**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

---

**Date of Notification (1):** 9/14/2016  
**Name of Building Owner/Operator (2):** Ocean Towers Preservation, LLC  
**Street Address:** 3 East Stow Road, Suite 100  
**City, State, Zip Code:** Marlton, NJ 08053  
**Name of Contact:** Nicholas Cangelosi  
**Telephone Number:**  

---

**Name of Facility Where Abatement is Taking Place (3):** Ocean Towers  
**Street Address:** 425 Ocean Avenue  
**City (5):** Jersey City  
**County (6):** Hudson  
**Current Use (Prior if being demolished):** Residential for Seniors  

---

**Name of Monitoring Firm Hired by Building Owner (8):** A. Seine Lighthouse Solutions, LLC  
**ASCM No.:** N/A  
**Street Address:** PO Box 354  
**City, State, Zip Code:** South Orange, NJ 07079  
**Telephone No.:** 201-349-2666  
**Name of Abatement Contractor (9):** Prestige Building Company, LLC  
**Street Address:** 3 East Stow Road  
**City, State, Zip Code:** Marlton, NJ 08053  
**License No.:** 856-355-1528  
**License No.:** 01205  

---

**Start Date (10):** 10/4/2016  
**Scheduled Completion Date (11):** 12/31/2016  
**Name of OSHA Monitor:** A. Seine Lighthouse Solutions, LLC  
**Street Address:** PO Box 354  
**City, State, Zip Code:** South Orange, NJ 07079  

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):** Exterior Windows  
**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**  
**Amount (Specify SF or LF):** 10,000LF  
**Abatement Type:** X  

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):** Exterior Window Caulk  
**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**  
**Amount (Specify SF or LF):**  
**Abatement Type:** X  

---

**Name of Registered Waste Hauler:** JEG Inc.  
**NJDEP Waste Hauler ID No.:** 254612  
**Cubic Yards of Waste:**  
**Name of Registered Landfill:**  
**City, State:** Englewood, NJ  
**Completed by:** Antoinette Dolly Dube  
**Title:** Project Administrator  
**Signature:**  
**Date:** 9/14/2016  

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 09/26/16

Name of Building Owner / Operator (2) PSE & G
Street Address 4000 HADLEY ROAD
City, State, Zip Code SOUTH PLAINFIELD, NJ 07080
Name of Contact MIKE PERCARPIO
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Square Feet N/A
# Of Floors N/A
Building Age N/A

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NA
Street Address 185 VAN KEUREN AVE
City, State, Zip Code
Name of OSHA Monitor NORTHSSTAR CONTRACTING GROUP, INC.
Telephone Number 908-218-1108
License Number 00860

Occupancy Status During Abatement (Check Only 1)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility
Other - Describe: 7:00AM - 3:30PM

Scope of Work (Check All That Apply)
Demolition
Renovation
Full Containment with Negative Pressure
Mini - Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

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

Abatement Type

Location of Asbestos Containing

UNIT 1 STACK

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

Abatement Type

Name of Registered Landfill GROWS

City, State BETHLEHEM, PA 18105

Disposal Date 09/26/16

Completed by (Print or Type)

Title Project Manager

Signature

Date
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3):</th>
<th>KEARNY HIGH SCHOOL NORTH BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>336 DEVON STREET</td>
</tr>
<tr>
<td>City &amp; State:</td>
<td>KEARNY, NJ</td>
</tr>
<tr>
<td>County:</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner:</td>
<td>BRIGGS ASSOCIATES</td>
</tr>
<tr>
<td>Street Address:</td>
<td>3 CROSSWICKS STREET</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>BORDENTOWN, NJ 08505</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm:</td>
<td>MICHAEL</td>
</tr>
<tr>
<td>Start Date (10):</td>
<td>10/06/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11):</td>
<td>8/31/17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>( ) Facility Closed/vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>(X) Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>(X) Other — Describe: Occupied/Unoccupied</td>
<td></td>
</tr>
</tbody>
</table>

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

- 3 sf or ≥ 3 sf
- 160 sf or ≥ 260 sf
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15):**

<table>
<thead>
<tr>
<th>Floor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 2nd, 3rd, 4th FLOORS</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>1st, 2nd, 3rd, 4th FLOORS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KITCHEN</td>
<td>X</td>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Quantity</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE / FITTING</td>
<td>4,119 LF</td>
<td>X</td>
</tr>
<tr>
<td>FLOOR TILES/MASTIC</td>
<td>21,545 SF</td>
<td>X</td>
</tr>
<tr>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

SERVICES TRANSPORT GROUP, INC.

**Disposal Date:** 11/30/16

**Completed By:** MIKE ALTADOUKA

**Title:** PRESIDENT

**Signature:** [Signature]

**Date:** 9/22/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
09/21/16

Name of Building Owner/Operator (2):
Mohammed Aziz

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

Type Notification:
- Initial
- Amendment #
- Emergency (including justification)

Street Address:
[Redacted]

City, State, Zip Code:
Clifton, NJ 07011

Name of Contact:
Mohammed Aziz

Telephone Number:

FACILITY INFORMATION

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

City (5):
Clifton

County (6):
Passaic

Current Use (Prior if being demolished):
Residential

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

Name of Abatement Contractor (9):
Lasco Services Inc.

Street Address:
156 Maple Ave.

City, State, Zip Code:
Wallington, NJ 07057

Project Manager for Monitoring Firm:

Telephone No.:
862-221-9092

License No.:
01107

Start Date (10):
10/01/16

Scheduled Completion Date (11):
10/04/16

Name of OSHA Monitor:
Laslaw Nalodka

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

Scope of Work (Check All That Apply):
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF):
50lf.

Abatement Type:
Removal
Repair
Enclosure
Endorse

Name of Registered Waste Hauler:
Newark Carting Inc.

NJDEP Waste Hauler ID No.:
05409

Cubic Yards of Waste:
1

Name of Registered Landfill:
GROWS

Disposal Date:
10/05/16

City, State:
Morrisville, PA

Completed by:
Leslaw Nalodka
Title:
President
Signature:

Date:
09/21/16

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

**Name of Building Owner/Operator:** OM Divaya Realty LLC

**Address:**
10 Bryant Dr.
Livingston, NJ 07039

**Name of Contact:** Shaliesh Patel

**Telephone Number:** 732-406-1234

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Former Exxon Station
- **Street Address:** 222 North Livingston Ave.
- **City:** Livingston
- **County:** Essex
- **Name of Monitoring Firm Hired by Building Owner:** N/A
- **Name of Abatement Contractor:** Delta Contracting LLC
- **Street Address:** 522 7th St.
- **City, State, Zip Code:** Union City NJ 07087

**Project Manager for Monitoring Firm**

**Start Date (10):** 09-23-16
**Scheduled Completion Date (11):** 09-24-16

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

**Scope of Work (Check All That Apply):**
- ≥ 23 sf or ≥ 23 if
- ≥ 150 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff?</strong> (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 SF</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13):**
- Roof

**Name of Registered Waste Hauler:** Delta Contracting LLC

**NJDEP Waste Hauler ID No.:** 35240

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** Tullytown Resource Recovery Facility

