

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

Date of Notification (1)							/Operator (2)					
3/17/15 Agencies Notified		Matification	T		Paulsboro Re		ipany					
Agencies Notified		Notification	Type		Street Addres 800 Billingspo		PRIC 175					
() EPA				- Emergency	occ Dinnigopo	one rea	EDTE APR -	-1 4	1/2:	73		
() DEP	*	() Amended		ion	City, State, Zi		8 7					
(X) DOL (X) DOH		() Cancelle	ed		Paulsboro, N.	J 08066				11		
() DCA					Name of Cont	tact			lumber			
					Ravi Jarecha	tact		101.19	vuilloei			
				FACILITY II	NFORMATION							
Name of Facility Where Ab	patement is	Taking Place (<u>3)</u>		Type of Facilit							
Paulsboro Relinling Compa	апу				() School (K- () Subchapte		han K 12)					
Street Address							commercial ble	das ho	mes. et	C.		
800 Billingsport Rd						•						
City (5)	O(C)		0	0-1-7	Sq. Feet N/A		# of Floo	rsN/	Α	_		
City (5) Paulsboro	County (6) Gloucester		County ((State U		Bldg. Age_N	/A						
			Totale O	se Only)	Current Use (prior if bein	g demolished)	Oil R	efinery			
Name of Monitoring Firm F	lired by Bldg	. Owner (8)	ASCM N	lo.			Name of Co					
KA Industrial Services, LLC	D				10: ::::		K A Industri	al Servi	ces LLC			
Street Address 800 Billingsport Rd					Street Addres 800 Billingspo							
Paulsboro, NJ 08066					City State, Zip							
					Paulsboro, NJ							
Project Manager for Monitor Scott Dechant	oring Firm	Telephone I			Telephone Nu				se Num	ber		
Scott Dechant		856-224-438	35		856-224-4392			00857				
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	A Monitor						
3/18/15		4/30/15			K A Industrial		LC					
Occupancy Status During A	Abatement (Check only on	<u>e)</u>		Street Address							
() Facility Closed/Vacated () Abatement Performed (800 Billingspo	rt Rd		40				
					City, State, Zir	Code		•				
(X) Other - Describe - Ren	noval of ACI	M within restric	ted work a	area in outside	Paulsboro NJ							
areas									2010-0-			
Source of Work (Check all	that apply)											
(X) Demolition () Renova	ation											
() Large Proj. (160 SF or	>260 LF ACI	M) (X) SM Proj	. >25<160	SF or >10 <260	LF ACM) () I	Minor Proj.	(<25 SF or <1	0 LF AC	(M)			
Full Containment with No Location of Asbestos-		sure () Mir ation Normally			ebag Procedure		· · · · · · · · · · · · · · · · · · ·					
Containing Material (ACM)	in Solely	by Maint./Cus		Description of thermal syster		Amount	(Specify SF or	LF)	Abate	ement Ty	<u>oe</u>	
Facility (13)	Staff?			surfacing, VAT								
	_ YES	NO	NA	misc.)	17				Rem.	Rep.	Encap E	Enclose
South Plant TA Support		X		Various Pipe	Insulation	Approx 5	OLF		X			
Name of Reg. Waste Haule	<u>er</u>	NJDEP Was	te Hauler I	ID#	Cubic Yards of	f Waste				Landfill		
Waste Management, Inc.		17273			< 1 CY			Glouce	ester Co	ounty Lar	dfill	
City, State							Disp. Date			City, Stat	-	
South Harrison, NJ							Various			South Ha	rrison N	1.1
Completed by /Drint as Tyre	- \	7.0										
Completed by (Print or Type	<u>e)</u>	<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER -	- KA Indus	strial Services	11	1 1		3/17/1	5			
		0			and	MA	002	J. 1.1.1.				
		10			Site Ø	perations S	Supervisor					
					//							
		<u> </u>			,							

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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



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

Date of Notification (1)			Nan	ne of Buildir	ng Owner	/Operator	(2)	_		-		_	-
3/18/15				MBuilder		324	,		A.FIC				
Agencies Notified	Type Notification			et Address									-
X EPA			239	90 Rivers	ide Teri	race		-					
X DEP X DOL	Amended Amendmen			State, Zip		8736	₹ 22 ₍₁₈	111 411	47.			8	
DOH DCA	Emergency justification Cancellation	L.	Nan To	ne of Conta	ct			Te	lenhone Ni	imhor	*		
			F	ACILITY IN	FORMAT	TION							
Name of Facility Where	e Abatement is Takir	ng Place (3)					Type of Facility	(4)	-				
TFM Property							School (K-	-12)					
Street Address							Subchapte	er 8 (Oth	er than K-	12)		25	
6 Lenape Trail							other (i.e. etc.)	private	& commerc	cial bu	ilding	s, hon	nes,
City (5)							Square Feet	# 0	f Floors	T	Bldg.	Age	
Manasquan							2000	1			60+		
County (6) Monmouth				nty Code (7 TE USE ON			Current Use (Pr	rior if be	ing demolis	shed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)	AS	SCM No.		Name	of Abatement Co	ontracto	(9)			-	
							Insulation Co.		(0)				
Street Address							Address						
City State 7in Cade							ontrose Roa	d					
City, State, Zip Code							tate, Zip Code Neck, N.J. 0	7722					
Project Manager for Mo	onitoring Firm		Tele	phone No.		-	one No.	1122	License t	V/O			
						100	294-1757		00029	١٠.			
Start Date (10) 3/27/15		Scheduled 4/2/15	Completi	on Date (11)	Name o	of OSHA Monitor		1				
Occupancy Status Duri	ng Abatement (Chec	k Only One)				Street	Address						
Facility Closed/Va	cated During Entire I	Period of Aba	afement				ate, Zip Code						
Scope of Work (Check	All I nat Apply)	_				_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		gratestone	ovation nolition			×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
		lala	cation				Non-Exempte	u () and	Non-Fran	DIE Pro	27/2 72	e emen	
Locatio	n of		mally]	- 0-							emen /pe	L
Asbestos-Containing	g Material (ACM)		Solely by enance/	Asbe	estos Con	scription taining Ma	ot aterial (ACM)	А	mount				
TO BE AE			ial Staff?	(i.e	e. thermal	systems	insulation,	(S	pecify	Re	R	Encapsulate	E
(13)		(1	12)			cing, VAT niscellane		SF	or LF)	Removal	Repair	squ	Enclosure
		Yes N	lo N/	4						'al	=	late	ure
outdoors on sid	de and back		X			siding		16	00 sf	x			
•													
Name of Registered Wa	ste Hauler		NJDEP	Monto	I Cur	Vorda							
Ace Insulation Co.,			Hauler	ID No.	Cubic of Was		Chrins	Kegiste	red Landfill				
City, State	and the		12086		2								
City, State Colts Neck, New Je	rsey				Dispos 4/2/1	sal Date	City, State Easton,						
Completed by		Title	-		1	ignature	Lasion,	,,,,	Da	to			
Bree McGuire		Secreta	ry Trea	surer		7	wit	•	100	tе 17/15	5		

