

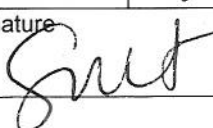
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1109-4387

Check

4482

RECEIVED

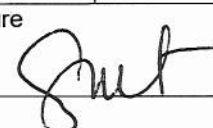
Date of Notification (1) 9/13/12		Name of Building Owner / Operator (2) Princeton University		2012 SEP 21 PM 12:08 ASBESTOS CONTROL & LICENSING	
Agencies Notified	Type Notification	Street Address		Telephone Number	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #4 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Trustees of Princeton University E.A. MacMillan Bldg. City, State & Zip Code Princeton, NJ 08544			
		Name of Contact Robert Ortego, P.E.			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address One Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University Library		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25			
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 7/2/12	Scheduled Completion Date (11) 9/28/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes No N/A			Removal	Repair
Various Locations Throughout 1st Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	20 LF (wrap & cut)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4th Floor Room 4-8-D	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile & Mastic	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st Floor Tech Services	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile & Mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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

No
checkState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1207-4514

Check #

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Date of Notification (1) 9/12/12		Name of Building Owner / Operator (2) NJ Dept. of Military & Veterans Affairs							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address 101 Eggerts Crossing Rd.		City, State & Zip Code Lawrenceville, NJ 08648							
Name of Contact Debbie Soto		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Westfield Armory		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 500 Rahway Ave.		Square Feet # of Floors Bldg. Age							
City (5) Westfield	County (6) Middlesex	County Code (7)							
Current Use (Prior if being demolished) Armory									
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies		ASCM No.							
Street Address 116 Tices Lane Unit B-1		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code East Brunswick, NJ 08816		Street Address PO Box 25							
Project Manager for Monitoring Firm Kevin Lovely		City, State & Zip Code Lumberton, NJ 08048							
Telephone Number 732-390-5858		Telephone Number 609-265-2107							
License Number 00529									
Scheduled Start Date (10) 8/27/12		Scheduled Completion Date (11) 9/28/12							
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor EMSL Analytical							
Street Address 108 Haddon Ave.									
City, State & Zip Code Westmont, NJ 08108									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firebrick	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breeching Insulation	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 # 4430
(Pursuant to N.J.A.C. 8:60 and 12:120)

1209-4545

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2012 SEP 21 PM 12:07
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9/12/12		Name of Building Owner / Operator (2) Jersey City Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 346 Claremont Ave. City, State & Zip Code Jersey City, NJ 07305 Name of Contact Diana Petolino Telephone Number 	

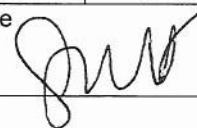
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey City BOE Administration Offices			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 346 Claremont Ave.			Square Feet # of Floors Bldg. Age		
City (5) Jersey City	County (6) Hudson	County Code (7)	Current Use (Prior if being demolished) Admin Building		
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 120 Eagle Rock Ave.			Street Address PO Box 25		
City, State & Zip Code East Hanover, NJ 07936			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Eric Gratson		Telephone Number 973-240-1800	Telephone Number 609-265-3207		License Number 00529
Scheduled Start Date (10) 9/17/12		Scheduled Completion Date (11) 9/24/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 4PM start <input type="checkbox"/> Facility Occupied During Abatement :			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

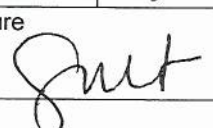
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5 th & 6 th Floor Mechanical Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulk	100 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 9/24/12	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 Check # 4430
(Pursuant to N.J.A.C. 8:60 and 12:120)

1209-4545

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Date of Notification (1) 9/12/12		Name of Building Owner / Operator (2) Jersey City Public Schools		2012 SEP 21 PM 12:07					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 346 Claremont Ave. City, State & Zip Code Jersey City, NJ 07305 Name of Contact Diana Petolino					
				ASBESTOS CONTROL & LICENSING					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jersey City BOE Administration Offices			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 346 Claremont Ave.			Square Feet # of Floors Bldg. Age						
City (5) Jersey City	County (6) Hudson	County Code (7)	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.		Street Address PO Box 25							
City, State & Zip Code East Hanover, NJ 07936		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Eric Gratson		Telephone Number 973-240-1800	Telephone Number 609-265-3207		License Number 00529				
Scheduled Start Date (10) 9/17/12		Scheduled Completion Date (11) 9/24/12		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 5PM start <input type="checkbox"/> Facility Occupied During Abatement :			Street Address 108 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5th & 6th Floor Mechanical Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulk	100 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 9/24/12	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)

