

Pg 2

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

Date of Notification (1) 7 / 24 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-11/8/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd.		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 8 / 13 / 12	Scheduled Completion Date (11) 12 / 24 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/___PM-___AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Mens & Womens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fittings	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Debris on Ceiling	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro /jl			Date 11/8/12			

ASB-41

MAY 11

BS12076

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

*** OFF SITE MONDAY 11/12/12

Pg. 1

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

Date of Notification (1) 7 / 24 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-11/8/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd.									
City (5) Princeton		Square Feet	# of Floors Bldg. Age						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
License No. 00509									
Start Date (10) 8 / 13 / 12	Scheduled Completion Date (11) 12 / 24 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	29,017 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator lobby 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	482 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior soffits 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jk		Date 11/8/12			

ASB-41
MAY 11/3 512076

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

*** OFF SITE MONDAY 11/12/12

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

RECEIVED CR# 2333

Date of Notification (1) 7 / 24 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-8/9/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd.		Square Feet							
City (5) Princeton		# of Floors							
County (6) MERCER		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 8 / 13 / 12	Scheduled Completion Date (11) 12 / 24 / 12								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM- AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	29,017 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator lobby 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	482 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior soffits 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro			Date 8/9/12		

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

RECEIVED

2012 NOV 14 PM 10:35

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 7 / 24 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-8/6/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd.		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) ON HOLD	Scheduled Completion Date (11) 12 / 24 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	29,017 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator lobby 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	482 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior soffits 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro /jl		Date 8/6/12			

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

RECEIVED

2012 NOV 14 PM 10:35 #2326

Date of Notification (1) 7 / 24 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA 5219 <input checked="" type="checkbox"/> DOLWD 5287 <input checked="" type="checkbox"/> DHSS 5225 <input checked="" type="checkbox"/> DCA 5201 (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortega	Telephone Number

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

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 8 / 7 / 12	Scheduled Completion Date (11) 12 / 24 / 12			

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	29,017 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator lobby 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	482 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior soffits 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

CR #112370
RECEIVED

Date of Notification (1) 11 / 8 / 12		Name of Building Owner/Operator (2) Trustess of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillan Building							
		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) Vacant Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 138-140 Alexander St		Square Feet 2,200	# of Floors 2						
City (5) Princeton		Bldg. Age 50+							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 515 Grove St., Suite 1B		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 11 / 26 / 12	Scheduled Completion Date (11) 12 / 1 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ PM-_____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite shingles	4,050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulking	345 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Packing	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint compound	249 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro / je			Date 11/8/12			

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

CL # 2371
RECEIVED
2012 NOV 14 PM 10:30
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">11 / 8 / 12</div>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A MacMillan Building							
		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-87 Prospect St. Computer Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 87 Prospect St									
City (5) Princeton		Square Feet 30,000	# of Floors 3						
		Bldg. Age 50+							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.	ASCM No. 00102	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 515 Grove St., Suite 1B		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">11 / 26 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 1 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Room G20B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1589 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>				Date 11/8/12			

CK 004538

D&S Proj. #: MS 12-391

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

RECEIVED

Date of Notification (1) 11/11/10 5/11/12		Name of Building Owner/Operator (2) RUTGERS UNIVERSITY		2012 NOV 14 PM 10:29	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 43 ESSEX STREET	
		City, State, Zip Code NEWARK, NJ 07102		Telephone Number	
		Name of Contact MICHAEL SMITH			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HOUSE			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 43 ESSEX STREET			Square Feet # of Floors Bldg. Age		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) CARDNO ATC		ASCM No. 00098	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address 3 TERRI LANE			Street Address 20 California Ave.		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm BRIAN KEARNEY		Phone Number 609-273-8050	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/20/12		Sched. Completion Date (11) 12/14/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☐ >3 sf or >3 lf ☐ Renovation
☒ ≥160 sf or ≥260 lf ☒ Demolition

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ENTIRE HOUSE		<input checked="" type="checkbox"/>		ENTIRE HOUSE & ALL DEBRIS	entire house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 350 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/05/12

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

D&S Proj. #: MS 12-390

RECEIVED

2012 NOV 14 PM 10:26

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>11/10/12</u>		Name of Building Owner/Operator (2) <u>JOHN BRUNO</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>80 VIRGINIA AVENUE</u>		City, State, Zip Code <u>CLIFTON, NJ 07011</u>	
Name of Contact <u>JOHN BRUNO</u>		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>JOHN BRUNO</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>80 VIRGINIA AVENUE</u>			Square Feet _____		
City (5) <u>CLIFTON</u>			# of Floors _____		
County (6) <u>PASSAIC</u>			Bldg. Age _____		
County Code (7) (State use only)			Current Use (Prior if being demolished) _____		


Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>	
Street Address _____		City, State, Zip Code <u>Paterson, NJ 07503</u>		Telephone Number <u>973-345-8020</u>	
City, State, Zip Code _____		License Number <u>01169</u>		Name of OSHA Monitor <u>D & S Restoration, Inc.</u>	
Project Manager for Monitoring Firm _____		Phone Number _____		Street Address <u>20 California Avenue</u>	
Start Date (10) <u>11/16/12</u>		Sched. Completion Date (11) <u>11/30/12</u>		City, State, Zip Code <u>Paterson, NJ 07503</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>		Cubic Yards of Waste <u>1 YD</u>		Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>11/17/12</u>		City, State <u>TULLYTOWN, PA</u>		Date <u>11/06/12</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature _____		Date <u>11/06/12</u>	

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

RECEIVED

Date of Notification (1) 11/08/2012		Name of Building Owner/Operator (2) Home Properties, LP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled	
Street Address 25 Commerce Drive		City, State, Zip Code Cranford	
Name of Contact Craig Marschke		Phone	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Lakeview Apartments - Building 1, 2, 3, 4, 5, 6, 7, 8, & North Boiler House (Storage Room)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 96 E Lakeview Ave (Lot #3 Block 204)		Sq. Feet : 60,000 SF (total 8 Buildings) No. of Floors: 2	
City (5) Leonia	County (6) Union	County Code (7) (State Use Only)	Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc		ASCM No. 00140	Name of Contractor (9) Superior Abatement, Inc.
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm JP Von Doehren	Telephone Number (973) 729-5649	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 11/26/2012	Scheduled Completion Date (11) 12/21/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.		Street Address 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Crawl Spaces and Storage Rooms	X	Air Cell Pipe Insulation & Elbows	9,020 LF
Crawl Spaces and Storage Rooms	X	Pipe Insulation Debris	1,755 SF
SW Storage Room - behind Boiler Room	X	Floor Tile	165 SF
*Please see attached Detail Breakdown			
Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 200	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE		Disp. Date 12/21/2012	9000 Minerva Road Waynesburgh, OH 44688
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 11/08/2012

B & G proj. #: 2012-191

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

Check # 5594

RECEIVED

Date of Notification (1) 11/10/12		Name of Building Owner/Operator (2) Jet Aviation Teterboro, L.P.		2012 NOV 14 PM 10:09	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 112 Charles A. Lindburgh Drive City, State, Zip Code Teterboro, NJ 07608	
Name of Contact Stephen Mosca				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jet Aviation Teterboro Airport			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address Building 121 Charles A. Lindburgh Drive			Square Feet # of Floors Bldg. Age		
City (5) Teterboro, NJ 07608	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) private airport		
Name of Monitoring Firm Hired by Bldg. Owner (8) Ahera Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Domenic D'Errico		Phone Number 609-652-1833	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/26/12		Sched. Completion Date (11) 01/11/13	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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


Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Ofc suite & break area			<input checked="" type="checkbox"/>	sheetrock/joint compound	5000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofc suite & break area			<input checked="" type="checkbox"/>	pipe fittings & roof drains	137 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofc'suite & break area			<input checked="" type="checkbox"/>	floor tile & mastic	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office suite entrance			<input checked="" type="checkbox"/>	transite wall panels	80 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office suite entrance			<input checked="" type="checkbox"/>	floor tile & mastic	50 sq	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 60 yards	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ 07035		Disposal Date 11/26/12-1/11/13		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna			Date 11/09/12		

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

Check # 1716

RECEIVED
2012 NOV 14 PM 10:06
ASBESTOS CONTROL & LICENSING

No
check

Date of Notification (1) 11-09-2012		Name of Building Owner/Operator (2) East Orange School District							
Agencies Notified	Type Notification	Street Address 715 Park Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Dr. Morgan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gordon Parks Academy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 98 Greenwood Avenue		Square Feet 65,000+	# of Floors 3						
City (5) East Orange		Bldg. Age 40+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 116 Tices Lane, Unit B-1		Street Address 140 Hamburg Turnpike							
City, State, Zip Code East Brunswick, NJ, 08816		City, State, Zip Code Bloomingtondale, NJ 07403							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 201-710-9725						
		License No. 01084							
Start Date (10) 11-21-2012 after 1pm	Scheduled Completion Date (11) 11/30/2012	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingtondale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Bolier #1 pipe insulation	250 LF	x			
Boiler Room	X			Bolier #1 breaching	60SF	x			
Boiler Room	X			Bolier #1 bricks	2 cu yards	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingtondale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature 	Date 11-09-2012					

