State of NJ Notification of Asbestos Abatement

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

B & G proj. #:	2012-161		(1	Pursuan	t to NJAC 8	:60-7	and 12:120-7)	REC	E# 150E	<u>D</u>		-e ² s.	<u>.</u> 1 Š.			
Date of Notification	(1)	LLN	and of Duil	dina Own	er/Operator (2)			2012 CED 04	\$							
10 19 1/12 11			ime of Build		er/Operator (2)			2012 SEP 26	PM 3:	i						
Agencies Notified	Type Notificati	on Str	eet Addres	S			7	& LICE	CONTE	١						
☐ EPA	✓ Initial	- 11 (6 Maple L	ane			•	& LICE	YSINC	(UL						
☐ DEP		Cit	ty, State, Z							0						
☑ DOL	☐ Amendn	nent	Denville,	NJ 0783	34											
☑ DOH		1.0	me of Con					Teleph	one Numbe	er	State of the state					
DCA	Cancella	tion	Jim Lom	bardi			•						_			
				FAC	ILITY INFORM	ATION										
Name of facility wh	nere abatement is	s taking pla	ce (3)					Type of Facility	y (4) ool (K - 12)						
Jim Lombardi								☐ Sub	chapter 8 (Other th		12)				
Street Address									r (Private/0 s./Homes,		rcial					
6 Maple Lane								Square Feet	# of Floo		Blo	lg. Ag	je			
City (5)		Coun	ty (6)			Cour	ty Code (7)									
Oily (0)						(Stat	e use only)	Current Use	(Prior if bei	ng dem	nolishe	ed)				
Denville, NJ 0		Mor						residential	· · · · · · · · · · · · · · · · · · ·							
Name of Monitorin	g Firm Hired by I	Bldg. Owne	r (8)		ASCM No.		Name of Abatement									
n/a							B & G Restoration	on, Inc.	-							
Street Address							Street Address									
							105 Ryerson Ro	ad	OW.							
City, State, Zip Coo	le						City, State, Zip Code		199							
							Lincoln Park, N	J 07035	Licons	e Numb	or.					
Project Manager fo	r Monitoring Firm		Ph	one Numb	per		Telephone Number 973-696-6869		0378		Jei					
							Name of OSHA Mon	itor	0570							
Scheduled Start Da	ate (10)	Sched	Completic	n Date (1	1)		B & G Restorati									
10/01/2012		10/02	/2012			11	Street Address	011, 11101								
Occupancy Status	During Abatemer						105 Ryerson Ro	ad								
☐ Facility close				ment.			City, State, Zip Code									
Abatement p	erformed outside	of normal f	acility hour	s-		- 11										
Describe: Other-Descri	ihe:					_	Lincoln Park, N	J 07035								
Scope of Work (cl		v)											-			
Demolition	×	Renovatio	n			□F	ull Containment w/ne	gative pressure	☑ Glove	ebag pi	rocedu	ıre				
>3 sf or >3 lf	_	≥160 sf or	>260 If			× N	lini-enclosure		☐ Non-	friable	proce	dure				
			normally	used sole	v					R	R	Е	-			
Location of asbestos-co	ntaining	by mainte	nance/cus	todial		ion of a	sbestos-containing	Amoun		e m	e p	n	E n			
material to b	е	staff(12)		т	- material		• • • • • • • • • • • • • • • • • • •	(Specif	y SF or	0	a	a	C			
abated in fac	cility (13)	Yes	No	N/A				1 .,		V e	l i	р	L			
basement				1 X	pipe insula	tion		125 lf		X						
basement					1											
		ΠŤ		i	1											
Registered Waste	Hauler		P Hauler		Cubic Yards of	Waste	Name of Registered									
B & G Restorat		195	63		1 1/2 yards		Tullytown Reso	urce & Recove	ry Center							
City, State				Disposal			City, State		2.•8							
Lincoln Park, N		r		10/02/	Signature		Tullytown, PA		Date				-			
Completed by (Prin	nt or Type)	Title Treasure	r		Signature		Gordana Luna			2012						
Outdalla Dulla			MIC .	404			900			and the second		-				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

