State of New Jersey130-4694NOTIFICATION OF ASBESTOS ABATEMENTCh:k #7127(Pursuant to N.J.A.C. 8:60 and 12:120)Ch:k #7127

Date of Notification	(1) 4/8/15		Name of Building Owner / Operator (2) Passaic Valley Sewerage Commissioners							LPI					
Agencies Notified	Type Notifica	ation				dress	Sewerage Cor	nmis	sioners				-		-
EPA	i ype rootnot					on Ave	nue								. 1
DEP	🛛 Initial					& Zip C				1					
DOL DOL		nded #	ľ	lew	ark,	NJ 071	05								
🛛 DOH		gency	ľ	lame	e of C	Contact						Telepho	ne N	lumb	er
DCA	Canc	ellation	A	Anth	ony										
				FA		TY INF	ORMATION								
Name of Facility W	here Abateme	ent is Taking P	lace (3				Type of Facil	lity (4)							
PVSC		Ŭ		/			School (
Street Address							Subchap	oter 8	(Other that	an K-12)					
600 Wilson Aven	ue						Other (i.	e. priv	ate & cor	nmercial	lildin	gs, hom	ies, e	etc.)	
							Square Feet		# of Flo	ors	E	Bldg. Ag	е		
City (5)		County (6)	Co	unty	Code	e (7)									
Newark		Essex					Current Use	(Prior	if being d	emolish	1				
							Plant	÷.	5						
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		AS	SCM No	Name of Aba	atemer	nt Contrac	ctor (9)					
AECOM			AbateTech, Inc.						1.						
Street Address							Street Addres	SS							
30 Knightsbridg		e 520					PO Box 25				-				
City, State & Zip Co							City, State &								
Piscataway, NJ (Project Manager for		irm	Telep	hone	- Nlur	mhor	Lumberton			Lie		lu una la a a			
Mark Connors	Monitoring F		732-				Telephone N 609-265-21		E	LIC	ise iv	lumber 0052	0		
Scheduled Start Da	te (10)	Scheduled Cor		_	_		Name of OSI		nitor		-	0032			
4/20/15			5/1/		10 (1	1)	EMSL Anal								
Occupancy Status I	During Abater	nent (Check o					Street Addres				-				_
		During Entire F			atem	nent	108 Haddor	n Ave							
Abatement	Performed Or	utside of Norm	al Hou	ırs –			City, State &	Zip C	ode		1000				
Describe:							Westmont,	NJ 0	8108						
	upied During														
Scope of Work (Ch	eck all that ap	ply)							F H O						
☐ ≥3 sf or ≥3	£			De		fien		Ц		ntainmer	<u>iith</u> N	egative	Pres	sure	4
≥3 si or ≥3 ≥160 sf ≥26			M	10000	nova [.] moliti			Ц	Mini-En						
A 2100 SI 220				Dei	monu	1011		\square		ag Proce empted a	Ires	n-Friable	Dro	aaduu	
1	ocation of		s	oca	tion		Description		NOII-LA	An	-		1994 - 999446	ent Tr	
	tos-Containin	q	Norm			ł	Asbestos-Con		q	(Sr	ify	ADC	atenne	sint i	ype
	erial (ACM)		Sc	olely	by		Material (A	CM)		SF				ш	
Reference of the second s	BE ABATED		Maint				(i.e., thermal s					Re	R	nca	Enclosure
1	n Facility (13)		Custo	(12)		?	insulation, surfact or other miscell					Remova	Repair	Ipsu	los
	(13)		Yes	No	N/A	4	of other miscen	aneou	15)			al	Ξ.	Encapsulate	ure
Effluent Pumping	Station		\square]	Transite Pa	anels		1,1:	SF	\boxtimes			
Effluent Pumping	Station		\square]	Built Up Ro	ofing	1	4,21	SF	\square			
Effluent Pumping			\square]	Interior Windo	w ca	ulk	22	.F	\boxtimes			
	et Weather Pumping Station 🛛 🗌 🔲 Built Up F					Built Up Ro	ofing		45	۶F	\square				
Wet Weather Pum	ping Station		\square] E	Exterior Windo	ow Ca	ulk	12	.F	\square			
]		_							
•						Cubic Yards	Nam	ie of Regi	stered L	dfill		conner la			
AbateTech, Inc. Hauler ID No. 18750					of Waste	TDE	Eland	511							
					18	100	12 Dispagel Data	_	RF Land						
City, State Lumberton, NJ				Disposal Date 5/1/15		State	2.4								
					Tull	ytown, I	- A	-	Det						
Completed By (Print or Type)TitleGwen TrumbettiOpps. Coord.				Signature	- A	K			Date	10					
Gwen Trumbetti Opps. Coord.					$ \leq \gamma $	NV	9			4/8/1	10				
	$\overline{\mathcal{D}}$														

Date of Notification (1)	8 /	15	Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4							eck	#712	29	1	
