

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

916

Date of Notification (1) November 06, 2013		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson		Street Address 920 / 1001 Route 202, PO Box 300 Raritan, NJ 08869		City, State, Zip Code Raritan, NJ 08869		Name of Contact Project Manager		Telephone Number (732) 300-1000	
Agencies Notified EPA DEP DOL DOH DCA		Type Notification Initial Amended Amendment #1 Emergency (including justification) Cancellation		Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Street Address 920 / 1001 Route 202		City (5) Raritan, NJ		County (6) Somerset	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.		Street Address 1500 Kings HWY N, STE 209		City, State, Zip Code Cherry Hill, NJ 08034		Telephone No. (973) 759 - 5000	
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207		Telephone No. (973) 759 - 5000		License No. 00781		Name of OSHA Monitor The MACK Group, LLC.		Street Address 1500 Kings HWY N, STE 209	
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:		Scheduled Completion Date (11) 2/23/14		Name of OSHA Monitor The MACK Group, LLC.		Street Address 1500 Kings HWY N, STE 209		City, State, Zip Code Cherry Hill, NJ 08034		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by 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 Enclosure Encapsulate Repair Removal		ASCM No.	
OCD cooling towers		<input checked="" type="checkbox"/>		transite siding		640 sf		<input checked="" type="checkbox"/>		ASCM No.	
PRD building		<input checked="" type="checkbox"/>		sheetrock wall & mastic		50 sf		<input checked="" type="checkbox"/>		ASCM No.	
OCD RBCA Red Blood cell Area		<input checked="" type="checkbox"/>		Vinyl sheet flooring		1,424 s/f		<input checked="" type="checkbox"/>		ASCM No.	
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		City, State		Disposal Date	
Freehold Cartage		22253		21.6		BFI Imperial Landfill		Imperial, PA 15126		2/23/14	
City, State		Freehold, NJ		City, State		Imperial, PA 15126		Signature 		Date 11/6/13	
Completed by		Michael Cooper		Title		President		Signature 		Date 11/6/13	

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

ASB-41 (R-06-08)

[illegible]

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

685

Date of Notification (1) February 07, 2013		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified		Type Notification	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Justification)		
		Project Manager	
		Name of Contact	
		City, State, Zip Code	
		Raritan, NJ 08869	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson			
Street Address 920 / 1001 Route 202			
City (5) Raritan, NJ			
County (6) Somerset			
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	
Name of Abatement Contractor (9) The MACK Group, LLC.			
Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	
Name of OSHA Monitor The MACK Group, LLC.		Telephone No. (973) 759 - 5000	
License No. 00781			
Start Date (10) 2/23/13			
Occupancy Status During Abatement (Check Only One)		Scheduled Completion Date (11) 2/23/14	
<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: _____			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) (12)		Is Location Normally Used Solely by Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
transite siding		640 sf	
sheetrock wall & mastic		50 sf	
Abatement Type		Removal <input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No. 22253	
City, State		Disposal Date 2/23/14	
Freehold, NJ		City, State	
Freehold Cartage		Imperial, PA 15126	
Completed by Michael Cooper		Title President	
Signature		Date 2/7/13	

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

No check

Date of Notification (1)		VILLAGE OF TIMBER CREEK		Name of Building Owner/Operator (2)		VILLAGE OF TIMBER CREEK	
Agencies Notified		<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including Cancellation) Justification)	
Name of Contact		JANE MERUCCI		Name of Contact		JANE MERUCCI	
City, State, Zip Code		LINDENWOLD NJ 08021		City, State, Zip Code		LINDENWOLD NJ 08021	
Street Address		1801 LAUREL ROAD		Street Address		1801 LAUREL ROAD	
Name of Facility Where Abatement is Taking Place (3)		VILLAGE OF TIMBER CREEK UNIT 203-204		Type of Facility (4)		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5)		LINDENWOLD		County Code (7)		CONDO	
County (6)		CAMDEN		Current Use (Prior if being demolished)		CONDO	
Name of Monitoring Firm Hired by Building Owner (8)		STRATEGIC ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9)	
Street Address		1634 SOUTH DELAWARE STREET		City, State, Zip Code		MULLICA HILL NJ	
City, State, Zip Code		PAULSBORO NJ 08066		Telephone No.		610-304-4676	
Project Manager for Monitoring Firm		ED KEEGAN		Telephone No.		610-304-4676	
Start Date (10)		10-21-13		Scheduled Completion Date (11)		11-30-13	
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 type="checkbox"/> Other - Describe: EMERGENCY RESIDENTIAL FIRE/VACATED		Name of OSHA Monitor		EMSL	
Street Address		200 RT 130 NORTH		City, State, Zip Code		CINNAMINSON NJ 08077	
Scope of Work (Check All That Apply)		<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input 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-Frangible Procedure		Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> 400 Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Location of Asbestos-Containing Material (ACM) In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> 400 Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
UNIT 204 LIVING RM BED RM		X		JOINT COMPOUND		400	
UNIT 203 LIVING RM BED RM		X		JOINT COMPOUND		400	
Name of Registered Waste Hauler		NETS		NJDEP Waste Hauler ID No.		80	
City, State		HAZLETON, PA		Disposal Date		11-30-13	
Completed by		JOHN ZUMBO		Title		PRESIDENT	
Signature		<i>[Signature]</i>		Date		11-9-13	

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2013 NOV 14 PM 3:01
ASBESTOS

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

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NOV 14 PM 2:59
ASBESTOS CONTROL
2013

Date of Notification (1) 11/12/13		Name of Building Owner/Operator (2) Mary Pecchione	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Street Address 111 Dolphin Dr. Pecchio Residence		City, State, Zip Code Ortley Beach County (6) Ocean	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Residence	
Name of Abatement Contractor (9) Ace Insulation Co., Inc.		ASCM No.	
Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J. 07722		Telephone No. 732-294-1757 License No. 00029	
Project Manager for Monitoring Firm		Scheduled Completion Date (11) 11/29/13	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Normal</u>		City, State, Zip Code	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pecchio Residence		Street Address 111 Dolphin Dr. City (5) Ortley Beach County (6) Ocean	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J. 07722		Telephone No. 732-294-1757 License No. 00029	
Project Manager for Monitoring Firm		Scheduled Completion Date (11) 11/29/13	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Normal</u>		City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Abatement Type <input type="checkbox"/> Encapsulation <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input type="checkbox"/> Enclosure	

Location of Asbestos-Containing Material (ACM) (13) In Facility TO BE ABATED		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	
Outdoors house		X		Siding (w/ vinyl)		720 sq ft		X	
Outdoors shed		X		Siding		2100 sq ft		X	

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill Grows	
City, State Colts Neck, New Jersey		Disposal Date 11/29/13		City, State Tullytown, Pa		Signature <i>George Wuest</i>	
Completed by George Wuest		Title President		Date 11/12/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