RECEIVED

Agencies Type Notification Not	9/20/12				wner/Operator (2): LEWIWERDA			201	2 SFP a-			,	£8		
Name of Facility Where Abstement is Taking Place (3): RESIDENTAL Type of Facility (4): School (K-12) S					22 (11 (12 (12))				-26	PM	2				
Name of Facility Where Abstement is Taking Place (3): RESIDENTAL Type of Facility (4): School (K-12) S	(X) initial	-						458	For		3: 1	6			
Name of Facility Where Abstement is Taking Place (3): RESIDENTAL Type of Facility (4): School (K-12) S	1 1 1						ě	d	FILOS	OM	rn -				
Name of Facility Where Abstement is Taking Place (3): RESIDENTAL Type of Facility (4): School (K-12) S	(X) DOL Notification				77308		Tele	enhone N	umber:	37.0	KUL				
Name of Facility Where Abstement is Taking Place (3): RESIDENTAL Type of Facility (4): School (K-12) S	나는 사람이 가는 사람들이 모르겠다. 그리고 있는 그리고 있는 그리고 있다면 그리고 있다면 그리고 있다.						Tele	phone 14	dilloci.	-	4				
Name of Pacility Where Abstement is Taking Place (3): RESIDENTAL School (R-1) School (R-1)	(-,							2			6	N.			
Name of Pacility Where Abstement is Taking Place (3): RESIDENTAL School (R-1) School (R-1)		1			FACILITY INF	ORN	1ATION								
1 School (k-12) 2 3 3 3 3 3 3 3 3 3	Name of Facility Where Abat	ement is	Fakin	g Place (3								100			
Street Address 681 22 LOTZ STREET City & State (5): N. HAŁEDON, NJ County (6): PASSAIC County (6): (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner(8) ENVIRONMENTAL CONSULING GROUP, LLC Street Address: PO BOX 8466 City, State, Zip Code: HALEDON, NJ 07538 Project Manager for Monitoring Firm: FERNANDO VILLA Start Date (10): 973-418-4036 Street Address: 973-18-4036 Street Address: 974-18-4036 Street Address: 975-6955 00641 Name of OSHA Monitor: Street Address: 975-6955 Offer Location of Abatement Chesk only one) (X) Edverbag Procedure (X) Policybag Procedure (X) Policybag Procedure (X) Policybag Procedure (X) Street Address: 974-18-4036 Street Address: 975-6955 Offer Location of Abatement Chesk only one) (X) Edverbag Procedure (X) Policybag Proc	•			0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1									
County (6): PASSAIC	Street Add - COLOR COTTO	TO DOM				」() Subchapter 8 (Othe	r than K-1:	2)						
Cluy & State (5): N. HALEDON, NJ Square Feet: NA	Street Addressoo1 22 LOTZ S	IREEI													
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Owner(8) ENVIRONMENTAL CONSULING GROUP, LLC Street Address: PO BOX 8466 City, State, Zip Code: HALEDON, NJ 07538 Project Manager for Monitoring Firm: FERNANDO VILLA Stret Address: Project Manager for Monitoring Firm: FERNANDO VILLA Start Date (10): 9/30/12 Street Address: 1															
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Street Address: PO BOX 8466 City, State, Zip Code: HALEDON, NJ 07538 Project Manager for Monitoring Firm: FERNANDO VILLA Prospect Park, NJ 07508 Telephone No.: 973-418-4036 (973) 595-6955 00641 Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc. Street Address: Prospect Park, NJ 07508 Telephone No.: (973) 595-6955 00641 Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc. Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State: P.O. Box 8265		LING GI	OH	PIIC	NA	William Co. According to the Co. According to the Co.									
