


CK 11763

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


2015 NOV 24 AM 9:11
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11 / 19 / 15		Name of Building Owner/Operator (2) EDENS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 Custom House Street, Suite 450							
		City, State, Zip Code Boston, MA 02110							
		Name of Contact Erik Bray	Telephone Number 6						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former KMart Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 19 Vervalen Street		Square Feet 80,000	# of Floors 1						
City (5) Closter, NJ 07624		Bldg. Age 40+							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Retail Stores							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	Telephone No. 610-701-9000						
		License No. 00508							
Start Date (10) 12 / 4 / 15	Scheduled Completion Date (11) 1 / 8 / 16	Name of OSHA Monitor AET							
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: 7AM-____PM/3:30PM-____AM		Street Address 28 N. Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	71,721 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	2200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	70 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Richard Burns & Co.		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 360	Name of Registered Landfill Western Berks Landfill					
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 11-19-15			

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

Check No.

2887

Date of Notification (1) November 10, 2015		Name of Building Owner/Operator (2) William Paterson University				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Pompton Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Carl Pettit Telephone Number ---				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Hunziker Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 300 Pompton Road		Square Feet 91,520				
City (5) Wayne, NJ 07470		# of Floors 3	Bldg. Age 56 / 46			
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education				
Name of Monitoring Firm Hired by Building Owner (8) ITI Environmental Incorporated		ASCM No. 00003	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.			
Street Address 1253 North Church Street		Street Address 223 Randolph Avenue				
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code Clifton, NJ 07011				
Project Manager for Monitoring Firm Jeff Seaman	Telephone No. 856-840-8800	Telephone No. 973-478-4681	License No. 00120			
Start Date (10) December 21, 2015	Scheduled Completion Date (11) February 29, 2016	Name of OSHA Monitor McCabe Environmental Services, L.L.C.				
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: Normal Business hours - Occupied Building		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
See attached for detail		Thermal Systems Insulation	4120 Inft	<input checked="" type="checkbox"/>		
		Tank Insulation	200 sq ft	<input checked="" type="checkbox"/>		
		Floor Tile & Mastic	2910	<input checked="" type="checkbox"/>		
		Non-friable transite piping / panels	20 In ft / 420 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Clifton, NJ 07011 / Bronx, NY		Disposal Date 12/23/2015 - 03/14/2016	City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Safety Officer	Signature 		Date 11/10/2015		

William Paterson - Asb Quantity

	<u>Floor</u>	<u>Room</u>	<u>Pipe</u> <u>LF.</u>	<u>Tank</u> <u>Insulation</u>	<u>Transite</u> <u>Piping</u>	<u>Transite</u> <u>Panels</u>	<u>Floor tile</u> <u>& Mastic</u>
HW	First	23	100				
HW	First	Room Outside Janitorial Supply	3				
HW	First	Elevator					70
HW	First	Storage	5				
HW	First	Speech & Hearing - 4A	16				
HW	First	5A-5E	5				
HW	First	Language - 6A	6				
HW	First	6C/6D	15				300
HW	First	7A-E Faculty Off	6				520
HW	First	Observation - 9					150
HW	First	Hallway	1000			140	
HW	First	Room 16	10				
HW	First	Mechanical	320	200			
HW	First	Server Room	45				
HW	First	Communication Disorder	60				
HW	First	11E	30				
HW	First	Therapy Suits 10A-10G	1				
HW	First	Room 35	50				
HW	First	Utility Closet	5				
HW	First	Speech Clinic	90				
HW	First	Speech Clinic Bathroom	200				
HW	First	Child Development Center	100				
HW	Second	102	200				780
HW	Second	103	20				
HW	Second	104	5				20
HW	Second	106	10				
HW	Second	107	20				60
HW	Second	108	20				
HW	Second	110	10				
HW	Second	Hallway	1000			140	
HW	Second	122	5				
HW	Second	123	5				
HW	Second	128	10				
HW	Second	126	12				255
HW	Second	125	8				
HW	Second	124	5				255
HW	Second	Conference Rm 120	26				500
HW	Second	111	18				
HW	Second	130	2				
HW	Second	Utility Closet	5				
HW	Second	Knuckle Offices	75				
HW	Third	Hallway	40		20	140	
HH	Basement	Mechanical	557				
		Totals	4120	200	20	420	2910
HW		Hunzinger Wing					
HH		Hunzinger Hall					

