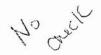
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Date of Notification (1) 4/10/13				Name o	of Building Owner omy Installation	Operator Mana	(2) gement	t Comma	nd Picatinr	O/2	rser	hal,		- K.
Agencies Notified	Type Notification			Street A	Address nny Arsenal				14.3	1		' / /	A/	11):
EPA DEP DOL	Initial COL Amended Amendmen	urtesy		City, Sta	ate, Zip Code nny Arsenal, N	lew Jer	sev 078	806		6 1	-10	ENS	717	liko
▼ DOH	Emergency justification))		Name o	f Contact		1		Telephone	Num	ber		14G	<u> </u>
DCA	Cancellation	n			Barkocy									
Name of Facility Where	Abatament is Takir	na Place (3)		FAC	ILITY INFORMAT	ION	Type of	Encility (4)						
Picatinny Arsenal -		ig Place (5)			237		☐ Sc	Facility (4))					
Street Address Various Locations	on Picatinny Ar	senal (see	atta	ached	table)	11	Ot etc	ther (i.e. pri c.)	(Other than I vate & comm			dings	, hom	es,
City (5) Picatinny Arsena	L						Square 130,00		# of Floors 1 to 4			3ldg. A 30 to	9650000	
County (6) Morris					Code (7) USE ONLY)		Current Vacar		if being demo	olishe	ed)			
Name of Monitoring Firm Landmark Environr		Owner (8)		ASC	И No.			ment Contr						
Street Address 250 Bryant Street							Address	Pointe P	Parkway					
City, State, Zip Code Denver, Colorado 8	20210	ă.	9 660		te de la constant de	City, S	tate, Zip					-	-	
Project Manager for Mor		-		Telepho		Teleph	none No.		Licens	e No				
Matt Roberts Start Date (10)		Scheduled		34-157-3450-345-340	33-8974 Date (11)	72-00-0-22-0-0	965-230 of OSHA	***************************************	N/A					
5/1/13		8/30/13						Construc	tion Co.					
Occupancy Status Durin Facility Closed/Vac		6		ont			Address Green	Pointe P	arkway, Sı	uite	200			2
Abatement Perform Other – Describe:	ed Outside of Norr					City, S	tate, Zip							
Scope of Work (Check A	II That Apply)					1,10.0				10 SC - 70				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Manager 1	nova moliti			×	Mini-E Glove	Enclosure bag Proce	t with Negativ dure *) and Non-Fi				e	
		ls Lo	ocatio	on	// / / / / / / / / / / / / / / / / / /				A 2011 - 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		******	Abate	ement	
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Asbestos-Containing TO BE AB In Facil (13)	ATED	Maint Custoo (enar	ice/			s insulatio T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
see attache	ed table	100		X	see at	tached	table		ee attache	d	X			
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Name of Registered Was	ste Hauler		115000	JDEP W		Yards	. 1	Name of Re	egistered Land	dfill	Ly-I			\dashv
Service Transport G	roup		11.50.55	auler ID 117	4000				unty Landfi	II				
City, State 58 Pyles Lane, New	Castle, Delawa	are 19720				sal Date 5 8-30-		City, State Waynesb	urg, Ohio	on the second		1	1	
Completed by Tim Egan		Title Vice Pr	esic	dent		Signature	M	Eea		Date 4		/13		



Date of Notification (1)	3/8/13			Name	of Buildin	g Owner/Operator Tr	(2) ran Rock Indi	ustříčka ADR rel Ave		* ½		
Agencies Notified	Type Notification	or entro	-	Street	Address		ap Rock ma	distition and	l A	la to		_
⊠ EPA	☐ Initial						Box 419 Lau	rel Ave	Fi	7 [[]	: (;	
DEP DOL	Amended Amendment #		e ga	City, S	State, Zip C	code Ki	ingston, NJ (08528 LICE		17	ומי	
M DOH □ DCA	justification) Cancellation		1	Name	of Contac		*	Telephone Numb	er	Ġ		
						Ray Boeckel				-		
N	Al de Talia	- DI	(2)	FAC	CILITY INF	ORMATION	Type of Facility	. (4)				
Name of Facility Where	Trap Roc			29			School (K-1	1.5				
Street Address	Trup Roo	K IIIG	abur				Subchapter	8 (Other than K-12	2)	ALC: YOU		
	2485 E. S	State	Stree	et			Other (i.e., p	orivate & commercia .)	al buil	dings	,	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
4	Hami	lton,	NJ				0	0	.	5	0	
County (6)	Mercer				nty Code (7 ONLY)	7) (STATE	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm	The second secon	Owner	$\overline{}$	ASCM	Na.	Name of Abaten	nent Contractor (9	9)				
(8)	MECS					Stev	vens Environ	mental Service	s, Ir	ıc.		
Street Address						Street Address		" -	4			
2 2 21 8 1 9	PO Box 34	<u> </u>				1 9(*)		30x 322		3		_
City, State, Zip Code	rosswicks, NJ	0051	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mo		0851		phone	No.	Telephone No.	Allelitow	License No.		_		_
1 5 OS	Weisgarber			•	8-4070		59-9688	CONTRACTOR CONTRACTOR CONTRACTOR	0493	3		
Start Date (10)		Juled C	-	tion Da		Name of OSHA						38 3-7-17-
3/25/13			1/30/				M	IECS		E (
Occupancy Status Duri	ing Abatement (Che					Street Address						
☐ Facility Closed/Vaca								341 Box 341				_
☐ Abatement Performe Control			ty Hou	rs		City, State, Zip C		NII 00616				
Delication (1990) The transfer of the Control of th		1					Crosswic	ks, NJ 08515				
Scope of Work (Check 3 sf or 3 lf 160 sf or 260 lf	all that apply)		enovati emolitio		ii ii ii	☐ Mini-En Gloveba	ag Procedure	egative Pressure on-Friable Procedu	re			
7.5			Locatio						A	bate Typ		
Location	of	Used	d Solel	y by	Ba # 1	Description of				1 91-		
Asbestos-Containing TO BE ABA			ntenan ustodia			tos Containing Ma thermal systems		Amount (Specify	Re	Re	E	E
IN Facili		177.21	Staff?		(1.6.,	surfacing, VAT	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	39		(12)			other miscellane	ous)		<u>a</u>		sulat	E G
		Yes	No	N/A	14 VVII	8 K L 44 L E	2 8 5 E 6	2 43 3 1 may 14			Ö	157
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Exteri	ior					Thermal Pir	oing	120 lf	×			
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Name of Registered W			l F	JDEP \ lauler ID	No.	Cubic Yards of Waste	/ /	istered Landfill	u ia Ny sa	~11		
Stevens Environ	mental Service	s Inc	<u>- -</u>	182	292	15 CU		R.R.F., Inc. L	andi	111		_
City, State	Allantarium N	JT				Disposal Date 4/30/12	City/State	Tullydown	DΛ			
Completed By	Allentown, N			-		Signature	14/	Tullytown,	A	_		=
Mahlon E. St			rojec	t Mar	ager				4/8	/13		
					-0	X-/->	7			1.		

ASB-41 MAR 00

CK \$25/00

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

Date of Notification (1)	/8/13			Name	of Buildin	g Owner/Operator Tr	(2) rap Rock Indi	ustries	<i>I</i> .,	1.	1	14	
Agencies Notified	Type Notification	1	-	Street	Address		up receit ma	doures	\$0 / / s	14		46	=
EPA	Initial:					PO	Box 419 Lau	rel Ave	4/6).	<u> </u>	2		``
□ DEP ☑ DOL	Amended Amendment Emergency (- [City, S	state, Zip C		ingston, NJ (08528		Tei,	(G	40	<u>/_</u>
M DOH □ DCA	justification) Cancellation	including	-	Name	of Contac				ne Numbe	r			
				EAC	II ITY INE	ORMATION		-		All Sales		_	
Name of Facility Where	Abatement is Taki	ng Place	(3)	IAC	ZICITT IIV	ORIGINATION	Type of Facility	(4)					-
, ramo or asimy rmass	Trap Ro			es			☐ School (K-1	2)					
Street Address	2485 E.	State	Stree	et	1		Subchapter Other (i.e., phomes, etc.)	orivate & co	nan K-12) ommercial	build	lings,		
City (5)	2105 2.	Beare	0000				Square Feet	# of FI	oors	Blo	dg. A	ge	
-7,17	Ham	ilton,	NJ				0		0		5	0	_
County (6)	1ercer				nty Code (*) ONLY)	7) (STATE	Current Use (P	rior if being	demolish	ed)			
Name of Monitoring Firm		Owner	- -	ASCM	No.	Name of Abaten	nent Contractor (9	9)					=
	MECS					Stev	vens Environ	mental S	Services	, In	c.		_
Street Address						Street Address					77.00	200 - 200	
	PO Box 34	41			100			Box 322			_	50 5	_
City, State, Zip Code	osswicks, NJ	0851	5			City, State, Zip C	Code Allentow	n, NJ 08	3501				
Project Manager for Mor	The second secon	0051		phone	No.	Telephone No.		Licens					=
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Start Date (10)	Sch	eduled C	omple	tion Da	te (11)	Name of OSHA							
3/25/13			/12/	13			N	IECS_			-		_
Occupancy Status Durin						Street Address	PO I	Box 341					
☐ Facility Closed/Vacat						City, State, Zip C		30X 3 11					-
Other - Describe:					-	Only, onato, Esp	Crosswic	ks, NJ 0	8515				_
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati molitio			☐ Mini-En	ntainment with Ne closure ag Procedure cempted (*) and N						
			ocatio			<u> </u>			>2	2/0	bater		
Location	of	Used	ormally Solely	y by		Description o	ıf			_	Тур	e T	
Asbestos-Containing I	Material (ACM)		ntenan ustodia		Asbes	tos Containing Ma thermal systems	terial (ACM)	Amou (Spec		R	Re	Ē	En
TO BE ABA		777	Staff?		(1.6.,	surfacing, VAT	, or	SF or		Remova	Repair	caps	Enclosure
(13)		<u> </u>	(12)	Γ		other miscellane	ous)			<u>a</u>		Encapsulate	ē
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Exteri	or	- Indian	2 12 9	1977		Thermal Pip	ping	120	lt	×			
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	·	-		LIDED	0/	Cubic Yards	Name of Reg	istored Lar	odfill			1000	_
Name of Registered Wa		T		JUDEP V Hauler ID 182		of Waste				ndf	:11		
Stevens Environ	mental Service	es inc	<u>-1</u> -	182	292	15 CU Disposal Date	City, State	.R.R.F.,	IIIC. La	Hui	111		ᅴ
City, State	Allentown,	NJ				4/12/13		Tully	town, P	A			
Completed By	Ti	tle			2000	Signature	7/		Date		/12		
Mahlon E. Sto	evens	Pı	ojec	t Mar	nager		_/			3/8/	13		_