**City, State:** Tullytown, PA

**Disposal Date:** 09-27-16

**Completed by:** Jaime Delgado

**Title:** Proj. Manager.

**Signature:**

**Date:** 09-21-16

---

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

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*ASB-41 (R-06-08)*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 9/23/16
Name of Building Owner/Operator (2) Tom Keller Private Home

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

Type Notification: [ ] Initial
[ ] Amended
[ ] Amendment # 1
[ ] Emergency (including justification)
[ ] Cancellation

Street Address: [Redacted]
City, State, Zip Code: Long Beach Twp NJ 08008

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Tom Keller Private Home

Square Feet: 1000+
# of Floors: 2
Bldg. Age: 35+

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

County Code (7)
(SATE USE ONLY) [ ]

Current Use (Prior to being demolished) [ ]
Home

Project Manager for Monitoring Firm [ ]

Telephone No. 856-753-9800
License No. 00727

Start Date (10) 10/6/16
Scheduled Completion Date (11) 10/12/16

Name of OSHA Monitor [ ]
Same

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

Street Address [ ]

City, State, Zip Code [ ]

Scope of Work (Check All That Apply) [ ]

≥3 sf or ≥3 ft
≥160 sf or ≥250 ft
[ ] Renovation
[ ] Demolition

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

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

In Facility (13)

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

[ ] Yes
[ ] No
[ ] N/A

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

Amount (Specify SF or LF)

Exterior Siding 1800 SF

Abatement Type

[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Endorse

Name of Registered Waste Hauler

United Roll Off
NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste: 4

Name of Registered Landfill: G.R.O.W.S.

City, State: Morrisville PA 19067

Disposal Date 10/12/16

Completed by Anthony T. Perna
Title President

Signature: [Redacted]
Date 9/23/16

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

Date of Notification (1)  
9 / 13 / 16

Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction

Agencies Notified  
☐ EPA  ☑ DOHWD  ☑ DHSS  ☑ DCA  
(NJAC 5:23-8)

Type Notification  
☐ Initial  ☐ Amended
☐ Amendment #1-9/22/16  ☐ Emergency (including justification)  ☐ Cancellation

Street Address  
200 Elm Dr.

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-McCosh Health Center

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

Street Address  
Frist Lane

Square Feet

City (5)  
Princeton

# of Floors

County (6)  
MERCER

Bldg. Age

County Code (?) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
ATC Group Services LLC

Current Use (Prior if being demolished)

ASCM No.  
00098

License No.  
00509

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

Telephone No.  
215-788-6040

Street Address  
1123 BEAVER STREET

Project Manager for Monitoring Firm  
Michael Keehn

City, State, Zip Code  
BURLINGTON, NJ 08816

Telephone No.  
609-386-8800

License No.  
00509

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Start Date (10)  
9 / 23 / 16

Name of Registered Hauler  
BRISTOL ENVIRONMENTAL, INC.

Scheduled Completion Date (11)  
9 / 24 / 16

Cubic Yards of Waste  
<1

Occupancy Status During Abatement (Check only one)

☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM-1:00PM - PM-12:00AM

Scope of Work (Check all that apply)

☐ >3 sf or >3 If  ☑ Renovation
☐ 160 sf or >260 If  ☐ Demolition

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (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)  
5 LF  ☑ 8 LF  ☐

1st floor south corridor  
[ ] Full Containment with Negative Pressure  □ Mini-Enclosure  ☐ Glovebag Procedure  ☐ Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.  
18706

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

City, State  
BRISTOL, PA 19007

Disposal Date  
9/23/2016

City, State  
MORRISVILLE, PA 19067

Completed By (Print or Type)  
Brian Scafiro

Date  
9/22/16

Title  
Estimator

Signature  
[Signature]

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 13 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Princeton University-Office of Design and Construction</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Robert Ortego</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD 9557</td>
<td>Amended Amendment</td>
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<td>DHSS 64019</td>
<td>Emergency</td>
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<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>200 Elm Dr.</th>
<th>City, State, Zip Code</th>
<th>Princeton, NJ 08544</th>
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</thead>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University-McCosh Health Center</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>First Lane</th>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Princeton</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>MERCER</th>
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<table>
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<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Library</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ATC Group Services LLC</th>
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<table>
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<tr>
<th>Street Address</th>
<th>Three Terri Center</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Burlington, NJ 08016</th>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Michael Keehn</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>609-386-8800</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>9 / 23 / 16</th>
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<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>9 / 23 / 16</th>
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>BRISTOL, PA 19007</th>
</tr>
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<table>
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<tr>
<th>License No.</th>
<th>00509</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>BRISTOL, PA 19007</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥2 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes No N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Pipe Insulation-Wrap &amp; Cut</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>1st floor south corridor</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18706</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>&lt;1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. NORTH LANDFILL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>BRISTOL, PA 19007</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>9/23/2016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>MORRISVILLE, PA 19067</th>
</tr>
</thead>
</table>

Completed By (Print or Type)  
Brian Scafro  
Title: Estimator  
Signature: [Signature]  
Date: 9/13/16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASPEROS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)  
9/23/16

Name of Building Owner/Operator (2)  
Charles Labin Private Home

Agencies Notified  
X EPA  
X DEP  
X DOL  
X DOH  
X DCA

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

Street Address  

City, State, Zip Code  
Long Beach Twp NJ 08008

Name of Contact  
Charles

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Charles Labin Private Home

Street Address  

City (5)  
Long Beach Twp NJ 08008

County Code (7)  

Current Use (Prior to being demolished)  
Home

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

Name of Abatement Contractor (9)  
Parnaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm  

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
10/6/16

Scheduled Completion Date (11)  
10/12/16

Name of OSHA Monitor  
Same

Occupancy Status During Abatement (Check Only One)  
X Facility Closd/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe:

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

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

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)  
500 SF

Abatement Type  

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Dispose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transite Board</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
United Roll Off

NUDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
3

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

City, State  
Elm NJ

Disposal Date  
10/12/16

City, State  
Morrisville PA 19067

Compiled by  
Anthony T Ferra

Title  
President

Signature

Date  
9/23/16

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

**Date of Notification (1)**
September 23, 2016

**Name of Building Owner/Operator (2)**
Colgate-Palmolive

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

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

**Agency Address**
400 Elbow Lane
City, State, Zip Code

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

**Street Address**
400 Elbow Lane
Burlington, NJ 08016

**County (8)**
Burlington

**County Code (7)**

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

**Telephone No.**
908-654-8068

**Project Manager for Monitoring Firm**

**Start Date (10)**
10/7/16

**Scheduled Completion Date (11)**
10/31/16

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

**Scope of Work (Check All That Apply)**
- [ ] ≥300 sf or ≥30 ft
- [ ] ≥1600 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (15)**

<table>
<thead>
<tr>
<th>ACM Type</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>doors</td>
<td></td>
<td></td>
<td></td>
<td>caulking</td>
<td>140 ft</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting / Freehold Cartage

**Disposal Date**
10/31/16

**City, State**
Newark / Freehold, NJ

**Completed by**
Michael Cooper
title: President

**Signature**

**Date**
9/23/16

**Name of Registered Landfill**
Cumberland Co. / BFI / GROWS / TRRF

**City, State**
Newburg / Imperial / Morrisville, PA

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): September 23, 2016

Name of Building Owner/Operator (2): Jacobs Demolition & Carving

Type of Notification:
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency (including justification)
- [ ] Cancellation