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NJ DEP
2013 NOV 14 PM 2:59

Date of Notification (1) 11/21/13		Name of Building Owner/Operator (2) Mary Pecchio		Street Address 420 Union St		City, State, Zip Code CARLISLE, N.J. 07024		Telephone Number 610-251-1111	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation		Name of Contact Mary Pecchio		City, State, Zip Code CARLISLE, N.J. 07024		Telephone Number 610-251-1111	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pecchio Residence									
Street Address 111 Dolphin Dr.									
City (5) Ortley Beach									
County (6) Ocean									
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.									
Name of Abatement Contractor (9) Ace Insulation Co., Inc.									
Street Address 95 Montrose Road									
City, State, Zip Code Colts Neck, N.J. 07722									
Project Manager for Monitoring Firm Telephone No.									
Telephone No. 732-294-1757									
License No. 00029									
Start Date (10) 11/21/13									
Scheduled Completion Date (11) 11/29/13									
Name of OSHA Monitor									
Street Address									
City, State, Zip Code									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> Renovation <input checked="" 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-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/> Abatement Type									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Room - 401</u>									
Name of Registered Waste Hauler Ace Insulation Co., Inc. NJDEP Waste Hauler ID No. 12086 Cubic Yards of Waste 2 Disposal Date 11/29/13 City, State Tullytown, Pa									
Completed by George Wuest Title President Signature <u>George Wuest</u> Date 11/21/13									

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) NJ Transite		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	
Name of Facility Where Abatement is Taking Place (3) Mountain Station		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 449 Vose Avenue		City (5) South Orange NJ 07079	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		City (5) South Orange NJ 07079	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 00003		Name of Abatement Contractor (9) Permeco Inc.		Street Address 1253 North Church St.	
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800		Telephone No. 856-840-8815	
Project Manager for Monitoring Firm James Garland		Scheduled Completion Date (11) 12/6/13		Name of OSHA Monitor Same		Street Address PO Box 329	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Other - Describe:		City, State, Zip Code		Street Address		City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf or ≥ 260 if <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 22 lf	
Basement		X		Pipe Insulation		22 lf	
Basement		X		Flue Packing		2LF	
Lobby / Clean up Behind Benches		X		Miscellaneous Material		2 lf	
Name of Registered Waste Hauler Permeco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 1		Name of Registered Landfill G.R.O.W.S.	
City, State W Berlin NJ		Disposal Date 12/6/13		City, State Morrisville PA 19067		Signature _____	
Completed by Anthony T Perma		Title President		Date 11/11/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Print Form

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2013 NOV 14 PM 2:58
ASBESTOS CONTROL & LICENSING

CK
9711

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

CK
3712

RECEIVED
2013 NOV 14 PM 2:58

ASBESTOS CONTROL & LICENSE
Telephone Number

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) Mount Laurel Township	
Agencies Notified		Type Notification	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Street Address 100 Mount Laurel Road	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code Mount Laurel NJ 08054	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amended #	Name of Contact Ken	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including		
<input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Justification		
<input checked="" type="checkbox"/> Cancellation	<input checked="" type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burnt House/Vacant		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 4316 Church Rd		Square Feet 1000 +	
City (5) Mount Laurel NJ 08054		# of Floors 2	
County (6) Burlington		Bldg. Age 35+	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) House	
ASCM No.		County Code (7) (STATE USE ONLY)	
Name of Abatement Contractor (9) Pernaco Inc.			

Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 11/25/13		Scheduled Completion Date (11) 11/27/13	
Occupancy Status During Abatement (Check Only One) <input checked="" 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:		Name of OSHA Monitor Same	
City, State, Zip Code		Street Address	

Scope of Work (Check All That Apply)		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Exterior siding X	
Amount (Specify SF or LF)		unknown X	
Abatement Type Enclosure Encapsulate Repair Removal			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	
Cubic Yards of Waste 3		City, State Morrisville PA 19067	
Disposal Date 11/27/13		Signature Anthony T Perna	
City, State Elm NJ		Title President	
Completed by Anthony T Perna		Date 11/11/13	

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

Date of Notification (1) Nov 8 2013		Name of Building Owner/Operator (2) TOM GARDNER 23 APPLETON DR. TESTING CONTROL 2013 NOV 14 PM 2:57	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) 104 WINTURN ROAD TOMS RIVER NJ. 08753 County (6) OCEAN City (5) TOMS RIVER NJ. 08753 County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) BRICK INDUSTRIES INC. Street Address 145 NATICK TRAIL City, State, Zip Code BRICK, NJ. 08794 Telephone No. 732-899-4499 License No. 01196 Name of OSHA Monitor 732-899-4499			
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 type="checkbox"/> Other - Describe: VACANT			
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mift-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure			
Abatement Type <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal			
Location of Asbestos-Containing Material (ACM) IN Facility (13) Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIDING Amount (Specify SF or LF) 12			
Name of Registered Waste Hauler BRICK INDUSTRIES INC Hauler ID No. 21602 Cubic Yards of Waste 6 Name of Registered Landfill G.R.O.I.S. City, State Disposal Date 11-25-13 Signature Date 11-8-13 Completed By ERIC PLACKIS Title PRES			

Do not use this form for asbestos licensure exempted activities.

ASB-41

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

Check # 9044

RECEIVED
2013 NOV 14 PM 2:56
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) Amended November 12, 2013		Name of Building Owner / Operator (2)	
November 14, 2013		Bank of America	
Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		46 Parsonage Road	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Cancellation # 1		City, State & Zip Code	
		Edison, NJ 08837	
Name of Contact		Telephone Number	
Ryan Schnupp			

Name of Facility Where Abatement is Taking Place (3)			
Bank of America			
Street Address			
88 Harbor Road			
City, State & Zip Code			
Port Washington, NY 11050			
Project Manager for Monitoring Firm			
Michael Baudo			
Scheduled Start Date (10)		Scheduled Completion Date (11)	
November 18, 2013		December 12, 2013	
Occupancy Status During Abatement (Check only one)			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			
City, State & Zip Code			
Little Egg Harbor, NJ 08087			
Street Address			
829 Radio Road			
Name of OSHA Monitor			
Synatech, Inc.			
Telephone Number		License Number	
609-296-6916		00817	
Name of Abatement Contractor (9)			
Synatech, Inc.			
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, home, etc.)			
Square Feet		# of Floors	
12,000		2	
Current Use (Prior if being demolished)			
Bank			
County (6)			
Middlesex			
County Code (7)			
USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)			
ASCM No.			
Synatech, Inc.			
Street Address			
88 Harbor Road			
City, State & Zip Code			
Port Washington, NY 11050			
Project Manager for Monitoring Firm			
Michael Baudo			
Scheduled Start Date (10)		Scheduled Completion Date (11)	
November 18, 2013		December 12, 2013	
Occupancy Status During Abatement (Check only one)			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			
City, State & Zip Code			
Little Egg Harbor, NJ 08087			
Street Address			
829 Radio Road			
Name of OSHA Monitor			
Synatech, Inc.			
Telephone Number		License Number	
609-296-6916		00817	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 50 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Full Containment with Negative Pressure			
<input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of			
Asbestos-Containing Material (ACM)			
TO BE ABATED			
IN Facility			
(13)			
Is Location Normally Used			
Solely by Maintenance or Custodial Staff? (12)			
N/A			
Description of			
Asbestos-Containing Material (ACM)			
(i.e., thermal systems or other miscellaneous)			
Insulation, surfacing, VAT			
Amount (Specify SF or LF)			
480 LF			
Abatement Type			
<input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal			
Exterior Windows			
<input checked="" type="checkbox"/> X <input type="checkbox"/> 480 LF			
Cubic Yards of Waste			
4			
Name of Registered Landfill			
Grows Landfill			
City, State			
Morrisville, PA			
Disposal Date			
December 13, 2013			
Completed By			
Diane Aloia			
Title			
Executive Administrator			
Signature			
November 12, 2013			
Amended November 12, 2013			

