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

**Date of Notification (1):** 11-4-16

**Name of Building Owner/Operator (2):** Saint James The Less

**Street Address:** 36 Lincoln Ave

**City, State, Zip Code:** Jamesburg, NJ 08831

**Name of Contact:** Patrick Smith

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Saint James The Less

**Street Address:** 36 Lincoln Ave

**City:** Jamesburg, NJ 08831

**County:** Middlesex

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

**Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**Project Manager for Monitoring Firm:** Steve Schenker

**Telephone No.:** 609 758-3365

**Name of Abatement Contractor (9):** EPC Technologies Inc

**Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**License No.:** 06394

**Name of OSHA Monitor:**

**Start Date (10):** Nov 16, 2016

**Scheduled Completion Date (11):** Nov 17, 2016

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work (Check All That Apply):**
- Partial
- ≤300 sf or ≤30 if
- >160 sf or ≥250 if
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>Is Location Normally Used Solely by Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>X</td>
<td></td>
<td></td>
<td>Floor Tile</td>
<td>1600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen</td>
<td>X</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>120 LF</td>
<td>X</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>X</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>160 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** EPC Technologies

**City, State:** New Egypt, NJ

**Waste Management of PIA:** 17000 cubic yards of waste

**Disposal Date:** 11-18-16

**City, State:** Moonvisville, PA

**Completed by:** Steve Schenker

**Title:** President

**Date:** 11-4-16

*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 10/30/16  
**Name of Building Owner/Operator:** SOMERSET DEVELOPMENT  
**Street Address:** 101 CRAWFORDS CORNER  
**City, State, Zip Code:** HOLMDEL, NJ 07733  
**Name of Contact:** DAVID SCHREIBER  

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:**  
  - **Street Address:** 101 CRAWFORDS CORNER  
  - **City:** HOLMDEL, NJ  
  - **County:** MONMOUTH COUNTY  
  - **Type of Facility:** OFFICE BLDG  

- **Name of Abatement Contractor:** AAA LEAD PROFESSIONALS  
  - **Street Address:** 6 WHITE DOVE COURT  
  - **City, State, Zip Code:** LAKEWOOD, NJ 08701  
  - **Telephone No.:** 732-658-9078  
  - **License No.:** 1200  

### Scope of Work (Check All That Apply)

- X 3 sf or < 5 sf
- X 2180 sf or >2600 sf
- X Renovation
- X Demolition
- X Full Containment with Negative Pressure
- X Mini-Enclosure
- X Glovebag Procedure
- X Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>TILES AND MASTIC</td>
<td>1,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>No</td>
<td>TSI</td>
<td>300 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

### Disposal

- **Name of Registered Waste Hauler:** NEWARK CARTING  
- **Cubic Yards of Waste:** 15 YARDS  
- **Name of Registered Landfill:** IESI  
- **City, State:** NEWARK, NJ

### Completed by

- **Name:** JOSEPH PERLSTEIN  
- **Title:** OWNER  
- **Date:** 07/10/15

---

*Do not use this form for asbestos licensure exempted activities.*
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>11/1/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Gibraltar Management</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Emergency Notification</td>
</tr>
<tr>
<td>Street Address</td>
<td>150 White Plains Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Tarrytown, NY 10591</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Chris Pescheck for Gibraltar</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Vacant Commercial Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>6305 Hadley Road</td>
</tr>
<tr>
<td>City</td>
<td>South Plainfield</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Square Feet</td>
<td>81,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Current Use</td>
<td>Commercial</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter</td>
<td>X Other (other than K-12)</td>
</tr>
<tr>
<td></td>
<td>X Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Global Abatement Services, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Global Abatement Services, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
</tbody>
</table>

## Environmental Tactics

<table>
<thead>
<tr>
<th>Environmental Tactics</th>
<th>ASCM No.</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Geiger</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-290-2217</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date</td>
<td>11/15/16</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>11/22/16</td>
<td></td>
</tr>
</tbody>
</table>

## Occupancy Status During Abatement

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
</tbody>
</table>

## Scope of Work

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>X</td>
</tr>
<tr>
<td>Large Project</td>
<td></td>
</tr>
<tr>
<td>Quantity is ≥ 3 SF or ≥ 3 LF ACM</td>
<td></td>
</tr>
<tr>
<td>X Quantity is ≥ 180 SF or ≥ 260 LF ACM</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

## Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAP or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mens Room</td>
<td>N/A</td>
<td>Drywall spackle</td>
<td>380 SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

## Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>18693</td>
<td>5</td>
<td>Cumberland County</td>
</tr>
</tbody>
</table>

## Freehold, NJ

<table>
<thead>
<tr>
<th>City, State</th>
<th>Freehold, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>11/22/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Newburg, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Dominick Tringali</td>
</tr>
<tr>
<td>Title</td>
<td>Managing member</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11/1/16</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11/3/2016

Agencies Notified
[X] EPA
[X] NDEP
[X] DOH
[X] DOH
[X] DCA

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] EMERGENCY
[ ] Cancellation

Name of Building Owner/Operator (2)
Jennifer Dilullo

Street Address

City, State, Zip Code
Maplewood, NJ, 07040

Name of Contact
Jennifer Dilullo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jennifer Dilullo

Street Address

City (5)
Maplewood

County (6)
Essex

County Code (7)
N/A

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

Square Feet
4200

# of Floors
3

Eldg. Age
90

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm
N/A

Telephone Number

Scheduled Start Date (10)
11/16/2016

Month
11

Day
16

Year
2016

Sched. Completion Date (11)
11/24/2016

Month
11

Day
24

Year
2016

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

[ ] Other - Describe:

Scope of Work (Check all that apply)
[X] 3 ft or < 30 ft
[ ] 160 ft or > 260 ft

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility

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
375 LF

Specify SF or LF

Abatement Type
[X] Removal
[X] Repair
[X] Enclosure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards
1.5

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
11/25/2016

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Dimitri G. Temidis

Title
Sales

Signature

Date
11/3/2016
# State of New Jersey
# Notification of Asbestos Abatement

(Pursuant to NJAC 8:40 and 12:120)

## Date of Notification (1)

11/3/16

## Name of Building/Operator (2)

Vitale Family Trust, LLC

## Street Address

562 Boulevard

## City, State, Zip Code

Kenilworth, NJ 07033

## Name of Contact

Tom Vitale

## Agencies Notified

- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

## Type Notification

- [X] Initial
- [ ] Amended
- [ ] Amendment 
- [ ] Emergency (Including Justification)
- [ ] Cancellation

## Name of Facility Where Abatement is Taking Place (3)

Street Address

325 Lincoln Drive

City

Kenilworth

County

Union

County Code

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ABS Environmental Services, LLC

Street Address

PO Box 483, 4 E Gate Drive

City, State, Zip Code

Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

973-764-2276

License No.

703

Start Date (10)

11/11/16

Scheduled Completion Date (11)

12/31/16

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:

Scope of Work (Check All That Apply)

- [X] ≤25 sf or ≤25 sf
- [X] ≥160 sf or ≥160 sf
- [ ] Renovation
- [ ] Demolition

## Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[X]</td>
<td>air duct</td>
<td>30 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
<td>[X]</td>
<td>floor tile</td>
<td>60 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

## Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No. 15559

Cubic Yards of Waste

TBD

Name of Registered Landfill

Western Berks Landfill

City, State

Freehold, NJ

Disposal Date

TBD

Name of Registered Landfill

Birdsboro, PA

Completed by

A. Scott Higgins

Title

President

Signature

Date

11/3/16

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 11/3/16
Name of Building Owner/Operator (2): Ms. Evelyn Rivera

Agency Notified (3): [ ] EPA  [ ] DEP  [ ] DOL  [ ] DOH  [ ] DCA
Type of Notification (4): [ ] Initial  [ ] Amended  [ ] Amendment
[ ] Emergency (including justification)  [ ] Cancellation

Street Address: [redacted]
City, State, Zip Code: Union, NJ 07082

Name of Facility Where Abatement is Taking Place (3): [redacted]
Name of Monitoring Firm Hired by Building Owner (5): [redacted]
Name of Abatement Contractor (9): Best Removal Inc

ASCM No. 450 South River St
Street Address: 450 South River St
City, State, Zip Code: Hackensack, N.J. 07601