Address: P O Box 9
City, State, Zip Code: Manasquan, NJ 08736

Name of Contact: Linda
Telephone Number: 732-349-9932

FACILITY INFORMATION

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

Residence

Street Address: N/A
Monmouth

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

Name of Abatement Contractor (9): Guardian Contracting, Inc.
1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271

Telephone Number: 732-349-9932
License Number: 00624

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

Square feet: 1500 sf
# of Floors: 1
Bldg. Age: 60

Current Use (Prior to being demolished):
Residence

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

Exterior: X
Asbestos siding: N/A

Location Normally used Solely by Maintenance/Custodial Staff: Yes

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

Amount (Specify SF or LF): 1400 sf

Abatement Type: 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: Tullytown, Pennsylvania
Disposal Date: 10/6/16

Completed by (Print or Type): Nicholas Fernicola
Title: Project Manager

Date: 9/23/2016

*Do not use this form for asbestos licensure exempted activities.
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-ifiable procedures. All waste will be placed in double 6 mil Bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1  Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River  State: New Jersey  Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2  Name:
Address:
City: State: Zip:
Contact Person:

WASTE DISPOSAL SITE  Name: T.R.R.F.
Location: Bordentown Road
City: Tulltown  State: Pennsylvania  Zip: 19007
Telephone: 215-943-9732  Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name:
Title:
Authority:
Date of Order (MM/DD/YY):
Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title)  September 23, 2016
(Signature of Owner/Operator)  (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title)  September 23, 2016
(Signature of Owner/Operator)  (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
9/23/2016

Name of Building Owner/Operator (2)  
Robert Paterson

Name of Contact  
Robert Paterson

City, State, Zip Code  
Bloomfield, NJ, 07003

Agency Notified Type Notification
[X] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Initial Notification
Amended Notification
Emergency
Cancellation

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

Square Feet # of Floors Bldg. Ages
1380 2 79

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)
Robert Paterson

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

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Scheduled Start Date (10)
10/2/16

Sched. Completion Date (11)
10/3/16

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off-Hours Description
[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)
[X] Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Maintenance/Custodial Staff (12)</td>
<td>(i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste
1.5

Name of Registered Landfill  
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
10/4/16

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)  
Constantine Vivian  
President

Signature
Date  
9/23/2016
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1):** 9/23/16

**Name of Building Owner/Operator (2):** M. ROGER WEST

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

**Type Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including notification)
- [ ] Cancellation

**Street Address:**

**City, State, Zip Code:** MONTCLAIR, NJ

**Name of Contractor:** M. TEN KATS

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3):** M. WEST

**Square Feet:** 2,500

**Floors:** 2

**Bldg. Age:** 1925

**County Code (7):** ESSEX

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

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

**Name of Abatement Contractor (9):**

**Name of Abatement Contractor (9):** Best Removal Inc

**Street Address:**

450 South River St

Hackensack, N.J. 07601

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

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental

**Street Address:**

280 Huyler St

Hackensack, N.J. 07606

**Start Date (10):** 10/4/16

**Scheduled Completion Date (11):** 10/5/16

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 8:00AM TO 8:00PM

**Scope of Work (Check all that apply):**
- [ ] FullContainment with Negative Pressure
- [ ] Minimal Disruption
- [ ] Gloves Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal System Insulation</td>
<td>160 LF x</td>
</tr>
<tr>
<td>Basement</td>
<td>Thermal Suctioning</td>
<td>35 SF x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**

**Best Removal Inc**

**NJDEP Waste Handler ID No.:** 17109

**Cubic Yards of Waste:** 342 C

**Name of Registered Landfill:** Minerva Enterprises, LLC

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

**Disposal Date:** 10/5/16

**City, State:** Waynesburg, Oh. 44688

**Compelled by:** J. MAIORANO

**Signature:**

**Date:** 9/23/16

---

* Do not use this form for asbestos licensing exempted activities.
Date of Notification (1)
9/23/16

Agency Notified
- EPA
- DER
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment
- Emergency (Including Justification)
- Cancellation

Name of Building Owner/Operator (2)
Rubenstein Properties

Street Address
101 East Main Street

City, State, Zip Code
Little Falls, NJ 07424

Name of Contact
Will Cummings

Phone Number

Name of Facility Where Abatement is Taking Place (3)
20-21 Wagawar Road

City (8)
Fair Lawn

County Code (7)
(BERG)

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Name of GSHA Monitor

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

Start Date (10)
9/26/16

Scheduled Completion Date (11)
10/29/16

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

Square Feet
3000

# of Floors
2

Bldg. Age
67

Scope of Work (Check All That Apply)
- 20 to 50 LF
- 20 to 100 LF
- 100 to 2250 LF
- Renovation (9)
- Demolition
- Wrap & Cut
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frailty Procedure

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

In Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No. 15959

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date
TBD

City, State
Birdsboro, PA

Date
9/23/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Notification Date:** 9/19/16

**Name of Building Owner/Operator:** MORGAN PARKER

**Street Address:** 186 CUMBERLAND RD

**City, State, Zip Code:** KING OF PRUSSIA, PA 19406

**Name of Contractor:** JOHN

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (e.g., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet:** 10,000

**State Code:** 787

**County Code:** 769

**County:** UNION

**Name of Monitoring Firm Hired by Building Owner:** ASCM Inc.

**Name of Abatement Contractor:** A. Mac Contracting Inc.

**Street Address:** 185 Vreeland Ave.

**City, State, Zip Code:** MIDLAND PARK, N.J.

**Telephone No.:** 201-232-6841

**License No.:** 00155

**Name of OSHA Member:** Omega Environmental Services Inc.

**Street Address:** 28C Huyler Street

**City, State, Zip Code:** HACKENSACK, N.J. 07606

**Schedule Completion Date:** 9/13/16

**Steps of Work (Check All That Apply):**
- [ ] 93 at or 936
- [ ] 196 at or 2006 if

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

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

**Amount:** 200 LF

**Abatement Type:** Full Containment with Negative Pressure

**Name of Registered Waste Handler:** Newark Carting, Inc.

**Disposal Date:** 9/16/16

**City, State:** PEN ARGYL, PA 18072

**Name of Registered Landfill:** Grand Central Sanitary Landfill

---

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

Date of Notification (1) 8 / 29 / 16

Name of Building Owner/Operator (2)
Princeton University - Office of Design and Construction

Agencies Notified
☐ EPA
☐ DOH
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
Type Notification
☐ Initial
☐ Amended
☐ Amendment #2-9/21/16
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Eilm Dr
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Engineering Quadrangle

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

Street Address
Olden St
City (5)
Princeton

County Code (7)/STATE USE ONLY
MERCIER

Square Feet: # of Floors: Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
Bromley Corporate Center-Three Terri Lane
City, State, Zip Code
Burlington, NJ 08016

Telephone No.
609-385-8800

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

City, State, Zip Code
BRISTOL, PA 19007

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

Time of Abatement: AM-3:30PM - PM-12:30AM

Start Date (10)
9 / 21 / 16
Scheduled Completion Date (11)
9 / 23 / 16

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Flammable Procedure

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

Crawspace underneath B2 and B6B
Throughout 1968 addition
BSA, B4 and H121

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

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Table - Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Fittings</td>
<td>6 LF</td>
</tr>
<tr>
<td>Joint compound</td>
<td>4 SF</td>
</tr>
<tr>
<td>Damaged floor tile</td>
<td>33 SF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Atabement Type
☐ Removal
☐ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