*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)

Check # 9044

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2013 NOV 14 PM 2:56
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) Amended November 12, 2013 November 1, 2013		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Cancellation	
Street Address 46 Parsonage Road		Name of Contact Ryan Schnupp	
City, State & Zip Code Edison, NJ 08837		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 88 Harbor Road		Square Feet 12,000	
City, State & Zip Code Port Washington, NY 11050		# of Floors 2	
Project Manager for Monitoring Firm Michael Baudo		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		County Code (7) USE ONLY	
ASCM No.		County (6) Middlesex	
Name of Abatement Contractor (9) Synatech, Inc.		Name of OSHA Monitor Synatech, Inc.	
Telephone Number 609-296-6916		Scheduled Start Date (10) November 18, 2013	
License Number 00817		Scheduled Completion Date (11) December 12, 2013	
Street Address 829 Radio Road		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement	
City, State & Zip Code Little Egg Harbor, NJ 08087		Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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 <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal	
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 4		Name of Registered Landfill Grows Landfill		City, State Morrisville, PA	
Disposal Date December 13, 2013		Signature <i>Alma Aloia</i>		Date November 1, 2013		Completed By Diane Aloia		Title Executive Administrator	
City, State Little Egg Harbor, NJ 08087		Completed By November 12, 2013		Amended November 12, 2013		November 1, 2013		November 1, 2013	


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

Date of Notification (1)		November 13, 2013		Name of Building Owner/Operator (2)		200 Middlesex Avenue Street Address City, State, Zip Code Cartaret, NJ		Project Manager Name of Contact Telephone Number		FACILITY INFORMATION		Name of Facility Where Abatement is Taking Place (3)		Rhodia Inc Street Address 8 CEDAR BROOK DRIVE City (5) CRANBURY, NJ		County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Street Address 907 Doolittle Drive City, State, Zip Code Bridgewater, NJ 08807		Project Manager for Monitoring Firm Eric Houseknecht Telephone No. 908-296-1132 Telephone No. (973) 759 - 5000 License No. 00781		Start Date (10) 11-27-13 Scheduled Completion Date (11) 3-31-14		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:		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Abatement Type Enclosure Encapsulate Repair Removal Amount (Specify SF or LF) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) see attached see attached see attached		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Custodial Staff? (12) Yes No N/A		Name of Registered Waste Hauler Freehold / Newark Carting / Rovic NJ DEP Waste Hauler ID No. 4509 Cubic Yards of Waste TBD Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF City, State Newburg / Imperial / Morrisville, PA		Completed by Mike Cooper Title President Signature Date 11/13/13	
--------------------------	--	-------------------	--	-------------------------------------	--	---	--	--	--	----------------------	--	--	--	---	--	-------------------------	--	--	--	---	--	---	--	--	--	--	--	---	--	---	--	---	--	---	--	--	--

RECEIVED
2013 NOV 14 PM 2:49
ASBESTOS CONTROL
TELEPHONING

**Asbestos Abatement
Building 21
New Brunswick, New Jersey
Contractor Bid Form**

Bid Item Description	Estimated Quantity	Unit Rate
Asbestos Removal		
Transite Wall Panel	650	/SF
Pipe Insulation Elbow	3	/LF
Total		


**ASBESTOS CONTROL
& LICENSING**
 2013 NOV 14 PM 2:49
 RECEIVED

Asbestos Abatement
Building 70
New Brunswick, New Jersey
Contractor Bid Form

Bid Item Description	Estimated Quantity	Unit Rate
Asbestos Removal		
Pipe Fitting Insulation Debris	10	/LF
Fire Door	120	/SF
Tan Floor Tile (with Mastic)	320	/SF
Window Caulk	100	/LF
Total		

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2013 NOV 14 PM 2:49
ASBESTOS CONTROL & LICENSING

**Asbestos Abatement
Carpenter Shop
New Brunswick, New Jersey
Contractor Bid Form**

Bid Item Description	Estimated Quantity	Unit Rate
Asbestos Removal		
Built-up Roof (Bottom Layer), Debris on North Side Ground	660	/SF
Pipe Insulation	9	/LF
Total		

(Faint background text and lines for additional bid items)

RECEIVED
2013 NOV 14 PM 2:49
ASBESTOS CONTROL & LICENSING

**Asbestos Abatement
Transformer Building
New Brunswick, New Jersey
Contractor Bid Form**

Bid Item Description	Estimated Quantity	Unit Rate
Asbestos Removal		
Flashing	200	/LF
Built-up Roofing	300	/SF
Total		

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2013 NOV 14 PM 2:49
ASBESTOS CONTROL
& LICENSING

[illegible]