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Prospect Park, NJ 07508 Project Manager for Monitoring Firm: FERNANDO VILLA Start Date (10): 9/29/12 Scheduled Completion Date (11): 9/30/12 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State: P.O. Box 8265 City, Stat															
Project Manager for Monitoring Firm: Telephone No.: 973-418-4036 973-418-4036 00641	HALFDON NI 07538														
Start Date (10): 9/29/12 Scheduled Completion Date (11): 9/29/12 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538 Street Address: P.O. Box 8265 City, State: Bethletem, PA 18015 Date:		g Firm:				icense No ·									
Start Date (10): 9/29/12 Scheduled Completion Date (11): 9/20/25 Scheduled Completion Date (11): 9/20/25 Scheduled Completion Date (11): 9/20/25 Scheduled Completion Date (12): 9/20/25 Scheduled Completion Date (12): 9/20/25 Scheduled Conpletion of Abatement (12): 9/20/25 Scheduled Check all that apply: 9/20/25 Scheduled C		0					1.5%								
9/29/12 Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement (1) Abatement Periomed Outside of Normal Facility Hours (X) ≥ 3 sf or ≥ 3 lf (1) Demolition Scope of Work (Check all that apply): (X) ≥ 3 sf or ≥ 3 lf (1) Demolition Location of Asbestos-Containing Material (ACM) Maintenance/ (ACM) TO BE ABATED IN Facility (13) IN Facility (13) BASEMENT Some of Registered Waste Hauler: Name of Registered Waste Hauler: No Signature: Disposal Date: 10/5/12 Date:	Start Date (10):	Schedule	d Cor	mpletion I	Date (11):				0041						
(X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours (O) Other – Describe: City, State, Zip Code: Haledon, NJ 07538	CONTROL OF CONTROL OF CONTROL OF THE CONTROL OF CONTROL				(11).				sey, Inc.						
() Abatement Performed Outside of Normal Facility Hours () Other – Describe: City, State, Zip Code: Haledon, NJ 07538	Occupancy Status During Abateme	ent (Check	only	one)		Str	reet Address:						****		
Scope of Work (Check all that apply): (X) ≥ 3 sf or ≥ 3 lf (Y) Demolition (X) Renovation (Y) Glovebag Procedure Wrapping Glovebag Procedure Non-Friable Procedure Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A BASEMENT Amount Custodial/ Staff? (12) Yes No N/A PIPE INSULATION Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: NJDEP Waste Haller ID No.: 18693 City, State: Po BOX 5670, NEWARK NJ 07105 Pull Containment with Negative Pressure Wrapping Containing Material (ACM) (X) Glovebag Procedure Non-Friable Procedure Nate managed Cartesian (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Separate of Registered Waste Hauler: NJDEP Waste Hauler ID No.: 18693 City, State: Po BOX 5670, NEWARK NJ 07105 Date: Date:	(X) Facility Closed/vacated During	g Entire Pe	riod o	of Abateme	nt	P.0	O. Box 8265								
Scope of Work (Check all that apply): (X) ≥ 3 sf or ≥ 3 lf (X) Renovation (X) Glovebag Procedure (X) Glovebag Procedure (X) Glovebag Procedure (X) Renovation (X) Renovat	() Other – Describe:	of Normal	Faci	lity Hours											
(X) ≥ 3 sf or ≥ 3 lf (Y) ≥ 160 sf or ≥ 260 lf (X) Renovation (Y) Pull Containment with Negative Pressure (Y) Wrapping (Y) Glovebag Procedure (Y) Reporting (Y) Glovebag Procedure (Y) Reporting (Y) Report Reporting (Y) Reporting (Y) Reporting (Y) Reporting (Y) Reporti	Score of Work (Check all that ann	lert.				110	dicdon, 143 07558				_				
(A) ≥ 160 sf or ≥ 260 lf Coation of Asbestos-Containing Material (ACM) (AC		ıy <i>)</i> .					()	Full Cor	ntainment wi	th Ne	gative	Pressu	ire		