Completed By (Print or Type)
Brian Scafiro
Title
Estimator

Signature
Date 9/21/16

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

Date of Notification (1) 8 / 29 / 16

Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
☐ Type Notification
☒ Initial
☒ Amended Amendment
☒ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Engineering Quadrangle

Street Address
Olden St

City (5)
Princeton

County (6)
MERCEER

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
215-786-6040

00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
Scheduled Completion Date (11)

ON HOLD
I / I

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

Time of Abatement: AM-3:30PM, PM-12:30AM

Scope of Work (Check all that apply)
☐ 3,000 sf or ≥1 if
☐ 1,000 sf or ≥260 if
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility

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

Endoskep

Encapsulate

Removal

Repair

Endoskep

Endoskep

Crawlspacene underneath B2 and B6B
☒ ☐ ☐ Pipe Fittings
6 LF

☐ ☐ ☐ Joint compound
4 SF

☐ ☐ ☐ Damaged floor tile
33 SF

☐ ☐ ☐

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18705

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

City, State
BRISTOL, PA 19007

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
9/9/16

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

Date of Notification (1) 8 / 29 / 16

Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction

Agencies Notified
☐ EPA
☐ DOLWD 6 & 51
☐ DHSS 11 & 24
☐ DCA (NJAC 5:23-8)

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

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Engineering Quadrangle

Street Address
Olden St

City (5)
Princeton

County (6)
Mercer

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Blog. Age

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1123 Beaver Street

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
00509

Telephone No.
215-788-6040

Project Manager for Monitoring Firm
Michael Keehn

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 Beaver Street

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 9 / 8 / 16

Scheduled Completion Date (11) 9 / 10 / 16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Abandoned During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 8:30 PM / PM 12:30 AM

Scope of Work (Check all that apply)

☐ ≥ 23 sf or ≥ 1 sf
☐ ≥ 160 sf or ≥ 260 sf

☐ Renovation
☐ Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Location</th>
<th>Abatement Location</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl space underneath B2 and B3</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Pipe Fittings</td>
<td>6 LF</td>
</tr>
<tr>
<td>Throughout 1968 addition</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Joint compound</td>
<td>4 SF</td>
</tr>
<tr>
<td>BSA, B4 and H121</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Damaged floor tile</td>
<td>33 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NUDEP Waste Hauler ID No.
16706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date
9/16/16

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Saffire

Title
Estimator

Signature

Date
8/28/16

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

ASS-41
# NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 11 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Verizon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
<td>Name of Contact</td>
<td>Anthony Porta</td>
</tr>
<tr>
<td>DHSS</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Verizon Hightstown CO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>393 Mercer St.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hightstown</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>NITI Environmental, Inc.</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1253 N. Church St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Harold Baldwin</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-840-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8 / 25 / 16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>ON HOLD</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM-5:00PM/ PM-1:30AM</td>
<td></td>
</tr>
</tbody>
</table>

## Scope of Work (Check all that apply)

- ☐ 23 sf or ≥ 23 If
- ☐ ≥160 sf or ≥260 If
- ☒ Renovation
- ☐ Demolition

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

- Duct insulation 400 SF
- Floor tile and mastic 600 SF

## Location of Registered Waste Hauler

- BRISTOL ENVIRONMENTAL INC

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL, PA</td>
</tr>
</tbody>
</table>

## Name of Registered Landfill

- GROWS LANDFILL

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scafiro</td>
<td>Estimator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/16</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
8 / 11 / 16

Name of Building Owner/Operator (2)
Verizon

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Hightstown CO

Street Address
393 Mercer St.

City (5)
Hightstown

County (6)
Mercer

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental, Inc.

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Harold Baldwin

Telephone No.
696-640-8600

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
8 / 25 / 16

Scheduled Completion Date (11)
9 / 2 / 16

Scope of Work (Check all that apply)

Renovation
Demolition
Ext. Full Containment with Negative Pressure
Ext. Mini-Enclosure
Ext. Glovebag Procedure
Ext. 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)
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

Removal
Repair
Encapsulation
Endorsement

Baseline MER#1

Duct insulation
400 SF

Basement Boiler room

Floor tile and mastic
600 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC

City, State
BRISTOL, PA

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
GROWS LANDFILL

City, State
MORRISVILLE, PA

Disposal Date

Completed By (Print or Type)
Brian Scafuro
Title
Estimator

Signature
Brian Scafuro
Date
8/11/16
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)** 09-23-2016

**Name of Building Owner / Operator (2)** Eastern Construction and Electric

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

**Type Notification**
- Initial (Courtesy Notification)
- Amended (Start Date)
- Emergency
- Cancellation

**Street Address**
- 18 Georgetown Road

**City, State & Zip Code**
- Wrightstown NJ 08622

**Name of Contact**
- Chandru Guppi

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Vehicle Maintenance Shop

**Street Address**
- Building 3001

**City (5)**
- Fort Dix AFB 08641

**County (6)**
- Burlington

**County Code (7)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Current Use (Prior if being demolished)**
- Vehicle Maintenance Shop

**Name of Monitoring Firm Hired by Building Owner (8)**
- Health & Safety Services, LLC

**ASCM No.**
- 117

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

**Street Address**
- 2115 Hamilton Avenue, Suite 202

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

**Telephone Number**
- 609-977-6159

**License Number**
- 01185

**Name of OSHA Monitor**
- J&S Environmental Laboratories Inc

**Street Address**
- 2333 Route 22 West

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

**Project Manager for Monitoring Firm**
- Mr. Jim Proctor

**Telephone Number**
- 856-839-2432

**Scheduled Start Date (10)**
- 9/23/2016

**Scheduled Completion Date (11)**
- 10-23-16

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed during Normal Hours
- Describe: 9:00AM – 5:00PM
- Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Building</th>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3001</td>
<td></td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>2,055 SF</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Floor tile &amp; mastic</td>
<td>950 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>3001</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- NJDEP Waste Hauler ID No. 0035218

**Name of Registered Landfill**
- Grows Landfill

**City, State**
- Hamilton, NJ 08619

**Disposal Date**
- TBD

**Completed By (Print or Type)**
- Brian Haney

**Title**
- President

**Signature**
- [Signature]

**Date**
- 09-23-2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Date of Notification (1) 8/2/2016

Name of Building Owner / Operator (2)
O&R Woodbridge Office, LLC/NJTA

Agencies Notified Type Notification

- EPA Initial
- DEP Amended #3
- DOL Emergency
- DOH Cancellation
- DCA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Future NJ Turnpike Headquarters

Future NJ Turnpike Headquarters

Street Address
One Riverfront Plaza

City, State & Zip Code
Newark, NJ 07102

Name of Contact
Rosana Caputo

Telephone Number

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

56 East Bridge Street

City, State & Zip Code
Morristown, PA 07967

Project Manager for Monitoring Firm Telephone Number
Jim Frisbee 267-991-9212

Scheduled Start Date (10) 8/29/16

Scheduled Completion Date (11) 9/22/16

Occupancy Status During Abatement (Check only one)

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


Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf ≥ 280 lf

- Renovation
- Demolition

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

1st Floor Boiler Rm, Mech Hall and Hall

Boiler Room

Boiler Room

Boiler Room

Boiler Room

Boiler Room

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Landfill

Disposal Date
9/23/2016

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 9/21/16

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

Abatement Type

Removal
Repair
Endorsement
Enclosure

GI 16099 B
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
8/2/2016

**Name of Building Owner / Operator (2)**  
O&R Woodbridge Office, LLC/NJTA

**Street Address**  
One Riverfront Plaza

**City, State & Zip Code**  
Newark, NJ 07102

**Name of Contact**  
Rosana Caputo

**Telephone Number**  

---

### FACILITY INFORMATION

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

**Future NJ Turnpike Headquarters**

**Street Address**  
One Hess Plaza

**City (5)**  
Woodbridge

**County (6)**  
Middlesex

**County Code (7)**  

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

**Street Address**  
56 East Bridge Street

**City, State & Zip Code**  
Morrisville, PA 19067

**Project Manager for Monitoring Firm**  
Jim Frisbee

**Telephone Number**  
267-991-9212

**Scheduled Start Date (10)**  
8/29/16

**Scheduled Completion Date (11)**  
ON HOLD

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

**Square Feet # of Floors Bldg. Age**

---

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

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

**Street Address**  
1123 Beaver Street

**City, State & Zip Code**  
Bristol, PA 19007

**Telephone Number**  
(215)788-6040

**License Number**  
00509

**Name of OSHA Monitor**  
Bristol Environmental Inc.

**Street Address**  
1123 Beaver Street

**City, State & Zip Code**  
Bristol, PA 19007

---

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours –
  Describe:  
  - Facility Occupied During Abatement 7 AM to 3:30 PM

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

- ≥3 sf or ≥3 if
- ≥160 sf ≥260 if
- Renovation
- Demolition

---

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

**TO BE ABATED in Facility (13)**

| 1st Floor Boiler Rm, Mech Hall and Hall |锅炉及机械厅
| Boiler Room | 热力室
| Boiler Room | 热力室
| Boiler Room | 热力室
| Boiler Room | 热力室

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

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&quot; Fitting</td>
<td>16 EA</td>
<td></td>
</tr>
<tr>
<td>2&quot; Fitting</td>
<td>16 EA</td>
<td></td>
</tr>
<tr>
<td>6&quot; Fitting</td>
<td>2 EA</td>
<td></td>
</tr>
<tr>
<td>12&quot; Fitting</td>
<td>5 EA</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Service Transport Inc.

**NJDEP Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Waynesburg, OH

**Disposal Date**  
8/23/2016

**Completed By (Print or Type)**  
Gino Pizzigoni

**Title**  
Project Manager

**Signature**  

---

**GI 16099 B**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

Date of Notification (1)  
8/2/2016

Name of Building Owner / Operator (2)  
O&R Woodbridge Office, LLC/NJTA

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA  

Type Notification  
□ Initial  
□ Amended #1-8/22/16  
□ Emergency  
□ Cancellation

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

Name of OSHA Monitor  
Bristol Environmental Inc.

Future NJ Turnpike Headquarters  
One Hess Plaza

Street Address  
56 East Bridge Street

City, State & Zip Code  
Morrisville, PA 19067

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

ASCM No.  

Name of Registered Waste Hauler  
Minerva Landfill

Service Transport Inc.

Cubic Yards of Waste  
10

Disposal Date  
9/23/2016

City, State  
Waynesburg, OH

Completed By (Print or Type)  
Sino Pizzigoni

Title  
Project Manager

Signature  
Date  
8/22/16

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Future NJ Turnpike Headquarters

Street Address  
One Hess Plaza

City (5)  
Woodbridge

County (6)  
Middlesex

County Code (7)  

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  
School

Occupancy Status During Abatement (Check only one)  
□ Facility Closed/Vacated During Entire Period of Abatement  
□ Abatement Performed Outside of Normal Hours – Describe:  
□ Facility Occupied During Abatement  7 AM to 3:30 PM

FULL CONTAINMENT WITH NEGATIVE PRESSURE  
□ Mini-Enclosure  
□ Glove Bag Procedures  
□ Non-Exempted and Non-Friable Procedure

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

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

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

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

Amount (Specify SF or LF)  
675 SF

Abatement Type

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glove Bag Procedures

☐ Non-Exempted and Non-Friable Procedure

1st Floor Boiler Rm, Mech Hall and Hall  
☑ ☐ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

1st Floor Boiler Rm, Mech Hall and Hall  
☐ ☐ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

Boiler Room  
☐ ☒ ☐

Name of Registered Waste Hauler  
Minerva Landfill

Service Transport Inc.

Cubic Yards of Waste  
10

Disposal Date  
9/23/2016

City, State  
Waynesburg, OH

Completed By (Print or Type)  
Sino Pizzigoni

Title  
Project Manager

Signature  
Date  
8/22/16
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
8/2/2016

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

**Agencies Notified**
- [x] EPA 8345
- [ ] DEP
- [ ] DOL 3644
- [ ] DOH 6251
- [ ] DCA 6250

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Street Address**
One Riverfront Plaza

**City, State & Zip Code**
Newark, NJ 07102

**Name of Contact**
Rosana Caputo

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Future NJ Turnpike Headquarters

**Street Address**
One Hess Plaza

**City**
Woodbridge

**County**
Middlesex

**County Code**

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

**Square Feet**

**# of Floors**

**Bidg. Age**

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

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

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

**Telephone Number**
(215) 788-6040

**License Number**
00509

**Name of OSHA Monitor**
Bristol Environmental, Inc.

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

---

**Scope of Work (Check all that apply)**
- [ ]less than 3 sf or 3 sf
- [x] 160 sf to 260 sf
- [x] Renovation
- [ ] Demolition

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Rm, Mech Hall and Hall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
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<tr>
<td>Boiler Room</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Breaching</td>
<td>675 SF</td>
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<tr>
<td>1&quot; Fitting</td>
<td>16 EA</td>
<td></td>
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<tr>
<td>2&quot; Fitting</td>
<td>16 EA</td>
<td></td>
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<tr>
<td>6&quot; Fitting</td>
<td>2 EA</td>
<td></td>
</tr>
<tr>
<td>12&quot; Fitting</td>
<td>5 EA</td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Minerva Landfill

**Waste Hauler ID No.**
20990

**Cubic Yards of Waste**
10

---

**Service Transport Inc.**

**Title**
Project Manager

**Signature**
Mino Pizzigoni

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

Date of Notification (1)  2 / 11 / 16

Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS

Agencies Notified
- EPA
- DOH
- DOH
- DCA (NJAC 5:23-8)

Type Notification
- Initial
- Amended
- Amendment #3-9/21/16
- Emergency (including justification)
- Cancellation

Street Address
4 NELSON DRIVE

City, State, Zip Code
MEDFORD, NJ 08055

Name of Contact
ALEX BAYLOR

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MEDFORD CENTRAL OFFICE

Street Address
4 NELSON DRIVE

City (5) MEDFORD

County (6) BURLINGTON

County Code (7) STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT

ASCM No.