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

RECEIVED

Date of Notification (1) November 24, 2015		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office		2015 NOV 24 PM 1:19					
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address EA McMillan Building					
		City, State, Zip Code Princeton, NJ 08544		ASBESTOS CONTROL & LICENSING					
		Name of Contact Bob Ortego		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 60 McCosh Circle			Square Feet 2,200						
City (5) Princeton			# of Floors 1		Bldg. Age 40+				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCN No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505		License No. 01161					
Start Date (10) 11/25/15		Scheduled Completion Date (11) 12/11/15		Name of OSHA Monitor EMSL					
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 200 US Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Residence, Interior			X	Pipe Insulation Debris in trench	50 LF	X			
Residence, Exterior			X	Green Board A/W Windows	200 SF	X			
Residence, Exterior			X	Excavated soil with ACM debris	10 cyd	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, NJ				
Completed by Jack Bally		Title Sr. Project Manager		Signature Jack Bally		Date 11/23/15			

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

RECEIVED

Date of Notification (1) 11-5-15		Name of Building Owner/Operator (2) Atlantic City Electric		2015 NOV 24 PM 1:11	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 5100 Harding Highway City, State, Zip Co Mays Landing, NJ 08330 Name of Contact Ryan Robichuad Telephone Number 856 351 7000		
	FACILITY INFORMATION				
	Name of Facility Where Abatement is Taking Place (3) Street Address 114 11 th Ave City (5) Mays Landing County (6) Atlantic County			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 180 # of Floors 1 Bldg. Age 50 County Code (7) (STATE USE ONLY) Current Use (prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc. Street Address 760 Pulaski Highway City, State, Zip Code New Castle, DE 19720 Project Manager for Monitoring Firm Wesley Morrison Telephone No. (302) 326-2333 Scheduled Start Date (10) 11/25/15 Scheduled Completion Date 11-25-15 Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf xxx ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>	
Name of Contractor (9) County Environmental Street Address 461 New Churchmans Rd. City State, Zip Code New Castle, DE 19720 Telephone Number (302) 322-8946 License Number 00578 Name of OSHA Monitor County Environmental Street Address 461 New Churchmans Road City, State, Zip Code New Castle, DE 19720					

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior wall and roof panels	x			Transite wall & roof panels	575 SF	x		

Name of Reg. Waste Hauler SJ transportation Co. Inc		NJDEP Waste Hauler ID No. NJD071629976		Cubic Yards of Waste 30	Name of Reg. Landfill Modern Landfill	
City, State Woodstown, NJ		Disposal Date TBA		City, State York, PA		
Completed by <i>B. Hodge</i>	Title PM	Signature 			Date 11/20/15	

CK 2920

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

Date of Notification (1) 11/13/2015		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 15 EAST MONTGOMERY PLACE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code PITTSBURGH, PA 15212	
		Name of Contact ALEX BAYLOR	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bergen Central Office - VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 71 Madison Ave.		Square Feet 113000	# of Floors 7
City (5) Jersey City	County (6) Hudson	Bldg. Age 75	
County Code (7)		Current Use (Prior if being demolished) Verizon communication center	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State & Zip Code Philadelphia pa 19153		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 267-784-8651	License Number 215-788-6040
Scheduled Start Date (10) 11/30/15	Scheduled Completion Date (11) 12/8/15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Describe: 5:00 PM – 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

1 Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Power room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	960 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date Tbd	City, State WAYNESBURG, OH	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro / jcl</i>	Date 11/13/15

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

Date of Notification (1) 11/13/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 216 LEXINGTON AVENUE City, State & Zip Code LAKEWOOD, NJ 08701 Name of Contact ALEX BAYLOR	

2913
RECEIVED
 2015 NOV 17 AM 10:09
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD CENTRAL OFFICE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 216 LEXINGTON AVE		Square Feet 20000	# of Floors 3
City (5) LAKEWOOD	County (6) OCEAN	County Code (7)	
Current Use (Prior if being demolished) COMMUNICATIONS		Bldg. Asbestos Control & Licensing	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET	
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	License Number 00509
Scheduled Start Date (10) 11/23/15	Scheduled Completion Date (11) 11/24/15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 11/13/15