1209-4551
Check #4533
RECEIVED

2012 SEP 21 PM 12:06

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 9/17/12		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital	
Agencies Notified	Type Notification	Street Address One Robert Wood Johnson Place	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code New Brunswick, NJ 08901	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Geiser Fajardo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

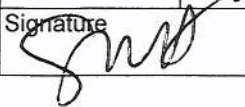
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address One Robert Wood Johnson Place			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) New Brunswick			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Middlesex	County Code (7)		Square Feet	# of Floors	Bldg. Age
Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 280 Huyler Street			Street Address PO Box 25		
City, State & Zip Code South Hackensack, NJ 07606			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8400	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 9/28/12	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tower Building Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum & Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 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)

B & G proj. #: 2012-172

RECEIVED
2012 SEP 21 PM 12:05

Date of Notification (1) 10/19/11/17/12		Name of Building Owner/Operator (2) Gerald Schraub	
Agencies Notified	Type Notification	Street Address 15 Emerson Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Glen Rock, NJ 07452	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Gerald Schraub	
<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) Gerald Schraub			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 15 Emerson Road			Square Feet # of Floors Bldg. Age		
City (5) Glen Rock, NJ 07452	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 9/27/2012		Sched. Completion Date (11) 9/27/2012	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Name of OSHA Monitor B & G Restoration, Inc.			
		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input 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						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	57 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room			<input checked="" type="checkbox"/>	pipe insulation	7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closet area			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

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	Disposal Date 9/28/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 9/17/2012

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

B & G proj. #: 2012-173

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Date of Notification (1)
10/19/11 17/12/1

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Bill O'Dell

Street Address
15 Green Village Road

City, State, Zip Code
Madison, NJ 07940

Name of Contact
Bill O'Dell

Telephone Number

2012 SEP 21 PM 12:03

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Bill O'Dell

Street Address
15 Green Village Road

City (5)
Madison, NJ 07940

County (6)
Morris

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
residential

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Scheduled Start Date (10)
9/28/2012

Sched. Completion Date (11)
9/28/2012

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	105 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 1/2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
10/1/2012

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

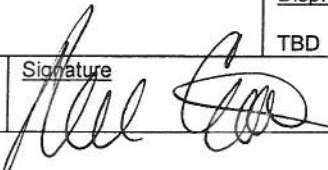
Title
Treasurer

Signature
Gordana Luna

Date
9/17/2012

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

RECEIVED

Date of Notification (1) 8/24/12			Name of Building Owner/Operator (2) BPG Development Group		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # 1 () Emergency (including justification) () Cancellation		Street Address 3815 West Chester Pike City, State, Zip Code Newtown Square, PA 19073	
				Name of Contact John Forde	Tel Number
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) (State Use Only)			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 Bldg. Age 50 Current Use (prior if being demolished) window and door manufacturer		
Name of Monitoring Firm AET Street Address 28 N. Pennel Rd. City, State, Zip Code Media, PA 19063		ASCN No.		Name of Contractor (9) Alliance Environmental Systems Street Address 550 East Union Street City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 610-891-0114		Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10) 9/10/12		Scheduled Completion Date (11) 10/05/12		Name of OSHA Monitor AET	
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 -				Street Address 28 N. Pennel Rd. City, State, Zip Code Media, PA 19063	
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)	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)	Abatement Type Rem. Rep. Encap. Enclose	
Above ceiling in office		Pipe insulation	200 LF	X	
Roof of Maintenance Bldg.		Roof (roof collapsing, will Be removed during demolition)	2000 SF	X	
Perimeter windows		Window glazing	210 SF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 10	Name of Reg. Landfill BFI Imperial	
City, State Hazelton, PA			Disp. Date TBD	City, State Imperial, PA	
Completed by (Print or Type) Robert Casciato		Title President	Signature 	Date 9/18/12	