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A BASEMENT X PIPE INSULATION Registered Waste Hauler: NEWARK CARTING, INC. Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF End Custodial/ Staff? (12) Yes No N/A Name of Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: 10/5/12 BETHLEHEM, PA 18015 Date: Completed By: Title: Signature: Date: Date: Description of Abbatement Type Abbatement	(1) $\ge 3 \text{ sf or } \ge 3 \text{ if}$ (1) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$			(X) R	enovation emolition		(x)	Wrappin	g g Procedure	1					
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A PIPE INSULATION Maintenance/ Custodial/ Staff? (12) Yes No N/A PIPE INSULATION Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: 10/5/12 Disposal Date: 10/5/12 Disposal Date: 10/5/12 Date:		I Is L	ocat	ion			()	Non-Fria	ble Procedure	1	Abat	emen	t		
Maintenance Custodial Staff? (12) Yes No N/A PIPE INSULATION Staff S		No	rma	lly	De	scrip	tion of						•		
TO BE ABATED IN Facility (13) Custodial/ Staff? (12) Yes No N/A Name of Registered Waste Hauler: NEWARK CARTING, INC. City, State: PO BOX 5670, NEWARK NJ 07105 Custodial/ Staff? (12) Yes No N/A PIPE INSULATION Surfacing, VAT, or other miscellaneous) Amount (Specify Staff) Staff? (Specify Staff) Staff. (Specify Staff) Staff? (Specify Staff) Staff. (Specify					(i.e., therma	ainin il svs	ig Material (ACN tems insulation.	1)			Abatement Type				
BASEMENT Tes No N/A PIPE INSULATION 85 LF X Name of Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: 18693 Disposal Date: 10/5/12 Disposal Date: Dis					surfa	cing,	VAT, or	- 1	Amount	Rer	Vra	nc	l ac		
BASEMENT Tes No N/A PIPE INSULATION 85 LF X Name of Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: 18693 Disposal Date: 10/5/12 Disposal Date: Dis				?	other	misce	ellaneous)			no	p&	sde	los		
Name of Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: PO BOX 5670, NEWARK NJ 07105 Disposal Date: Disposal Da	(13)			LNIA				5	SF or LF)	/al	5	ulat	l Te		
Name of Registered Waste Hauler: NEWARK CARTING, INC. Disposal Date: 10/5/12 City, State: PO BOX 5670, NEWARK NJ 07105 Disposal Date: 10/5/12 Disposal Date: BETHLEHEM, PA 18015 Date:	BASEMENT			_	PIPE INSULAT	ION		85	5 LF	X		<u> </u>	 		
NEWARK CARTING, INC. Hauler ID No.: 18693 City, State: City, State: BETHLEHEM, PA 18015 Completed By: Title: Signature: Date:							*************************				-	 			
NEWARK CARTING, INC. Hauler ID No.: 18693 City, State: City, State: BETHLEHEM, PA 18015 Completed By: Title: Signature: Date:			***												
NEWARK CARTING, INC. Hauler ID No.: 18693 City, State: City, State: BETHLEHEM, PA 18015 Completed By: Title: Signature: Date:									· · · · · · · · · · · · · · · · · · ·						
City, State: PO BOX 5670, NEWARK NJ 07105 Completed By: Disposal Date: 10/5/12 City, State: BETHLEHEM, PA 18015 Date:										stered	landfil	1:			
City, State: PO BOX 5670, NEWARK NJ 07105 Disposal Date: 10/5/12 Disposal Date: BETHLEHEM, PA 18015 Completed By: Date:	NEWARK CARTING, INC.					.:	of Waste:	IE	SI						
PO BOX 5670, NEWARK NJ 07105 10/5/12 BETHLEHEM, PA 18015 Completed By: Title: Signature: Date:	City, State: Disposal Date:					T	City, State:								
Dutc.	PO BOX 5670, NEWARK NJ 07105 10/5/12							A 18015							
	Completed By: Title:					Sign	ature:	- 2151-174-	Date:				- 15		
									9/20/12						