K 1879			(Pursuar	nt to NJAC	8:60 an	d 12:12	0)						
Date of Notification (1)			Name	of Building	Owner/O	Operator	Botol	00			-		_
Agencies Notified	Type Notification		Street	Address	3/195	A	R	IV ID		Al III	I bay		
DEP DOL	Initial Amended Amendment			State, Zip C	ode		5 08	138	F.	11.5		1-01	
DOH DCA	Emergency (justification) Cancellation	including		of Contac Plackis	t	1.0		TA	lankens bloo	- L			5
			FA	CILITY IN	ORMAT	ION			4 E				
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facility	(4)					
Street Address	er Ave		.00				Other (i.e etc.)	er 8 (Oth . private	er than K-12 & commercia	al buil			es,
City (5)	llette						Square Feet		of Floors		Bldg. A	Age O	Ť.
County (6)	ean		(STATE	y Code (7) E USE ONL	n		Current Use (F	rior if be		ned)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	CM No.		1	of Abatement C Industries Ir		(9)			-	
Street Address						0.0000000000000000000000000000000000000	Address						
07.07.7.0							Box 915						
City, State, Zip Code	W.						State, Zip Code k, New Jersey	08723	3				
Project Manager for Mon	nitoring Firm		Teleph	one No.			none No.)899-7499		License No 01196	0.			
Start Date (10) 3 50	0115	Scheduled (Completion	n Date (11)	Name	of OSHA Monito	ÞΓ			Old-lee		
Occupancy Status Durin	g Abatement (Check	Only One)	1			Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm	eriod of Aba al Facility Ho	tement ours	•		City, S	tate, Zip Code						
Scope of Work (Check A	II That Apply)						7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпаг дрргу)	The state of the s	ovation olition			6	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				e	
Location			cation nally									ement pe	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED ity	Mainte Custodi	olely by enance/ al Staff? 2)		stos Cont thermal surfa		Material (ACM) s insulation, T, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	lo N/A							_		ate	O)
			X	AS	esto	os d	njuall	510	DOSF	X			
			_										
			_	-			\$						
Name of Registered Was	ste Hauler		NJDEP	Waste	Cubic	Yards	Name o	f Registe	ered Landfill				
Brick Industries Inc.			Hauler II 21602		of Was		GROV	A989999	Landill				¥
City, State					Dispos	sal Date		ate					
Brick, New Jersey		T			3.	11611	PA						
Completed by		Title	nt		S	Signature	Y X		Dat	te / 2	2)		_

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

Date of Notification (1)		Name	of Building Owne	r/Operato	r (2)			-	П		
3166113			1000 (10019	2	- 1					-
Agencies Notified Type Notification		Street	Address 59	RN	whland	Dr.					R.
DEP Amended		City, St	tate, Zip Code	1 000	- 0	061	1		-		
X DOL Amendmen Emergency		Wil	linebolt	110		18 OC	16				
DOH justification			of Contact			Te	lephone Nu	mber	1	11	
DCA Cancellation	1		Plackis	TON			-				
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INFORMA	HON	Type of Facility	(4)				1,5	
					School (K	(-12)					
Street Address	1 1	,			Subchapt	er 8 (Oth	ner than K-1	2)		- Warren	2
	ug DC	i	- · · · · · · · · · · · · · · · · · · ·		Other (i.e etc.)	. private	& commerci	al bui	idings	, hom	ies,
City (5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Square Feet	# 0	of Floors		Bldg.		
County (6)		County	Code (7)		111	rior if he	<u></u>			<i>b</i>	
150(1'V8/10V			USE ONLY)		Current Use (P	nor ii be ∕⁄l ∠	ing demolisi	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name	of Abatement C		r (9)				10-
					k Industries Ir						
Street Address					Address						
City, State, Zip Code					. Box 915						
Oity, State, 21p Code				100000000000000000000000000000000000000	State, Zip Code k, New Jersey	, 08723	2				
Project Manager for Monitoring Firm		Telepho	one No.		none No.	100120	License N	0			
)899-7499		01196	0.			
Start Date (10)	Scheduled Co	mpletion	Date (11)	Name	of OSHA Monito	r					
Occupancy Status During Abatement (Chec	-1 11	()		Street	Address				_		
Facility Closed/Vacated During Entire	Period of Abate	ment									
Abatement Performed Outside of Nom Other – Describe:	nal Facility Hou	rs		City, S	tate, Zip Code						
Scope of Work (Check All That Apply)											
	N -	50.4. 2 0.00000		D							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi			2	Full Containn Mini-Enclosu	nent with	Negative P	ressu	re		
					Glovebag Pro	ocedure					
	lalass	#in-			Non-Exempte	ed (*) an	d Non-Friab	le Pro	Cedur Abate		
Location of	Is Loca Norma	ally		escription	of					pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Sol Maintena		Asbestos Co	ntaining N	faterial (ACM)	10.0	mount			П	
In Facility	Custodial (12)		(i.e. therm	al system: acing, VA	s insulation, T, or		or LF)	Remova	Repair	ncap	inclo
(13)	(12)		other	miscellar	neous)		11.000-40.0 * U	oval	pair	Encapsulate	Enclosure
	Yes No	N/A	<u> </u>							te	
		Y	the +	NOS	ric	1 6r	120	X			
9											
											2
Name of Registered Waste Hauler	1.00	NJDEP W		C Yards	Name of	Registe	red Landfill				-
Brick Industries Inc.		Hauler ID 21602	No. of W	aste _	GROV	VS					
City, State				sal Date	City, Sta	te			77	e:::::::::::::::::::::::::::::::::::::	-
Brick, New Jersey			3	115	PA						
Completed by Eric Plackis	Title President			Signature	FURC)/	Daj	\$12	611	7	