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)		State of New Jersey	
RECEIVED 2013 NOV 14 PM 2:43 ASBESTOS CONTROL & LICENSING		VERIZON Street Address 126 LAKEVIEW BLVD. City, State, Zip Code LANDING, NEW JERSEY 07850 Name of Contact DOUGLAS J. O'HARE Telephone Number	
NAME OF BUILDING OWNER/OPERATOR (2) VERIZON Street Address 126 LAKEVIEW BLVD. City, State, Zip Code LANDING, NEW JERSEY 07850 Name of Contact DOUGLAS J. O'HARE Telephone Number		DATE OF NOTIFICATION (1) 11 / 12 / 13 AGENCIES NOTIFIED EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> TYPE OF NOTIFICATION Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/>	
NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3) VERIZON - BERGEN CENTRAL OFFICE TYPE OF FACILITY (4) School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & comm. bldgs., homes, etc.) <input checked="" type="checkbox"/>		CITY (5) JERSEY CITY COUNTY (6) HUDSON COUNTY CODE (7) (STATE USE ONLY) ASCM NO. 17	
STREET ADDRESS 10 EXCHANGE PLACE JERSEY CITY, NEW JERSEY TELEPHONE NUMBER 201-356-5166 TELEPHONE NUMBER 845-369-7500 NAME OF OSHA MONITOR QUALITY ENVIRONMENTAL Street Address 1376 ROUTE 9 City, State, Zip Code WAPPIGERS FALLS, NEW YORK 12590		PROJECT MANAGER FOR MONITORING FIRM BRIAN KINGSBURY TELEPHONE NUMBER 201-356-5166 TELEPHONE NUMBER 845-369-7500 NAME OF OSHA MONITOR QUALITY ENVIRONMENTAL Street Address 1376 ROUTE 9 City, State, Zip Code WAPPIGERS FALLS, NEW YORK 12590	
SCOPE OF WORK (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF <input type="checkbox"/> Renovation		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: MONDAY - FRIDAY 7AM-3:30 PM <input checked="" type="checkbox"/> Other - Describe: Full Containment with Negative Pressure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Frangible Procedure	
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) IN FACILITY (13) normally used solely by Maint/Custodial Staff (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS LOCATION Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsule <input type="checkbox"/> Enclosure <input type="checkbox"/>		DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsule <input type="checkbox"/> Enclosure <input type="checkbox"/>	
NAME OF REGISTERED WASTE HAULER EXPRESS WASTE LLC 614 FREILINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114 HAULER ID NO. 15939 CUBIC YARDS OF WASTE 40 DISPOSAL DATE 11/12/13-03/30/14 City, State NEWBURG, PA 17242		NAME OF REGISTERED LANDFILL CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242	
DATE 11/12/13		SIGNATURE [Signature] TITLE DIRECTOR OF OPERATIONS COMPLETED BY (Print or Type) BENJAMIN SANCHEZ	

CK 25205

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)

RECEIVED
2013 NOV 14 PM 2:44
ASBESTOS CONSULT
211 Telephone Number

VERIZON
126 LAKESIDE BLVD.
City, State, Zip Code
LANDING, NEW JERSEY 07850
Name of Contact
DOUGLAS J. CHARE

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Date of Notification (1)
11 / 6 / 13

Type Notification
Initial Notification
Amended Notification
Cancellation
On Hold

EMERGENCY NOTIFICATION

Name of Facility Where Abatement is Taking Place (3)
VERIZON - BERGEN CENTRAL OFFICE

Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (ie. private & comm. bldgs., homes, etc.)

Street Address
71 MADISON AVENUE
City (5)
JERSEY CITY
County (6)
HUDSON
County Code (7)
(STATE USE ONLY)
Name of Abatement Firm Hired by Building Owner (8)
ESIS, INC.
Street Address
10 EXCHANGE PLACE
City, State, Zip Code
JERSEY CITY, NEW JERSEY

Project Manager for Monitoring Firm
BRIAN KINGSBURY
Telephone Number
201-356-5166
Telephone Number
845-369-7500
License Number
460
Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Expected State Date (10)
11 / 13
Month / Day / Year
Sched. Completion Date (11)
3 / 30 / 14
Month / Day / Year

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

Scope of Work (Check all that apply)
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Frangible Procedure

Description of Asbestos-Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)
Amount
(Specify
SF or LF)
Abatement Type
REMOVAL
REPAIR
ENCAPSULE
ENCLOSURE

Name of Registered Waste Hauler
EXPRESS WASTE LLC
614 FRELINGHUYSEN AVENUE
City, State
NEWARK, NEW JERSEY 07114
Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
11/12/13-03/30/14
Disposal Date
City, State
NEWBURG, PA 17242
Date
11/6/13

Name of Registered Landfill
CUMBERLAND COUNTY LANDFILL
620 NEWMILLE ROAD
City, State
NEWBURG, PA 17242

Cubic Yards of Waste
40

NJDEP Waste
Hauler ID No.
15939

Location of
Asbestos-containing
Material (ACM)
in Facility (13)
TO BE ABATED
normally used
solely by
Main/Custodial
Staff (12)
Yes
No
N/A

Is Location
normally used
solely by
Main/Custodial
Staff (12)
Yes
No
N/A

CAULK & SEALANT
25 SF
X
ROOF - WESTSIDE
BLACK SEALANT
24 SF
X
MAIN ROOF-WESTSIDE
BLACK SEALANT
70 SF
X
MAIN ROOF-WESTSIDE
BLACK PARAPET SEALANT/PAINT
630 SF
X
5TH FLOOR
PIPE INSULATION
15 LF
X
5TH FLOOR
JOINT INSULATION
6 SF
X

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

State of New Jersey	
Name of Building Owner/Operator (2)	VERIZON
Street Address	126 LAKEVIEW BLVD.
City, State, Zip Code	LANDING, NEW JERSEY 07850
Name of Contact	DOUGLAS J. O'HARE
Telephone Number	

Facility Information

Name of Facility Where Abatement is Taking Place (3) VERIZON - BERGEN CENTRAL OFFICE

Type of Facility (4)

School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (ie. private & comm'l. bldgs., homes, etc.) ☒

Square Feet 113,347 # of Floors 2 Bldg. Age 40

County Code (7) County (6) HUDSON JERSEY CITY

Current Use (Prior to being demolished) TELECOMMUNICATIONS

Name of Abatement Contractor (8) PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD

City, State, Zip Code SUFFERN, NEW YORK 10901

Telephone Number 845-369-7500 License Number 460

Name of OSHA Monitor QUALITY ENVIRONMENTAL

Street Address 1376 ROUTE 9

City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

Name of Facility Where Abatement is Taking Place (3)

Agencies Notified

EPA	<input checked="" type="checkbox"/>
DEP	<input checked="" type="checkbox"/>
DOL	<input checked="" type="checkbox"/>
DOH	<input checked="" type="checkbox"/>
DCA	<input type="checkbox"/>

Type Notification

Initial Notification	<input checked="" type="checkbox"/>
Armed Notification	<input type="checkbox"/>
Cancellation	<input type="checkbox"/>
On Hold	<input type="checkbox"/>

EMERGENCY NOTIFICATION

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM

☒ Other - Describe: Renovation

Scope of Work (Check all that apply)

☐ Demolition

☐ >3SF OR LF

☐ >160 SF OR 260 LF

☐ Full Containment with Negative Pressure

☐ Glovebag Procedure

☐ Mini-Enclosure

☐ Non-Frangible Procedure

Location of Asbestos-containing Material (ACM) in Facility (13)

Is Location normally used solely by Main/Custodial Staff (12)

Description of Asbestos-containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL	<input checked="" type="checkbox"/>
REPAIR	<input type="checkbox"/>
ENCAPSULE	<input type="checkbox"/>
ENCLOSURE	<input type="checkbox"/>