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

Street Address
8436 ENTERPRISE AVENUE

City, State, Zip Code
PHILADELPHIA, PA 19153

Project Manager for Monitoring Firm MARK JENKINS

Telephone No. 215-365-5810

License No. 00509

Start Date (10) 9 / 19 / 16

Scheduled Completion Date (11) 9 / 27 / 16

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Scope of Work (Check all that apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

Occupancy Status During Abatement (Check one)

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

Time of Abatement: AM: PM/5:00PM-1:30AM

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

IN Facility (13)

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

Yes No N/A

Location

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation

Enclosure

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill MINerva LANDFILL

City, State
NEW CASTLE, DE WAYNESBURG, OH

Completed By (Print or Type)
Patrick T. DeCaro

Title Estimator

Signature

Date 9/21/10

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

State of New Jersey

Date of Notification (1) 2 / 11 / 16

Name of Building Owner/Operator (2)

VERIZON COMMUNICATIONS

Type of Facility (4)

MEDFORD CENTRAL OFFICE 2016 SEP 27 AM/ID: 52

Name of Abatement Contractor (9)

BRISTOL ENVIRONMENTAL, INC.

Address

4 NELSON DRIVE

City, State, Zip Code

MEDFORD, NJ 08055

Name of Contact

ALEX BAYLOR

County Code (7) (STATE USE ONLY)

COMUNICATIONS

Current Use (Prior if being demolished)

Squre Feet 7000

# of Floors 2

Bldg. Age

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MEDFORD CENTRAL OFFICE

Street Address

4 NELSON DRIVE

City (5)

MEDFORD

County (6)

BURLINGTON

Project Manager for Monitoring Firm

MARK JENKINS

Telephone No.

215-365-5810

License No.

215-788-6040 00509

Name of Monitoring Firm Hired by Building Owner (8)

USA ENVIRONMENTAL MANAGEMENT

Name of Abatement Firm

ASCM No.

BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM 5:00PM-1:30AM

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

□ Non-Exempted (*) and Non-Friable Procedure

Occurrence Date (10) 9 / 19 / 16

Scheduled Completion Date (11) 9 / 22 / 16

Scope of Work (Check all that apply)

□ ≥3 sf or ≥3 l

□ ≥160 sf or ≥260 l

□ Renovation

□ Demolition

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

□ Used Solely by Maintenance/ Custodial Staff?

□ Location Normally Used Solely by Maintenance/ Custodial Staff?

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

□ Amount (Specify SF or LF)

□ Abatement Type

□ Removal

□ Repair

□ Enclosure

□ Dispose

BASEMENT ENGINE ROOM

VAT/MASTIC

775 SF

BASEMENT ENGINE ROOM

VIBRATION DAMPER CLOTH

4 SF

BASEMENT ENGINE ROOM (Under Generator-Separate Mobilization)

VAT/MASTIC

90 SF

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.

20990

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State

NEW CASTLE, DE

Disposal Date

WAYNESBURG, OH

Completed By (Print or Type)

Patrick T. DeCaro

Estimator

Signature

Date

ASB-41

JAN 13

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

**Date of Notification (1)**  
2 / 11 / 16

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

**Street Address**  
4 NELSON DRIVE

**City, State, Zip Code**  
MEDFORD, NJ 08055

**Name of Contact**  
ALEX BAYLOR

### FACILITY INFORMATION

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

**Street Address**  
4 NELSON DRIVE

**City (5)**  
MEDFORD

**County (6)**  
BURLINGTON

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

**USA ENVIRONMENTAL MANAGEMENT**

**Street Address**  
8436 ENTERPRISE AVENUE

**City, State, Zip Code**  
PHILADELPHIA, PA 19153

**Project Manager for Monitoring Firm**  
MARK JENKINS

**Telephone No.**  
215-365-5810

**License No.**  
00509

**Start Date (10)**  
ON HOLD

**Scheduled Completion Date (11)**

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

**Street Address**  
1123 BEAVR STREET

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

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

**Street Address**  
1123 BEAVR STREET

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
<td>Yes</td>
<td>VAT/MASTIC (775 SF)</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>BASEMENT ENGINE ROOM</td>
<td>☒</td>
<td>VIBRATION DAMPER CLOTH (4 SF)</td>
<td>☒</td>
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</tr>
<tr>
<td>BASEMENT ENGINE ROOM</td>
<td>☒</td>
<td>VAT/MASTIC (90 SF)</td>
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<tr>
<td>Generator-Separate Mobilization</td>
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</tbody>
</table>

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

**NJDDEP Waste Hauler ID No.**  
20980

**Cubic Yards of Waste**  
MINERYA LANDFILL

**Name of Registered Landfill**  
MINERYA LANDFILL

**City, State**  
NEW CASTLE, DE

**Disposal Date**  
WAYNESBURG, OH

**Completed By (Print or Type)**  
Patrick T. DeCaro

**Title**  
Estimator

**Signature**  
Patrick T. DeCaro / 2/25/16

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 2 / 11 / 16

Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA

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

Street Address
4 NELSON DRIVE

City, State, Zip Code
MEDFORD, NJ 08055

Name of Contact
ALEX BAYLOR

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MEDFORD CENTRAL OFFICE

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

Square Feet
7000

# of Floors
2

Bldg. Age

Current Use (Prior if being demolished)
COMMUNICATIONS

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVR STREET

City, State, Zip Code
BRISTOL, PA 19007

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

Start Date (10) 2 / 25 / 16

Scheduled Completion Date (11) 3 / 5 / 16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM 8:00PM-1:30AM

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT ENGINE ROOM</td>
<td>Yes</td>
<td>VAT/MASTIC</td>
<td>776 SF</td>
<td>Remo</td>
</tr>
<tr>
<td>BASEMENT ENGINE ROOM</td>
<td>No</td>
<td>VIBRATION DAMPER CLOTH</td>
<td>4 SF</td>
<td>Enclos</td>
</tr>
<tr>
<td>BASEMENT ENGINE ROOM (Under Generator-Separate Mobilization)</td>
<td>No</td>
<td>VAT/MASTIC</td>
<td>90 SF</td>
<td>Enclos</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
WAYNESBURG, OH

ASB-41
JAN 13 00 14009

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

E: WILL COME BACK FOR VAT UNDER GENERATOR TIME TO BE DETERMINE
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1):** September 22, 2016

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

**Street Address:** 370 Southpointe Dr. Suite 100

**City:** Canonsburg, **State:** PA, **Zip Code:** 15317

**Name of Contact:** Mr. Ryan Rodheaver

**Telephone Number:**

---

### FACILITY INFORMATION

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

**Street Address:** 251 N. Broadway

**City:** Pennsville, **State:** NJ, **Zip Code:** 08070

**County:** Salem

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

**Name of Monitoring Firm Hired by Bldg. Owner (8):** Environmental Forensics, LLC

**Street Address:** 3 Clementon Way

**City:** Lawrenceville, **State:** NJ, **Zip Code:** 08648

**Project Manager for Monitoring Firm:** Lance Berens

**Telephone Number:** 609.495.4069

**Scheduled Start Date (9):** September 26, 2016

**Scheduled Completion Date (11):** October 15, 2016

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  - Describe: Vacant Retail Space
  - Other: Space vacant during duration 7am-6pm