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone 609-934-6620

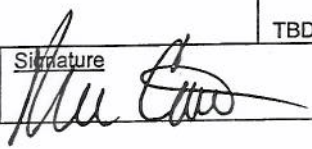
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9/18/00

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

RECEIVED

<u>Date of Notification (1)</u> 8/24/12		<u>Name of Building Owner/Operator (2)</u> BPG Development Group	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # () Emergency (including justification) () Cancellation	
<u>Street Address</u> 3815 West Chester Pike		<u>City, State, Zip Code</u> Newtown Square, PA 19073	
<u>Name of Contact</u> John Forde		<u>Tel Number</u>	

2012 SEP 21 PM 12:01
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Vacant warehouse		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 523 Chestnut St.		<u>Sq. Feet</u> 215,000 <u># of Floors</u> 1	
<u>City (5)</u> Woodbury Heights	<u>County (6)</u> Gloucester	<u>County Code (7) (State Use Only)</u>	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished) window and door manufacturer</u>
<u>Name of Monitoring Firm</u> AET		<u>ASCM No.</u>	
<u>Street Address</u> 28 N. Pennel Rd.		<u>Name of Contractor (9)</u> Alliance Environmental Systems	
<u>City, State, Zip Code</u> Media, PA 19063		<u>Street Address</u> 550 East Union Street	
<u>Project Manager for Monitoring Firm</u> Dave Turotsy		<u>Telephone Number</u> 610-891-0114	<u>City, State, Zip Code</u> West Chester, PA 19382
<u>Scheduled Start Date (10)</u> 9/10/12		<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Completion Date (11)</u> 9/19/12		<u>Name of OSHA Monitor</u> AET	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 28 N. Pennel Rd.	
<u>Describe Other -</u>		<u>City, State, Zip Code</u> Media, PA 19063	
<u>Source of Work (Check all that apply)</u> (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			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u> Rem. Rep. Encap Enclose			
Above ceiling in office	X	Pipe insulation	200 LF
Roof of Maintenance BldgT	X	Roof	2000 SF
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners	<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 10	<u>Name of Reg. Landfill</u> BFI Imperial
<u>City, State</u> Hazelton, PA	<u>Disp. Date</u> TBD	<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> Robert Casciato	<u>Title</u> President	<u>Signature</u> 	<u>Date</u> 8/24/12

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

Telephone 609-984-6620

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9/18/00

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

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Check # 7981

Date of Notification (1) 9/18/12		Name of Building Owner/Operator (2) N. J. FIREMEN'S HOME							
Agencies Notified	Type Notification	Street Address 656 LATHROP AVE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BOONTON, NJ 07005							
		Name of Contact RICH S.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N. J. FIREMEN'S HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 656 LATHROP AVE.		Square Feet 4000	# of Floors 2						
City (5) BOONTON		Bldg. Age 50							
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BOILER ROOM / FIREMEN'S HOME							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 9/19/12	Scheduled Completion Date (11) 9/20/12	Name of OSHA Monitor Omega Environmental Services 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 Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
OUTSIDE TRENCH			X	PIPE	15 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 9/19/12	City, State Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature R. McDonald				Date 9/18/12		

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

Check # 7781

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Date of Notification (1) 9/18/12		Name of Building Owner/Operator (2) BOROUGH OF EAST RUTHERFORD		2012 SEP 21 AM 11:56					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 EVERETT PLACE ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code EAST RUTHERFORD, N.J. 07073		Name of Contact AL SHARBACK					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ABANDON BUILDING				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 2 CARLTON AVE.				Square Feet 25,000					
City (5) EAST RUTHERFORD				# of Floors 4					
County (6) BERGEN				Bldg. Age 58					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ABANDON / DEMO							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452					
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.					
Start Date (10) 10/1/12		Scheduled Completion Date (11) 10/12/12							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 280 Huyler Street					
				City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) OFFICE AREA THROUGHOUT OUTSIDE OUTSIDE SHED SHED	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) VAT PIPE TRANSITE ROOF PIPE + DEBRIS	Amount (Specify SF or LF) 400 SF 830 LF 300 SF 500 SF 20 YARDS	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
					X				
					X				
					X				
					X				
					X				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 70		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457				Disposal Date 10/1/12 o.c.		City, State Bethlehem, PA 18015			
Completed by R. McDonald		Title President		Signature <i>R. McDonald</i>		Date 9/18/12			