Location	Is Location normally used solely by Main/Custodial Staff (12)	Description of Asbestos-containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
MAIN ROOF - WESTSIDE	X	CAULK & SEALANT	25 SF	X
ROOF - WESTSIDE	X	BLACK SEALANT	24 SF	X
MAIN ROOF - WESTSIDE	X	BLACK SEALANT	70 SF	X
MAIN ROOF - WESTSIDE	X	BLACK PARAPET SEALANT/PAINT	630 SF	X
5TH FLOOR	X	PIPE INSULATION	15 LF	X
5TH FLOOR	X	JOINT INSULATION	6 SF	X

Name of Registered Waste Hauler EXPRESS WASTE LLC

City, State NEWARK, NEW JERSEY 07114

Disposal Date 11/12/13-03/30/14

City, State NEWBURGH, PA 17242

Signature [Signature]

Date 10/31/13

Completed by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 5:16)

CK 22940

Name of Building Owner/Operator (2) Santander Bank N.A.		Date of Notification (1) 11 / 13 / 13	
Street Address 1130 Berkshire Boulevard		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
City, State, Zip Code Wyomissing, Pa.		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)	
Telephone Number Susan Peck			

Name of Facility Where Abatement is Taking Place (3) Santander Bank			
Street Address 220 Route 9			
City (5) Manalapan			
County (6) Monmouth			
Name of Abatement Contractor (9) JVN Restoration Inc		ASCM No. 62252	
Street Address 47 Foster Road			
City, State, Zip Code Staten Island NY 10309			
Telephone No. 718-605-6256		Telephone No. 732-616-4092	
License No. 00774		Project Manager for Monitoring Firm Brian Nemetz	
Name of OSHA Monitor Testor Tech		Scheduled Completion Date (11) 12 / 29 / 13	
Street Address 10 59 Jackson Avenue		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: AM- PM/2PM-2AM	
City, State, Zip Code LIC NY 11101			

Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type Enclosure Encapsulate Repair Removal		200 SF	
VAT/Mastic		200 SF	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		200 SF	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		200 SF	
Amount (Specify SF or LF)		200 SF	
Abatement Type Enclosure Encapsulate Repair Removal		200 SF	

Name of Registered Waste Hauler Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22171		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Hackensack, NJ		Disposal Date 12/29/13		City, State Morrisville, Pa.			
Completed By (Print or Type) Joe Tardy		Title Project Manager		Signature <i>Joe Tardy</i>		Date 11/13/13	

RECEIVED

2013 NOV 14 PM 2:46

ASBESTOS CONTROL & LICENSING

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:50 and 8:16)

CE# 2441

Page 1

Date of Notification (1)		5 / 23 / 13	
Agencies Notified		<input checked="" type="checkbox"/> EPA 6536 <input checked="" type="checkbox"/> DOLWD 6550 <input checked="" type="checkbox"/> DHSS 6549 <input checked="" type="checkbox"/> DCA 6529 (NJAC 8:23-8)	
Type Notification		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> 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-Finestone Library			
Street Address			
Washington Rd			
City (5)			
Princeton			
County (6)			
MERCER			
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			
1123 BEAVER STREET			
City, State, Zip Code			
BRISTOL, PA 19007			
Telephone No.			
216-788-6040			
Name of OSHA Monitor			
00509			
License No.			
00509			
Project Manager for Monitoring Firm			
Michael Keeshn			
Telephone No.			
609-386-8800			
Scheduled Completion Date (11)			
6 / 5 / 13			
Occupancy Status During Abatement (Check only one)			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			
Time of Abatement: 7:00AM-3:30PM / PM-AM			
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 ft or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 250 ft <input 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-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) (13)		IN Facility TO BE ABATED Asbestos-Containing Material (ACM)	
Is Location Used Solely by Normally Custodial Staff? (12)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure	
Various locations on level 1		<input checked="" type="checkbox"/> pipe insulation <input type="checkbox"/> window caulk <input type="checkbox"/> cleanup of loose debris (2600SF) <input type="checkbox"/> cleanup of duct work <input type="checkbox"/> 100 SF <input checked="" type="checkbox"/> 8,220 SF	
Exterior		<input type="checkbox"/> Above ceiling level 1 main lobby <input type="checkbox"/> Level A	
Name of Registered Waste Hauler		BRISTOL ENVIRONMENTAL, INC.	
Hauler ID No.		18705	
Cubic Yards of Waste		G.R.O.W.S. NORTH LANDFILL	
Name of Registered Landfill		City, State	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:26 and 8:16)

CE # 2441

Page 2

Date of Notification (1) 5 / 23 / 13		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 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firststone Library Washington Rd Princeton City (5) Princeton County (6) MERCER Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. ASCEM No. 00098 Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Three Term Center City, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm Michael Keeshn Telephone No. 609-388-8800 Scheduled Completion Date (11) 6 / 5 / 13 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 City, State, Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 License No. 00508 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 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-Frangible Procedure		Location of Asbestos-Containing Material (ACM) IN FACILITY (13) TO BE ABATED Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) 4 SF Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Level 1 work area #NF1A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. Hauler ID No. 18706 NJDEP Waste Cubic Yards of Waste Disposal Date City, State	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. Hauler ID No. 18706 NJDEP Waste Cubic Yards of Waste Disposal Date City, State		Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. Hauler ID No. 18706 NJDEP Waste Cubic Yards of Waste Disposal Date City, State	

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

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

Date of Notification (1) 5 / 23 / 13

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

Type Notification
☒ Initial
☒ Amended
☐ Amendment #1-8/4/13
☐ Emergency (including
Justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Finestone Library
Street Address
Washington Rd
City (5)
Princeton
County (6)
MERCER
Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.
ASCM No. 00088
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
Telephone No.
216-783-8040
Name of OSHA Monitor
00608
License No.

Project Manager for Monitoring Firm
Michael Keeshn
Telephone No. 608-388-8800
Scheduled Completion Date (11)
6 / 5 / 13
Occupancy Status During Abatement (Check only one)
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-3:30PM / PM- AM
Scope of Work (Check all that apply)
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (?) and Non-Flexible Procedure

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

Is Location Normally Used Solely by 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
Enclosure
Encapsulation
Repair
Removal

Various locations on level 1
Exterior
Above ceiling level 1 main lobby
Level A

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INS
City, State
NJ
NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste

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

8,220 SF
100 SF
5,000 LF
60 LF

State of New Jersey
 NOV 14 2013
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)

