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

Date of Notification (1) 9/13/12

Name of Building Owner / Operator (2) Princeton University

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended #4
- Emergency
- Cancellation

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.
Princeton, NJ 08544

Name of Contact
Robert Ortega, P.E.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Firestone Library

Street Address
One Washington Road

City (5) Princeton
County (6) Mercer
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc.

ASCM No.

Project Manager for Monitoring Firm
Mike Kiehn
Telephone Number 609-386-8800

Scheduled Start Date (10) 7/2/12
Scheduled Completion Date (11) 9/28/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥160 sf ≥260 If
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Various Locations Throughout 1st Floor

Pipe Insulation
20 LF (wrap & cut)

Various Locations Throughout 4th Floor Room 4-8-D

Floor tile & Mastic
72 SF

1st Floor Tech Services

Floor tile & Mastic
160 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 10

Name of Registered Landfill
TRRF Landfill

City, State Lumberton, NJ

Disposal Date 9/28/12
City, State Tullytown, PA

Completed By (Print or Type) Gwen Trumbetti
Title Opps. Coord.
Signature
Date 9/13/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/12/12
Name of Building Owner / Operator (2) NJ Dept. of Military & Veterans Affairs
Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended #3
☐ Emergency
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
Westfield Armory
Street Address
500 Rahway Ave.
City (5) Westfield
County (6) Middlesex
County Code (7)
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
Current Use (Prior if being demolished)
Armory

Name of Monitoring Firm Hired by Building Owner (8)
Whitman Companies
Street Address
118 Tices Lane Unit B-1
City, State & Zip Code East Brunswick, NJ 08816
Project Manager for Monitoring Firm
Kevin Lovely
Telephone Number
732-390-5858
Scheduled Start Date (10) 8/27/12
Scheduled Completion Date (11) 9/28/12
Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
Describe:
☒ Facility Occupied During Abatement
Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
☐ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)
Firebrick 800 SF
Boiler Breeching Insulation 600 SF

Location Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750
Cubic Yards of Waste 12
Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ
Disposal Date 9/28/12
City, State Tullytown, PA
Completed By (Print or Type)
Gwen Trumbetti
Title Office Coord.
Signature
Date 9/12/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check No. 4230
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/12/12

Name of Building Owner / Operator (2) Jersey City Public Schools

Agencies Notified
- EPA
- DEP
- DOL  x Amended #1
- DOH
- DCA

Type Notification
- Initial
- Emergency
- Cancellation

Street Address 346 Claremont Ave.

City, State & Zip Code Jersey City, NJ 07305

Name of Contact Diana Petolino

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey City BOE Administration Offices

Street Address 346 Claremont Ave.

City (5) Hudson

County (6) Jersey City

County Code (7)

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

Current Use (Prior if being demolished)

Admin Building

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering

ASCM No.

Name of Abatement Contractor (9) AbateTech, Inc.

Street Address 120 Eagle Rock Ave.

PO Box 25

City, State & Zip Code East Hanover, NJ 07936

Lumberton, NJ 08048

Project Manager for Monitoring Firm Eric Gratson

Telephone Number 973-240-1800

License Number 00529

Scheduled Start Date (10) 9/17/12

Scheduled Completion Date (11) 9/24/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- 4PM start
- Facility Occupied During Abatement:

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) 100 LF

Abatement Type

5th & 6th Floor Mechanical Equipment Room

N/A

5th & 6th Floor Electrical Equipment Room

N/A

5th & 6th Floor Sanitation Equipment Room

N/A

5th & 6th Floor Mechanical Room

N/A

Caulk

Name of Registered Waste Hauler AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 10

Name of Registered Landfill TRRF Landfill

City, State Lumberton, NJ

Plymouth Meeting, PA

Disposal Date 9/24/12

City, State

Tullytown, PA

Completed By (Print or Type) Gwen Trumbetti

Title Office Coord.

Signature

Date 9/12/12
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

### Date of Notification (1)
9/12/12

### Name of Building Owner / Operator (2)
Jersey City Public Schools

### Street Address
346 Claremont Ave.

### City, State & Zip Code
Jersey City, NJ 07305

### Name of Contact
Diana Petolino

### Telephone Number

### AGENCIES NOTIFIED
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

### TYPE NOTIFICATION
- [ ] Initial
- [x] Amended #2
- [ ] Emergency
- [ ] Cancellation

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Jersey City BOE Administration Offices