Check # 7981

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

RECEIVED

Date of Notification (1) 9/18/12		Name of Building Owner/Operator (2) ALBERT ZABRISKIE		2012 SEP 21 AM 11:56					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 202/204 EAST ASBESTOS CONTROL & LICENSING City, State, Zip Code RIDGEWOOD, NJ 07450 Name of Contact BARBARA AHN Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RETAIL STORE			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 202/204 E. RIDGEWOOD AVE.			Square Feet 2400						
City (5) RIDGEWOOD			# of Floors 1		Bldg. Age 56				
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) STORE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841 License No. 00156					
Start Date (10) 9/27/12		Scheduled Completion Date (11) 10/2/12		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
TROUGHOUT			X	VAT	2800 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 9/27/12		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 9/18/12			

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

Check # 7981

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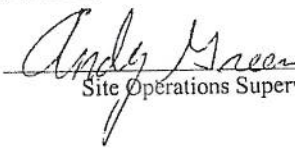
Date of Notification (1) 9/18/12		Name of Building Owner/Operator (2) MRS. ERICKSON		2012 SEP 21 AM 11:56					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 RIDGE ROAD City, State, Zip Code GLEN ROCK N.J. 07452 Name of Contact CHARI Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ERICKSON			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 40 RIDGE ROAD			Square Feet 1650						
City (5) GLEN ROCK			# of Floors 2		Bldg. Age 56				
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) REJ					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452					
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.					
Start Date (10) 9/27/12		Scheduled Completion Date (11) 9/28/12		Street Address 280 Huyler Street					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, NJ 07606							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			X	BOILER	48 SF	X			
Pipe			X	PIPE	60 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 9/27/12		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 9/18/12			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

2012 SEP 21 AM 11:50

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 9/17/2012		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> 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		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 bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Kenny Atlantic Industrial Services LLC
Street Address		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 10/1/12	Scheduled Completion Date (11) 10/8/12	Name of OSHA Monitor Kenny Atlantic Industrial Services, LLC	
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 - Other - Describe - Removal within restricted work area in outside areas		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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.)	Amount (Specify SF or LF)
Locker Room Turnstile Area	X	TSI - Pipe Insulation	~20 LF
Name 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
City, State South Harrison, NJ		Disp. Date Various	City, State South Harrison, NJ
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KENNY ATLANTIC	Signature  Site Operations Supervisor	Date 9/17/2012

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

Telephone 609-984-6620

C:\WORD\WYDOCS\ASBESTOS
9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

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2012 SEP 21 AM 11:45

ASBESTOS CONTROL & LICENSING

<u>Date of Notification (1)</u> 9/19/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Outside Concrete Slabs		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street		<u>Sq. Feet</u> 0 <u># of Floors</u> 0	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 0 +/- <u>Current Use</u> (prior if being demolished) vacant manufacturing

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
--	--------------------------	---

<u>Street Address</u> 655 West Shore Trail	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> Sparta, NJ 07871	<u>City State, ZipCode</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
--	--	---	--------------------------------

<u>Scheduled Start Date (10)</u> 9/24/2012	<u>Scheduled Completion Date (11)</u> 12/07/2012	<u>Name of OSHA Monitor</u> Testor Tech
---	---	--

<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> 10 59 Jackson Ave.
	<u>City, State, Zip Code</u> L.I.C. New York, 11101

Describe Vacant Bldg. To Be Demolished


Other - Describe

Source of Work (Check all that apply)

(X) Demolition () Renovation
() Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 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)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap.	Enclose
Concrete Slabs at grade	X			Asphalt Tar & Paper	5,400 sf	X			