Start Date (9): 11/5/16
Phone Number: 201-329-7444
License No.: 00388

Scheduled Completion Date (10): 11/18/16
Name of OSHA Monitor: Omega Environmental

Building Age: 1950
Project Manager for Monitoring Firm: [redacted]
Telephone No.: [redacted]

Facility Type (11): [ ] School (K-12)  [ ] Subchapter 8 (Other than K-12)
[ ] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 2000
# of Floors: 2

Occupancy Status During Abatement: [ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Scope of Work: [ ] Renovation  [ ] Demolition

Location of Asbestos-Containing Material (ACM) Location: [ ] Living Room
To be Abated: [ ] In Facility

Yes  No  N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff? [ ] Yes  [ ] No  [ ] N/A

Description of Asbestos-Containing Material (ACM):

Amount (Specify SF or LF): 375 SF

Location: [ ] Encapsulate
[ ] Repair
[ ] Remove

Name of Registered Waste Hauler: Best Removal Inc
NJDEP Waste Hauler ID No.: 17109

Name of Registered Landfill: Minerva Enterprises, LLC
Disposal Date: 11/18/16
City, State: Waynesburg, PA 15370

Completed by: J. Maiorano
Title: Estimator
Signature: [redacted]
Date: 11/3/16

* Do not use this form for asbestos licensure exemption appeals.
## NOTIFICATION OF ASPHALT ASBESTOS ABATEMENT

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 01 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Michael Epstein</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Maplewood, NJ 07040</td>
</tr>
<tr>
<td>City (8)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>GrTech LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>576 Valley Rd #233</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>License No.</td>
</tr>
</tbody>
</table>

| Start Date (10) | 11 / 02 / 16 |
| Scheduled Completion Date (11) | 11 / 12 / 16 |

### Scope of Work (Check all that apply)

- [ ] Roof or Gutter Installation
- [ ] Roof or Gutter Replacement
- [ ] Roof or Gutter Repair
- [ ] Roof or Gutter Removal
- [ ] Roof or Gutter Reuse
- [ ] Demolition
- [ ] Repairs
- [ ] Cleaning
- [ ] Decontamination
- [ ] Paint or Finishing
- [ ] Testing
- [ ] Laboratory Analysis

### Description of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Use Normally Employed Solely by Maintenance/Custodial Staff? (12)</th>
<th>Amount (Specify SLF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Clean up and decontamination</td>
<td>600 SF</td>
</tr>
<tr>
<td>First floor</td>
<td>Clean up and decontamination</td>
<td>600 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Piping (metal) - wrap &amp; cut</td>
<td>75 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>GrTech LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>Consent Entailed By (Print or Type)</td>
</tr>
</tbody>
</table>

**Do not use this form for asbestos license exempted activities.**
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3):** YUN HONG YI
- **Street Address:**
- **City:** TEANECK
- **County:** BERGEN
- **Square Foot:** 2000
- **# of Floors:** 2
- **Bldg. Age:** 8/6 yrs
- **Current Use (Prior to being demolished):** RESIDENCE

### Name of Abatement Contractor (5):
- **Name:** Best Removal Inc
- **Street Address:** 450 South River St
- **City, State, Zip Code:** Hackensack, N.J. 07601
- **Telephone No.:** 201-329-7444
- **License No.:** 00388
- **Name of OSHA Monitor:** Omega Environmental
- **Street Address:** 280 Huyler St
- **City, State, Zip Code:** Hackensack, N.J. 07601

### Scope of Work (Check all that apply):
- 8 AM - 5 PM
- Restoration
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- GlovesBag Procedure
- Non-Exempted (*) and Non-Permissible Procedure

### Abatement Type:
- **Amount (Specify SF or LF):** 95 LF

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Material (ACM) TO BE ABATED</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X THERMAL INSULATION</td>
<td></td>
<td>95 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **Name:** Best Removal Inc
- **ID No.:** 17109
- **Cubic Yards of Waste:** 114 YD
- **Name of Registered Landfill:** Minerva Enterprises, LLC