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

RECEIVED

Date of Notification (1) September 10/2012					Name of Building Owner/Operator (2) Carlwood Land Developmment LLC Street Address 144 Route 94											
The second of th	Type Notification			Street A		elohili	Herit L	LC		OL 56		¥ 3:	fie fi			
					oute 94				ASB	FSTOO	Carrier Commence	0	v.			
EPA DEP	☐ Initial × Amended		1	City, Sta	ite, Zip Code	900-10 HSM				FILE	COL	VTR	Πı			
DOL	Amendment		-	Lafaye	ette,NJ 07848		ASBESTOS CONTROL									
IX DOH	_ Emergency (justification)	iricidaling			Contact				Tel	ephone Nu	mber		Ď.)		
DCA [Cancellation				Weidner											
Name of Facility Where Ab	patement is Taking	Place (3)		FACI	LITY INFORMAT	ION	Type	of Facility (4)							
Merck Sharp & Dohn								School (K-1								
Street Address					1 🗖 s	Subchapter	8 (Oth	er than K-1		E						
144 Route 94								other (i.e. p etc.)	orivate a	& commerci	al bui	ldings	, hom	ies,		
City (5) Lafayette				Square	e Feet	100000000000000000000000000000000000000	Floors		3ldg.	Age						
County (6)	0			40 50		01			52							
Sussex		County C	JOGE (7) JSE ONLY)			nt Use (Prioratory	or if bei	ng demolis	ned)							
Name of Monitoring Firm H	ASCM	l No.	Name		ement Con	tractor	(9)									
AZ Solution Consultir	ng LLC	54 10)5		tigar Ll			•								
Street Address 7007 60th. Street			4.70	Address	s tr. Apt.6											
City, State, Zip Code					Statut -						1000					
Ridgewood,NY 1138				State, Zip Code ield,NJ 07026												
Project Manager for Monito Aleksandar Zivanov	T	Telephor			none No			License N	0.							
Start Date (10)	100	347 61			262 21	17001.20		01177								
09/21/2012		npletion [Date (11)			A Monitor n Consul	ting L	LC								
Occupancy Status During A				Address	98											
Facility Closed/Vacate	ed During Entire P	eriod of Al	aten	nent				Street								
Abatement Performed Other – Describe:	Outside of Norm	al Facility I	Hours	3		19505 50	tate, Zip		0E							
Scope of Work (Check All 1	That Apply)			Ridgewood,NY 11385												
≥3 sf or ≥3 lf		П В	nova	ation						ment with Negative Pressure						
≥160 sf or ≥260 lf			molit	tion × Mini-Enclosure						re						
				Glovebag Proc						ocedure ed (*) and Non-Friable Procedure						
		ls L	ocati	on							Π	Abate	ement	t		
Location of		Used	Sole			scription					-	Ту	ре	_		
Asbestos-Containing Ma		Main	tenai	nce/	Asbestos Cont (i.e. thermal	taining M systems	laterial (ACM)		nount pecify	70		g			
In Facility (13)	— <u></u> A	Custo	dial 5 (12)	Staff?	surfa	cing, VA	T, or			or LF)	Remova	Repair	caps	nclo:		
(13)				т	other n	niscellan	eous)				val	air	Encapsulate	Enclosure		
Main Coridors and I	Main Office	Yes	No	N/A	Flor tile				200	0 6	-			\vdash		
Lover Labora		x		\vdash		site Bo		-		o sq.ft.	x					
See attachm		X		\vdash	Laborato			ie l		0 sq.ft	x			\vdash		
See attachm		X		-	Pipe Fiting	-				0 5q.n	-		_			
					iste Cubic				10000	ed Landfill	х			Щ		
Maktigar LLC Ha					lo. of Was		- 1	Grows L								
City, State						al Date		City, State								
Garfield,NJ 07026					On co	mpleti	tion	Morriswi		A						
Completed by Title Veselin Petrovski President					\\AS	ighature	Λ,	1	١	Dat				\dashv		
Veselin Petrovski		رحكر	ell	y Ve	100	4/ 09	/20/2	012								

