6310-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Emergency Friable Notification
check #: 4478

RECEIVED OCT 26 2011

Date of Notification (1)	Name of Building Owner/Operator (2)
10/20/11	Butler School District
Agencies Notified: [X]EPA [X]DEP [X]DOL [X]DOH [X]DCA	Street Address: 38 Bartholdi Avenue
Type Notification: [X]Initial Notification [ ]Amended Notification [ ]Cancellation	City, State, Zip Code: Butler, NJ 07405
	Name of Contact: Debbie Naley-Minenna, Bus. Admin.
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Butler High School	[X]School (K-12) [ ]Subchapter 8 (Other than K-12) [ ]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 38 Bartholdi Avenue	Square Feet: 6500 / # of Floors: 1 / Bldg. Age: 64
City (5): Butler, NJ 07405 / County (6): Morris / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
Westchester Environmental, Inc.	00127	Four Strong Builders, Inc.	
Street Address: 307 North Walnut Street		Street Address: 180 Sargeant Avenue	
City, State, Zip Code: West Chester, PA 19380		City, State, Zip Code: Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm: Matt Abraham	Telephone Number: 610-996-3515	Telephone Number: 973-614-0377	License Number: 00807
Scheduled Start Date (10): 10/21/11 (Month / Day / Year)	Sched. Completion Date (11): 10/24/11 (Month / Day / Year)	Name of OSHA Monitor: Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one): [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: [ ]Other - Describe:		Street Address: 180 Sargeant Avenue	
		City, State, Zip Code: Clifton, NJ 07013	

Scope of Work (Check all that apply)

[ ]Demolition
[ ]>3 sf or ≥3 lf
[X]≥160 sf or ≥260 lf

[X]Renovation

[X]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[ ]Glovebag Procedure
[ ]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: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Band Room		X		Floor Tile / Mastic	1,584 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Four Strong Builders, Inc.	12609		G.R.O.W.S., Inc.
City, State: Clifton, NJ		Disposal Date	City, State: Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
Bilyana Kulakovska	Office Administrator	B. K.	10/20/11

ASB-41
JUN 95

G4667

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

RECEIVED OCT 20 2011

Date of Notification (1): 10/20/11	Name of Building Owner/Operator (2): Wick Companies LLC
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 100 Woodbridge Center Dreive
	City, State, Zip Code: Woodbridge NJ, 07095
	Name of Contact: Ron Morriello — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Garage	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 592 Amboy Ave.	
City (5): Fords	Square Feet: 1600 — # of Floors: 1 — Bldg. Age: 50
County (6): Middlesex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Garage
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): Lesco Services Inc.
Street Address:	Street Address: 156 Maple Ave.
City, State, Zip Code:	City, State, Zip Code: Wallington NJ, 07057
Project Manager for Monitoring Firm: — Telephone No.	Telephone No.: 973-406-7341 — License No.: 01107
Start Date (10): 10/24/11 — Scheduled Completion Date (11): 10/31/11	Name of OSHA Monitor: Leslaw Nalodka
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: 156 Maple Ave. — City, State, Zip Code: Wallington NJ, 07057

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf

[ ] Renovation [x] Demolition

[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [x] 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: Removal	Repair	Encapsulate	Enclosure
garage/inside			*	floor tiles/mastic	180sf.	*			
roof			*	roof tar	245sf.	*			
roof			*	roof flashing	240sf.	*			
roof			*	roof built-up	1600sf.	*			

Name of Registered Waste Hauler: Newark Carting Inc.	N.IDEP Waste Hauler ID No.: 05409	Cubic Yards of Waste: 20	Name of Registered Landfill: GROWS
City, State: Newark NJ.		Disposal Date: 10/28/11	City, State: Morrisville PA
Completed by: Leslaw Nalodka	Title: President	Signature: [signature]	Date: 10/20/11

ASB-41 (R-06-08)

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

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Hover (signature)
Date: 10/24/11 Time: 2:46PM

Date of Notification (1)	10-24-2011
Name of Building Owner/Operator (2)	David Frank
Agencies Notified	☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA
Type Notification	☒ Initial ☐ Amended Amendment #____ ☒ Emergency (including justification) ☐ Cancellation
Street Address	436 Mountain Ave.
City, State, Zip Code	Springfield NJ
Name of Contact	Ben
Telephone Number	[redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	House
Street Address	436 Mountain Ave.
Type of Facility (4)	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
City (5)	Springfield
Square Feet	1000
# of Floors	2
Bldg. Age	50+
County (6)	Union
County Code (7) (STATE USE ONLY)	____
Current Use (Prior if being demolished)	House
Name of Monitoring Firm Hired by Building Owner (8)	n/a
ASCM No.	n/a
Name of Abatement Contractor (9)	Jadar Contracting, LLC
Street Address	n/a
Street Address	22 Troy Lane
City, State, Zip Code	n/a
City, State, Zip Code	Lincoln Park, NJ 07035
Project Manager for Monitoring Firm	n/a
Telephone No.	n/a
Telephone No.	973-706-7950
License No.	01088
Start Date (10)	10-25-2011
Scheduled Completion Date (11)	10-26-2011
Name of OSHA Monitor	Jadar Contracting, LLC
Occupancy Status During Abatement (Check Only One)	☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 9am - 5pm
Street Address	22 Troy Lane
City, State, Zip Code	Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Basement			✓		150	✓			
Sunroom			✓		150	✓			

Name of Registered Waste Hauler	Jadar Contracting LLC	NJDEP Waste Hauler ID No.	0033137
Cubic Yards of Waste	TBD	Name of Registered Landfill	G.R.O.W.S. Landfill
City, State	Lincoln Park, NJ 07035	Disposal Date	TBD
City, State	Morrisville, PA 19067		

Completed by	Title	Signature	Date
Lillie Lazarevich	Secretary	Lillie Lazarevich	10-24-2011

ASB-41 (R-06-06)

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

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

RECEIVED OCT 26 2011

Date of Notification (1): 10/24/11	Name of Building Owner/Operator (2): EARTHTECH CONTRACT
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 155 RT. 50	
City, State, Zip Code: GREEN FIELD, N.J.	
Name of Contact: BRUCE BREUNIG	Telephone Number: [redacted]

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: 912 ST. CHARLES PLACE	
City (5): OCEAN CITY	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): ; Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: ; Name of Abatement Contractor (9): KLEMCO INC.
Street Address:	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE, N.J. 08052
Project Manager for Monitoring Firm: ; Telephone No.:	Telephone No.: 856-779-0472 ; License No: 00444
Start Date (10): 11/7/11 ; Scheduled Completion Date (11): 11/14/11	Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 369 S. SPRUCE AVE. ; City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	Encapsulation	Enclosure
SIDING			X	TRANSITE	3000#	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste:	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, N.J.		Disposal Date:	City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM	Title: V/P	Signature: Joseph Klemm	Date: 10/24/11

ASB-41

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

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

OCT 26 2011

Date of Notification (1): 10/24/11	Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION
Agencies Notified: [X] EPA [X] DEP [X] DOL [ ] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 300 77TH ST.
	City, State, Zip Code: SEA ISLE CITY, N.J. 08243
	Name of Contact: FRANK EDUANDI
	Telephone Number: [redacted]

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) [X] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 117 36TH STREET	
City (5): SEA ISLE CITY	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: ____ Name of Abatement Contractor (9): KLEMCO INC.
Street Address:	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE, N.J. 08052
Project Manager for Monitoring Firm:	Telephone No.: ____ Telephone No.: 856-779-0472 License No.: 00444
Start Date (10): 11/7/11	Scheduled Completion Date (11): 11/14/11 Name of OSHA Monitor: JOSEPH KLEMM
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: 369 S. SPRUCE AVE. City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[ ] Renovation
[X] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	2500#	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: ____	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, N.J.		Disposal Date: ____	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: V/P	Signature: Joseph Klemm	Date: 10/24/11

ASB-41

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

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

Date of Notification (1): 10/24/11	Name of Building Owner/Operator (2): GARTINTECH CONTRACTING
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 RT. 50
	City, State, Zip Code: GREEN FIELD, N.J.
	Name of Contact: BRUCE BREUNIG
	Telephone Number: [redacted]

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: 5844 ASBURY AVE.	
City (5): OCEAN CITY	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: ____ Name of Abatement Contractor (9): KLEMCO INC.
Street Address:	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE, N.J. 08052
Project Manager for Monitoring Firm:	Telephone No.: ____ Telephone No.: 856-779-0472 License No.: 00444
Start Date (10): 11/7/11	Scheduled Completion Date (11): 11/14/11 Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 369 S. SPRUCE AVE. City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
SIDING			X	TRANSITE	1500#	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: ____	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, N.J.		Disposal Date: ____	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: V/P	Signature: Joseph Klemm	Date: 10/24/11

ASB-41

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

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

Date of Notification (1)	Name of Building Owner/Operator (2)
10-20-2010	Ruth Steckelman

Agencies Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	87 Old Short Hills Road	Short Hills, NJ	Ruth	[redacted]

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 87 Old Short Hills Road	

City (5)	Square Feet	# of Floors	Bldg. Age
Short Hills, NJ		2	50+

County (6)	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Essex	_____	House

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
n/a	n/a	Jadar Contracting, LLC
Street Address: n/a		Street Address: 22 Troy Lane
City, State, Zip Code: n/a		City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 973-706-7950 / License No.: 01088

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
11-1-2011	11-2-2011	Jadar Contracting, LLC

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 9am - 5pm	22 Troy Lane
	City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Garage			✓	Asbestos Duct Insulation	50 LF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Jadar Contracting, LLC	0033137	TBD	G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed by	Title	Signature	Date
Lillie Lazarevich	Secretary	Lillie Lazarevich	10-20-2011

ASB-41 (R-06-08)

* 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)

OCT 26 2011

Date of Notification (1): 10/22/11	Name of Building Owner/Operator (2): Mr. Jin Huh
Agency Notified: ☒ EPA ~~☐ DEP~~ ☒ DOL ☒ DOH ~~☐ DCA~~	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 111 Colonia Rd.
	City, State, Zip Code: Elizabeth, NJ
	Name of Contact:
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1119 Elmora Ave.	
City (5): Elizabeth, N.J.	Square Feet: / # of Floors: 2 / Bldg. Age: 75 yrs.
County (6): Union / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): Novatech Inc
Street Address:	Street Address: P.O. Box 814
City, State, Zip Code:	City, State, Zip Code: Old Bridge, N.J. 08857
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 732-238-7508 / License No.: ~~18501~~ 00806
Start Date (10): 11/01/11 / Scheduled Completion Date (11): 11/02/11	Name of OSHA Monitor: Novatech Inc
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address: P.O. Box 814
	City, State, Zip Code: Old Bridge, N.J. 08857

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exterior				Siding	850 SF	X			

Name of Registered Waste Hauler: Novatech Inc	NJDEP Waste Hauler ID No.: 18501	Cubic Yards of Waste: 15 cu yds.	Name of Registered Landfill: G.R.O.W.S. Inc.
City, State: Old Bridge, N.J.		Disposal Date: 11/01/11	City, State: Morrisville, PA
Completed by: Carlos Almeida	Title:	Signature: Carlos Almeida	Date: 10/22/11