Due to *
Hurricane Sandy

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

RECEIVED

Date of Notification (1) 11-13-12		Name of Building Owner/Operator (2) JOHN GEORGIOU		2012 NOV 14 PM 9:57				
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 338 CEDAR ST		ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code SOUTH AMBOY NJ 08879						
		Name of Contact JOHN GEORGIOU		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL HOUSE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 338 CEDAR ST.								
City (5) SOUTH AMBOY, NJ 08879			Square Feet 1800±	# of Floors 2	Bldg. Age 50+			
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 0095	Name of Abatement Contractor (9) UNIPRO, INC.					
Street Address 64 BROAD ST.		Street Address 173 KARKUS AVE.						
City, State, Zip Code MATAPAN NJ 07747		City, State, Zip Code WOODBRIIDGE, NJ 07095						
Project Manager for Monitoring Firm THOMAS P. GEIGER		Telephone No. 732-250-2217	Telephone No. 732-726-3111	License No. 00615				
Start Date (10) 11-28-12	Scheduled Completion Date (11) 11-30-12		Name of OSHA Monitor ENVIRO. TACTICS, INC.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 64 BROAD ST.					
			City, State, Zip Code MATAPAN, NJ 07747					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASMENT			X	VAT + MASTIC	354 SF	X		
2ND FLOOR			X	VAT + MASTIC	80 SF	X		
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, INC.				
City, State NEWARK, NJ.		Disposal Date 11-30-12		City, State MORRISVILLE, PA.				
Completed by DAVID T. TOLCHIN		Title PRES.		Signature David T. Tolchin		Date 11-13-12		

ASB-41

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

No
check

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)2012 NOV 14 PM 10 32 AM
DOL PH 10 32 AMTOS CONTROL
& LICENSING CORP
Tom [Signature]

WAIVER APPROVED

Date of Notification (1) 11/12/12		Name of Building Owner/Operator (2) Citgo Petroleum	
Appointee Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 4801 S. Wood Avenue	
		City, State, Zip Code Linden, NJ 07036	
		Name of Contact Bob Krizer	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Citgo Tremley Terminal			Type of Facility (4) () School (K-12) () Subchapter 6 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 2000 Marshes Dock Road			Sq. Feet 1000 # of Floors 1
City (5) Linden	County (6) Union	County Code (7) (State Use Only)	Bldg. Age 50 +/- Current Use (prior if being demolished) Oil Terminal
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP

Street Address 3 Terri Lane		Street Address 404 N. Berry Street	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Brea, CA 92821	

Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 484-480-8831	License Number 01066
Scheduled Start Date (10) 11/07/12	Scheduled Completion Date (11) 11/30/12	Name of OSHA Monitor EMSL Analytical	

Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Non Business Hours Facility Effected by Hurricane Sandy		City, State, Zip Code Westmont, NJ 08108	
Other - Describe			
Source of Work (Check all that apply)			

() Demolition (X) Renovation
 (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10<260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 (X) Full Containment with Negative Pressure () 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. Rem. Encap. Enclose
Tremley Terminal	X	VAT/Mastic	800 SF	X

Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # 20980	Cubic Yards of Waste 30	Name of Reg. Landfill Minerva
City, State Aston, PA	Disp. Date 11/30/12	City, State Waynesboro, OH	

Completed by (Print or Type) Richard P. Gemoga, Jr.	Title Project Manager	Signature [Signature]	Date 11/12/12
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PM 9:50

WAIVER APPROVED

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT and Miscellaneous
 Regulated work area, hepa filtration equipment, solvents, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, solvents, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: New Castle

County: New Castle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 877-889-8559

Waste Transporter#2 Same as #1

Address:

City:

County:

State:

Zip:

Contact:

Telephone:

XIII. Waste Disposal Site: Minerva Landfill

EPA Certification Number: 90104984

Address: 8555 Minerva Road

City: Waynesburg

County:

State: OH

Zip: 44608

Contact:

Telephone: 330-466-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

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)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fibrous Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder: Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation)

(Signature of Supervisor/Operator)

(Date) 11-12-12

XVIII. I Certify that the Above Information is Correct

(Signature of Supervisor/Operator)

(Date) 11-12-12

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

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**ASBESTOS CONTROL
& LICENSING**

<u>Date of Notification (1)</u> 11/12/12		<u>Name of Building Owner/Operator (2)</u> Citgo Petroleum	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 4801 S. Wood Avenue	
		<u>City, State, Zip Code</u> Linden, NJ 07036	
		<u>Name of Contact</u> Bob Keiser	<u>Tel. Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Citgo Tremley Terminal			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
<u>Street Address</u> 2000 Marshes Dock Road			Sq. Feet <u>1000</u> # of Floors <u>1</u>
<u>City (5)</u> Linden	<u>County (6)</u> Union	<u>County Code (7)</u> (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) <u>Oil Terminal</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP

<u>Street Address</u> 3 Terri Lane		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Burlington, NJ 08016		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> John Lutz	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066

