Scheduled Completion Date: 11-15-12
Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 9AM - 7PM

Scope of Work (Check all that apply)
[ ] < 51 or ≤ 3 sf
[X] > 160 sf or ≥ 260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Exempted (*) and Non Friable Procedure

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	(12) Is Location Normally Used Solely by Maintenance/ Custodial Staff? Yes	No	N/A	(14) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	(15) Amount (Specify SF or LF)	(16) Abatement Type: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted (*)
BASEMENT				PIPE	500 LF	X			

(17) Name of Registered Waste Hauler: ACE INSULATION CO INC
NJDEP Waste Hauler ID No.: 17-6516
City, State: COLTS NECK NJ 07722
Cubic Yards of Waste: 4
Disposal Date: 11-3-12
(18) Name of Registered Landfill: TEST
City, State: BETHLEHEM PA

Completed By: Scott HALE
Title: OPS MGR
Signature: Scott Hale
Date: 10-16-12

ASB 31

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2012 NOV -5 PM 6:57
ASBESTOS CONTROL & LICENSING

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

(1) Date of Notification: 10-16-12

(2) Name of Building Owner/Operator: LAFAYETTE MANAGEMENT

Street Address: P.O. Box 785

City, State, Zip Code: UNION CITY NJ 07087

Name of Contact: DANNY

Telephone Number:

Agencies Notified:
- [ ] EPA
- [ ] NJDEP
- [x] DCH
- [ ] DOH
- [ ] DCA

Type Notification:
- [x] Initial
- [ ] Amended
  - Amendment #:
  - [ ] Emergency (including justification)
  - [ ] Cancellation

FACILITY INFORMATION

(3) Name of Facility Where Abatement is Taking Place: LAFAYETTE MANAGEMENT

Street Address: 176 FAIRVIEW AVE

(5) City: JERSEY CITY

(6) County: HUDSON

County Code (7) (STATE USE ONLY):

(4) Type of Facility:
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 4500 | # of Floors: 3 | Bldg. Age: 70

Current Use (Prior to being demolished): APT BLDG

(8) Name of Monitoring Firm Hired by Building Owner: | ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

(9) Name of Abatement Contractor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1757 | License No.: 00824

(10) Start Date: 10-25-12 | (11) Scheduled Completion Date: 11-15-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
- [x] < 81 or > 3 ft
- [x] 160 sf or ≥ 260 ft
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	(12) Location Normally Used Solely by Maintenance/ Custodial Staff? 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: Glovebag	Mini-Enclosure	Full Containment	Procedure
BASEMENT				PIPE	100 LF	X			

Name of Registered Waste Hauler: ACE INSULATION CO INC | NJDEP Waste Hauler ID No.: 17-656

City, State: COLTS NECK NJ 07722

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill: FESE

City, State: BETHLEHEM PA

Completed By: LINDA GALE | Title: OFFICE MGR | Signature: Linda Gale | Date: 10-26-12

ASH-11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT*

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
2012 NOV -5 PM 6:57
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-16-12

Name of Building Owner (2): LAFAYETTE MANAGEMENT

Street Address: P.O. Box

City, State, Zip Code: UNION CITY NJ 07087

Telephone Number:

Name of Contact: LARRY

Agencies Notified:
- [ ] EPA
- [ ] NJDEP
- [ ] DOH
- [ ] HCA

Type Notification:
- [x] Initial
- [ ] Amended
  - [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): LAFAYETTE MANAGEMENT

Street Address: 5 GARDENER AVE

City (5): JERSEY CITY

County (6): HUDSON

County Code (7) (STATE USE ONLY):

Type of Facility (4):
- [ ] School (K-12)
- [ ] Subchapter II (Other than K-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 5000

# of Floors: 3

Bldg. Age: 75

Current Use (Prior it being demolished): APT BLDG

Name of Monitoring Firm Hired by Building Owner (8):

ACCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1757

License No.: 00629

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Start Date (10): 10-25-12

Scheduled Completion Date (11): 11-15-12

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
- [x] < 160 sf or < 31 lf
- [ ] > 160 sf or > 260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ 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: Glovebag	Mini-Enclosure	Full Containment	Non-Friable
BOILER RM				PIPE	150 LF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC

NJDEP Waste Hauler ID No.: 17-656

Cubic Yards of Waste: 3

Disposal Date: 11-1-12

Name of Registered Landfill: EAST

City, State: BETHLEHEM PA

Completed By: JACK GALE

Title: OPS MGR

Signature: Jack Gale

Date: 10-16-12

ASH-11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT*

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
2012 NOV -5 PM 6:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-16-12

Agencies Notified:
- [X] EPA
- [ ] DEP
- [X] DOH
- [ ] USCA

Type Notification:
- [X] Initial
- [ ] Amended
  - Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator: LAFAYETTE MANAGEMENT

Street Address: P.O. Box 98

City, State, Zip Code: UNION CITY NJ 07087

Name of Contact: TONY

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): LAFAYETTE MANAGEMENT

Street Address: 1310-1312 PALISADES AVE

City (5): UNION CITY

County (6): HUDSON

County Code (7) (STATE USE ONLY):

Type of Facility (4):
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age
7000	3	80

Current Use (Prior if being demolished): APT BLDG

Name of Monitoring Firm Hired By Building Owner (8): ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION Co Inc

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1757 License No.: 00624

Start Date (10): 10-25-12 Scheduled Completion Date (11): 11-15-12

Name of OSHA Monitor: ACE INSULATION Co Inc

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one):
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply):
- [ ] < 160 sf or < 260 lf
- [ ] > 160 sf or > 260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ 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: Glovebag	Mini-Enclosure	Full Containment	Non-Friable
Boiler Rm				PIPE	200 LF	X			

Name of Registered Waste Hauler: ACE INSULATION Co INC

NJDEP Waste Hauler ID No.: 17-0516

Cubic Yards of Waste: 2

Disposal Date:

Name of Registered Landfill: EESI

City, State: BETHLEHEM PA

City, State: COLTS NECK NJ 07722

Completed By: Sandy BALL

Title: OPS MGR

Signature: Jacob Gratz

Date: 10-16-12

ASM 11

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

Print Form

Check # 1042

RECEIVED
2012 NOV -5 PM 6:52
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/26/2012	Name of Building Owner/Operator (2): JENNIFER GRAY
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 58 COLONIAL AVE.
	City, State, Zip Code: PITMAN, NJ 08071
	Name of Contact: JENNIFER GRAY — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 58 COLONIAL AVE.	
City (5): PITMAN	Square Feet: 3400 — # of Floors: 3 — Bldg. Age: 70
County (6): GLOUCESTER — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): TO BE DETERMINED — ASCM No.	Name of Abatement Contractor (9): ASSURED ENVIRONMENTAL SERVICES INC.
Street Address	Street Address: 570 CLEMS RUN
City, State, Zip Code	City, State, Zip Code: MULLICA HILL, NJ 08062
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 610-304-4676 — License No.: 01145
Start Date (10): 10/30/2012 — Scheduled Completion Date (11): 10/31/2012	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: RESIDENTIAL	Street Address: 200 RT. 130 NORTH — City, State, Zip Code: CINNAMINSON, NJ 08077

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) 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
KITCHEN & MUD ROOM			X	FLOOR TILE-NF	360 SF	X			

Name of Registered Waste Hauler: NETS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 3	Name of Registered Landfill: ALLIED WASTE IMPERIAL LANDFILL
City, State: HAZLETON, PA		Disposal Date: 10/31/2012	City, State: IMPERIAL, PA
Completed by: RON SWANSON	Title: PROJECT COORDINATOR	Signature: [signature]	Date: 10/26/2012

ASB-41 (R-06-08)

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

Print Form

REMEMBER – MAIL IN HARD COPY

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

Check # 1184 2012 NOV -5 PM 6:32
DOL – 10 DAY
RECEIVED
OCT 2 2012
WAIVER APPROVED
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/26/2012	Name of Building Owner/Operator (2): JENNIFER GRAY
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment # [X] Emergency (including justification) [ ] Cancellation
	Street Address: 58 COLONIAL AVE.
	City, State, Zip Code: PITMAN, NJ 08071
	Name of Contact: JENNIFER GRAY
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 58 COLONIAL AVE	Square Feet: 3400 / # of Floors: 3 / Bldg Age: 70
City (5): PITMAN	
County (6): GLOUCESTER	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): TO BE DETERMINED / ASCM No.	Name of Abatement Contractor (9): ASSURED ENVIRONMENTAL SERVICES INC.
Street Address:	Street Address: 570 CLEMS RUN
City, State, Zip Code:	City, State, Zip Code: MULLICA HILL, NJ 08062
Project Manager for Monitoring Firm / Telephone No:	Telephone No: 610-304-4676 / License No.: 01145
Start Date (10): 10/30/2012 / Scheduled Completion Date (11): 10/31/2012	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other - Describe: RESIDENTIAL	Street Address: 200 RT. 130 NORTH
	City, State, Zip Code: CINNAMINSON, NJ 08077