Page 2

Date of Notification (1)		5 / 23 / 13	
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 <input type="checkbox"/> Amendment #1-5/4/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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			
Name of Facility Where Abatement is Taking Place (3)			
Princeton University-Finestone Library			
Street Address			
Washington Rd			
City (5)			
Princeton			
County (6)			
MERCER			
Name of Monitoring Firm Hired by Building Owner (8)			
ATC Associates Inc.			
ASCM No. 00088			
Name of Abatement Contractor (9)			
BRISTOL ENVIRONMENTAL, INC.			
Street Address			
Three Tort Center			
City, State, Zip Code			
Burlington, NJ 08016			
Project Manager for Monitoring Firm			
Michael Keeshn			
Telephone No.		609-386-4800	
Scheduled Completion Date (11)		6 / 5 / 13	
Occupancy Status During Abatement (Check only one)		<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	
Time of Abatement: 7:00AM-3:30PM / PM-AM			
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> >160 sf or >250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM)			
IN Facility			
TO BE ABATED			
Level 1 work area MFLA			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Plaster			
Amount (Specify SF or LF)			
4 SF			
Abatement Type			
<input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal			
Full Containment with Negative Pressure			
<input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Warm-Enclosure			
Name of Registered Waste Hauler			
SERVICE TRANSPORT GROUP INC			
Hauler ID No. 20990			
Cubic Yards of Waste			
Name of Registered Landfill			
G.R.O.W.S. NORTH LANDFILL			

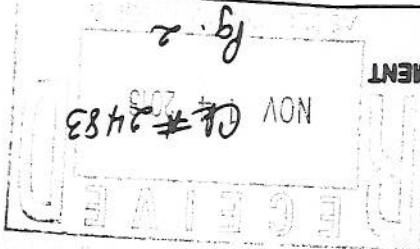
Date of Notification (1)		5 / 23 / 13		Agencies Notified		<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-5)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2-8/6/13 <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> 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		Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library Street Address Washington Rd City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Street Address Three Tort Center City, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm Michael Keeshn Telephone No. 609-386-8800 Scheduled Completion Date (11) 6 / 5 / 13 8 / 31 / 13 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: 1:00AM-3:30PM 5 PM-2 AM Two work days 8/6-8/7 (4004 WORK HRS) 5 PM-2 AM Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED Used Solely by Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Abatement Type Removal Repair Encapsulate Enclosure		Various locations on level 1 Exterior Above ceiling level 1 main lobby Level A Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INS NJDEP Waste Hauler ID No. 20890 Disposal Date City, State NEWARK, DE 19720		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL City, State G.R.O.W.S. NORTH LANDFILL	
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 8:16)
 NOV 14 2013
 CL# 2483

City, State NEWARK, DE 19720		City, State G.R.O.W.S. NORTH LANDFILL		Disposal Date		City, State	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill	
Level 1 work area (NF1A)		Plaster		Floor Tile		260 SF	
Location of Asbestos-Containing Material (ACM) IN FACILITY TO BE ABATED (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)	
<input type="checkbox"/> 23 ft or 23 ft <input checked="" type="checkbox"/> 23 ft or 23 ft <input checked="" type="checkbox"/> 23 ft or 23 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Start Date (10) 6 / 5 / 13		Scheduled Completion Date (11) 8 / 31 / 13		Name of OSHA Monitor 215-788-6040		License No. 00809	
Project Manager for Monitoring Firm Michael Keohn Telephone No. 609-386-8800		City, State, Zip Code BRISTOL, PA 19007		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. ASCM No. 00098		Name of Abatement Contractor (8) BRISTOL ENVIRONMENTAL, INC.		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		County Code (7) STATE USE ONLY MERCER		Current Use (Prior if being demolished) Library		Type of Facility (4) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12)	
City (5) Princeton		Square Feet # of Floors Bldg. Age		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction		Telephone Number	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> OHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-6)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2-8/6/13 <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	
Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction		Telephone Number		Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library	

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

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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:120)

NOV 14 2013
NOV 14 2013

Print Form

Emergency

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) Madeline Lord private home		Street Address 222 S Lowell Ave		City, State, Zip Code Bellmawr NJ 08031		County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address PO Box 329 West Berlin NJ 08091		City, State, Zip Code West Berlin NJ 08091		Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800 License No. 00727		Start Date (10) 11/12/13		Scheduled Completion Date (11) 11/14/13		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: home owner will be home		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Name of Facility Where Abatement is Taking Place (3) Madeline Lord private home		Street Address 222 S Lowell Ave		City (5) Bellmawr NJ 08031		Square Feet 1000+		# of Floors 2		Bldg. Age 35+		Current Use (Prior if being demolished) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Name of Abatement Contractor (9) Pernaco Inc.		Street Address PO Box 329 West Berlin NJ 08091		City, State, Zip Code West Berlin NJ 08091		Telephone No. Telephone No. 856-753-9800 License No. 00727		Name of OSHA Monitor same		Street Address City, State, Zip Code	
Agencies Notified		Type Notification		Initial		Amended		Amendment #		Emergency (including Cancellation)		Name of Contact Madeline		Telephone Number		FACILITY INFORMATION											
EPA		Initial										Bellmawr NJ 08031															
DOL		Amended										City, State, Zip Code															
DEP		Emergency (including Cancellation)										Name of Contact															
DOH												Madeline															
DCA																											

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

CR# 2153

Date of Notification (1) 11/21/13		Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	
Name of Building Owner/Operator (2) Steven Abbruzzese Street Address 317 New York Ave City, State, Zip Code Ft. Pleasant, N.J. Telephone Number [Redacted]		Name of Contact Mike Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	

Name of Facility Where Abatement is Taking Place (3)		Abbey & Rose Residence	
Street Address		317 New York Ave	
City (5)		Pt. Pleasant	
County (6)		Ocean	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Name of Abatement Contractor (9)		Residence	
Current Use (Prior if being demolished)		Residence	
Type of Facility (4)		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Square Feet		1000	
# of Floors		2	
Bldg. Age		100	
Street Address		Abbey & Rose Residence	
City, State, Zip Code		Pt. Pleasant	
Name of Monitoring Firm		ASCM No.	
Street Address		95 Montrose Road	
City, State, Zip Code		Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		732-294-1757	
Name of OSHA Monitor		License No.	
Street Address		City, State, Zip Code	
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: <i>Normal - 7am - 4pm</i>	
Start Date (10)		11/21/13	
Scheduled Completion Date (11)		11/27/13	

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation		Scope of Work (Check All That Apply)																					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure		<table border="1"> <thead> <tr> <th colspan="2">Abatement Type</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2">Yes</th> <th rowspan="2">No</th> <th rowspan="2">N/A</th> </tr> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Endorse</th> </tr> </thead> <tbody> <tr> <td colspan="2"> Out door Space </td> <td> 1600 sq ft </td> <td> Siding w/linings </td> <td> <input checked="" type="checkbox"/> </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Abatement Type		Amount (Specify SF or LF)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Yes	No	N/A	Removal	Repair	Encapsulate	Endorse	Out door Space		1600 sq ft	Siding w/linings	<input checked="" type="checkbox"/>			
Abatement Type		Amount (Specify SF or LF)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Yes	No	N/A																		
Removal	Repair							Encapsulate	Endorse																
Out door Space		1600 sq ft	Siding w/linings	<input checked="" type="checkbox"/>																					