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

Date of Notification (1)					no of Duildi	n= 0	(0)						
01/	15 /	14		P	rinceton l	ng Owner/Operator University-Office	(2) e of Design⊲an	d-Constru	iction				
Agencies Notified	Type Not	ification		Stre	et Address		0. 20019113	APR -	AM 12:	and the same			
□ EPA				1000000	00 Elm Dr		5 4 2	7					
⊠ DOLWD				City	, State, Zip	-	# ಶಿಕ್ರ	ESTUS : & LICEN	<u>Cunil</u>	RO			
☑ DHSS □ DCA		dment #27		10 1		NJ 08544	3	k LICEN	SING				
(NJAC 5:23-8)	justific	ency (incl	laing		ne of Conta			Talash-	11 1				
	☐ Cance			2000	obert Orte			relepno	ne Numb	ber			
						NFORMATION				-			
Name of Facility Where Al	batement i	s Taking F	Place (3)	CILITI	NFORWATION	Type of Facility	/45					
Princeton University	y-Firesto	ne Libra	7				Type of Facilit ☐ School (K-						
Street Address			-				☐ Subchapter	r 8 (Other th	an K-12)	,			
Washington Rd							Other (i.e.,	private and	commerc	cial b	uildir	ngs,	
City (5)							homes, etc						
Princeton							Square Feet	# of Flo	ors	B	Bldg. /	Age	
County (6)				Cor	inty Code (7)(STATE USE ONLY)	Current Head	- iri					
MERCER				000	inty code (MOTATE USE UNLT)	The second secon	rior it being	demolish	ned)			
Name of Monitoring Firm H	lired by Bu	uildina Ow	ner (8)	ASCN	1 No	Name of Abstance	Library	21					
ATC Associates Inc.		J	(0)	7,000	1110.	Name of Abateme	5.50						
Street Address				1		Street Address	VIRONMENTA	AL, INC.					
Three Terri Center							D OTDEET						
City, State, Zip Code						1123 BEAVE							
Burlington, NJ 08016	3					City, State, Zip Co							
Project Manager for Monito			T	elephone	No	BRISTOL, PA	19007						
						Telephone No.		License	No.				
Michael Keehn	5 1000		- 1	609-386	-RRNN	215 700 0040			_				
		Schedule		609-386		215-788-6040		0050	9				
Michael Keehn		Schedule	d Comp	letion Da	ate (11)	Name of OSHA M	lonitor +		9				
Michael Keehn Start Date (10)3 /3 /	15	01	d Comp	HoL	ate (11)	Name of OSHA M BRISTOL ENV	lonitor +		9				
Michael Keehn Start Date (10) 3/	15 Abatement During En	(Check or tire Period	d Comp	HoL	ate (11)	Name of OSHA M BRISTOL ENV Street Address	lonitor ¢ VIRONMENTA		9				
Michael Keehn Start Date (10) 3	15_Abatement During En	(Check or tire Period	d Comp	HOL	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	lonitor (VIRONMENTA		9				
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A	15_Abatement During En	(Check or tire Period	d Comp	HOL	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co	lonitor to VIRONMENTAR STREET		9				
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement:	15_Abatement During En Outside of N _AM	(Check or tire Period	d Comp	HOL	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	lonitor to VIRONMENTAR STREET		9				
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: Scope of Work (Check all the	15_Abatement During En Outside of N _AM	(Check or tire Period Normal Fa PM/5	of Abacility Ho	tement urs - Des 1:30AM	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor ¢ VIRONMENTA R STREET Ide 19007	AL, INC.					
Michael Keehn Start Date (10) 3	15_Abatement During En Outside of N _AM	(Check or tire Period Normal Fa_PM/5	of Abaccility Ho	tement urs - Des 1:30AM	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENTA R STREET Inde 19007 ainment with Necessire	AL, INC.					
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: Scope of Work (Check all the	15_Abatement During En Outside of N _AM	(Check or tire Period Normal Fa_PM/5	of Abacility Ho	tement urs - Des 1:30AM	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENTA R STREET Ide 19007 ainment with New osure I Procedure	AL, INC.	sure				
Michael Keehn Start Date (10) 3	15_Abatement During En Outside of N _AM	(Check or tire Period Normal Fa_PM/5	of Abacility Hocology Renova Demoli	tement urs - Des 1:30 AM	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENTA R STREET Inde 19007 ainment with Necessire	AL, INC.	sure				
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed O Time of Abatement: Scope of Work (Check all the start of the	Abatement During En Outside of NAM nat apply)	(Check or tire Period Normal Fa_PM/5	of Aba cility Ho cility Ho con PM-	tement urs - Det 1:30 AM	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen	VIRONMENTA R STREET ode 19007 ainment with Necosure Procedure mpted (*) and No	AL, INC.	sure	Ab	atem	T	-