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ 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
KITCHEN & MUD ROOM			X	FLOOR TILE-NF	360 SF	X			

Name of Registered Waste Hauler: NETS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 3	Name of Registered Landfill: ALLIED WASTE IMPERIAL LANDFILL
City, State: HAZLETON, PA		Disposal Date: 10/31/2012	City, State: IMPERIAL, PA
Completed by: RON SWANSON	Title: PROJECT COORDINATOR	Signature:	Date: 10/26/2012

* Do not use this form for asbestos licensure exempted activities

ASB-41 (R 06 08)

CK 520389

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED
2012 NOV -5 PM 5:42
ASBESTOS CONTROL & LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2)
11/02/2012		Exxon-Mobil Technology Corp
Agencies Notified	**Notification Type**	**Street Address**
( ) EPA (X) DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amended Certification ( ) Cancelled	600 Billingsport Road
		City, State, Zip Code Paulsboro, NJ 08066
		Name of Contact Bill Nelson — **Tel. Number**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)
Exxon-Mobil Technology			( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.
Street Address 600 Billingsport Road			Sq. Feet_____ # of Floors_____
City (5) Paulsboro	**County (6)** Gloucester	**County Code (7) (State Use Only)**	Bldg. Age outside pipe line Current Use (prior if being demolished)_____

Name of Monitoring Firm Hired by Bldg. Owner (8)	ASCM No.	Name of Contractor (9)
Environmental Management International		NCM Demolition and Remediation, LP
Street Address 34 East Germantown Pike		**Street Address** 395 Turner Industrial Way
City, State, Zip Code East Norriton, Pa 19401		**City State, ZipCode** Aston, PA 19014

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
Ray Giordano	610-277-0405	484-480-8931	01066

Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
11/19/12	11/20/12	EMSL Analytical

Occupancy Status During Abatement (Check only one)	Street Address
( ) Facility Closed/Vacated During Entire Period of Abatement ( )Abatement Performed Outside of Normal Facility Hours -	107 Haddon Ave
Describe segregated area, no other trades outside work Other - Describe -	**City, State, Zip Code** Westmont, NJ 08108

Source of Work (Check all that apply)

( ) Demolition (X) Renovation
( ) Large Proj. >160 SF or >260 LF ACM) ( )M Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure (X) Mini-Enclosure ( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Outside Pipe Line	X			ACPI	10 LF	X			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
Onyx Waste Services	3175	1 cyds	Gloucester County Solid Waste Auth.
City, State Woodbury, NJ		**Disp. Date** 11/20/12	**City, State** Swedesboro, NJ

Completed by (Print or Type)	Title	Signature	Date
Joe White	Project Manager	Joseph R. White	11/02/12

No check

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

RECEIVED
2012 NOV -5 PM 6:56
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/1/2012**	Name of Building Owner / Operator (2): **Hess Corporation**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☒ Amended **R#4-10/26/12** ☐ Emergency ☐ Cancellation
	Street Address: **One Hess Plaza**
	City, State & Zip Code: **Woodbridge, NJ 07095**
	Name of Contact: **John Philbin** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Hess Corporation**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **Smith Street & Convery Boulevard**	Square Feet: — # of Floors: — Bldg. Age: —
City (5): **Perth Amboy** — County (6): **Middlesex** — County Code (7):	Current Use (Prior if being demolished): **Boiler Room**
Name of Monitoring Firm Hired by Building Owner (8): **AET, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 N. Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** — Telephone Number: 800-969-6AET	Telephone Number: **(215)788-6040** — License Number: **00509**
Scheduled Start Date (10): **10/16/2012** — Scheduled Completion Date (11): **11/16/2012**	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 Hours – Describe: ☒ Facility Occupied During Abatement: **8:30 AM – 3:30 PM**	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 ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Boiler Room	☒	☐	☐	**Pipe insulation**	**341 LF**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Elbows**	**2 EA**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Transite ceiling**	**2,245 SF**	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Bristol Environmental, Inc.**	NJDEP Waste Hauler ID No.: **18706**	Cubic Yards of Waste: **8**	Name of Registered Landfill: **GROWS LANDFILL**
City, State: **Bristol, PA**		Disposal Date: **11/16/12**	City, State: **MORRISVILLE, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni / jl	Date: **10/1/12**

GI 12229 **** REV #4 - PROJECT ON HOLD MON. 10/29 & TUES. 10/30/12.