### City, State
- **City:** Hackensack, N.J. 07601
- **Disposal Site:** Waynesburg, Oh 44688
- **Date:** 11-16-16

### Completed by
- **R. VELDRAN:** Estimator
- **Signature:** R. VELDRAN
- **Date:** 11-2-16

*Do not use this form for asbestos license 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)
10/26/2016

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>☐ DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>☐ DCA</td>
<td></td>
</tr>
</tbody>
</table>

Lunch Demolition

Name of Building Owner / Operator (2)

Street Address
PO Box 42
Avon by the Sea, NJ 07717

Name of Contact
Frank Lurch

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

City (5)
Howel
County (6)
Monmouth
County Code (7)

Current Use (Prior if being demolished)

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>☑</td>
</tr>
</tbody>
</table>

Square Feet 1100
# of Floors 1
Bldg. Age 80

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Alpha Environmental Services

Street Address
PO Box 8297
Trenton, NJ

City, State & Zip Code
Trenton, NJ 08627

Telephone Number
609-847-2956
License Number 01222

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
11/5/2016

Scheduled Completion Date (11)
11/7/2016

Occupancy Status During Abatement (Check only one)

☑ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 sf
☐ 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

Exterior ☐ ☑ ☐ ☐

Siding 800sf ☑ ☐ ☐ ☑

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 00033330

Name of Registered Landfill
Grows Landfill

Disposal Date
Various

City, State
Morrisville, PA

Completed By (Print or Type)
Rod Richardson

Title Project Manager

Date 10/26/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 3, 2016

Name of Building Owner/Operator (2) KAP Management, LLC

Street Address 2151 Jefferson Avenue
City, State, Zip Code Whiting, NJ 08759

Name of Contact Jeff Patterson

Type of Facility (4) School (k-12)

[ ] Subchapter C (other than k-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)
[ x ] Military

Square Feet 700 sf
# of Floors 1
Bldg. Age 60

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

Name of Building Monitor N/A

Name of Abatement Contractor (9) Guardian Contracting, Inc.

Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271

Telephone Number 732-349-9932
License Number 00624

Name of OSHA Monitor E.M.S.L. Analytical

Street Address 1056 Stelton Road
City, State, Zip Code Piscataway, New Jersey 08854

Telephone Number 732-349-9932

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 if
[x] ≥160 sf or ≥260 sf

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility

Exterior [x] Asbestos siding

Amount (Specify SF or LF) 650 sf
Abatement Type X

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

Name of Registered Landfill T.R.R.F.

City, State Tullytown, Pennsylvania

Disposal Date 11/16/16

Date 11/3/2016

*Do not use this form for asbestos licensure exempted activities.*
**DEMOLITION / RENOVATION NOTIFICATION**

**Operator Project #:**

**Postmark:**

**Notification:**

<table>
<thead>
<tr>
<th>I. TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled):</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. IS ASBESTOS PRESENT? (Yes/No):</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMOVAL CONTRACTOR:</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ License:</td>
<td>00624</td>
</tr>
<tr>
<td>Address:</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City:</td>
<td>Toms River</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08755</td>
</tr>
<tr>
<td>Contact:</td>
<td>Nicholas Femicola</td>
</tr>
<tr>
<td>Tel:</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different)</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
</tbody>
</table>

| IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation): | D |

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>Site Location:</td>
</tr>
<tr>
<td>Building Size:</td>
</tr>
<tr>
<td># of Floors:</td>
</tr>
<tr>
<td>Age in Years:</td>
</tr>
<tr>
<td>Present Use:</td>
</tr>
<tr>
<td>Prior Use:</td>
</tr>
</tbody>
</table>

| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | |

<table>
<thead>
<tr>
<th>VII. MATERIAL ASSUMED TO BE ASBESTOS²</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>Pipes (Linear feet):</td>
</tr>
<tr>
<td>Surface Area (Square feet):</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Nonfibrous Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
<td>Cat II</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start:</td>
</tr>
<tr>
<td>Complete:</td>
</tr>
</tbody>
</table>
x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below the asbestos to be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Femicola

WASTE TRANSPORTER #2 Name: 
Address: 
City: State: Zip: 
Contact Person: 

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: 
Authority: 
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Femicola / Project Manager (Printed Name/Title)  November 3, 2016 (Signature of Owner/Operator) (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
Nicolas Femicola / Project Manager (Printed Name/Title)  November 3, 2016 (Signature of Owner/Operator) (Date)
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 11/3/16