29314

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

RECEIVED

									6.1				
Date of Notification (1) 09/18/12	09/18/12				Building Owner/G University	Operator	⁽²⁾ 2012 SEP	26 PH	2:5	l.			
Month/Day/Year			-	11			4.1		- 0	9	_		
	Type Notifica			Street Add			ASBEST & LI	ns con					
EPA		tial		P.O. box 2			211	CO CUA	LIRO				
DEP	N	otificat	ion	City, State	e, Zip Code		₩ LI	CENSIN	G	_			
DCA	x An	nended		Princeton	NJ 08543				(18			
DOH	N	otificat	ion	Name of C	Contact		T	elephone Nu	ımber	.			
	Ca	ncellati	on	Robert Ot	ego								
				FACILI	TY INFORMAT	TION							
Name of Facility Where Abatem	ent is Takina	Place	(3)				Type of Facility (4	`					
Princeton University - Lawren				ldg 7 ant 204	kitchen		School (
Timeeton Oniversity Davie	ice now reise	. upan en		10g / upt 20 1	Menen			er 8 (Other	than K	12)			
Street Address				100				e. Private &					
Alaxender Road								s, homes, et					
THE TOTAL								of Floors	Bldg.	Age			
City (5)	Co	unty (6)		County Code	(7)	1 10000	3	50+	•			
Princeton		•	•		(STATE USE ONL)		Current Use (Prior	Current Use (Prior if being demolished)					
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						:::e::	-						
Name of Monitoring Firm Hire	d by Building	Owner	(8)		ASCM No.	Name	of Abatement Contra	ector (9)					
Pennoni Associates Inc					Lancoura de la companya de la compan	Associ	iated Specialty Contr	acting					
							Address						
Street Address 515 Grove Street Suite 1B						100000000000000000000000000000000000000	Crue Avenue	1910					
City, State, Zip Code Haddon Heights NJ				1 X			State, Zip Code Mills, PA 19342						
Project Manager of Monitoring	Eiron	-		Telephone	Number				Licen	e Numb	ner		
Alan Lloyd	ririn			856-547-0		Telephone Number Licence Numb							
<u> </u>													
Scheduled Start Date (10)	Sch	ed. Co	mpletion Date	: (11)	Name	of OSHA Monitor							
10/05/12			10/06/12		Criter	ion Labs							
Month/Day/Year				Ionth/Day/Ye	ar	<u> </u>							
Occupancy Status During Abate	ement (Check	only o	ie)			1007700000	Address						
Facility Closed/Vacated	During Entir	e Perio	d of A	batement		3370 I	Progresive Drive						
x Abatement Performed C	outside of No	rmal Fa	cility			City, S	State, Zip Code						
Hours - Describe:	8:00 AM - 5:0	00 PM				Bensa	lem PA 19020						
Other - Describe:				200		II							
Scope of work (Check all that ap	anly)					Full Containment with Negative Pressure							
Demolition	ppiy)			Renovatio			Mini - Enclosure	in i regueri					
				Renovatio									
x > 3 sf or > 3 if						x	Glovebag Procedure						
>160 sf or >260 lf					dure								
		Is						Al	oatemen	t Type			
Location of		Locatio	n	Desc	cription of					E	E		
Asbestos - Containing	1	ormall	y	Asbesto	os-Containing		Amount	R		N	N		
Material (ACM)		Used		Mate	rial (ACM)		(Specify	E	R	C	C		
TO BE ABATED		Solely		(ie. Th	ermal systems		SF or	M	E	A	L		
In Facility		by Mair	ı-	insulation	, surfacing, VAT	Γ,	LF)	0	P	P	0		
(13)		enance			miscellaneous)	1969	8597	v	A	S	S		
(13)	1 3	Custodi						A	I	U	U		
		taff (12		1				L	R	L	R		
		s No	N/A	1	**************************************						E		
BLDG 7 -apt 204 -kitchen	1.5	x		floor tile			80	x					
		+	_										
		+				-							
Name of Registered Waste Hau	F (6) (6) (7)	EP Waste	Cubic Yards		Name of Registered	Landfill							
Horizon Disposal			Hau	ler ID No.	of Waste		GROWS						
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA						
			1			T c:				Date			
Completed By (Print or Type) Mark Goshow			Title Proj	ect Manager		Signat	andon	in		9-25	78		
ARC 41						1//	7 - 7 - 7 -				par.		