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A □ Facility Closed/Vacated □ Abatement Performed O Time of Abatement: Scope of Work (Check all the state of th	Abatement During En Dutside of NAM hat apply)	(Check or tire Period Normal Fa PM/5	of Aba cility Ho cility Ho con PM- Renova Demoli	tement urs - Det 1:30 AM	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate	VIRONMENTA R STREET Inde 19007 ainment with Nerosure I Procedure Inpred (*) and No erial (ACM)	AL, INC.	sure	Ab		T	-
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A □ Facility Closed/Vacated □ Abatement Performed O Time of Abatement: Scope of Work (Check all the state of the	Abatement During En Dutside of NAM hat apply)	(Check or tire Period Normal Fa PM/5	d Comp of Aba cility Ho :00PM- Renova Demoli Is Loc Norm Jsed So Mainter ustodia	tement urs - Det 1:30 AM ation ally lely by ance/ I Staff?	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in	VIRONMENTA R STREET Inde 19007 ainment with Nerosure I Procedure Inpred (*) and No erial (ACM) Insulation,	gative Press	sure rocedure int ify	Ab	atem	T	-
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed O Time of Abatement: Scope of Work (Check all the state of the	Abatement During En Dutside of NAM hat apply)	(Check or tire Period Normal Fa PM/5	d Comp of Aba cility Ho :00PM- Renova Demoli Is Loc Norm Jsed So Mainter ustodia (12	tement urs - Des 1:30 AM ation tion ally lely by ance/ I Staff?	ate (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate	VIRONMENTA R STREET Inde 19007 Inde I	gative Press	sure rocedure int ify			T	-
Michael Keehn Start Date (10) 3/3/ Occupancy Status During A □ Facility Closed/Vacated □ Abatement Performed O Time of Abatement: Scope of Work (Check all the state of the st	Abatement During En Dutside of NAM hat apply)	(Check or tire Period Normal Fa PM/5	Renova Demoli Is Loc Norm Jsed So Maintela (12 es No	tement urs - Des 1:30 AM ation tion ally by ance/ I Staff?	Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	VIRONMENTA R STREET Inde 19007 Inde I	gative Press	sure rocedure int ify	Ab		Encapsulate	-
Michael Keehn Start Date (10) 3 /3 / Occupancy Status During A □ Facility Closed/Vacated □ Abatement Performed O Time of Abatement: Scope of Work (Check all the state of the	Abatement During En Dutside of NAM hat apply)	(Check or tire Period Normal Fa PM/5	Renova Demoli Is Loc Norm Jsed So Maintela (12 es No	tement urs - Des 1:30 AM ation tion ally lely by ance/ I Staff?	Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT,	VIRONMENTA R STREET Inde 19007 Inde I	gative Press	rocedure int ify LF)	Ab		T	-
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Princeton University-Fires	stone I	librar	1400 (.)			Type of Fac	cility (4)					
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Name of Monitoring Firm Hired by	Buildin	g Own	er (8)	ASC	CM No.	Name of About	Library						
ATC Associates Inc.						Name of Abatem	nent Contractor	(9)					
Street Address						BRISTOL EN	NVIRONMENT	TAL, INC.					
Three Terri Center						Street Address							
City, State, Zip Code						1123 BEAVE							
Burlington, NJ 08016						City, State, Zip Co					_		
Project Manager for Monitoring Fire	m					BRISTOL, PA	19007						
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Start Date (10)	nt (Cher Entire Po f Norma P) CM)	Ck only eriod of all Facility PM/5:0	one) f Abati ity Hou OPM-1 enovate emoliti s Loca Norma ed Sole intena todial (12) No	ement urs - De l:30 AM	Asbest (i.e., Floor tile Pipe Insu Pipe Insu Floor Tile Vaste No.	Name of QSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous and mastic llation (Wrap & C llation (Wrap & C & Mastic lubic Yards of //aste	Ionitor VIRONMENT R STREET de 19007 ainment with Nepsure Procedure Procedure Inpted (*) and No erial (ACM) sulation, or sulation, or Cut) Cut) Name of Regist G.R.O.W.S.	AL, INC. Pagative Press pn-Friable Press Amour (Specifi SF or Li 40 SF 2 LF 30 LF 700 SF ered Landfill NORTH LA	ure ocedure of fy F) C ANDFIL	A Removal		T	ype Enclosure
Start Date (10) 3 /3 /15 Occupancy Status During Abatement	nt (Cher Entire Po f Norma P) CM)	ck only eriod cal Facility PM/5:0	one) f Abati ity Hou OPM-1 enovate emoliti s Loca Norma ed Sole intena todial (12) No	ement urs - De l:30 AM	Asbest (i.e., Floor tile Pipe Insu Pipe Insu Floor Tile Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous and mastic llation (Wrap & Collation (Wrap	R STREET de 19007 ainment with Ne cosure Procedure Procedure Intel (ACM) Sulation, or Jus) Cut) Name of Regist G.R.O.W.S. City, State MORRISVIL	AL, INC. Pagative Press pn-Friable Press Amour (Specifi SF or Li 40 SF 2 LF 30 LF 700 SF ered Landfill NORTH LA	ure ocedure of fy F)	Ab Removal	Repair	T	