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

ASB-41

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

RECEIVED OCT 26 2011 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/20/2011	Name of Building Owner/Operator (2): N.J. Dept. of Military & Veterans Affairs
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 101 Eggerts Crossing Rd.
	City, State, Zip Code: Lawrenceville, NJ
	Name of Contact: Keith Stedronsky — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): National Guard Armory	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 151 Eggerts Crossing Rd.	
City (5): Lawrenceville	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Whitman — ASCM No.	Name of Abatement Contractor (9): Site Enterprises, Inc.
Street Address: 116 Trees Lane	Street Address: 456 Highland Dr.
City, State, Zip Code: East Brunswick, NJ 08816	City, State, Zip Code: Mays Landing NJ 08330
Project Manager for Monitoring Firm: Kevin Lovely — Telephone No.: 732-390-5858	Telephone No.: ~~[illegible]~~ 609-377-6489 — License No.: 01134
Start Date (10): 10/31/2011 — Scheduled Completion Date (11): 11/15/2011	Name of OSHA Monitor: Westchester Env.
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: 307 N. Walnut St. — City, State, Zip Code: West Chester, Pa. 19380

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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: Removal	Repair	Encapsulate	Enclosure
Cafeteria			x	Floor Tile	3000 sf	x			

Name of Registered Waste Hauler: Site Contractors, Inc.	NJDEP Waste Hauler ID No.: 22131	Cubic Yards of Waste:	Name of Registered Landfill: Grows Landfill
City, State: Hammonton, NJ		Disposal Date: 11/15/2011 Site C	City, State: Tullytown, Pa.
Completed by: Joan Giordano	Title: Administrator	Signature: Joan Giordano	Date: 10/20/2011

ASB-41 (R-06-08)

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B & G proj. #: _____ Check # 4829

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Date of Notification (1)	Name of Building Owner/Operator (2)
10/24/11	Cheryl Johnson
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation
	Street Address: 274 McDonald Drive
	City, State, Zip Code: Wayne, NJ 07470
	Name of Contact: Cheryl Johnson
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Cheryl Johnson	Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.
Street Address: 274 McDonald Drive	Square Feet: ___ # of Floors: ___ Bldg. Age: ___
City (5): Wayne, NJ 07470 / County (6): Passaic / County Code (7) (State use only)	Current Use (Prior if being demolished): residential
Name of Monitoring Firm Hired by Bldg. Owner (8): n/a / ASCM No.: ___	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address:	Street Address: 105 Ryerson Road
City, State, Zip Code:	City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: / Phone Number:	Telephone Number: 973-696-6869 / License Number: 0378
Scheduled Start Date (10): 11/3/11 / Sched. Completion Date (11): 11/3/2011	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- Describe: ___ ☐ Other-Describe: ___	Street Address: 105 Ryerson Road
	City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure

☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement			X	pipe insulation	27 lf	☒	☐	☐	☐
crawl space			X	pipe insulation	84 lf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration, Inc.	19563	2 yards	Tullytown Resource & Recovery Center
City, State: Lincoln Park, NJ 07035	Disposal Date: 11/4/11		City, State: Tullytown, PA

Completed by (Print or Type)	Title	Signature	Date
Gordana Luna	Treasurer	Gordana Luna	10/24/2011

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1): 10/24/11	Name of Building Owner/Operator (2): Steve Dunn
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 106 Elm Ave.
	City, State, Zip Code: Burlington City, NJ 08016
	Name of Contact: Angelo Rizzi (Hutchinson) — Telephone Number: [redacted]

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: 106 Elm Ave.	
City (5): Burlington City	Square Feet: ___ # of Floors: ___ Bldg. Age: ___
County (6): Burlington — County Code (7) *(STATE USE ONLY)*: ___	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.: ___	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: William Weisgarber Jr. — Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 — License No.: 00493
Start Date (10): 11/8/11 — Scheduled Completion Date (11): 11/9/11	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8AM - 4:30PM	Street Address: PO Box 341 — City, State, Zip Code: Crosswicks, NJ 08515

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
basement			X	boiler insulation	20 SF	X			
basement			X	ceiling material	8 SF	X			

Name of Registered Waste Hauler: Stevens Environmental Services Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 2 CU	Name of Registered Landfill: T.R.R.F., Inc.
City, State: Allentown, NJ		Disposal Date: 11/9/11	City, State: Tullytown, PA
Completed By: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 10/24/11

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

9 / 12 / 11	Name of Building Owner/Operator (2): State of New Jersey- Dept of the Treasury- Propery Management

Agencies Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
☒ EPA ☒ DEP ☐ DCA (NJAC 5:16) ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☒ Amended #2 Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	PO Box 034	Trenton, NJ 08625-0034		[redacted]

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* PROJECT ON HOLD - STATE IS MOVING RESIDENTS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
CEDAR HALL - Ancora Psychiatric Hospital	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 301 Spring Garden Rd	
City (5): Hammonton, NJ 08037	Square Feet: 15,000 / # of Floors: 1 / Bldg. Age: 50+
County (6): Camden / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): hospital

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
USA Environmental Management, Inc		Controlled Environmental Systems
Street Address: 344 West State Street		Street Address: 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Spring House, PA 19477
Project Manager for Monitoring Firm: Bill Wiessgarber	Telephone No.: 609-743-0493	Telephone No.: 215-542-7000 / License No.: 00847

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
~~8~~ / ~~25~~ / ~~77~~ 10/31/11	~~11~~ ~~28~~ / ~~11~~ ~~34~~ / ~~11~~ ~~11~~	CES

ON HOLD 10/31/11 Then 11/11/11 work to occur

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-____ PM/5:00PM-____ AM	1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code: Spring House, PA 19477

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exterior-- Roof	☐	☐	☒	White Painted tar paper sealant	1800 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
STG	20990		Minerva Landfill
City, State: New Castle, DE		Disposal Date	City, State: Waynesburg, OH 44688

Completed By (Print or Type)	Title	Signature	Date
Patricia Visco	Office Manager	Patricia Visco	9/12/11

Patricia Visco 9/27/11

Patricia Visco 10/25/11

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* Do not use this f...

ORIGINAL NOTIFICATION DATE 7/29/11 (Pursuant to NJAC 5:23 and 5:16) AMD #4

Date of Notification (1)	Name of Building Owner/Operator (2)
9 / 14 / 11 (10/24/11)	City of Perth Amboy Housing Authority

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Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DEP ☐ DCA (NJAC 5:16) ☐ DHSS ☒ DCA (NJAC 5:23-8)	☐ Initial ☒ Amended (10/24/11 #4) Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	881 Amboy Ave
		City, State, Zip Code: Perth Amboy, NJ 08861
		Name of Contact: Douglas DZema — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): John A Delaney Homes	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 600 Chamberlain Ave	
City (5): Perth Amboy, NJ 08861	Square Feet: N/A; # of Floors: 2; Bldg. Age: N/A
County (6): Middlesex; County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished): homes

Name of Monitoring Firm Hired by Building Owner (8): Langan Engineering & Environmental	ASCM No.: 00099	Name of Abatement Contractor (9): Controlled Environmental Systems	
Street Address: River Drive Center 1		Street Address: 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code: Elmwood Park, NJ 07407		City, State, Zip Code: Spring House, PA 19477	
Project Manager for Monitoring Firm: Vijay Patel	Telephone No.: 201 398 4544	Telephone No.: 215-542-7000	License No.: 00847
Start Date (10): 9 / 19 / 11	Scheduled Completion Date (11): 12 / 31 / 11	Name of OSHA Monitor: CES	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-____PM/5:00PM-____AM		Street Address: 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code: Spring House, PA 19477	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Thru out 20 Buildings	☐	☐	☐	Door Window Caulk	23,750 LF	☒	☐	☐	☐
20 Bldgs-thru out- Kitchen/Foyers	☐	☐	☐	Tile & Mastic	6,730 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
STG	20990		Minerva Landfill
City, State: New Castle, DE 19720		Disposal Date	City, State: Waynesburg, OH 44688

Completed By (Print or Type)	Title	Signature	Date
Patricia Visco	Office Manager	Patricia Visco	9/14/11

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Mr. Vinson 10/24/11

Date of Notification (1)	Name of Building Owner/Operator (2)
10 / 25 / 11	State of New Jersey- Dept of the Treasury- Property Management

OCT 26 2011

Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DEP ☐ DCA (NJAC 5:16) ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	PO Box 034
		City, State, Zip Code: Trenton, NJ 08625-0034
		Name of Contact:
		Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Ancora Psychiatric Hospital	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 301 Spring Garden Rd	

City (5)	Square Feet	# of Floors	Bldg. Age
Hammonton, NJ 08037	15,000	1	50+

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Camden		hospital

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
USA Environmental Management, Inc		Controlled Environmental Systems
Street Address: 344 West State Street		Street Address: 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code: Trenton, NJ 08618		City, State, Zip Code: Spring House, PA 19477

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Bill Wiessgarber	609-743-0493	215-542-7000	00847

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
11 / 7 / 11	1 / 7 / 12	CES

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-____PM/5:00PM-____AM	1121 N. Bethlehem Pike - Suite 60
	City, State, Zip Code: Spring House, PA 19477

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exterior - Roof - Larch Hall	☐	☐	☒	White Painted tar paper sealant	2520 SF	☒	☐	☐	☐
Exterior -- Roof-Birch Hall	☐	☐	☒	White Painted tar paper sealant	2524 SF	☒	☐	☐	☐
	☐	☐	☒			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
STG	20990		Minerva Landfill
City, State: New Castle, DE		Disposal Date	City, State: Waynesburg, OH 44688

Completed By (Print or Type)	Title	Signature	Date
Patricia Visco	Office Manager	Patricia Visco	10/25/11

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

CHECK # 1640

Date of Notification (1): 10/24/2011	Name of Building Owner/Operator (2): Christopher Megowan
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 58 South Broadway
	City, State, Zip Code: Saddle Brook, NJ 07660
	Name of Contact: Christopher Megowan — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 58 South Broadway	
City (5): Saddle Brook	Square Feet: 2500 — # of Floors: 2 — Bldg. Age: 70
County (6): Bergen County — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.:	Name of Abatement Contractor (9): Pyramid Contracting Corp.
Street Address:	Street Address: 78 Fenner Ave
City, State, Zip Code:	City, State, Zip Code: Clifton, NJ 07013
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 973-689-6281 — License No.: 01099
Start Date (10): 10/25/2011 — Scheduled Completion Date (11): 10/26/2011	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8:00am - 4:00pm	Street Address: City, State, Zip Code:

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Basement		x		Pipe Insulation and Fittings	60 LF	x			

Name of Registered Waste Hauler: Pyramid Contracting Corp	NJDEP Waste Hauler ID No.: 32613	Cubic Yards of Waste: 1	Name of Registered Landfill: GROWS
City, State: Clifton, NJ 07013		Disposal Date:	City, State: Morrisville, PA
Completed by: Dimo Golcev	Title: V. President	Signature:	Date: 10/24/2011

ASB-41 (R-06-08)

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OCT 26 '11

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

Date of Notification (1): 10-24-11	Name of Building Owner/Operator (2): RYERSON AVENUE CONVENT
Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☑ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 36 1/2 RYERSON AVE
	City, State, Zip Code: WEST CALDWELL NJ
	Name of Contact: BILL HARRINGTON
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RYERSON AVE CONVENT	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 40 RYERSON AVE	
City (5): WEST CALDWELL	Square Feet: 7500 / # of Floors: 3 / Bldg. Age: 75
County (6): ESSEX / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): CONVENT
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address	Street Address: 95 MONTROSE RD
City, State, Zip Code	City, State, Zip Code: COLTS NECK NJ 07722
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732 294 1757 / License No.: 00029
Start Date (10): 11-3-11 / Scheduled Completion Date (11): 11-19-11	Name of OSHA Monitor: ACE INSULATION CO INC
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other - Describe: 7AM - 7PM	Street Address: 95 MONTROSE RD; City, State, Zip Code: COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☑ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf
☐ Renovation
☑ Demolition
☑ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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: Remove	Repair	Encapsulate	Enclosure
BASEMENT			✓	PIPE	200 LF	✓			
1ST & 2ND FLOOR			✓	PLASTER	7300 SF	✓			
BASEMENT			✓	FLUE PACKING	4 SF	✓			
ROOF			✓	ROOF FLASHING	4 X 5 SF	✓			