#### Street Address
346 Claremont Ave.

#### City (5)
Jersey City

#### County (6)
Hudson

#### County Code (7)

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

#### Square Feet

#### # of Floors

#### Bldg. Age

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

#### Admin Building

#### Name of Monitoring Firm Hired by Building Owner (8)
Matrix New World Engineering

#### Street Address
120 Eagle Rock Ave.

#### City, State & Zip Code
East Hanover, NJ 07936

#### Project Manager for Monitoring Firm
Eric Gratson

#### Telephone Number
973-240-1800

#### ASCM No.

#### Name of Abatement Contractor (9)
AbateTech, Inc.

#### Street Address
PO Box 25
Lumberton, NJ 08048

#### City, State & Zip Code

#### Telephone Number
609-285-3207

#### License Number
00529

#### Name of OSHA Monitor
EMSL Analytical

#### Street Address
108 Haddon Ave.

#### City, State & Zip Code
Westmont, NJ 08108

#### Scheduled Start Date (10)
9/17/12

#### Scheduled Completion Date (11)
9/24/12

#### Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Excavated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours

#### Describe:
5PM start

#### Facility Occupied During Abatement:

#### Scope of Work (Check all that apply)
- [x] ≥3 sf or ≥3#  
- [ ] ≥100 sf ≥260 lf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

#### Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
- [x] Yes
- [ ] No
- [ ] N/A

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

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

#### Abatement Type
- [x] Removal
- [ ] Repair
- [ ] Encapsulate

#### Name of Registered Waste Hauler
AbateTech, Inc.

#### NJDEP Waste Hauler ID No.
18750

#### Cubic Yards of Waste
10

#### Disposal Date
9/24/12

#### Name of Registered Landfill
TRRF Landfill

#### City, State
Lumberton, NJ

#### Tullytown, PA

#### Completed By (Print or Type)
Gwen Trumbetti

#### Title
Office Coord.

#### Signature

#### Date
9/12/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/17/12

Name of Building Owner / Operator (2) Robert Wood Johnson Hospital

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

Type Notification
- Initial

Street Address
One Robert Wood Johnson Place

City, State & Zip Code
New Brunswick, NJ 08901

Name of Contact
Geiser Fajardo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Wood Johnson Hospital

Street Address
One Robert Wood Johnson Place

City (5) New Brunswick
County (6) Middlesex
County Code (7)

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

Street Address
280 Huyler Street
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone Number
201-489-8400

Scheduled Start Date (10) 9/28/12
Scheduled Completion Date (11) 12/31/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- □ Facility Occupied During Abatement

Describe:

Scope of Work (Check all that apply)
- □ 23 sf or 23 lf
- □ 160 sf or 260 lf
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glove Bag Procedures
- □ Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Tower Building Ground Floor

Linoleum & Mastic 3,000 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750
Cubic Yards of Waste 25

Name of Registered Landfill
TRRF Landfill

City, State Lumberton, NJ

Disposal Date 12/31/12
City, State Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti
Title Office Coord.

Signature

Date 9/17/12
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
Gerald Schraub
Street Address
15 Emerson Road
City, State, Zip Code
Glen Rock, NJ 07452
Name of Contact
Gerald Schraub
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Gerald Schraub
Street Address
15 Emerson Road
City (5)  County (6)  County Code (7)
Glen Rock, NJ 07452  Bergen
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) residential

Name of Abatement Contractor (9)
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035
Telephone Number  License Number
973-696-6869  0378

Name of OSHA Monitor
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Occu pancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

Describe:

Other-Describe:

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-ferrous 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)

Removal  Repair  Encap  Enc.

boiler room  pipe insulation  57 lf

crawl space  pipe insulation  3 lf

storage room  pipe insulation  7 lf

closet area  pipe insulation  6 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#  Cubic Yards of Waste  Name of Registered Landfill
19563  1 1/2 yards  Tullytown Resource & Recovery Center

City, State  Disposal Date  City  Name of Registered Landfill
Lincoln Park, NJ 07035  9/28/2012  Tullytown, PA

Completed by (Print or Type)  Title  Signature  Date
Gordana Luna  Treasurer  Gordana Luna  9/17/2012
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  
10/19/11  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>City Address</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Bill O'Dell</td>
<td>Street Address</td>
<td>City, State, Zip Code</td>
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<tr>
<td>DOL</td>
<td>Amendment</td>
<td>Bill O'Dell</td>
<td>Madison, NJ 07940</td>
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<td>DCA</td>
<td>Cancellation</td>
<td>Bill O'Dell</td>
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</table>

Facility Information  
Name of facility where abatement is taking place (3)  
Bill O'Dell  
Street Address  
15 Green Village Road  
City (5)  
County (6)  
County Code (7) (State use only)  
Morris  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.  
Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035  

Scheduled Start Date (10)  
9/28/2012  
Sched. Completion Date (11)  
9/28/2012  

Scope of Work (check all that apply)  
Demolition  
Renovation  
>3,000 sf or >3,000 sf  
1,500sf or >2,000 sf  
Pipe insulation  