**Source of Work (Check all that apply):**
- ≥ 5 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13):**
- Is Location Normally Used Solely by Maint./Custodial Staff? (12): YES
- NO
- NA

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

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

**Abatement Type:**
- Full Containment with Negative Pressure Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friendly Procedure
- Remove, Repair, Encap, Dispose

### VACANT SPACE

- **Vacant Space:** VAT & Mastic
- **Cubic Yards of Waste:** 40
- **Name of Registered Landfill:** Meadow Hill Landfill
- **G.R.O.W.S.:**

**Name of Reg. Waste Hauler:**
- See Hauler Below # 1 & 2
- NJDEP Waste Hauler ID # See Below
- Cubic Yards of Waste: 40
- Name of Registered Landfill: Meadow Hill Landfill

**Disposal Date:** October 16, 2016

**City:** Bridgeport, **State:** WVA, **Zip Code:** 304-842-2784

**Hauler #1:** Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
- NJ DEP # 126161 NY DEP #

**Hauler #2:** Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

**Completed by (Print or Type):**
- **Marin Graue**

**Title:** SENIOR PROJECT MANAGER

**Signature:** Marin Graue

**Date of Completion:** September 22, 2016

GAC # 2016-576- Amendment # 2 - New Start & Completion Date
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09/21/16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Yan Julia Li</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>X</td>
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<tr>
<td>DEP</td>
<td>X</td>
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<tr>
<td>Amendment #01</td>
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<td>Emergency (including justification)</td>
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<tr>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Secaucus, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Yan Julia Li |
| Street Address | [redacted] |
| City (5) | Secaucus |
| County (6) | Hudson County |
| County Code (7) | [STATE USE ONLY] |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Name of Abatement Contractor (9) | Pro Abatement |
| Street Address | 1009 87th Street Suite A4 |
| City, State, Zip Code | North Bergen, NJ 07047 |
| Telephone No. | 201-253-6305 |
| License No. | 01223 |
| Name of OSHA Monitor | HILMAMM CONSULTING LLC |
| Street Address | 1600 ROUTE EAST SUITE 107 |
| City, State, Zip Code | UNION NJ 07083 |

Project Manager for Monitoring Firm | Telephone No. |

Start Date (10) | Scheduled Completion Date (11) |
| 10/28/16 | 11/28/16 |

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥30 sf or ≥3 ft
- ≥150 sf or ≥260 ft
- X Renovation  
- Demolition  

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>TSI</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

NEWARK CARTING  
NJDEP Waste Hauler ID No. 04509  
Cubic Yards of Waste

Name of Registered Landfill

WASTE MANAGEMENT GROWS N.  
Disposal Date  
City, State  
MORRISVILLE PA

Completed by Bryan Parra  
Title Project Manager  
Signature  
Date 09/21/16

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

Accepted by Jim Harris! Bryan Parra spoke to him about this announcement!
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 23 / 16
Name of Building Owner/Operator (2) Tara Jerussi

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☒ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation
Street Address

City, State, Zip Code
Ashbury Park, NJ 07712

Name of Contact
Ryan McClutchie
Telephone Number

FACILITY INFORMATION

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

City (5)
Ashbury Park, NJ 07712

County (5)
Monmouth

County Code (7) (STATE USE ONLY)

Monmouth

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

Name of Abatement Contractor (9)

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
01127

Project Manager for Monitoring Firm

Start Date (10)
10 / 03 / 16

Scheduled Completion Date (11)
10 / 05 / 16

Telephone No.
973-638-1777

Name of OSHA Monitor
Envirovision Consultants, Inc

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

Time of Abatement: AM:___ PM:___ PM:___ AM:___

Scope of Work (Check all that apply)
☒ 23 sf or < 300 ft
☐ 160 sf or < 260 ft
☐ Demolition
☐ Renovation
☐ Cleanup and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Location: Normal Used Solely by Maintenance Custodial Staff? (12)

Yes No N/A

Hallway-first floor

Ceiling plaster
90 SF

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.R.F. Inc

City, State
Wayne, NJ 07470

Completed By (Print or Type)

Title
Owner

Signature

Date
09/23/16

* Do not use this form for asbestos licensee exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 22 / 18</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Agency(ies) Notified (2)</th>
<th>EPA</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>TYPE NOTIFICATION</th>
<th>Initial</th>
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<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>531 Market Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY, STATE, ZIP CODE</th>
<th>Camden, NJ 08102</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NAME OF COMPANY</th>
<th>Pat Williams</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
<tr>
<td>Name of Asbestos Contractor (8)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OCCUPANCY STATUS DURING ABATEMENT (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 of or 23 if</td>
</tr>
<tr>
<td>≥160 of or ≥260 II</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Micro-Encapsulation</td>
</tr>
<tr>
<td>Cleavebag Procedure</td>
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<tr>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
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<table>
<thead>
<tr>
<th>LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Operational Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other materials)</td>
</tr>
<tr>
<td>Amount Specify SF or LF</td>
</tr>
<tr>
<td>Asbestos Removal</td>
</tr>
<tr>
<td>Engaged</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>BASMENT/BOILER ROOM</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>264 LF</td>
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<table>
<thead>
<tr>
<th>NAME OF REGISTERED ASBESTOS PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>MDEP Waste Hazard ID No. 15833</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPLETED BY (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Lynch</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

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

Date of Notification: 8/29/16
Name of Building Owner/Operator: General Growth Properties

Agencies Notified:
- EPA
- DOLWD
- DOH
- OSHA (NJAC 5:23-8)
Type Notification: Initial

Address Information:
Street Address: 110 N. Whacker Drive
City, State, Zip Code: Chicago, IL 60605
Name of Contact: Kelly Webb

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Woodbridge Center Mall

Street Address:
250 Woodbridge Center Drive

City:
Woodbridge, NJ 07095

County:
Middlesex

Name of Monitoring Firm Hired by Building Owner:
Criterion Laboratories, Inc.

ASCM No.:

Name of Abatement Contractor:
Shade Environmental, LLC

Street Address:
623 Cutler Avenue

City, State, Zip Code:
Maple Shade, NJ 08052

Project Manager for Monitoring Firm:
Michael Panepresso

Telephone No.:
215-244-1300

License No.:
00842

Start Date (10):
10/04/16
Scheduled Completion Date (11):
10/07/16

Occupy Status During Abatement:

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

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

- Tenant Space 1470
- Wall Caulk

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

- Tenant Space 1470
- Wall Caulk

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

Amount (Specify SF or LF):
10 LF

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

Name of Registered Waste Hauler:
Freehold Cartage

NJDEP Waste Hauler ID No.:

Disposal Date:
10/07/2016

City, State:
Newburg, PA

Completed By:
Christina Lynch
Title:
Vice President of Operations

Signature:
Date: 9/23/16

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

**Date of Notification (1)**
9 / 23 / 16

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

**Street Address**

**Name of Contactor**
Orson Tate

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet**
1,200

**# of Floors**
2

**Bldg. Age**
70

**County Code (7)**
Burlington

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

**Name of Mgmt. & Enviro. Consulting Services**
ACSM No.

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
623 Cutler Avenue

**City, State, Zip Code**
Maple Shade, NJ 08052

**Project Manager for Monitoring Firm**
Bill Weisgarber

**Telephone No.**
609-238-4070

**License No.**
856-755-0099
00842

**Name of OS+HA Monitor**
EMSL Analytical, Inc.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster</td>
<td>1,150 SF</td>
<td></td>
</tr>
<tr>
<td>Flue Packing</td>
<td>2 SF</td>
<td></td>
</tr>
<tr>
<td>Asbestos Paper</td>
<td>8 SF</td>
<td></td>
</tr>
<tr>
<td>Plaster</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Freehold, NJ