Name of Registered Waste Hauler		Ace Insulation Co., Inc.		Hauler ID No. 12086	Disposal Date 11/25/13	City, State Tullytown, Pa	Completed by George Wuest	Title President	Signature <i>George Wuest</i>	Date 11/21/13
Name of Registered Landfill Grows		Cubic Yards of Waste								

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

Date of Notification (1) 11/13		Name of Building Owner/Operator (2) Ladys of Peace Church		Street Address 209 7th Ave		City, State, Zip Code Normandy Beach, N.J.		Name of Contact Sara		Telephone Number 708-14-2018			
Agencies Notified EPA DEP DOL DOH DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation											
Name of Facility Where Abatement is Taking Place (3) Rectory Building 209 7th Ave Normandy Beach City (5) County (6) Ocean										FACILITY INFORMATION		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J. 07722		Project Manager for Monitoring Firm		Telephone No.		Telephone No.		Name of OSHA Monitor		Street Address City, State, Zip Code		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Other - Describe: Tent - 7/11/13	
Start Date (10) 11/29/13		Scheduled Completion Date (11) 11/29/13		Name of Abatement Contractor (9) Ace Insulation Co., Inc.		Street Address City, State, Zip Code		Telephone No.		Telephone No.		License No. 00029	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.		Street Address City, State, Zip Code		Telephone No.		Telephone No.		Name of OSHA Monitor		Street Address City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("and Non-Friable Procedure		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 1400		Abatement Type <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal		Is Location Normally Used Solely by Custodial Staff? (12) No Yes N/A		Location of Asbestos-Containing Material (ACM) In Facility TO BE ABATED (13) Interior	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste Chirns		Name of Registered Landfill		City, State Easton, Pa		Disposal Date 11/29/13		Signature George West	
Title President		Signature George West		Date 11/13									

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) November 11, 2013		Name of Building Owner/Operator (2) K C Homes	
Type of Notification [] Initial Notification [] Amended Notification [] Amendment # [] Emergency (including justification) [] Cancellation		Name of Contact Chris	
Agencies Notified [] EPA [] DEP [] DOL [] DOH [] DCA		City, State, Zip Code Normandy Beach, NJ 08735	
Street Address P O Box 0815		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than k-12) [] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 157 West Atlantic Way		Square feet 900 sf	
City Chadwick Beach		# of Floors 1	
County (6) Ocean		Bldg. Age 60	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		City, State, Zip Code 1889 Route 9, Unit 61	
City, State, Zip Code		Telephone Number Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm		Telephone Number 732-349-9932	
Sched Start Date (10) 11/22/13		Name of OSHA Monitor E.M.S.T. Analytical	
Sched Completion Date (11) 11/26/13		License Number 00624	
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)		Full Containment with Negative Pressure []	
Renovation []		Mini-Enclosure []	
Demolition []		Glovebag Procedure []	
[] ≥ 3 sf or ≥ 3 lf		Non-Exempted (*) and Non-Friable Procedure []	
[] ≥ 160 sf or ≥ 260 lf			
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) R E N C N E R P A C S U L A V O M A L		Abatement Type E R U S O L C N E R P A C S U L A V O M A L	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Asbestos siding	
Exterior		700 sf	
Name of Registered Waste Hauler Guardian Contracting, Inc.		Name of Registered Landfill T.R.R.F.	
NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	
City, State Toms River, New Jersey		City, State Tullytown, Pennsylvania	
Disposal Date 11/27/13		Signature Nicholas Femicola	
Title Project Manager		Date 11/11/2013	

*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) November 11, 2013		Name of Building Owner/Operator (2) K C Homes	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including Cancellation Justification)		Name of Building Owner/Operator (2) K C Homes Street Address P O Box 0815 City, State, Zip Code Normandy Beach, NJ 08735 Telephone Number Chris	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Street Address 161 West Atlantic Way		City Chadwick Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	Square feet 900 sf	# of Floors 1	Bldg. Age 60	Current Use (Prior if being demolished) Residence	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
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 type="checkbox"/> Other - Describe _____																			
Scope of Work (Check all that apply) <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																			

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) R E R A M O V A L E P A C N E E L S O L U S I O N R E S U R F A C I N G A B A T E M E N T T Y P E	Exterior <input checked="" type="checkbox"/>	Asbestos siding 850 sf <input checked="" type="checkbox"/>												
--	--	--	--	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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 11/27/13	City, State Toms River, New Jersey	Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>N. Fernicola</i>	Date 11/11/2013
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*Do not use this form for asbestos licensure exempted activities.

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:120)

Check # 8781

Date of Notification (1) 11-9-13		Name of Building Owner/Operator (2) J. Robert Hillier	
Type Notification		Street Address 190 Witherspoon Street	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Princeton, NJ 08542	
Initial <input checked="" type="checkbox"/>		Name of Contact Jim Banks	
Amended <input type="checkbox"/>		Telephone Number 08542	
Emergency (including justification) <input type="checkbox"/>			
Cancellation <input type="checkbox"/>			

Name of Facility Where Abatement is Taking Place (3) Duplex Dwelling Apartment		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 153 Witherspoon Street		Square Feet 2	
City (5) Princeton NJ 08542		# of Floors 2	
County (6) Merger		Bldg. Age 70+	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Current Use (Prior if being demolished) 2 Apartment Dwelling	
ASCM No. N/A		Name of Abatement Contractor (9) EPC Technologies Inc	
Street 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	
Sched. Completion Date (11) Dec 6, 2013		Name of OSHA Monitor EPC Technologies 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 P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt, NJ 08533	

Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure <input type="checkbox"/>	
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Location of Asbestos-Containing Material (ACM) In Facility TO BE ABATED (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
1st Floor Bedrooms		240 SF	
2nd Floor Kitchen		100 SF	
2nd Floor Bathroom		60 SF	
Flat Roof		150 SF	
NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 8	
Name of Registered Waste Hauler EPC Technologies		City, State New Egypt NJ	
Disposal Date 12-6-13		City, State Princeton PA	
Title President		Signature Steve Schenker	
Completed by Steve Schenker		Date 11-9-13	

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 5:16)

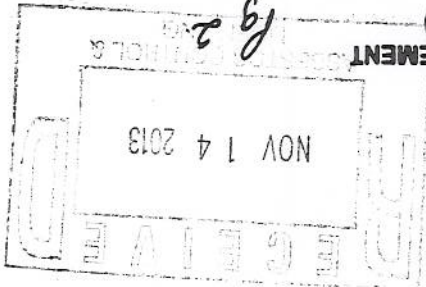
Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #5-10/31/13 <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Street Address Washington Rd		City (5) Princeton	
County (6) MERCER		County Code (7) (STATE USE ONLY) Library	
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	
Street Address Three Term Center		City, State, Zip Code Burlington, NJ 08016	
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	
Scheduled Completion Date (11) 6 / 5 / 13		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1123 BEAVER STREET	
Time of Abatement: 7:00AM-3:30PM / PM-AM		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input 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		Abatement Type Enclosure Encapsulate Repair Removal	
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF)	
Various locations on level 1		59 LF	
Exterior		5,000 LF	
Above ceiling level 1 main lobby		100 SF	
Level A		8,220 SF	
Name of Registered Waste Hauler		Name of Registered Landfill	
SERVICE TRANSPORT GROUP INS		G.R.O.W.S. NORTH LANDFILL	
Hauler ID No. 20990		City, State MORRISVILLE, PA 19067	
Title Estimator		Signature Brian Scifiro	
Completed By (Print or Type) Brian Scifiro		Date 10/31/13	