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

<table>
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<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>
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</thead>
<tbody>
<tr>
<td>basement</td>
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<td></td>
<td></td>
<td>pipe insulation</td>
<td>105 sf</td>
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</table>

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID# 19563  
Cubic Yards of Waste 1 1/2 yards  
Name of Registered Landfill  
Tullytown Resource & Recovery Center  
City, State  
Lincoln Park, NJ 07035  

Completed by (Print or Type)  
Gordana Luna  
Title  
Treasurer  
Signature  
Date 9/17/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/24/12

Agencies Notified

( ) EPA
( ) DEP
( ) DOL
( ) DOH
( ) DOA

Notification Type

( ) Initial Notification
( ) Amended Notification
( ) Amendment # 1
( ) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2) BPG Development Group

Street Address 3815 West Chester Pike

City, State, Zip Code Newtown Square, PA 19073

Name of Contact John Forde

Facility Information

Name of Facility Where Abatement is Taking Place (3) Vacant warehouse

Street Address 523 Chestnut St.

City (5) Woodbury Heights

County (6) Gloucester

County Code (7) N/A

State Use Only

Type of Facility (4)

( ) School (K-12)
( ) Subchapter 6 (other than K-12)
( ) Other (i.e. private & commercial bldgs., homes, etc.

Sq. Feet 215,000

# of Floors 1

Bldg. Age 50

Current Use (prior if being demolished) window and door manufacturer

Name of Monitoring Firm ASCM No.

AET

Name of Contractor (5) Alliance Environmental Systems

Street Address 560 East Union Street

City, State, Zip Code West Chester, PA 19382

Telephone Number 610-761-9000

License Number 00508

Scheduled Completion Date (11) 10/05/12

Occupancy Status During Abatement (Check only one)

(X) Facility Closed/Vacated During Entire Period of Abatement

( ) Abatement Performed Outside of Normal Facility Hours -

Describe:

Other -

Source of Work (Check all that apply)

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

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

Is Location Normally Used

Soil by Maint./Custodial

Staff? (12)

YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell)

Amount (Specify SF or LF)

Abatement Type


Above ceiling in office

X Pipe insulation 200 LF X

Roof of Maintenance Bldg.

X Roof (roof collapsing, will

Be removed during
demolition) 2000 SF X

Perimeter windows

X Window glazing 210 SF X

Name of Reg. Waste hauler NJDEP Waste Hauler ID #

Cubic Yards of Waste Approx. 10

Name of Reg. Landfill BFI Imperial

N.E.T.S. / Miners 17235

Disp. Date TBD

City, State Imperial, PA

Hazard, PA

Completed by (Print or Type)

Title

Signature

Date 9/18/12

Robert Casciato

President

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414

Trenton, NJ 08625-0414

Telephone 609-534-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
8/24/12

**Name of Building Owner/Operator (2)**
BPG Development Group

**Street Address**
3816 West Chester Pike
City, State, Zip Code
Newtown Square, PA 19073

**Name of Contact**
John Forde
Tel Number

### FACILITY INFORMATION

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

Sq. Feet: 215,000
# of Floors: 1

**Name of Contractor (5)**
Alliance Environmental Systems
Name of OSHA Monitor
AET

**Street Address**
28 N. Pennel Rd.
City State, Zip Code
Media, PA 19063

### OCCUPANCY STATUS DURING ABATEMENT
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

**Occupancy Status During Abatement (Check only one)**
9/10/12
9/19/12

### Source of Work (Check all that apply)

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

### Location of Asbestos-Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>Roof</td>
</tr>
<tr>
<td>200 LF</td>
<td>2000 SF</td>
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</table>