Date of Notification (1)	so			Name	of Buildir	ng Owner/Operator (Jnivertsity - Offic	2) 20	113 100				
3 / -	/	13		Pri	nceton l	Jnivertsity - Offic	e of Design an	d Construction	l Šelija			
Agencies Notified EPA	Type Notificat	ion		Stree	t Address D Elm Dr			14,	7 (Q;			
☑ DOLWD	Amended	#2 AIOI	12	City,	State, Zip	Code	· ·	* Little	177	7		-100
☑ DHSS ☑ DCA	Amendmer Emergency		_	Pri	nceton,	NJ 08544		2711	G.	1.		
(NJAC 5:23-8)	justification		y	Name	of Conta	ct		Telephone Num	ber			
	☐ Cancellation	on		Ro	bert Orte	ega		15 NEX				
				FA	CILITY II	NFORMATION						
Name of Facility Where	Abatement is Ta	king Place	e (3)				Type of Facility	(4)		-		
Princeton Universi	ty- Engineerii	ng Quad	rang	le			School (K-12	2)				
Street Address								Other than K-12				
Olden St							homes, etc.)	rivate and comme	rcial bi	uildin	gs,	
City (5)					1	-	Square Feet	# of Floors	В	dg. A	ae	
Princeton										3	3-	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)	0.000		
MERCER					,	,	,	3				
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
PENNONI ASSOCIA		•	/				VIRONMENTAI					
Street Address						Street Address	- 1 ¹ - 200			_	-0	-
515 GROVE STREE	ET					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					1000
HADDON HEIGHTS	, NJ 08035					BRISTOL, PA						
Project Manager for Mon	itoring Firm		Te	ephone	No.	Telephone No.		License No.				
CRAIG WILSON	3 0		1	56-547		215-788-6040		00509				
Start Date (10)	Sc	heduled C	ompl	etion Da	ite (11)	Name of OSHA M	lonitor	<u> </u>	-			-
3 / 26 /				3 /		BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement (Ch	neck only	one)			Street Address		3.			- 50	
☐ Facility Closed/Vacate	186	2.5	1.5	ement		1123 BEAVE	STREET					
	7.0				scribe	City, State, Zip Co						
Time of Abatement: 7	:00AM-3:30PM	//P	M	AM		BRISTOL, PA						
Scope of Work (Check al	I that apply)	***************************************	T	7	***	⊠ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Enc ☐ Glovebag	losure g Procedure	n-Friable Procedu	re			
			Loca		I				Ab	atem	ent T	уре
Location			Norm	ally lely by		Description o			Z	D	т	m
Asbestos-Containing I TO BE ABA		0.57 5578		ance/		estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facilit		Cus		Staff?	(1.0	surfacing, VAT,		SF or LF)	oval	=	Encapsulate	Enclosure
(13)	74 17 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	Ves	(12 No		-	other miscellane	ous)				ate	Ф
B-21, B-25, B-27, B-42	29	Yes	No	IN/A	Floor T	Tile Sheet Floorin	a	1100 SF			П	
B-21, B-25, B-27, B-42					MASTI		9	750 SF				
D-21, D-23, D-21, D-42	23			붑	MAST			730 31				
2						ra Rama de la Companya de la Company		<u> </u>	冒			
Name of Registered Wast	te Hauler			NJDEP	Maste	Cubic Yards of	Name of Regist	tered I andfill	ഥ	П	Ц	ш
BRISTOL ENVIRON			2.4	Hauler II		Waste	Property and the second section of the second	NORTH LAND	EII I			
		:		18706	3	Diseased Date		HORTHEARD				
City, State						Disposal Date	City, State	LE DA 40007				
BRISTOL, PA 19007			8 11	Har.		The state of the s	WIORKISVIL	LE, PA 19067		T	-11	
Completed By (Print or Ty Brian Scarfiro	/pe)	Fitle Project	Mar	nager		Signature	Scolin	/ Da	te 4/	8/	13	
CD 44				37.		prian	scoger	1-1	'/	1	1	

ASB-41 MAY 11 BS 13022

] 3 /	194944 PM 0000	ector.				ng Owner/Operator				100	^	
		3		Pri	inceton l	Jnivertsity - Office	e of Design a	nd Construction	on	49	11	,
Agencies Notified	Type Notification	1		Stree	t Address				c.f			1
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☑ DHSS	Amended Amendment	₩2_AIA	142	City,	State, Zip	Code				4/4	-	
⊠ DCA	☐ Emergency (i			Pri	nceton,	NJ 08544				**	92	'n
(NJAC 5:23-8)	justification)		.9	Name	e of Conta	ct		Telephone Nu	mber	-		. ,
	☐ Cancellation			Ro	bert Orte	ga		1				
				FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement is Takir	ng Plac	e (3)				Type of Facility	(4)				_
Princeton Universit	ty- Engineering	Quad	drangi	le			School (K-1)					
Street Address							Subchapter	8 (Other than K-1	2)			
Olden St							Other (i.e., p	private and comm	ercial b	ouildin	gs,	
City (5)							Square Feet	# of Floors	Te	Olde 1		-02
Princeton							Oquale Feet	# OI FIDOIS	1	Bldg. A	\ge	
County (6)		-		Cou	nty Code /	7)(STATE USE ONLY)	Current Hee /Dr	rion if haire d				
MERCER				Jour	my oode (I NOTATE OSE ONE I)	Current use (Pr	ior ir being demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abata-	nt Contract - (C)					
PENNONI ASSOCIA		2 411101	(0)	7.00IVI	140.	Name of Abateme	10 02 5					
Street Address							VIRONMENTA	L, INC.				11
515 GROVE STREE	т					Street Address						
City, State, Zip Code		W- NE 80				1123 BEAVE						
HADDON HEIGHTS,	NIOSOSE					City, State, Zip Co		F E	-			
7			1+1			BRISTOL, PA	19007					
Project Manager for Monit CRAIG WILSON	toring Firm			phone		Telephone No.		License No.				
	10.			56-547		215-788-6040		00509				
Start Date (10)	10202	duled (Comple	tion Da	te (11)	Name of OSHA M	onitor	-100 to -100 t				_
	12	A	, 0					- Mi				
3/26/				_ / .			/IRONMENTAI	L, INC.				
Occupancy Status During	Abatement (Chec	k only	one)					L, INC.				
Occupancy Status During Facility Closed/Vacated	Abatement (Chec	k only eriod of	one) Abate	ment	13_	BRISTOL EN	/IRONMENTAI	L, INC.				
Occupancy Status During Facility Closed/Vacated Abatement Performed	Abatement (Chec d During Entire Pe Outside of Norma	k only eriod of I Facili	one) Abate	ment	13_	BRISTOL ENV	R STREET	L, INC.				
Occupancy Status During Facility Closed/Vacated	Abatement (Chec d During Entire Pe Outside of Norma	k only eriod of I Facili	one) Abate	ment	13_	Street Address 1123 BEAVER	R STREET	L, INC.				
Occupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement:	Abatement (Chec d During Entire Pe Outside of Norma AMP	k only eriod of I Facili	one) Abate	ment	13_	Street Address 1123 BEAVER City, State, Zip Co	R STREET	L, INC.				
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Decupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 If	Abatement (Chec d During Entire Pe Outside of Norma AMP	k only eriod of I Facili M/ <u>5:00</u>	one) f Abate ty Houi 0PM-1	ment rs - Des :00AM	13_	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Contr Mini-Encl Glovebag	/IRONMENTAI R STREET de 19007 ainment with Negosure Procedure	rative Pressure	ıre			
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Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of	Abatement (Check d During Entire Per Outside of NormaAMP that apply)	k only eriod of I Facili M/ <u>5:00</u>	one) Abate ty Hour PM-1 enovati emolitic s Locat Norma	ment rs - Des :00AM on on ion	13 cribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer	R STREET de 19007 ainment with Negosure Procedure npted (*) and Not	rative Pressure	At	patem		-
Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing M	Abatement (Check d During Entire Per Outside of NormaAMP that apply) of Material (ACM)	Ek only eriod of I Facilit M/5:00	one) f Abate ty Hour DPM-1 enovati emolitic s Locat Norma ed Sole aintena	ment rs - Des 00AM on on lion lly ely by nce/	cribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mate	R STREET de 19007 ainment with Negosure Procedure npted (*) and Nor	native Pressure n-Friable Procedu Amount	At	-		-
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Name of Facility Where Abates	ment in Taki	ne Die	(0)	F	ACILITY	INFORMATION						
Princeton University- En	odinostina	ng Pla	ice (3)				Type of Facility	y (4)			_	_
Street Address	igineering) Qua	dran	gie			School (K-1	(2)				
Olden St							Subchapter	8 (Other than K-	-12)			
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City (5)							Square Feet	# of Floors		Did		_
Princeton							1	w of Floors		Bldg.	Age	t
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Name of Monitoring Firm Hired	by Building	Owne	r (8)	ASC	M No.	Name of Abatem	Ont Contract - 10				10	
PENNONI ASSOCIATES	INC				4 2				APRIL AVA			
Street Address							VIRONMENTA	L, INC.				
515 GROVE STREET						Street Address						
City, State, Zip Code						1123 BEAVE		3129				
HADDON HEIGHTS, NJ 0	8035					City, State, Zip C						_
Project Manager for Monitoring			TTO	lephone		BRISTOL, PA	19007					
CRAIG WILSON						Telephone No.		License No.				-
Start Date (10)	I Caba	de de de			7-0505	215-788-6040		00509				
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	_			_ /	_13_	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During Abate						Street Address						
Facility Closed/Vacated Durin	ng Entire Pe	riod of	Abate	ment		1123 BEAVER	STREET					
Abatement Performed Outsid Time of Abatement: A	e of Normal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
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AS OF MONOA) Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) -21, B-25, B-27, B-429 -21, B-25, B-27, B-429 ame of Registered Waste Hauler BRISTOL ENVIRONMENTA by, State	(ACM)	Is Report of the second of the	B Local Norma ed Sole intena todial (12) No	ion on ally ely by ince/ Staff?	Floor To MASTIC	□ Full Conta □ Mini-Encle □ Glovebag □ Non-Exen Description of stos Containing Mate □, thermal systems in surfacing, VAT, other miscellaneous ille Sheet Flooring Cubic Yards of Waste	ninment with Negroup sure Procedure Procedure Inpled (*) and Nonerial (ACM) Sulation, Or Jus) Name of Registe G.R.O.W.S. I	Amount (Specify SF or LF) 1100 SF 750 SF	Removal 🛛 🗆	Repair	Encapsulate	
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_3 / _12 /	13			Name of B	uilding Owner/Opera	ntor (2)				10.2	_
Agencies Notified Type Notifi				rnncet	on Univertsity - C	Office of Desig	n and Constn	ıctián			
☑ EPA 50/8 ☑ Initial	cation			Street Add	ress			7	/2		
DOLWD 5063 DAmende	ed	12		200 Elm					4,0	0	
DHSS 5087 Amenda	nent#			City, State,				4		1	
DCA 6455	ncy (inc	luding		Princeto	on, NJ 08544			Pe y .	4.		1
(NJAC 5:23-8) justificat	ion)		Γ	Name of Co	ontact		7-1-	34	- 1	1	
LI Cancella	ition			Robert (Ortega		Telephone	Numb	er	h-	
Name of Facility Mileses Alex				FACILIT	YINFORMATION				_	14	1
Name of Facility Where Abatement is	Taking I	Place ((3)		THE STANFOR				.	14	
Princeton University- Enginee	ring Q	uadra	ngle			Type of Fac			0.00	76.147.7606-	
Olden St						Subchan	ter 8 (Other than	K 12)			
		4				I LI Curer (I.e	DITVATA and an	mmerci	ial bu	ildina	IS.
City (5) Princeton						homes, e	100.)				
						oquare reet	# of Floors	3	Blo	ig. Ag	90
County (6) MERCER			1	County Coo	le (7)(STATE USE ONL	M Current Ita-	(Delegation)				
				1		-, Current Use	(rnor if being de	molishe	ed)		
Name of Monitoring Firm Hired by Build	ing Own	ner (8)	AS	CM No.	Name of Abeta	ment Contractor	(0)				
PENNONI ASSOCIATES INC					BRISTOLE	MARONISCOL	(9)				_
Street Address					Street Address	NVIRONMENT	AL, INC.				
515 GROVE STREET					A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER STREET	1000				
City, State, Zip Code					City, State, Zip						
HADDON HEIGHTS, NJ 08035					BRISTOL, P						-
Project Manager for Monitoring Firm		T	elepho	one No.	Telephone No.	V 19001					
CRAIG WILSON			856-5	547-0505	215-788-604	0	License No.				
Start Date (10)	heduled	Com	pletion	Date (11)	Name of OSHA	-	00509				
3 / 26 / 13	_4_	. /	5	/_13							_
Occupancy Status During Abatement (Ch	neck onl	y one)				VIRONMENTA	AL, INC.				
Occupancy Status During Abatement (CF) Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Time of Abatement: 7:00AM-3:30PM	Period nal Fac	of Aba ility Ho	temeni ours - D	Describe	Street Address 1123 BEAVE City, State, Zip C	R STREET	AL, INC.				_
 ☐ Facility Closed/Vacated During Entire ☑ Abatement Performed Outside of Norr 	Period nal Fac	of Aba ility Ho	A	Describe	Street Address 1123 BEAVE	R STREET	AL, INC.				
□ Facility Closed/Vacated During Entire □ Abatement Performed Outside of Norr □ Time of Abatement: 7:00AM-3:30PM □ Scope of Work (Check all that apply) □ ≥3 sf or >3 if	Period mal Fac	of Aba ility Ho	tement ours - D	Describe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode 19007 tainment with Ne	gative Pressure				
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☐ Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Period (mal Face)	of Aba ility Ho PM Renova Demolii Is Loca Norm sed So ainten	ation ation aliy lely by	Describe M Asbe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Cont Mini-End Glovebar Non-Exe	R STREET ode 19007 tainment with Neclosure g Procedure mpted (*) and No	gative Pressure In-Friable Proced	A	_	_	-
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□ Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) -21, B-25, B-27, B-429 -21, B-25, B-27, B-429	Period mal Fac	Renova Demolii Is Loca Normalied So ainten stodial (12)	ation alion alion alion N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Cont Glovebag Non-Exe Description of the state of the stat	R STREET ode A 19007 tainment with Net losure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Removal 🔯 🗆	Repair	Encapsulate	-
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□ Facility Closed/Vacated During Entire □ Abatement Performed Outside of Norr Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) 10 BE ABATED IN Facility (13) -21, B-25, B-27, B-429 -21, B-25, B-27, B-429 -21, B-25, B-27, B-429 -3RISTOL ENVIRONMENTAL, INC. y, State 3RISTOL, PA 19007	Period mal Face	Renova Demoliti Is Loca Norm sed So ainten stodial (12 No	ation alion aliy lely by ance/	Asbe (i.e Floor T MASTIC	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Cont Glovebas Non-Exe Description of the state of the stat	R STREET ode A 19007 tainment with New toosure g Procedure mpted (") and No f terial (ACM) nsulation, or ous) Name of Registe G.R.O.W.S.	Amount (Specify SF or LF) 1100 SF 750 SF	Removal 🛛 🗆	Repair	Encapsulate	-
□ Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) -21, B-25, B-27, B-429 -21, B-25, B-27, B-429 -21, B-25, B-27, B-429 -3RISTOL ENVIRONMENTAL, INC. by, State 3RISTOL, PA 19007 Inpleted By (Print or Type) Title	Period mal Face	of Aba of Aba of Aba ility Ho PM- Renova Pemolit is Loca Norm sed So ainten stodial (12) No	ation ation ally lely by ance/ I Staff?	Asbe (i.e Floor T MASTIC	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Glovebar Non-Exe Description of the state	R STREET ode A 19007 tainment with New toosure g Procedure mpted (") and No f terial (ACM) nsulation, or ous) Name of Registe G.R.O.W.S.	Amount (Specify SF or LF) 1100 SF 750 SF Pred Landfill NORTH LANDI	Removal 🛛 🗆	Repair	Encapsulate	-

