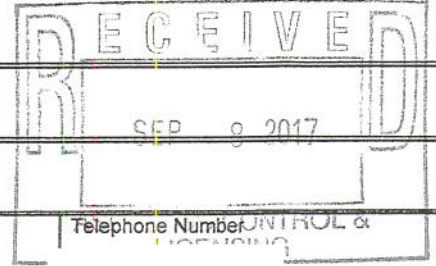


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-119

Check # 8568

Date of Notification (1) 08/13/17		Name of Building Owner/Operator (2) Rose Ferguson	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Rose Ferguson	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rose Ferguson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ 07044	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/11/2017		Sched. Completion Date (11) 09/12/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/12/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/31/2017



CK # 8569

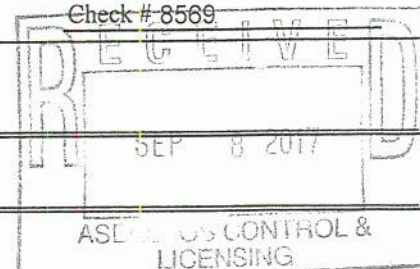
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2017-120

PAID

Check # 8569

Date of Notification (1) 08/13/17		Name of Building Owner/Operator (2) Frank Talmadge	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Rockaway, NJ 07866	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Frank Talmadge	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Frank Talmadge			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Rockaway, NJ 07866	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/13/2017		Sched. Completion Date (11) 09/14/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

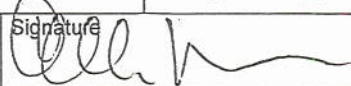
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement #104 side			<input checked="" type="checkbox"/>	pipe insulation	20 lf	<input checked="" type="checkbox"/>			
basement #104 side			<input checked="" type="checkbox"/>	pipe	110 lf			<input checked="" type="checkbox"/>	
basement #106 side			<input checked="" type="checkbox"/>	pipe insulation	20 lf	<input checked="" type="checkbox"/>			
basement #106 side			<input checked="" type="checkbox"/>	pipe	110 lf			<input checked="" type="checkbox"/>	

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/14/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/31/2017



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

Date of Notification (1) <div style="text-align: center;">09 / 06 / 17</div>		Name of Building Owner/Operator (2) <b>Township of Saddle Brook</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">PAID</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">SEP 8 2017</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>93 Market Street</b>			
		City, State, Zip Code <b>Saddle Brook, NJ 07663</b>							
		Name of Contact <b>John Cherchio</b>				Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>29 Caldwell Avenue</b>									
City (5) <b>Saddle Brook</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>				Street Address <b>27 Outwater Lane</b>					
City, State, Zip Code <b>Union, NJ</b>				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Project Manager for Monitoring Firm <b>Rick Estaquio</b>		Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>				
Start Date (10) <div style="text-align: center;">09 / 18 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 17</div>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>27 Outwater Lane</b>					
				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Weigle Trucking, LLC</b>		NJDEP Waste Hauler ID No. <b>PA-589</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Linden, PA</b>				Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>				
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>9/6/17</b>			

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

**PAID**

OK #4789

Date of Notification (1) <div style="text-align: center;">7 / 18 / 19</div>		Name of Building Owner/Operator (2) <b>A&amp;H Partnership, LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  Job #1612-2144 Chk. #4789  SEP 8 2017  #1612-2144 CONTROL &amp; </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>69 King Street</b> City, State, Zip Code <b>Dover, NJ 07801</b> Name of Contact <b>Kirk Harpell</b>					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property</b> Street Address <b>69 King Street</b> City (5) <b>Dover</b> County (6) <b>Morris</b>						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet <b>217,800</b> # of Floors <b>4</b> Bldg. Age <b>107</b> County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) <b>Warehouse</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b> Street Address <b>3370 Progress Drive, Suite J</b> City, State, Zip Code <b>Bensalem, PA 19020</b> Project Manager for Monitoring Firm <b>Mike Panepresso</b>		ASCN No. <b>215-244-1300</b> Telephone No. <b>215-244-1300</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b> Street Address <b>3859 Sylon Boulevard</b> City, State, Zip Code <b>Hainesport, NJ 08036</b> Telephone No. <b>609-702-0400</b> License No. <b>00862</b>							
Start Date (10) 7 / 31 / 17		Scheduled Completion Date (11) 9 / 14 / 17		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>											
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b> City, State <b>Lafayette, NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>Grand Central</b> City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>8-31-17</b>					



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



Date of Notification (1) <div style="text-align: center;">9 / 6 / 17</div>		Name of Building Owner/Operator (2) <b>State of New Jersey</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>20 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08625</b>	
Name of Contact <b>Anthony Mazzella</b>		Telephone Number	