Agencies Notified

- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type of Notification

- [x] Initial
- [ ] Emergency
- [ ] Amended
- [ ] Cancellation

Name of Building Owner/Operator (2)
New Jersey Department of Military Affairs

Street Address
101 Eggerts Crossing Road
City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
William McBride

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sea Girt NGTC

Street Address
381 Sea Girt Avenue

City (5) Sea Girt
County (6) Monmouth

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No. 00110

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5838

Scheduled Start Date (10) 11/14/16
Sched. Completion Date (11) 11/21/16

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

Scope of Work (Check all that apply)

- [x] Demolition
- [ ] ≥ 500 sf or ≥ 5 ft
- [x] ≥ 500 sf or ≥ 250 ft

Location of Asbestos – Containing
Material (ACM) TO BE ABATED
In Facility (13)

Location Normally Used Solely by
Maintenance/Custodial Staff (12)

Yes No N/A

2nd floor hallway - Bldg 8 x VAT

2nd floor hallway - Bldg 8

Mechanical room x TSI

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04752

Cubic Yards Of Waste

2

Name of Registered Landfill
Alliance Landfill

City, State
Pine Brook, NJ

Completed By (Print or Type)
Pane Repic

Title General Manager

Disposal Date
11/23/16

City, State
Taylor, PA

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
323 Changebridge Road, Suite 100
City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
00852

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22W
City, State, Zip Code
Union, NJ 07083

Square Feet 1500

No. of Floors 2

Bldg Age

At Risk Use (Prior if being demolished)

- [ ] Offices, training center

Full Containment with Negative Pressure

- [ ] Mini - Enclosure

Full Containment with Negative Pressure

- [ ] Non - Friable Procedure

Abatement Type

REMOVABLE REENCAPSULATED ENCLOSURE
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:80-7 and 12/2017)

Date of Notification (1)
11/3/16

Name of Building Owner/Operator (2)
Kean University
Kean University - Former Technology Bldg.

Agencies Notified Type of Notification
[ ] EPA [ ] Initial Notification
[ ] DEF [x] Emergency Notification
[ ] DOH [x] Amended Notification
[ ] DCA [ ] Cancellation

Name of Contact
Suzanne Kupiec

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Kean University - Former Technology Bldg.

Street Address
1000 Morris Ave.

City/State/Zip Code
Union, NJ 07083

Name of Monitoring Firm Hired by Building Owner
TII Environmental

Telephone Number
609-839-8600

Scope of Work
[ ] Demolition
[ ] 50 ft or more
[ ] 1,000 sq ft or more

Location of Asbestos - Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos - Containing Material (ACM)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normally Used Safety by Maintenance/Com. Staff (12)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos - Containing Material (ACM)

- Insulation, surfacing, VAT, or other miscellaneous

Amount (Specify SF or LF)

Main floor
- Cleanup of debris: 6,000 SF
- Debris pickup: 10 CY
- TSI: 200 LP

Name of Registered Waste Handler
Jupiter Environmental Services

Name of Registered Landfill
Alliance Landfill

Complete By (Print or Type)
Title General Manager
Signature

ASB-411
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1) 11/3/16

Name of Building Owner/Operator (2) Kean University

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>[ ] Initial Notice</td>
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<tr>
<td>DEP</td>
<td>[ ] Emergency Notice</td>
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<td>DOL</td>
<td>[ ] Amended Notice</td>
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<tr>
<td>DOH</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td>[ ]</td>
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</tbody>
</table>

Street Address 1000 Morris Ave.

City, State, Zip Code Union, NJ 07083

Name of Contact Suzanne Kupiec

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University – Former Technology Bldg.

Street Address 1000 Morris Ave.