Ut 105

Date of Notification (1) 04/08/2013		E	Bellevil	Building C le Public			(2)		113 _{A,}	PR 11			(19
Agencies Notified Type Noti	ıl '	1		ssaic A				()	1581	1. S	M 10:	<i>60</i>		
X DOL Ame	ended endment #			le NJ 07					,	THOMY	140			
X DOH justii	rgency (including fication) cellation			Contact t Ficella				14	Tele	ephone Nun	nber		0	
Name of Facility Where Abatement	is Taking Place (3)		FACIL	LITY INFO	RMATI	ON	Туре	of Facility (4)					\dashv
Former Residence		N.						School (K-12	2)					
Street Address 58 Bellavista Avenue							N C	Subchapter 8 Other (i.e. pr etc.)	ivate 8	& commercia	al build			s,
City (5) Belleville							1500		1	Floors	50	dg. A)+	ge	
County (6) Essex			County C STATE U	Code (7) ISE ONLY)				nt Use (Prio ner Reside		ng demolist	ned)			
Name of Monitoring Firm Hired by E RK Occupational & Environn		nc.	ASCM 090	No.				ement Cont		175 TO 100	Inc.			
Street Address	,					Street	Addres							
403 St. James Avenue City, State, Zip Code						City, S	tate, Zi	p Code	<u></u>					
Phillipsburg, NJ 08865 Project Manager for Monitoring Firm	n	Ti	Felephor	ne No.		Toto		07512		License N	lo.			
Jon Gilbert			908 45	4 6316		973 2	256 7	010		00666				
Start Date (10) 04/18/13	04/26/13		pletion I	Date (11)				IA Monitor struction &	k Res	storation,	Inc.		1	
Occupancy Status During Abateme	ent (Check Only One)				Street 265 I		s 46 Suite	3D					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	g Entire Period of Ab e of Normal Facility I	atem lours	ent			City, S	tate, Z	p Code J 07512						
Scope of Work (Check All That App	oly)						7					s, in a large mention of the		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mir Glo	I Containme ni-Enclosure nvebag Proc n-Exempted	edure				e.	
	Isl	ocatio	nn					II-LXempted	() an	d North Hak		Abate	ement	
Location of	No.	rmall	у			scription		(ACNA)		mount	-	l ly	pe	
Asbestos-Containing Material (. TO BE ABATED In Facility (13)		tenar	ice/		thermal surfa	taining N l system cing, VA miscellar	s insula T, or		(5	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1_		ह	
Main Floor		х		W	/all & 0	Ceiling	Plast	er	30	000 SF	x			
Name of Registered Waste Hauler		Н	JDEP Wauler ID		of Wa	Yards ste	L=19Kcolle (Ini)	Name of I		ered Landfil	I			
Bako Construction & Restora	auon inc.	20	0889		30 Dispo	sal Date	-	City, State						
City, State Totowa NJ					04/29	9/2013		Morriisv	ille P					
Completed by Goran Kojic	Title Project	t Ma	nager	2	8	Signature	· K	ron	6		ate 4/08/2	2013		
)		V-2 1 1		

Date of Notification (1)		42		Name	of Building	Owner/Operator (2 Jniversity	2) /	# 1304740.	Chk #	3024	1000	
	_ /1	13		Mor	imouth C	2012	7 300	# 1304-1740:	CIIK. #	0001		31
⊠ EPA ⊠ In		n		Street 400	Address Cedar A	venue venue	11 AM 10: 4				- 1	
	nended [†] nendment	#			tate, Zip C	Code FUCS7,	.0. 4	D.				
	nergency	ALCOHOLD TO SECTION		Wes	st Long E	STATICH, MJ UTTO						20000
	stification)			Name	of Contact	t ·······	HOING ROLL	Telephone Nur	mher			
	ancellation	1		Mr.	Timothy	R. Orr	, O					
				FAC	CILITY IN	FORMATION		Ĵ				
Name of Facility Where Abatem	ent is Tak	ing Place	(3)				Type of Facility (4	4)		- 100		
Residential Property (Co Street Address							☐ School (K-12) ☐ Subchapter 8	(Other than K-1				
400 Norwood Avenue							Other (i.e., pri	vate and comm	ercial bu	ilding	s,	
								# of Floors	DI	dg. A		
City (5)							Square Feet 2000	3	3759		own	13
West Long Branch									(a) 1 (a) 1	unki	IOWII	
County (6) Monmouth				Coun	ity Code (7)(STATE USE ONLY)	Current Use (Price Residential I	22 to 53 to 5	olished)			
Name of Monitoring Firm Hired	by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Birdsall Engineering						Asbestos an	d Mold Services	s, Corp.				
Street Address						Street Address						
611 Industrial Way West						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Eatontown, NJ 07724						Hainesport, I						
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephone No.		License No.				
Patrick Guilmette			7.000	32-380		609-702-0400	i	00862				
Start Date (10)	Sch	neduled C			I I I I I I I I I I I I I I I I I I I	Name of OSHA M	lonitor			72		
	2000			9_/		EMSL Analyt				Ö		
Occupancy Status During Abate Facility Closed/Vacated Dur				ment		Street Address 200 U.S. Rou	te 130 North					
Abatement Performed Outsi Time of Abatement:						City, State, Zip Co						
Scope of Work (Check all that a	innly)				-		,					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	(PP1)		enovat emoliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure mpted (*) and Nor		dure			
		1:	s Loca	tion	1				Ab	atem	ent T	уре
Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	al (ACM)	Us Ma	ainten	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
., 3 0		Yes	No							_		_
Basement				\boxtimes	Floor T	ile & Mastic		350 SF				
			П									
			П	П		1 20			П	П	П	П
Name of Registered Waste Ha	ıler		14	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Horizon Disposal, Inc.	aici			Hauler I	D No.	Waste	GROWS La					
City, State	1			2261	2	5 Disposal Date	City, State					
Trenton, NJ						4/19/13	Morrisville,	PA 19067				
Completed By (Print or Type)	- 3	Title			- N	Signature,			Date	1	5.	
Kimberly A. Trumbetti		Office	Coor	dinato	r	(QM)			. 1	9/1	Ž	
ASB-41 MAY 11		* Do no	t use i	his form	for asbes	tos licensure exem	oted activities.		1			