**FACILITY INFORMATION**

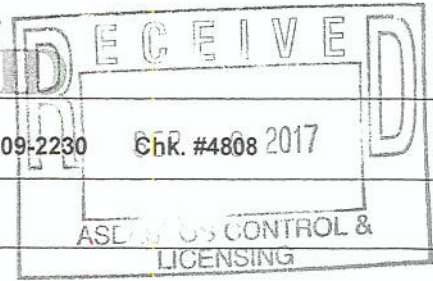
Name of Facility Where Abatement is Taking Place (3) <b>NJ DOT - Finance &amp; Admin Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1035 Parkway Avenue</b>		Square Feet <b>63,280</b>	
City (5) <b>Trenton</b>		# of Floors <b>3</b>	
County (6) <b>Mercer</b>		Bldg. Age <b>40</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>DOT Headquarters</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	
Street Address <b>120 North Wareent Street</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
City, State, Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>3859 Sylon Boulevard</b>	
Project Manager for Monitoring Firm <b>Roland Jones</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Telephone No. <b>609-392-4200</b>		Telephone No. <b>609-702-0400</b>	
Start Date (10) <div style="text-align: center;">9 / 19 / 17</div>		License No. <b>00862</b>	
Scheduled Completion Date (11) <div style="text-align: center;">9 / 19 / 17</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 U.S. Route 130 North</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <b>WRAP &amp; CUT</b> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings	20 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

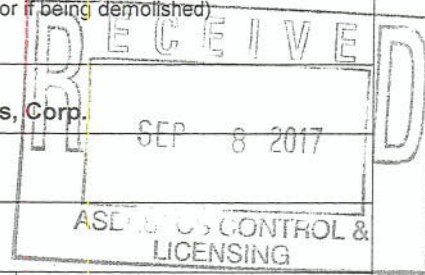
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>Grand Central</b>	
City, State <b>Lafayette, NJ</b>		Disposal Date <b>9/19/17</b>		City, State <b>Penn Argyle, PA</b>			
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>9-6-17</b>	



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



Date of Notification (1) <b>9 / 6 / 17</b>		Name of Building Owner/Operator (2) <b>Trent Todash / Job #1709-2230</b>		<b>ChR. #4808 2017</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>							
		City, State, Zip Code <b>Florence, NJ 08518</b>							
		Name of Contact <b>Trent</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>									
City (5) <b>Florence</b>			Square Feet <b>1800</b>	# of Floors <b>1</b>	Bldg. Age <b>59</b>				
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>Street Road</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Bensalem PA</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>					
Start Date (10) <b>9 / 20 / 17</b>		Scheduled Completion Date (11) <b>9 / 26 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address <b>200 U.S. Route 130 North</b>						
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Batt Insulation & Vermiculite	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>					
City, State <b>Lafayette, NJ</b>		Disposal Date <b>9/26/17</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>	Signature 		Date <b>9-6-17</b>				





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

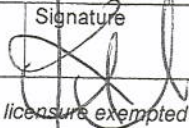
**NOCK**

Date of Notification (1) <b>8 / 23 / 17</b>		Name of Building Owner/Operator (2) <b>State of New Jersey</b>		Job # <b>1707-2210</b> Chk. <b>NA</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>33 West State Street, 9<sup>th</sup> Floor</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Mark Vetterl</b>	

**RECEIVED**  
 SEP 8 2017  
 ASBESTOS CONTROL & LICENSING

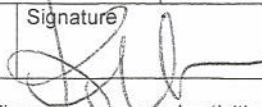
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Health &amp; Agriculture Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>369 South Warren Street</b>			Square Feet <b>140505</b>		
City (5) <b>Trenton</b>			# of Floors <b>8</b>		Bldg. Age <b>53</b>
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>344 West State Street</b>		Street Address <b>3859 Sylon Boulevard</b>			
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone No. <b>609-656-8101</b>		License No. <b>00862</b>	
Start Date (10) <b>9 / 8 / 17</b>		Scheduled Completion Date (11) <b>10 / 8 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5 WEEKENDS, FRIDAY TO SUNDAY</b> AM- PM- PM- AM			Street Address <b>200 U.S. Route 130 North</b>		
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Champion Disposal, LLC</b>		NJDEP Waste Hauler ID No. <b>32707</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Hainesport, NJ</b>		Disposal Date <b>10/8/17</b>		City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>8-31-2017</b>	



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

Date of Notification (1) <b>7 / 18 / 19</b>		Name of Building Owner/Operator (2) <b>A&amp;H Partnership, LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  SEP 8 2017  Job #1612-2144 Chk-NA  Telephone No. 800-222-8888 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>69 King Street</b>							
		City, State, Zip Code <b>Dover, NJ 07801</b>							
		Name of Contact <b>Kirk Harpell</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>69 King Street</b>									
City (5) <b>Dover</b>				Square Feet <b>217,800</b>	# of Floors <b>4</b>				
				Bldg. Age <b>107</b>					
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Warehouse</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>3370 Progress Drive, Suite J</b>				Street Address <b>3859 Sylon Boulevard</b>					
City, State, Zip Code <b>Bensalem, PA 19020</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>					
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <b>7 / 31 / 17</b>		Scheduled Completion Date (11) <b>9 / 14 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>9/14/17</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>8-30-17</b>		