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

RECEIVED
2012 NOV -5 PM 6:56
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/1/2012**	Name of Building Owner / Operator (2): **Hess Corporation**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☒ Amended R#3-10/25/12 ☐ Emergency ☐ Cancellation
	Street Address: **One Hess Plaza**
	City, State & Zip Code: **Woodbridge, NJ 07095**
	Name of Contact: **John Philbin** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Hess Corporation**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **Smith Street & Convery Boulevard**	Square Feet: — # of Floors: — Bldg. Age: —
City (5): **Perth Amboy** — County (6): **Middlesex** — County Code (7):	Current Use (Prior if being demolished): **Boiler Room**
Name of Monitoring Firm Hired by Building Owner (8): **AET, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 N. Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** — Telephone Number: 800-969-6AET	Telephone Number: **(215)788-6040** — License Number: **00509**
Scheduled Start Date (10): **10/16/2012** — Scheduled Completion Date (11): **11/16/2012**	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 Hours – Describe: ☒ Facility Occupied During Abatement: **8:30 AM – 3:30 PM**	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 ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Boiler Room	☒	☐	☐	**Pipe insulation**	**341 LF**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Elbows**	**2 EA**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Transite ceiling**	**2,245 SF**	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Bristol Environmental, Inc.**	NJDEP Waste Hauler ID No.: **18706**	Cubic Yards of Waste: **8**	Name of Registered Landfill: **GROWS LANDFILL**
City, State: **Bristol, PA**		Disposal Date: **11/16/12**	City, State: **MORRISVILLE, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni / JL	Date: **10/1/12**

GI 12229

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

REF# 2365 ED

2012 NOV -5 PM 6:56

ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/1/2012**	Name of Building Owner / Operator (2): **Hess Corporation**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☒ Amended **R#2-10/24/12** ☐ Emergency ☐ Cancellation
	Street Address: **One Hess Plaza**
	City, State & Zip Code: **Woodbridge, NJ 07095**
	Name of Contact: **John Philbin** — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Hess Corporation**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **Smith Street & Convery Boulevard**	Square Feet / # of Floors / Bldg. Age
City (5): **Perth Amboy** — County (6): **Middlesex** — County Code (7)	Current Use (Prior if being demolished): **Boiler Room**
Name of Monitoring Firm Hired by Building Owner (8): **AET, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 N. Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** — Telephone Number: **800-969-6AET**	Telephone Number: **(215)788-6040** — License Number: **00509**
Scheduled Start Date (10): **10/16/2012** — Scheduled Completion Date (11): **11/16/2012**	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 Hours – Describe: ☒ Facility Occupied During Abatement: **8:30 AM – 3:30 PM**	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 ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Boiler Room	☒	☐	☐	**Pipe insulation**	**341 LF**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Elbows**	**2 EA**	☒	☐	☐	☐
Boiler Room	☒	☐	☐	**Transite ceiling**	**2,245 SF**	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Service Transport Inc.**	NJDEP Waste Hauler ID No.: **20990**	Cubic Yards of Waste: **8**	Name of Registered Landfill: **GROWS LANDFILL**
City, State: **New Castle, Delaware**		Disposal Date: **11/16/12**	City, State: **MORRISVILLE, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni / jl	Date: **10/1/12**