Date of Notification (1)			1			Owner/Operator (2)	/ lab # 13	043-1745; Chk	#3084			
4/	9 / 13	3			orothy B	lenecke	2013 APR 11	043-1740. 01110	<u></u>			-
Agencies Notified	Type Notification		1	Street Ad			APR 11	Es.				
☐ EPA	☑ Initial					e Avenue	120	47 10: 60	-			\dashv
☑ DOLWD	Amended Amendment #		(2500	e, Zip Coo		30/6	7 G				
□ DHSS	☐ Emergency (in					NJ 08052	& Ling,	Tild Hard Number	_			-
☐ DCA (NJAC 5:23-8)	justification)	noidaing		Name of	Contact		120	Telephone Number	- 1			
(1437/0 0.20 0)	☐ Cancellation			Ms. G	ail Delar	ny		6.57				-
				FACIL	LITY INF	ORMATION		Ø.				_
Name of Facility Where	Abatement is Takir	ng Place (3)				Type of Facility (4	1)				
Residential Prope							☐ School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pri	vate and commerc	ial build	lings,		
114 South Pine Av	/enue						homes, etc.)	# of Floors	Rida	. Age		_
City (5)			7				Square Feet	3		. ngc) +		
Maple Shade							1400	115		100		\dashv
County (6)				County	Code (7)(STATE USE ONLY)	14.03 3.03E	or if being demolish	ieu)			
Burlington							Residential I	roperty		_	-	
Name of Monitoring Fire	m Hired by Building	Owner (8)	1	ASCM N	0.	Name of Abateme						
Tiger Environmen							d Mold Service	s, Corp.				-
Street Address				1		Street Address						-
16 West Elizabeth	Avenue					3859 Sylon E			NO. 10.00		100	-
City, State, Zip Code						City, State, Zip C						
Linden, NJ 07036						Hainesport,	NJ 08036	License No.		-		-
Project Manager for Mo	onitoring Firm			phone N		Telephone No.		00862				
Kelly Walton			- 2000	08-862-4		609-702-0400 Name of OSHA		00002	S-1 11 12	-	_	
Start Date (10)		eduled Co										
4 / _19_	/ _13	4/	19	_ / _	13	EMSL Analy	ucai, iiic.				-	-
Occupancy Status Dur	ing Abatement (Che	eck only or	ne)	- 1572		Street Address	1 400 North					
□ Facility Closed/Vac	ated During Entire I	Period of A	bate	ment		20.50	ute 130 North			_	_	-
☐ Abatement Perform Time of Abatement	ned Outside of Norn ::AM	nal Facility _PM/	Hou _PM	rs - Desc P	AM	City, State, Zip C						
Scope of Work (Check	all that apply)						ntainment with Neg	native Pressure				
⊠ >3 sf or ≥3 lf		⊠ Rer				☐ Mini-En	closure ag Procedure	gative i ressure				
☐ ≥160 sf or ≥260 lf		☐ Der	noliti	ion		⊠ Non-Ex	empted (*) and No	on-Friable Procedu				
		Is	Loca	ation					Aba	ateme	ent T	уре
Locati	ion of		lorm			Description		Amount	Re	Repair	E	Enc
Asbestos-Containi	ng Material (ACM)			lely by ance/	Asbe	estos Containing M e., thermal system	aterial (ACIVI)	(Specify	Removal	pair	cap	Enclosure
TO BE A			odia	Staff?	(1.6	surfacing, VA	T, or	SF or LF)	/al	Circles	Encapsulate	ure
(1			(12			other miscellar	neous)	- n			é	
		Yes	No					15 LF			П	П
Basement	2 # T					e Wrap			-			
Basement				\boxtimes	Duct P	aper Wrap		1 SF				片
						77 77				브		분
										Ш	Ш	
Name of Registered V	Waste Hauler	1-		NJDEP		Cubic Yards of	The second secon	istered Landfill				
Horizon Disposa				Hauler II		Waste 5	GROWS I	_andfill				
City, State	96.00.79.1-92			22012		Disposal Date	City, State					
Trenton, NJ						4/19/13 1	Morrisvill	e, PA 19067				
Completed By (Print of	or Type)	Title	-		-	Signature	A	[Date	. 1 -		
Kimberly A. Tru	5, ,,,,,		Coo	rdinato	r	9X/v	1		04/16	1/13)	
Killiberry A. ITu		- 10				1 4/0	\\\			-		W. 100

ASB-41 MAY 11

Date of Notification (1)			Name	of Buildir	g Owner/Operator (2) 20.	* 40.00		. <0	`	
4 / 9 /	13		Ms	. Debra E	Bradley	/ Job # 1304	1746 Chk. #30	83	0		
Agencies Notified Type Notific	ation		Street	Address		\$ 57.	AMIO		100		
☑ EPA ☑ Initial			30	Chandle	r Street		"110:	60			
□ DOLWD □ Amende			City, S	State, Zip	Code	& Lir	Se Fra				12-20-20-2
□ DHSS Amendm			Bro	wns Mil	ls, NJ 08015	-16	ENSTATAO.	/			
DCA Emerger (NJAC 5:23-8)	ncy (including ion)	J	Name	of Contac	ct		Telephone Numi	ber			
☐ Cancella	100 mars		Mr.	Greg So	hwartz, Corners	tone			1		
			FA	CILITY II	NFORMATION			11			
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility (4)				
Residential Property						School (K-12)					
Street Address							(Other than K-12 vate and commer		ilding	19	
99 Millbrook Drive						homes, etc.)	vate and comme	olal bo	ilainig	J.,	
City (5)						Square Feet	# of Floors	Ble	dg. A	ge	
Willingboro						2070	2		52		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
Burlington						Vacant Resid	dential Propert	у			
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmental					Asbestos and	d Mold Services	s, Corp.				
Street Address					Street Address						
PO Box 316					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co	ode					
Thorofare, NJ 08086					Hainesport, N	J 08036					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Dave Flanigan		8	56-848	-0800	609-702-0400		00862				
Start Date (10)	Scheduled C	omple	etion Da	te (11)	Name of OSHA M	lonitor	*				
4/_23_/_13_	5/	7	/ _	13	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entitle					200 U.S. Rou	te 130 North					
Abatement Performed Outside of N					City, State, Zip Co	ode					
Time of Abatement:AM	PM/	РМ		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)					N :	Non	ative Pressure É	nch.	11/0		
☐ ≥3 sf or ≥3 lf	⊠ Re	novat	ion		☐ Mini-Enc		ative Pressure E	ביו ו או ו	LAV L		
≥160 sf or ≥260 lf	☐ De	moliti	on			Procedure					
						mpted (*) and Nor	-Friable Procedu		89	100.000	- 13
I agation of	100	Loca Norma	3.00		December 1			Ab		ent T	уре
Location of Asbestos-Containing Material (ACM	100000		ely by	Asbe	Description o estos Containing Ma		Amount	Re	Repair	E	E
TO BE ABATED	Ma	intena			e., thermal systems		(Specify	Removal	pair	cap	Enclosure
IN Facility	Cus	(12)	Staff?		surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	ure
(13)	Yes	No	N/A		other miscellane	ous)				te	1
Exterior			×	Asbest	tos Siding		1,200 SF	\boxtimes			
Exterior			\boxtimes	Asbest	tos Debris Pile (C	leanup)	30 CY				
1 st Floor				Floor T	ile & Mastic		900 SF	\boxtimes			
		П							П	П	П
Name of Registered Waste Hauler		-	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill	1			
Horizon Disposal, Inc.		100	lauler II		Waste	GROWS La					
	4	W	22612	2	5 Disposal Date					+11/2/2	
City, State Trenton, NJ					Disposal Date 5/7/13	City, State Morrisville,	DA 10067				
	T-11					Niorrisville,					
Completed By (Print or Type)	Title				Signature	, 110	Da		09/	12	
Kimberly A. Trumbetti	Office (oor	ınatoı			VV -	1	04/	1	10	1

ASB-41 MAY 11

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

CK #25/3/

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

Date of Notification (1)				Name	of Buildin	g Ov	vner/Operator			vick	25			/~
4	/9/13						Presby	tery of New	Brunsy	vick "	77/	/		*.,
Agencies Notified	Type Notific	ation		Stree	t Address		024	0 D1: 1- A		20 <i>2</i> .		Ą	MIO)
EPA :	Initial Amended	d	er .				- 12 Carlo	9 Parkside A	venue				()	≟(
M DOL	Amendm	ent#	_	City, S	State, Zip C	Code		renton, NJ 0	8618	-16	ENS		1,5,	
⊠ DOH	☐ Emergen		9	Name	of Contac	t		ichton, 145 0		one Numb		46	- 6	//-
DCA	Cancella			rvarric	or contac		ll Ehret		, clops	iono i tarric				B
				FA	CILITY INF							_	-	-
Name of Facility Where	Abatement is	Taking Place	e (3)					Type of Facility	/ (4)		111111111111111111111111111111111111111			
	Ewing Pr			nurch				School (K-1	2)					
Street Address	101	Scotch	Soad					Subchapter Other (i.e.,)	orivate &			dings		
City (5)	101	Beoten	Coau			-		homes, etc Square Feet		loors	В	dg. A	ge	
		Ewing, N	IJ					5000	-	2	_	1.	50	
County (6)					nty Code (7) (5	STATE	Current Use (P						
	Aercer	-li O		10070028 gt		NI	of Abotom			h- Close	ea			
Name of Monitoring Firm (8)		ASCM	NO.	iva		ent Contractor (9 ens Environ		Service	s Ir	ic.				
Street Address				Str	eet Address	Clis Eliviron	incirtai	DCI VICC	3, 11		-			
Oli CCL / Ida i COS	PO Box	341				0.,	00171001000	PO I	Box 32	2				
City, State, Zip Code			1602			Cit	y, State, Zip C							
	osswicks,	NJ 0851						Allentow						
Project Manager for Mo			140-150	phone	(V.CS-)	Tel	ephone No.	0 0600	Licer	ise No.	049:	2		
	Weigarber	Scheduled C	-		8-4070		(609) 25 me of OSHA M			U	049.			
Start Date (10) 4/22/13	,		5/3/1		te (11)	iva	THE OF USHA I		IECS					
Occupancy Status Durin	ng Abatement		THE RESERVE OF THE PERSON NAMED IN	3		Str	eet Address			- Julium - Indian				
Facility Closed/Vacat				ment				PO I	30x 34	1				
Abatement Performe	d Outside of N	lormal Facili	y Hou	rs		City	y, State, Zip C			spanering of				
Other - Describe:						_		Crosswic	ks, NJ	08515				_
Scope of Work (Check a	all that apply)						Full Con	tainment with Ne	egative Pr	essure				
≥3 sf or ≥3 lf			enovat				Mini-End	closure	3					
≥160 sf or ≥260 lf			emolitic	in			Non-Exe	ig Procedure empted (*) and No	on-Friable	e Procedur	е			
		PS 15/405	Locatio	other Park							A	bate		
Location	of		ormally I Solel		100		Description of					Тур	e 	
Asbestos-Containing I		1.5000000000000000000000000000000000000	ntenan ustodia	1000000			ontaining Matemal systems in		Amo (Spe		Z.	Re	m	E
TO BE ABA		0.000	Staff?	"	(i.e.,	su	rfacing, VAT,	or	SF o		Remova	Repair	cap	Enclosure
(13)			(12)	,		othe	er miscellaneo	ous)			/al		Encapsulate	e e
		Yes	No	N/A									Œ	
Baseme	ent	1 164				Pi	pe Insulati	ion	20	LF	×			#1
Baseme	ent					1+1	Transite		3575	SF	×			
1st Fl. Ves	sibule						VAT		455	SF_	×			
Basement / S				JDEP \			Mastic Dau		987		×			
Name of Registered Wa	Name of Registered Waste Hauler						oic Yards Waste	Name of Regi	istered La	andfill				
	Stevens Environmental Services, Inc.						20 CU_	-	R.R.F.	, Inc. L	andf	ĭll		
City, State	. 11	377			7		posal Date	City, State	T 11					
Consists d D	Allentow					_	5/3/13 /_/	1-/-	Tully	ytown, I	A			_
Completed By Mahlon E. Ste	evens	Title P1	oiec	Man	ager	1	Signature			Date	4/9	/13		
						/	- A							

