

CK# 25301

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

Date of Notification (1) <u>9/17/13</u>		Name of Building Owner/Operator (2) <u>John Ahern</u>	
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 <u>64 Elm Street</u> SEP 19 2013	
		City, State, Zip Code <u>Lambertville, NJ 08530</u>	
		Name of Contact <u>John Adhern</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>64 Elm Street</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
City (5) <u>Lambertville, NJ</u>		Bldg. Age <u>120</u>	
County (6) <u>Hunterdon</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>9/27/13</u>	Scheduled Completion Date (11) <u>9/30/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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 checked="" 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	
<u>Attic</u>			<u>Vermiculite Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>9/30/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>9/17/13</u>	

09/16/2013 08:21 FAX 9736806886

POWERSAVE

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Print Form

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

DOL - 10 DAY

Date of Notification (1) 9/16/13		Name of Building Owner/Operator (2) Ferring Pharmaceuticals							
Agencies Notified		Street Address 100 Interpace Parkway							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DSP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DON <input checked="" type="checkbox"/> DCA		City, State, Zip Code Parsippany, NJ 07054 Name of Contact Rob Boyle							
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) same as above				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5)				Square Feet	# of Floors				
					3				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) offices					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pow/R/Save Inc.					
Street Address				Street Address 27 West Street					
City, State, Zip Code				City, State, Zip Code Bloomfield, NJ 07003					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (973) 880-0088	License No. 357				
Start Date (10) 9/17/13		Scheduled Completion Date (11) 9/17/13		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: area under construction				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 200 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) 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 wall			x	transite panels	296 sf	x			
Name of Registered Waste Hauler Atlas Disposal Options		NJDEP Waste Hauler ID No. 18262		Cubic Yards of Waste	Name of Registered Landfill Grand Central or Tullytown				
City, State Dover, NJ		Disposal Date		City, State Pan Argy PA or Tullytown PA					
Completed by Sharon Hendee		Title sec/tres		Signature 		Date 9/16/13			

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

Date of Notification (1) 9/16/13		Name of Building Owner/Operator (2) PSE&G		SEP 19 2013					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact FOX McQUILLEN 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 708 HAMPTON RD.			Square Feet N/A						
City (5) CHERRY HILL			# of Floors N/A						
County (6) CAMDEN			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		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Start Date (10) 9/17/13		Scheduled Completion Date (11) 9/25/13							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUT DOORS			Street Address 396 WHITEHEAD AVE.						
			City, State, Zip Code SOUTH RIVER, NJ 08882						
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 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
OUTSIDE		X	SOMASTIC PIPE COATING	300 LF	X				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 22/TBD		Name of Registered Landfill GROWS			
City, State ELIZABETH, NJ		Disposal Date 9/26/13		City, State MORRISVILLE, PA					
Completed by CAROL LAIMO		Title OFFICE MGR.		Signature CAROL LAIMO		Date 9/16/13			

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) PSEG							
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 <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 McQUILLEN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		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 708 HAMPTON RD.		Square Feet N/A	# of Floors N/A						
City (5) CHERRY HILL		Bldg. Age N/A							
County (6) CAMDEN		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	License No. 01111						
Start Date (10) 9/17/13	Scheduled Completion Date (11) 9/25/13	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: OUT DOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
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 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		X		SOMASTIC PIPE COATING	300 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 22/TBD	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 9/26/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature CAROL RAIMO		Date 9/3/13			

CK # 25300

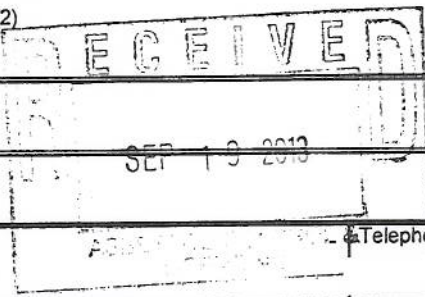
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>9/17/13</u>		Name of Building Owner/Operator (2) <u>Sandy Landa</u>	
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 <u>44 Brookdale Circle</u> SEP 19 2013	
		City, State, Zip Code <u>Highland Park, NJ 08904</u>	
		Name of Contact <u>Sandy Landa</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>233 South 3rd Ave.</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>
City (5) <u>Highland Park, NJ</u>		Bldg. Age <u>75</u>	
County (6) <u>Midlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>9/26/13</u>	Scheduled Completion Date (11) <u>9/27/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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 checked="" 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)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>9/27/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>9/17/13</u>

B & G proj. #: 2013-186

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

Check #6134

Date of Notification (1) 09/16/13		Name of Building Owner/Operator (2) Anthony Schilling	
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	Street Address	
	<input checked="" type="checkbox"/> Initial	727 Jefferson Avenue	
	<input type="checkbox"/> Amendment	City, State, Zip Code Elizabeth, NJ 07201	
	<input type="checkbox"/> Cancellation	Name of Contact Bob/T-KO Sewer Service	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Anthony Schilling			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 727 Jefferson Avenue			Square Feet # of Floors Bldg. Age		
City (5) Elizabeth, NJ 07201	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) 09/26/2013	Sched. Completion Date (11) 09/27/2013		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"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" 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						
boiler room			X	pipe insulation	66 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			X	pipe insulation	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			X	pipe	15 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
crawl space			X	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			X	pipe	10 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/27/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/16/2013

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

B & G proj. #: 2013-180

Check #6136

Date of Notification (1) 09/16/13		Name of Building Owner/Operator (2) Lou Anne Jaskewicz	
Agencies Notified	Type Notification	Street Address 814 Filbert Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Roselle Park, NJ 07204	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Lou Anne Jaskewicz	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lou Anne Jaskewicz			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 814 Filbert Street			Square Feet		
City (5) Roselle Park			County (6) Union	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Bldg. Age		
Street Address			Current Use (Prior if being demolished) residential		
City, State, Zip Code			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Project Manager for Monitoring Firm			Street Address 105 Ryerson Road		
Phone Number			City, State, Zip Code Lincoln Park, NJ 07035		
Scheduled Start Date (10) 09/27/2013			Telephone Number 973-696-6869		
Sched. Completion Date (11) 09/28/2013			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)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Mini-enclosure
- ☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ 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						
main, boiler, & storage rms			X	pipe insulation	93 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 09/30/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/16/2013

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

B & G proj. #: 2013-174

Check #6135

Date of Notification (1) 09/16/13		Name of Building Owner/Operator (2) Harvey M Peck	
Agencies Notified	Type Notification	Street Address 60 Armour Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Mahwah, NJ 07430	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Harvey M Peck	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Harvey M Peck			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 60 Armour Road			Square Feet		
City (5) Mahwah, NJ 07430			County (6) Bergen		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			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			Telephone Number 973-696-6869		License Number 0378
Sched. Start Date (10) 09/26/2013			Sched. Completion Date (11) 09/27/2013		
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)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input checked="" 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 boiler room			X	pipe insulation	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/27/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/16/2013

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

B & G proj. #: 2013-172

Check # 6092 6139

Date of Notification (1) 09/11/13		Name of Building Owner/Operator (2) County of Mercer	
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 640 South Broad Street		City, State, Zip Code Trenton, NJ 08650-0068	
Name of Contact Arthur R. Sypek, Jr.		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) J&J Aviation Bldg. at Trenton-Mercer Airport			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1 Pitcairn Avenue			Square Feet # of Floors Bldg. Age		
City (5) West Trenton	County (6) Mercer	County Code (7) (State use only)	Current Use (Prior if being demolished) commercial		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 120 North Warren Street		Street Address 105 Ryerson Road			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Ryan Broadwater		Phone Number 609-392-4200	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 9-27-13		Sched. Completion Date (11) 9-30-13			
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: Occupied - 8am to 4:30pm					
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 checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut |
| <input checked="" 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						
Mechanical Room	X			pipe fitting insulation	30 lf	X			
Mechanical Room	X			boiler insulation	75 sf	X			
Mechanical Room	X			tank insulation	40 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4 cubic yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/30/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 9-10-13

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

B & G proj. #: 2013-170

Check #6137

Date of Notification (1) 10/9/11/6/11/3		Name of Building Owner/Operator (2) Alex Ilaw	
Agencies Notified	Type Notification	Street Address 79A West 29th Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bayonne, NJ 07002	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Alex Ilaw	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Alex Ilaw			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 79A West 29th Street			Square Feet		
City (5) Bayonne			County (6) Hudson		County Code (7) (State use only)
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) 09/30/2013			Sched. Completion Date (11) 10/01/2013		
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)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" 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			X	pipe insulation	305 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	boiler insulation	50 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 4 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/02/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/16/2013

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

Date of Notification (1) <div style="text-align: center;">9 / 16 / 13</div>		Name of Building Owner/Operator (2) Camden County College / Job #1309-4690 Check #5571							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 College Drive SEP 19 2013 City, State, Zip Code Blackwood, NJ 08012 Name of Contact Ron Garbowski Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden County College- Taft Hall		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 200 College Drive		Square Feet	Bldg. Age						
City (5) Blackwood		# of Floors							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) College Hall							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No. 00073	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 301 9th Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) <div style="text-align: center;">9 / 30 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 8 / 13</div>	Name of OSHA Monitor EMSL Analytical							
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: _____AM-_____PM/_____PM-_____AM		Street Address 108 Haddon Ave. City, State, Zip Code Westmont, NJ 08108							
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 <i>w/ty & cut</i> <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
PLEASE SEE ATTACHED YELLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGHLIGHTED AREAS	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/8/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gmt</i>			Date 9/16/13		

- B. Post Project Submittals: Upon completion of work on this project the Asbestos Abatement Contractor shall submit the following information to the Owner:

1. Daily activity reports and personnel sign-in sheets
2. Minutes of meetings
3. Visitations; authorized and unauthorized
4. Special or unusual events
5. Waste material disposal manifests

SEP 19 2013

NON SUBS

PART 2 – DESCRIPTION OF THE WORK

2.1 SCOPE OF WORK

A. Base Bid A:

- The Contractor shall remove approximately 10,315 square feet of asbestos containing Floor Tile and 10,475 square feet of asbestos containing mastic (radiant heat and no odor aqueous mastic solvent). Contractor shall also remove approximately 480 square feet of asbestos containing stair tread using non-friable methods. The contractor shall remove and dispose of wood cabinetry as construction debris and dispose of prior to the commencement of VAT and mastic abatement. Approximate Locations and Quantities are listed below:

Room Equivalent	Type of Material (s)	Approximate Quantity*
1005	Floor Tile and Mastic	375 Square Feet
1010	Stair Tread	240 Square Feet
1020	Stair Tread	240 Square Feet
2001	Floor Tile and Mastic	1000 Square Feet
2001A	Floor Tile and Mastic	170 Square Feet
2001B	Floor Tile and Mastic	130 Square Feet
2002	Floor Tile and Mastic	180 Square Feet
2003A	Floor Tile and Mastic	160 Square Feet
2003B	Floor Tile and Mastic	120 Square Feet
2008	Floor Tile and Mastic	410 Square Feet
2008A	Floor Tile and Mastic	110 Square Feet
2012	Floor Tile and Mastic	240 Square Feet
3001	Floor Tile and Mastic	240 Square Feet
3003	Floor Tile and Mastic	1216 Square Feet
3003A	Floor Tile and Mastic	200 Square Feet
3003B	Floor Tile and Mastic	144 Square Feet
3004	Floor Tile and Mastic	400 Square Feet
3005	Floor Tile and Mastic	1216 Square Feet
3005A	Floor Tile and Mastic	150 Square Feet
3005B	Floor Tile and Mastic	170 Square Feet
3008	Floor Tile and Mastic	1216 Square Feet
3008A	Mastic	160 Square Feet
3008B	Floor Tile and Mastic	210 Square Feet
3010	Floor Tile and Mastic	1024 Square Feet
3010A	Floor Tile and Mastic	180 Square Feet
3010B	Floor Tile and Mastic	180 Square Feet
3011	Floor Tile and Mastic	750 Square Feet
3012	Floor Tile and Mastic	144 Square Feet

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed.

** The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

*** With the approval of the Owner, Owner's Representative, and ASCM monitoring firm, the Contractor may elect to remove VAT and Mastic under full containment conditions using non-friable or friable methods where work coincides with full containment removal of asbestos containing popcorn ceiling coatings, as per NJAC 5:23-8, full containment for unoccupied conditions. All provisions of NJAC 5:23-8 shall apply.

- The Contractor shall remove approximately 2270 square feet asbestos containing composite laboratory table tops and approximately 177 square feet of asbestos containing composite window sills and 21 square feet (1 units of 21 square feet) of presumed asbestos containing vault doors using non-friable removal methods. Contractor shall remove approximately 1296 linear feet of expansion joint caulk using non-friable methods (if impacted), 5 square feet of asbestos containing plumbers paste, 280 square feet of transite laboratory fume hoods (7 locations),

Room Equivalent	Type of Material(s)	Approximate Quantity*
1001A	White Plumber's Paster	5 Square Feet
1002	Expansion Joint Caulk	432 Linear Feet
2001	Lab Tables	360 Square Feet
2001	Window Sill	12 Square Feet
2001B	Window Sill	3 Square Feet
2003	Window Sill	9 Square Feet
2005A	Window Sill	3 Square Feet
2005C	Window Sill	3 Square Feet
2005D	Window Sill	3 Square Feet
2008A	Window Sill	3 Square Feet
2009A	Window Sill	3 Square Feet
2010A	Window Sill	6 Square Feet
2011	Window Sill	12 Square Feet
2011A	Window Sill	3 Square Feet
2014	Men's Room	3 Square Feet
2015	Women's Room	3 Square Feet
2016	Hallway	2 Square Feet
2016	Expansion Joint Caulk	432 Linear Feet
3001	Window Sills	3 Square Feet ✓
3002	Window Sills	2 Square Feet ✓
3002	Expansion Joint Caulk	432 Linear Feet ✓
3003	Lab Tables	600 Square Feet ✓
3003	Window Sills	12 Square Feet ✓
3003B	Window Sills	6 Square Feet ✓
3005	Lab Tables	260 Square Feet ✓
3005	Window Sills	12 Square Feet ✓
3006	Window Sills	3 Square Feet ✓
3007	Window Sills	3 Square Feet ✓
3008	Transite Fume Hoods	120 Square Feet ✓
3008	Lab Tables	275 Square Feet
3008A	Window Sills	3 Square Feet ✓
3008A	Transite Fume Hoods	40 Square Feet

3009	Window Sills	3 Square Feet ✓
3009	Lab Tables	140 Square Feet ✓
3010	Lab Tables	360 Square Feet ✓
3010	Window Sills	9 Square Feet ✓
3010	Transite Fume Hoods	120 Square Feet ✓
3010A	Window Sills	3 Square Feet ✓
3010A	Steel Vault Door	21 Square Feet ✓
3011	Lab Tables	275 Square Feet ✓
3011	Window Sills	6 Square Feet ✓
3011A	Window Sills	3 Square Feet ✓
3013	Window Sills	3 Square Feet ✓

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

- The Contractor shall remove approximately 21,300 square feet of asbestos containing popcorn ceiling coating in accordance with NJAC 5:23-8, full containment removal for unoccupied conditions, where indicated. The contractor shall remove overspray or ceiling coating on all piping and wall components within designated work areas – where present. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

Room Equivalent	Type of Material(s)	Approximate Quantity*
1010	ACM Popcorn Ceiling Coating	480 Square Feet
1020	ACM Popcorn Ceiling Coating	480 Square Feet
2001A	ACM Popcorn Ceiling Coating	310 Square Feet
2002	ACM Popcorn Ceiling Coating	400 Square Feet
2003A	ACM Popcorn Ceiling Coating	270 Square Feet
3003	ACM Popcorn Ceiling Coating	3,100 Square Feet
3003A	ACM Popcorn Ceiling Coating	500 Square Feet
3003B	ACM Popcorn Ceiling Coating	340 Square Feet
3004	ACM Popcorn Ceiling Coating	980 Square Feet
3005	ACM Popcorn Ceiling Coating	3,100 Square Feet
3005A	ACM Popcorn Ceiling Coating	350 Square Feet
3005B	ACM Popcorn Ceiling Coating	260 Square Feet
3008	ACM Popcorn Ceiling Coating	3,100 Square Feet
3008A	ACM Popcorn Ceiling Coating	360 Square Feet
3008B	ACM Popcorn Ceiling Coating	390 Square Feet
3010	ACM Popcorn Ceiling Coating	2,400 Square Feet

	Coating	
3010A	ACM Popcorn Ceiling Coating	460 Square Feet
3010B	ACM Popcorn Ceiling Coating	360 Square Feet
3011	ACM Popcorn Ceiling Coating	1,350 Square Feet
3012	ACM Popcorn Ceiling Coating	250 Square Feet

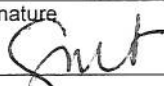
*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

- Contractor shall perform limited demolition of non-asbestos containing concrete masonry units within wet walls and remove non-asbestos suspended ceiling tile systems where indicated to access asbestos containing thermal systems insulation for removal via full or limited containment methods, unoccupied conditions, or non-friable "wrap and cut" removal methods as outlined in NJAC 5:23-8. Non-friable "wrap and cut" removal shall be at the discretion of the Owner/Owner's Representatives. The Contractor shall be subject to any Add/Deduct provisions set forth in Contract Documents related to this project. The estimated quantity of thermal systems insulation to be abated is 436 linear Feet of ACM fitting insulation associated with fiberglass lines.

Room Equivalent	Type of Material(s)	Approximate Quantity*
1001	Fitting Insulation	20 Linear Feet
1008	Fitting Insulation	31 Linear Feet
1009	Fitting Insulation	10 Linear Feet
1011	Fitting Insulation	10 Linear Feet
1012	Fitting Insulation	12 Linear Feet
1013	Fitting Insulation	15 Linear Feet
1014	Fitting Insulation	13 Linear Feet
1015	Fitting Insulation	13 Linear Feet
1016	Fitting Insulation	25 Linear Feet
1017	Fitting Insulation	35 Linear Feet
1018	Fitting Insulation	35 Linear Feet
1019	Fitting Insulation	16 Linear Feet
2001	Fitting Insulation	25 Linear Feet
2001A	Fitting Insulation	12 Linear Feet
2001B	Fitting Insulation	4 Linear Feet
2003	Fitting Insulation	30 Linear Feet
2005B	Fitting Insulation	6 Linear Feet
2007	Fitting Insulation	4 Linear Feet
2009	Fitting Insulation	50 Linear Feet
2010	Fitting Insulation	5 Linear Feet
2011	Fitting Insulation	25 Linear Feet
2011A	Fitting Insulation	10 Linear Feet
2014	Fitting Insulation	10 Linear Feet
2015	Fitting Insulation	10 Linear Feet

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

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

Date of Notification (1) 9 / 16 / 13		Name of Building Owner/Operator (2) Camden County College / Job #1309-4690 Check #5570							
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 College Drive City, State, Zip Code Blackwood, NJ 08012 SEP 19 2013 Name of Contact Ron Garbowski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden County College- Taft Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 200 College Drive		Square Feet	# of Floors						
City (5) Blackwood		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College Hall							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No. 00073	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 301 9th Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 9 / 30 / 13	Scheduled Completion Date (11) 11 / 8 / 13	Name of OSHA Monitor EMSL Analytical							
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: _____AM-_____PM/_____PM-_____AM		Street Address 108 Haddon Ave. City, State, Zip Code Westmont, NJ 08108							
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
PLEASE SEE ATTACHED ORANGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGHLIGHTED AREAS	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/8/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 9/16/13			

- B. Post Project Submittals: Upon completion of work on this project the Asbestos Abatement Contractor shall submit the following information to the Owner:

1. Daily activity reports and personnel sign-in sheets
2. Minutes of meetings
3. Visitations; authorized and unauthorized
4. Special or unusual events
5. Waste material disposal manifests

SEP 19 2013

NON SUBS

SUB-8

PART 2 – DESCRIPTION OF THE WORK

2.1 SCOPE OF WORK

A. Base Bid A:

- The Contractor shall remove approximately 10,315 square feet of asbestos containing Floor Tile and 10,475 square feet of asbestos containing mastic (radiant heat and no odor aqueous mastic solvent). Contractor shall also remove approximately 480 square feet of asbestos containing stair tread using non-friable methods. The contractor shall remove and dispose of wood cabinetry as construction debris and dispose of prior to the commencement of VAT and mastic abatement. Approximate Locations and Quantities are listed below:

Room Equivalent	Type of Material (s)	Approximate Quantity*
1005	Floor Tile and Mastic	375 Square Feet
1010	Stair Tread	240 Square Feet
1020	Stair Tread	240 Square Feet
2001	Floor Tile and Mastic	1000 Square Feet
2001A	Floor Tile and Mastic	170 Square Feet
2001B	Floor Tile and Mastic	130 Square Feet
2002	Floor Tile and Mastic	180 Square Feet
2003A	Floor Tile and Mastic	160 Square Feet
2003B	Floor Tile and Mastic	120 Square Feet
2008	Floor Tile and Mastic	410 Square Feet
2008A	Floor Tile and Mastic	110 Square Feet
2012	Floor Tile and Mastic	240 Square Feet
3001	Floor Tile and Mastic	240 Square Feet
3003	Floor Tile and Mastic	1216 Square Feet
3003A	Floor Tile and Mastic	200 Square Feet
3003B	Floor Tile and Mastic	144 Square Feet
3004	Floor Tile and Mastic	400 Square Feet
3005	Floor Tile and Mastic	1216 Square Feet
3005A	Floor Tile and Mastic	150 Square Feet
3005B	Floor Tile and Mastic	170 Square Feet
3008	Floor Tile and Mastic	1216 Square Feet
3008A	Mastic	160 Square Feet
3008B	Floor Tile and Mastic	210 Square Feet
3010	Floor Tile and Mastic	1024 Square Feet
3010A	Floor Tile and Mastic	180 Square Feet
3010B	Floor Tile and Mastic	180 Square Feet
3011	Floor Tile and Mastic	750 Square Feet
3012	Floor Tile and Mastic	144 Square Feet

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed.

** The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

*** With the approval of the Owner, Owner's Representative, and ASCM monitoring firm, the Contractor may elect to remove VAT and Mastic under full containment conditions using non-friable or friable methods where work coincides with full containment removal of asbestos containing popcorn ceiling coatings, as per NJAC 5:23-8, full containment for unoccupied conditions. All provisions of NJAC 5:23-8 shall apply.

- The Contractor shall remove approximately 2270 square feet asbestos containing composite laboratory table tops and approximately 177 square feet of asbestos containing composite window sills and 21 square feet (1 units of 21 square feet) of presumed asbestos containing vault doors using non-friable removal methods. Contractor shall remove approximately 1296 linear feet of expansion joint caulk using non-friable methods (if impacted), 5 square feet of asbestos containing plumbers paste, 280 square feet of transite laboratory fume hoods (7 locations),

Room Equivalent	Type of Material(s)	Approximate Quantity*
1001A	White Plumber's Paster	5 Square Feet
1002	Expansion Joint Caulk	432 Linear Feet
2001	Lab Tables	360 Square Feet
2001	Window Sill	12 Square Feet
2001B	Window Sill	3 Square Feet
2003	Window Sill	9 Square Feet
2005A	Window Sill	3 Square Feet
2005C	Window Sill	3 Square Feet
2005D	Window Sill	3 Square Feet
2008A	Window Sill	3 Square Feet
2009A	Window Sill	3 Square Feet
2010A	Window Sill	6 Square Feet
2011	Window Sill	12 Square Feet
2011A	Window Sill	3 Square Feet
2014	Men's Room	3 Square Feet
2015	Women's Room	3 Square Feet
2016	Hallway	2 Square Feet
2016	Expansion Joint Caulk	432 Linear Feet
3001	Window Sills	3 Square Feet ✓
3002	Window Sills	2 Square Feet ✓
3002	Expansion Joint Caulk	432 Linear Feet ✓
3003	Lab Tables	600 Square Feet ✓
3003	Window Sills	12 Square Feet ✓
3003B	Window Sills	6 Square Feet ✓
3005	Lab Tables	260 Square Feet ✓
3005	Window Sills	12 Square Feet ✓
3006	Window Sills	3 Square Feet ✓
3007	Window Sills	3 Square Feet ✓
3008	Transite Fume Hoods	120 Square Feet ✓
3008	Lab Tables	275 Square Feet
3008A	Window Sills	3 Square Feet ✓
3008A	Transite Fume Hoods	40 Square Feet

3009	Window Sills	3 Square Feet ✓
3009	Lab Tables	140 Square Feet ✓
3010	Lab Tables	360 Square Feet ✓
3010	Window Sills	9 Square Feet ✓
3010	Transite Fume Hoods	120 Square Feet ✓
3010A	Window Sills	3 Square Feet ✓
3010A	Steel Vault Door	21 Square Feet ✓
3011	Lab Tables	275 Square Feet ✓
3011	Window Sills	6 Square Feet ✓
3011A	Window Sills	3 Square Feet ✓
3013	Window Sills	3 Square Feet ✓

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

- The Contractor shall remove approximately 21,300 square feet of asbestos containing popcorn ceiling coating in accordance with NJAC 5:23-8, full containment removal for unoccupied conditions, where indicated. The contractor shall remove overspray or ceiling coating on all piping and wall components within designated work areas – where present. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

Room Equivalent	Type of Material(s)	Approximate Quantity*
1010	ACM Popcorn Ceiling Coating	480 Square Feet
1020	ACM Popcorn Ceiling Coating	480 Square Feet
2001A	ACM Popcorn Ceiling Coating	310 Square Feet
2002	ACM Popcorn Ceiling Coating	400 Square Feet
2003A	ACM Popcorn Ceiling Coating	270 Square Feet
3003	ACM Popcorn Ceiling Coating	3,100 Square Feet
3003A	ACM Popcorn Ceiling Coating	500 Square Feet
3003B	ACM Popcorn Ceiling Coating	340 Square Feet
3004	ACM Popcorn Ceiling Coating	980 Square Feet
3005	ACM Popcorn Ceiling Coating	3,100 Square Feet
3005A	ACM Popcorn Ceiling Coating	350 Square Feet
3005B	ACM Popcorn Ceiling Coating	260 Square Feet
3008	ACM Popcorn Ceiling Coating	3,100 Square Feet
3008A	ACM Popcorn Ceiling Coating	360 Square Feet
3008B	ACM Popcorn Ceiling Coating	390 Square Feet
3010	ACM Popcorn Ceiling Coating	2,400 Square Feet

	Coating	
3010A	ACM Popcorn Ceiling Coating	460 Square Feet
3010B	ACM Popcorn Ceiling Coating	360 Square Feet
3011	ACM Popcorn Ceiling Coating	1,350 Square Feet
3012	ACM Popcorn Ceiling Coating	250 Square Feet

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed. The Contractor shall be subject to any Add/Deduct provisions set forth in contract documents related to this project.

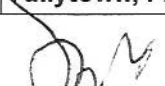
- Contractor shall perform limited demolition of non-asbestos containing concrete masonry units within wet walls and remove non-asbestos suspended ceiling tile systems where indicated to access asbestos containing thermal systems insulation for removal via full or limited containment methods, unoccupied conditions, or non-friable "wrap and cut" removal methods as outlined in NJAC 5:23-8. Non-friable "wrap and cut" removal shall be at the discretion of the Owner/Owner's Representatives. The Contractor shall be subject to any Add/Deduct provisions set forth in Contract Documents related to this project. The estimated quantity of thermal systems insulation to be abated is 436 linear Feet of ACM fitting insulation associated with fiberglass lines.

Room Equivalent	Type of Material(s)	Approximate Quantity*
1001	Fitting Insulation	20 Linear Feet
1008	Fitting Insulation	31 Linear Feet
1009	Fitting Insulation	10 Linear Feet
1011	Fitting Insulation	10 Linear Feet
1012	Fitting Insulation	12 Linear Feet
1013	Fitting Insulation	15 Linear Feet
1014	Fitting Insulation	13 Linear Feet
1015	Fitting Insulation	13 Linear Feet
1016	Fitting Insulation	25 Linear Feet
1017	Fitting Insulation	35 Linear Feet
1018	Fitting Insulation	35 Linear Feet
1019	Fitting Insulation	16 Linear Feet
2001	Fitting Insulation	25 Linear Feet
2001A	Fitting Insulation	12 Linear Feet
2001B	Fitting Insulation	4 Linear Feet
2003	Fitting Insulation	30 Linear Feet
2005B	Fitting Insulation	6 Linear Feet
2007	Fitting Insulation	4 Linear Feet
2009	Fitting Insulation	50 Linear Feet
2010	Fitting Insulation	5 Linear Feet
2011	Fitting Insulation	25 Linear Feet
2011A	Fitting Insulation	10 Linear Feet
2014	Fitting Insulation	10 Linear Feet
2015	Fitting Insulation	10 Linear Feet

*Quantities listed are for reference purposes only. It is the responsibility of the Contractor to verify all quantities/locations within the facility. No cost adjustment shall be granted to the Contractor based on adjustments to quantities listed. The Contractor shall be subject to any Add/Deduct

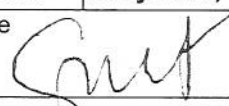
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1304-4626
Check #5569

Date of Notification (1) 9/11/13		Name of Building Owner / Operator (2) Trustees of Princeton							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address Trustees of Princeton University E.A. MacMillan Bldg.		City, State & Zip Code Princeton, NJ 08544							
Name of Contact Robert Ortego, P.E.		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 20 Washington Road		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 20 Washington Road - Princeton University Main Campus		Square Feet 1,000,000							
City (5) Princeton		County (6) Mercer	County Code (7) 						
Current Use (Prior if being demolished) University Library		# of Floors 5							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098							
Street Address 3 Terri Lane		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code Burlington, NJ 08016		Street Address PO Box 25							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone Number 609-386-8800 x229	License Number 00529						
Scheduled Start Date (10) 5/13/13	Scheduled Completion Date (11) 10/31/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 2nd shift Monday-Friday 7AM-12 Midnight & 1st shift Saturday 7AM-3:30PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar & Rope Packing assoc w/ terra cotta & glass duct/pipe	1,554 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	825 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lab fume hoods & base cabinets	96 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Asbestos Duct	64 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement asbestos cover panels	34 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration damper cloth	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 10/31/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 				Date 9/11/13		

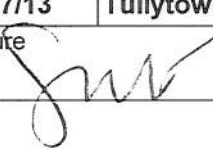
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1304-4626
Check #5186

Date of Notification (1) 9/11/13		Name of Building Owner / Operator (2) Trustees of Princeton	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> Street Address Trustees of Princeton University E.A. MacMillan Bldg.
			City, State & Zip Code Princeton, NJ 08544
			Name of Contact Robert Ortego, P.E.
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton University Main Campus		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 20 Washington Road		Square Feet	# of Floors Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 3 Terri Lane		Street Address PO Box 25	
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Michael R. Keehn		Telephone Number 609-386-8800 x229	License Number 00529
Scheduled Start Date (10) 5/13/13	Scheduled Completion Date (11) 10/31/13		Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 2nd shift Monday-Friday 7AM-12 Midnight & 1st shift Saturday 7AM-3:30PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B Level through Third Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1 st Floor Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 10/31/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 9/11/13

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

1309-4688
Check #

Date of Notification (1) 9/12/13		Name of Building Owner / Operator (2) Kennedy Health Facilities							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2 Regulus Drive City, State & Zip Code Turnersville, NJ 08012 Name of Contact George Lodish							
		Telephone Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SEP 19 2013 </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital		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 2201 Chapel Avenue West		Square Feet	# of Floors						
City (5) Cherry Hill	County (6) Camden	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3370 Progress Drive		Street Address PO Box 25							
City, State & Zip Code Bensalem, PA 19020		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300	License Number 00529						
Scheduled Start Date (10) 9/5/13	Scheduled Completion Date (11) 9/27/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: 4PM - 12 Midnight <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway outside of xray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 10	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 9/27/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature 			Date 9/12/13		

Sep. 17, 2013 1:17PM

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

Date of Notification (1) 09/12/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	
	Cancellation	Robert Orego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Roper Lane Steam Tunnel			Type of Facility (4)		
Street Address Roper Lane			School (K12)		
			Subchapter S (Other than K12)		
City (5) Princeton			County (6)		
County Code (7) (STATE USE ONLY)			Squar Feet		
			# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 96 LaCrosse Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 610-364-9622		
Scheduled Start Date (10) 09/19/13 Month/Day/Year			Sched. Completion Date (11) 12/31/13 Month/Day/Year		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor Criterion Labs		
Facility Closed/Vacated During Entire Period of Abatement			Street Address 3370 Progressive Drive		
Abatement Performed Outside of Normal Facility			City, State, Zip Code Bensalem PA 19020		
Hours - Describe: 7:00 AM to 3:30 PM					
Other - Describe:					

Scope of work (Check all that apply)

Demolition	Renovation	Full Containment with Negative Pressure
> 3 sf or > 3 lf		Mini-Enclosure
> 160 sf or > 260 lf		Glovebag Procedure
		Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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 N C L O S U R E
Steam Tunnel	x			pipe insulation	270 LF	x			

Name of Registered Waste Hauler Harrison Disposal	NJDEF Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Merrillville PA	
Completed By (Print or Type) Mark Gashow	Title Project Manager	Signature <i>Mark Gashow</i>	Date 9-17-13