


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

Date of Notification (1) 10/04/2013			Name of Building Owner/Operator (2) City of Atlantic City		
Agencies Notified () EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Notification () Cancelled		Street Address 1301 Bacharach Blvd City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Anthony Cox (Atlantic City Dept of Bldgs)	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 31 South Connecticut Avenue			Sq. 2225 SF No. of Floors: 2		
City (5) Atlantic City	County (6) Atlantic	County Code (7) (State Use Only)	Bldg. Age 75 yrs Current Use (prior if being demolished) Vacant (Prior use: Home)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services		ASCM No. 00117		Name of Contractor (9) Superior Abatement, Inc.	
Street Address 318 12th Street			Street Address 2 Henderson Drive, Ste A		
City, State, Zip Code Hammonton, NJ 08037			City State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number (609) 704-8850	Telephone Number (973) 808-1616	License Number 00411	
Scheduled Start Date (10) 10/14/2013		Scheduled Completion Date (11) 10/18/2014		Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe:			Street Address 2 Henderson Drive, Ste. A City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-friable Procedure for Asbestos Transite Siding Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Basement	X	Pipe Insulation	25 LF	X	
Basement	X	Pipe Fittings	25 EA	X	
Exterior	X	Transite Siding	2,225SF	X	
Name of Reg. Waste Hauler R&D Debris, LLC	NJDEP Waste Hauler ID # NJDEP 29439	Cubic Yards of Waste 20	Name of Reg. Landfill Atlantic County Utilities Authority		
City, State Hainesport, NJ		Disp. Date 10/18/2013	City, State Egg Harbor Twp., NJ		
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 10/04/2013		

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

Date of Notification (1) 10/04/2013		Name of Building Owner/Operator (2) William Paterson University		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 8 2013 </div>					
Agencies Notified	Type Notification	Street Address 300 Pompton Road							
<input type="checkbox"/> EPA <input checked="" 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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact William J. Siegrist							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WPU- Hobart Hall Annex				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 300 Pompton Road									
City (5) Wayne				Square Feet	# of Floors				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Disposal by: Kielczewski Corporation					
Street Address				Street Address 235 Watchung Ave					
City, State, Zip Code				City, State, Zip Code West Orange, NJ 07052					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-243-9872	License No. 01171				
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: work performed in closed construction area				Street Address					
				City, State, Zip Code					
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 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 checked="" 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
disposal of facility component			x	transite panels	60lf				
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State West Orange, NJ				Disposal Date	City, State Morgantown, PA				
Completed by Slawomir Kielczewski		Title President		Signature		Date 10/04/2013			

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check 1530

Date of Notification (1) 10 / 07 / 13		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 80 PARK PLAZA		City, State, Zip Code NEWARK, NJ 07101	
Name of Contact DAWN NEVILLE		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SUSQUEHANNA - ROSELAND PROJECT			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address SEE ATTACHED			Building Age N/A		
City (5)	County (6)	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) N/A
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONEMENTAL			Name of Abatement Contractor (9) LVI Demolition Services Inc.		
Street Address 2 EAST BLACKWELL ST			Street Address		
City, State, Zip Code DOVER, NJ			32 Williams Parkway City, State, Zip Code		
Project Mngr. For Monitoring Firm BOB SHERIFF			Telephone Number 973-366-4660		
Sched. Start Date (10) 10 / 17 / 13			Sched. Completion Date (11) 12 / 01 / 13		
Telephone Number 973-772-3660			License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 5:00PM			Name of OSHA Monitor LVI Demolition Services Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TAR/MASTIC	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ATTACHED	<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 OWNER	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill OWNER
City, State	Disposal Date	City, State	

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 10/07/13
---	--------------------------	-----------------------------------	------------------