Agencies Notified	Type Noti Initial				Tru	t Address istees of State, Zip (Princeton Unive	ersity E.A. Mac	Millan Bl				11 A	
🖾 DHSS		lment #_				nceton, N								
DCA	Emerg		cluding	g		e of Contac			Telephor	Jumph				
(NJAC 5:23-8)	justific				100026003				Telephor	Vumb	er			
		liacion				bert Orte								
					FA	CILITY IN	IFORMATION							
Name of Facility Where A			g Place	e (3)				Type of Facility	2.22					
Princeton Universi	ty-Dillon C	Sym						School (K-12		(12)				
Street Address Elm Drive Princeto	n, NJ -Prir	nceton	Univ	ersity	/ Main	Campus		Other (i.e., p homes, etc.)	rivate and			uildin	gs,	
City (5)								Square Feet	# of Flo	-	B	dg. A	ge	
Princeton								214,000	8			68	ē .	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being	nolish	ned)			
Mercer								University G						
Name of Monitoring Firm	Hired by Bu	uilding C	Owner	(8)	ASCM	No.	Name of Abateme							
Cardno ATC	-	U		• •	000	98	AbateTech, I							
Street Address							Street Address			-				
3 Terri Lane							30 Maple Ave	e. PO Box 25						
City, State, Zip Code							City, State, Zip Co							
Burlington, NJ 080	16						Lumberton, N							
Project Manager for Mon				Tele	phone	No	Telephone No.		License	1				
Michael R. Keehn	9			10000000	09-386		609-265-2107		0052	10.00				
Start Date (10)		Sched	uled C	omple	tion Da	ate (11)	Name of OSHA M	lonitor		-				
_4 / 27 /	15	Contraction of the second				15	EMSL Analyt							
Occupancy Status During							Street Address							
Facility Closed/Vacate					ment		200 Route 13	0 North						
Abatement Performed Time of Abatement: _	Outside of	Normal	Facilit	y Hour	s - Des	cribe AM	City, State, Zip Co	ode						
					-	2, 1111	Cinnaminson	, NJ 08077	<u></u>		10.00			
Scope of Work (Check all	I that apply)		🛛 Re	novati	on		⊠ Full Cont □ Mini-Enc	ainment with Neg losure	ative Pres:	э				
⊠ ≥160 sf or ≥260 lf	1		🗌 De	molitio	ิก		Glovebag	g Procedure mpted (*) and Nor	n-Friable P	edure	9			
				Locat							Ab	atem	ent T	уре
Location Asbestos-Containing I <u>TO BE ABA</u> IN Facilit (13)	Material (AC <u>TED</u>	M)	Use Ma Cus	Norma d Sole intena todial (12) No	elý by nce/ Staff?		Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amot (Spec SF or	i.	Removal	Repair	Encapsulate	Enclosure
Work Area #1, A Leve	el		Yes		N/A	Pipe & 1	fitting insulation		120					
Work Area #1, A Leve							nsulation on fib		35 ea					
Work Area #1, A Leve	el					Duct Ins	sulation		611 \$					
Work Area #1, A Leve	əl					Cement	Asbestos Wind	ow Panel	75 S					
Name of Registered Wast AbateTech, Inc.	te Hauler				JDEP \ auler II	D No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.		-				
City, State	ty, State 18750						40 Disposal Date	City, State		-				
	Lumberton, NJ						8/30/15	Tullytown,	PA					
Completed By (Print or Ty	(00)	Title						i dirycowii,					u Canses	
Gwendolyn Trumbe		Title		ons (ns Coordinator					Date	1	Sh	5	
SB-41								7			1		-	

Date of Notification (1)	8 /	15				ng Owner/Operator f Princeton	504-4892	leck	#71	29	2		
Agencies Notified	Type Notific				et Address ustees o	f Princeton Unive			·				
	Amende Amendm				State, Zip					the second		******	
🛛 DHSS			-	Pr	inceton,	NJ 08544							
(NJAC 5:23-8)	justificat		ng	Nam	e of Conta	ct		Telephoi	Numb	ber			
	Cancella	ation		Ro	bert Orte	ego, P.E.		1					
				-		NFORMATION						-	
Name of Facility Where Al	batement is	Taking Pla	ce (3)	17		IN ORMATION	Type of Facility	(1)					
Princeton University			00 (0)				School (K-12						
Street Address	/ ,	,					Subchapter	8 (Other th	K-12)				
Elm Drive Princeton	. NJ -Princ	eton Uni	versit	v Mair	Campus		Other (i.e., p		nmer	cial b	uildir	igs,	
City (5)	,		verone	y wan	roampus		homes, etc.)	# of Flo			1.1.		