**Name of Reg. Waste Hauler**
NJDEP Waste Hauler ID #
17235

**Name of Reg. Landfill**
BFI Imperial

**Cubic Yards of Waste**
Approx. 10

**Disp. Date**
TBD

**City, State**
Hazleton, PA

**Completed by (Print or Type)**
Title
President

**Signature**

**Date**
8/24/12

**Mail to:**
NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

**Telephone**
609-984-6620

**C:\WORD\WYDOCS\ASBESTOS**
9/18/00
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/18/12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>N.J. FIREMEN'S HOME</td>
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<tr>
<td>Street Address</td>
<td>656 LATHROP AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BOONTON, NJ 07005</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>RICH S.</td>
</tr>
<tr>
<td>Facility Information</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>N.J. FIREMEN'S HOME</td>
</tr>
<tr>
<td>Street Address</td>
<td>656 LATHROP AVE.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>BOONTON, NJ 07005</td>
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<tr>
<td>County Code (7)</td>
<td>9001</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<tr>
<td>Street Address</td>
<td>105 Lowell Road</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, N.J. 07452</td>
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<tr>
<td>Telephone No.</td>
<td>201-262-5841</td>
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<tr>
<td>License No.</td>
<td>00156</td>
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<td>Start Date (10)</td>
<td>9/19/12</td>
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<td>Scheduled Completion Date (11)</td>
<td>9/20/12</td>
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<td>Occupancy Status During Abatement</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAF, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>15 LF</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff?</td>
<td>No</td>
</tr>
<tr>
<td>Description of Location to be Abated</td>
<td>PIPE</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>0</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NUDORP Waste Hauler D No. 20785</td>
</tr>
<tr>
<td>City, State</td>
<td>Riverdale, New Jersey 07457</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9/19/20</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, PA 18015</td>
</tr>
<tr>
<td>Completed by</td>
<td>R. McDonald</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/12</td>
<td><strong>Borough of East Rutherford</strong></td>
</tr>
</tbody>
</table>

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

**Street Address**
1 Everett Place
ASBESTOS CONTROL & LICENSING
EAST RUTHERFORD, N.J. 07073

**City, State, Zip Code**
EAST RUTHERFORD, N.J. 07073

**Name of Contact**
Al Shaback

**FACILITY INFORMATION**

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

**Square Feet**
25,000

**# of Floors**
4

**Current Use (Prior to being demolished)**
ABANDONED/DEMO

**County Code (7)**
BERGEN

**County Code (7) (STATE USE ONLY)**

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

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

**Name of Abatement Contractor (9)**
A. Mac Contracting Inc.

**Address**
105 Lowell Road
Glen Rock, N.J. 07452

**Telephone No.**
201-262-5841

**License No.**
00156

**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:

**Scope of Work (Check All That Apply)**
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] 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>OFFICE AREA</td>
<td>[X]</td>
<td>VAT</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>[X]</td>
<td>PIPE</td>
<td>830 LF</td>
<td>X</td>
</tr>
<tr>
<td>OUTSIDE</td>
<td>[X]</td>
<td>TRANSITE</td>
<td>300 SF</td>
<td>X</td>
</tr>
<tr>
<td>OUTSIDE SHEET</td>
<td>[X]</td>
<td>ROOF</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>SHEET</td>
<td>[X]</td>
<td>PIPE &amp; DEBRIS</td>
<td>20 YARDS</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NUDEP Waste Hauler ID No. 20785

**Cubic Yards of Waste**
70

**Name of Registered Landfill**
IESI PA Bethlehem Landfill Corp.

**City, State**
Bethlehem, PA 18015

**Disposal Date**
10/11/12

**Completed by**
R. McDonald

**Title**
President

**Signature**

**Date**
9/18/12

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

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

**Date of Notification (1)** 9/18/12

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

**Type of Facility (4)** School (K-12)

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Street Address** 202/304 E. RIDGEWOOD AVE

**City** RIDGEWOOD

**County Code** 07450

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

**Type of Abatement Contractor (9)** A. Mac Contracting Inc.

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

**Name of Abatement Contractor (9)**

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

**Start Date (10)** 9/18/12

**Scheduled Completion Date (11)** 10/21/12

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

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- [x] Yes
- [ ] No
- [ ] N/A

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>9/30/11</td>
</tr>
</tbody>
</table>

**Completed by** R. McDonald

**Title** President

**Date** 9/18/12

---

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

**Date of Notification (1)** 9/18/12  
**Name of Building Owner/Operator (2)** Mrs. Erickson

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

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

**Street Address** 40 Called Road  
**City, State, Zip Code** Glen Rock, N.J. 07452

**Name of Contact** (Chu)

**FACILITY INFORMATION**

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

**City (5)** Glen Rock

**County (6)** Bergen

**Square Feet** 1650  
**# of Floors** 2  
**Bldg. Age** 56

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

**Name of Abatement Contractor (9)** A. Mac Contracting Inc.

**City, State, Zip Code** Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm**  
**Telephone No.** 201-262-5841

**Telehone No.** 201-262-5841  
**License No.** 00155

**Start Date (10)** 9/27/12  
**Scheduled Completion Date (11)** 9/28/12

**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:  

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

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

<table>
<thead>
<tr>
<th>Location Used</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Boiler</td>
<td>48 sf</td>
<td>X</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>Piping</td>
<td>60 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
**Rovic Transport**  
**NJ DEP Waste Hauler ID No.** 20785

**Disposal Date** 9/27/12

**City, State** Bethlehem, PA 18015

**Completed by**  
**R. McDonald**  
**Title** President  
**Signature**  
**Date** 9/18/12

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (9)
9/17/2012

Name of Building Owner/Operator (2)
Paulsboro Refining Company

Agencies Notified
(X) EPA
(X) DOL
(D) DOH
(D) DCA

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address
800 Billingsport Rd

City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact
Ravi Jarecha
Tel Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Paulsboro Refining Company