**Disposal Date**
10/14/2016

**City, State**
Newburg, PA

**Completed By (Print or Type)**
Christina Lynch

**Title**
Operations Manager

**Signature**

**Date**
9/23/16

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

ASB-41
JAN 13
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Name of Building Owner/Operator:** Montclair Board of Education

**Check No:** 4366 $200

**Street Address:** 22 Valley Road

**City, State, Zip Code:** Montclair, New Jersey 07042

**Name of Contact:** Lenny Saponara

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:** 54 Orange Road

**City:** Montclair, New Jersey 07042

**County:** Essex

**County Code:**

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

**Square Feet:** 10,000

**# of Floors:** 2

**Age:** 55+

**Name of Monitoring Firm Hired by Building Owner:** Detail Associates Inc

**ASCM No.:**

**Name of Abatement Contractor:** Lilich Corporation

**Street Address:** 905 McBride Avenue

**City, State, Zip Code:** Woodland Park, New Jersey 07424

**Telephone No.:** 201-568-6799

**License No.:** 973-225-8400

**Start Date:** 09/23/2016

**Scheduled Completion Date:** 09/24/2016

**Occupancy Status During Abatement:**

- **Facility Closed/Abandoned During Entire Period of Abatement:**
- **Abatement Performed Outside of Normal Facility Hours:**
- **Other - Description:** 4:00 PM Start

**Scope of Work:**

- **Rearrangement, Renovation, Demolition**
- **Full Containment with Negative Pressure, Mini-Enclosure, Glovebox Procedure, Non-Exempted (X) and Non-Friable Procedure**

**Location of Asbestos-Containing Material (ACM) to be Abated:**

- **In Facility:** Yes
- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes
- **Description of Asbestos-Containing Material (ACM):**
  - Insulation, Surfacing, VLT, or Other Miscellaneous
- **Amount Specified:** 0 LF

**Name of Registered Waste Hauler:** Lilich Corporation

**Waste Hauler ID No.:** 16724

**Disposal Date:** 09/24/2016

**Name of Registered Landfill:** G.R.O.W.S. Landfill

**City, State:** Mountville, Pennsylvania

**Completed by:** Momo Glavetovic

**File:** Project Manager

**Signature:**

**Date:** 08/21/2016

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

Date of Notification (1)
9/23/16
Name of Building Owner/Operator (2)
Monashe Cohen
Agencies Notified
Type Notification
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
Street Address

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential House
Street Address

City (5)
Tenafly
County (6)
Bergen
County Code (7)

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

Square Feet
2000
# of Floors
2
Bldg. Age
50+

Current Use (Prior if being demolished)
Residential House

Name of Monitoring Firm Hired by Building Owner (8)
n/a
ASCM No.
n/a
Name of Abatement Contractor (9)
Harmony Contracting Inc
Street Address
360 Palisade Ave
City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
n/a
Telephone No.
n/a
Telephone No.
973-460-6026
License No.
01255

Name of OSHA Monitor
Harmony Contracting Inc

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥280 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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)
Wall & Ceiling Plaster

Amount (Specify SF or LF)
1,500 SF

Abatement Type
Removal
Repair
Encapulate
Endorse

Name of Registered Waste Hauler
Harmony Contracting Inc
NJ/DEP Waste Hauler ID No.
033137
Cubic Yards of Waste
TBD
Name of Registered Landfill
GROWS Landfill
City, State
Garfield, NJ
Disposal Date
TBD
City, State
Morrisville, PA
Completed by
Tina Caporino
Title
Secretary
Signature
Tina Caporino
Date
9/23/16

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
*** RESUME ***  

Check # 8023

**Date of Notification (1)**
10/19/2013

**Name of Building Owner/Operator (2)**
Atlantic Health System

**Street Address**
100 Madison Avenue

**City, State, Zip Code**
Morristown, NJ 07960

**Name of Contact**
Peter Palmer

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Morristown Medical Center, Franklin Building, East & West wings

**Street Address**
100 Madison Avenue

**City (5)**
Morristown

**County (6)**
Morris

**County Code (7)**
Morristown

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
T&M Associates

**ASCM No.**
0145

**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)696-8869

**License Number**
00378

**Name of OSHA Monitor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Occupancy Status During Abatement (Check only one)**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Work shift 4:00pm - 12:30am

**Scheduled Start Date (10)**
03/21/2016

**Scheduled Completion Date (11)**
10/03/2016

**Scope of Work (check all that apply)**
- Demolition
- Renovation
- Full Containment negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure
- >300 sf or >260 ft

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

| Location of asbestos-containing material to be abated in facility (13) | Yes | No | N/A | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encap
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>East wing central hallway</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
<td>pipe insulation &amp; associated fittings</td>
<td>85 lf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East wing central hallway</td>
<td>X</td>
<td>No</td>
<td></td>
<td>VAT &amp; mastic</td>
<td>300 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West wing &amp; hallway</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
<td>pipe insulation &amp; associated fittings</td>
<td>185 lf</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>West wing &amp; hallway</td>
<td>No</td>
<td>Yes</td>
<td>X</td>
<td>pipe fittings associated with fiberglass</td>
<td>15 fittings</td>
<td></td>
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<td></td>
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<tr>
<td>West wing &amp; hallway</td>
<td>X</td>
<td>No</td>
<td></td>
<td>VAT &amp; mastic</td>
<td>580 sf</td>
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</table>

**Registered Waste Hauler**
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste 10

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**Disposal Date**
03/21/16 - 10/04/16

**City, State**
Lincoln Park, NJ

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
09/23/2016
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** ON HOLD ***

Date of Notification (1)
01/18/13 11/11/11 11/18/1

Name of Building Owner/Operator (2)
Atlantic Health System

Type Notification
Initial
Amendment
Cancellation

Street Address
100 Madison Avenue

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Peter Palmer

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Morristown Medical Center, Franklin Building, East & West wings

Street Address
100 Madison Avenue

City (5)
Morristown

County (5)
Morris

County Code (7)
ASCM No. 0145

Type of Facility (4)
Hospital

Square Feet

# of Floors

Bldg. Age

Current Use (Prior to being demolished)

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
03/21/2016

Sched. Completion Date (11)
12/31/2016

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
☒ Other-Describe: work shift 4:00pm - 12:30am

Scope of Work (check all that apply)

☐ Demolition
☐ Renovation
☒ >2 sf or >2 If
☐ ≥160 sf or ≥260 If
☐ Full Containment w/negative pressure
☒ Glovebag procedure
☐ Mini-enclosure
☐ Non-friable procedure

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

West wing offices & hallway

Description of asbestos-containing material (ACM)
pipe insulation

Amount (Specify SF or LF)
55 If

Registered Waste Hauler
B & G Restoration, Inc.

NJ DEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/21/16 - 12/31/16

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Signature

Date
08/31/2016