Name of Registered Waste Hauler: NATCO, INC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 40	Name of Registered Landfill: IESI
City, State: Jersey City		Disposal Date	City, State: BETHLEM PA

Completed By	Title	Signature	Date
Jack GALL	OPS MGR	Jack Gall	10-24-11

ASB-41

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

OCT 26 '01

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

Date of Notification (1): 10-24-11

Name of Building Owner/Operator (2): 401 6TH STREET LLC

Agencies Notified: [ ] EPA [x] DEP [ ] DOL [ ] DOH [ ] DCA

Type Notification: [ ] Initial [x] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 401 6TH STREET

City, State, Zip Code: UNION CITY NJ

Name of Contact: JEFF UNGER

Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 401 6TH STREET LLC

Street Address: 401 6TH STREET

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

City (5): UNION CITY

Square Feet: 5000 | # of Floors: 4 | Bldg. Age: 80

County (6):

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): APT

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1757

License No.: 00029

Start Date (10): 11-2-11

Scheduled Completion Date (11): 11-5-11

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 1AM-7PM

Scope of Work (Check all that apply)
[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
BASEMENT				PIPE COVERING	120 LF				

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
ACE INSULATION CO INC	12086	2	TCSI
City, State: COLTS NECK NJ 07722	Disposal Date: 11-7-11		City, State: BETHLEM PA

Completed By	Title	Signature	Date
Jack Gall	OPS MGR	Jack Gall	10-24-11

ASD-11

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

OCT 26

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

Date of Notification (1): 10-24-11	Name of Building Owner/Operator (2): 3143 J F KENNEDY BLVD LLC
Agencies Notified: ☑ EPA ☑ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3143 J F KENNEDY BLVD
	City, State, Zip Code: JERSEY CITY NJ 07303
	Name of Contact: JACK UNGER
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 3143 J F KENNEDY BLVD LLC	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 3143 J F KENNEDY BLVD	
City (5): JERSEY CITY NJ	Square Feet: 5000 / # of Floors: 5 / Bldg. Age: 80
County (6): HUDSON / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): APT BLDG
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address:	Street Address: 95 MONTROSE RD
City, State, Zip Code:	City, State, Zip Code: COLTS NECK NJ 07722
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 732 294 1757 / License No.: 00029
Start Date (10): 10-24-11 / Scheduled Completion Date (11): 11-10-11	Name of OSHA Monitor: ACE INSULATION CO INC
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 7AM-7PM	Street Address: 95 MONTROSE RD
	City, State, Zip Code: COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☑ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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: Remove	Repair	Encapsulate	Enclose
BASEMENT			✓	PIPE COVERING	130 LF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: COLTS NECK NJ 07722		Disposal Date: 11-10-11	City, State: BETHLEM PA
Completed By: Jack GALL	Title: OPS MGR	Signature: Jack Gall	Date: 10-24-11

ASD-41

* 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): 10-24-11	Name of Building Owner/Operator (2): 6404 PARK AVE LLC
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 6404 PARK AVE
	City, State, Zip Code: WEST NEW YORK, NJ 07093
	Name of Contact: JEFF UNGER
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 6404 PARK AVE LLC	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 6404 PARK AVE	
City (5): WEST NEW YORK	Square Feet: 6000 / # of Floors: 4 / Bldg. Age: 80
County (6): ESSEX / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): APT
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): ACE INSULATION CO INC
Street Address	Street Address: 95 MONTROSE RD
City, State, Zip Code	City, State, Zip Code: COLTS NECK NJ 07722
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732 294 1757 / License No.: 00029
Start Date (10): 11-3-11 / Scheduled Completion Date (11): 11-7-11	Name of OSHA Monitor: ACE INSULATION CO INC
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 7AM - 7PM	Street Address: 95 MONTROSE RD; City, State, Zip Code: COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☑ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☑ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	Encapsulation	Enclosure
BASEMENT				PIPE COVERING	170 LF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste	Name of Registered Landfill: ICSE
City, State: COLTS NECK NJ 07722		Disposal Date	City, State: BETHLEM PA

Completed By	Title	Signature	Date
Jack GALL	OPS MGR	Jack Gall	10-24-11

ASD-41

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

(Pursuant to NJAC 5:46 and 12:120)

Date of Notification (1)	Name of Building Owner/Operator (2)
10/16/11	Blocker / Residence

Agencies Notified

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

Type Notification

- [ ] Initial
- [ ] Amended
  Amendment #_____
- [x] Emergency (including justification)
- [ ] Cancellation

Street Address	City, State, Zip Code	Name of Contact	Telephone Number
105 East 96 ST	Beach Haven Park NJ 08008	Kelly	[redacted]

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Blocker / Residence	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes etc.)
Street Address: 105 East 96 ST	
City (5): Beach Haven Park NJ 08008	Square Feet: 100-0+ / # of Floors: 2 / Bldg. Age: 35+
County (6): Ocean / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence

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Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		Pernaco Inc
Street Address		Street Address: PO Box 329
City, State, Zip Code		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/16/11	10/17/11	Pernaco Inc

Occupancy Status During Abatement (Check Only One)

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

Street Address: PO Box 329
City, State, Zip Code: West Berlin NJ 08091

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] 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: Removal	Repair	Encapsulate	Enclosure
Exterior Siding				Exterior Siding	Unknown	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
United Containers	22459	2	G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 10/17/11	City, State: Morrisville PA 19067

Completed by	Title	Signature	Date
Anthony T Perna	President		10/16/11

ASB-41 (R-06-08)

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

(Pursuant to NJAC 5:23 and 5:18)

Date of Notification (1): 10/6/11	Name of Building Owner/Operator (2): Trustees of Princeton University
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: E.A. MacMillan Building
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Alexis Mutschler — Telephone Number: [redacted]

OCT 26 2011

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Garage	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 2-4 Nassau Street	
City (5): Princeton	Square Feet: 5000 — # of Floors: 2 — Bldg. Age: 60
County (6): Mercer — County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): garage
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswick, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: William Weisgarber Jr. — Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 — License No.: 00493
Start Date (10): 10/19/11 — Scheduled Completion Date (11): 10/28/11	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7AM - 3:30PM	Street Address: PO Box 341 — City, State, Zip Code: Crosswick, NJ 08515

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
exterior			X	roofing material	150 SF	X			
exterior			X	window glazing	520 LF	X			

Name of Registered Waste Hauler: Carnevale Disposal	NJDEP Waste Hauler ID No.: 17297	Cubic Yards of Waste: 10 CU	Name of Registered Landfill: T.R.R.F., Inc.
City, State: Hamilton NJ		Disposal Date: 10/28/11	City, State: Tullytown, PA
Completed By: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 10/24/11

ASB-41
MAR 00

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

(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1): 10/6/11	Name of Building Owner/Operator (2): Trustees of Princeton University
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: E.A. MacMillan Building
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Alexis Mutschler — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Garage	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 2-4 Nassau Street	
City (5): Princeton	Square Feet: 5000 — # of Floors: 2 — Bldg. Age: 60
County (6): Mercer — County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): garage
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswick, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: William Weisgarber Jr. — Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 — License No.: 00493
Start Date (10): 10/19/11 — Scheduled Completion Date (11): 10/24/11	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7AM - 3:30PM	Street Address: PO Box 341 — City, State, Zip Code: Crosswick, NJ 08515

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
exterior			X	roofing material	150 SF	X			
exterior			X	window glazing	520 LF	X			

Name of Registered Waste Hauler: Carnevale Disposal	NJDEP Waste Hauler ID No.: 17297	Cubic Yards of Waste: 10 CU	Name of Registered Landfill: T.R.R.F., Inc.
City, State: Hamilton NJ		Disposal Date: 10/24/11	City, State: Tullytown, PA
Completed By: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 10/6/11

ASB-41
MAR 00

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

Print Form

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

Ck# 78113

RECEIVED OCT 26 2011

Date of Notification (1) October 21th,2011		Name of Building Owner/Operator (2) St. Peter's College	
Agencies Notified [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification [ ] Initial [x] Amended Amendment # 4 [ ] Emergency (including justification) [ ] Cancellation	Street Address 2641 Kennedy Blvd. City, State, Zip Code Jersey City, New Jersey Name of Contact Mr. Chris Bastardi	Telephone Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pope Hall of St. Peter's College		Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 115 Glenwood Ave.			
City (5) Jersey City, New Jersey		Square Feet 15,000	# of Floors 3 / Bldg. Age 50+
County (6) Hudson	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES	ASCM No. 117	Name of Abatement Contractor (9) Slavco Construction Inc.	
Street Address 318 TWELFTH STREET		Street Address 164 Getty Ave.	
City, State, Zip Code HAMMONTON, NEW JERSEY)8037		City, State, Zip Code Clifton, New Jersey 07011-1802	
Project Manager for Monitoring Firm Mr. JAMES PROCTOR	Telephone No. 609-704-8850	Telephone No. 973-478-4848	License No. 00724
Start Date (10) November 1st,2011	Scheduled Completion Date (11) December 31st.,2011	Name of OSHA Monitor Slavco Construction Inc.	
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: isolated Basement Work Area-Mon-Fri- 7:00AM-6:59AM Ax		Street Address 164 Getty Ave. City, State, Zip Code Clifton, New Jersey 07011-1802	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Basement Boiler #1	X			Breeching Connection & Pipe	48SF &28 LF	x			
Basement Boiler #2	X			Breeching Connection & Pipe	48SF & 28LF	x			
Basement Boiler #3	X			Breeching Connection & Pipe	30SF & 30LF	x			
Basement Boiler # 4	X			Breeching Connection & Pipe	30 SF & 30 LF	x			

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, New Jersey 07011-1802		Disposal Date TBD	City, State Morrisville,Pa. 19067

Completed by Vivian D. Jurcevic	Title Admin. Assistance	Signature Vivian D Jurcevic	Date 10/21/11

REMEMBER – MAIL IN HARD COPY

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

DOL – CHECK ATTACHED
OCT 26 2011
WAIVER APPROVED

Date of Notification (1): 10/26/2011	Name of Building Owner/Operator (2): Kim Vanarthos
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment # [x] Emergency (including justification) [ ] Cancellation
	Street Address: 344 Orchard Terrace
	City, State, Zip Code: Bogota, NJ 07603
	Name of Contact: Kim Vanarthos
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): Private Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 344 Orchard Terrace	
City (5): Bogota	Square Feet: 2500 / # of Floors: 2 / Bldg. Age: 70
County (6): Bergen County / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Pyramid Contracting Corp.
Street Address	Street Address: 78 Fenner Ave
City, State, Zip Code	City, State, Zip Code: Clifton, NJ 07013
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973-689-6281 / License No.: 01099
Start Date (10): 11/03/2011 / Scheduled Completion Date (11): 11/04/2011	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8:00am - 4:00pm	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure
[x] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Basement		x		Pipe Insulation and Fittings	85 LF	x			

Name of Registered Waste Hauler: Pyramid Contracting Corp	NJDEP Waste Hauler ID No.: 32613	Cubic Yards of Waste: 1	Name of Registered Landfill: GROWS
City, State: Clifton, NJ 07013		Disposal Date	City, State: Morrisville, PA
Completed by: Dirno Golcev	Title: V. President	Signature	Date: 10/26/2011