Princeton										B	Bldg. A	-ge	
County (6)				214,000 8							68		
Mercer				County Code (7)(STATE USE ONLY) Current Use (Prior if being University Gymnasiu					nolis	ned)			
Name of Monitoring Firm H	-lired by Puil	ding Own	r (8)	1000	No	Nome of Al.		550 C	-	_			
Cardno ATC	med by Bull	ung Owne	(0)	ASCM No. Name of Abatement Contractor (9)									
Street Address				00098 AbateTech, Inc. Street Address									
3 Terri Lane													
City, State, Zip Code						30 Maple Ave			-				
Burlington, NJ 08016			1-			Lumberton, N	NJ 08048		-	_			
Project Manager for Monito	oring Firm			ephone		Telephone No.		License).				
Michael R. Keehn					5-8800	609-265-2107		0052					
Start Date (10)		Scheduled				Name of OSHA M	1211000						
/ /				0_/	15	EMSL Analyti	ical						
Occupancy Status During						Street Address			-				
Facility Closed/Vacated	During Enti	re Period c	f Abate	ment		200 Route 13	0 North						
Abatement Performed (Jutside of No	ormal Faci	ity Hou	rs - Des	scribe	City, State, Zip Co	de						
Time of Abatement:			PIV			Cinnaminson	, NJ 08077						
Scope of Work (Check all t	hat apply)												
] ≥3 sf or ≥3 lf.			enovat	ion		Full Cont	ainment with Neg	ative Press	3				
≥160 sf or ≥260 lf			emoliti			Glovebag	Procedure						
				a			mpted (*) and Nor	n-Friable P	edure	9			
			s Loca							Ab	atem	ent T	уре
Location of Asbestos-Containing M		D Us	Norma ed Sole		Ache	Description of stos Containing Mat		A		Ré	Re	Ш	Ш
TO BE ABAT	ED	" M	aintena	ince/		., thermal systems i		Amoı (Spec		Remova	Repair	Encapsulate	Enclosure
IN Facility		Cu	stodial (12)	Staff?		surfacing, VAT,	or	SF or		val	-	Insc	sure
(13)		Yes	1	N/A	1	other miscellaned	ous)					ate	
/ork Area #A2, A Leve	el				Pipe &	fitting insulation		440 L					
Vork Area #A2, A Leve	÷l					sulation		1,490	2				
Vork Area #A3, A Leve	el				Pipe &	fitting Insulation		100 L					
/ork Area #A3, A Leve	el				Duct In	sulation		1,370					
ame of Registered Waste				JDEP		Cubic Yards of	Name of Regist						
AbateTech, Inc.			1.	auler II	D No.	Waste	G.R.O.W.S.						
ity, State		-		18750)	40		Lanuilli	-				
Lumberton, NJ						Disposal Date	City, State						
						8/30/15	Tullytown, I	A					
ompleted By (Print or Type		Title		Signatúre Date / Clus									
Gwendolyn Trumbetti	i	Operat	ions (Coordinator (M 9/ 1/15									
B-41				1/ 3/13									
		+ -											

4 / 8	/1	15		Name Tru	504-4892	eck #	712	29	3	5.41P0			
⊠ EPA ⊠ ⊠ DOLWD □ ⊠ DHSS	e Notificatio Initial Amended Amendment Emergency (#		Tru City, S	t Address istees of State, Zip (inceton, N		ersity E.A. Mac	Millan Blo	2 2 2				20 A.