Street Address
800 Billingsport Rd

City (5)
Paulsboro

County (6)
Gloucester

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)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (prior if being demolished) Oil Refinery

Name of Contractor (9)
Kenny Atlantic Industrial Services LLC

Street Address
800 Billingsport Rd

City State, Zip Code
Paulsboro, NJ 08068

License Number
005857

Name of OSHA Monitor
Kenny Atlantic Industrial Services, LLC

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -
Other -- Describe -- Removal within restricted work area in outside areas

Scheduled Start Date (10)
10/1/12

Scheduled Completion Date (11)
10/8/12

Source of Work (Check all that apply)
( ) Demolition
(X) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

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

is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES
NO
NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)
TSI - Pipe Insulation

Amount (Specify SF or LF)
~20 LF

Abatement Type
X

Rem Rep Encap Endose

Location of Reg. Waste Hauler
Waste Management, Inc.

NJDEP Waste Hauler ID #
17273

Cubic Yards of Waste
< 1 CY

Name of Reg. Landfill
Gloucester County Landfill

Completed by (Print or Type)
ANDREW GREEN
Title
MANAGER - KENNY ATLANTIC
Signature

Date
9/17/2012

Mail to: NJDEP-DSHW-BRRTYP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ABATMENT OF ASBESTOS (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1): 9/19/12

Name of Building Owner/Operator (2): BASF Corporation

Agencies Notified: (X) EPA (X) DOL (X) DOH ( ) DCA

Notification Type: (X) Initial Notification ( ) Amended Certification ( ) Cancelled

Street Address: 100 Campus Drive
Name of Contact: Frank Pischolsta
City, State, Zip Code: Florham Park, NJ 07932
Tel. Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
BASF - Outside Concrete Slabs

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

Sq. Feet 0 # of Floors 0
Bldg. Age 0 +/-
Current Use (prior if being demolished) vacant manufacturing

Name of Monitoring Firm Hired by Bldg. Owner (6):
ASCM No. 00104

Name of Contractor (9):
NCM Demolition and Remediation, LP

Environmental Health Investigations, Inc.

Street Address: 655 West Shore Trail
City, State, Zip Code: Sparta, NJ 07871

Street Address: 404 N. Berry Street
City State, Zip Code: Brea, CA 92821

Project Manager for Monitoring Firm: William S. Kerbel, CH
Telephone Number: 973-79-5949

Telephone Number: 484-480-8931
License Number: 01008

Scheduled Start Date (10): 9/24/2012
Scheduled Completion Date (11): 12/07/2012

Name of OSHA Monitor: Testor Tech

Occupancy Status During Abatement (Check only one):
(X) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Describe Vacant Bldg. To Be Demolished:

Other - Describe:

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation

(X) Large Proj. (>160 SF or >250 LF ACM) ( ) Small Proj. (>25<160 SF or 10 <250 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure (X) Non-Friable Outdoor Work

Location of Asbestos-Containing Material (ACM) in Facility (13):

Is Location Normally Used Solely by Maint/Custodial Staff (12):
YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)


Concrete Slabs at grade X
Asphalt Tar & Paper 5,400 sf X

Name of Reg. Waste Hauler:
NJDEP Waste Hauler ID #
Cubic Yards of Waste

Name of Reg. Landfill:
IESI PA Bethlehem Landfill
City, State
Disp. Date
City, State

56 Route 46 Delaware, NJ 07833
Completed by (Print or Type):
Joseph K. White
Title: Project Coordinator
Signature: [Signature]
Date: 9/19/12
Notification of Demolition or Renovation (continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building Slabs will be demolished using wet dust suppression methods with mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Wet materials during operations using Hydraulic excavator to hammer slabs and bucket loaders to move and load into dumpsters.

XII. Waste Transporter#1 Gary W. Gray Trucking
Address: 56 Route 46
City: Delaware County: Warren State: NJ Zip: 07833
Contact: Jason R. Wilson Telephone: 908-675-3797

Waste Transporter#2 N/A
Address
City County State Zip
Contact
Telephone

XIII. Waste Disposal Site IESI PA Bethlehem Landfill Corp
Address: 2235 Applebutter Road
City: Bethlehem County: Northampton State: PA Zip: 18015
Contact: Alan Schleyer Telephone: 610-317-3200
EPA Certification Number: PADEP 100020