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

*chk# 3257*

Date of Notification (1) <div style="text-align: center;">9 / 4 / 17</div>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>323 North Harding Highway</b>							
		City, State, Zip Code <b>Buena, NJ, 08326</b>							
		Name of Contact <b>Alex Baylor</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon - Landisville Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>323 North Harding Highway</b>		Square Feet <b>6,297</b>	# of Floors <b>2</b>						
City (5) <b>Buena</b>		Bldg. Age <b>+50</b>							
County (6) <b>Atlantic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon Communications Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>8346 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA, 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">9 / 19 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 22 / 17</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <b>5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" Vat & mastic	265 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" Vat & Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Damper Cloth	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental, Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>ACUA Haneman Environmental Park</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Egg Harbor Township, NJ</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>			Date <b>9-5-17</b>		



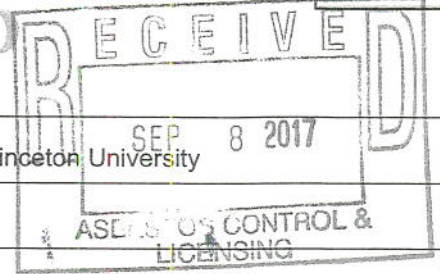
**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*check # 2946*

Date of Notification (1) 09 / 07 / 17		Name of Building Owner / Operator (2) VERIZON		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <b>PAID</b>  <b>SEP 8 2017</b>  <b>IOI &amp;</b> </div>					
Agencies Notified		Type of Notification						Street Address 95 WILLIAMS STREET	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation						City, State, Zip Code NEWARK, NJ	
								Name of Contact JEFF RUSSO	
<div style="text-align: center;">Telephone Number</div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) VERIZON				Type of Facility (4)					
Street Address 95 WILLIAMS STREET				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
City (5) NEWARK	County (6) ESSEX	County Code (7)	Square Feet 125,000	# Of Floors 18	Building Age 50+				
			Current Use (Prior if being demolished)						
			Telephone						
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC			ASCM NO NORTHSTAR CONTRACTING GROUP. INC.						
Street Address 104 EAST 25TH STREET			Street Address						
City, State, Zip Code NEW YORK, NY 10010			32 Williams Parkway City, State, Zip Code						
Project Mngr. For Monitoring Firm PAVEL MASHENKO			Telephone Number 212-353-8280						
Sched. Start Date (10) 09 / 18 / 17			Sched. Completion Date (11) 09 / 29 / 17		Telephone Number 973-884-8682		License Number 00860		
Occupancy Status During Abatement (Check Only 1)				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM				Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	YES NO N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R		
9TH FLOOR AC ROOM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9TH FLOOR AC ROOM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	MASTIC	460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9TH FLOOR AC ROOM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TAR	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9TH FLOOR AC ROOM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	SEEM CAULKING	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.					
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105						
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 09/07/17				



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



Date of Notification (1) September 7, 2017		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortego							
		Telephone _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 143 McCosh Circle		Square Feet 1,800	# of Floors 1						
City (5) Princeton		Bldg. Age 60+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 303 B National Road							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 9/18/17	Scheduled Completion Date (11) 9/18/17	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Work in segregated area in basement		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Sanitary drain pipe	20LF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 9/7/17		



# NSF Account

## mo 23698803947

### PAID

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

CH 1076

Date of Notification (1) 06/28/17		Name of Building Owner/Operator (2) Thomas Brown	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Facility <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Plainfield, NJ 07060	
Name of Contact Thomas Brown		Telephone Number	
FACILITY INFORMATION			
Type of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Facility Address [REDACTED]		Square Feet 2,000	
City Plainfield		Bldg. Age 50+	
County (6) Union		County Code (7) (STATE USE ONLY)	
Current Use (Prior if being demolished) Private Residence		ASBESTOS CONTROL & LICENSING	
Name of Monitoring Firm hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address [REDACTED]		Name of Abatement Contractor (9) Stanmark Solutions, LLC	
City, State, Zip Code		Street Address 28 Edsall Drive	
Telephone No.		City, State, Zip Code Sussex, NJ 07461	
Telephone No.		Telephone No. 973-997-1650	
License No. 01309		Name of OSHA Monitor AmeriSci	
Start Date (10) 06/29/17		Scheduled Completion Date (11) 08/30/17	
Emergency Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed & Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 117 East 30th Street	
City, State, Zip Code New York, NY 10016		Name of Work (Check All That Apply) <input type="checkbox"/> Restoration <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) No	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Basement		pipe insulation	
		12 L.F.	
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	
Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.	
City, State Morrisville, PA		Disposal Date on completion	
Conducted by Biljana Stankovich		Signature Biljana Stankovich	
Title President		Date 06/28/17	