ASB-41 MAR 00

042818

Date of Notification (1) 04/04/2013					BN (1987년 1일 일일 (1987년 일 일)	owner/Operatic Aviation		(2)	2013 A.) n	10	* 5., 		V2)		
Agencies Notified	Type Notification			Street Ad 233 Inc	_{dress} lustrial <i>i</i>	Ave		N	5 ₇₅₂	17/	AM In	· · · · · · · · · · · · · · · · · · ·		101		
DEP DEP DOL	Amended Amendment			City, Stat Teterbo		de			& Z/0	15/2	W.	:40	50			
DOH DCA	Emergency (justification) Cancellation	including	- 1	Name of Joseph					į	Tel	ephone N	<u>um</u> ber				
		100000000000000000000000000000000000000		FACIL	ITY INFO	RMATION				~	((3)				
Name of Facility Where Teterboro Airport -		g Place (3)						Sch	Facility (4))	orthan K	12\				
Street Address 177 Industrial Aver	nue							Oth etc.		vate	& commer	cial bui				s,
City (5) Teterboro				00				Square F	0.00		f Floors		Bldg 30	j. Aç	je	
County (6) Bergen				County C (STATE U	ode (7) SE ONLY)		-	Current Hanga	Use (Prior r	if be	ng demoli	ished)				
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCM	No.	100,000			nent Conti Corpora		(9)			8		
Street Address								Address Natchur	ng Ave							
City, State, Zip Code								tate, Zip (P2				
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.	Te	eleph	one No. 243-987			License 01171	No.				
Start Data (10)		Schedule	d Cor	moletion [Date (11)		55000000	of OSHA						100		
Start Date (10) 04/15/2013		05/31/2		iipiotion c	20.0 (1.1)											
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)			St	reet .	Address								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I med Outside of Norn	Period of Anal Facility	bater Hour	ment s		Ci	ity, S	tate, Zip (Code				<u> </u>			
Scope of Work (Check	All That Apply)					-										
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	enova emoli				×	Mini-E Glove	ontainmer Enclosure bag Proce Exempted	edure				dure		
								1 14011-2	Zempted	/ / 4.					ment	
		(1)	Locat Iorma	555		Descri	ntion	of				1	_	Ту	ре	
Locatio Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED cility	Mai Cust	odial (12)	Staff?		tos Contain thermal sys surfacing other miso	ing N stems g, VA	Material (A s insulation T, or		(Amount Specify F or LF)	Removal		Repair	Encapsulate	Enclosure
Exterior I	Eacade	Yes	No X	INA		Window	cau	ılkina	-	1.	200LF	X				
Exterior			X		D	oor caulk	200				250LF	х				
				1							8			31		
Test or the sea						Lync was	-									
Name of Registered W	aste Hauler		Ti	NJDEP W	/aste	Cubic Ya	rds		Name of R	Regist	ered Land	fill				
Circle Rubbish			1.706	Hauler ID 18816	No.	of Waste			Tullytow		esource	Facili	ty		1	
City, State Linden NJ	71.7					Disposal			City, State Morrisvil	le P						
Completed by Slawomir Kielczew	ski	Title Presi	dent		1. 3	Sign	iel	Crewell	i Star	won	ur	Date 04/04	/20	13	10	p.s.



, one		N			OF ASBE						٩ _{٠,}	·				
Date of Notification (1) 03/26/2013					Building (perator	(2)	Ž	2013	APR /		7 .	Free \$70;		63
	ype Notification	-		Street Ac 418 Ca	dress arter Str	eet			Æ j	数かる	14/	AA	1/17			
DEP X DOL	Initial Amended Amendment #	<u>:</u> 1			te, Zip Co n CT 06			<i>E</i> .	10 TO THE RESERVE TO	& L	ICEN!		725	-¥6	1	
ĭ DOH	Emergency (in justification)			Name of	at Seed was				1		ephone N	lumbe	r	7/		
DCA L	Cancellation				ITY INFO	DMATIC	NI.			<u> </u>			_	. 30		
Name of Facility Where Aba Private Residence	atement is Taking	Place (3)	- Aoii	-111 1141 0	J. W. A. I. C.		Тур	e of Facility (4) School (K-12)					20110		
Street Address 8 West Road								×	Subchapter 8 Other (i.e. privetc.)	(Othe			uild	ings,	home	es,
City (5) West Orange								Squ	are Feet	# of	Floors		Bl	dg. A	ge	
County (6) Essex				County C	Code (7) ISE ONLY)		Curi	rent Use (Prior	if bei	ng demo	lished))			
Name of Monitoring Firm Hi Sky Environmental	red by Building O	wner (8)		ASCM	No.				ski Corpora		(9)	3				
Street Address 140 Boulevard						1 =	Street 235 V		ess chung Ave			-				
City, State, Zip Code Mountain Lakes									Zip Code ange NJ			-20000				
Project Manager for Monitor Leonid Shereshevsky	-			Telephor 973-58	ne No. 8-4821		Teleph 973-2				License 01171					
Start Date (10) 04/04/2013		Schedule 04/05/2		npletion [Date (11)		Name	of OS	SHA Monitor							
Occupancy Status During A	batement (Check	Only Or	ne)				Street	Addr	ess	2012					000000	545720-001
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire P Outside of Norma	eriod of A al Facility	Abaten / Hours	nent s		_	City, S	tate,	Zip Code							
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	V		Renova Demoli				×	N G	ull Containmer fini-Enclosure Blovebag Proce Ion-Exempted	dure					Э	
		Is	Locat	ion											ment	
Location of		1	Vorma	lly		Des	cription	of	1 1			-	_	Ty	ре	
Asbestos-Containing Ma <u>TO BE ABAT</u> In Facility (13)		Ma Cus	ed Sole intena todial (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal s surfac other m	systems ing, VA	s insu T, or	ulation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
La 810 x 1840 <u> 1840 1940</u>	<u> </u>	Yes	No	N/A		-1	in ala	tion.			FOLE		-	_		
Basemen	T.		X			pipe	insula	uon		1	50LF	Х				
					14											
Name of Registered Waste Kielczewski Corporation				NJDEP W Hauler ID		Cubic \ of Was			Name of R Conesto	-9		dfill				
City, State West Orange NJ						Dispos	al Date		City, State Morganto	own	PA				il i	
Completed by Slawomir Kielczewski		Title Pres	ident			Si	gnature	Sul	rsli			Date 04/0-	4/2	013		

CX 2834

Date of Notification (1)				Name of		Owner/C	Operator	(2)	2	20		*** * j .j			- James	
04/05/2013				L'Oreal						113 3	70			Tops		-
Agencies Notified EPA	Type Notification X Initial			Street Ad 222 Tei		Ave			1. 37		R11	AMI				
DEP X DOL	Initial Amended Amendment	#		City, State Clark N				1	ć	EZI	16 U	e i U.	Ç	O		
	Emergency (justification)	including	-	Name of	Contact					Tel	ephone N	lumber	11			
DOH DCA	Cancellation			Ted Mo	Keon					DOTAL AS						
				FACIL	ITY INFO	RMAT	ION					(
Name of Facility Where A	Abatement is Taking	g Place (3)					Пѕ	of Facility (4 school (K-1	2)						
Street Address								T S	Subchapter Other (i.e. p	8 (Oth	er than K	-12)	ildi	nae	home	
222 Terminal Aven	ue								tc.)	iivale	x comme					5,
City (5) Clark								Square	e Feet	# 0	f Floors		Blo	lg. Ag	ge	
County (6)				County C	ode (7)	William		Currer	nt Use (Prid	or if be	ng demo	lished)				
Union				(STATE U	SE ONLY)	-	****		ufacturin							
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Cor		(9)	1.5				
Sky Environmental	The second secon	1 7				52	11.000000000000000000000000000000000000		i Corpor	ation		720				
Street Address 140 Boulevard								Addres Watch	s ung Ave							
City, State, Zip Code Mountain Lakes NJ	07046							tate, Zij t Oran	p Code ge NJ 07	7052						
Project Manager for Mor Leonid Shereshevs				Telephon			000000000000000000000000000000000000000	none No 243-98			License 01171					
Start Date (10) 04/08/2013		Schedule 04/10/2		mpletion D	Date (11)		Name	of OSH	A Monitor		10	-				
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addres	s							
Sec. 1997. NA	ated During Entire I	Period of A	Abater	ment s			City, S	State, Zi	p Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov				2	Min Glo	l Containm ii-Enclosur ivebag Pro n-Exempte	e cedure					a	
								NOI	II-LXemple	u () ai	id Noil 1	I GDIO			ement	t
00 00			Loca Vorma	0.000 AV			escription							Ту	ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) B <u>ATED</u> ility	Use Ma	ed Sol	ely by ance/ Staff?	Asbes (i.e.	tos Co therma surf	escription ntaining N al system acing, VA miscella	Material is insula AT, or	(ACM)	(Amount Specify F or LF)	Zemoval)	Repair	Encapsulate	Enclosure
Boiler r	oom	X	.,5			i	nsulatio	on			15sf	x				
Boiler r		×					reechir				24lf	x	1			
		X					lation f			-	15sf	x				
Boiler r	oom	X				11130	alation i	ittiiig								
Name of Registered Wa	ste Hauler			NJDEP W	aste	Cubi	ic Yards		Name of	Regist	ered Lan	dfill				-
Kielczewski Corpora				Hauler ID	No.	4-7-1	/aste		Cones		andfill		ş			
City, State West Orange NJ						Disp	osal Date	9	City, Sta Morga		PA				•	
Completed by Slawomir Kielczews	ski	Title Pres	ident	t			Signatur	iel sa	pusli			Date 04/0	5/2	013		200