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

Pg 3

ɔn (1)				Ma		-		<u> Renf</u>		7		
£	_ / _ 1	4				ng Owner/Operator Jniversity-Office	of Design and	Constructio	n			
tified Type	Notification	1		Stre	et Address		- 21	HS APR -1	- 高級	12:	1	
⊠ Ini	tial nended			110	00 Elm Dr.		A					
	nended nendment:	#27_3	12714	City	, State, Zip	Code		501.6 116	V 21	1 1 1	91	
CA LI EN	nergency (- P	rinceton, l			& LICE	N - A	G		
NJAC 5:23-8) jus	stification)			Nan	ne of Contac	ct		Telephone N	umber			
☐ Ca	ncellation			R	obert Orte	ega						
N				F	ACILITY IN	NFORMATION						
Name of Facility Where Abateme			ce (3)	0			Type of Facility (4)				
Princeton University-Fire Street Address	stone Lit	orary					School (K-12)					
							Subchapter 8 Other (i.e., pr	(Other than K	-12) mercial	huild	inae	
Washington Rd City (5)							homes, etc.)	are and com	nor olai	Dulla	iigs,	
Princeton							Square Feet	# of Floors		Bldg.	Age	
County (6) MERCER				Co	unty Code (7	7)(STATE USE ONLY)	,	or if being dem	olished)		
Name of Monitoring Firm Hired b	v Buildina	0	/0\	1000		1	Library					
ATC Associates Inc.	y bullullig	Owner	(0)	ASCI	И No.		ent Contractor (9)					
Street Address							VIRONMENTAL	, INC.				
Three Terri Center						Street Address						
City, State, Zip Code						1123 BEAVE						
Burlington, NJ 08016						City, State, Zip Co						
Project Manager for Monitoring F	irm		Te	lephone	e No	Telephone No.	(19007	License No				
Michael Keehn			1000000	20.00 2 0.0000000000000	6-8800	215-788-6040		License No. 00509				
Start Date (10)	Schee	duled (ate (11)	Name of OSHA M		00303				
3 / 3 / 15	_	ON) <u>/</u>	tOLI)		VIRONMENTAL.	INC.				
Occupancy Status During Abatem	nent (Chec	k only	one)	•	*	Street Address						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abat	ement		1123 BEAVER	R STREET					
Abatement Performed Outside	of Norma	Facili	у Но	urs - De	scribe	City, State, Zip Co						
Time of Abatement:AN		M/ <u>5:00</u>	PM-	1:30AN	1	BRISTOL, PA						
Scope of Work (Check all that app	oly)					69.50						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re					ainment with Nega osure	tive Pressure				
24 _ 100 of of 200 ii		☐ De	mont	ion		☐ Glovebag	Procedure mpted (*) and Non-	Friable Proces	turo			
		ls	Loca	ation			inprod () and itom	Thable Flocet		hotor		F
Location of			Norm	ally lely by		Description of	f		-		nent 7	-
Asbestos-Containing Material TO BE ABATED	(ACM)			ance/	Asbes	tos Containing Mat	erial (ACM)	Amount	Rem	Repair	Enc	Enc
IN Facility		Cus		Staff?	(i.e.	, thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	a-	aps	Enclosure
(13)		Vac	(12	1	-	other miscellaned	ous)	01 01 21)	_		Encapsulate	Гe
B LEVEL NORTH CORRIDOR	?	Yes	No	N/A		TILE/MASTIC		240 SF		-		
RMS B-9J & B-12J B LEVEL	1					SULATION					무	
					111 - 1140	DOLATION		30 LF		닏		
									44	1	닏	닏
Name of Registered Waste Hauler				NJDEP '	Maste	Cubic Yards of	Nome -fD					
SERVICE TRANSPORT GR			100	Hauler II	D No.	Waste	Name of Register G.R.O.W.S. N		DFILL			
City, State						Disposal Date	City, State					
NEW CASTLE, DE							MORRISVILL	E, PA 19067	7			
Completed By (Print or Type)	Title					Signature		I	ate			
Brian Scafiro	Es	stimat	or			Sien x	Scaline /	2	5/2	7/1	5	

NO CE NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)		This	(5 "			FT.	7 77	1,000	۳.		
2/9/15		INA!	ne of Buil	ding Owner / Oper	ator (2)		P }	V Lai	À		
Agencies Notified Type Notific	ation	Stre	et Addres	Twp Public Sc	nools	2012 10			-11011-		52.65
☐ EPA		TACAMA C	The fifther man and the second	Rancocas Rd		2018 AP	R-1	EH 12:	10		
☐ DEP ☐ Initia	ıl	City	, State &	7in Code		1			. 6		
□ DOL □ Ame	nded R#2-3/27/15	5 Wil	linghore	, NJ 08046		#58 <u>5</u> \$	THE	11117	0.		
□ DOH □ Eme	rgency	Nan	ne of Con	tact		21	HI W	CHIC	UL.	- 1	
	cellation	1 3 3 3 3 3 3	vin Smit			438ES & L		relepi	none	Nun	ibei
								1			
Name of Facility Where Abatem	ent is Taking Plac	ro (2)	ACILITY	INFORMATION							
Levitt Middle School	on to raking riac	,e (3)		Type of Fa	cility (4)						
Street Address				School	I (K-12) NO	ON SUB-CHA	APTER	8			
50 Rev. Dr. MLK Jr. Drive				Subch	apter 8 (O	ther than K-1	2)				
				Other	(i.e. private	e & commerc	ial build			etc.)
City (5)	County (6)	County	Code (7)	Square Fee		of Floors		Bldg. A	ge		
Willingboro	1	County	Code (7)	100,0		1			40	+	
92010	Burlington				e (Prior if b	peing demolis	shed)				
Name of Monitoring Firm Hired b	v Duildin - O	(0)	1	School							
AHERA Consultants Inc	y building Owner	(8)	ASCM		patement (Contractor (9)					
Street Address				Bristol Er	vironme	ntal, Inc.					
36 North Quail Hill Blvd				Street Addr							
City, State & Zip Code				1123 Beav							
Galloway, NJ 08205				City, State		9					
Project Manager for Monitoring F	irm ITe	lenhon	e Number	Bristol, P							
Eric Clarkson		9-652-	.1833					Number			
Scheduled Start Date (10)	Scheduled Comple			(215)788-6 Name of OS		(0509				
2/23/15	ON	HOLD		Bristol En							
Occupancy Status During Abaten	nent (Check only	nne)		Street Addre		ital inc.					
Facility Closed/Vacated D	uring Entire Perio	d of Ab	atement	1123 Roay							
	tside of Normal F	Hours -	7am to 3	om City, State 8							
Describe: 7:00 AM - :	3:30 PM			Bristol, PA	19007						
Facility Occupied During /	Abatement										
Scope of Work (Check all that app	oly)										
≥3 sf or ≥3 lf	_				☐ Fu	ıll Containme	nt with N	Vegative	Pres	sure	3
≥ 160 sf ≥ 260 lf		20 000	novation			ni-Enclosure					
2 100 SI 2200 II	L] Der	nolition		☐ GI	ove Bag Prod	edures				
Location of					No	on-Exempted	and Nor	n-Friable	Pro	cedu	ire
Asbestos-Containing		s Locat		Description	n of		mount		ateme		
Material (ACM)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Solely		Asbestos-Cor			pecify				
TO BE ABATED	Ma	intenan	ice or	Material (A (i.e., thermal s	(CM)	SF	or LF)	מ		En	П
in Facility	Cus	stodial S	Staff?	insulation, surfa	cina VAT	1		em	Repair	cap	ncis
(13)		(12)		or other miscel	laneous)			Removal	oair	Encapsulate	Enclsoure
	Yes		N/A					-		ate	œ.
exterior Window Caulk		\boxtimes		Window C	aulk	700	00 LF				
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								$\dashv \exists \vdash$	H	H	Η
ame of Registered Waste Hauler		NJI	DEP Was	te Cubic Yards	Name of	Registered L	andfill				
envice Transport		Hai	uler ID No	of Waste		- J. 5.0104 L	a. a.				
ervice Transport Inc.		209	990	8 Cu Yd	Minerva	Landfill					
ity, State			8	Disposal Date	City, Stat	e				_	
ew Castle, DE				3/27/15	Morrisv						
ompleted By (Print or Type)		Title		Signature	0,	• 1		Date		_	
ino Pizzigoni		Pro	ject	/	Jan. 1	m, 1-	el .	2/9/1	E		
			nager	Beno 1.	ezzeg	17		2/3/1	J		
I 15004						· V					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT AC 9:50 and 12:120)