29313

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

REGEIVER 2

Date of Notification (1)	Name of Building Owner/Operator (2)																	
07/11/12				Name of Building Owner/Operator (2) Princeton University 2012 SEP 26 PM 2: 53														
Month/Day/Year				JL				-, 50	H	2:53)							
Agency Notified Type I	Notificat	ion		Street Add	lress		ASAEC	٠.٠٠ مار.										
EPA	Init			P.O. box 2		3	ASBESTOS CONTROL & LICENSING											
DEP	200	tificat	ion		e, Zip Code		or L	ICENS	INC	UUL								
DCA x		ended		Princeton					_	_	—							
DOH		tificat cellati		Name of C				Telephor	ie Nu	mber								
		cenaci			TY INFORMAT	TION												
Name of Facility Where Abatement is	Taking l	Place	(3)	- Incin	T E II O III III		Type of Facility	v (4)										
Princeton University - 20 Washingto							Schoo	I (K12)										
								apter 8 (C										
Street Address								(i. c. Priv			rcial							
20 Washington Road							Square Feet	# of Floo		Bldg.	Aga							
City (5)	Cou	nty (6	j)		County Code	(7)	100000	4	13	50+								
Princeton		A 48	3		(STATE USE ONL)	1990E0	Current Use (P	rior if bein	g den	molished)								
Name of Manitaning Pinn Hind by D	ullding ((0)		ASCM No. Name of Abatement Contractor (9)													
Name of Monitoring Firm Hired by B ATC Associates, Inc	unding (Jwner	(0)		ASCM No.	11	iated Specialty Co		')									
Street Address		-	_				Address			-2-12								
3 Terri Lane						11	Crue Avenue											
City, State, Zip Code Burlington NJ 08016							State, Zip Code Mills, PA 19342											
Project Manager of Monitoring Firm Mike Keehn				Telephone 609-386-88			one Number 64-9622			Liceno 1103	e Numb	er						
Scheduled Start Date (10)		Sche	d Cor	npletion Date	(11)	Name	Name of OSHA Monitor											
07/23/12				12/31/12	(/		ion Labs											
Month/Day/Year				onth/Day/Yea	r													
Occupancy Status During Abatement	2001 - 2001 - 2001 - 2001 - 2001		200	Address														
x Facility Closed/Vacated During				atement			rogresive Drive state, Zip Code											
Abatement Performed Outside Hours - Describe: 7:00 A			cinty				em PA 19020											
Other - Describe:	11 - 3.30	A IVA				Delisai	CIII 1 A 17020											
Scope of work (Check all that apply)					Full Containment with Negative Pressure													
Demolition			x	Renovation	ľ	x	Mini - Enclosur		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
>3 sf or >3 if						x	Glovebag Proce	dure										
x >160 sf or >260 lf						x	Non-Friable Pro	ocedure										
		Is							Aba	atement	Туре							
Location of	18 53500	ocation		100000000000000000000000000000000000000	ription of						E	E						
Asbestos - Containing	100	rmally	1	E. C.	s-Containing		Amoun (Specif		R E	R	N C	N C						
Material (ACM) TO BE ABATED	5.00	sed olely			rmal systems		SF or	***	M	E	A	L						
In Facility		Main	-		surfacing, VAT	.	LF)	- 1	0	P	P	0						
(13)		nance/			miscellaneous)		, rawers		V	A	s	S						
	1,000,000	stodia	7111						A	I	U	U						
		ff (12)							L	R	L	R E						
Ground Floor - exterior outside room	Yes	X	N/A	window cau	lk		170 LF	x				E						
1st Floor - exterior outside room 101 C	:	x		window cau	lk		170 LF	x										
2nd Floor - exterior outside room 201	G	x		window cau	lk		170 LF	х										
throughout		x		pipe insulat	ion		100 LF	x										
Name of Registered Waste Hauler			100000000000000000000000000000000000000	EP Waste	Cubic Yards		Name of Registe	red Landfi	II	22	122/02/02/02							
Horizon Disposal			Haule	er ID No.	of Waste 5		GROWS											
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA											
Completed By (Print or Type)			Title		-	Signatu	re , , //				Date							
Mark Goshow	Proje	ct Manager	11	M	aple.	har			925	-12								

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Princeton University - 20 Washington Lane Additional ACM Sections & LICENSING

Location of ACM	Description of ACM	Amount	Abatement
ground floor	floor tile and mastic	400 SF	Removal
ground floor lab 1	gasket material	20 SF	Removal
ground floor lab 1	packing material	84 SF	Removal
ground floor labs	transite fume hoods	300 SF	Removal
ground floor lab arear	pipe insulation	300 LF	Removal