City (5) County (6) County Code (7) (STATE USE ONLY)

Union County No. 0003

Name of Monitoring Firm Hired by Building Owner TTI Environmental

ASCM No. 0003

Street Address 9 East Stow Road

City, State, Zip Code Marlton, NJ 08053

Project Manager for Monitoring Firm Jim Gullardi

Telephone Number 856-985-8800

Scheduled Start Date (10) 11/4/16 Scheduled Completion Date (11) 12/31/16

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours – Describe:
[x] Other – Describe: partially vacated

Scope of Work (Check all that apply)

[ ] Demolition
[x] ≥5 sf or ≥3 lf
[ ] ≥150 sf or ≥260 lf
[ ] Renovation

Location of Asbestos – Containing Material (ACM)

Location Normally Used Solely by Maintenance/Custodial Staff (12)

Yes No N/A

Main floor X Cleanup of debris 8000 SF x
Main floor x Debris pickup 30 CY x
Main floor x TSI 200 LF x

Name of Registered Waste Hauler Jupiter Environmental Services

NJ DEP Waste Hauler ID No. 04782

Cubic Yards Of Waste 40

Disposal Date 11/23/16 +

Name of Registered Landfill Alliance Landfill

City, State Pine Brook, NJ

Completed By (Print or Type) Pane Replic

Title General Manager

Signature

Date 11/3/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification: 10/19/16

Name of Building Owner/Operator:
Princeton University-Office of Design and Construction

Agencies Notified:
- EPA
- DOLWD 7847
- DOHSS 7847
- DCA (NJAC 5:23-8)

Type Notification:
- Initial

Amended Amendment #

Emergency (including justification)
- Cancellation

Street Address:
200 Elm Dr
City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Princeton University- Corwin Hall

Street Address:
Prospect Ave

City:
Princeton

County:
MERCER

Name of Monitoring Firm Hired by Building Owner:
ATC Group Services LLC

ASCM No.:

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
Bromley Corporate Center-Three Terri Lane
City, State, Zip Code:
Burlington, NJ 08016

Project Manager for Monitoring Firm:
Michael Keen

Telephone No.:
609-386-8800

License No.:
00508

Start Date:
10/10/16

Scheduled Completion Date:
11/6/16

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

Scope of Work:
- 23 sf or ≥3 if
- 160 sf or ≥260 if

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

IN Facility (13)

Yes
No
N/A

Southside Courtyard-Exterior
- Steam pipe insulation
- Steam pipe insulation

Northside-Exterior

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:

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.:
18706

Cubic Yards of Waste:

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

City, State:
BRISTOL, PA 19007

Disposal Date:

City, State:
MORRISVILLE, PA 19067

Completed By (Print or Type):
Brian Scafiro

Title:
Estimator

Signature:

Date:
10/19/16

* 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) 10 / 19 / 16

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-8)
Type Notification
☒ Initial
☒ Amended
□ Emergency (including justification)
□ Cancellation

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction
Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Corwin Hall
Street Address
Prospect Ave
City (5)
Princeton
County (6)
MERCE
County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC
ASCN No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
Project Manager for Monitoring Firm
Michael Keehn
Telephone No.
609-386-8800

Start Date (10) 10 / 31 / 16
Scheduled Completion Date (11) 11 / 3 / 16

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

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Southside Courtyard-Exterior
☐ ☐ ☒ Steam pipe insulation
☐ ☐ ☐ Steam pipe insulation
☐ ☐ ☉

Northside-Exterior
☐ ☐ ☒ Steam pipe insulation
☐ ☐ ☐ Steam pipe insulation
☐ ☐ ☉

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

Completed By (Print or Type) Brian Scafiro
Title Estimator
Signature
Date 10/28/16

ASB-41
MAY 11
BS/14/152

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
10 / 19 / 16

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

Name of Contact
Robert Ortego

FACILITY INFORMATION

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

Street Address
Prospect Ave

City (5)
Princeton

County (6)
MERCE

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

ASCM No.
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Bromley Corporate Center - Three Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
10 / 31 / 16

Scheduled Completion Date (11)
11 / 2 / 16

Occupancy Status During Abatement (Check only one)
Keep Facility Closed/Vacated During Entire Period of Abatement

Time of Abatement: 7:00AM-3:30PM/PM-AM

Scope of Work (Check all that apply)
- 2 or 3 sf
- 160 or 260 sf
- Renovation
- Demolition

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes

Description of
Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Steam pipe insulation

Amount (Specify SF or LF)
15 LF

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Oiled Bag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Date
2/1/16

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