Date of Notification (1)		1	Vame	of F	Building	Owner / Opera	-1 (0)	6045 405			
2/9/15		i	Willir	nah	oro Tw	p Public Sch	ator (2)	2815 APR - I	RM 12:	1	
Agencies Notified Type Notifi	cation	5	Street	Add	dress	p i abiic oci	10015	C. 9.1 500			
☐ EPA ☐ DEP ☐ Initi		4	140 E	3eve	erly Ra	ncocas Rd		436 (103 - a : 10 8	EU.H.R	0L	
=	707	10	City, S	State	& Zip (ode		à LIDE	KSING		
	ended R#1-2/20/ 1 ergency		<u> Villir</u>	igb	oro, NJ	08046					
	cellation				Contact				Telephon	e Nur	mber
		r	/eivi	n S	mith						
Nome of Facility 14th Al			FAC	CILI	TY INF	ORMATION					
Name of Facility Where Abatem Levitt Middle School	ent is Taking Pla	ice (3))			Type of Fac	cility (4)				
Street Address								SUB-CHAPTER	8		
50 Rev. Dr. MLK Jr. Drive							apter 8 (Other				
TO THE PROPERTY OF						Other ((i.e. private &	commercial build		s, etc	.)
City (5)	County (6)	Cou	inty C	odo	(7)	Square Fee		Floors	Bldg. Age		
Willingboro	Burlington	1000	inty C	oue	(1)	150,0		1	4	0+	
J	Durington						e (Prior if bein	g demolished)			-8
Name of Monitoring Firm Hired	ov Building Owne	r (8)		IAC	CM No.	School					
AHERA Consultants Inc	-,ing 011110	. (0)		100	CIVI INO.	Rristol En	vironmenta	tractor (9)			
Street Address						Street Addre	vironmenta	i, inc.			
36 North Quail Hill Blvd						1123 Beav					
City, State & Zip Code						City, State 8					
Galloway, NJ 08205						Bristol, PA					
Project Manager for Monitoring F Eric Clarkson		eleph			ber	Telephone N	Number	License	Number		
		09-6				(215)788-6		00509			
2/23/15	Scheduled Comp			(11)	Name of OS					
Occupancy Status During Abate		3/27/1		_			vironmental	Inc.			
Facility Closed/Vacated	Durina Entire Per	iod of	Ahat	eme	ent	Street Addre					
Abatement Performed O	utside of Normal	Hour	s - 7	am t	o 3pm	1123 Beav City, State &					
Describe: 7:00 AM -	3:30 PM				o opin	Bristol, PA					
Facility Occupied During	Abatement					15110101, 17	13007				
Scope of Work (Check all that ap	ply)										
≥3 sf or ≥3 lf	5	o,	_				☐ Full C	ontainment with t	Negative Pr	essur	e
≥160 sf ≥260 lf	Ę		Reno				Mini-E	nclosure	2		
Z 100 31 2200 11	L	,	Demo	iltio	n	8		Bag Procedures			
Location of		le Lo	cotio			· · ·	Non-E	xempted and No			
Asbestos-Containing	ı N	lormal	cation			Description Asbestos-Con	n of	Amount	Abater	ment 7	Туре
Material (ACM)			ely by			Material (A		(Specify SF or LF)			T
TO BE ABATED		ainter			7 at c	(i.e., thermal s	ystems	0, 0, 1,	Re s	n inc	E
in Facility (13)	Ci	ustodi		aff?	in	sulation, surfac	cing, VAT		Remova	sde	clso
(10)	Ye		2) lo N	I/A	0	r other miscell	aneous)		al =	Encapsulate	Enclsoure
xterior Window Caulk	I		A I			Mindaw	!!-				
		117	7 1	+		Window C	auik	7000 LF			
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			1	7						11	1
ame of Registered Waste Haule	r	I	NJDE	PW	/aste C	ubic Yards	Name of Red	gistered Landfill			
anda T		1	Haule	r ID	No. of	Waste		giotoroa Lanuilli			
ervice Transport Inc.		12	2099	0	8	Cu Yd	Minerva La	ındfill			
ity, State ew Castle, DE						sposal Date	City, State				
		1-				27/15	Morrisville	, PA			
ompleted By (Print or Type)		400	Title	-4	Si	gnature		1	Date		
1110 1 122190111		100	Proje Mana			4: 4.	zegon	: / : /	2/9/15		
		10	vialid	yer	/	supo In	y gragon	IM	1		- 1