<u>Name of Reg. Waste Hauler</u> Gary W. Gray GTrucking	<u>NJDEP Waste Hauler ID #</u> NJ DEP #09369	<u>Cubic Yards of Waste</u> 250	<u>Name of Reg. Landfill</u> IESI PA Bethlehem Landfill
<u>City, State</u> 56 Route 46 Delaware, NJ 07833	<u>Disp. Date</u> 9/28/12	<u>City, State</u> Bethlehem, PA	

<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Coordinator	<u>Signature</u> 	<u>Date</u> 9/19/12
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Notification of Demolition or Renovation.....(continued)

2012 SEP 21 AM 11:46

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.

ASBESTOS CONTROL
& LICENSING

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: 908-475-3797

Waste Transporter#2 N/A

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site IESI PA Bethlehem Landfill Corp

EPA Certification Number: PADEP 100020

Address: 2335 Applebutter Road

City: Bethlehem

County: Northampton

State: PA

Zip: 18015

Contact: Alan Schleyer

Telephone: 610-317-3200

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

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/YY) 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

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

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2012 SEP 21 AM 11:44

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 09/20/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Wyman House - Basement wine cellar ceiling			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 5000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 3
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 10/02/12 Month/Day/Year		Sched. Completion Date (11) 10/05/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
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: 8:00 AM - 5:00 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		Mini - Enclosure
<input type="checkbox"/> >160 sf or >260 lf		Glovebag Procedure
		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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement wine cellar		<input checked="" type="checkbox"/>		plaster	20 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal		2	GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 9-20-12

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

RECEIVED

2012 SEP 21 AM 9:43

Date of Notification (1) <u>9-7-12</u>		Name of Building Owner/Operator (2) <u>Kennedy Blvd Properties</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>161 Zebreskie St</u> City, State, Zip Code <u>Jersey City NJ 07307</u> Name of Contact <u>BEN VELEZ</u> Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>2706 Kennedy Blvd Properties</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2706 Kennedy Blvd.</u>		Square Feet	# of Floors
City (5) <u>Union City NJ 07087</u>		Bldg. Age	
County (6) <u>Hudson</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>HILLMAN ENVIRONMENTAL</u>	ASCM No.	Name of Abatement Contractor (9) <u>MILAGEO ENVIRONMENTAL cost inc</u>	
Street Address <u>2600 Rt 22 East</u>	City, State, Zip Code <u>Union NJ</u>	Street Address <u>2914 Central Ave.</u>	
City, State, Zip Code <u>Union NJ</u>	Telephone No.	City, State, Zip Code <u>Union City NJ 07087</u>	Telephone No. <u>201-805-5343</u>
Project Manager for Monitoring Firm	Telephone No.	License No. <u>01165</u>	
Start Date (10) <u>9-7-12</u>	Scheduled Completion Date (11) <u>9-15-12</u>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>ROOF</u>	<input checked="" type="checkbox"/>		<u>ROOF BLACK MEMBRANE</u> 1200 SF <input checked="" type="checkbox"/>
<u>3RD FLOOR</u>	<input checked="" type="checkbox"/>		<u>WINDOW CAULKS</u> 60 LF <input checked="" type="checkbox"/>
<u>1ST FLOOR</u>	<input checked="" type="checkbox"/>		<u>PIPE INSULATION</u> 20 LF <input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>NEWARK CARTING</u>	NJDEP Waste Hauler ID No.	Cubic Yards of Waste <u>30</u>	Name of Registered Landfill <u>BATHLEHAM Land Fill</u>
City, State <u>NEWARK NJ</u>	Disposal Date	City, State <u>BATHLEHAM PA.</u>	
Completed By <u>Carlos Villarruel</u>	Title <u>Project Manager</u>	Signature <u>Carlos Villarruel</u>	Date <u>9-7-12</u>