ASB-41 (R-06-08)

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

State of New Jersey

Check #:9856

REMEMBER – MAIL IN HARD COPY

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

DOL – 10 DAY
OCT 26 2011
WAIVER APPROVED

Date of Notification (1): 10/26/11	Name of Building Owner/Operator (2): Estate of Joseph B. Pecararo
Agencies Notified: [ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	Type Notification: [X]Initial Notification [ ]Amended Notification [X]EMERGENCY [ ]Cancellation
	Street Address: 509 N. 9th Street
	City, State, Zip Code: Newark, NJ 07107
	Name of Contact: Anita Iacullo
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private	Type of Facility (4): [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [x]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 509 North 9th Street	
City (5): Newark; County (6): Essex; County Code (7) (STATE USE ONLY):	Square Feet: 1300; # of Floors: 2; Bldg. Age: 72
	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm hired by Building Owner (8): N/A; ASCM No.: 67	Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.
Street Address:	Street Address: 86 Christopher St.
City, State, Zip Code:	City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm; Telephone Number: N/A	Telephone Number: (973)744-8800; License Number: 00371
Scheduled Start Date (10): 10/28/11 (Month Day Year); Sched. Completion Date (11): 10/29/11 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): [X]Facility Closed/Vacated During Entire Period of Abatement; [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»; [ ]Other - Describe: «Other Occupancy Descript»	Street Address:
	City, State, Zip Code:

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf

[X]Renovation
[ ]Demolition

[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]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: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Basement			X	Pipe Insulation	15 lf	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No.: 17040	Cubic Yards of Waste: 0.50	Name of Registered Landfill: G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 10/31/11	City, State: Morrisville, PA 19067

Completed By (Print or Type): Constantine Vivian	Title: President	Signature: Constantine Vivian	Date: 10/26/11

Print Form

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

RECEIVED
OCT 26 2011
LICENSING

Date of Notification (1): October 6th,2011	Name of Building Owner/Operator (2): St. Peter's College	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 3 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2641 Kennedy Blvd.
		City, State, Zip Code: Jersey City, New Jersey
		Name of Contact: Mr. Chris Bastardi — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pope Hall of St. Peter's College		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 115 Glenwood Ave.		
City (5): Jersey City, New Jersey		Square Feet: 15,000 — # of Floors: 3 — Bldg. Age: 50+
County (6): Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): HEALTH & SAFETY SERVICES	ASCM No.: 117	Name of Abatement Contractor (9): Slavco Construction Inc.
Street Address: 318 TWELFTH STREET		Street Address: 164 Getty Ave.
City, State, Zip Code: HAMMONTON, NEW JERSEY)8037		City, State, Zip Code: Clifton, New Jersey 07011-1802
Project Manager for Monitoring Firm: Mr. JAMES PROCTOR	Telephone No.: 609-704-8850	Telephone No.: 973-478-4848 — License No.: 00724
Start Date (10): October 20th,2011	Scheduled Completion Date (11): October 30,2011	Name of OSHA Monitor: Slavco Construction Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: isolated Basement Work Area-Mon-Fri- 7:00AM-6:59AM Ac		Street Address: 164 Getty Ave.
		City, State, Zip Code: Clifton, New Jersey 07011-1802

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Basement Boiler #1	X			Breeching Connection & Pipe	48SF &28 LF	x			
Basement Boiler #2	X			Breeching Connection & Pipe	48SF & 28LF	x			
Basement Boiler #3	X			Breeching Connection & Pipe	30SF & 30LF	x			
Basement Boiler # 4	X			Breeching Connection & Pipe	30 SF & 30 LF	x			

Name of Registered Waste Hauler: Slavco Construction Inc.	NJDEP Waste Hauler ID No.: 18508	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Clifton, New Jersey 07011-1802		Disposal Date: TBD	City, State: Morrisville,Pa. 19067
Completed by: Vivian D. Jurcevic	Title: Admin. Assistance	Signature: Vivian D. Jurcevic	Date: 10/06/11

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED OCT 26 2011 ASBESTOS PROJECTS & LICENSING

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) SP Industries
Agencies Notified (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 935 Mearns Road City, State, Zip Code Warminster, PA 18974 Name of Contact Lee Royal Tel. Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building A			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet 8200 # of Floors 2 Bldg. Age 50+ Current Use (prior if being demolished) Manufacturing/Office
Street Address 506 Peach Street			
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) **TRC Environmental Corp.**	ASCM No.		Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street			Street Address 404 N. Berry Street
City, State, Zip Code Millburn, NJ 07041			City State, ZipCode Brea, CA 92821
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006		Telephone Number 484-480-8931 / License Number 01058
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 12/30/2011		Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Vacant Bldg. To Be Demolished Manufacturing/Storage with Office Space Other – Describe			Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Windows/ Doors			X	Caulk	735 LF	X			
Roof			X	Roofing	8800 SF	X			
1st Floor Storage			X	Transite	2000 SF	X			
Basement			X	Pipe Insulation	100 LF	X			

Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 60	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State New Castle, DE		Disp. Date 09/19/11	City, State Morrisville, PA
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature Mark Griffin	Date 10/25/11

10 / 25 / 11

Agencies Notified	Type of Notification
☐ EPA	☑ Initial
☐ DEP	☐ Amended
☑ DOH	Amendment #_____
☑ DOL	☐ Emergency w/ justification
	☐ Cancellation

JOHN AND VICTORIA DENORA

Street Address
473 LUHMANN DRIVE

City, State, Zip Code
NEW MILFORD, NJ 07646

Name of Contact

Telephone Number
[redacted]

RECEIVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
473 LUHMANN DRIVE

Type of Facility (4)
- ☐ School (K-12)
- ☐ Subchapter 8 (Other than K-12)
- ☑ Other (i.e., private & cmmercial bldgs., homes, etc.)

City (5)	County (6)	County Code (7)
NEW MILFORD	BERGEN	

Square Feet	# Of Floors	Building Age
2,000	1	40+

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Bldg. Owner (8)
GZA GEOENVIRONMENTAL INC

ASCM NO

Street Address
55 LANE ROAD

City, State, Zip Code
FAIRFIELD, NJ 07004

Project Mngr. For Monitoring Firm
BEN SALLEMI

Telephone Number
973-774-3311

Name of Abatement Contractor (9)
LVI Environmental Services Inc.

Street Address
462 Getty Avenue

City, State, Zip Code
Clifton, NJ 07011

Telephone Number
973-772-3660

License Number
00117

Name of OSHA Monitor
LVI Environmental Services Inc.

Street Address
462 GETTY AVENUE

City, State, Zip Code
CLIFTON, NJ 07011

Sheduled Start Date (10) 11 / 07 / 11

Sched. Completetion Date (11) 11 / 18 / 11

Occupancy Status During Abatement (Check Only 1)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____
- ☑ Other - Describe: 8:00AM-4:00PM MON-FRI

Scope of Work (Check All That Apply)

☐ Demolition	☑ Renovation	☐ Full Containment with Negative Pressure
☐ ≥3sf or ≥3lf		☐ Mini - Enclosure
☑ ≥160 sf or ≥260 lf		☐ Glovebag Procedure
		☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) 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	ENCAPSUL	ENCLOSUR
EXTERIOR	☐	☑		TRANSITE SIDING	1500 SF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING	4509		I.E.S.I.

City, State	Disposal Date	City. State
NEWARK, NJ		TULLYTOWN, PA

Completed by (Print or Type)	Title	Signature	Date
PAUL MAST	VICE PRESIDENT	Paul Mast	10/25/11

ASB-41

(Pursuant to N.J.A.C. 7:26-2.12)

OCT 26 2011

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 935 Mearns Road City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	Tel. Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building B			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet 4000 # of Floors 1
Street Address 506 Peach Street			
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) Manufacturing/Office

Name of Monitoring Firm Hired by Bldg. Owner (8) **TRC Environmental Corp.**	ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP

Street Address 57 E. Willow Street		Street Address 404 N. Berry Street	
City, State, Zip Code Millburn, NJ 07041		City State, ZipCode Brea, CA 92821	
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01058
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 12/30/2011	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Vacant Bldg. To Be Demolished Storage Building Other – Describe		Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108	

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Windows/ Doors			X	Caulk	420 LF	X			
Roof			X	Roofing	4440 SF	X			
1st Floor Storage			X	Floor Mastic	250 SF	X			

Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 30	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State New Castle, DE		Disp. Date 09/19/11	City, State Morrisville, PA
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature Mark Griffin	Date 10/25/11

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

OCT 26 2011
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 935 Mearns Road	
		City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	Tel. Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 1298 NW Blvd.			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet 27000 # of Floors 1 Bldg. Age 60+__ Current Use (prior if being demolished) Manufacturing
Street Address 1298 Northwest Blvd.			
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) **TRC Environmental Corp.**	ASCM No.		Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street			Street Address 404 N. Berry Street
City, State, Zip Code Millburn, NJ 07041			City State, ZipCode Brea, CA 92821
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006		Telephone Number 484-480-8931 / License Number 01058
Scheduled Start Date (10) 11/22/2011	Scheduled Completion Date (11) 01/13/2012		Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Vacant Bldg. To Be Demolished Storage Other – Describe _____			Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Machine Shop			X	Fire proofing	3400 SF	X			
Throughout			X	Window/Door Caulk	2020 LF	X			
Office			X	VAT/Mastic	2600 SF	X			
Corridor			X	VAT/Mastic	900 SF	X			
Men's Room			X	Linoleum	200 SF	X			
Furnaces (3)			X	Furnace Insulation	450 SF	X			

Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 90	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State New Castle, DE		Disp. Date 09/19/11	City, State Morrisville, PA
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature Mark Griffin	Date 10/25/11

(Pursuant to N.J.A.C. 7:26-2.12)

OCT 26 2011

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 935 Mearns Road	
		City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	Tel. Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building C		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet 3600 # of Floors 1 Bldg. Age 50+ Current Use (prior if being demolished) Manufacturing/Office	
Street Address 506 Peach Street			
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) **TRC Environmental Corp.**	ASCM No.		Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street		Street Address 404 N. Berry Street	
City, State, Zip Code Millburn, NJ 07041		City State, ZipCode Brea, CA 92821	
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01058
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 12/30/2011	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Vacant Bldg. To Be Demolished Storage Building Other – Describe		Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108	

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
1st Floor Storage			X	Floor Mastic	260 SF	X			

Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 1	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State New Castle, DE		Disp. Date 09/19/11	City, State Morrisville, PA
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature Mark Griffin	Date 10/25/11

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

ch# 2010

Date of Notification (1): 10/21/2011	Name of Building Owner/Operator (2): E-Zone Managemente
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 602 North 10th Street
	City, State, Zip Code: Camden, NJ 08102
	Name of Contact: Mr. Shyand J. Lin — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Warehouse File	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1950-1999 South Broadway	
City (5): Camden	Square Feet: 100,000 — # of Floors: 3 — Bldg. Age: +80
County (6): Camden — County Code (7) (STATE USE ONLY) ____	Current Use (Prior if being demolished): Warehouse
Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services — ASCM No:	Name of Abatement Contractor (9): EA Services Corporation
Street Address: 318 12th Street	Street Address: 426-69th Street
City, State, Zip Code: Hammonton, NJ 08037	City, State, Zip Code: Gutenberg, NJ 07093
Project Manager for Monitoring Firm: Jim Proctor — Telephone No.: 609-839-2432	Telephone No.: 201-295-1700 — License No.: 01074
Start Date (10): 11/4/2011 — Scheduled Completion Date (11): 11/2/2011	Name of OSHA Monitor: EMSL Analytical
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____	Street Address: 307 West 28th Street
	City, State, Zip Code: New York, NY 10018