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7
ANNUAL NOTIFICATION

(PURSUANT TO NJAC 8:60-7 AND 12:120-7
ANNUAL NOTIFICATION

		4600		ANNO	AL NOTIF	Automotive New Automotive						
Date of N 03	otification 31	(1) / 15				Building O	wner / Ope	rator (2)				
Agencies	Notified	Type of N	otification		Street Ac	ddress I STREET		Ę.,				
	EPA	✓	Initial		The second secon	te, Zip Cod	Э	E+			1 1	1
	DEP DOH		Amended Amendment	4	HACKET Name of	TSTOWN, I	NJ 07840		Telepho	no Numb	201	
	DOL			/ // justification		DERWAL			Leiebijo	He willi	ner	
	DCA		Caricenation	F	ACILITY II	NFORMATI	ON			*********		
Name of I	Facility Wh	ere Abaten	nent is Taking	Place (3)		Type of F	acility (4)					
MARS CH	HOCOLATE		,			l		42)				
Street Ad	dress					1	School (K Subchapt	-12) er 8 (Other	than K-12	2)		
700 HIGH	STREET						Other (I.e.	, private & mes, etc.)		0.00		
City (5)		County (6		County Code	(7)	Square F	eet	# Of Floor		Buildir	ng Age	
HACKETT	ISTOWN	WARREN					0,000 se (Prior if		olished)	1	40	+
						MANUFA		being den	iononea			
Name of I	Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO	Name of	Abatement	Contractor	(9)			
AET						NORTHS	TAR CONTE	RACTING G	ROUP, IN	IC.		
Street Ad						Street Ad	dress					
-	LITTLE DRI					32 William	s Parkway					
	VATER, NJ						e, Zip Code					
	Ingr. For Mo		irm	Telephone Nu 908-218-1108	ımber	Teat Hand	NI 070	20				
	Start Date		Sched. Comp	letetion Date (1	11)		ver, NJ 079 e Number	36	License	Number	9	
04	/15	/15	_04/	//	15_					5 (
Occupand	cv Status D	uring Abat	ement (Check	Only 1)	1		72-3660 OSHA Moni	tor			00860	
	Facility C	losed/Vaca	ted During En			NORTHS'	TAR CONTR		ROUP, IN	IC.		
	Abatemer Abatemer	nt Performe	ed Outside of N	lormal Facility		Street Ad 32 William	dress s Parkway					
	Hours - De		7:00AM -3:30F	PM		City, Stat	e, Zip Code					
Saana of			- A Constant				ver, NJ 079					
Scope of	Work (Che	CK All Inat	Apply)									
	Demolitio >3sf or >3		V	Renovation		Full Cont	ainment wit	h Negative	Pressure	9		
	≥160 sf or				\exists		Procedure					
						Non-Exer	npted (*) an	d Non-Fria	ble Proce	dure		
	Location o		ls		Descript				Abateme	nt Type		
	estos Conta laterial (AC	_	Location Normally	As	sbestos - 0 Material	Containing		Amount	R E	R	E N	E N
. 1000	O BE ABAT		Used	(1.	e., therma		0	(Specify	M	E	C	C
	in Facility		Solely	1170,000,000	(1) 시시 시민 시민 시민 시민 시민 시민 시민	facing, VA	*	SF or LF)	10000	Р	Α	L
l	(13)		by Main- tenance/	or	other misc	ellaneous)		9	V A	A	P	o s
			Custodial						Ĺ	R	Ü	U
			Staff (12) YES NO N/A								L	R
TANK 1-92	29			TANK INSULA	TION			200SF	V			
	Registered CARTING	Waste Hau	ler	NJDEP Waste Hauler ID No. 4509		Name of F I.E.S.I.	Registered I	_andfill				
City, State NEWARK,		**			Disposal Date	City. State BETHLAH						
Complete	d by (Print	or Type)		Title		(Signature	21	$\overline{}$		Date	
STEVE ST	TILES			PROJECT MAI	NAGER		Sle	RJO	\leq			03/31/15

CK 1554

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

Date of Not	ification (1)				Name of B	uilding Owner / Oper	ator (2)			-07-31-31	The second second second
4 /	18	2015				Shepards F	Realty LLC		1			
/	/				C-TOT-CO-TO-CO-TOT-CO-TOT-CO-TOT-CO-TOT-CO-TOT-CO-TOT-CO-TOT-CO-TOT-CO-TO-TO-CO-TOT-CO-TO-CO-T	Street Add						
Agencies N	lotified	Type of No	tification	1		785 Totowa						
	EPA	47-46	Initial				, Zip Code				14	
	DEP	_	Amende			Totowa, N.	the same of the sa					
V	DOH		Amendm	-		Name of C			Telephon	e Number		
	DOL				justification	Bob Soldo	veri					
			Cancella	tion							- Evaluation	
					F/	ACILITY IN	FORMATION					
Name of Fa	cility Whe	re Abatem	ent is Tal	king P	lace (3)		Type of Facility (4)					
LKA Wharel	house			-								
	tono management and the	MONEY CASSING TANKS					☐ School (K	-12)				
Street Addr	ress						☐ Subchapt	er 8 (Other	than K-12)		
55 Shepards	s Lane							, private &	cmmercia	ıl		
								mes, etc.)		_		
City (5)		County (6)			County Code (7	7)		# Of Floor	s	Building		
Totowa		Passaic					172,000	1			51 yrs	S
							Current Use (Prior if	being dem	olished)			
							Wharehouse					
Name of Mo		irm Hired	by Bldg.	Owne	r (8)	ASCM NO	Name of Abatement					
C.A. Enviro	nmental						Steve Rich Environm	nental Cont	ractors d/	b/a OPUS	Abatem	ent
											-	
Street Addr							Street Address					
2200 Paters		Road #7					222 Delawanna Aven	ue				
City, State,												
North Berge							City, State, Zip Code					
Project Mng		nitoring Fi	rm		Telephone Nun	nber	Clifton, NJ 07014					
Carmelo Alt					201-864-6583							
Sheduled S	start Date		Sched. C	compl	etetion Date (11		973-458-1188		License 1	Number		
4 /	18	2015	4_	_ /	/	2015			01219			
/	/			/	/		N					
Occupancy	Status Di	uring Abate	ement (Cl	neck C	Only 1)		Name of OSHA Moni Steve Rich Environn		vootova di	his OBIIC	Abatam	ont
			ted Durin	g Enti	re Period of			iental Cont	I actors u/	DIA OF 03	Abatem	ent
	Abatemen		10 4 11				Street Address					
					ormal Facility		222 Delawanna Aven	ue				
		escribe:					City, State, Zip Code		-			
	Other - De	scribe:					Clifton, NJ 07014	15				
2	/ (Ob	I. All Theat	Ammlus)				Omton, No orona		e decrease			
Scope of W	vork (Chec	ck All Inat	Apply)									
	Demolitio	n			Renovation	П	Full Containment wit	h Negative	Pressure			
10000	>3sf or >3		_				Mini - Enclosure					
	>160 sf or					V	Glovebag Procedure	1				
	_100 01 01						Non-Exempted (*) ar	d Non-Fria	ble Proce	dure		
1												
L	ocation of	f	ls			Descripti	on of		Abateme	nt Type		
Asbes	stos Conta	aining	Locat	ion	As	bestos - C	200		R		E	E
		ech peren ar	Norm	ally		Material (Amount	E	R	N	N
TO	BE ABAT	ED	Use	d		e., thermal		(Specify	M	E	C	C
1	in Facility		Sole	ly			acing, VAT,	SF or LF)	1	P	A	L
	(13)		by Ma	ain-	or	other misc	ellaneous)		V	A	P	0
1			tenan						A	1	S	S
1			Custo						L	R	U	U R
			Staff	authorace market and				-			-	K
			YES NO	and the real Party lies in which the	1 - 11 - 1 - 1 - 1			120 00 4		 		
basement				1	boiler insulation			120 sq. ft		-		1 -
				_		-		-			-	1 -
									-	-	THE R. P. LEWIS CO., LANSING, MICH.	The second secon
								1				
Name of R	egistered	Waste Hau	ıler		NJDEP Waste	Charles Control of the Control of th	Name of Registered					
Newark Ca	irting				Hauler ID No.	Yards	IESI Bethlehem Land	TIII				
				and the second	4509	of Waste	1014 01 1					
City, State						Disposal	City. State					
369 Raymo	ond Blvd, N	iewark, NJ				Date 4/24/2015	Bethlehem, PA			100		
2	11.00	T V		-	Title	4/24/2010	And the second second		0.1	1 //	Date /	-
Completed		or Type)			Title Office Manager		Jigilature	ELL	11		Date /	31/15