*End Date has been amended

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

RECEIVED 4220

Date of Notification (1) 9-18-2012		Name of Building Owner/Operator (2) Township of Union							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 140 Perryville Road		City, State, Zip Code Hampton NJ 08827							
Name of Contact Joe Giannetti		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoffman House		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 28 Baptist Church Road		Square Feet	# of Floors						
City (5) Union		Bldg. Age 50+							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House for Demolition							
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.		Street Address 22 Troy Lane							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 856-768-8414	License No. 01088						
Start Date (10) 9-5-2012	Scheduled Completion Date (11) 10-31-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Pipe Insulation	325 LF	X			
Basement			X	Transite Board	2650 SF	X			
Attic, 2nd Fl. Chase			X	Transite Flue Pipe	120 SF	X			
Exterior			X	Window Glazing	100 LF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 9-18-2012					

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

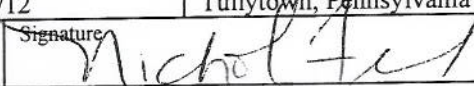
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Date of Notification (1) September 18, 2012		Name of Building Owner/Operator (2) Robert Schwartz	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address P O Box 205	
		City, State, Zip Code Brielle, NJ 08730	
		Name of Contact Robert Schwartz	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 823 South Drive			Square feet 1500 sf		
City Brick			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/01/12		Scheduled Completion Date (11) 10/03/12			
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 _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/18/2012

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

No
check

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

RECEIVED

Date of Notification (1) 9/18/2012		Name of Building Owner/Operator (2) R. SATTERWHITE		2012 SEP 21 AM 9:42					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 89 WILLOWDALE AVE City, State, Zip Code MONTCLAIR, NJ 07042 Name of Contact R. SATTERWHITE					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) R. SATTERWHITE				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 89 WILLOWDALE AVE				Square Feet 1800					
City (5) MONTCLAIR				# of Floors 2					
County (6) ESSEX				Bldg. Age 81 YRS					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc					
Street Address				Street Address 450 S. River St					
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444					
Start Date (10) 9-19-12		Scheduled Completion Date (11) 9-21-12		License No. 00388					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor Omega Environmental Inc					
				Street Address 280 Huyler St					
				City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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	VAT	475 SF	X			
BASEMENT			X	CEILING TIE	475 SF	X			
BASEMENT			X	THERMAL INSULATION	60 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2 1/2 YD		Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 9/21/12		City, State Waynesburg, Oh					
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano		Date 9/18/12			

No
check

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

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Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/18/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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		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 Faculty Rd									
City (5) Princeton		Square Feet 11,000	# of Floors 1						
		Bldg. Age 60+							
County (6) MERCER	County Code (7) (STATE USE ONLY)	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 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) ON HOLD	Scheduled Completion Date (11) / /	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro			Date 9/18/12			

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* 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)

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Ch # 2342

2012 SEP 21 AM 9:40

Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6758 <input checked="" type="checkbox"/> DHSS 6741 <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 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) <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 Faculty Rd		Square Feet 11,000							
City (5) Princeton		# of Floors 1	Bldg. Age 60+						
County (6) MERCER	County Code (7) (STATE USE ONLY)	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 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 9 / 24 / 12	Scheduled Completion Date (11) 10 / 5 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jrl		Date 9/13/12			

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

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Date of Notification (1) 9/14/12		Name of Building Owner/Operator (2) Port Authority Transit Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address Carlton Street, P.O. Box 4262		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)		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 Whitehorse Road & Berlin Road		Square Feet N/A	# of Floors N/A						
City (5) Lindenwold		Bldg. Age N/A							
County (6) Camden	County Code (7) (STATE USE ONLY)	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		Street Address 2082 B Lucon Road							
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm		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							
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: Not occupied		Street Address 2082 B Lucon Road							
		City, State, Zip Code Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Voorhees, Cherry Hill, Haddonfield			X	Removal of overhead ACM mat'l	5 MILES	X			
				jacket from utility cable					
(Project will commence in Voorhees and proceed to Haddonfield)				(Project starts @ Lindenwold and ends @ Ferry Ave Station)					
Name of Registered Waste Hauler American Disposal Systems, Inc.		NJDEP 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 Bridsboro, PA					
Completed by Caroline M. Harper		Title Project Manager		Signature <i>Caroline M. Harper</i>		Date 9/14/12			