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Building		x		Pipe Insulation	40 LF	x			
Building		x		Boiler Door	1	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: TBD	Name of Registered Landfill: Cumberland
City, State: Newark, NJ		Disposal Date: TBD	City, State: Newburgh, PA
Completed by: Luz Guzman	Title: Off. Manager	Signature: Luz Guzman	Date: 10/21/2011

ASB-41 (R-06-08)

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

Print Form

CHECK 10886

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

Date of Notification (1): 10/24/11	Name of Building Owner/Operator (2): SMZ Corporation
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 80 Main Street
	City, State, Zip Code: West Orange NJ 07052
	Name of Contact: Joe Green — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2497 Route 22 East	
City (5): Union	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.	Name of Abatement Contractor (9): ABS Environmental Services, LLC
Street Address:	Street Address: 4 E Gate Drive, PO Box 483
City, State, Zip Code:	City, State, Zip Code: Glenwood, NJ 07418
Project Manager for Monitoring Firm: — Telephone No.	Telephone No.: 973-583-8500 — License No.: 703
Start Date (10): 11/1/11 — Scheduled Completion Date (11): 12/1/11	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: City, State, Zip Code:

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] 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: Removal	Repair	Encapsulate	Enclosure
roof			x	roofing material	6000 SF	x			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste	Name of Registered Landfill: Cumberland County
City, State: Newark NJ		Disposal Date: TBD	City, State: Newburgh PA
Completed by: Andrew Scott Higgins	Title: President	Signature:	Date: 10/24/11

ASB-41 (R-06-08)

* 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)

REMEMBER – MAIL IN HARD COPY

DOL – 10 DAY
OCT 26 2011
WAIVER APPROVED

Date of Notification (1): October 25, 2011	Name of Building Owner/Operator (2): Barbara Morabito
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 143 Thomas Street
	City, State, Zip Code: Newark, NJ 07114
	Name of Contact: Jim Kupko
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): House	
Street Address: 143 Thomas Street	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
City (5): Newark	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Essex; County Code (7) (STATE USE ONLY) ____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): N/A; ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.
Street Address	Street Address: 11 Rosengren Avenue
City, State, Zip Code	City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm; Telephone No.	Telephone No.: 973-345-8685; License No.: #00675
Start Date (10): 10/26/11; Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Occupied	Street Address: 11 Rosengren Avenue
	City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[ ] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
basement		X		pipe insulation	52 LF	X			
basement		X		boiler insulation	30 SF	X			

Name of Registered Waste Hauler: D&S Abatement, INc.	NJDEP Waste Hauler ID No.: #20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA
Completed by: Deanna BRkusanin	Title: Project Manager	Signature: Deanna B Rkusanin	Date: 10/25/11

ASB 41 (R-06-08)

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

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

Job #:1108-1585
Check #:NA

Date of Notification (1): 10/17/11

Name of Building Owner / Operator (2): Mountainside Hospital

Agencies Notified:
- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification:
- [ ] Initial
- [x] Amended #1
- [ ] Emergency
- [ ] Cancellation

Street Address: 1 Bay Avenue

City, State & Zip Code: Montclair, NJ 07042

Name of Contact: Mr. Barry Mousa

Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mountainside Hospital

Street Address: 1 Bay Avenue

City (5): Montclair

County (6): Essex

County Code (7):

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

Square Feet: 963,743

# of Floors: 6

Bldg. Age: 1914
2000 (last addition)

Current Use (Prior if being demolished): Hospital

Name of Monitoring Firm Hired by Building Owner (8): Hillman Environmental Group, LLC

ASCM No.:

Street Address: 1600 Route 22 East

City, State & Zip Code: Union, NJ 07083

Project Manager for Monitoring Firm: Kristen Sleys

Telephone Number: 908-688-7800

Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.

Street Address: 3859 Sylon Blvd.

City, State & Zip Code: Hainesport, NJ 08036

Telephone Number: 609-702-0400

License Number: 00862

Scheduled Start Date (10): 10/28/11

Scheduled Completion Date (11): 7/29/12

Name of OSHA Monitor: EMSL Analytical

Street Address: 107 Haddon Ave.

City, State & Zip Code: Westmont, NJ 08108

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours
- [x] Describe: PHASE WORK-Will put on hold between Phases. Weekend work will be performed & some 2nd shift work will be performed. The first day will start @ 6:00 pm (10/28/11)
- [x] Isolated Area

Scope of Work (Check all that apply)
- [x] ≥3 sf or ≥3 lf (Per Phase)
- [ ] ≥160 sf ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ph#1-Ground Floor Core Lab	☐	☒	☐	Putty on Heating Coil	3 SF	☒	☐	☐	☐
Ph#2-Ground Floor Blood Bank	☐	☒	☐	Pipe Insulation	20 LF	☒	☐	☐	☐
Ph#2-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	18 SF	☒	☐	☐	☐
Ph#2-Ground Floor S. Corridor	☐	☒	☐	Pipe Insulation	15 LF	☒	☐	☐	☐
Ph#2-Ground Floor Core Lab	☐	☒	☐	Pipe Insulation	70 LF	☒	☐	☐	☐
Ph#3-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	9 SF	☒	☐	☐	☐
Ph#4-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	4 SF	☒	☐	☐	☐
Ph#5-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	5 SF	☒	☐	☐	☐
Ph#6-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	2 SF	☒	☐	☐	☐
Ph#5-Ground Floor Histology Lab	☐	☒	☐	Pipe Insulation	10 LF	☒	☐	☐	☐
Ph#7-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	10 SF	☒	☐	☐	☐
Ph#7-Ground Floor Various Locations	☐	☒	☐	Pipe Insulation	60 LF	☒	☐	☐	☐
Ph#8-Ground Floor Various Locations	☐	☒	☐	Putty on Heating Coil	4 SF	☒	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Horizon Disposal	22612	80	GROWS	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature		Date 10/26/11

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

DOL – 10 DAY
OCT 26 2011
Tom Vogel
WAIVER APPROVED

Date of Notification (1): 10/25/11 Ck: 1595 $200	Name of Building Owner/Operator (2): Fairleigh Dickinson University
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment # ____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 1000 River Road
	City, State, Zip Code: Teaneck, New Jersey 07666
	Name of Contact: Tom Pruno
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Fairleigh Dickinson University, Madison Campus, Orangerie Library	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 285 Madison Avenue	
City (5): Madison, New Jersey 07940	Square Feet: 20,000 / # of Floors: 2 / Bldg. Age: 55+
County (6): Morris / County Code (7) (STATE USE ONLY) ____	Current Use (Prior if being demolished): Library
Name of Monitoring Firm Hired by Building Owner (8): Environmental Design Inc. / ASCM No.	Name of Abatement Contractor (9): Lilich Corporation
Street Address: 5434 Kings Avenue Suite 101	Street Address: 606 McBride Avenue
City, State, Zip Code: Pennsauken, New Jersey 08109	City, State, Zip Code: Woodland Park, New Jersey 07424
Project Manager for Monitoring Firm: Tom Pruno / Telephone No.: 609-744-7462	Telephone No.: 973-225-8400 / License No.: 01104
Start Date (10): 10/26/11 / Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: J&S Environmental Labs
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 8AM Start	Street Address: 2333 Route 22 West
	City, State, Zip Code: Union, New Jersey 07083

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[X] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Outdoors		X		TSI Wet wrap & Cut	250 LF	X			

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date: 10/2711	City, State: Woodland Park, New Jersey 07424
Completed by: Tatiana Kalenikova	Title: Vice President	Signature: [signature]	Date: 10/25/11

ASB-41 (R-06-09)

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

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20)

DOL – 10 DAY

OCT 2 3 2011

WAIVER APPROVED

Date of Notification (1): 10/26/11		Name of Building Owner/Operator (2): MR. JOSHUA B. EISENBERG	
Agencies Notified ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 14 HARDING CT.	
		City, State, Zip Code: PASSAIC, NJ 07055	
		Name of Contact: JOSHUA	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 14 HARDING CT.			
City & State (5): PASSAIC, NJ		Square Feet: NA	# of Floors: 1 / Bldg. Age: NA
County (6): PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTAL	
Name of Monitoring Firm Hired by Building Owner:(8) ENVIRONMENTAL CONSULING GROUP, LLC	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.	
Street Address: 71 ARCH STREET		Street Address: 339 North 6th Street	
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: FERNANDO VILLA	Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955	License No.: 00641
Start Date (10): 10/26/11	Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538	

Scope of Work (Check all that apply):

(X) ≥ 3 sf or ≥ 3 lf
( ) ≥ 160 sf or ≥ 260 lf

(X) Renovation
( ) Demolition

( ) Full Containment with Negative Pressure
( ) Wrapping
( ) Glovebag Procedure
(X) 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: Removal	Cleaning	Encapsulet	Enclosure
BASEMENT		X		FLOOR TILES	25 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC.	NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: PO BOX 5670, NEWARK NJ 07105	Disposal Date: 10/28/11	City, State: IMPERIAL, PA 15126	
Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature:	Date: 10/26/11

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

CHECK # 17930 10 DAY
OCT 26 2011
WAIVER APPROVED

Date of Notification (1): 10-25-11	Name of Building Owner/Operator (2): First Energy Corp.	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 265 Main Street
		City, State, Zip Code: Akron, OH 44308
		Name of Contact: Mr. John Greco
		Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Hibernia/Green Pond Road, Morris Avenue & Ford Road		
City (5): Rockaway Township		Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Manhole
Name of Monitoring Firm Hired by Building Owner (8): One Source Safety & Health Inc.	ASCM No:	Name of Abatement Contractor (9): Pinnacle Environmental Corp.
Street Address: 140 South Village Avenue, Suite 130		Street Address: 200 Broad Street
City, State, Zip Code: Exton, PA 19341		City, State, Zip Code: Carlstadt, NJ 07072
Project Manager for Monitoring Firm: Brian Hoverdon	Telephone No.: 908-309-1021	Telephone No.: 201-939-6565; License No.: 00756
Start Date (10): 10-27-11	Scheduled Completion Date (11): 11-04-11	Name of OSHA Monitor: Even-Air Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 10-59 Jackson Avenue; City, State, Zip Code: Long Island City, NY 11101

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Underground Conduit: Elect. Cable			x	Cable Wrap	1,500LF	x			

Name of Registered Waste Hauler: ATC, Inc. / TriState Transfer (50071)	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY / Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH 44688
Completed by: Joe Patrick	Title: Project Manager	Signature:	Date: 10-25-11

ASB-41 (R-06-08)

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

DOL – 10 DAY
CHECK #4144
WAIVER APPROVED

Date of Notification (1): October 26, 2011	Name of Building Owner/Operator (2): Mark Fiorelli
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 107 Deptford Road
	City, State, Zip Code: Glassboro, NJ 08028
	Name of Contact: Mark Fiorelli — Telephone Number: [redacted]

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) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 107 Deptford Road	
City (5): Glassboro	Square Feet: 2600 — # of Floors: 3 — Bldg. Age: 70
County (6): Gloucester — County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): MDG Environmental — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1000 Maplewood Drive Suite 207	Street Address: 47 S. Lippincott Ave
City, State, Zip Code: Maple Shade, NJ 08052	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Tony Esposito — Telephone No.: 856-755-9300	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): October 27, 2011 — Scheduled Completion Date (11): October 29, 2011	Name of OSHA Monitor: EMSL
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: 107 Haddon Ave — City, State, Zip Code: Westmont, New Jersey 08108

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] 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: Removal	Repair	Encapsulate	Enclosure
Basement			XXX	Floor Tile	310 SF	xxx			
Basement			XXX	Mastic	310 SF	xxx			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 22253	Cubic Yards of Waste	Name of Registered Landfill: Grows Landfill
City, State: Mount Holly, New Jersey 08060		Disposal Date	City, State: Tullytown, PA.
Completed by: William Lynch	Title: Owner	Signature: William J. Lynch	Date: October 26, 2011

ASB-41 (R-06-05)

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Check #:9828

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

DOL – 10 DAY
OCT 26 2011
WAIVER APPROVED

Date of Notification (1): 10/25/11	Name of Building Owner/Operator (2): Mr. and Miss Reed
Agencies Notified: [ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	Type Notification: [X]Initial Notification [ ]Amended Notification [X]EMERGENCY [ ]Cancellation
	Street Address: 8 Pearl Street
	City, State, Zip Code: Summit, NJ 07901
	Name of Contact: Mr. Reed
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private	Type of Facility (4): [ ]School (K-12) [ ]Subchapter 6 (Other than K-12) [x]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 8 Pearl Street	
City (5): Summit; County (6): Union; County Code (7) (STATE USE ONLY):	Square Feet: 1800; # of Floors: 2; Bldg. Age: 65
	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm hired by Building Owner (8): N/A; ASCM No.: 67	Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.
Street Address:	Street Address: 86 Christopher St.
City, State, Zip Code:	City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm: ; Telephone Number: N/A	Telephone Number: (973)744-8800; License Number: 00371
Scheduled Start Date (10): 10/26/11 (Month Day Year); Sched. Completion Date (11): 10/27/11 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»	Street Address:
	City, State, Zip Code:

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf

[X]Renovation
[ ]Demolition

[X]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[ ]Glovebag Procedure
[ ]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: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Boiler Insulation	18 sf	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No.: 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill: G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 10/28/11	City, State: Morrisville, PA 19067

Completed By (Print or Type): Constantine Vivian	Title: President	Signature: Constantine Vivian	Date: 10/25/11

State of New Jersey

Check #:9823

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-2)

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OCT 26 2011
WAIVER APPROVED

Date of Notification (1) 10/25/11	Name of Building Owner/Operator (2) St. James AME Church
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial Notification [ ] Amended Notification [X] EMERGENCY [ ] Cancellation
	Street Address: 588 Martin Luther King Boulevard
	City, State, Zip Code: Newark, NJ 07102
	Name of Contact: Calvin Jackson
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 3 Merrywood Drive	
City (5): W. Orange; County (6): Essex; County Code (7) (STATE USE ONLY)	Square Feet: 2400; # of Floors: 2; Bldg. Age: 65
	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm hired by Building Owner (8): N/A; ASCM No.: 67	Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.
Street Address:	Street Address: 86 Christopher St.
City, State, Zip Code:	City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm:	Telephone Number: N/A
	Telephone Number: (973) 744-8800; License Number: 00371
Scheduled Start Date (10): 10/28/29 (Month Day Year); Sched. Completion Date (11): 11/1/11 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): [X] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»; [ ] other - Describe: «Other Occupancy Descript»	Street Address:
	City, State, Zip Code:

Scope of Work (Check all that apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] 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: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	VAT	1000 sf	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No.: 17040	Cubic Yards of Waste: 4.0	Name of Registered Landfill: G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 11/2/11	City, State: Morrisville, PA 19067

Completed By (Print or Type): Constantine Vivian	Title: President	Signature: [signature]	Date: 10/25/11

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

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #6-10/26/11 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 200 Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortego — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton	Square Feet: / # of Floors: / Bldg. Age:
County (6): Mercer — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center - Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Koehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM REV#6- 10/26 & 10/28 ONLY - 5:30AM - 1:30PM		Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Floor tile and mastic	27,295 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Saddle block	85 each	☒	☐	☐	☐
3rd floor	☐	☒	☐	wall vapor barrier material	220 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Patrick T. DeCaro	Estimator	Brian Scafiro	10/26/11

A58-41
MAY 11 B511096

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Pg. 2

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #6-10/26/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton	Square Feet: / # of Floors: / Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center - Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ ___ PM- ___ AM AE#6 - 10/26-10/28 ONLY - 5:30 AM - 1:30 PM		Street Address: 1123 BEAVER STREET	
		City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Ceiling Plaster	482 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 10/26/11

ASB-41
MAY 11 B511096

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

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☒ Amended Amendment #5-10/21/11 ☐ Emergency (including justification) ☐ Cancellation	Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego	Telephone Number [redacted]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)			

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
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Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	Square Feet: / # of Floors: / Bldg. Age:
City (5): Princeton	
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098 / Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: Bromley Corporate Center - Three Terri Lane	Street Address: 1123 BEAVER STREET
City, State, Zip Code: Burlington, NJ 08016	City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Michael Keohn	Telephone No.: 609-386-8800 / Telephone No.: 215-788-6040 / License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11 / Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM RFI#6- 10/26 & 10/28 ONLY - 5:30AM - 1:30PM	Street Address: 1123 BEAVER STREET / City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Floor tile and mastic	27,295 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Saddle block	85 each	☒	☐	☐	☐
3rd floor	☐	☒	☐	wall vapor barrier material	220 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
		Disposal Date: as needed	City, State: Morrisville, PA 19067
City, State: NEW CASTLE, DE 19720			
Completed By (Print or Type): Patrick T. DeCaro	Title: Estimator	Signature: Brian Scafiro	Date: 10/26/11

... form for asbestos licensure exempted activities.

OCT-26-2011 09:60

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

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #6-10/26/11 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 200 Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortego
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	Square Feet: / # of Floors: / Bldg. Age:
City (5): Princeton	
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098
Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM REV#6 - 10/26 + 10/28 ONLY - 5:30 AM - 1:30 PM	
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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3rd floor	☐	☒	☐	Ceiling Plaster	482 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067
Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 10/26/11

...form for asbestos licensure exempted activities.

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State of New Jersey
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(Pursuant to NJAC 8:60 and 5:16)

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	Street Address: 200 Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortego — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	Square Feet: / # of Floors: / Bldg. Age:
City (5): Princeton	
County (6): Mercer — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc. — ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: Bromley Corporate Center - Three Terri Lane	Street Address: 1123 BEAVER STREET
City, State, Zip Code: Burlington, NJ 08016	City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800	Telephone No.: 215-788-6040 — License No.: 00509
Start Date (10): 09 / 01 / 11 — Scheduled Completion Date (11): 10 / 31 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM REV#5 - 10/21/11 ONLY 5AM - 1:30 PM	Street Address: 1123 BEAVER STREET — City, State, Zip Code: BRISTOL, PA 19007
Scope of Work (Check all that apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition	☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

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3rd floor	☐	☒	☐	wall vapor barrier material	220 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067
Completed By (Print or Type): Patrick T. DeCaro	Title: Estimator	Signature: Brian Scafiro /jl	Date: 10/21/11

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State of New Jersey
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Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

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Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-5:30PM/____PM-____AM
REV#5- 10/21/11 ONLY 5AM-1:30 PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
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Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067
Completed By (Print or Type): [illegible]	Title: Estimator	Signature: Brian Scafiro /jl	Date: 10/21/11

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State of New Jersey
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	Street Address: 200 Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortego — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
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City (5): Princeton	
County (6): Mercer — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc. — ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: Bromley Corporate Center - Three Terri Lane	Street Address: 1123 BEAVER STREET
City, State, Zip Code: Burlington, NJ 08016	City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800	Telephone No.: 215-788-6040 — License No.: 00509
Start Date (10): 09 / 01 / 11 — Scheduled Completion Date (11): 10 / 31 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM 10/14 ONLY - 5AM - 1:30PM	Street Address: 1123 BEAVER STREET — City, State, Zip Code: BRISTOL, PA 19007

Revised 4

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
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Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067
Completed By (Print or Type):	Title: Estimator	Signature: Brian Scofield Jr.	Date: 10/14/11

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortego
	Telephone Number: [redacted]

FACILITY INFORMATION

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County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
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City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	

REV #4 10/14 ONLY - 5 AM - 1:30 PM

Scope of Work (Check all that apply):
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3rd floor	☐	☒	☐	Ceiling Plaster	482 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title: Estimator	Signature: Brian Scalisi	Date: 10/14/11

07-50 LTR2-92-100

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

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Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
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Street Address: 200 Elm Drive	
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Name of Contact: Robert Ortego	Telephone Number: [redacted]

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City (5): Princeton	Square Feet: / # of Floors: / Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098
Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM REV. 9/22 + 9/23/11 - 7AM - 12AM #3	Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Floor tile and mastic	27,295 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Saddle block	85 each	☒	☐	☐	☐
3rd floor	☐	☒	☐	wall vapor barrier material	220 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067

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

Pg 2 of 2

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #3-9/21/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton	Square Feet: / # of Floors: / Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Buliding Owner (8): ATC Associates Inc.	ASCM No.: 00098
Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM REV# 3 - 9/22-9/23/11 - 7AM - 12AM	Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Ceiling Plaster	482 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067

Signature / Date

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Pg 1

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2-9/06/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	Square Feet: / # of Floors: / Bldg. Age:
City (5): Princeton	
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098
Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM	Street Address: 1123 BEAVER STREET
	City, State, Zip Code: BRISTOL, PA 19007

Rev #2

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Floor tile and mastic	27,777 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Saddle block	85 each	☒	☐	☐	☐
3rd floor	☐	☒	☐	Wall vapor barrier material	320 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
		Disposal Date: as needed	City, State: Morrisville, PA 19067
City, State: NEW CASTLE, DE 19720			

Prepared By (Print or Type) / Title / Signature: Brian Stafile (9) / Date: 9/6/11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

PG 2

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2-9/06/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	Square Feet / # of Floors / Bldg. Age
City (5): Princeton	
County (6): Mercer	County Code (7)(STATE USE ONLY) / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098
Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/_____PM-_____AM	Street Address: 1123 BEAVER STREET
	City, State, Zip Code: BRISTOL, PA 19007

REV

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Ceiling Plaster	482 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
City, State: NEW CASTLE, DE 19720		Disposal Date: as needed	City, State: Morrisville, PA 19067

Title | Signature | Date

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Ch-# 2151

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-8/23/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): ; Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center - Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address: 1123 BEAVER STREET	
		City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Floor tile and mastic	27,777 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Saddle block	85 each	☒	☐	☐	☐
3rd floor	☐	☒	☐	Wall vapor barrier material	320 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
City, State		Disposal Date: as needed	City, State: Morrisville, PA 19067

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16) Cl#2151 Pg. 2

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-8/23/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton	Square Feet: / # of Floors: / Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): / Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098
Street Address: Bromley Corporate Center - Three Terri Lane	
City, State, Zip Code: Burlington, NJ 08016	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM	Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Ceiling Plaster	482 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS North Landfill
		Disposal Date	City, State

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

Ck # 2150

Date of Notification (1): 8 / 18 / 11	Name of Building Owner/Operator (2): Princeton University - Office of Design and Construction
Agencies Notified: ☒ EPA 0208; ☒ DOLWD 0838; ☒ DHSS 0215; ☒ DCA 0161 (NJAC 5:23-B)	Type Notification: ☒ Initial; ☐ Amended Amendment #____; ☐ Emergency (including justification); ☐ Cancellation
Street Address: 200 Elm Drive	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortego	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University - JADWIN HALL	Type of Facility (4): ☐ School (K-12); ☒ Subchapter 8 (Other than K-12); ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Washington Road	
City (5): Princeton	Square Feet: ; # of Floors: ; Bldg. Age:
County (6): Mercer	County Code (7)(STATE USE ONLY): ; Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc.	ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center - Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 09 / 01 / 11	Scheduled Completion Date (11): 10 / 31 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement; ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd floor	☐	☒	☐	Floor tile and mastic	27,295 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	Saddle block	85 each	☒	☐	☐	☐
3rd floor	☐	☒	☐	wall vapor barrier material	220 SF	☒	☐	☐	☐
3rd floor	☐	☒	☐	fittings	10 each	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 120	Name of Registered Landfill: GROWS Landfill
City, State: [illegible]		Disposal Date: as needed	City, State: Morrisville, PA 19067

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

CHECK # 17930

Date of Notification (1): 10-25-11(1)10-26-11	Name of Building Owner/Operator (2): First Energy Corp.
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [x] Emergency (including justification) [ ] Cancellation
	Street Address: 265 Main Street
	City, State, Zip Code: Akron, OH 44308
	Name of Contact: Mr. John Greco — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Hibernia/Green Pond Road, Morris Avenue & Ford Road	
City (5): Rockaway Township	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Morris; County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Manhole
Name of Monitoring Firm Hired by Building Owner (8): One Source Safety & Health Inc.; ASCM No.	Name of Abatement Contractor (9): Pinnacle Environmental Corp.
Street Address: 140 South Village Avenue, Suite 130	Street Address: 200 Broad Street
City, State, Zip Code: Exton, PA 19341	City, State, Zip Code: Carlstadt, NJ 07072
Project Manager for Monitoring Firm: Brian Hoverdon; Telephone No.: 908-309-1021	Telephone No.: 201-939-6565; License No.: 00756
Start Date (10): 10-27-11(1)New Start: 10-28-11; Scheduled Completion Date (11): 11-04-11	Name of OSHA Monitor: Even-Air 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: 10-59 Jackson Avenue; City, State, Zip Code: Long Island City, NY 11101

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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: Removal	Repair	Encapsulate	Enclosure
Underground Conduit: Elect. Cable			X	Cable Wrap	1,500LF	X			

Name of Registered Waste Hauler: ATC, Inc. / TriState Transfer (50071)	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY / Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH 44688
Completed by: Joe Patrick	Title: Project Manager	Signature:	Date: (1)10-26-11

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

ASB-41 (R-06-08)

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

Ck # 2158

Date of Notification (1): 9 / 30 / 11	Name of Building Owner/Operator (2): Princeton University-Office of Design and Construction
Agencies Notified: ☐ EPA ☒ DOLWD 0190 ☒ DHSS 0610 ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 200 Elm Dr
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortega — Telephone Number: [redacted]

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc — ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center-Three Terri Lane	Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016	City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 10 / 11 — Scheduled Completion Date (11): 11 / 25 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM	Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd Floor	☐	☒	☐	ACM Window frame caulk & glazing	6,527 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL
City, State: NEW CASTLE DE 19720		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	Estimator	Brian Scafiro / jl	9/30/11

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

Date of Notification (1): 9 / 30 / 11	Name of Building Owner/Operator (2): Princeton University-Office of Design and Construction
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-6)	Type Notification: ☒ Initial ☒ Amended Amendment #1-10/14/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Dr	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortega	Telephone Number: [redacted]

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center-Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 10 / 11	Scheduled Completion Date (11): 11 / 25 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____ PM-____ AM		Street Address: 1123 BEAVER STREET	
REV. #1 10/14 ONLY - 5AM - 1:30 PM		City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd Floor	☐	☒	☐	ACM Window frame caulk & glazing	6,527 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL
City, State: NEW CASTLE DE 19720		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 10/14/11

ASB-41

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

Date of Notification (1): 9 / 30 / 11	Name of Building Owner/Operator (2): Princeton University-Office of Design and Construction
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2-10/21/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Dr	City, State, Zip Code: Princeton, NJ 08544
Name of Contact: Robert Ortega	Telephone Number: [redacted]

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center-Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 10 / 11	Scheduled Completion Date (11): 11 / 25 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM REV #2 - 10/21/11 ONLY 5AM-1:30PM		Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd Floor	☐	☒	☐	ACM Window frame caulk & glazing	6,527 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste:	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL
City, State: NEW CASTLE DE 19720		Disposal Date:	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro / jl	Date: 10/21/11

ASB-41
MAY 11

R-511 ORL B

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 9 / 30 / 11	Name of Building Owner/Operator (2): Princeton University-Office of Design and Construction
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #3-10/26/11 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 200 Elm Dr	
City, State, Zip Code: Princeton, NJ 08544	
Name of Contact: Robert Ortega	Telephone Number: [redacted]

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates Inc	ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: Bromley Corporate Center-Three Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 10 / 11	Scheduled Completion Date (11): 11 / 25 / 11	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM REV#3-10/26+10/28 ONLY - 5:30AM-1:30 PM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
3rd Floor	☐	☒	☐	ACM Window frame caulk & glazing	6,527 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL
City, State: NEW CASTLE DE 19720		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	Estimator	Brian Scafiro	10/26/11

ASB-41
MAY 11 B511096 B

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

State of New Jersey

Check #:09517

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 10/25/11	Name of Building Owner/Operator (2): Klein Springfield, LLC
Agencies Notified: [ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	Type Notification: [X]Initial Notification [X]Amended Notification [X]EMERGENCY [ ]Cancellation
	Street Address: 25 B Hanover Road
	City, State, Zip Code: Florham Park, NJ 07932
	Name of Contact: Noah Tenenbaum
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private	Type of Facility (4): [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [x]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 201 Route 22 West	Square Feet: 7000 # of Floors: 1 Bldg. Age: 80
City (5): Springfield County (6): Union County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Plumbing Distributor
Name of Monitoring Firm hired by Building Owner (8): N/A ASCM No.: 67	Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.
Street Address:	Street Address: 86 Christopher St.
City, State, Zip Code:	City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm: Telephone Number: N/A	Telephone Number: (973)744-8800 License Number: 00371
Scheduled Start Date (10): 10/27/11 (Month Day Year) Sched. Completion Date (11): 10/31/11 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»	Street Address: City, State, Zip Code:

Scope of Work (Check all that apply)

[ ]≥3 sf or ≥3 lf
[X]≥160 sf or ≥260 lf

[ ]Renovation
[X]Demolition

[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]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: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Demo Lot			X	Non-Friable Mix	150 SqYds	X			

Name of Registered Waste Hauler: Weigle Trucking	NJDEP Waste Hauler ID No.: 17040	Cubic Yards of Waste: 150.0	Name of Registered Landfill: MINERVA
City, State: 274 Reynolds Rd. Linden, PA 17744		Disposal Date: 11/1/11	City, State: Waynesburg, OH

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	10/25/11

New Completion date

~~on hold~~ ~~till December 1~~

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

Date of Notification (1): 10/7/11	Name of Building Owner/Operator (2): Marian Knowles / Residence
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [X] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 115 West Playhouse Dr
	City, State, Zip Code: Little Egg Harbor 08087
	Name of Contact: Marian
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Marian Knowles / Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 115 West Playhouse Dr	
City (5): Little Egg Harbor 08087	Square Feet: 1000 / # of Floors: 1 / Bldg. Age: 35+
County (6): ocean / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	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): 10/20/11 / Scheduled Completion Date (11): ~~10/25/11~~ 11/5/11	Name of OSHA Monitor: Pernaco 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: PO Box 329 / City, State, Zip Code: West Berlin NJ 08091

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] 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: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1500 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 2	Name of Registered Landfill: G.r.o.w.s.
City, State: Elm NJ		Disposal Date: ~~10/25/11~~ 11/5/11	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 10/7/11

ASB-41 (R-06-08)

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

Check #:9823

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

APPROVED
NJ Dept of Health & Senior Services
Paul C. [illegible]
(Signature)
Date: 10/25/11 Time: 4:23 PM

Date of Notification (1): 10/25/11

Name of Building Owner/Operator (2): St. James AME Church

Agencies Notified: [ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA

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

Street Address: 588 Martin Luther King Boulevard

City, State, Zip Code: Newark, NJ 07102

Name of Contact: Calvin Jackson

Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private

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

Street Address: 3 Merrywood Drive

Square Feet: 2400 | # of Floors: 2 | Bldg. Age: 65

City (5): W. Orange | County (6): Essex | County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm hired by Building Owner (8): N/A | ASCM No.: 67

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone Number: N/A

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

Street Address: 86 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973) 744-8800 | License Number: 00371

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Scheduled Start Date (10): 10/28/29 (Month Day Year) | Sched. Completion Date (11): 11/1/11 (Month Day Year)

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

Scope of Work (Check all that apply)
[ ]≥3 sf or ≥3 lf
[X]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[X]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[ ]Glovebag Procedure
[ ]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: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Basement			X	VAT	1000 sf	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC. | NJDEP Waste Hauler ID No.: 17040 | Cubic Yards of Waste: 4.0 | Name of Registered Landfill: G.R.O.W.S.

City, State: Montclair, NJ 07042 | Disposal Date: 11/2/11 | City, State: Morrisville, PA 19067

Completed By (Print or Type): Constantine Vivian | Title: President | Signature: [signature] | Date: 10/25/11

Print Form

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Power
(Signature)
Date: 10/25/11 Time: 4:45 PM

Date of Notification (1): 10/25/11 Ck: 1595 $200	Name of Building Owner/Operator (2): Fairleigh Dickinson University
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #____ [x] Emergency (including justification) [ ] Cancellation
Street Address: 1000 River Road	
City, State, Zip Code: Teaneck, New Jersey 07666	
Name of Contact: Tom Pruno	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Fairleigh Dickinson University, Madison Campus, Orangerie Library	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 285 Madison Avenue	
City (5): Madison, New Jersey 07940	Square Feet: 20,000 / # of Floors: 2 / Bldg. Age: 55+
County (6): Morris / County Code (7) (STATE USE ONLY) ____	Current Use (Prior if being demolished): Library
Name of Monitoring Firm Hired by Building Owner (8): Environmental Design Inc. / ASCM No.	Name of Abatement Contractor (9): Lilich Corporation
Street Address: 5434 Kings Avenue Suite 101	Street Address: 606 McBride Avenue
City, State, Zip Code: Pennsauken, New Jersey 08109	City, State, Zip Code: Woodland Park, New Jersey 07424
Project Manager for Monitoring Firm: Tom Pruno / Telephone No.: 609-744-7462	Telephone No.: 973-225-8400 / License No.: 01104
Start Date (10): 10/26/11 / Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: J&S Environmental Labs
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 3AM Start	Street Address: 2333 Route 22 West City, State, Zip Code: Union, New Jersey 07083

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	Encapsulation	Enclosure
Outdoors		X		TSI Wet wrap & Cut	250 LF	X			

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date: 10/2711	City, State: Woodland Park, New Jersey 07424
Completed by: Tatiana Kalenikova	Title: Vice President	Signature: [signature]	Date: 10/25/11

A56-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

Check #:9828

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Harper
(signature)
Date: 10/25/11 Time: 3:45pm

Scanned 10/25/11

Date of Notification (1): 10/25/11	Name of Building Owner/Operator (2): Mr. and Miss Reed
Agencies Notified: [ ]EPA [ ]DEP [X]DOL [X]DOS [ ]DCA	Type Notification: [X]Initial Notification [ ]Amended Notification [X]EMERGENCY [ ]Cancellation
	Street Address: 8 Pearl Street
	City, State, Zip Code: Summit, NJ 07901
	Name of Contact: Mr. Reed
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private	Type of Facility (4): [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [x]Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 8 Pearl Street	Square Feet: 1800 / # of Floors: 2 / Bldg Age: 65
City (5): Summit / County (6): Union / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm hired by Building Owner (8): N/A / ASCM No.: 67	Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.
Street Address	Street Address: 86 Christopher St.
City, State, Zip Code	City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm / Telephone Number: N/A	Telephone Number: (973)744-8800 / License Number: 00371
Scheduled Start Date (10): 10/26/11 (Month Day Year) / Sched. Completion Date (11): 10/27/11 (Month Day Year)	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript»	Street Address / City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf

[X]Renovation
[ ]Demolition

[x]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[ ]Glovebag Procedure
[ ]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: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Boiler Insulation	18 sf	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No.: 17040	Cubic Yards of Waste: 1.5	Name of Registered Landfill: G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 10/28/11	City, State: Morrisville, PA 19067

Completed By (Print or Type): Constantine Vivian	Title: President	Signature: Constantine Vivian	Date: 10/25/11

EMERGENCY NO HEAT
REQUEST FOR WAIVER

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

APPROVED
N.J. Dept. of Health & Senior Services
Paul C. Tozzi
(signature)
Date: 10/25/11 Time: 3:04PM

Date of Notification (1): 10-25-2011	Name of Building Owner/Operator (2): MS. SCOLANO
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
Street Address: 145 ST JOSEPH BLVD -	Scanned 10/25/11
City, State, Zip Code: LODI, NJ 07644	
Name of Contact: MS. SCOLANO	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MS. SCOLANO	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 145 ST. JOSEPH BLVD.	
City (5): LODI	Square Feet: 2100 / # of Floors: 2 / Bldg. Age: 86 YRS
County (6): BERGEN / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address	Street Address: 450 South River St
City, State, Zip Code	City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-329-7444 / License No.: 00388
Start Date (10): 10-27-2011 / Scheduled Completion Date (11): 10-28-2011	Name of OSHA Monitor: Omega Environmental Services
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8AM 5PM	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
BASEMENT			X	THERMAL INSULATION	55 SF	X			

Name of Registered Waste Hauler: DJM Transport, Inc	NJDEP Waste Hauler ID No.: 22393	Cubic Yards of Waste: 1 CUYD	Name of Registered Landfill: Cumberland County Landfill
City, State: South Kearny N.J. 07032		Disposal Date: 10-28-2011	City, State: Newburgh PA, 17242

Completed by: R. VELDRAN	Title: Estimator	Signature: R. Veldran	Date: 10-25-2011

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

ASB-41 (R-09-08)

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

D&S Proj. #: MS 11-425

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Horsa
(signature)
Date: 10/25/11 Time: 2:03pm

Date of Notification (1): 10/25/11

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☐ Initial ☐ Amended Amendment #: ____ ☒ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): BEN PENA

Street Address: 23 RIDGELAND ROAD

Scanned 10/25/11

City, State, Zip Code: PARAMUS, NJ

Name of Contact: BEN PENA

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): BEN PENA

Street Address: 23 RIDGELAND ROAD

City (5): PARAMUS

County (6): BERGEN

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs/Homes, etc.

Square Feet: | # of Floors: | Bldg. Age:

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Start Date (10): 10/26/11

Sched. Completion Date (11): 11/07/11

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap
BASEMENT		X		BOILER INSULATION	30 SQ FT	☒	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 1 YD

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 10/27/11

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 10/25/11

licensure exempted activities.

D&S Proj. #: MS 11-424

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

APPROVED
N.J. Dept. of Health & Senior Services
(Signature)
Date: 10/25/11 Time: 1:28 PM

Date of Notification (1): 10/25/11

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☐ Initial ☐ Amended Amendment #: ____ ☒ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): JOHN LEAHY

Verbal 10/25/11

Street Address: 168 MAIN STREET

City, State, Zip Code: WOODBRIDGE, NJ

Name of Contact: JOHN LEAHY

Telephone Number: [redacted]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): JOHN LEAHY

Street Address: 168 MAIN STREET

City (5): WOODBRIDGE

County (6): MIDDLESEX

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs.,Homes, etc.

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 10/26/11

Sched. Completion Date (11): 11/07/11

Occupancy Status During Abatement (Check only one)
- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours- Describe:
- ☒ Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl.
BASEMENT		X		PIPE INSULATION	35 L FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 1 YD

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 10/27/11

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date:

Fax:

Oct 25 2011 04:30pm P037/044

APPROVED
N.J. Dept. of Health & Senior Services
(Signature)
Date: 10/25/11 Time: 10:44 AM

Scanned 10/25/11

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

Date of Notification (1): 10/25/11	Name of Building Owner/Operator (2): Borough of Mount Ephriam
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 121 S. Blackhorse Pike
	City, State, Zip Code: Mt. Ephraim, NJ 08059
	Name of Contact: Terry Shannon — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): Mt. Ephriam Police Station	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 121 S. Blackhorse Pike	
City (5): Mt. Ephraim	Square Feet: / # of Floors: / Bldg. Age:
County (6): Camden — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Police Station
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.:	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: William Weisgarber Jr. — Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 — License No.: 00493
Start Date (10): 10/28/11 — Scheduled Completion Date (11): 10/28/11	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8AM - 4:30PM	Street Address: PO Box 341 — City, State, Zip Code: Crosswicks, NJ 08515

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
basement mechanical room			X	transite flue pipe	6 LF	X			

Name of Registered Waste Hauler: Stevens Environmental Services Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 1 CU	Name of Registered Landfill: T.R.R.F., Inc.
City, State: Allentown, NJ		Disposal Date: 10/31/11	City, State: Tullytown, PA

Completed By	Title	Signature	Date
Mahlon E. Stevens	Project Manager		10/25/11

ASB-41
MAR 00

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

Scanned 10/24/11

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

APPROVED
N.J. Dept. of Health & Senior Services
(signature)
Date: 10/24/11 Time: 2:36PM

Date of Notification (1)	10-24-2011
Name of Building Owner/Operator (2)	David Frank
Street Address	436 Mountain Ave.
City, State, Zip Code	Springfield NJ
Name of Contact	Ben
Telephone Number	[redacted]

Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (Including Justification) [ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	House
Street Address	436 Mountain Ave.
City (5)	Springfield
County (6)	Union
County Code (7) (STATE USE ONLY)	
Type of Facility (4)	[ ] School (K-12) [ ] Subchapter 6 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Square Feet	1000
# of Floors	2
Bldg. Age	50+
Current Use (Prior if being demolished)	House
Name of Monitoring Firm Hired by Building Owner (8)	n/a
ASCM No.	n/a
Street Address	n/a
City, State, Zip Code	n/a
Telephone No.	n/a
Project Manager for Monitoring Firm	n/a
Name of Abatement Contractor (9)	Jadar Contracting, LLC
Street Address	22 Troy Lane
City, State, Zip Code	Lincoln Park, NJ 07035
Telephone No.	973-706-7950
License No.	01088
Name of OSHA Monitor	Jadar Contracting, LLC
Street Address	22 Troy Lane
City, State, Zip Code	Lincoln Park, NJ 07035
Start Date (10)	10-25-2011
Scheduled Completion Date (11)	10-26-2011

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other – Describe: 8am - 5pm

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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: Removal	Repair	Encapsulation	Enclosure
Basement			✓		150	✓			
Sunroom			✓		150	✓			

Name of Registered Waste Hauler	Jadar Contracting LLC	NJDEP Waste Hauler ID No.	0033137
Cubic Yards of Waste	TBD	Name of Registered Landfill	G.R.O.W.S. Landfill
Disposal Date	TBD	City, State	Morrisville, PA 19067
City, State	Lincoln Park, NJ 07035		
Completed by	Lillie Lazerevich	Title	Secretary
Signature	Lillie Lazerevich	Date	10-24-2011

* Do not use this form for asbestos licensure exempted activiti

CK # 10/6* 200.00

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 10/25/11 Time: 4:27PM

Date of Notification (1): 10/24/11	Name of Building Owner/Operator (2): Sal Criscuolo / 350 Hurst St LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DCH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 350 Hurst St
	City, State, Zip Code: Linden, NJ 07036
	Name of Contact: Richard Marchisio [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private commercial property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 350 Hurst St	
City (5): Linden	Square Feet: ___ # of Floors: 1 Bldg. Age: 50+
County (6): Union	County Code (7) (STATE USE ONLY) ____ Current Use (Prior if being demolished): Offices
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: ___ Name of Abatement Contractor (9): Genesis-Citrine Contracting Corp
Street Address: N/A	Street Address: 106 Gold St
City, State, Zip Code: N/A	City, State, Zip Code: Green Brook, NJ 08812
Project Manager for Monitoring Firm: N/A	Telephone No.: ___ Telephone No.: 908-809-0315 License No.: 01090
Start Date (10): 10/25/11	Scheduled Completion Date (11): 10/31/11 Name of OSHA Monitor: Genesis-Citrine Contracting Corp
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ___	Street Address: 106 Gold St City, State, Zip Code: Green Brook, NJ 08812

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
☒ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure ☐ Mini-Endocure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedures

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	Enclosure
1st Fl entrance,office & electrical rm			X	9 x9 VCT	1055 SF	X			
1st Fl; kitchen area & bathrooms			X	9 x9 VCT	360 SF	X			

Name of Registered Waste Hauler: Genesis-Citrine Contracting Corp	NJDEP Waste Hauler ID No.: 32980	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S Landfill
		Disposal Date: TBD	City, State: Morrisville, PA
City, State: Green Brook, NJ			
Completed by: Victoria Burga	Title: President	Signature:	Date: 10/24/11

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

ASP-41 (R-06-08)

ATTN: DIANNE
HOUSE STILL NOT
VACANT

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

Date of Notification (1): 10/12/11	Name of Building Owner/Operator (2): GARDEN STATE DREDGING
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. BOX 782 - 8 CLERMONT DR.
	City, State, Zip Code: RIO GRANDE, N.J. 08210
	Name of Contact: JIM NEMINGWAY
	Telephone Number: [redacted]

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: 2238 OCEAN DRIVE	Square Feet: 1000 / # of Floors: 2 / Bldg. Age: 40+
City (5): AVALON	
County (6): CAPE MAY / County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): KLEMCO INC.
Street Address	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code	City, State, Zip Code: MAPLE SHADE, NJ 08052
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-779-0422 / License No: 00444
Start Date (10): 10/24/11 / Scheduled Completion Date (11): 11/9/11	Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe	Street Address: 369 S. SPRUCE AVE. / City, State, Zip Code: MAPLE SHADE, N.J. 08052

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	Encapsulation	Enclosure
SIDING				TRANSITE	2000 ft	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, NJ 08052		Disposal Date	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 10/12/11

ASB-A1

* Do not use this form for asbestos licensure exempted activities

D&S Proj. #: MS 11-428

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

Date of Notification (1): 10/26/11

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☐ Initial ☐ Amended Amendment #: ☒ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): JOE D'URSO

Street Address: 100 PASCACK ROAD

City, State, Zip Code: PARK RIDGE, NJ

Name of Contact: JOE D'URSO

Telephone Number: [redacted]

APPROVED NJ Dept. of Health & Senior Services (signature) Date: [illegible] Time: [illegible]

FACILITY INFORMATION

Name of facility where abatement is taking place (3): JOE D'URSO

Street Address: 100 PASCACK ROAD

City (5): PARK RIDGE

County (6): BERGEN

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.

Square Feet: | # of Floors: | Bldg. Age:

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 10/27/11

Sched. Completion Date (11): 11/11/11

Occupancy Status During Abatement (Check only one):
- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours- Describe:
- ☒ Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply):
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	130 L FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 2 YDS

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 10/28/11

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 10/26/11

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