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

RECEIVED
2012 NOV -5 PM 6:5
ASBESTOS CONTROL & LICENSING
Ck # 2357

Date of Notification (1): 10/1/2012	Name of Building Owner / Operator (2): Hess Corporation
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☒ Amended R#1-10/10/12 ☐ Emergency ☐ Cancellation
	Street Address: One Hess Plaza
	City, State & Zip Code: Woodbridge, NJ 07095
	Name of Contact: John Philbin — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hess Corporation	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Smith Street & Convery Boulevard	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Perth Amboy — County (6): Middlesex — County Code (7):	Current Use (Prior if being demolished): Boiler Room
Name of Monitoring Firm Hired by Building Owner (8): AET, Inc. — ASCM No.:	Name of Abatement Contractor (9): Bristol Environmental, Inc.
Street Address: 28 N. Pennell Road	Street Address: 1123 Beaver Street
City, State & Zip Code: Media, PA 19063	City, State & Zip Code: Bristol, PA 19007
Project Manager for Monitoring Firm: Dave Turotsy — Telephone Number: 800-969-6AET	Telephone Number: (215)788-6040 — License Number: 00509
Scheduled Start Date (10): 10/16/2012 — Scheduled Completion Date (11): 11/16/2012	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 Hours – Describe: ☒ Facility Occupied During Abatement: 8:30 AM – 3:30 PM	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 ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Boiler Room	☒	☐	☐	Pipe insulation	141 LF	☒	☐	☐	☐
Boiler Room	☒	☐	☐	Elbows	2 EA	☒	☐	☐	☐
Boiler Room	☒	☐	☐	Transite ceiling	2,245 SF	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Service Transport Inc.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 8	Name of Registered Landfill: GROWS LANDFILL
City, State: New Castle, Delaware		Disposal Date: 11/16/12	City, State: MORRISVILLE, PA
Completed By (Print or Type): Gino Pizzigoni	Title: Project	Signature:	Date:

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

RECEIVED 2012 NOV -5 PM 6:58 2351
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/1/2012	Name of Building Owner / Operator (2): Hess Corporation
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL 6350 ☒ DOH 6381 ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation
	Street Address: One Hess Plaza
	City, State & Zip Code: Woodbridge, NJ 07095
	Name of Contact: John Philbin — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hess Corporation	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Smith Street & Convery Boulevard	
City (5): Perth Amboy — County (6): Middlesex — County Code (7):	Square Feet: — # of Floors: — Bldg. Age:
	Current Use (Prior if being demolished): Boiler Room
Name of Monitoring Firm Hired by Building Owner (8): AET, Inc. — ASCM No.	Name of Abatement Contractor (9): Bristol Environmental, Inc.
Street Address: 28 N. Pennell Road	Street Address: 1123 Beaver Street
City, State & Zip Code: Media, PA 19063	City, State & Zip Code: Bristol, PA 19007
Project Manager for Monitoring Firm: Dave Turotsy — Telephone Number: 800-969-6AET	Telephone Number: (215)788-6040 — License Number: 00509
Scheduled Start Date (10): 10/11/2012 — Scheduled Completion Date (11): 11/16/2012	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 Hours – Describe: ☒ Facility Occupied During Abatement: 8:30 AM – 3:30 PM	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 ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Boiler Room	☒	☐	☐	Pipe insulation	141 LF	☒	☐	☐	☐
Boiler Room	☒	☐	☐	Elbows	2 EA	☒	☐	☐	☐
Boiler Room	☒	☐	☐	Transite ceiling	2,245 SF	☐	☐	☒	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Service Transport Inc.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 8	Name of Registered Landfill: GROWS LANDFILL
City, State: New Castle, Delaware		Disposal Date: 11/16/12	City, State: MORRISVILLE, PA
Completed By (Print or Type): Gino Pizzigoni	Title: Project	Signature:	

No check

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

RECEIVED
2012 NOV -5 PM 6:54
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 16 / 12	Name of Building Owner/Operator (2): Steve Sacharow	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-10/26/12 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 6 N Clarendon Ave
		City, State, Zip Code: Margate, NJ 08402
		Name of Contact: Steve Sacharow
		Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 6 N Clarendon Ave		Square Feet: 3,000 / # of Floors: 2 / Bldg. Age: 50+
City (5): Margate		
County (6): Atlantic	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): AET, Inc	ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: 28 Pennell Rd		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Media, PA 19063		City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Eric Sutherland	Telephone No.: 610-891-0114	Telephone No.: 215-788-6040 / License No.: 00509
Start Date (10): ON HOLD DUE TO WEATHER	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-5:30PM/_____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) 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
Crawlspace	☐	☐	☒	Pipe insulation	40 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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:	City, State: WAYNESBURG, OH 44688

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 10/26/12

ASB-41
MAY 11

BS 12102

* 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)