RECEIVED
OCT 8 2013

Seg 1 Tower Locations

Tower #	Town	Descr of Nearest Intersection
77/3A	Montville	.15 mi NE of Baldwin Ct and Schneider Lane
77/4	Montville	.10 mi SE of Baldwin Ct and Schneider Lane
77/5	Montville	Just South of Millers Lane and Midland Rd
78/1	Montville	.2 mi N of Davenport Rd and Springbrook Rd
78/2	Montville	Just North of Davenport Rd and Springbrook Rd
78/3	Montville	Just South of Church Lane and Chase Run
78/4	Montville	.2 mi W of Old Changebridge Rd and Changebridge Rd
78/5	Montville	.25 mi SW of Old Changebridge Rd and Changebridge Rd
79/1	Montville	Just N of 201 River Rd
79/2	Montville	.15 mi S of 201 River Rd
79/3	Montville	.2 mi NW of Van Riper Dr and Luckenbill Dr. (at the end of Van Riper)
79/4	Montville	.22 mi W of John Henry Dr and Luckenbill Dr. (at the end of John Henry)
79/5	Montville	.15 m W of Eckhardt Cir and Independence Ct
79/6	Lake Hiawatha	Just E of Rockaway Blvd and River Dr
80/1	Lake Hiawatha	Just E of Wolf Pl and Rockaway Blvd
80/2	Lake Hiawatha	.10 mi S of Rockaway Blvd and Rockaway Pl
80/3	Parsippany	Just E of Vail Rd and Old Chester Rd
80/4	Parsippany	.10 mi NE of Alba Pl and Arnold Dr.
81/1	Parsippany	.25 E of Route 46 and Crown Pt. Rd. - West Bound side of Rt 80
81/4	Parsippany	.25 mi S of 80/280 Split - .45 mi SW of Kelly Dr and Route 46
81/5	Parsippany	.75 mi W of Edwards Rd and Rutgers Lane - .35 mi S of 80/280 Split
81/6	Parsippany	.65 mi W of Edwards Rd and Rutgers Lane
82/1	Parsippany	.6 mi NW of Ridgedale Ave and New Rd
82/2	Parsippany	.45 mi NW of Ridgedale Ave and New Rd
82/3	Parsippany	.45 mi W of Ridgedale Ave and New Rd
82/4	Parsippany	.4 mi SW of Ridgedale Ave and New Rd
82/5	East Hanover	.25 mi N of Klinger Rd and Stimis Lane (North of Col de Sac on Stimis Lane)
83/1	East Hanover	.2 mi NE of Klinger Rd and Stimis Lane
83/2	East Hanover	Just East of Harvest Ave and Jaclyn Dr
83/3	East Hanover	Just East of Willow Pl and Overlook Ave
83/4	East Hanover	.2 mi S of Willow Place and Overlook Ave
83/5	East Hanover	.15 mi NE of Brace Dr and Eberhardt Dr

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 1529

Date of Notification (1) 10 / 07 / 13		Name of Building Owner / Operator (2) Kraft Foods/Mondelez	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact HOWARD FORCE		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kraft Foods/Mondelez			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 2211 Route 208			Building Age 40 +		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Current Use (Prior if being demolished) Bakery/WAREHOUSE
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. LVI Demolition Services Inc.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		
Schedul Start Date (10) 11 / 18 / 13		Sched. Completion Date (11) 11 / 25 / 13		Telephone Number 973-772-3660	
License Number 00860		Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: ___ M-F <input checked="" type="checkbox"/> Other - Describe: ___ 7:00 AM - 11:30PM			
Name of OSHA Monitor LVI Demolition Services Inc.			Street Address 32 Williams Parkway		
City, State, Zip Code East Hanover, NJ 07936					

Scope of Work (Check All That Apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf | <input type="checkbox"/> Mini - Enclosure | <input type="checkbox"/> Glovebag Procedure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

Location of Asbestos Containing <u>TO BE ABATED</u> 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
2ND FLOOR BAKE SHOP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GASKET	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR BAKE SHOP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WIRING	3000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 10/07/13

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

check 1531

Date of Notification (1) 10 / 07 / 13		Name of Building Owner / Operator (2) PSE&G SERVICES CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address CLINTON & 13TH STREET		MC-T6 80 PARK PLAZA City, State, Zip Code NEWARK, NJ 07102 Name of Contact ROBERT DELMONTE	
		Telephone Number 8 OCT 8 2013	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) HOBOKEN			County (6) HUDSON	County Code (7)	Building Age 50+
Square Feet 5,000			# Of Floors 1	Current Use (Prior if being demolished) GARAGE	
Name of Monitoring Firm Hired by Bldg. Owner (8) CNS			ASCM NO.	Name of Abatement Contractor (9) LVI Demolition Services Inc.	
Street Address 208 NEWTOWN ROAD			Street Address 32 Williams Parkway		
City, State, Zip Code PLAINVIEW, NY 11803			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm MIKE NOLAN			Telephone Number 516-932-3228	License Number 00860	
Scheduled Start Date (10) 10 / 21 / 13		Sched. Completion Date (11) 10 / 24 / 13		Telephone Number 973-772-3660	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
GARAGE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF & FLASHING	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FIRE DOOR	32 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"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I
City, State NEWARK, NJ	Disposal Date	City, State BETHELHAM, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 10/07/13

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # 10560

GAC Project # 060-13

Date of Notification (1) October 04, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address LIVINGSTON CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
City, State, Zip Code NEW BRUNSWICK MIDDLESEX NJ 08854		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Facility Where Abatement is Taking Place (3) LIVINGSTON BOOKSTORE, BLDG# 4068		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
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.)		Telephone Number OCT 8 2013	
Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years		Current Use (prior if being demolished): ACADEMIC	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
License Number 00840		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Scheduled Start Date (10) 10/04/13		Scheduled Completion Date (11) 10/08/13	
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: <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 12:00 NOON FRI - 5:00 AM MON		Street Address 20-21 WARGARAW ROAD	
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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 101, 102, 103 Room 101, 102, 103 Room 101, 102, 103		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT TSI TRANSITE		Amount (Specify SF or LF) 2000 SF <9 LF 2000 SF	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Name of Reg. Waste Hauler See Hauler Below #1 & 2	
NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 25 CY	
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 10/08/13	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067		City, State 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date October 04, 2013	

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney