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

Date of Notification (1)

2 / 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

Street Address
200 ELM DRIVE

City, State, Zip Code
PRINCETON, NJ 08544

Name of Contact
ROBERT ORTEGO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
1 WASHINGTON ROAD

City (5)
PRINCETON, NJ

County (6)
MERCER

County Code (7)
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES LLC

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BURLINGTON, NJ 08016

Telephone No.
609-386-8800

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVR STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

- ≥3 s.f. or ≥3 l.f.
- ≥160 s.f. or ≥260 l.f.
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 5A - LEVELS C &amp; B</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>1010 LF</td>
<td></td>
</tr>
<tr>
<td>PHASE 5A - LEVELS C &amp; B</td>
<td>No</td>
<td>FLOOR TILE &amp; MASTIC</td>
<td>43,057 SF</td>
<td></td>
</tr>
<tr>
<td>PHASE 5A - LEVELS C &amp; B</td>
<td>No</td>
<td>Packed fittings on fiberglass</td>
<td>285 EA</td>
<td></td>
</tr>
<tr>
<td>PHASE 5A - LEVELS C &amp; B</td>
<td>No</td>
<td>Hanger pads on fiberglass</td>
<td>40 EA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste
Disposal Date

City, State
NEW CASTLE, DE

Completed By (Print or Type)
BRIAN SCAFIO

Title
ESTIMATOR

Signature

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH

Date
8/26/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification: 27/17
Name of Building Owner/Operator: TRUSTEES OF PRINCETON UNIVERSITY

Agencies Notified: EPA, DOLWD, DOH, DCA
Type Notification: Initial, Amended
Amendment #4-8/30/17
Emergency (including justification): No
Cancellation: No

Street Address: 200 ELM DRIVE
City, State, Zip Code: PRINCETON, NJ 08544
Name of Contact: ROBERT ORTEGO

Name of Facility Where Abatement is Taking Place: PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Square Feet: 1,000,000
# of Floors: 8
Bldg. Age: 70

Type of Facility: Subchapter 8 (Other than K-12)
Other (i.e., private and commercial buildings, homes, etc.): No

Name of Abatement Contractor: BRISTOL ENVIRONMENTAL, INC.

Street Address: 1123 BEAVER STREET
City, State, Zip Code: BRISTOL, PA 19007
License No.: 00509

Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC

Street Address: 1123 BEAVR STREET
City, State, Zip Code: BRISTOL, PA 19007

Scope of Work:
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Contains Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>Yes</td>
<td>ACOUSTICAL CEILING PLASTER</td>
<td>6075 SF</td>
<td>-</td>
</tr>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>200 LF</td>
<td>-</td>
</tr>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>No</td>
<td>SPLINE CEILING TILES</td>
<td>4050 SF</td>
<td>-</td>
</tr>
<tr>
<td>TRUSTEES READING RM MEZZ.</td>
<td>No</td>
<td>ACOUSTICAL PLASTER CEILING</td>
<td>450 SF</td>
<td>-</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste: 20990

Name of Registered Landfill: MINERVA LANDFILL

Disposal Date: 8/30/17

City, State: WAYNESBURG, OH

Completed By: BRIAN SCAFIRO
Title: ESTIMATOR
Signature: [Signature]

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
2 / 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

Street Address
200 ELM DRIVE

City, State, Zip Code
PRINCETON, NJ 08544

Name of Contact
ROBERT ORTEGO

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

Square Feet
1,000,000

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

# of Floors
8

County (6)
MERCER

Bldg. Age
70

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
UNIVERSITY LIBRARY

Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES LLC

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
609-386-8800

License No.
00509

Telephone No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Address
1123 BEAVR STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
3 / 13 / 17

Scheduled Completion Date (11)
9 / 29 / 17

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00 AM - 12:30 PM - AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥250 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (13)

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
PIPE INSULATION
85 LF

Amount (Specify SF or LF)

Abatement Type

TRUSTEES READING RM MEZZ.

WALL OUTSIDE COTSEN LIBRARY

PRESERVATION ROOF

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 ☒

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

Completed By (Print or Type)
BRIAN SCAFIRIO

Title
ESTIMATOR

Signature
BRIAN SCAFIRIO

Date
8/30/17

* Do not use this form for asbestos license exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
<td>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency</td>
<td></td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCETON, NJ</td>
<td>MERCER</td>
<td>ATC GROUP SERVICES LLC</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address (7)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 WASHINGTON ROAD</td>
<td>609-386-8800</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>3 / 13 / 17</td>
<td>8 / 31 / 17</td>
<td>UNIVERSITY LIBRARY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ ≥3 sf or ≥3 if</td>
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<tr>
<td>□ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>1010 LF</td>
</tr>
<tr>
<td>FLOOR TILE &amp; MASTIC</td>
<td>43,057 SF</td>
</tr>
<tr>
<td>Packed fittings on fiberglass</td>
<td>285 EA</td>
</tr>
<tr>
<td>Hanger pads on fiberglass</td>
<td>40 EA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
<th>Endcap</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIAN SCAFIO</td>
<td>ESTIMATOR</td>
<td>Brian Scafio</td>
<td>7/20/17</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>2 / 27 / 17</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator:**

Trustees of Princeton University

**Street Address:**

200 Elm Drive

**City, State, Zip Code:**

Princeton, NJ 08544

**Name of Contact:**

Robert Ortego

**Name of Facility Where Abatement is Taking Place:**

Princeton University - Firestone Library

**Type of Facility:**

Subchapter 8 (Other than K-12)

**Square Feet:**

1,000,000

**# of Floors:**

8

**Bldg. Age:**

70

**Name of Monitoring Firm Hired by Building Owner:**

ATC Group Services LLC

**ASCM No.:**

00098

**Name of Abatement Contractor:**

Bristol Environmental, Inc.

**Street Address:**

1123 Beaver Street

**City, State, Zip Code:**

Bristol, PA 19007

**Telephone No.:**

609-386-8800

**License No.:**

00509

**Current Use (Prior if being demolished):**

University Library

**Project Manager for Monitoring Firm:**

Michael R. Keehn

**Telephone No.:**

215-786-6040

**Name of OSHA Monitor:**

Bristol Environmental, Inc.

**Street Address:**

1123 Beaver Street

**City, State, Zip Code:**

Bristol, PA 19007

**Name of Designated Person for Monitoring:**

Robert Ortego

**Start Date (10):**

3 / 13 / 17

**Scheduled Completion Date (11):**

8 / 31 / 17

**Time of Abatement:**

4:00 AM - 12:30 PM

**Scope of Work (Check all that apply):**

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 6 - Level 1</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[X]</td>
<td>Acoustical Ceiling Plaster</td>
<td>6075 SF</td>
</tr>
<tr>
<td>Phase 6 - Level 1</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[X]</td>
<td>Pipe Insulation</td>
<td>200 LF</td>
</tr>
<tr>
<td>Phase 6 - Level 1</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[X]</td>
<td>Spline Ceiling Tiles</td>
<td>4050 SF</td>
</tr>
<tr>
<td>Trustees Reading RM Mezz.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[X]</td>
<td>Acoustical Plaster Ceiling</td>
<td>450 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Service Transport Group, Inc.

**Cubic Yards of Waste:**

20990

**Name of Registered Landfill:**

Minerva Landfill

**Company:**

Waynesburg, OH

**City, State:**

New Castle, DE

**Completed By (Print or Type):**

Brian Scafiro

**Title:**

Estimator

**Signature:**

Brian Scafiro

**Date:**

7/10/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):
2 / 27 / 17

Name of Building Owner/Operator (2):
TRUSTEES OF PRINCETON UNIVERSITY

Name of Facility Where Abatement is Taking Place (3):
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

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

Square Feet: 1,000,000
# of Floors: 8
Bldg. Age: 70

Current Use (Prior if being demolished):
UNIVERSITY LIBRARY

Name of Monitoring Firm Hired by Building Owner (5):
ATC GROUP SERVICES LLC

Name of Abatement Contractor (6):
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1 WASHINGTON ROAD

City, State, Zip Code:
PRINCETON, NJ 08544

County (6):
MERCER

County Code ([STATE USE ONLY]):

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC

Start Date (10):
3 / 13 / 17

Scheduled Completion Date (11):
8 / 31 / 17

Facility Closed/Vacated During Entire Period of Abatement:
☐

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:
4:00 AM - 12:30 PM - 5:00 AM

Scope of Work (Check all that apply):
☐ Renovation
☐ Demolition

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):

TRUSTEES READING RM MEZZ.

☐ PIPE INSULATION 85 LF

WALL OUTSIDE COTSEN LIBRARY

☐ WATERPROOFING 250 SF

☐ WATERPROOFING 150 SF

 Preservation Roof

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
NEW CASTLE, DE

Disposal Date:

Completed By (Print or Type):
BRIAN SCAFIO
Title:
ESTIMATOR

Signature:
Brian Scafioto
Date: 7/20/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Type of Facility (4)
□ School (K-12)
□ Subchapter B (Other than K-12)
□ Other (i.e., private and commercial buildings, homes, etc.)

City (5)
PRINCETON, NJ

County (6)
MERCER

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 4:00AM-12:30PM PM-

Scope of Work (Check all that apply)
□ Renovation
□ Demolition
☑ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Completed By (Print or Type)
BRIAN SCAFIRO
Title ESTIMATOR

Signature Brian Scalfaro

Date 6/16/17
# State of New Jersey

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

**Date of Notification (1)**

| 2 | 27 | 17 |

**Name of Building Owner/Operator (2)**

**TRUSTEES OF PRINCETON UNIVERSITY**

**Street Address**

200 ELM DRIVE

**City, State, Zip Code**

PRINCETON, NJ 08544

**Name of Contact**

ROBERT ORTEGO

**Telephone Number**


## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**

PRINCETON UNIVERSITY - FIRESTONE LIBRARY

**Street Address**

1 WASHINGTON ROAD

**City (5)**

PRINCETON, NJ

**County (6)**

MERCIER

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

ATC GROUP SERVICES LLC

**ASCM No.**

00098

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1125 BEAVER STREET

**City, State, Zip Code**

BRISTOL, PA 18007

**Telephone No.**

609-386-8800

**License No.**

00509

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC

**Street Address**

1123 BEAVR STREET

**City, State, Zip Code**

BRISTOL, PA 18007

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM, PM: AM

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

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<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>☑</td>
<td>ACOUSTICAL CEILING PLASTER</td>
<td>6075 SF</td>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>☑</td>
<td>PIPE INSULATION</td>
<td>200 LF</td>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>PHASE 6 - LEVEL 1</td>
<td>☑</td>
<td>SPLINE CEILING TILES</td>
<td>4050 SF</td>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>TRUSTEES READING RM MEZZ.</td>
<td>☑</td>
<td>ACOUSTICAL PLASTER CEILING</td>
<td>450 SF</td>
<td>☑ ☑ ☑</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**

20960

**Cubic Yards of Waste**

Disposal Date

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

WAYNESBURG, OH

**Completed By (Print or Type)**

BRIAN SCAFIO

**Title**

ESTIMATOR

**Signature**

6/16/17
# State of New Jersey

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

### Date of Notification
2 / 27 / 17

### Name of Building Owner/Operator
TRUSTEES OF PRINCETON UNIVERSITY

### Street Address
200 ELM DRIVE

### City, State, Zip Code
PRINCETON, NJ 08544

### Name of Contact
ROBERT ORTEGO

### Telephone Number

### Name of Facility Where Abatement is Taking Place
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

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

### Square Feet
1,000,000

### # of Floors
8

### Bidg. Age
70

### County Code (STATE USE ONLY)

### Description of Abatement

###級 of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

### Current Use (Prior to being demolished)
UNIVERSITY LIBRARY

### Name of Abatement Contractor
BRISTOL ENVIRONMENTAL, INC.

### Telephone No.
215-786-6040

### License No.
00509

### City, State, Zip Code
BRISTOL, PA 19007

### Name of Company Hired
ATC GROUP SERVICES LLC

### ASCM No.
00098

### Telephone No.
609-386-8800

### City, State, Zip Code
BURLINGTON, NJ 08016

### Person Responsible for Monitoring
MICHAEL R. KEEHN

### Start Date
3 / 13 / 17

### Scheduled Completion Date
8 / 1 / 17

### Occupancy Status During Abatement
☐ Vacated/Demolished During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

### Time of Abatement:
4:00 AM - 12:30 PM

### Scope of Work
☐ Renovation
☐ Demolition

### Location of Asbestos-Containing Material (ACM)

### TO BE ABATED
IN Facility

### Location Normally Used Solely by Maintenance/Custodial Staff

### Description of Asbestos-Containing Material (ACM)

### Location Normally Used Solely by Maintenance/Custodial Staff

### Location Normally Used Solely by Maintenance/Custodial Staff

### Description of Asbestos-Containing Material (ACM)

### Amount (Specify SF or LF)
85 LF

### Abatement Type

### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

### City, State
NEW CASTLE, DE

### NJDEP Waste Hauler ID No.
208990

### Disposal Date

### City, State
WAYNESBURG, OH

### Name of Registered Landfill
MINERVA LANDFILL

### Signature
Brian Scafiro
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 6:16)

Date of Notification (1) 2 / 27 / 17
Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
☐ NJAC 6:23
(Type Notification)
☐ Initial
☐ Amended
☐ Amendment #1-3/27/17
☐ Emergency (including justification)
☐ Cancellation
Street Address
200 ELM DRIVE
City, State, Zip Code
PRINCETON, NJ 08544
Name of Contact
ROBERT ORTEGO
Telephone Number

Facility Information
Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY
Street Address
1 WASHINGTON ROAD
City (5)
PRINCETON, NJ
County (6)
MERCER
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES LLC
ASCN No.
00088
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BURLINGTON, NJ 08016
Project Manager for Monitoring Firm
MICHAEL R. KEEHN
Telephone No.
609-386-8000
License No.
215-788-6040

Start Date (10)
3 / 13 / 17
Scheduled Completion Date (11)
8 / 1 / 17
Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility
(12)

3 x 3 ft or ≥ 260 sf
2 x 2 ft or ≥ 150 sf
☐ Yes
☐ No
☐ N/A
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
Pipe Insulation
1010 LF
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
Floor Tile & Mastic
43,057 SF
Packed fittings on fiberglass
285 EA
Hanger pads on fiberglass
40 EA

State of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
N.DEP Waste Hauler ID No.
20980
Disposal Date
City, State
MINERVA LANDFILL
WAYNESBURG, OH

Signature
Date

[Signature]
5/2/17
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Date of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
<td>2 / 27 / 17</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-6)</td>
<td>☐ Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
200 ELM DRIVE
City, State, Zip Code
PRINCETON, NJ 08544

**Name of Contact**
ROBERT ORTEGO
Telephone Number

**Name of Facility Where Abatement is Taking Place**
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

**Street Address**
1 WASHINGTON ROAD
City (6)
PRINCETON, NJ
County (6)
MERCER

**Current Use (Prior to Demolition)**
LIBRARY UNIVERSITY

**Name of Abatement Contractor**
BRISTOL ENVIRONMENTAL, INC.

**Type of Facility**
☐ School (K-12) ☑ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**
1,000,000
**# of Floors**
8
**Bldg. Age**
70

**Name of Monitoring Firm Hired by Building Owner**
ATC GROUP SERVICES LLC
ASCN No.
00088

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 18007

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASE 6 - LEVEL 1</td>
<td>☑</td>
<td>ACOUSTICAL CEILING PLASTER</td>
<td>6075 SF</td>
<td>☑ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>ASE 6 - LEVEL 1</td>
<td>☐</td>
<td>PIPE INSULATION</td>
<td>200 LF</td>
<td>☑ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>ASE 6 - LEVEL 1</td>
<td>☐</td>
<td>SPLINE CEILING TILES</td>
<td>4050 SF</td>
<td>☑ ☐ ☐ ☐ ☐ ☐</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.
NJ DEP Waste Hauler ID No.
20990
Cubic Yards of Waste
Disposal Date
City, State
MINERVA LANDFILL
WAYNESBURG, OH

**State**
W CASTLE, DE

**Signature**
AN SCAFRO
ESTIMATOR
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1)
27 / 1 / 17

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
1 WASHINGTON ROAD

City (5)
PRINCETON, NJ

County (6)
MERcer

Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES LLC

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
MICHAEL R. KEETH

Telephone No.
609-386-6460

License No.
00509

License No.
216-708-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVR STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
3 / 13 / 17

Scheduled Completion Date (11)
8 / 1 / 17

Type of Work (Check all that apply)

☐ Renovation
☐ Demolition

Location of asbestos-Containing Material (ACM) to be Abated

Location (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes ☐ No ☐ N/A ☐

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>27</th>
<th>17</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ROBERT ORTEGO</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>200 ELM DRIVE</td>
<td>PRINCETON, NJ 08544</td>
<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 WASHINGTON ROAD</td>
<td>PRINCETON, NJ 08544</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>MERCER</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC GROUP SERVICES LLC</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 TERRI LANE</td>
<td>BURLINGTON, NJ 08016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>608-366-6800</td>
<td>00609</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>3 / 13 / 17</td>
<td>8 / 1 / 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>4SE 6 - LEVEL 1</td>
</tr>
<tr>
<td>5SE 6 - LEVEL 1</td>
</tr>
<tr>
<td>5SE 6 - LEVEL 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20980</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WAYNESBURG, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2/27/17</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:130-7)

**Date of Notification:** 8/29/2017

**Name of Building Owner/Operator:** Nancy Chu & Rafael Ricci

**Street Address:**

**City, State, Zip Code:** Livingston, NJ, 07039

**Name of Contact:** Nancy Chu & Rafael Ricci

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

**Square Foot:**
**# of Floors:**
**Bldg. Age:**

**Name of Monitoring Firm hired by Building Owner:** N/A

**Telephone Number:** N/A

**Scheduled Start Date:** 9-7-17
**Scheduled Completion Date:** 9-8-17

**Occupancy Status During Abatement:**
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Abatement Performed Inside of Normal Facility Hours

**Scope of Work:**
- [X] 2,500 sf or ≥2,500 sf
- [X] Renovation
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- [ ] Garage

**Location Normally Used Solely By Maintenance/Custodial Staff:**
- [X] Pipe insulation

**Cubic Yards of Waste:**

**Name of Registered Waste Hauler:**
AZTECH MANAGEMENT, INC.

**Name of Registered Landfill:**
Minerva Enterprise INC

**City, State:** Montclair, NJ 07042

**Disposal Date:** 9-11-17
**Name of Registered Landfill:**
Minerva Enterprise INC

**City, State:** Waynesburg, Ohio 44688

**Completed By:** Constantine Vivian
**Title:** President

**Signature:**

**Date:** 8/29/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7-28-17

Name of Building Owner/Operator (2)

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
Type Notification
[ ] Initial
[ ] Amended
[ ] Emergency (including justification)

Name of Facility Where Abatement is Taking Place (3)
RESIDENTIAL

Street Address

City (6)

County (6)

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

ASCM No.

Name of Abatement Contractor (9)
PRYMAR CONSTRUCTION

PO BOX 11645

City, State, Zip Code

PO BOX 11587

PHILA, PA 19116

Name of OSHA Monitor

Project Manager for Monitoring Firm
JASON DUA

Telephone No.
267-784-4693

License No.
01276

Start Date (10)
3-1-17

Scheduled Completion Date (11)
9-1-17

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

DUCT

DUCT WRAP

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
PRYMAR CONSTRUCTION

City, State

Disposal Date
9-1-17

Completed by

Title

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
8/30/2017

**Name of Building Owner/Operator (2)**
Richard Avenia

**Agencies Notified**
- [x] Initial Notification
- [ ] Amended Notification
- [ ] Emergency Notification
- [ ] Cancellation

**Name of Facility Where Abatement is Taking Place (3)**
Richard Avenia

**Street Address**
Montclair, NJ, 07042

**City, State, Zip Code**
Montclair, NJ, 07042

**Name of Monitoring Firm hired by Building Owner (8)**
AZTECH MANAGEMENT, Inc.

**Project Manager for Monitoring Firm**
N/A

**Telephone Number**
N/A

**Scheduled Start Date (10)**
9 - 11 - 17

**Completion Date (11)**
9 - 13 - 17

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

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

**City, State, Zip Code**
Montclair, NJ, 07042

**Scope of Work (Check all that apply)**
- [x] 23 sq ft or ≥23 lf
- [ ] 160 sq ft or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [ ] Glove-bag Procedure
- [ ] Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility**

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>Location by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Duct Work</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**
1.5

**Name of Registered Landfill**
Minerva Enterprise INC

**Disposal Date**
9-14-17

**City, State**
Waynesburg, Ohio, 44688

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**
17040

**Print or Type**
Constantine Vivian

**Title**
President

**Signature**

**Date**
8/30/2017
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 6:26 and 12:129)

---

**Date of Notification:** 8/28/17

**Name of Building Owner/Operator:** [Redacted]

**Name of Contact:** [Redacted]

**Name of Abatement Contractor:** NOVATECH NJO

**Name of Registered Wastes Hauler:** [Redacted]

**Name of Registered Landfill:** GROWS

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location Normally Used/Safety by Maintenance/Custodial Staff</th>
<th>Is Location Normally Used/Safety by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X Floor Tile</td>
<td></td>
</tr>
</tbody>
</table>

---

**Amount (Specify SF or LF):** 450 SF

---

**Type of Facility [Check Only One]:**

- [ ] School (K-12)
- [ ] Subchapter E (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, etc.)

---

**Scope of Work (Check All That Apply):**

- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Misting Procedure
- [ ] Non-Encapsulated (*) and Non-Nr-Tolerable Procedure

---

**Location of Asbestos-Containing Material (ACM) (Specify):**

- [ ] Floor Tile

---

**Disposal Date:** 10/19/17

---

**Completed by:** [Redacted]
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12-120)

**Date of Notification (1)**
8/25/2017

**Name of Building Owner/Operator (2)**
Private Property

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Livingston, NJ

**Name of Contact**
Danny Matarrese

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Livingston

**County (6)**
[Redacted]

**County Code (7)**
[State Use Only]

**Name of Monitoring Firm Hired by Building Owner (8)**
N/A

**ASCM No. (9)**
N/A

**Name of Abatement Contractor (9)**
ACM Solutions Services LLC

**Street Address**
1435 51st Street

**City, State, Zip Code**
North Bergen, NJ 07047

**License No.**
01320

**Telephone No.**
201-552-9665

**Name of OSHA Monitor**
Iris Environmental Laboratories

**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: 

**Start Date (10)**
9/5/2017

**Scheduled Completion Date (11)**
9/8/2017

**Scope of Work (Check All That Apply)**
- [x] 3 sf or more
- [x] 160 sf or more
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>joint Compound</td>
<td>120SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting Inc

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
[Redacted]

**Name of Registered Landfill**
ISES Bethlehem Rd Landfill

**City, State**
2335 Applebutter Rd Bethlehem, PA

**Date**
8/25/2017

**Completed by**
Marcos Regato

**Title**
President

**Signature**
[Signature]

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/29/17

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

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

Type Notification
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Matawan, NJ 07747
Name of Contact
Mr. Frank Frazzitta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jonas Salk MS

Street Address
155 W Greystone Road

City (5) Old Bridge
County (6) Middlesex
County Code (7)

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

Square Feet
28,000

# of Floors
2

Bldg. Age
40+

Current Use (Prior if being demolished)

School
Bristol Environmental, Inc.

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection

ASCM No.

Rollie Jones

609-392-4200

Scheduled Start Date (10)
8/30/17

Scheduled Completion Date (11)
8/30/17

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 4 PM – 12 Midnight
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED

Yes No N/A

Boiler Room

Stage

Location Normally Used Solely by Maintenance or Custodial Staff?

Yes No N/A

Name of Registered Waste Hauler

Service Transport Inc.

NJDHEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1 Cu Yd

Name of Registered Landfill
Minerva Landfill

Disposal Date
8/31/17

City, State
Waynesburg, Ohio

Completed By (Print or Type)

Gino Pizzigoni

Title
Project Manager

Signature

Date
8/29/17

GI 17173
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/29/2017
Name of Building Owner/Operator (2) Fairleigh Dickinson University

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) EPA</td>
<td>( ) Initial Notification</td>
</tr>
<tr>
<td>( ) DEP</td>
<td>( ) Amended</td>
</tr>
<tr>
<td>(X) DOL</td>
<td>( ) Amendment #</td>
</tr>
<tr>
<td>(X) DOH</td>
<td>( ) Emergency (including justification)</td>
</tr>
<tr>
<td>( ) DCA</td>
<td>( ) Cancellation</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
Dickinson Hall
Street Address
140 University Plaza Road
City (5)
Hackensack
County (6)
Bergen County
County Code (7) (STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (9)
EMWA

Name of Contractor (9)
CID CONSTRUCTION SERVICES, LLC
Street Address
300-2 Route 17 South - Ste 3
City State, Zip Code
Lodi, NJ 07644
License Number
01191 "A"

Project Manager for Monitoring Firm
Paul Schatz
Telephone Number
(973)560-1400 ext. 151

Scheduled Start Date (10)
09/08/17

Scheduled Completion Date (11)
09/22/17

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:

Source of Work (Check all that apply)
( ) ≥ 3 sf or ≥ 3 lf
( ) ≥ 160 sf or ≥ 260 lf
(X) Renovation
( ) Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
Dickinson Hall - Room 1124

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)
Carpet Glue & Mastic 125 SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Reg. Waste Hauler
Cid Construction Services, LLC
NJDEP Waste Hauler ID # 32905
Disposal Date TBD

Name of Reg. Landfill
110 Sand
City State
Melville, NY

Completed by
Roque G Schipilli
Title Project Manager
Signature

Date 08/29/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
08-29-17

EPA
DEP
DOL
DOH
DCA

Con Edison

Street Address
4 Irving Place

City, State, Zip Code
New York, NY

Name of Building Owner/Operator
Brent Fullum

Name of Facility Where Abatement is Taking Place (3)
Pole #59851/36050

Street Address
222 Westshore Road

City (5)
Harrington Park, NJ

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

License No.
00756

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
307 West 38th Street

City, State, Zip Code
New York, NY 10018

Scope of Work (Check All That Apply)
33 sf or 23 sf
 ≥160 sf or ≥260 sf

Renovation
Demolition

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

Exterior: Pole #59851/36050

Transite
20LF

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY / Bronx, NY

Disposal Date
TBD

City, State
Waynesburg, OH 44686

Completed by
Kevin Moriarty

Title
Project Manager

Signature

Date
08-29-17

FACILITY INFORMATION

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

1

Current Use (Prior if being demolished)
Utility Pole

Start Date (10)
08-04-17 (1) Project Postponed
08-31-17 (2) 10-15-17

Scheduled Completion Date (11)

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

Name of Abatement Contractor (9)

License No.
201-939-6565

Telephone No.
00756

Telephone No.
00756

* 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) 09/29/2017

Name of Building Owner/Operator (2) ANITA CICONTE

 Agencies Notified

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

Type Notification

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

Street Address [Redacted]

City, State, Zip Code WOODBURY NJ 08096

Name of Contact CHRIS CICONTE

FACILITY INFORMATION

Type of Facility (4)

- School (K-12) [ ]
- Subchapter 8 (Other than K-12) [ ]
- Other (i.e., private & commercial buildings, homes, etc.) [X]

Square Feet 900

# of Floors 1

Bldg. Age 82

Current Use (Prior if being demolished) RESIDENTIAL

Type of Material (5)

- Asbestos (yes or no) [X]

Occupy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement [X]
- Abatement Performed Outside of Normal Facility Hours [ ]

Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.

Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.

ASCM No.

Street Address 1012 INDUSTRIAL DRIVE

City, State, Zip Code WEST BERLIN NJ 08091

Name of OSQA Monitor EMSL

Street Address 570 CLEMS RUN

City, State, Zip Code MULLICA HILL NJ 08062

Telephone No. 856-809-1202

Telephone No. 610-304-4676

License No. 01145

Start Date (10) 08/30/2017

Scheduled Completion Date (11) 09/01/2117

Scope of Work (Check All That Apply)

- >3 sf or >3 if [X]
- >=160 sf or <=60 sf [ ]
- Renovation Demolition [X]

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (14)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>ASBESTOS DUCT SEAM TAPE</td>
<td>5 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES

Waste Hauler ID No. 0034895

Cubic Yards of Waste 3

Name of Registered Landfill MINERVA LANDFILL

Disposal Date 09/01/2017

City, State WAYNESBURG, OH

Completed by RON SWANSON Title GENERAL MANAGER

Signature [Redacted]

Date 08/29/2017

*Do not use this form for asbestos license-exempted activities.*
### Notification of Asbestos Abatement

**State of New Jersey**

Date of Notification: 08/29/2017

**AGENCIES NOTIFIED:**
- EPA
- DEP
- DOL
- DOH
- FDA

**NAME OF BUILDING OWNER/OPERATOR:**
- Name: ANITA CIFONTE
- Address: [Redacted]
- City, State, Zip: WOODBURY NJ 08093

**FACILITY INFORMATION**

- **Type of Facility:** Residential
- **County:** Gloucester
- **City:** WOODBURY
- **Current Use:** Residential
- **Square Feet:** 900
- **Building Age:** 82

**NAME OF MONITORING FIRM Hired by Building Owner:**
- ACER ASSOC.

**PROJECT MANAGER for Monitoring Firm:**
- Name: MATT DEPALMA
- Telephone: 856-809-1202

**START DATE:** 08/30/2017

**SCHEDULED COMPLETION DATE:** 09/01/2017

**Name of Abatement Contractor:** ASSURED ENVIRONMENTAL SERVICES INC.

**Name of OSHA Monitor:** ESMeta

**Address:** 670 GEORGES RUN

**Phone:** 610-604-4876

**License No.:** 01145

**Occupancy Status During Abatement:**
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glazing Procedure
- Non-Exempt(*) and Non-Friable Procedure

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Duct Seam Tape</td>
<td>6 SF</td>
</tr>
</tbody>
</table>

**BASEMENT**

- Yes: X

**NAME OF REGISTRED WASTE HAULER:**
- ASSURED ENVIRONMENTAL SERVICES

**CITY, STATE:** MULlica hill nj

**Name of Registered Landfill:** MINERVA LANDFILL

**DISPOSAL DATE:** 09/01/2017

**CITY, STATE:** WAYNESBURG, OH

**Signature:** [Signature]

**GENERAL MANAGER:** RON SWANSON

**Page:** 1 of 3

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*Do not use this form for asbestos license exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

**Date of Notification (1)**
08/29/2017

**Name of Building Owner/Operator (2)**
CID RICHARDSON

**Type Notification (3)**
Emergency (including justification)

**Street Address (4)**
POMPTON PLAINS NJ. 07444

**City, State, Zip Code (5)**
POMPTON PLAINS, NJ 07444

**County Code (7)**
N/A

**Type of Facility (4)**

**Square Feet (8)**
1,980 sqft.

**# of Floors (9)**
1

**Bldg. Age (10)**
1941

**Current Use (Prior if being demolished)**
N/A

**Name of Monitoring Firm Hired by Building Owner (10)**
ASCM No.

**Name of OSHA Monitor (11)**
NORTH EAST ENVIRONMENTAL LLC.

**Street Address (11)**
1126 - 51 ST.

**City, State, Zip Code (12)**
NORTH BERGEN NJ. 07047

**Telephone No. (12)**
201-776-0642

**License No. (13)**
01300

**Start Date (14)**
08/31/2017

**Scheduled Completion Date (15)**
08/31/2017

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours**
Other — Describe:

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 fl
- ≥160 sf or ≥260 fl
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM)**
TO BE ABATED
In Facility

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
Yes

**Description of Asbestos-Containing Material (ACM)**
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**
125 fl.

**Abatement Type**

**Endorsement**

**Name of Registered Waste Hauler (16)**
TRI STATE ASSOCC

**NJDEP Waste Hauler ID No. (16)**
19951

**Cubic Yards of Waste (17)**
TBD

**Name of Registered Landfill (17)**
MINERVA ENTERPRISE INC.

**City, State**
BRONX N.Y.

**Disposal Date (18)**
TBD

**City, State**
WAYNERBURG, OHIO

**Completed by (19)**
CARLOS ESQUIVEL

**Title**
SAFETY MANAGER

**Signature**
[Signature]

**Date**
09/07/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:12)

Date of Notification (1)
08/29/2017

Name of Building Owner/Operator (2)
CID RICHARDSON

Name of Contact
CID RICHARDSON

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address

City, State, Zip Code
POMPTON PLAINS NJ. 07444

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

Square Feet
1,980 sqft.

# of Floors
1

Bldg. Age
1941

Current Use (Prior if being demolished)
N/A

Name of Facility Where Abatement is Taking Place (3)
PRIVATE

City (5)
POMPTON PLAINS NJ. 07444

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC.

Name of OSHA Monitor
ENVIRO PROBE INC

Street Address
108 LIBERTY ST.

City, State, Zip Code
METUCHEN NJ.

Project Manager for Monitoring Firm

Telephone No.

License No.
01300

Start Date (10)
08/31/2017

Scheduled Completion Date (11)
08/31/2017

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 If
- ≥160 sf or ≥280 If
- Renovation
- Demolition

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)
Pipe Insulation
125 lf.

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endphase

Name of Registered Waste Hauler
TRI STATE ASSOCC

City, State
BRONX N.Y.

Waste Hauler ID No.
19951

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
MINERVA ENTERPRISE INC.

City, State
WAYNERBURG, OHIO

Completed by
CARLOS ESQUIVEL
Title
SAFETY MANAGER
Signature
Date
08/29/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)  
8/29/17

Name of Building Owner/Operator (2)  
Homeshield Solutions LLC

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

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

Street Address  
585 Prospect St, Unit 301A

City, State, Zip Code  
Lakewood, NJ 08701

Name of Contact  
David Stern

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
700 W Front St

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

Square Feet  

# of Floors  
Bldg. Age  

County (6)  
Burlington

County Code (7)  
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKWOOD, NJ 08701

License No.  
1200

Telephone No.  
732-668-9078

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKewood, NJ 08701

Scope of Work (Check All That Apply)  

☒ ≥3 s.f. or ≥3 if  ☑ ≥160 s.f. or ≥260 if  ☑ Renovation  ☑ Demolition  ☑ Full Containment with Negative Pressure  ☑ Mini-Enclosure  ☑ Glovebag Procedure  ☑ Non-Exempted (*) and Non-Friable Procedure

Start Date (10)  
9/8/17

Scheduled Completion Date (11)  
9/28/17

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

Other – Describe:

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

Yes  No  N/A

INTERIOR

LOCATION

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

INTERIOR

INTERIOR

INTERIOR

EXTERIOR

INTERIOR

INTERIOR

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, etc. and/or other miscellaneous)  

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
04809

Cubic Yards of Waste  
20

Name of Registered Landfill  
IESI

Disposal Date  
9/28/17

City, State  
NEWARK, NJ

Name of Registered Landfill  
IESI

Disposal Date  
9/28/17

City, State  
NEWARK, NJ

Completed by  
JOSEPH PERLSTEIN

Title  
OWNER

Signature  

Date  

* 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): 08 / 30 / 17

Name of Building Owner/Operator (2): Wimborough Builders

Street Address: 508 Stage Coach Road
City, State, Zip Code: Clarksburg, NJ 08510
Name of Contact: Ted Steckbeck

Type of Facility (4): ☒ Subchapter 8 (Other than K-12)  ☒ Other (i.e., private and commercial buildings, homes, etc.)
Square Feet: 2000 sf  # of Floors: 1
Bldg. Age: 65

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

Street Address: [Redacted]
City: Manalapan
County: Monmouth
County Code (7): (STATE USE ONLY)
Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.
Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Rte. 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755
Name of OSHA Monitor: E.M.S.L. Analytical
Street Address: 1056 Stelton
City, State, Zip Code: Piscataway, New Jersey 08854

Start Date (10): 09 / 13 / 17  Scheduled Completion Date (11): 09 / 14 / 17

Occupancy Status During Abatement (Check only one):
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM-PM-PM-AM

Scope of Work (Check all that apply):
☐ ≥2 sf or ≥23
☐ ≥160 sf or ≥280 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):
☐ exterior
☒ chimney flashing: 3 if
☐ middle bedroom
☒ asbestos containing ceiling: 135 sf
☐ 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.
Disposal Date: 09/15/17
City, State: Tullytown, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola

Title: Project Manager

Signature: [Signature]
Date: 8/30/17

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

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

**Date of Notification (1)**
08-30-2017

**Name of Building Owner / Operator (2)**
Estate of Mary Lou Lunin

**Street Address**
City, State & Zip Code
Westfield, NJ 07090

**Name of Contact**
Jeff Lunin

**Name of Facility Where Abatement is Taking Place (3)**

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

**Square Feet**
2,200

**# of Floors**
2

**Bldg. Age**
107

**Current Use (Prior if being demolished)**

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

**ASCN No.**

**Name of Abatement Contractor (9)**
Resource Management Group, LLC

**Street Address**
2115 Hamilton Ave, Suite 202

**City, State & Zip Code**
Trenton, NJ 08619

**Telephone Number**
809-914-4279

**License Number**
01185

**Name of OSHA Monitor**
J&S Environmental Laboratories, Inc.

**Street Address**
2333 Route 22 West

**City, State & Zip Code**
Union, NJ 07083

**Type of Work (Check all that apply)**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM)**

**Description of Asbestos-Containing Material (ACM)**
(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

**Amount (Specify SF or LF)**
45 LF

**Abatement Type**

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ≥3 sf or ≥3 If</td>
<td>☒</td>
</tr>
<tr>
<td>- ≥160 sf ≥260 If</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Resource Management Group, LLC

**Disposal Date**
TBD

**Name of Registered Landfill**
Grows Landfill

**City, State**
Morrisville, PA

**Completed By (Print or Type)**
Mr. Brian Haney

**Title**
President

**Signature**

**Date**
08-30-2017
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/30/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Fred Tomarchio Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Carneys Point NJ 08069</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fred</td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Fred Tomarchio Private Home</th>
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</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>X</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000+</td>
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<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bldg. Age</td>
<td>35+</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Salem</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
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</table>

### Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PO Box 329</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>City, State, Zip Code</th>
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<tr>
<td></td>
<td>West Berlin NJ 08091</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tr>
<td></td>
<td>856-753-9800</td>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>00727</th>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>9/14/17</td>
<td>9/22/17</td>
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</table>

### Occupancy Status During Abatement (Check Only One) |

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Other – Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

### Scope of Work (Check All That Apply) |

<table>
<thead>
<tr>
<th>≥3,000 sf or ≥3,000 sf</th>
<th>≥1800 sf or ≥2600 sf</th>
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<tbody>
<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Renovation</th>
<th>Demolition</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) |

| Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
|---------------------|---------------------|
| Yes | No |
| | |

| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|---------------------|---------------------|
| pipe insulation |

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>250 LF</th>
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### Name of Registered Waste Hauler |

<table>
<thead>
<tr>
<th>United Roll Off</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td></td>
<td>22459</td>
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<table>
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<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>3</td>
<td>G.R.O.W.S.</td>
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<table>
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<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td>9/22/17</td>
<td>Morrisville PA 19067</td>
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### Completed by |

<table>
<thead>
<tr>
<th>Anthony T Perna</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/30/17</td>
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</tbody>
</table>

*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) 08/29/17
Name of Building Owner/Operator (2) K.Hovnanian at Cedar Grove

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #8
- Emergency (including justification)
- Cancellation

Street Address 110 Fieldcrest Ave.
City, State, Zip Code Edison, NJ 08837

Name of Contact John Crane

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Essex County Hospital Building # 4

Street Address 204 Grove Ave.
City (5) Cedar Grove
County (6) Essex

County Code (7) (STATE USE ONLY) ______

Square Feet 42,000
# of Floors 2
Bldg. Age 50+

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (4. Private & commercial buildings, homes, etc.)

Current Use (Prior to being demolished)
Hospital

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCN No. Name of Abatement Contractor (9) Lesco Services Inc.

Street Address 156 Maple Ave.
City, State, Zip Code Wallington, NJ 07057

Project Manager for Monitoring Firm
Name of OSHA Monitor Leslaw Nalodka

Telephone No. Telephone No. 862-221-9092 License No. 01107

Start Date (10) 08/30/17 Scheduled Completion Date (11) 10/15/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Other - Describe: n/a

Scope of Work (Check All That Apply)
- 23 sf or 23 ft²
- 160 sf or 260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Endoscopy
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Name of Registered Waste Hauler Newark Carting Inc.
N/DEP Waste Hauler ID No. 05409
City, State Newark, NJ

Description of Asbestos-Containing Material (ACM)
Name of Registered Landfill GCSL
City, State Pen Argyl, PA

Amount (Specify SF or LF) 5,500sf.
Abatement Type

Completed by Leslaw Nalodka
Title President

Disposal Date 10/16/17
Completion Date 08/29/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:20)  

Date of Notification (1)  
9/1/2017  

Name of Building Owner/Operator (2)  
Mark Erwin  

Agencies Notified  
EPA  
DEP  
DOL  
DOH  

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

Street Address  

City, State, Zip Code  
Basking Ridge, NJ 07920  

Name of Contact  
Mark  

FACILITY INFORMATION  

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

Square Feet  
500  

# of Floors  
1  

Bldg. Age  
50+  

Current Use (Prior if being demolished)  
Residence  

Name of Facility Where Abatement is Taking Place (3)  
Residence- Garage  

Address  

City (5)  
Long Beach Township  

County (6)  
Ocean  

County Code (7)  

STATE USE ONLY  

Name of Monitoring Firm Hired by Building Owner (8)  
N/A  

Name of Abatement Contractor (9)  
Safeway Abatement LLC  

Street Address  
128 Bartlett Ave  

City, State, Zip Code  
West Creek, NJ 08092  

Telephone No.  
609-618-5655  

License No.  
01319  

Name of OSHA Monitor  
N/A  

Project Manager for Monitoring Firm  

Telephone No.  

Start Date (10)  
9/11/2017  

Scheduled Completion Date (11)  
9/16/2017  

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

Scope of Work (Check All That Apply)  
≥3 sf or ≥3 if  
≥160 sf or ≥260 if  
Renovation  
Demolition  

Location of Asbestos-Containing Material (ACM) TO BE ABATED  

In Facility  

Exterior  

Is Location Normally Used Solely by Maintenance/Custodial Staff?  
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)  
500 SF  

Abatement Type  

Removal  
Repair  
Encapsulate  
Enclosure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED  

Exterior  

Name of Registered Waste Hauler  
Timster Trucking Inc  

NJDEP Waste Hauler ID No.  
21079  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Waste Management  

Disposal Date  
TBD  

City, State  
West Creek, NJ  

Title  
Owner- Safeway  

Signature  

Date  
9/1/17  

* 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):
9/1/2017

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

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

Name of Building Owner/Operator (2):
Mark Erwin

Street Address:

City, State, Zip Code:
Basking Ridge, NJ 07920

Name of Contact:
Mark

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence - House

Street Address:

City (5):
Long Beach Township

County (6):
County Code (7) (STATE USE ONLY):

Ocean (8):

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

ASCM No.:

Name of Abatement Contractor (9):
Safeway Abatement LLC

Street Address:
128 Bartlett Ave

City, State, Zip Code:
West Creek, NJ 08092

Project Manager for Monitoring Firm:

Telephone No.:
609-618-5955

License No.:
01319

Start Date (10):
9/11/2017

Scheduled Completion Date (11):
9/16/2017

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED:
In Facility (13):

Exterior

Exterior

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, VAF, or other miscellaneous):
Siding 1700 SF

Amount (Specify SF or LF):

Abatement Type:

Removal  Repair  Encapsulate  Endure

Name of Registered Waste Hauler:
Timster Trucking Inc

NJDEP Waste Hauler ID No.:
21079

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Waste Management

City, State:
West Creek, NJ

Disposal Date:
TBD

City, State:
Tullytown, PA

Completed by:
Amanda Mears - Title: Owner - Safeway

Signature:

Date:
9/11/17

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Name of Building Owner/Operator (2)**

James Cahill

**Street Address**

City, State, Zip Code

Pocono Manor, PA 18349

**Name of Contact**

Jim

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**

Residence

**City (5)**

Little Egg Harbor

**County Code (7)**

Ocean (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**

600

**# of Floors**

1

**Bldg. Age**

30+

**Current Use (Prior if being demolished)**

Residence

**Name of Abatement Contractor (9)**

Safeway Abatement LLC

**Street Address**

128 Bartlett Ave

**City, State, Zip Code**

West Creek, NJ 08092

**Telephone No.**

609-618-5955

**License No.**

01319

**Name of OSHA Monitor**

N/A

**Street Address**

City, State, Zip Code

**Scope of Work (Check All That Apply)**

- [x] Renovation
- [x] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

In Facility (13)

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
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</table>

**Description of Asbestos-Containing Material (ACM)**

- [x] Non-Exempted (*)
- [x] Non-Friable Procedure

**Amount (Specify SF or LF)**

400 SF

**Abatement Type**

- [x] Removal
- [x] Repair
- [x] Encapsulation

---

**Name of Registered Waste Hauler**

Timster Trucking Inc

**NJDEP Waste Hauler ID No.**

21079

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

Waste Management

**Disposal Date**

TBD

**City, State**

Tullytown, PA

**Completed by**

Amanda Meares

**Title**

Owner- Safeway

**Signature**

9/1/17

*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)
9/1/17

Name of Building Owner/Operator (2)
Foster Wheeler Real Estate Development Corp

Street Address
53 Frontage Rd, PO Box 9000

City, State, Zip Code
Hampton NJ 08827

Name of Contact
Michael Thomas

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Former Ullrich Copper Inc Facility

Street Address
2 Mark Rd

City (6)
Kenilworth

County (6)
Union

Type of Facility (4)

- School (K-12)
- Subchapter B (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
16300

# of Floors
1

Bid. Age
67 Years

Current Use (Prior or being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (5)
MDG Environmental

ASCM No.

Name of Abatement Contractor (9)
Active Environmental Technologies Inc

Street Address
203 Pine St

City, State, Zip Code
Mt Holly NJ 08060

Project Manager for Monitoring Firm
Chris Macri

Telephone No.
856-751-9300

Start Date (10)
9/11/17

Scheduled Completion Date (11)
9/26/17

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- 23 sf or 2.3 if
- 2160 sf or ≥2600 if

- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

- Yes
- No
- N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
2000SF

Abatement Type

- Repair
- Encapsulate
- Dispose
- End Cover

Name of Registered Waste Hauler
Active Environmental Technologies Inc

City, State
Mt Holly NJ 08060

Completed by
Patrick Dauria

Title
Project Manager

Signature

Disposal Date
9/12/17

Name of Registered Landfill
Conestoga Landfill

City, State
Morgantown PA 19543

Date
9/1/17

* 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)**
8-21-2017

**Name of Building Owner/Operator (2)**
Sandybrook-Walpack Consolidated School

**Street Address**
100 Route 560

**City, State, Zip Code**
Layton, NJ 07851

**Name of Contact**
John Posta

---

**Agency's Notice**
- [ ] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [x] DCA

**Type Notification**
- [ ] Initial
- [x] Amended
- [ ] Amendment #1
- [ ] Emergency (Including Justification)
- [ ] Cancellation

---

**Name of Facility Where Abatement is Taking Place (3)**
Sandybrook-Walpack Consolidated School

**Street Address**
100 Route 560

**City (5)**
Layton

**County (6)**
Sussex

**County Code (7)**
(State Use Only)

**Name of Monitoring Firm Hired by Building Owner (8)**
Westchester Environmental

**Telephone No.**
610-431-7546

**Name of Abatement Contractor (9)**
GL Group, Inc

**Street Address**
140 Hamburg Tpke

**City, State, Zip Code**
Bloomingdale, NJ 07403

**License No.**
01084

---

**Start Date (10)**
8/22/2017

**Scheduled Completion Date (11)**
8/26/2017

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

**Scope of Work (Check All That Apply)**
- [x] >=3 sf or >= 3 if
- [x] >=160 sf or >=260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Encapsulation with Negative Pressure
- [ ] Min Encapsulation
- [ ] Gluebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely for Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>ROOM C-7 CRAWLSPACE</td>
<td>X</td>
<td>Asbestos Pipe Insulation</td>
<td>60 LF</td>
<td>X</td>
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<tr>
<td>ROOM C-7 CRAWLSPACE</td>
<td>X</td>
<td>Asbestos Contaminated Soil</td>
<td>600 SF</td>
<td>X</td>
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</tbody>
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---

**Name of Registered Waste Hauler**
GL Group, Inc

**NJDEP Waste Hauler ID No.**
0033034

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Minerva

**City, State**
Bloomingdale, NJ

**Completed by**
Elena Sulakova

**Title**
President

**Signature**

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification:** 8-29-2017

**Name of Building Owner/Operator:** Gina Meyer-Costa  
Ramapo College of New Jersey

**Street Address:** 505 Ramapo Valley Road  
Mahwah, NJ 07430

**Name of Contact:** Gina Meyer-Costa

**Name of Facility Where Abatement is Taking Place:** Mulberry Building, College Park Apartments

**Street Address:** 505 Ramapo Valley Road

**City:** Mahwah

**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** USA Environmental Management, Inc  
ASCN No.: 00112

**Name of Abatement Contractor:**  
GL Group, Inc

**Street Address:** 344 West State Street

**City:** Trenton, New Jersey 08618

**Telephone No.:** 609.668.8101

**License No.:** 26-7110-0720  
41404

**Start Date:** 6-7-2017  
**Scheduled Completion Date:** 9-29-2017

**Occupancy Status During Abatement:** (Check One Only)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

**Facility Closed/ Vacated During Entire Period of Abatement:** Yes

**Abatement Performed Outside of Normal Facility Hours:** No

**Scope of Work (Check All That Apply):**

- Restoration
- Demolition
- Encapsulation with Negative Pressure Enclosure
- Encapsulation Without Leakage
- Encapsulation (C) and Non-Viable Procedure
- Other

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**

<table>
<thead>
<tr>
<th>Location</th>
<th>In Location Normally Used Solely by Maintenance Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Linear Ft or SF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-M &amp; Mechanical</td>
<td>X</td>
<td>Drywall and Joint Compound</td>
<td>53,142 SF</td>
<td>X</td>
</tr>
<tr>
<td>A-M &amp; Mechanical</td>
<td>X</td>
<td>Studs/Joists</td>
<td>1,376 LF</td>
<td>X</td>
</tr>
<tr>
<td>A-M</td>
<td>X</td>
<td>Resilient Floor Covering</td>
<td>2,982 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**  
GL Group, Inc

**Disposal Site:**  
City, State: Bloomingdale, NJ

**Completed by:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Elena Salarvy</td>
<td></td>
<td>6-29-2017</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos removal exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
[ ] 1/0/18 [ ] 1/1/17

Name of Building Owner/Operator (2)  
KATHLEEN LAMB

Street Address

City, State, Zip Code  
CALDWELL, NJ 07006

Name of Contact  
SUSAN M LANGWAY

Telephone Number

Agencies Notified  
[ ] EPA [ ] Amended
[ ] DEP [ ] Amendment #: [ ]
[ ] DOL [ ] Emergency (including justification)
[ ] DOH [ ] Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

RESIDENCE

Street Address

City (5)  
CALDWELL

County (6)  
ESSEX

County Code (7)  
(State use only)

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

ASCM No.

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)

RESIDENCE

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm  

Phone Number

Start Date (10)  
09/08/17

Sched. Completion Date (11)  
09/09/17

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 if
[ ] =100 sf or >260 if  
Renovation
[ ] Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

BASEMENT  

Yes  
No  
N/A

PIPE INSULATION  
105 ft

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal  
Repair  
Encapsulation  

Registered Waste Hauler  

D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yds

Name of Registered Landfill  
TULLITYOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
09/09/17

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

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

City, State, Zip Code  
Paterson, NJ 07503

Completed by (Print or Type)  

BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

Date  
08/29/17

* Do not use this form for asbestos licensure exempted activities
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
09/01/17

Name of Building Owner/Operator (2)
1828 Realty Associates LLC

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
160 Copper Road

City, State, Zip Code
West Berlin, NJ 08091

Name of Contact
Larry Gottlieb

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ActionPak Convenience Store

Street Address
NE River Road & East State Street

City (5)
Camden, NJ 08105

County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants

Name of Abatement Contractor (9)
SA2 LLC DBA The Forge Group

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

Square Feet
5,900

# of Floors
1

Bldg. Age
88

Current Use (Prior to being demolished)
Abandoned

Name of OSHA Monitor
Self monitor

Start Date (10)
09/11/17

Scheduled Completion Date (11)
10/02/17

Occuancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
☐ ≥33 sf or ≥33 if
☐ ≥100 sf or ≥280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

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

Removal
Repair
Encapsulate
Endure

Roof
x
Roof field
4,085 SF
x

Roof
x
Roof flashing
500 LF
x

Boiler room roof
x
Transite roof deck
375 SF
x

Cubic Yards of Waste
16

Name of Registered Landfill
GROWS Landfill

Name of Registered Waste Hauler
Champion Disposal

NJ DEP Waste Hauler ID No.
32707

Disposal Date
10/2/17

City, State
Morrisville, PA

Completed by
Jeff Yekenchik

Title
Owner

Signature

Date
09/01/17

* 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)
9/17/17

Name of Building Owner/Operator (2)
Macromedia Incorporated

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Street Address
PO Box 75

City, State, Zip Code
Hackensack, NJ 07602

Name of Contact
Jennifer Borg

 FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bergen Record Bldg., Garage & Warehouse

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

Street Address
105 River St

City (5)
Hackensack, NJ

County Code (7)
Bergen

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Abandoned

Name of Monitoring Firm Hired by Building Owner (5)

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Environmental

Street Address
135 Kinnelon Rd

City, State, Zip Code
Kinnelon, NJ

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

License No.
01228

Start Date (10)
9/15/17

Scheduled Completion Date (11)
12/15/17

Name of OSHA Monitor
Yannuzzi Environmental

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

Scope of Work (Check All That Apply)
- ±23 sf or ±23 If
- ±160 sf or ±260 If

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility

(13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff?
Yes
No
N/A

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

SEE ATTACHED SURVEY

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
1100 cy

Name of Registered Landfill
Grows

Disposal Date
9/15-12/15/17

City, State
Morrisonville, Pa

Completed by
John Mucha

Title
project manager

Signature

Date
9/1/17

Do not use this form for asbestos licensure exemuted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification:** 08 / 30 / 17  
**Name of Building Owner/Operator:** Verizon Communications

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>Verizon Cranford Central Office</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>☑ DOh</td>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-6)</td>
<td>☑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 34 Alden Street  
**City, State, Zip Code:** Cranford, NJ 07016  
**Name of Contact:** Alex Baylor  

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>County (B)</th>
<th>Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>21,685</td>
<td>Cranford</td>
<td>Union</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner:** USA Environmental Management Inc.  
**Name of Abatement Contractor:** BRISTOL ENVIRONMENTAL, INC.

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8346 Enterprise Ave</td>
<td>Philadelphia, PA, 19153</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Jenkins</td>
<td>215-355-5501</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 11 / 17</td>
<td>9 / 12 / 17</td>
<td>Verizon Communications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Occupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 23 sf or 23 f</td>
<td>☑ Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ 200 sf or 286 sf</td>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement Battery Room</th>
<th>9 x 9 VAT/Mastic</th>
<th>40 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Battery Room</td>
<td>9 x 9 VAT/Mastic</td>
<td>20 SF</td>
</tr>
<tr>
<td>Basement Battery Room</td>
<td>9 x 9 VAT/Mastic</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.  
**Name of Registered Landfill:** MINERVA LANDFILL

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>20990</td>
<td>1</td>
<td>TBD</td>
<td>WAYNESBURG, OH</td>
</tr>
</tbody>
</table>

**Completed By:** Dillan DeCaro  
**Title:** Estimator  
**Signature:** Dillan DeCaro

**Paid:** SEP 5 2017  
**Date:** 8-30-17

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator (2):** NAPA Auto Parts

**Address:**
- **Street Address:** 680 North Broad Street
- **City, State, Zip Code:** Middletown, DE 19709

**Name of Contact:**
- **Name:** Store Manager

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place (3):** NAPA
- **Street Address:** 401 North High Street
- **City (5):** Millville
- **County (6):** Cumberland
- **County Code (7):**
- **Type of Facility (4):**
  - Subchapter 8 (Other than K-12)
- **Square Feet:** 3,300
- **# of Floors:** 2
- **Bldg. Age:** 60+
- **Current Use (Prior if being demolished):** Auto parts store
- **Name of Monitoring Firm Hired by Building Owner (6):** ASCM No.
- **Name of Abatement Contractor (9):** ecoservices, LLC
- **Street Address:** 140 South Village Avenue
- **City, State, Zip Code:** Exton, PA 19341
- **Name of OSHA Monitor:** EMSL
- **Street Address:** 303 B National Road
- **City, State, Zip Code:** Exton, PA 19341

**Start Date (10):** 9/13/17
**Scheduled Completion Date (11):** 9/14/17

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

**Scope of Work (Check All That Apply):**
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>3 LF</td>
<td>X</td>
</tr>
<tr>
<td>Stock Room/Retail Area</td>
<td>X</td>
<td>Floor tile</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>Stairwell/Closet</td>
<td>X</td>
<td>Floor tile</td>
<td>24 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Heat Shield</td>
<td>3 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** ecoservices, LLC
**NJDEP Waste Hauler ID No.:**
**Cubic Yards of Waste (1):**
**Name of Registered Landfill:** GROWS
**City, State:** Exton, PA
**Disposal Date:** 9/13/17
**City, State:** Morrisville, NJ

**Completed by:**
- **Title:** Sr. Project Manager
- **Signature:** [Signature]

**ASB-41 (R-05-08)**

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