State of NJ Notification of Asbestos Abatement

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

B & G proj. #:	2012-174		•					M codck!	# 1503 =	D			9 50			
Date of Notification	(1)	I I Nam	e of Buildi	ng Owne	r/Operator (2)			2012 000 0								
10 19 1/12 11								2012 SEP 20	PH;	3: 13						
Agencies Notified	Type Notification		b Vogel et Address							The second second	_					
☐ EPA	Initial		Curtis Te	*			£.	ASBESTOS & LICE	NSING	ROL						
☐ DEP	M Initial	11	State, Zip					<u> </u>	- HOLING	6	2					
⊠ DOL	Amendm	ent	Contclair,		12			31 N			_					
□ DOH			e of Conta					Telephon	e Number			39.				
☐ DCA	☐ Cancellat	tion D	oh Voga	1						20.						
		<u> R</u>	ob Voge		ITY INCORE	ATION										
				FACIL	.ITY INFORM	ATION	т	Type of Facility	(4)							
Name of facility wh	nere abatement is	taking place	(3)				5	School	K - 12)							
Rob Vogel									apter 8 (C			12)				
Street Address								Other Pldgs	(Private/C /Homes, e	ommer	cial					
								Square Feet	# of Floo		Bld	g. Ag	e			
6 Curtis Terrac	e	County	(6)			Cour	nty Code (7)	042310.001								
City (5)							e use only)	Current Use (F	rior if bein	g dem	olishe	d)				
Montclair, NJ	07042	Essex						residential		-		_	_			
Name of Monitorin	ng Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement (
n/a						_	B & G Restoratio	n, Inc.								
Street Address					Har construction and and		Street Address	A	•							
							105 Ryerson Roa City, State, Zip Code	u								
City, State, Zip Coo	de						Lincoln Park, N.	07035	•							
Project Manager fo	r Monitoring Firm		Pho	ne Numb	er		Telephone Number	7,000	License	Numb	er					
Project Manager to	A Monitoring Film		1. "		528		973-696-6869		0378							
0.1.1.101.15	ata (10)	ISched (Completion	Date (11)		Name of OSHA Moni									
Scheduled Start Da	ate (10)						B & G Restoration									
10/03/2012		10/04/2					Street Address									
Occupancy Status	During Abatement ed/vacated during			nent			105 Ryerson Road City, State, Zip Code									
Abatement p	ed/vacated during performed outside	of normal fac	cility hours	-			Oity, State, Zip Code									
Describe: Other-Descri						_	Lincoln Park, N.	07035								
Scope of Work (C	Control of the Contro	()														
Demolition	ileok ali tilat appij	Renovation				⊠ F	ull Containment w/neg	gative pressure	☑ Glove	bag pr	ocedu	ire				
>3 sf or >3 l	5-25	≥160 sf or ≥2	260 If			× N	lini-enclosure		☐ Non-	friable _l	oroce	dure				
	<u> </u>	Is location i		sed solely	/			T		TR	R	E	E			
Location of asbestos-co	ontaining	by mainten			1	on of a	sbestos-containing	Amount	SE or	e m	e p	n	n			
material to b	oe .	staff(12)			material			(Specify LF)	OF 01	o v	a	а	L			
abated in fa	Cilly (13)	Yes	No	N/A						е	1	Р				
boiler room area	a			X	boiler insu		•	65 sf	<u> </u>		부	片	片			
boiler room area	a			X	pipe insula			21 lf		NA.	屵	ዙ	片			
garage area				X	pipe insula	100		40 lf 5 lf		X	片	片	H			
laundry room				X	pipe insula			6 lf			片	片	片			
closet area		10000) Havier JP	LX	pipe insula		Name of Registered				<u>Ш</u>		1			
Registered Waste B & G Restorat		1956	Hauler ID	***	yards	, vasio	Tullytown Resou	irce & Recover	y Center							
City, State				Disposal D	ate		City, State									
Lincoln Park,				10/05/2			Tullytown, PA		Date							
Completed by (Pri		Title			Signature		Gordana Luna		9/21/	2012						
Gordana Luna		Treasurer					0									

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

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2012 SEP 26 PM 3:2

& LICENSING B & G proj. #: 2012-126 Date of Notification (1) Name of Building Owner/Operator (2) 0 9 1/12 11 1/11 12 1 Helen Berman Agencies Notified Type Notification Street Address ☐ EPA Initial 41 Watchung Avenue DEP City, State, Zip Code DOL. Amendment Upper Montclair, NJ 07043 DOH. Name of Contact Telephone Number Cancellation ☐ DCA Helen Berman **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Helen Berman Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 41 Watchung Avenue Square Feet | # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Upper Montclair, NJ 07043 residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a 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 License Number 973-696-6869 0378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 10/02/2012 10/03/2012 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: · Lincoln Park, NJ 07035 Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure Glovebag procedure \boxtimes >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing e е Description of asbestos-containing staff(12) Amount material to be m p material (ACM) (Specify SF or C abated in facility (13) 0 C Yes a No N/A a ٧ p 0 basement pipe insulation 105 lf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 1 1/2 yards Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 07035 10/03/2012 Tullytown, PA Completed by (Print or Type) Title Signature Date Gordana Luna Gordana Luna Treasurer 9/21/2012