


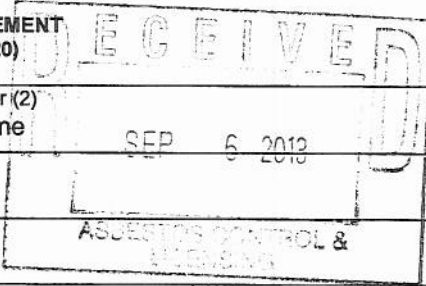
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

SEP 6 2013

Date of Notification (1) 9/4/13		Name of Building Owner/Operator (2) Cape May County office complex		SEP 6 2013					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		9 North Main Street					
				City, State, Zip Code Cape May Court House NJ 08210					
				Name of Contact Fran Mcavoy					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape May County office complex / shed behind building				Type of Facility (4)					
Street Address 9 North Main Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Cape May Court House NJ 08210				Square Feet 400 +	# of Floors 1				
				Bldg. Age 35+					
County (6) Cape May		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Shed					
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) 9/17/13		Scheduled Completion Date (11) 9/23/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Transite			x	Exterior Transite	834 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ				Disposal Date 9/23/13	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 9/4/13		

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



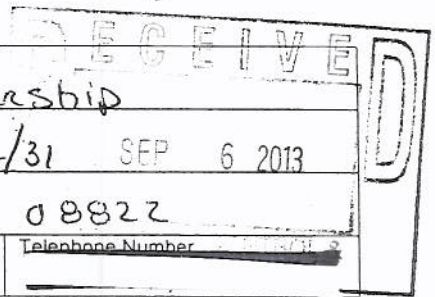
Date of Notification (1) 9/4/13		Name of Building Owner/Operator (2) Rich Mancuso Private Home							
Agencies Notified	Type Notification	Street Address 34 Joshua	City, State, Zip Code Manahawkin NJ 08050						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rich	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rich Mancuso Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 34 Joshua		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
City (5) Manahawkin NJ 08050		Current Use (Prior if being demolished) Home							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) N/A							
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. 856-753-9800	License No. 00727						
Start Date (10) 9/16/13	Scheduled Completion Date (11) 9/23/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 9/23/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/4/13		

No check

Charged Finishing
Date:

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

Check
8690

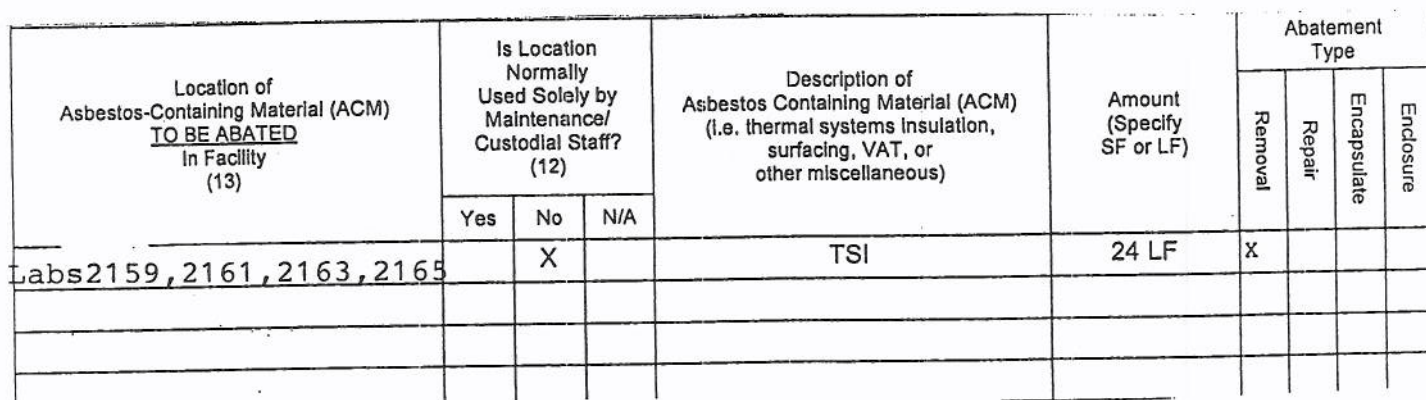


Changed Finishing Date? They Didn't move out yet

Date of Notification (1) 8-24-13		Name of Building Owner/Operator (2) Flemington GMC Dealership							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 211 South 202/31 City, State, Zip Code Flemington NJ 08822							
Name of Facility Where Abatement is Taking Place (3) Flemington GMC Dealership		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 211 South 202/31		Square Feet 1 + 2	# of Floors 40 +						
City (5) Flemington NJ 08822		Bldg. Age 40 +							
County (6) Hunterdon		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
License No. 00394		Name of OSHA Monitor EPC Technologies Inc							
Start Date (10) 9-5-13		Scheduled Completion Date (11) 9-26-13							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code New Egypt NJ 08533							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Front Building	X			Flashing Tar	200 SF	X			
Roof Back Building	X			Flashing Tar	60 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 9-10-13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 8-24-13			

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

Date of Notification (1) 09/03/2013		Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp							
Agencies Notified	Type Notification	Street Address One Cragwood Road, Suite 205							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, New Jersey 07080							
		Name of Contact Greg Marone	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Ingredion Incorporated		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 Finderne Avenue		Square Feet 25,000	# of Floors 2						
City (5) Bridgewater, New Jersey 08807		Bldg. Age 55+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing Company							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Tech, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 220 Church Street		Street Address 606 McBride Avenue							
City, State, Zip Code Bridgewater, New Jersey 08807		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Eric Houseknect		Telephone No. 908-296-1132	Telephone No. 973-225-8400						
Start Date (10) 09/06/13		Scheduled Completion Date (11) 09/16/13	License No. 01104						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Fri 4pm Start, weekend 7AM-12AM		Name of OSHA Monitor J&S Environmental Labs							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Labs 2159, 2161, 2163, 2165	X			VAT & Mastic	1,120 SF	X			
Labs 2159, 2161, 2163, 2165	X			Transite Wall Panels	2,880 SF	X			
Labs 2159, 2161, 2163, 2165	X			Transite Table Tops	348 SF	X			
Labs 2159, 2161, 2163, 2165	X			Fume Hoods	2	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 09/16/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 09/03/2013					



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

Date of Notification (1) 08/27/13 Ck# 2788 \$200		Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	One Cragwood Road, Suite 205	South Plainfield, New Jersey 07080						
		Name of Contact Greg Marone	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ingredion Incorporated		Type of Facility (4)							
Street Address 10 FINDERNE AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bridgewater, New Jersey 08807		Square Feet 25,000	# of Floors 2						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing Company						
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Tech, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 220 Church Street		Street Address 606 McBride Avenue							
City, State, Zip Code Bridgewater, New Jersey 08807		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Eric Houseknect		Telephone No. 908-296-1132	License No. 01104						
Start Date (10) 09/06/13	Scheduled Completion Date (11) 09/16/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Fri 4pm Start, weekend 7AM-12AM		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Labs 2151,2153,2155,2157		X		VAT & Mastic	1,120 SF	X			
Labs 2151,2153,2155,2157		X		Transite Wall Panels	2,880 SF	X			
Labs 2151,2153,2155,2157		X		Transite Table Tops	348 SF	X			
Labs 2151,2153,2155,2157		X		Fume Hoods	2	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 09/16/13	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 08/27/13			

RECEIVED
SEP 6 2013

[illegible]

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

No check

RECEIVED
SEP 6 2013

Date of Notification (1) 9/3/13 orig 8/28

Name of Building Owner/Operator (2) PSE & G

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

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

Street Address
4000 KADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
FOX McQUILLIEN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE & G

Street Address
996 KLEMM AVE.

City (5)
GLouceSTER

County (6)
GLouceSTER

County Code (7)
(STATE USE ONLY)

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

Square Feet
N/A

of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
SWITCH STATION

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA INC

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-290-2217

Telephone No.
732-432-8350

License No.
01111

Start Date (10)
9/9/13

Scheduled Completion Date (11)
9/11/13

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: OUTDOORS

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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>OUTDOORS WITHIN SUBSTATION FENCE</u>		<u>X</u>		<u>SOMASTIC PIPE COATING</u>	<u>100 LF</u>	<u>X</u>			

Name of Registered Waste Hauler
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste
AMX. 15

Name of Registered Landfill
GROWS NORTH

City, State
ELIZABETH, NJ

Disposal Date
9/12/13

City, State
MORRISVILLE, PA

Completed by
CAROL RAIMO

Title
OFFICE MGR.

Signature
Carol Raimo

Date
9/3/13

* 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) 8/28/13		Name of Building Owner/Operator (2) PSE & G	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact FOX McQUILLIEN	Telephone Number [REDACTED]

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) PSE & G	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 996 KLEMM AVE.	
City (5) GLouceSTER	Square Feet N/A
County (6) GLouceSTER	# of Floors N/A
County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A
Current Use (Prior if being demolished) SWITCH STATION	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		License No. 01111	
Start Date (10) 9/9/13		Scheduled Completion Date (11) 9/11/13		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS				Street Address 396 WHITEHEAD AVE.	
				City, State, Zip Code SOUTH RIVER, NJ 08882	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS WITHIN SUBSTATION FENCE		X		SOMASTIC PIPE COATING	100 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APX. 15	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date 9/12/13		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 8/28/13	

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

CK# 0280-7 see attached

Date of Notification (1) 9-4-2013		Name of Building Owner/Operator (2) Morris Habitat for Humanity							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 274 S. Salem Street							
		City, State, Zip Code Randolph, NJ 07869							
		Name of Contact David Sang	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 3 Story House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 29 Hazel Street		Square Feet 3000	# of Floors 3						
City (5) Morristown		Bldg. Age 50+							
County (6) Morris	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) Loznica Management Corporation						
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						
Start Date (10) 9-9-2013		Scheduled Completion Date (11) 9-13-2013	License No. 01193						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Loznica Management Corporation							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Siding	2,000 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville PA 19067						
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic				Date 9-4-2013		

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

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

CHECK # ~~0285~~ ⁰²⁸⁰

Cancelled - written in error

Date of Notification (1) 8/30/2013		Name of Building Owner/Operator (2) Barry Jeckell							
Agencies Notified	Type Notification	Street Address 526 Forest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Barry Jeckell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 526 Forest Ave.		Square Feet 1200	# of Floors 1						
City (5) Westfield		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) Loznica Management Corporation						
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						
Start Date (10) 9-9-2013		Scheduled Completion Date (11) 9-12-2013	License No. 01193						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm		Name of OSHA Monitor Loznica Management Corporation							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Pipe Insulation	50LF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 001137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS LANDFILL					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 8-30-2013			

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

Check # 2151

Project #

Date of Notification (1) 08/30/2013		Name of Building Owner/Operator (2) Union Township BOE							
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		165 Perryville Rd							
Type Notification		City, State, Zip Code							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Hampton, NJ 08827							
		Name of Contact	Telephone Number						
		Amy Barkman							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middle School		Type of Facility (4)							
Street Address 165 Perryville Rd		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hampton, NJ		Square Feet	# of Floors						
			Bldg. Age						
County (6) Hunterdon County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address P.O BOX 385		Street Address 72 Brookside Rd							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609)652-1833	Telephone No. 973-933-2550						
Start Date (10) 09/13/2013		Scheduled Completion Date (11) 09/15/2013	License No. 01133						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4 pm-11.30pm		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		elbows	8 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 08/30/2013			

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NJ
Office of Health & Senior Services
Division of Environmental Health
APPROVED

Date of Notification (1) 9-4-13		Name of Building Owner/Operator (2) Gaby Barriga							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 11 Bott Lane		City, State, Zip Code Towaco NJ 07082							
Name of Contact Gaby Barriga		Telephone Number 3							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Vacant)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 113 Newark Ave		Square Feet 1 Bldg. Age 1							
City (5) Lavallette NJ 08735		Current Use (Prior if being demolished) Single family Shoe house							
County (6) Ocean		County Code (7) (STATE USE ONLY) ---							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) 9-5-13		License No. 00394							
Scheduled Completion Date (11) 9-6-13		Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2180 sf or 2280 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fragile Procedure							
City, State, Zip Code New Egypt NJ 08533									
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	N/A			<input checked="" type="checkbox"/>
Yes	No	N/A							
		<input checked="" type="checkbox"/>							
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)							
exterior walls		1500 SF							
Bedroom		100 SF							
Bedroom		100 SF							
Siding Shingles		100 SF							
Floor Tiles		100 SF							
Floor Tiles		100 SF							
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000							
City, State New Egypt NJ		Cubic Yards of Waste 10							
Disposal Date 9-6-13		Name of Registered Landfill Waste Management of PA							
City, State Morrisville PA		Signature Steve Schenker							
Completed by Steve Schenker		Title President							
Date 9-4-13									

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

CITEUL#
2903

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

Date of Notification (1) 9/3/13		Name of Building Owner/Operator (2) JERRY'S EXCAVATING				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address 274 INDIAN TRAIL ROAD		City, State, Zip Code CAPE MAY COURT HOUSE				
Name of Contact SAME		Telephone No.				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 323 2ND AVE.		Square Feet 1000	# of Floors 2			
City (5) NORTH WILDBWOOD		Bldg Age 40+				
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) KLEMMCO 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. 856-779-0422	License No. 00444			
Start Date (10) 9/23/13	Scheduled Completion Date (11) 9/30/13	Name of OSHA Monitor JOSEPH KLEMM				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 369 S. SPRUCE AVE.				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		City, State, Zip Code MAPLE SHADE, N.J. 08052				
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1600 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler KLEMMCO 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, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.		Date 9/3/13	
Completed By JOSEPH KLEMM		Title OWNER	Signature <i>Joseph Klemm</i>		Date 9/3/13	

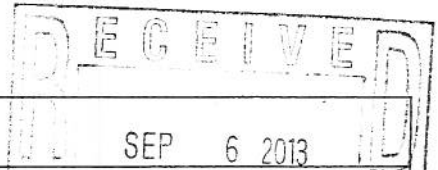
CHECK #
2903

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

Date of Notification (1) <u>9/13/13</u>		Name of Building Owner/Operator (2) <u>JERRY'S EXCAVATING</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>274 INDIAN TRAIL ROAD</u> SEP 6 2013					
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>					
		Name of Contact <u>SAME</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>206 W. 9TH AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>NORTH WILDWOOD</u>		Bldg Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>9/16/13</u>	Scheduled Completion Date (11) <u>9/23/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000#</u>	Abatement Type		
					Removal	Repair	Encapsulate
					<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>9/3/13</u>				

No check

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



Date of Notification (1) 9/4/13 (orig 8/29)		Name of Building Owner/Operator (2) PSE+G									
Agencies Notified	Type Notification	Street Address									
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact JUAN ANANOS Telephone Number									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4)									
Street Address 7 POLHEMUS LANE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) BRIDGEWATER	Square Feet N/A	# of Floors N/A	Bldg. Age N/A								
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION									
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.								
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.									
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882									
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350								
License No. 01111											
Start Date (10) 9/8/13	Scheduled Completion Date (11) 9/8/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.									
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882									
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf											
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition											
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure		
OUTSIDE OF SWITCH STATION		X			TRANSITE PIPE	30 LF	X				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 10	Name of Registered Landfill GROWS							
City, State ELIZABETH, NJ		Disposal Date 9/9/13		City, State MORRISVILLE, PA							
Completed by CAROL RAIMO		Title office Mgr	Signature CAROL RAIMO		Date 9/4/13						

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

Date of Notification (1) 8/29/13		Name of Building Owner/Operator (2) PSE+G							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact JUAN ANANOS							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 7 POLHEMUS LANE									
City (5) BRIDGEWATER		Square Feet N/A	# of Floors N/A						
County (6) SOMERSET		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 9/8/13	Scheduled Completion Date (11) 9/8/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE OF SWITCH STATION		X		TRANSITE PIPE	30 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 9/9/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title office Mgr.	Signature Carol Raimo		Date 8/29/13				

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

VIA U.S. MAIL

Ch# 1064

RECEIVED

Date of Notification (1) 9/4/13		Name of Building Owner/Operator (2) MR ALDIE & JOANNE PERRY	
Agency Notified <input checked="" type="checkbox"/> LEPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 CROWWELL COURT	SEP 6 2013
		City, State, Zip Code JACKSON NEW JERSEY 08527	
		Name of Contact MR PERRY	

Name of Facility Where Abatement is Taking Place (3) 235 HIERING AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 235 HIERING AVE	Square Feet 1,800	# of Floors 1	Bldg. Age 60
City (5) SEASIDE HTS N.J.	Current Use (Prior if being demolished) RESIDENT		
County (6) OCEAN	County Code (7) (STATE USE ONLY)		

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. 732 238-7500
		License No. 00806
Start Date (10) 9/13/13	Scheduled Completion Date (11) 10/13/13	Name of OSHA Monitor NOVATECH INC
Occupancy/Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814
		City, State, Zip Code OLD BRIDGE N.J. 08857

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR FRONT PORCH			X	ASBESTOS SIDING	2900 S/F		X		
			X	9x9 FLOOR TILE	260 S/F		X		

Name of Registered Waste Hauler NOVATECH INC	NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.
City, State OLD BRIDGE N.J. 08857	Disposal Date 10/14/13	City, State PAERISCHIE PA.	
Completed by CARLOS ALMEIDA	Title PRESIDENT	Signature <i>[Signature]</i>	Date 9/4/13

B & G proj #: 2013-164

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

Emergency

Check # 6088 DAY

Date of Notification (1)

08/12/13

Person(s) Notified

- ☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

- ☒ Initial
Emergency
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Daniel Conaway & Agnes Rossi

Street Address

126 Lorraine Avenue

City, State, Zip Code

Upper Montclair, NJ 07043

Name of Contact

Agnes Rossi

ASBESTOS CONTROL & REMEDIATION

WAIVER APPROVED

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Daniel Conaway & Agnes Rossi

Street Address

126 Lorraine Avenue

City (6)

Upper Montclair

County (8)

Essex

County Code (7)
(State use only)

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter B (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (5)

N/A

ASCM No.

Name of Abatement Contractor (6)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

08/30/2013

Scheduled Completion Date (11)

08/31/2013

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: _____

Scope of Work (Check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R O M O V E	R E P A I R	E N C A S E	E N C L
	Yes	No	N/A						
basement main room			X	hepa vacuuming floors, walls, etc	800 sq ft floor				
			X	re-cleaning pipes	120 lf				
laundry room			X	hepa vacuuming floors, walls, etc	182 sq ft floor				
			X	re-cleaning pipes	21 lf				

Registered Waste Hauler
B & G Restoration, Inc.NJ DEP Hauler ID#
19563Cubic Yards of Waste
1 yardName of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

08/03/2013

City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

08/29/2013

Aug 29 2013 03:40pm

P007/001

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

B & G proj. #: 2013-164

Check # 6088

Emergency

Date of Notification (1)

08/29/13

Agencies Notified

- ☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

- ☒ Initial
Emergency
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Daniel Conaway & Agnes Rossi

Street Address

126 Lorraine Avenue

City, State, Zip Code

Upper Montclair, NJ 07043

Name of Contact

Agnes Rossi

APPROVED

NJ Dept of Health & Senior Services

(signature)

2:37 PM

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Daniel Conaway & Agnes Rossi

Street Address

126 Lorraine Avenue

City (5)

Upper Montclair

County (6)

Essex

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)
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

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

08/30/2013

Sched. Completion Date (11)

08/31/2013

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:

Scope of Work (check all that apply)

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

- ☐ Full Containment, w/negative pressure
☐ Mini-enclosure

- ☐ wrap & cut
☐ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement main room			X	hepa vacuuming floors, walls, etc	800 sqft floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			X	re-cleaning pipes	120 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
laundry room			X	hepa vacuuming floors, walls, etc	182 sqft floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			X	re-cleaning pipes	21 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1 yard

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date
09/03/2013

City, State

Tullytown, PA

Completed by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

08/29/2013

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

B & G proj. #: 2013-164

Check # 6088

Emergency

Date of Notification (1) 10/8/12/9/11/3		Name of Building Owner/Operator (2) Daniel Conaway & Agnes Rossi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 126 Lorraine Avenue		City, State, Zip Code Upper Montclair, NJ 07043	
Name of Contact Agnes Rossi		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Daniel Conaway & Agnes Rossi			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 126 Lorraine Avenue			Square Feet # of Floors Bldg. Age		
City (5) Upper Montclair	County (6) Essex	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		
Scheduled Start Date (10) 08/30/2013		Sched. Completion Date (11) 08/31/2013	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut |
| <input type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Glovebag procedure |
| | | | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement main room			X	hepa vacuuming floors, walls, etc	800 sqft floor				
			X	re-cleaning pipes	120 lf				
laundry room			x	hepa vacuuming floors, walls, etc	182 sqft floor				
			x	re-cleaning pipes	21 lf				

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/03/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/29/2013

B & G proj. #: 2013-162

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

***** EMERGENCY *****

Check #6091

Date of Notification (1) 10/9/103/113		Name of Building Owner/Operator (2) Richard Wilson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 214 Sterling Place	
		City, State, Zip Code Roselle, NJ 07203	
		Name of Contact Richard Wilson	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Richard Wilson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 214 Sterling Place			Square Feet		
City (5) Roselle, NJ 07203			County (6) Union		Bldg. Age
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.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		License Number 0378
Sched. Start Date (10) 09/04/2013			Sched. Completion Date (11) 09/05/2013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	boiler insulation	38 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/05/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/03/2013

B & G proj. #: 2013-162

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

***** EMERGENCY *****

Check #6091 **RECEIVED**

Date of Notification (1) 09/03/13		Name of Building Owner/Operator (2) Richard Wilson		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 9/3/13 Time: 2:00 PM
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 214 Sterling Place		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Roselle, NJ 07203		
		Name of Contact Richard Wilson		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Richard Wilson			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)						
Street Address 214 Sterling Place			Square Feet # of Floors Bldg. Age						
City (5) Roselle, NJ 07203	County (6) Union	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) 09/04/2013		Sched. Completion Date (11) 09/05/2013		Name of OSHA Monitor B & G Restoration, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure		<input type="checkbox"/> wrap & cut <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-frilable procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	boiler insulation	38 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yds	Name of Registered Landfill Tullytown Resource & Recovery Center					
City, State Lincoln Park, NJ 07035		Disposal Date 09/05/2013		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 09/03/2013			

CHECK #
2902

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:124)

Date of Notification (1)		Name of Building Owner/Operator (2)	
9/13/13		BOA MUSEE	
Agencies Notified	Type Notification	Street Address	
10A EPA	<input checked="" type="checkbox"/> Initial	P.O. Box 322	
10B DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
10C NJA	<input type="checkbox"/> Amendment #	BRIGANTINE, N.J. 08203	
10D NJA	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
10E NJA	<input type="checkbox"/> Cancellation	STACE	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENCE		<input type="checkbox"/> School (K-12)	
Address		<input type="checkbox"/> Subchapter-S (Other than K-12)	
242 4TH ST. SOUTH		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
BRIGANTINE		Square Feet	1000 #
ATLANTIC		# of Floors	2
County Code (1) (STATE USE ONLY)		Block Age	4AT
Current Use (Prior to being demolished)		VACANT	

Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9)	
N/A			KLEINCO INC.	
Address		Street Address		
		369 S. SPRING AVE		
State Zip Code		City, State, Zip Code		
		MAPLE SHADE, N.J. 08012		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			856-774-0422	000144

Date of Completion	Scheduled Completion Date (11)	Name of OSHA Monitor	
9/13/13	9/20/13	JOSEPH KLEIN	
Agency Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		369 S. SPRING AVE	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
Other Describe		MAPLE SHADE, N.J. 08012	

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Spec. SF or L)
Y	N	TRANSITE		1500 #

Location of Asbestos Containing Material (ACM) TO BE ABATED (13)		Amount (Spec. SF or L)	
BUILDING		1500 #	

Name of Waste Handler		Cubic Yards of Waste	Name of Responsible Party
KLEINCO INC.			ACUA
NJDEP Waste Manifest No.		Disposal Date	City, State
17901			BRIGANTINE, N.J.
Signature		Date	
JOSEPH KLEIN		9/13/13	

CHECK #
2902

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

RECEIVE

Date of Notification (1) <u>9/3/13</u>		Name of Building Owner/Operator (2) <u>HANNAUGH DEVELOPERS</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>318 GLASSBORO ROAD</u>		
	City, State, Zip Code <u>WOODBURY HEIGHTS, N.J. 08097</u>		Name of Contact <u>SONIE</u>		
Telephone Number _____					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>123 7TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>		
City (5) <u>AVALEON</u>		Bldg Age <u>40+</u>			
County (6) <u>CANE MAW</u>		Current Use (Prior if being demolished) <u>VACANT</u>			
County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____			
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>			
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Telephone No. _____		Telephone No. <u>856-779-0422</u>			
Start Date (10) <u>9/14/13</u>		License No. <u>00444</u>			
Scheduled Completion Date (11) <u>9/20/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>			
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	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) <u>TRANSIT</u>	Amount (Specify SF or LF) <u>1500</u>	Asbestos Removal	
				Removal	Encapsulation
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date _____		City, State <u>WOODBURY, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>9/3/13</u>

CHECK#
2902

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

Date of Notification (1) <u>9/3/13</u>		Name of Building Owner/Operator (2) <u>HANBAUGH DEVELOPERS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>318 GLASSBORO ROAD</u>		City, State, Zip Code <u>WOODBURY HEIGHTS, N.J. 08097</u>	
Name of Contact <u>SONE</u>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>5289 OCEAN DRIVE</u>		Square Feet <u>1000</u>	
City (5) <u>AVULOW</u>		# of Floors <u>2</u>	
County (6) <u>CARLE MOY</u>		Bldg Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>9/18/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>9/20/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>TRANSIRE SIDING</u>		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) <u>FRANSITE</u>		Amount (Specify SF or LF) <u>2000#</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
Hazardous Waste Hauler ID No. <u>17904</u>		Disposal Date	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Date <u>9/3/13</u>	
Title <u>OWNER</u>			

CHECK #

2902

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

RECEIVED
SEP 6 2013

Date of Notification (1) <u>9/3/13</u>		Name of Building Owner/Operator (2) <u>HANNAUGH DEVELOPERS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>318 GLASSBORO ROAD</u>		City, State, Zip Code <u>WOODBURY HEIGHTS, N.J. 08097</u>	
Name of Contact <u>SOME</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>217 110TH STREET</u>		Square Feet <u>1000</u>	Blkg Age <u>40+</u>
City (5) <u>STONE HARBOR</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CANE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>10/1/13</u>	Scheduled Completion Date (11) <u>10/8/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1400 LF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	City, State <u>WOODBINE, N.J.</u>
Disposal Date		Signature <u>Joseph Klemm</u>	Date <u>9/3/13</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

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

Date of Notification (1) 9/3/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77 TH ST.		City, State, Zip Code SEA ISLE CITY, N.J. 08243	
Name of Contact FRANK EDUARDI		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 3241 WEST AVE.		Square Feet 	
City (5) OCEAN CITY		# of Floors 	
County (6) CAPE MAY		Bldg. Age 	
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. 	
Street Address 		Name of Abatement Contractor (9) KLEMMCO INC.	
City, State, Zip Code 		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm 		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No. 		Telephone No. 856-779-0472	
Start Date (10) 9/16/13		License No. 00444	
Scheduled Completion Date (11) 9/23/13		Name of OSHA Monitor JOSEPH KLEMM	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 		Street Address 369 S. SPRUCE AVE.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code MAPLE SHADE, N.J. 08052	
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) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 2000Lb	
Abatement Type Removal Repair Encapsulate			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	
Cubic Yards of Waste 		Name of Registered Landfill C.M.C.M.V.A.	
Disposal Date 		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title V/P		Date 9/3/13	

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2902

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

RECEIVED
SEP 6 2013

Date of Notification (1) <u>9/3/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST. ASBESTOS</u>				
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>				
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>943 CENTRAL AVE.</u>		Square Feet	# of Floors			
City (5) <u>OCEAN CITY</u>		Bldg. Age				
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>				
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>			
Start Date (10) <u>9/16/13</u>	Scheduled Completion Date (11) <u>9/23/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>				
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1500</u>	Abatement Type		
	Yes No N/A			Removal	Repair	Encapsulate
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>9/3/13</u>			

OK
34568

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

Date of Notification 0 9 0 3 1 3		Name of Building Owner/Operator Merck Sharp & Dohme Corp.		SEP 6 2013				
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification Initial X Notification Amended Cancellation		4				
Street Address 556 MORRIS AVENUE		City, State, Zip Code Summit, NJ 07901						
Name of Contact Kevin Ruta		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place MERCK - Building S 3			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)					
Street Address 556 MORRIS AVENUE			SF of Bldg. 10000	# Floor 3	Age of Bldg. 50+			
City SUMMIT, NJ	County UNION	County Code State use Only	Current Use (prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner AERO ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.					
Street Address 275 ROUTE 10 E. SUITE 220-306		Street Address 2150 STANLEY TERRACE						
City, State, Zip Code SUCCASUNNA, NJ 07876		City, State, Zip Code UNION, NJ 07083						
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008	License Number 00575				
Scheduled Start Date 9 4 2013		Scheduled Completion Date 9 6 2013		Name of OSHA Monitor EMSL ANALYTICAL				
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 4:00PM TO 4:00AM Other - Describe: _____		City, State, Zip Code NEW YORK, NY 10118						
Scope of Work (Check Only One) X Demolition >3sf or >3lf > 160sf or > 260lf Renovation		Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure						
Location of ACM Facility	Is Location Normally Used by Custodial Staff		Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Abatement Type			
	Yes	NO			N/A	Rem.	Rep.	Enc.
Attic Area	X		Pipe Insulation	30LF	X			
Name of Registered Waste Hauler Clean Harbors Env. Services, Inc.		NJDEP Waste ID No. NJDEPE 16666	Cubic Yds waste	Name of Registered Landfill 5 Clean Harbors Lone Mountain, LLC				
City, State Norwell, MA		Disposal Date TBD	City, State of Registered Landfill Waynoka, Oklahoma			Date 9/3/2013		
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER	Signature <i>Timothy Ryan</i>					

NOTIFICATION OF ASBESTOS ABATEMENT

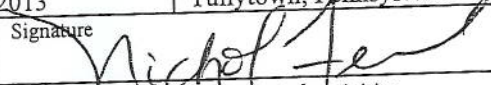
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/3/2013		Name of Building Owner/Operator (2) Edward Gorski	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [x] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address P O Box 383 City, State, Zip Code Forest Grove, PA 18922	
		Name of Contact Fernando	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 212 12 th Avenue			Square feet 1500 sf		
County (6) Ocean		County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 08/31/13		Scheduled Completion Date (11) 09/05/13	Name of OSHA Monitor E.M.S.L. 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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] 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)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1400sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 09/06/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/3/2013

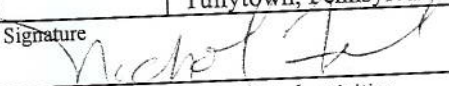
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) <div style="text-align: center;">9/3/2013</div>		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal	
Agencies Notified	Type of Notification	Street Address P O Box 84	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Colts Neck, NJ 07722	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____	Name of Contact John Sakoutis	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number _____	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 736 Princeton Avenue			Square feet 1000 sf	# of Floors 1	Bldg. Age 60
City Brick	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) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/3/13		Scheduled Completion Date (11) 9/4/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/05/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fericola	Title Project Manager	Signature 	Date 9/3/2013

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

No check

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

Date of Notification (1) September 3, 2013		Name of Building Owner/Operator (2) Ron Starnier	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	18 Hampton St	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Cranford, NJ 07016	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Ron Starnier	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
140 11 th Ave.			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Seaside Park	Ocean		1000 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9)		
City, State, Zip Code			Guardian Contracting, Inc.		
Project Manager for Monitoring Firm			Street Address		
Telephone Number			1889 Route 9, Unit 61		
Scheduled Start Date (10) 8/31/13			City, State, Zip Code		
Scheduled Completion Date (11) 9/5/13			Toms River, New Jersey 08755-1271		
Occupancy Status During Abatement (Check only one)			Telephone Number		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			732-349-9932		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			License Number		
<input type="checkbox"/> Other - Describe _____			00624		
Scope of Work (Check all that apply)			Name of OSHA Monitor		
<input type="checkbox"/> >3 sf or ≥3 lf			E.M.S.L. Analytical		
<input type="checkbox"/> Renovation			Street Address		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			1056 Stelton Road		
<input checked="" type="checkbox"/> Demolition			City, State, Zip Code		
			Piscataway, New Jersey 08854		
<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> Mini-Enclosure					
<input type="checkbox"/> Glovebag Procedure					
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			

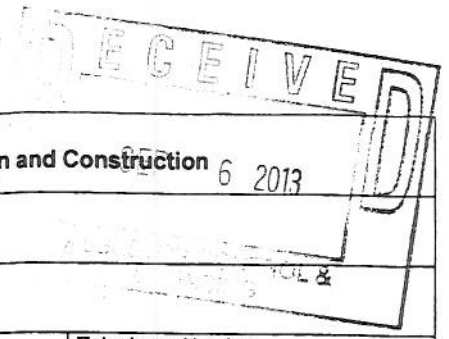
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/6/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/3/2013

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

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

Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-8/30/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 6 2013 </div> Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		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) 6 / 6 / 13	Scheduled Completion Date (11) 9 / 30 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM /____PM-____AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Levels C thru 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floortile and mastic	15,675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels 1 and 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	2,235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels 1 and 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,655 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2 - workarea #2A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parquet flooring and mastic	860 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEWARK, DE 19720			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scaffaro	Title Estimator	Signature <i>Brian Scaffaro</i>			Date 8/30/13				

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



Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction 6 2013	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-6/4/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr.
			City, State, Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortega	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Washington Rd		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library	
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 Three Terri Center		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509
Start Date (10) 6 / 6 / 13	Scheduled Completion Date (11) 8 / 31 / 13		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Throughout Levels C thru 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels 1 and 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels 1 and 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2 - workarea #2A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Amount (Specify SF or LF) 15,675 SF
			2,235 SF
			1,655 LF
			860 SF
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State NEWARK, DE 19720		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 6/4/13

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

Ch # 2442

Date of Notification (1) <u>5</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA 6536 <input checked="" type="checkbox"/> DOLWD 6550 <input checked="" type="checkbox"/> DHSS 6543 <input checked="" type="checkbox"/> DCA 6529 (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd									
City (5) Princeton		Square Feet	# of Floors						
		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		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) <u>6</u> / <u>6</u> / <u>13</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>13</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Levels C thru 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floortile and mastic	15,675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels 1 and 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	2,235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels 1 and 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,655 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2 - workarea #2A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parquet flooring and mastic	860 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro/jl</i>			Date 5/23/13			

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

Check# 1713

Date of Notification (1) 09 / 01 / 13		Name of Building Owner/Operator (2) Jane Ferrara		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 6 2013 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 473 Davison Street			
		City, State, Zip Code Maywood, NJ 07607				Name of Contact Jane Ferrara			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 473 Davison Street				Square Feet	Bldg. Age				
City (5) Maywood, NJ 07607				County Code (7) (STATE USE ONLY)					
County (6) Bergen				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	License No. 01127				
Start Date (10) 09 / 11 / 13		Scheduled Completion Date (11) 09 / 12 / 13		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 34A					
				City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom-second floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>			Date 09/01/2013		

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



Date of Notification (1) <u>2 Sept 2013</u>		Name of Building Owner/Operator (2) <u>Darcy Kolodziej</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>107 E 4th ST</u>					
		City, State, Zip Code <u>Ship Bottom, N.J. 08008</u>					
		Name of Contact <u>Darcy</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RES</u>		Type of Facility (4) <input type="checkbox"/> Public Contracts <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>351 W 11th ST</u>		Square Feet <u>850</u>	# of Floors <u>1 1/2</u>				
City (5) <u>Ship Bottom N.J.</u>		Bldg. Age _____					
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Home</u>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>Giberson Environmental LLC</u>					
Street Address		Street Address <u>909 Wilbur Ave</u>					
City, State, Zip Code		City, State, Zip Code <u>Phillipsburg, N.J.</u>					
Project Manager for Monitoring Firm		Telephone No. <u>908-938-1343</u>	License No. <u>00207</u> Contract No. <u>FR</u>				
Start Date (10) <u>12 Sept 2013</u>	Scheduled Completion Date (11) <u>14 Sept 2013</u>	Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> <3 sf or <3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable							
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) <u>1325</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>Exterior</u>		<u>Surface (siding)</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>A Greener Recycling</u>		NJDEP Waste Hauler ID No. <u>29437</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>Graves Landfill</u>			
City, State <u>Hainesport, N.J.</u>		Disposal Date	City, State <u>Morrisville PA</u>				
Completed By <u>Frederick Giberson</u>	Title <u>Owner</u>	Signature <u>Frederick Giberson</u>	Date <u>2 Sept 2013</u>				

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10577

<u>Date of Notification (1)</u> 08/29/2013		<u>Name of Building Owner/Operator (2)</u> Shelly Hemler														
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> NJDEP <input checked="" type="checkbox"/> NJ DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Type of Notification</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 6 2013 ASBESTOS CONTROL & ABATEMENT </div> <u>Street Address</u> 1122 Garden St. <u>City, State, Zip Code</u> Hoboken, NJ <u>Name of Contact</u> Robert Raymond Jenny														
FACILITY INFORMATION																
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Property <u>Street Address</u> 1122 Garden St. <u>City (5)</u> Hoboken		<u>County (6)</u> Hudson	<u>County Code (7)</u> (State Use Only)	<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: <u>5,000</u> # of Floors <u>3</u> Bldg. Age <u>60</u> <u>Current Use (if being demolished):</u>												
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A <u>Street Address</u> N/A <u>City, State, Zip Code</u> N/A		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc. <u>Street Address</u> 3300 Hudson Avenue <u>City, State, Zip Code</u> Union City, NJ 07087 <u>Telephone Number</u> (201)325-0055 <u>License Number</u> 01124													
<u>Project Manager for Monitoring Firm</u> N/A <u>Scheduled Start Date (10)</u> 09/10/2013		<u>Telephone Number</u> N/A <u>Scheduled Completion Date (11)</u> 09/15/2013	<u>Name of OSHA Monitor</u> ISES, Inc. <u>Street Address</u> 3300 Hudson Avenue <u>City, State, Zip Code</u> Union City, NJ 07087													
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: Work area in basement unoccupied during abatement		<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Minor Project (< 25 SF or < 10 LF ACM) <input checked="" type="checkbox"/> Small Project (>25 <160 SF or >10 <260 LF ACM) <input type="checkbox"/> Large Project (>160 SF or > 260 LF ACM) </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>														
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES NO N/A	<u>Description of ACM</u> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	<u>Amount (Specify SF or LF)</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="4">Abatement Type</th></tr> <tr> <th align="center">Removal</th><th align="center">Repair</th><th align="center">Encapsulate</th><th align="center">Enclosure</th></tr> <tr> <td align="center">X</td><td></td><td></td><td></td></tr> </table>	Abatement Type				Removal	Repair	Encapsulate	Enclosure	X			
Abatement Type																
Removal	Repair	Encapsulate	Enclosure													
X																
Basement Area	YES NO X	TSI Pipe Insulation	100 LFT	X												
Basement Area	YES NO	TSI Pipe Insulation	100 LFT	X												
<u>Name of Reg. Waste Hauler</u> NEWARK CARTING		<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> 10	<u>Name of Reg. Landfill</u> IESI BETHLEHEM LANDFILL <u>City, State</u> BETHLEHEM, PA 18015 <u>Date</u> 08/31/2013												
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105		<u>Disp. Date</u> 09/15/2013 <u>Signature</u> 		<u>Completed by (Print or Type)</u> David Camacho <u>Title</u> Project Supervisor												

No check

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

Pg 2

Date of Notification (1) <u>5</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-8/30/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		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						
Start Date (10) <u>6</u> / <u>5</u> / <u>13</u>		Scheduled Completion Date (11) <u>9</u> / <u>30</u> / <u>13</u>	License No. 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / <u> </u> PM- <u> </u> AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Level 1 work area #NF1A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEWARK, DE 19720			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro / jl</i>			Date 9/30/13			

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

Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-8/30/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		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) 6 / 5 / 13	Scheduled Completion Date (11) 9 / 30 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM - AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various locations on level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	window caulk	5,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above ceiling level 1 main lobby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cleanup of loose debris(2600SF Area)	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean/demo of duct work (uninsulated)	8,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GOURP INS		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEWARK, DE 19720			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro / jl</i>			Date 8/30/13			

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

Date of Notification (1) <u>5</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-8/6/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number <u> </u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet # of Floors Bldg. Age							
City (5) Princeton		Current Use (Prior if being demolished) Library							
County (6) MERCER		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098							
Street Address Three Terri Center		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keehn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>6</u> / <u>5</u> / <u>13</u>		License No. 00509							
Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>13</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> <u>5</u> PM - <u>2</u> AM <u>Tues + Wed 8/6 + 8/7 (ADDITIONAL WORK HRS) 5 PM - 2 AM</u>		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Level 1 work area #NF1A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEWARK, DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 8/6/13			

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

CR# 2483

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Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-8/6/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 6 / 5 / 13	Scheduled Completion Date (11) 8 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / 5 PM-2 AM		Street Address 1123 BEAVER STREET							
City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various locations on level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	window caulk	5,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above ceiling level 1 main lobby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cleanup of loose debris(2600SF Area)	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean/demo of duct work (uninsulated)	8,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GOURP INS		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEWARK, DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>				Date 8/6/13	

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

Page 1

Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-6/4/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 6 / 5 / 13	Scheduled Completion Date (11) 8 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various locations on level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	window caulk	5,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above ceiling level 1 main lobby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cleanup of loose debris(2600SF Area)	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean/demo of duct work (uninsulated)	8,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SRVCE TRANSPORT GOURP INS		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEWARK, DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i> / jf		Date 6/4/13			

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

Page 2

Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-6/4/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544 SEP 6 2013							
		Name of Contact Robert Ortega							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		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		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) 6 / 5 / 13		Scheduled Completion Date (11) 8 / 31 / 13							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM		Street Address 1123 BEAVER STREET							
City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Level 1 work area #NF1A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 NEWARK, DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scaffaro		Title Estimator		Signature <i>Brian Scaffaro /jl</i>			Date 6/4/13		

CK# 2441

Page 1

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

Date of Notification (1) <u>5</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA 6536 <input checked="" type="checkbox"/> DOLWD 6550 <input checked="" type="checkbox"/> DHSS 6543 <input checked="" type="checkbox"/> DCA 6529 (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
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 Three Terri Center		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		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) <u>6</u> / <u>5</u> / <u>13</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>13</u>	Street Address 1123 BEAVER STREET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various locations on level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	window caulk	5,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above ceiling level 1 main lobby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cleanup of loose debris(2600SF Area)	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean/demo of duct work (uninsulated)	8,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 5/23/13			

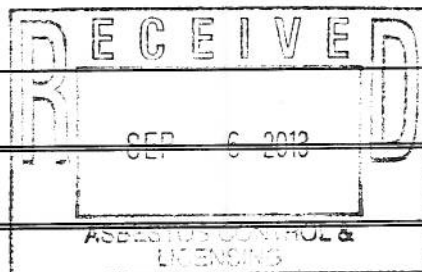
Cl # 2441
Page 2

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

Date of Notification (1) 5 / 23 / 13		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortega	
<div style="text-align: right;">SEP 6 2013</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Washington Rd		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library	
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 Three Terri Center		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) 6 / 5 / 13	Scheduled Completion Date (11) 8 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Level 1 work area #NF1A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 5/23/13

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

D&S Proj. #: 2013-326



Date of Notification (1) 10/19/13		Name of Building Owner/Operator (2) CHRIS BATH	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 502 LINDEN PLACE		City, State, Zip Code CRANFORD, NJ 07016	
Name of Contact CHRIS BATH		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHRIS BATH			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 502 LINDEN PLACE			Square Feet # of Floors Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/17/13	Sched. Completion Date (11) 09/30/13			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
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) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	305 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/17/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 09/03/2013

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

D&S Proj. #: 2013

Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) BELLEVILLE INDUSTRIAL PROPERTIES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 141 LANZA AVENUE City, State, Zip Code GARFIELD, NJ 07026	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact BILL EVANS	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) COMMERCIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 65-67 MAIN STREET			Square Feet # of Floors Bldg. Age		
City (5) BELLEVILLE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

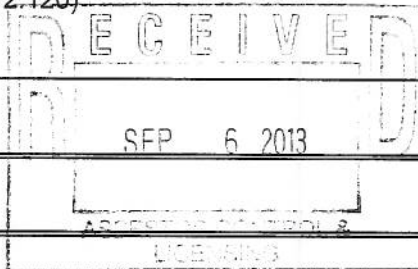
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 09/17/13		Sched. Completion Date (11) 09/30/13	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			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) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Renovation <input type="checkbox"/>		Demolition <input checked="" type="checkbox"/>							
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
BUILDING EXTERIOR			X	ROOF/ROOF FLUSHING	1620 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 16 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/18/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/03/13

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

D&S Proj. #: 2013



Date of Notification (1) 09/03/13		Name of Building Owner/Operator (2) AL MILLS	
Agencies Notified	Type Notification	Street Address 2 KENMUIR AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MORRISTOWN, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact AL MILLS	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) AL MILLS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 KENMUIR AVENUE			Square Feet		
City (5) MORRISTOWN			County (6)		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/03/13		Sched. Completion Date (11) 09/10/13		
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	32 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 09/04/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/03/2013

OK 005261

Sep 3 2013 10:33am

P001/001

D&S Proj. #: 2013

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)

Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) AL MILLS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2 KENMUIR AVENUE		City, State, Zip Code MORRISTOWN, NJ	
Name of Contact AL MILLS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) AL MILLS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 KENMUIR AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MORRISTOWN	County (6)	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 09/03/13		Sched. Completion Date (11) 09/10/13	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			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)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	32 L FT	X			

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 09/04/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 09/03/2013	

ASB-41

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

D&S Proj. #: 2013

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

Date of Notification (1) 09/11/13		Name of Building Owner/Operator (2) DR. WAYNE YANKUS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 358 EVERGREEN PLACE		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact DR. WAYNE YANKUS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DR. WAYNE YANKUS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 358 EVERGREEN PLACE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/16/13		Sched. Completion Date (11) 09/30/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

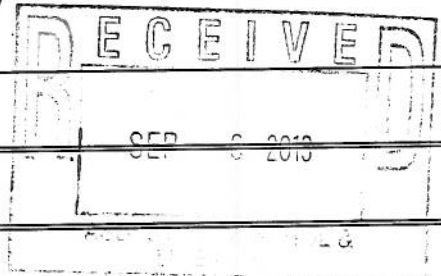
- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT(BOILER, REC. 3 CLOSETS & CRWL. SPACE)		<input checked="" type="checkbox"/>		PIPE INSULATION	170 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 09/17/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/03/13 2013

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

D&S Proj. #: 2013-328



Date of Notification (1) 10/19/10 13/11/13		Name of Building Owner/Operator (2) JAMES STOCKER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 41 STOCKER ROAD City, State, Zip Code VERONA, NJ Name of Contact JAMES STOCKER Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JAMES STOCKER Street Address 41 STOCKER ROAD City (5) VERONA County (6) ESSEX County Code (7) (State use only) _____			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 09/13/13 Sched. Completion Date (11) 09/30/13 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		ASCM No. 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 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT (BOILER & STORAGE)		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 09/13/13	City, State TULLYTOWN, PA	Date 09/03/2013
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	