RECEIVED 23.59

2012 NOV -5 PM 6:54

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10 / 16 / 12	Name of Building Owner/Operator (2): Steve Sacharow
Agencies Notified: ☐ EPA ☒ DOLWD 6190 ☒ DHSS 6183 ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 6 N Clarendon Ave
	City, State, Zip Code: Margate, NJ 08402
	Name of Contact: Steve Sacharow — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 6 N Clarendon Ave			
City (5): Margate	Square Feet: 3,000	# of Floors: 2	Bldg. Age: 50+
County (6): Atlantic	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): AET, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 28 Pennell Rd		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Media, PA 19063		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Eric Sutherland	Telephone No.: 610-891-0114	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 29 / 12	Scheduled Completion Date (11): 10 / 29 / 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-5:30PM/_____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) 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
Crawlspace	☐	☐	☒	Pipe insulation	40 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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	City, State: WAYNESBURG, OH 44688

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro / jl	Date: 10/16/12

ASB-41
MAY 11 R 5/2/02

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

No check

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

RECEIVED
2012 NOV -5 PM 7:19
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/31/2012	Name of Building Owner/Operator (2): The Port Authority Of NY & NJ
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☑ DCA	Type Notification: ☐ Initial ☑ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 241 Erie St. Room 236
	City, State, Zip Code: Jersey City NJ 07310
	Name of Contact: Uday Mehta — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PA NJ/NY Elizabeth Marine Terminal	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-1 2) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Port Terminal Blvd, Guard Booth	
City (5): Bayonne, NJ	Square Feet: 15 — # of Floors: 1 — Bldg. Age: 30+
County (6): Union — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Guard Booth

Name of Monitoring Firm Hired by Building Owner (8): Port Authority Of NY & NJ — ASCM No.:	Name of Abatement Contractor (9): ABC CONSTRUCTION CONTRACTING INC.	
Street Address: 241 Erie St. Room 236	Street Address: 3616 19th Avenue	
City, State, Zip Code: Jersey City NJ 07310	City, State, Zip Code: Astoria, NY 11105	
Project Manager for Monitoring Firm: Uday Mehta — Telephone No.: 201-595-4881	Telephone No.: 718-729-2501	License No.: 01159
Start Date (1 0): 11/08/2012 — Scheduled Completion Date (1 1): 4/28/2013	Name of OSHA Monitor: PRECISION ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 36-15A 23RD STREET	
	City, State, Zip Code: LONG ISLAND CITY, NY 11105	

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) 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
Pad 63			✓	Detached ACM Roofing Material	304SF	✓			
Guard Booth			✓	Window Caulking	52 LF	✓			

Name of Registered Waste Hauler: ABC CONSTRUCTION CONTRACTING INC.	NJDEP Waste Hauler ID No.: 22280	Cubic Yards of Waste: 40	Name of Registered Landfill: G.R.O.W.S. North Landfill
City, State: Astoria, NY 11105		Disposal Date: 11-15-2012	City, State: Morrisville, PA 19067
Completed by: STANKO KORONSOVAC	Title: PRESIDENT	Signature:	Date: 10-31-2012

ASB-41

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

Print Form

No Check

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

RECEIVED
2012 NOV -5 PM 7:16
ASBESTOS CONTROL & LICENSING

Date of Notification (1): November 1, 2012	Name of Building Owner/Operator (2): The College of New Jersey Check#5028
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2000 Pennington Road
	City, State, Zip Code: Ewing, N. J. 08628
	Name of Contact: Amanda Radosti — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Wolfe Hall (College of NJ)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2000 Pennington Road	
City (5): Ewing	Square Feet: 25,000 — # of Floors: 3 — Bldg. Age: 70
County (6): Mercer — County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): College Dorm
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 344 West State Street	Street Address: 47 S. Lippincott Ave
City, State, Zip Code: Trenton, NJ 08618	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Bill Weisgarber — Telephone No.: 609-743-0493	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): October 29, 2012 — Scheduled Completion Date (11): Nov. 16, 2012	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 107 Haddon Ave — City, State, Zip Code: Westmont, New Jersey 08108

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ 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
Wolfe Hall		XXX		Floor Tile	36 SF	XXX			
Wolfe Hall		XXX		Mastic	36 SF	XXX			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: <1	Name of Registered Landfill: Grows Landfill
City, State: Freehold, NJ		Disposal Date: 11-16-2012	City, State: Tullytown, PA.