CK 3157

4/6/13			3	Name of John	of Building Brennar	Own	er/Operator ivate Hon	(2) ne)		20	17 AC	10		7 4	- 1	A
Agencies Notified	Type Notification	1			Address est Ohio	Av			7	å	13 AP	<u> </u>	1 A	MIJ	: 41	?
EPA DEP DOL	Amended Amendmer		_		ate, Zip C Beach 1		ship NJ 0	0800	3		< []	ĈĖ;	6.	18 / 7	Ül	
DOH DCA	Emergency justification Cancellatio)		Name of John	of Contact				١	I Te	lephon	e Nur	nber	W 7		
				FAC	ILITY INF	ORMA	ATION			T	-	-			VI	
Name of Facility Where John Brennan (Pri	Abatement is Taki vate Home)	ng Place (3))					Туре	of Facility (4 School (K-12		*					
Street Address 55 West Ohio Av								×	Subchapter 8 Other (i.e. pr etc.)	(Oth	er than & comr	n K-12 mercia	l) al buil	dings	, hom	es,
City (5) Long Beach Town	ship NJ 08008							Squa 100	are Feet	# 0	f Floor	S		3ldg. /	Age	-
County (6) Ocean			T	County (STATE	Code (7) USE ONLY)		Curre	ent Use (Prior	r if be	ing den	nolish	1			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	atement Cont	racto	(9)					
Street Address				<u> </u>	·		Street	Addre	SS						10.950	
City, State, Zip Code							PO B		29 Zip Code	-						
Project Manager for Mo	nitoring Firm		_	Telepho	ne No.		West		in NJ 0809)1	Licon	se No				
Start Date (10)		Schedule			3	`	856-7	753-9	9800		0072		,. 			
4/22/13		4/26/13		npietion	Date (11)		Same		HA Monitor		- A					
Occupancy Status Durin							Street	Addre	SS					1135		
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Al nal Facility I	Hours	nent			City, St	ate, Z	ip Code	-						
Scope of Work (Check /	All That Apply)									3				200		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Designation of the last of the	enova emolit				×	Min	Il Containmer ni-Enclosure ovebag Proce	dure						
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Locatio	n of	No	ocati rmall	ly `			Description	of							pe	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Iity	Used Main Custo	tenar	nce/	Asbes (i.e.	tos Co therm sur	ontaining Manal systems facing, VAT r miscellane	aterial insula , or	(ACM) ation,	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
*		Yes	No	N/A									a	7	ate	ле
Exterior §	Siding	+		х		Ex	terior Sid	ing		25	00 SF		x			
			_													
Name of Registered Was	ste Hauler		N.	JDEP W	aste /	Cub	ic Yards	-	Name of Re	egiste	red Lar	ndfill				
United Containers				auler ID 2459	No.	of W	/aste		G.R.O.W	- Total (1)		::::::::::::::::::::::::::::::::::::::				
City, State Elm NJ							osal Date 5/13		City, State Morrisville	e PA	1906	57				
Completed by Anthony T Perna		Title Preside	ent			T	Signature			·		Date	/13			
												9/58				

Emengency

of Notification (1)	4-5-13	T	Namo (a Buildir		pperator (2)	Hilas	MALIN	We.		-	
	os Notification		Street	Address	8	Denhan	7 Ro	ad AM	MAR	DC	7/4	
EPA 🛎	Initial		City, 9	tato, Zip	Codo <	pringfre	Id	DIN	708	31		
DEP	Amendment #	ing	Mamp	of Cont	C. Parish		1 1	elephone Number	1.77	116	re con	1
- DOH	justification		Ric	K A	RPORMA.	remail F	i dirama				7	
mo of Facility Where Ab	remant is Taking Plac	× (3)	FA.	CALITY	IKPO COMP	1,400 0	h = = 1 /1.0	OL - 10 DA	łγ.	1		1
Le Cott	rge Inn			N.V			thool (HFT2) ubchapper 8 (Charles (L.S. prive	Other than K-12) the & commercial bu	adlaga	hom	en /	1
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Money Nonitoring Firm	Just by Building Own	or (8)	1	SCM NO	8.	Name of Abat	ament Contra	no legic	26	I	ns	-
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City, Slate, Zip Code	A de	VJ	0	85	33	Telephone N	E COL	License No.		帝 足	<u> </u>	
Project Manager for Mot	H MI HA H	-	Tok	ophono T Or	^{No.} 58-33	5 Lng 758	3-336	5 00	6		I	-
Stane s		cheduled	Comple	tion Da	te (11)		LIA Montiou	mologies	In	_		
Start Date (10)	3	il ~		~ [=	<u> </u>							
Occupancy Status Durin				ıt		City, State,	BOK_		185		2	
☐ Abatement Perform ☐ Other - Describe.	ated Outside of Normal	Facility	10013			New	Egypt_	NIC	بالارا			
Scope of Work (Chuck	Ail That Apply)					ធ រូ	ull Containme	ent with Negative P	resoure			
D ≥3 af of ≈3 lf ≥150 af or ≥260 lf	,	ASS D	olhilome	п			lini-Freboure	odure (*) and Non-Friab	₩ Proc	edure		
2100 21 01 340		-			 -		TWI-EXOTTIPES		1	Abato Typ		_
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Locati Asbestos-Containin	ig Minterial (ACM)	Ma	d Soloh	(4)	(1.9 %	nermal systems in a series of the control of the co	ſ	(Specify SF or LF)	Remov	Septes	Encapsul	EFICAUSC
TO BE A	citity	CRM	(12)	DIT!		other miscollanen	12)		Ē		क्षि	ď
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Name of Registered	Name Hauler		,	UDEP V) No.	of Waste	Was	ste Manage	e va co	16 0	Ē.	K
	chnologie	<u>s</u>		170	100	Disposal Date	City. 5	tato enisuille	PA			
EPCT												- 60
City, State	Egypt _	NJ				Y-11-12	> 11000	T T	Dale	5	-1"	1

Check# 1614

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

S	Pursuant	to	ALIA	C 8.60	204	5.461
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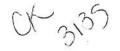
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator (2)						
04				John	Placko			APR					
⊠ EPA ⊠	e Notificatio Initial Amended	n		16 P	et Address alm Stree	t	439		11-A)	10:4	0		
	Amendment	#		City	State, Zip	Code	(c	1 1/2	Jo L EHSTY	Theres.			
□ DCA □	Emergency (ig		twood, NJ			416	EMSIN	B MUL			
	justification)			Nam	e of Conta	ct		Te	elephone	Number			1080 UV
	Cancellation			John	Placko								
				F	ACILITY I	NFORMATION		NSIII.W					
Name of Facility Where Abate	ment is Taki	ng Plac	e (3)				Type of Facilit	y (4)					
Private house							School (K-	12)					
Street Address							Subchapter Other (i.e.,				د ان بط		
16 Palm Street City (5)							homes, etc	D.)	te and con				
Westwood, NJ 07675							Oquale Feet	77	FUITIOUS	'	Diag	. Age	
County (6)				Con	inty Code (7)	(STATE USE ONLY)	Current Use (F	Drine if	f bains da				
Bergen					., 5000 (1)	(SIMIL OOL ONL!)	Junein USE (F	1101 11	nellig del	illolished)		
Name of Monitoring Firm Hired	d by Building	Owner	(8)	ASCN	1 No	Name of Abot	nt Contracts "	0)					
	, _ aa.iig	,	.~/	ASCIN	I NO.	Name of Abateme	ent Contractor (9)					
Street Address						Gr Tech LLC							
						Street Address							
City. State, Zip Code						576 Valley Rd #							
only. Otate, Lip Code						City, State, Zip Co							
Project Manager for Monitoring	F:					Wayne, NJ 0747	0			2007000			
r roject manager for Monitoring	; rirm		Tel	ephone	No.	Telephone No.	123000	L	icense No).			
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Ota d Para (40)			: نا	11 14		973 - 638-1777		0	1127				
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04/17/13	_ _	04				Name of OSHA M		0	1127	1001 0 101-	×		
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CK 3134

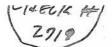
Date of Notification (1)	7-100		(P		to NJAC					Pr.	···					
4/8/13				Name o Williar	f Building n Tyson	Owner (Priv	Operator	r (2) ne)	2012		No. y	7 4 600	Ph		88.6	2000
Agencies Notified EPA	Type Notification			Street A 23 90t	ddress h Street	t			2013	WA /	1 1	110.	,			
EPA DEP DOL	Amended Amendment		_ [ate, Zip Co Ila Park		3008				L.O.		46)		
DOH DCA	justification) Cancellation	and the second second		Name o	f Contact n			- 10.0		Tele	ephone	Numbe	ar	0 400 0		
Name of Facility Where	Absternant le Takin	a Place (2)		FACI	LITY INF	ORMA	TION	T=	- CP - 191					***************************************		
William Tyson (Pri	vate Home)	y riace (3)				*		-	of Facility (School (K-1	1 50						
Street Address 23 90th Street		0.87						×	Subchapter Other (i.e. p	8 (Othe			ouild	lings,	home	98,
City (5) Peahala Park NJ (8008								re Feet	# of	Floors			ldg. <i>A</i> 5+	ge	
County (6) Ocean				County (Code (7) USE ONLY	,			ent Use (Pri		ng demo	olished)			
Name of Monitoring Fin N/A	m Hired by Building	Owner (8)		ASCN	/ No.			of Aba	itement Cor	ntractor	(9)					
Street Address								Addre	75.							
City, State, Zip Code					****				ip Code in NJ 080	91						
Project Manager for Mo	onitoring Firm		T	Telepho		-159	Telepi	hone N 753-9	o.		Licens					
Start Date (10) 4/19/13	.	Scheduled 4/26/13		npletion	Date (11)			of OSI	HA Monitor						-	
Occupancy Status Duri	ng Abatement (Chec							Addre			Ŧ					
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of Alnal Facility	baten Hours	nent			City, S	State, Z	ip Code							6.0
Scope of Work (Check	All That Apply)										S.C.				W	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	enova					Mir	Il Containmeni-Enclosure ovebag Production	e cedure					•	
		ls l	ocați	on					II Exompto	<u> </u>		Tubio .		Abate	ement	
Location Asbestos-Containing		Used	ormál Sole	ly by		D	escription	of			NO MODELLING SERVICE	-		13	pe ·	
TO BE AF	BATED cility	Custo	(12)	Staff?	(i.e.	therm	ntaining Nataining Nataing, VA acing, VA miscellar	s insula	ation,	(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Cidina	Yes	No	N/A	-								_			_
Exterior	Siding			X		EX	erior Si	ding		15	00 Sf	×				_
												1				
Name of Registered Wa	aste Hauler	$\perp \perp$	IN	JDEP W	lasto	Cubi	c Yards		Name of	Donieto	red I and	dfill				
United Containers	1995;CCC.5555555		H	auler ID 2459		of W			G.R.O.		iou Lan	wiiii				
City, State Elm NJ						Disp 4/26	osal Date /13		City, State Morrisv		1906	7				
Completed by		Title					Signature		1		Т	Date				
Anthony T Perna	.,	Presid	lent				C	2				4/8/1	3			