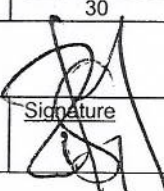
<u>Scheduled Start Date (10)</u> 11/07/12	<u>Scheduled Completion Date (11)</u> 11/30/12	<u>Name of OSHA Monitor</u> EMSL Analytical
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe <u>Non Business Hours</u> Facility Effected by Hurricane Sandy Other - Describe _____		<u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108
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Source of Work (Check all that apply)

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

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				Rem.	Rep.	Encap	Enclose
Tremley Terminal		VAT/Mastic	800 SF	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 30	<u>Name of Reg. Landfill</u> Minerva
<u>City, State</u> Aston, PA	<u>Disp. Date</u> 11/30/12	<u>City, State</u> Waynesboro, OH	
<u>Completed by (Print or Type)</u> Richard P. Semega, Jr.	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 11/12/12

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 ASBESTOS CONTROL
 & LICENSING

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of ~~Waste~~ ^{Waste}
 Regulated work area, hepa filtration equipment, solvents, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, solvents, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: New Castle

County: New Castle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 877-999-9559

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 8955 Minerva Road

City: Waynesburg

County:

State: OH

Zip: 44688

Contact:

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

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)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 11-12-12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 11-12-12

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Date of Notification (1) 11/12/12		Name of Building Owner/Operator (2) Citgo Petroleum	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Street Address 4801 S. Wood Avenue		City, State, Zip Code Linden, NJ 07036	
Name of Contact Bob Keisor		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Citgo Docks Building		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 4801 S Wood Avenue		Sq. Feet 1104 # of Floors 2	
City (5) Linden	County (6) Union	County Code (7) (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) Oil Terminal
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 3 Terri Lane		Street Address 404 N. Berry Street	
City, State, Zip Code Burlington, NJ 08018		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 484-480-8931	License Number 01065
Scheduled Start Date (10) 11/13/12	Scheduled Completion Date (11) 11/30/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108	
Describe Non Business Hours Facility Effect by Hurricane Sandy			
Other - Describe			
Source of Work (Check all that apply)			
() Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<180 SF or >10<280 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Docks Building	X	VAT/Mastic	870 SF
Docks Building	X	Transite Hood	40 SF
Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 30	Name of Reg. Landfill Minerva
City, State Aston, PA		Disc. Date 11/30/12	City, State Waynesboro, OH
Completed by (Print or Type) Richard P. Semega, Jr.	Title Project Manager	Signature 	Date 11/12/12

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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT and Manhole
Regulated work area, hepa filtration equipment, solvents, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, solvents, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pylon Lane

City: New Castle

County: New Castle

State: DC

Zip: 19720

Contact: Randy Deldge

Telephone: 677-999-0589

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Minerva Landfill

CRA Certification Number: P0101904

Address: 8951 Minerva Road

City: Waynesburg

County:

State: OH

Zip: 44080

Contact:

Telephone: 330-449-4429

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

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)

(HHMM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fibrous Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an individual, Trained in the Provisions of this Regulation (40CFR Part 61, Subpart H) will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation)

(Signature of Owner/Operator)

(Date) 11-12-12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 11-12-12

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

Date of Notification (1) 11/12/12		Name of Building Owner/Operator (2) Citgo Petroleum	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 4801 S. Wood Avenue	
		City, State, Zip Code Linden, NJ 07036	
		Name of Contact Bob Keiser	Tel. Number

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ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Citgo Docks Building			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 4801 S Wood Avenue			Sq. Feet 1104 # of Floors 2
City (5) Linden	County (6) Union	County Code (7) (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) Oil Terminal

Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates	ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
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Street Address 3 Terri Lane	Street Address 404 N. Berry Street
City, State, Zip Code Burlington, NJ 08016	City State, ZipCode Brea, CA 92821

Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 11/13/12	Scheduled Completion Date (11) 11/30/12	Name of OSHA Monitor EMSL Analytical
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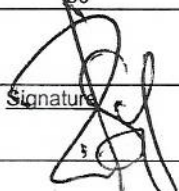
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Non Business Hours Facility Effected by Hurricane Sandy Other - Describe	Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108
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Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Docks Building			X	VAT/Mastic	870 SF	X			
Docks Building			X	Transite Hood	40 SF	X			

Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 30	Name of Reg. Landfill Minerva
City, State Aston, PA	Disp. Date 11/30/12	City, State Waynesboro, OH	

Completed by (Print or Type) Richard P. Semega, Jr.	Title Project Manager	Signature 	Date 11/12/12
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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Asbestos and Mastic.
Regulated work area, hepa filtration equipment, solvents, wet material, and double bag.

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& LICENSING

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, solvents, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: New Castle

County: New Castle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 877-999-9559

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 8955 Minerva Road

City: Waynesburg

County:

State: OH

Zip: 44688

Contact:

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

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)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fibrous Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 11-12-12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 11-12-12