Completed by: William Lynch	Title: Owner	Signature: William J Lynch	Date: Nov. 1, 2012

ASB-41 (R-06-08)

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

Print Form

REMEMBER – MAIL IN HARD COPY

RECEIVED
2012 NOV -5 PM 12:26
DOL PAY
ASBESTOS CONTROL & LICENSING

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

Check # 5025

NUMBER APPROVED

Date of Notification (1): October 26, 2012	Name of Building Owner/Operator (2): The College of New Jersey
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment # [X] Emergency (Including justification) [ ] Cancellation
	Street Address: 2000 Pennington Road
	City, State, Zip Code: Ewing, N J. 08628
	Name of Contact: Amanda Radosti
	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Wolfe Hall (College of NJ)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes etc.)
Street Address: 2000 Pennington Road	
City (5): Ewing	Square Feet: 25,000 / # of Floors: 3 / Bldg. Age: 70
County (6): Mercer / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): College Dorm
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental / ASCM No	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 344 West State Street	Street Address: 47 S. Lippincott Ave
City, State, Zip Code: Trenton, NJ 08618	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Bill Weisgarber / Telephone No.: 609-743-0493	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): October 29, 2012 / Scheduled Completion Date (11): Nov 2, 2012	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 107 Haddon Ave
	City, State, Zip Code: Westmont, New Jersey 08108

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ 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	Enclose
Wolfe Hall		XXX		Floor Tile	36 SF	XXX			
Wolfe Hall		XXX		Mastic	36 SF	XXX			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 22253	Cubic Yards of Waste: <1	Name of Registered Landfill: Grows Landfill
City, State: Freehold, NJ		Disposal Date: October 31	City, State: Tullytown, PA.

Completed by: William Lynch	Title: Owner	Signature: William J. Lynch	Date: October 26, 2012

ASB-41 (R-08-00)

* Do not use this form for asbestos licensure exempted activities

No check

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

1210-4563
Check #4609

RECEIVED
2012 NOV -5 PM 6:50
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/31/12**	Name of Building Owner / Operator (2): **Verizon Communications**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended # ☐ Emergency ☐ Cancellation	Street Address: **100 Greenwood Ave.** City, State & Zip Code: **Jenkintown, PA 19046** Name of Contact: **Alex Baylor** Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Verizon** Street Address: **31 South Haddon Ave.** City (5): **Haddonfield** County (6): **Burlington** County Code (7):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Square Feet: # of Floors: Bldg. Age: Current Use (Prior if being demolished): **Offices**
Name of Monitoring Firm Hired by Building Owner (8): **USA Environmental** ASCM No.: Street Address: **8436 Enterprise Ave.** City, State & Zip Code: **Philadelphia, PA 19153** Project Manager for Monitoring Firm: **Mark Jenkins** Telephone Number: **215-365-5810**	Name of Abatement Contractor (9): **AbateTech, Inc.** Street Address: **PO Box 25** City, State & Zip Code: **Lumberton, NJ 08048** Telephone Number: **609-265-2107** License Number: **00529**
Scheduled Start Date (10): **10/31/12** Scheduled Completion Date (11): **11/9/12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours Describe: ☒ Facility Occupied During Abatement	Street Address: **108 Haddon Ave.** City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Mechanical Vent Room	☒	☐	☐	**Floor tile & Mastic**	**430 SF**	☒	☐	☐	☐
	☐	☐	☐			☒	☐	☐	☐
	☐	☐	☐			☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **12**	Name of Registered Landfill: **TRRF Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **11/9/12**	City, State: **Tullytown, PA**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Opps. Coord.**	Signature: Gwt	Date: **10/31/12**