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Authority
Date of Order (MM/DD/YY)
Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:
DATE and HOUR of Emergency (MM/DD/YYYY): 9-16-2012 (HH:MM) Prior to noon
Description of SUDDEN, UNEXPECTED EVENT: Please see attached BASF letter dated 09/18/2012.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations: Please see attached BASF letter dated 9/18/2012

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos Is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours
(Required one (1) year after promulgation)

(Signature of Owner/Operator) (Date) 9/19/12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator) (Date) 9/19/12
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 09/28/12  
**Name of Building Owner/Operator:** Princeton University  
**Street Address:** P.O. box 2158  
**City, State, Zip Code:** Princeton NJ 08543  
**Name of Contact:** Robert Otego  
**Telephone Number:**  
**Asbestos Control & Licensing:**  

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University - Wyman House - Basement wine cellar ceiling</td>
<td>School (K12)</td>
<td>5000</td>
<td>3</td>
<td>50+</td>
</tr>
</tbody>
</table>

### Street Address

**City:** Princeton  
**County:** (State use only)  
**Name of Monitoring Firm Hired by Building Owner:** Pennoni Associates Inc  
**Name of Abatement Contractor:** Associated Specialty Contracting  
**Street Address:** 98 LaCrue Avenue  
**City, State, Zip Code:** Gile Mills, PA 19342  
**Telephone Number:** 610-364-9622  
**Licence Number:** 1103  
**Name of OSHA Monitor:** Criterion Labs  
**Street Address:** 3370 Progressive Drive  
**City, State, Zip Code:** Bensalem PA 19020  

### Scheduled Start Date

**10/02/12**  
**Month/Day/Year:**  
**Scheduled Completion Date:** 10/05/12  
**Month/Day/Year:**  

### Occupancy Status During Abatement

- **Facility Closed/Vacated During Entire Period of Abatement:** x
- **Abatement Performed Outside of Normal Facility:** Hours - Describe: 8:00 AM - 5:00 PM  
- **Other - Describe:**  

### Scope of work (Check all that apply)

- **Demolition:** x  
- **Renovation:** x  
- **Full Containment with Negative Pressure:** Mini - Enclosure  
- **Glovebag Procedure:** Non-Friable Procedure

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

- **In Facility:** 13  
- **Material:**  
  - Location:  
    - Normally Used:  
    - Solely by Maintenance/Custodial Staff:  
- **Description of Asbestos-Containing Material (ACM):**  
  - (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  
- **Amount:**  
  - (Specify SF or LF)  
  - R E N  
  - E R C  
  - M E A  
  - O P P  
  - V A S  
  - L R U  
  - E  

- **Basement wine cellar:** x  
  - plaster: 20 SF  
  -  

### Name of Registered Waste Hauler

**NJDEP Waste Hauler ID No.:** 2  
**Name of Registered Landfill:** GROWS  
**City, State:**  
**Disposal Date:**  
**As needed:**  
**Signature:** Mark Goshorn  
**Date:** 9-20-12

**Completed By (Print or Type):** Mark Goshorn  
**Title:** Project Manager  
**Signature:**  
**Date:** 9-20-12

**ARS-41**  
**JUN 95**
**Notification of Asbestos Abatement**

**State of New Jersey**

**Notification of Asbestos Abatement**

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

**Date of Notification**: 9-7-12

**Name of Building Owner/Operator**: KENNEDY BLVD PROPERTIES

**Type of Notification**: Initial

**Street Address**: 161 - Zebreskie St

**City, State, Zip Code**: JERSEY CITY, NJ 07307

**Name of Contact**: BEN. VELAZ

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: 2-106 Kennedy Blvd. Properties

**City**: UNION CITY, NJ 07087

**County**: HUDSON

**County Code**: 0727

**Square Feet**: (STATE USE ONLY)

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

**Type of Facility**: Other (i.e., private & commercial buildings, homes, etc.)

**Permit No.**: 401-805-5343

**License No.**: CL165

**Start Date**: 9-7-12

**Scheduled Completion Date**: 9-15-12

**Occupancy Status During Abatement**:

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

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

- [ ] 34 square feet or less
- [ ] 160 square feet or over 260 square feet
- [ ] Renovation
- [ ] Demolition
- [ ] Non-Exempted (*) and Non-Friabilative Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Safely by Maintenance/ Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>ROOF BLACK HEMPANE</td>
<td>12.00 SF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>3RD FLOOR</td>
<td>WINDOW CAVITY</td>
<td>650 LF</td>
<td>Epaper</td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: NDEP Waste Hauler ID No.