(NJAC 5:23-8)	justification) Cancellation		g	Name	of Contac	t		Telephor	lumbe	er			
				F۵		FORMATION			-				
Name of Facility Where Abate	ment is Tak	ing Place	e (3)	171			Type of Facility	(4)	-				_
Princeton University-D Street Address			. ,				School (K-12	2) 3 (Other the	(-12)				
Elm Drive Princeton, N	J -Princeto	on Univ	ersity	Main	Campus		Other (i.e., p homes, etc.)	rivate and t	Imerci	ai di	ullain	gs,	
City (5) Princeton							Square Feet 214,000	# of Flo 8		1	dg. A	ge	
County (6)				Cou	ntv Code (7)(STATE USE ONLY)	Current Use (Pr		nolishe				
Mercer				o o u	() 0000 ()	(01112 002 01121)	University C		nonane	cu)			
Name of Monitoring Firm Hire	d by Buildinc	ilding Owner (8) A			No.	Name of Abateme	25.9	· · · · · · · · · · · · · · · · · · ·					
Cardno ATC	, ,			0009		AbateTech, Ir							
Street Address						Street Address				-			
3 Terri Lane					30 Maple Ave	PO Box 25							
City, State, Zip Code						City, State, Zip Co			-				
Burlington, NJ 08016						Lumberton, N							
Project Manager for Monitorin	g Firm		Tele	phone	No.	Telephone No.		License	ī				
Michael R. Keehn			60	9-386	-8800	609-265-2107		0052					
Start Date (10)	Sche	eduled C	omple	tion Da	te (11)	Name of OSHA M	onitor		-				
/ /1	5	8 /	30) /	15	EMSL Analyti	cal						
Occupancy Status During Aba	tement (Che	ck only r	one)			Street Address							
Facility Closed/Vacated Du		o angarana ang	0.000000	ment		200 Route 13	0 North						
Abatement Performed Outs Time of Abatement:	ide of Norm AMi	al Facilit PM/	y Hour PM-	s - Des	cribe AM	City, State, Zip Co							
						Cinnaminson	, NJ 08077		-	_			
	ime of Abatement:AMPM/PM be of Work (Check all that apply) 3 sf or ≥3 lf ⊠ Renovat					🛛 Full Cont	ainment with Neg	ative Press					
⊠ ≥160 sf or ≥260 lf			novati molitic			Mini-Encl			edure				
⊠ ≥160 sf or ≥260 lf		De Is	molitic Locat	ion		Mini-Encl	osure Procedure			Aba	atem	ent T	ype
≥160 sf or ≥260 lf Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13)	ial (ACM)	De Is Use Ma	molitic	ion Ily Ily by nce/		Description of stos Containing Mat , thermal systems in surfacing, VAT,	osure Procedure npted (*) and Nor erial (ACM) nsulation, or			A Removal	atem Repair	ent T Encapsulat	yp Enclosure
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13)	ial (ACM)	De Is Use Ma	Locat Norma d Sole intena todial \$ (12) No	ion lly ely by nce/ Staff?	(i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amou (Spec SF or I	edure	Removal	-	ent Encapsulate	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Vork Area #A4, A Level	ial (ACM)	De Is Use Ma Cusi	Locat Norma d Sole intena (12) No	ion Ily Ily by nce/ Staff? N/A	(i.e. Pipe & f	Mini-Encl Glovebag Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amou (Spec SF or I	edure	Removal 🛛	-	1	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Vork Area #A4, A Level Vork Area #A4, A Level	ial (ACM)	De Is Use Ma Cusi	Locat Norma d Sole intena todial \$ (12) No	ion Ily Ily by nce/ Staff? N/A	(i.e. Pipe & f Duct Ins	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amou (Spec SF or I 10 L 450 S	edure	Removal 🛛	-	1	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Vork Area #A4, A Level Vork Area #A4, A Level Vork Area #A5, A Level	ial (ACM)	De Is Use Ma Cusi	Locat Norma d Sole intena todial S (12) No	ion lly lly by nce/ Staff? N/A Staff	(i.e. Pipe & f Duct Ins Pipe & f	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amou (Spec SF or I 10 L 450 S 1,545	edure	Removal 🛛 🖾	-	1	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Vork Area #A4, A Level Vork Area #A4, A Level Vork Area #A5, A Level Vork Area #A5, A Level		De Is Use Ma Cusi	No Norma tod Sole intena todial S (12) No	ion Ily Ily by nce/ Staff? N/A Staff Staff Staff	(i.e. Pipe & f Duct Ins Pipe & f Duct Ins	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation itting Insulation	osure Procedure npted (*) and Nor erial (ACM) nsulation, or pus)	Amou (Spec SF or I 10 L 450 S 1,545 3,674	edure	Removal 🛛	-	1	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Vork Area #A4, A Level Vork Area #A4, A Level Vork Area #A5, A Level Vork Area #A5, A Level		De Is Use Ma Cusi	No	ion Ily Ily by nce/ Staff? N/A Staff?	