No check

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

1210-4565
Check #4610

RECEIVED
2012 NOV -5 PM 6:50
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **10/31/12**	Name of Building Owner / Operator (2): **Gary Diratsaglu**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended #1 ☐ Emergency ☐ Cancellation
	Street Address: **68 West South Orange Avenue**
	City, State & Zip Code: **South Orange, NJ**
	Name of Contact: **Gary Diratsaglu** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Exxon 30189**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **68 West South Orange Avenue**	Square Feet: — # of Floors: — Bldg. Age:
City (5): **South Orange** — County (6): **Essex** — County Code (7):	Current Use (Prior if being demolished): **Service station**
Name of Monitoring Firm Hired by Building Owner (8): **Kleinfelder** — ASCM No.	Name of Abatement Contractor (9): **AbateTech, Inc.**
Street Address: **3 AAA Drive First Floor**	Street Address: **PO Box 25**
City, State & Zip Code: **Hamilton, NJ 08691**	City, State & Zip Code: **Lumberton, NJ 08048**
Project Manager for Monitoring Firm: **Ray Aponte** — Telephone Number: **609-584-5271**	Telephone Number: **609-265-2107** — License Number: **00529**
Scheduled Start Date (10): **10/29/12** — Scheduled Completion Date (11): **11/9/12**	Name of OSHA Monitor: **EMSL Analytical**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours Describe: ☐ Facility Occupied During Abatement	Street Address: **108 Haddon Ave.** City, State & Zip Code: **Westmont, NJ 08108**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf — ☐ Renovation ☒ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Exterior	☐	☐	☒	A-Beam Support Flashing	8 SF	☒	☐	☐	☐
Exterior	☐	☐	☒	Steam Tar Flashing	7 SF	☒	☐	☐	☐
Exterior	☐	☐	☒	Parapet Caulking	10 SF	☒	☐	☐	☐
Exterior	☐	☐	☒	Flashing behind parapet panels	10 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **AbateTech, Inc.**	NJDEP Waste Hauler ID No.: **18750**	Cubic Yards of Waste: **4**	Name of Registered Landfill: **Imperial Landfill**
City, State: **Lumberton, NJ**		Disposal Date: **11/9/12**	City, State: **11 Boggs Rd., Imperial PA 15126**
Completed By (Print or Type): **Gwen Trumbetti**	Title: **Office Coord.**	Signature	Date: **10/31/12**

No check

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

1109-4387
Check

RECEIVED
2012 NOV -5 PM 6:5[illegible]
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner / Operator (2)
11/1/12	Princeton University

Agencies Notified	Type Notification
☒ EPA	
☐ DEP	☐ Initial
☒ DOL	☒ Amended #6
☒ DOH	☐ Emergency
☐ DCA	☐ Cancellation

Street Address	
Trustees of Princeton University E.A. MacMillan Bldg.	
City, State & Zip Code	
Princeton, NJ 08544	
Name of Contact	Telephone Number
Robert Ortego, P.E.	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Princeton University – Firestone Library	☐ School (K-12)
Street Address	☐ Subchapter 8 (Other than K-12)
One Washington Road	☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age

City (5)	County (6)	County Code (7)
Princeton	Mercer	

Current Use (Prior if being demolished): University Library

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
ATC Associates, Inc.	
Street Address	
Bromley Corporate Center 3 Terri Lane, Suite 12	
City, State & Zip Code	
Burlington, NJ 08016	
Project Manager for Monitoring Firm	Telephone Number
Mike Keehn	609-386-8800

Name of Abatement Contractor (9)	
AbateTech, Inc.	
Street Address	
PO Box 25	
City, State & Zip Code	
Lumberton, NJ 08048	
Telephone Number	License Number
609-265-2107	00529

Scheduled Start Date (10)	Scheduled Completion Date (11)
7/2/12	11/30/12

Name of OSHA Monitor: EMSL Analytical
Street Address: 108 Haddon Ave.
City, State & Zip Code: Westmont, NJ 08108

Occupancy Status During Abatement (Check only one)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Hours
  Describe:
- ☒ Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ☒ ≥3 sf or ≥3 lf
- ☐ ≥160 sf ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☒ Glove Bag Procedures
- ☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of 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
Various Locations Throughout 1st Floor	☐	☐	☒	Pipe Insulation	20 LF (wrap & cut)	☒	☐	☐	☐
4th Floor Room 4-8-D	☐	☐	☒	Floor tile & Mastic	72 SF	☒	☐	☐	☐
1st Floor Tech Services	☐	☐	☒	Floor tile & Mastic	160 SF	☒	☐	☐	☐
B Level Former Systems Office	☐	☐	☒	Floor tile	60 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AbateTech, Inc.	18750	10	TRRF Landfill
City, State		Disposal Date	City, State
Lumberton, NJ		11/30/12	Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
Gwen Trumbetti	Opps. Coord.		11/1/12