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

Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction NOV 14 2013	
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 <input type="checkbox"/> Amendment #4-9/27/13 <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification) <input type="checkbox"/> Cancellation	
Street Address Princeton University-Firestone Library Washington Rd City (5) Princeton County (6) Mercer		Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
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 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keen Telephone No. 609-386-8800		Telephone No. 215-788-6040 License No. 00509	
Start Date (10) 6 / 5 / 13 Scheduled Completion Date (11) 10 / 31 / 13		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 City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure	
Level 1 work area #NF1A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) N/A		Floor Tile Plaster 4 SF 260 SF	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC Hauler ID No. 20990 Cubic Yards of Waste Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL City, State MORRISVILLE, PA 19067		Disposal Date City, State MORRISVILLE, PA 19067	
Title Estimator Brian Scarfo		Signature Brian Scarfo Date 9/27/13	

NOV 14 2013
Construction

Date of Notification (1)		5 / 23 / 13		Agencies Notified		<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-6)	
Name of Building Owner/Operator (2)		Princeton University-Office of Design and Construction		Type Notification		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #4-9/27/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address		200 Elm Dr.		City, State, Zip Code		Princeton, NJ 08544	
Name of Contact		Robert Ortega		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)							
Princeton University-Firestone Library							
Street Address		Washington Rd		City (5)		Princeton	
County (6)		MERCER		County Code (7)(STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ATC Associates Inc.		ASCM No.		00098	
Street Address		Three Term Center		City, State, Zip Code		Burlington, NJ 08016	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		609-386-8800	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor		215-788-6040	
Start Date (10)		6 / 5 / 13		Telephone No.		00509	
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		Burlington, NJ 08016		City, State, Zip Code		BRISTOL, PA 19007	
Project Manager for Monitoring Firm		Michael Keen		Telephone No.		215-788-6040	
Scheduled Completion Date (11)		6 / 5 / 13		Name of OSHA Monitor			



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

Date of Notification (1) 5 / 23 / 13		Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-6)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amended #3-8/30/13 <input type="checkbox"/> Emergency (including <input type="checkbox"/> 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 Building Owner/Operator (2) Princeton University-Office of Design and Construction	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library									
Street Address Washington Rd City (5) Princeton									
County (6) MERCER									
County Code (7)(STATE USE ONLY) Library									
Name of Abatement Contractor (8) BRISTOL ENVIRONMENTAL, INC.									
Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007									
Project Manager for Monitoring Firm Michael Keeshn Telephone No. 609-386-8800 Telephone No. 215-788-6040 License No. 00509									
Start Date (10) 6 / 5 / 13 Scheduled Completion Date (11) 9 / 30 / 13									
Name of Monitoring Firm Hired by Building Owner (9) ATC Associates Inc. ASCM No. 00098									
Street Address Three Term Center City, State, Zip Code Burlington, NJ 08016									
Project Manager for Monitoring Firm Michael Keeshn Telephone No. 609-386-8800 Telephone No. 215-788-6040 License No. 00509									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Time of Abatement: 7:00AM-3:30PM / PM- AM									
Scope of Work (Check all that apply) <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-Finable Procedure									
Location of Asbestos-Containing Material (ACM) IN Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A									
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)									
Amount (Specify SF or LF)									
Abatement Type Enclosure Encapsulate Repair Removal									
Level 1 work area #NF1A <input checked="" type="checkbox"/> Plaster 4 SF First Floor Hallway 260 SF <input checked="" type="checkbox"/> Floor Tile									
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC Hauler ID No. 20890 Cubic Yards of Waste G.R.O.W.S. NORTH LANDFILL City, State MORRISVILLE, PA 19067									
City, State NEWARK, DE 19720									

Date of Notification		11		1		0		8		1		3	
Agencies Notified		USEPA		X		Initial		Notification		Amended		Cancellation	
Name of Building Owner/Operator		Merck Sharp & Dohme Corp.											
Street Address		556 MORRIS AVENUE											
City, State, Zip Code		Summit, NJ 07901											
Name of Contact		Kevin Ruta											
Telephone Number													
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place													
Street Address		MERCK - Building S 5											
City		Summit, NJ		County		UNION		State use Only		Current Use (prior if being demolished)			
SF of Bldg.		10000		# Floor		3		Age of Bldg.		50+			
Type of Facility		() School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)											
Name of Abatement Contractor		ACM CONSULTING CORP.											
Street Address		2150 STANLEY TERRACE											
City, State, Zip Code		UNION, NJ 07083											
Telephone No.		908-687-1008		License Number		00575							
Scheduled Start Date		11		25		2013		Scheduled Completion Date		TO BE DETERMINED			
Project Manager for Monitoring Firm		TO BE DETERMINED		Telephone No.		908-687-1008							
Name of Monitoring Firm Hired by Building Owner		ASCM No.		Name of Abatement Contractor									
Street Address		275 ROUTE 10 E. SUITE 220-306											
City, State, Zip Code		SUGGASUNNA, NJ 07876											
Project Manager for Monitoring Firm		Telephone No.		Name of Monitoring Firm									
Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement											
Abatement Outside Normal Facility Hours		Describe: 4:00PM TO 4:00AM											
Other - Describe:		NEW YORK, NY 10118											
Scope of Work (Check Only One)		Abatement Method											
Demolition		Full Containment with Negative Pressure											
X		Mini-Enclosure											
X		Glovebag Procedure											
X		Non-Friable Procedure											
Location of ACM Facility		Is Location Normally Used by Custodial Staff											
Yes		NO											
N/A		Description of ACM to be Removed											
Amount to be Removed		(Specify SF/LF)											
Rem.		Rep.											
Encl.		Abatement Type											
Basement Mens Room		Pipe Insulation											
X		7LF											
X		Name of Registered Waste Hauler											
NJDEP Waste ID No.		Cubic Yds waste											
NJDEP 16666		Name of Registered Landfill											
City, State		Clean Harbors Env. Services, Inc.											
Disposal Date		City, State of Registered Landfill											
TBD		Waynoka, Oklahoma											
Signature		Date											
GENERAL MANAGER		11/8/2013											
Completed By (Print or Type)		TIMOTHY RYAN											

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

NOV 14 2013