Date of Notification (1) 4/9/13		4			Building Ov axwell (F				- 2	013	ion.				
Agencies Notified	Type Notification		1.0000	treet Add '9 Jerri	dress Ann Driv	ve			Á		IPR 11	914/1): i; l)	
EPA DEP DOL	Initial Amended Amendment				e, Zip Code wkin NJ		0			ů,	LICENS		Ot.		
DOH DCA	Emergency (justification) Cancellation	including	17.43.0	ame of C Sean	Contact				4	Tele	phone Numi	per -	-		
		DI (0)		FACILI	ITY INFOR	RMATIC	N	Type of	Facility (4)						\dashv
Name of Facility Where Sean Maxwell (Priv		g Place (3)						-	chool (K-12						
Street Address								S	ubchapter 8	(Othe	er than K-12)		2		
79 Jerri Ann Drive								⊠ Of et		vate 8	commercial	buildi	ngs, r	omes	5,
City (5)		-						Square	Feet	100000	Floors	100000	lg. Ag	е	.,
Manahawkin NJ 08	8050							10004		2+	da allaha	35	+		
County (6) Ocean				County County County Use	ode (7) SE ONLY)				t Use (Prior te Home	r if bei	ng demolishe	ea)			
Name of Monitoring Firr	n Hired by Building	Owner (8)	+	ASCM	No.	T	Name	of Abate	ement Cont	ractor	(9)			1	
N/A							1.4300000	aco In			4		3	•	
Street Address								Address Box 32							
City, State, Zip Code							City, S	State, Zip	Code						
									NJ 0809	92	License No				
Project Manager for Mo	nitoring Firm			Telephon	e No.			hone No ·753-98			00727	,. 			
Start Date (10) 4/24/13		Scheduled 5/1/13	Com	pletion D	ate (11)		Name		A Monitor		,				
Occupancy Status Duri	ng Abatement (Che)				Street	t Address	s						
Facility Closed/Va Abatement Perfore	cated During Entire med Outside of Non	Period of Ab	atem	ent			City,	State, Zip	Code				_		
Other – Describe:	State of the State										-				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Total Control	nova moliti					Min Glo	i-Enclosure	edure	h Negative P				
		т						의 Nor	1-Exempted	(-) al	nd Non-Friab		Abate		l
		ls L	ocati	on, Iv		Б-		of			4.		Ту	ре	_
Locati Asbestos-Containir TO BE A In Fa (13	ng Material (ACM) BATED cility	Used	Sole ntenar	ly by nce/		os Con therma surfa	l syster icing, V	Material ns insula			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_			<u> </u>
Exterior	Siding			x		Exte	erior S	iding		2	000 SF	x	_		_
	March Trincal Co.											-	_		_
												-			-
				LIDEDIA	11-	Cubi	- Vda		Nome of	Degis	tered Landfil				
Name of Registered W United Containers			H	IJDEP W Hauler ID 2459		of Wa	e Yards aste		G.R.O.			5			
City, State Elm NJ						100	osal Da	te	City, Stat	te ville F	A 19067				
Completed by		Title					Signati	ire 7			D	ate			
Anthony T Perna		Presid	dent								4	/9/13			



J -			(Pt	ırsuant	to NJAC	8:60 and	d 12:120))			E. p.				
Date of Notification (1) 4/9/13					Building f Vinela		Operator	(2)		2010			Tr.y	5	
Agencies Notified	Type Notification		100	Street A	ddress ast Woo	d Stree	et			5013	ier ₁₁	Ats.			
EPA DEP DOL	Initial Amended Amendment				te, Zip Co nd NJ 0				61	4/	130 n	*2(7)	0.4		
DOH DCA	Emergency (justification) Cancellation	8 E	123		Contact Vinelar	nd				Tol	ANK 81.	<u></u>	10/		
Name of Facility MA	AL - 6 S	DI (0)		FACI	LITY INFO	DRMATI	ON		72				-		
Name of Facility Where Vacant House /City Street Address		g Place (3)							of Facility (School (K-1 Subchapter	12)	er than K-1	12)			
22 South 3rd Stree	et	-						×	Other (i.e. petc.)	orivate	& commerc	cial bui			es,
City (5) Vineland, NJ 0836	2							Squa 1000	re Feet)+	# o 2+	f Floors		Bldg. 1 35+	Age	
County (6) Cumberland				County (Code (7) USE ONLY	,		Curre	ent Use (Pri se	or if be	ng demolis	shed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Cor	ntractor	(9)		-		
Street Address								Addres							
City, State, Zip Code									ip Code in NJ 080	92	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Project Manager for Mo	nitoring Firm		Τ.	Telepho	ne No.			none N			License	No.			
Start Date (10)		Cabadula	4.00-	leties !	, Data (44)			753-9			00727				
4/24/13		Schedule 5/1/13		ipietion	Date (11)		Sam		HA Monitor						
Occupancy Status Durin Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire I	Period of A	batem	nent				Addres	ip Code						,
Scope of Work (Check									¥0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova emolit	F13551001				Min	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				re	
			Locati										Abat	emen	t
Locatio Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED illity	Used Mair	ormali d Sole ntenar odial S (12)	lý by nce/	Asbes (i.e.	tos Con thermal surfa	scription taining N I system icing, VA miscellar	Materia s insula T, or	ation,	(3	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Exterior	Siding			х		Exte	rior Si	ding		20	000 SF	x		Г	
			-												
			- 1 - 2												
Name of Registered Wa United Containers	iste Hauler		Н	JDEP Wauler ID 2459		of Wa	Yards ste		G.R.O.		ered Landf	ill			
City, State Elm NJ		*1 × 110 × 5			-3		sal Date		City, Stat		A 19067				
Completed by Anthony T Perna	23	Title Presid	dent			1 8	Signature				0	ate 1/9/13			•
									THE REAL PROPERTY.						



Status During Abatement (Check only one) Street Address 3 6 5 5				(Purs	uant to NJA	C 8:60 and 12:17	20)	2017 10			100
September Sept	Cate of Notification (1)	19/13			Name of Build	ling Owner/Operato	CONTRA	CTING.	• 17	. Ai	1/10
Amendment a graph of Code (P) Sing Apple Code (P) Sing Apple (P) Solety Where Abarements is Taking Place (3)		[X] Initial	ion		Street Addres	S		4 Lir		10 y	
Cancellation State in Content State St		Amendmer		_			ELD, N	,5.	•	146)***V!
Type of Facility (4) (LESTENCE (SCOTH 25TH ST) (DISCHARDERS 3 SOUTH 25TH ST) (DISCHARDERS (SQUIN PROTECT ADDRESS AND NORMES LECT AND THE CONTROL OF THE PROTECT ADDRESS AND THE PROTECT ADDRESS				_			UNIG	Talanhana Nun	nbe <u>r</u>		
School (K-12) School (K-12) Subchapter 8 (Other than K-12) S					FACILITY IN	FORMATION					
Square Feet # bt.Floors Big Age Square Feet # bt.Floors Big Age Square Feet # bt.Floors Big Age Square Feet Age Age Age Square Feet Age	RES	うさんにも		``; 			School (K-	-12) er 8 (Other than K-1 , private & commerce		idings	·
Since of Monitoring Firm Hired by Building Owner NAC No. Name of Abatement Contractor (9)	21.15 L	ON. G PBA	27				-		E	Blag A	19c
Street Address Stre	County (6) ATLA	IRTIC			County Code ONLY)	(7) (STATE	Current Use (Prior if being demol	ished.		
Street Address Cry, State, Zip Code Maptic Shape No. Jodes 72 Project Manager for Monitoring Firm Telephone No. Telephone No. Scheduled Completion Date (11) Street Address Street Addre	Name of Monitoring Firm	Hired by Building	g Owner	AS	CM No.	1 (1)					
Froject Manager for Monitoring Firm Telephone No.	Street Address			.;	,	Street Address					
Telephone No. Steel Date (10): Yes No N/A Steel Date (10): Yes No N/A Telephone No. Teleph	State Zip Code		12-2011			Crty, State, Zip C	ode		. oð	c 5	2
Street Address Status During Abatement (Check only one)	Project Manager for Moni	toring Firm		T,elepho	one No.	Telephone No.		License No	70000		
Street Address 3 6 5 5 5 5 5 5 5 5 5 5	Start Date (10) 4 / /22 /1	Sch				Name of OSHA N	Monitor K	LEMM			
Abatement Performed Outside of Normal Facility Hours Other Describe	Decupancy Status During	Abatement (Ch	eck only o	me)		Street Address					
Substitute Sub						City, State, Zip C	ode			<u></u>	==== U 5 1
Renovation Demoition State Custodial State St	Scope of Work (Check all	that apply)				*					
Is Location Normally. Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IO BE ABATED IN Facility (13) Yes No N/A SID IN C X TRANSITE NORMALY Location of Asbestos Containing Material (ACM) Staff? (12) Yes No N/A SID IN C X TRANSITE I 200 IB X TRANSITE Online Yards of Waste A.C. U.A. Disposal Date City, State OLEASANTVILLE N.J. Single to B. Title Signature Date:	20 \$1 01 25 H 2160 \$1 01 2260 H	*				☐ Mini-End ☐ Gloveba	closure g Procedure		ie.		
Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A TO ANS / TE No Registered Waste Hauler Hauler ID No 17904 Disposal Date Plate Date Dat			Nor	mally.					7		
SIDING X TRANSITE 1200 40 X ame of Registered Waste Hauler NUDEP Waste Hauler ID No 1790 4 Disposal Date City, State PLEASANTVILLE N. J. Completed B. Tide Signature Date Date	Asbestos-Containing Mai TO BE ABATEI IN Facility		Mainte Cusi Sta (1	enance/ todial aff? 2)	(i.e.,	os Containing Mate thermal systems in surfacing, VAT,	nsulation, or	(Specify	Removal	Repur	t ta kende
ame of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	SIDIN	·	160			2ANSITE		1200 4	×		
Ame of Registered Waste Hauler NJDEP Waste Hauler ID No of Waste Cubic Yards of Waste A, C, U, A											
MAPLE SHADE, N.J A,C,U,A, Disposal Date City, State OLEASANTVILLE, N.J. Completed B. Title Signature Date, N.J.		Y4. 1	₹.0 -			car i i i a a a a como tra transico.	and the second				
MAPLE SHADE, N.J Disposal Date City, State PLEASANTVILLE N.J. Emplered B. Signature Date	iame of Registered Waste	Hauler	Seq.	Hauler	ID No		Name of Reg	1		14.75	is
empiered 8. Tide Signature Date	MAPLES	HADE.	N, J	1		Disposal Date		SAUTVILL	- F ,	W	7.
	JOSEPN KL			10		Signature	n Kelin		9/	13	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	April 8, 2013				Name of Building		Demolition	1	112	110	140	i
[x] EPA	2 1	ıl Notifi			Street Address	2156	201 Camplain Road	PAPR 11 AM	10.1	,		
[] DEP [x] DOL [x] DOH	Ame [x] Emer	ndment rgency (including		City, State, Zip Co		orough, NJ 08844		ran.	0		
[] DCA	120	ication) ellation			Name of Contact Antor	nio Dimuz	rio	Telephone Number	- Control of the Cont			
				FAC	CILITY INFORM	ATION					-	
	ntement is Takin dence	g Place	(3)				Type of Facility (4	School (k-12) Subchapter 8 (o	ther the	n k12)		
Street Address 404 I	Hialeah Drive	>					[x]	Other (i.e., priva				ldings,
City		Coun	ty (6)		County Code (7) (STATE USE ONL	.Y)	Square feet 1000 sf	# of Floors	Bld	g. Age	50	
Chadwick		Ocea			ASCM No.		Current Use (Prior Reside	nce	i)			
N/A							Abatement Contracto Guard	r (9) an Contracting	, Inc.			
Street Address	N/A Street Address						Idress	Route 9, Unit 61				
City, State, Zip Code							te, Zip Code	River, New Jers		755 1	271	
Project Manager for Monitor	ing Firm		Telephone	Number		Telephon	e Number	License N 00624			2/1	
Scheduled Start Date (10) 4/08/13			Scheduled 4/09/1		ion Date (11)		OSHA Monitor	L. Analytical			alia are	
Occupancy Status During Ab	oatement (Check y Closed/Vacate ment Performed (- Describe	d Durin	ne) g Entire Peri	od of Ab		Street Ad	dress 1056 S e, Zip Code	telton Road way, New Jerse	ev 088	354		
Scope of Work (Check all the	at apply)					[]	Full Containmen	t with Negative Pre	·			
[] >3 sf o [x] ≥160 s	r≥3 lf for≥260 lf		[] [x]	Renova Demoli		[] [x]	Mini-Enclosure Glovebag Proced Non-Exempted (lure *) and Non-Friable	Proced	ure		
			1600	===18237 ==17.					Abat	ement	Туре	
Location of Asbestos-Containing Mat TO BE ABATE in facility (13)			Is Location Normally us Solely by tenance/Cu: Staff (12)	ed	Ash N (i.e. insu	Description Description Destos-Conf Material (Ad , thermal s Ilation, sur VAT, on er miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos sidin	g		750 sf	Х			
Name of Registered Waste Ha Guardian Contr		N	JDEP Waste	223	3	rds of Waste	T.R.R.F.	red Landfill				
City, State Toms River, No.	ew Jersey			Disposa 4/10/1		City, Star Tullyto	te wn,∕Pennsylvania					
Completed by (Print or Type) Nicholas Fernic		Title Projec	ct Manage		Signature	hol	tel		Date 4/8/	2013		