**Name of Registered Landfill**: BATHLEHAM LANDFILL

**Cubic Yards of Waste**: 20

**Disposal Date**: BATHLEHAM, PA

**Completed By**: CARLOS VILLARRE

**Signature**: [Signature]

**Date**: 9-7-12

*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)**  
9-18-2012

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

**Township of Union**

**Date**  
2012 SEP 21 AM 9:44

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

**Hoffman House**

**Street Address**

28 Baptist Church Road

**City (5)**

**Union**

**County (6)**

**Hunterdon**

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

**RK Occupational Environmental Analysis Inc.**

**ASCM No.**

**0090**

**Name of Abatement Contractor (9)**

**Jadar Contracting, LLC**

**Street Address**

403 St. James Ave.

**City, State, Zip Code**

Phillipsburg, NJ 08865

**Project Manager for Monitoring Firm**

**Jon Gilbert**

**Telephone No.**

856-769-9414

**Start Date (10)**

9-5-2012

**Scheduled Completion Date (11)**

10-31-2012

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

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other — Describe: 9 am - 5 pm

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

23sf or 23lf

2160 sf or 2600lf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (X) and Non-Friable Procedure

<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>Asbestos Pipe Insulation</td>
<td>325 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Transite Board</td>
<td>2650 SF</td>
<td>X</td>
</tr>
<tr>
<td>Attic, 2nd Fl. Chase</td>
<td>X</td>
<td>Transite Flue Pipe</td>
<td>120 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td></td>
<td>Window Glazing</td>
<td>100 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Jadar Contracting, LLC**

**Disposal Date**

TBD

**City, State**

Lincoln Park, NJ 07035

**Completed by**

**Lillie Lazarevich**

**Title**

Secretary

**Signature**

Lillie Lazarevich

**Date**

9-18-2012

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1)**: September 18, 2012

**Name of Building Owner/Operator (2)**: Robert Schwartz

**Address of Building Owner/Operator**: P O Box 205, Brielle, NJ 08730

---

**Agency Notified**

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

**Type of Notification**

- [x] Initial Notification
- [ ] Amended Notification
- [ ] Emergency (including justification)
- [ ] Cancellation

---

**Facility Information**

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

- **Residence**

**Street Address**

- 823 South Drive, Brick, Ocean

**County Code (7)**

- (STATE USE ONLY)

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

- N/A

**Name of Abatement Contractor (9)**

- Guardian Contracting, Inc.

**Street Address**

- 1889 Route 9, Unit 61, Toms River, New Jersey 08755-1271

**Telephone Number**

- 732-349-9932

**License Number**

- 00624

**Name of OSHA Monitor**

- E.M.S.L. Analytical

**Street Address**

- 1056 Stelton Road, Piscataway, New Jersey 08854

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

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

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

- (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

- 1500 sf

**Abatement Type**

- [ ] REPAIR
- [ ] RELOC
- [ ] CLOSURE

---

**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

**Exterior**

- X (Asbestos siding)

**Name of Registered Waste Hauler**

- Guardian Contracting, Inc.

**NDEP Waste Hauler ID No.**

- 20223

**Cubic Yards of Waste**

- 3

**Name of Registered Landfill**

- T.R.R.F.

**City, State**

- Toms River, New Jersey

**Disposal Date**

- 10/04/12

**City, State**

- Tullytown, Pennsylvania

**Completed by (Print or Type)**

- Nicholas Fernicola

**Title**

- Project Manager

**Signature**

- [Signature]

**Date**

- 9/18/2012

---

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

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

**Date of Notification:** 9/18/2012

**Name of Building Owner/Operator:** K. Satterwhite

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- DCA

**Street Address:** 89 Willowbrook Ave

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

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

**Square Feet:** 1800

**County Code:** ESSEX

**Current Use (Prior to being demolished):** Residential

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

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

**ASCM No.:**

**Name of Abatement Contractor:** Best Removal Inc

**Address:** 450 S. River St

**City, State, Zip Code:** Hackensack, N.J. 07601

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Start Date:** 9/19/12

**Scheduled Completion Date:** 9/21/12

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

**Scope of Work (Check all that apply):**
- ☐ 2 to 3 of or ≥ 3 if
- ☐ ≥ 160 or ≥ 250 if
- ☐ Renovation
- ☐ Demolition

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

- Basement
- Office
- Classroom
- HVAC

**Is Location Normally Used Solely by Maintenance/ Custodial Staff?**
- Yes
- No

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

- VAT
- CERAMIC TILES
- THERMAL INSULATION

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

- 475 SF
- 60 LF

**Name of Registered Waste hauler:** Best Removal Inc

**ID No.:** 17109

**Cubic Yards of Waste:** 2.4

**Name of Registered Landfill:** Minerva Enterprises

**City, State:** Hackensack, N.J. 07601

**Disposal Date:** 9/21/12

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:** [Signature]

**Date:** 9/18/12

---

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

RECEIVED
2012 SEP 21 AM 9:46

Name of Building Owner/Operator:
Trusted of Princeton University

Street Address:
E.A. MacMillian Building
City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortega
Telephone Number:

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3):
Princeton University-Elementary Particle Lab-Building 25

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

Square Feet:
11,000

# of Floors:
1

Bldg. Age:
60+

Current Use (Prior if being demolished):
MRI Suite and storage

Name of Monitoring Firm Hired by Building Owner (8):
ATC Associates, Inc.