NO CK

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

Date of Notification	(1),				Name of	Building (Owner / Ope	erator (2)		***		
01 / 12	/15				First Ene	rgy			73			
/	/				Street A							
Agencies Notified	Type of N				76 South				16.			
☐ EPA		Initial				te, Zip Cod	de	1+			2 2	1
DEP		Amen			Marie and the same of the same	hio 44308						r
☑ DOH			dment		A 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000	Contact			Telenho	no 11)	her	
☑ DOL				w/ justification	Jim Hals	ey						
		Cance	ellation	A	1 011 1777 11	UECONIA	1011		1			
				1	ACILITY II	NFORMAI	ION					
Name of Facility Who	ere Abater	nent is	Taking	Place (3)		Type of	Facility (4)					
				700 TO SECURE OF THE SECURE OF		1						
							School (F	<-12)				
Street Address								ter 8 (Other				
MONROE AVE & MA	IN STREE	INIER	SECT	ON				., private &		cial		
City (5)	County (6	-1		10	(7)	-		omes, etc.)				
ASBURY PARK	MONMOL			County Code	(7)	Square F	eet	# Of Floo	rs	Buildin	ig Age	
ACCOUNT AND	INCINIOC	7111				Cumana	I (D-::			1		
							Use (Prior if	being den	nolished)	1		
Name of Monitoring	Firm Hiron	l by Bld	a Own	or (9)	ASCM NO	Telephon	e Pole					
- monitoring	i iiiii iiiioc	by blu	ig. Owi	101 (0)	ASCIVI IV	1						
Environmental Health	Investigation	ons				NORTHS	TAR CONT	RACTING	SROLID IN	IC.		
Street Address	3-1					Street Ac		ONO TINO C	JACOUP. IN			
655 West Shore Trail						Oliver At						
City, State, Zip Code						32 Willian	ns Parkway					
Sparta, NJ 07871							te, Zip Code	9				
Project Mngr. For Mc	nitoring F	irm		Telephone Nu	ımber	1,	.o,p					
Dino Nappi				212-682-9271		East Han	over, NJ 070	036				
Sheduled Start Date	(10)	Sched	. Comp	oletetion Date (*	11)		ne Number		License	Number		
01 / 27	/15		01	/30 /	15	1000000F-40000000				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
// /			/	/	30	973-8	84-8682			(00860	
Occupancy Status D	uring Abat	ement (Check	Only 1)			OSHA Moni					
		ted Dur	ing En	tire Period of		NORTHS	TAR CONTE	RACTING G	ROUP. IN	IC.		
Abatemen	-					Street Ac	ldress					
Abatemen	t Performe	d Outsi	ide of N	Normal Facility								
Other - De	escribe:	Friday	8:00 a	m to 5;00 pm		The same of the sa	ns Parkway					
☑ Other - De	scribe:						e, Zip Code					
Scope of Work (Chec	k All That	Annly)	_			East Hand	over, NJ 070	36				
Tooks of Work (once	All Illac	Ybbiy)										
☐ Demolition	1	-	7	Renovation		Full Cont	ainment wit	th Negative	Pressure			
		_			\Box	Mini - En		mogalive	1 1000010	•		
	≥260 If					Glovebag	Procedure					
					V	Non-Exer	npted (*) an	d Non-Fria	ble Proce	dure		
1 11 11												
Location of			s		Descript				Abateme	nt Type		
Asbestos Conta	ining	0.070.00	ation	As	sbestos - C				R		E	E
TO BE ADAT	ED	1151.632.2333	nally	,,	Material			Amount	E	R	N	N
TO BE ABATI in Facility		255	ed		e., thermal		-	(Specify	M	E	C	C
(13)		H 100 100 100 100 100 100 100 100 100 10	lely Iain-	insu	lation, surf other misc	acing, VA	1,	SF or LF)	0	P	A	L
(10)		1000	nce/	l or	outer misc	elianeous)			V	A	P	0
			odial						A L	l R	S	S
		Staff							_	K	li.	U R
		-	IQ N/A								-	
Exterior Telephone Pol	le			Transite Condu	rit			40 LF	V			+
			- posses					. 5 - 1		H	1-1	
		The Person Name of Street, or other Persons or other Pers								H		1 -
		7000							-		1 -	
Name of Registered V	Vaste Haul	er		NJDEP Waste	Cubic	Name of F	Registered L	andfill				
NEWARK CARTING					Yards	I.E.S.I.						
				아들은 아는 그 맛이 있는데 하는데 없는데 없다.	of Waste							
City, State					Disposal	City. State)					
NEWARK, NJ					Date	Control of the contro	EM, PA 181	05				
Completed by (Print of	or Type)		20 C. T.	Title			Signature		8		Date	
Steven Stiles				Davis 111			10	Ma C	0			
			Distance of the last	Project Manage	r		000	1100			03	/31/15
ASB-41												