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

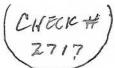
state of frew Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

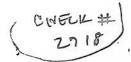
D-46N-46 -4' (1)					11 33				, 34					
Date of Notification (1)	April 8, 2013				Name	of Building		erator (2) Demolition	2013400	21	qu	8		
Agencies Notified [X] EPA [] DEP	1 : :	al Notif	ication otification		J. J. Santanie S.	Address		Camplain Road	8	// .	4/1/11	140		
[x] DOL [x] DOH	[X] Eme		(including		City,	State, Zip Co	4 & LICE	: 6: Non		7/				
[] DCA	Common Co	fication cellation			Name	of Contact Antor	nio Dimuz	Telephone Number	er	U	<i>'</i> .			
				FA	CILITY	INFORM	MATION							
Name of Facility Where Abatement is Taking Place (3) Residence								Type of Facility (4	School (k-12)					
Street Address 106 West Sandpiper Way								[x]	Subchapter 8 (Other (i.e., priv homes, etc.)				ildings,	
2029			nty (6)		County Code (7) (STATE USE ONLY)		.Y)	Square feet 600 sf	# of Floors		dg. Age	60		
Ocean Beach II Ocean						Current Use (Prior		d)						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM	No.	Name of	Reside Abatement Contractor							
N/A								Guard	ian Contracting	g, Inc.				
Street Address	Street Address						Street Ac		Pouta O. Unit 6	1				
City, State, Zip Code							City, Star	te, Zip Code	Route 9, Unit 6	1				
						Toms			River, New Jersey 08755-1271					
Project Manager for Monit	oring Firm		Telephone				732-34		License 00624	License Number				
Scheduled Start Date (10) 4/08/13			4/09/		ion Date (11) Name of OSHA Monitor				I Applytical					
Occupancy Status During A	Abatement (Check lity Closed/Vacate		ne)		E.M.S.L. Analytical Street Address batement 1056 Stelton Road									
	ement Performed						City Stat		totton Road					
[] Othe	r – Describe						City, Stat	e, Zip Code Piscata	way, New Jers	ey 08	854			
Scope of Work (Check all	that apply)						[]		t with Negative Pr	essure				
[] >3 sf	for≥3 lf		[]	Renova	ation		l J	Mini-Enclosure Glovebag Proceed	lura					
3 5	sf or ≥260 lf		[x]	Demoli			[x]		iure *) and Non-Friable	Proced	lure			
					$\overline{}$									
			Is Location	vn		1	Dogorintion	o of		Aba	tement	Туре	_	
Location o	f	1	Normally u		Description Asbestos-Cor				Amount	R	R	E	E	
Asbestos-Containing M			Solely by			N	laterial (A	CM)	(Specify SF	E M	E P	N C	N C	
TO BE ABAT in facility		Main	itenance/Ci Staff	ıstodial			, thermal s		or LF)	O	A	A	L	
(13)			(12)			insu	lation, sur VAT, or			v	I R	PS	S	
(5.57)			(12)			othe	er miscella			A	"	Ü	Ŭ	
		YES	NO	N/A				7.5		L	1	L E	R E	
Exterior	Exterior X			T	Ashe	stos sidin	σ		500 sf	X		-	-	
					1		8		300 31		-			
			1		1	******				+	 			
										1	-			
Name of Registered Waste I		1	VJDEP Wast	te Hauler	ID No.	Cubic Yar	rds of Waste	Name of Registe	red Landfill					
Guardian Con	tracting, Inc.		2	0223		3	Т	T.R.R.F.						
City, State Toms River, 1				Dispos 4/10/	al Date		City, Stat	te wn, Pennsylvania	ı					
Completed by (Print or Type	e)	Title	at N 1		Signat	ure	121	1		Date				
Nicholas Fernicola Project Manager						Ylia	nul.	ter		4/8/	2013			

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



State of New Jersey NOTHICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				1 Building Owne	r/Operator (2)		7772		San !	
ate of Notification (1)	18/13 .			FARTH	LACTING	1	150			
	Type Notification		Street	ddress			3/	7/7/),	
encies Nouned	V		30000	155 1	LT, 50		St. 1. 17:	- 10	1.	
₽A .	☐ Amended		Car Si				- CA (CA)	Grand Control	4	
○	Amendment #_		CAY, 30	10. 20 000e	1=156	N,TO	8230	16,1,3		
00L	Emergency (inc	gnibut		Crece Go	1 1 5 0 0	1	electione Number		-	
ООН	_ justification)			Contact		1				
∞A ·	Cancellation	***	.	MUCE YSI	LEUNIC			1 management		
			FACI	JTY INFORMA	ПОН					
	Taking	Place (1)			Ty	pe of Facility (4)				
me of Facility When	e Abatement is Taking	1 200 (J)			0	School (K-12)	5			
1.6.5	DENCE					Subchapter 8 (Other than K-12) ate & commercial	bulangs.		
eei Address	2 14/	1.5				Dener (I.e., priv				
170	8 W/ESTA	SUC,			So	uare Feel	# of Floors	Bldg Ag		
			2505	- 42	30.00	000	. 2	40	-	
(5) Oc	AN CIT	Y				gan Ika Ibaa	H being demoish	ed)		
	70 10		Count	y Code (7) (ST.	ATE CL	A A C	ANT			
uniy (6)	- MAY	21	USE	XXLY)						
	EMAY		ASCU P	o. Nam	e of Abatement	Couragos (a)				
ne of Maritanna Fi	m Hired by Building O	wner '	1 www.	1 7	SUGMO!	o INC			_	
/	V/A			Sugar	Address		1			
eel Address	7		400000000000000000000000000000000000000	300	369 S.	SPRUC	E AVE.		_	
eel Mouless					Sint Tip Code		-100 (F. 17 - 1, 17 C) (F. 17 <u>- 1</u> 8			
	\rightarrow			City.	State, Zip Code	, SHAD	E. N. J.O	805		
, State Zp C∞de						DAY.X	Tigense No	100000 C		
			Telephone I	Vo. Tolo	phone No. 9	0477		4		
geci Manager for h	donitoring Firm		* ************************************	1 8	36-179	79-0472 00449				
			alatias Oa	nsk IIII e	a of OSHA Mar					
an Date (10)		duled Con	nolelion Da	nsk IIII e	a of OSHA Mar		M			
11/27/	, 3 - 4	1/20	9/13	le (11) Nam	TOSEPH	MIEM	М			
4/22/	13 4	ck only α	9/13	le (11) Nam	OF OF OSHA MON SO SE PH OI Address	MIEM	М	11	_	
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Date of Notification (1)	1-9-13	an a	N	ame of Buildi	ng Ovmer/Operator ACL W. 6	NBRANA	11 AM 10: 41	2			St
Agencies Notified PA I DEP I DEL	Type Notilication	II.	S	irect Address 5 a lty, State, Zip	11 12Th	STALL		property and other	SWW yes	Parameri Propos & 1	Turk .
DOH DCA	☐ Emergency (including justification) ☐ Cancellation			ame of Conta	cl A2	Telephone Num	doer .				
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Name of Registered Was	te Hauler	L		D Waste	Cubic Yards	1	istered Landlill				
ACE INSU	LATION	Co .		r ID No.	of Waste Disposal Date	City, State)WS	<u> </u>) /\		
COLTS NEC	1K N.3	507 508	772	CA	Signature	6 M	4 70 W N Date U-	9-1	3		
JACK CYA!		Ol. 3	_//\li	M/W	- JANG						4,41

CR + 18, 2013 APP 11 APP 10. Name of Building Owner/Operator (2) Date of Motification (1) 4-8-13 FOX WORTH BUILDING Agencles Molified Type Molification Initial Amended City, State, Zip Code Amondment# Limengency (including identance Man HOOL justification) [] Cancellation [] DCA SPSNSOR PACIFITY INFORMATION Type of Facility (4) Mame of Lacility Where Abatement is Taking Place (3) School (K-12) Machiepter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 25 384 homes, etc.) Eldg. Age Square Feet 1500 Current Uşo (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) 14665 MONMOUTH Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. ACE INSULATION Street Address Street Address 95 MONTROST City, State, Zip Code City, State, Zip Code COLLITS NIEK Telephone No. Project Manager for Monitoring Firm l'elephone No. 732 2914 Name of OSLIA Monitor Start Date (10) Scheduled Completion Date (11) 1-19-13 U- 16-13 Occupancy Status During Abatement (Check only one) AICE INSULATION Street Address 95 Man TROSE City, State, Zip Code [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Mormal Facility Hours 7mg-7pm [] Other - Describe: Scope of Work (Check all that apply) | Full Containment with Negative Pressure Sfor≥3 li Renovation Mini-Enclosure 160 st or ≥260 II Glovebag Procedure Demolition Non-Exampled (*) and Non-Friable Procedure Abatement ls Location Typo Mormally Used Solely by Description of Location of Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial surfacing, VAT, or other miscellaneous) Staff? SF or LF) IN Facility (12)(13) No MIA Name of Registered Landfill Name of Registered Waste Hanter NJDEP Waste Cubic Yards Hauler ID,No. of Waste City, State COLTS Completed By Signature ASD-41



ASB-41

State of New Jersey TION ASBESTOS ABATEMENT

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Date of Notification (1) 4/5/13					e of Buildir d Glenn	ng Owner/Operato	r (2) 2013	IAPR II AH	/n: t	, ₍₁₎						
Agencies Notified	Type Notification	n	737 Garfield Ave.													
DEP DOL						City, State, Zip Code Palmyra, NJ 08065										
DOH DCA						tact	Telephone Number									
						Chad Glenn FACILITY INFORMATION										
Name of Facility Where A	Abatement is Taki	ng Place	(3)		CILITI III	TORMATION	Type of Facility									
Street Address 737 Garfield Ave.							Subchapter	8 (Other than K-12 private 8 commercia		dings	ı					
City (s) Palmyra							Square Feet 2200	# of Floors		dg.	100					
County (6) Camden					nty Code(ONLY)	(7) (STATE	Current Use (P Residence	rior if being demolis	shed)							
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Street Address			1			Street Address 300 S. Lenola				-						
City, State, Zip Code						City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No. 609-481-212	License No.									
Start Date (10) 4/20 /2013		eduled C 20 /201	The second second	etion Da	ion Date (11) Name of OSHA Monitor AEi2, LLC											
Occupancy Status Durin	g Abatement (Che	eck only	one)			Street Address										
Facility Closed/Vacat Abatement Performed Other - Describe:						300 S. Leno City, State, Zip (Maple Shade	Code									
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