ASCM No.:
00098

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

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

License No.:
215-788-6040

[Table]

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor-Workarea NF #1</td>
<td>☐</td>
<td>Floor tile</td>
<td>1400 SF</td>
</tr>
<tr>
<td>1st Floor-Workarea NF #1</td>
<td>☐</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>1st Floor-Workarea NF #2</td>
<td>☐</td>
<td>Floor tile</td>
<td>25 SF</td>
</tr>
<tr>
<td>1st Floor-Workarea NF #1</td>
<td>☐</td>
<td>Window glazing</td>
<td>25 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NDIPE Waste Hauler ID No.:
18706
Cubic Yards of Waste:

Name of Registered Landfill:
G.R.O.W.S. NORTH LANDFILL
City, State:
BRISTOL, PA 19007
Disposal Date:

Completed By (Print or Type):
Brian Scafio
Title:
Estimator
Signature:
Date:
9/18/12

MAY 11 BS/2093 - A

* 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)

Name of Building Owner/Operator (2)
Trustees of Princeton University

Agencies Notified
- EPA
- DOLWD 4/75
- DHSS 4/74
- DCA (NJAC 5:23-8)

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

Street Address
E.A. MacMillian Building
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Elementary Particle Lab-Building 25

Street Address
Faculty Rd
City (5)
Princeton
Count (6)
MERCER

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6)
ATC Associates, Inc.

ASCM No.
00098

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.
609-386-8800

BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

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

Scope of Work (Check all that apply)
- 2 or more sf or 2 or more fl
- 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</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>No</td>
<td>Floor tile</td>
<td>1400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor - Workarea NF #2</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>No</td>
<td>Floor tile</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>No</td>
<td>Window glazing</td>
<td>25 LF</td>
<td>○</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJ/DEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature
Date
9/13/12

ASB-41
MAY 11
A572093 - A

* Do not use this form for asbestos licenses or exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

Date of Notification (1)  
9/14/12  

Name of Building Owner/Operator (2)  
Port Authority Transit Corporation  

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

Type Notification  
Initial  
Amended  
Amendment #201  
Emergency (including justification)  
Cancellation  

Street Address  
Carleton Street, P.O. Box 4262  
Lindenwold, NJ 08084  

City, State, Zip Code  
Lindenwold, NJ 08084  

Name of Contact  
Ron Binder  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
PATCO Contract 10-G, Lindenwold Station (Start Point)  

Street Address  
Whitehorse Road & Berlin Road  

City (5)  
Lindenwold  

County (9)  
Camden  

County Code (7)  
(State Use Only)  

Square Feet  
N/A  

# of Floors  
N/A  

Bldg. Age  
N/A  

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

Current Use (Prior if being demolished)  
Transit Authority  

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

Name of Abatement Contractor (9)  
Mattiola Services, LLC  

Street Address  
2082 B Lucon Road  
Skippack, PA 19474  

City, State, Zip Code  
Skippack, PA 19474  

Project Manager for Monitoring Firm  
Telephone No.  
Telephone No.  
610.539.5634  
License No.  
01077  

Start Date (10)  
4/16/12  

Scheduled Completion Date (11)  
12/31/12  

Name of OSHA Monitor  
Mattiola Services, LLC  

Street Address  
2082 B Lucon Road  

City, State, Zip Code  
Skippack, PA 19474  

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe: Not occupied  

Scope of Work (Check All That Apply)  

☐ 33 ft or 23 ft  
☐ ≥150 sf or ≥260 sf  
☐ 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  

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

Amount (Specify SF or LF)  

Abatement Type  
Repair  
Encapsulate  
Endorse  

Voorhees, Cherry Hill, Haddonfield  
X  
Removal of overhead ACM mat'l jacket from utility cable  
5 MILES  

(Project will commence in Voorhees and proceed to Haddonfield)  

Name of Registered Waste Hauler  
American Disposal Systems, Inc.  
NJ DEP Waste Hauler ID No.  
SW2069  

Cubic Yards of Waste  
12  

Name of Registered Landfill  
JP Mascaro - Pioneer Crossing  

City, State  
Lumberton, NJ  

Disposal Date  
City, State  
Birdsboro, PA  

Completed by  
Carolyn M. Harper  
Title  
Project Manager  
Signature  

Date  
9/14/12  

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