(i.e. Pipe & f Duct Ins Pipe & f Duct Ins Vaste No.	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation itting Insulation sulation Cubic Yards of Waste	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amou (Spec SF or I 10 L 450 S 1,545 3,674 ered Landf	edure	Removal 🛛 🖾	-	1	T
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Vork Area #A4, A Level Vork Area #A4, A Level Vork Area #A5, A Level Vork Area #A5, A Level ame of Registered Waste Ha AbateTech, Inc.		De Is Use Ma Cusi	No	ion Ily Ily by nce/ Staff? N/A Staff?	(i.e. Pipe & f Duct Ins Pipe & f Duct Ins Vaste No.	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation itting Insulation sulation Cubic Yards of Waste 40	osure Procedure mpted (*) and Nor erial (ACM) nsulation, or ous) Name of Regist G.R.O.W.S.	Amou (Spec SF or I 10 L 450 S 1,545 3,674 ered Landf	edure	Removal 🛛 🖾	-	1	T
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Work Area #A4, A Level Work Area #A4, A Level Vork Area #A5, A Level Vork Area #A5, A Level lame of Registered Waste Ha AbateTech, Inc.		De Is Use Ma Cusi	No	ion Ily Ily by nce/ Staff? N/A Staff?	(i.e. Pipe & f Duct Ins Pipe & f Duct Ins Vaste No.	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation itting Insulation culation Cubic Yards of Waste 40 Disposal Date	osure Procedure mpted (*) and Non erial (ACM) nsulation, or bus) Name of Regist G.R.O.W.S. City, State	Amou (Spec SF or I 10 L 450 S 1,545 3,674 ered Landf Landfill	edure	Removal 🛛 🖾	-	1	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Work Area #A4, A Level Work Area #A4, A Level Work Area #A5, A Level Work Area #A5, A Level Vork Area #A5, A Level Vork Area #A5, A Level Lame of Registered Waste Ha AbateTech, Inc.	uler	De	No	ion Ily Ily by nce/ Staff? N/A Staff?	(i.e. Pipe & f Duct Ins Pipe & f Duct Ins Vaste No.	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation itting Insulation sulation Cubic Yards of Waste 40 Disposal Date 8/30/15	osure Procedure mpted (*) and Nor erial (ACM) nsulation, or ous) Name of Regist G.R.O.W.S.	Amou (Spec SF or I 10 L 450 S 1,545 3,674 ered Landf Landfill	<u>∋dure</u>	Removal 🛛 🖾	-	1	1
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13) Work Area #A4, A Level Work Area #A4, A Level Vork Area #A5, A Level Vork Area #A5, A Level lame of Registered Waste Ha AbateTech, Inc.	uler	De	Molitic Locat Norma d Sole intena todial S (12) No	on lion lly staff? N/A Staff? N/A Staff? U JDEP V auler ID 18750	(i.e. Pipe & f Duct Ins Pipe & f Duct Ins Vaste No.	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned itting insulation sulation itting Insulation culation Cubic Yards of Waste 40 Disposal Date	osure Procedure mpted (*) and Non erial (ACM) nsulation, or bus) Name of Regist G.R.O.W.S. City, State	Amou (Spec SF or I 10 L 450 S 1,545 3,674 ered Landf Landfill	edure	Removal 🛛 🖾	-	1	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)							g Owner/Operator ((2)					-2	
/	8 /	15			Tru	ustees of	Princeton	/ Job #1	504-4892	eck	#712	29	4	
	Type Notifi	ication			Stree	t Address				-			1.40	τţ.
	🛛 Initial				Tru	istees of	Princeton Unive	ersity E.A. Ma	cMillan Bh					and a lot
	Amende Amendr				City,	State, Zip (Code			and the second s				
⊠ DHSS ⊠ DCA [Emerge	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	uding		Pri	nceton, M	VJ 08544							
(NJAC 5:23-8)	justifica		uunig		Name	e of Contac	t		Telephor	Jumb	er			
E	Cancell	ation			Ro	bert Orte	go, P.E.							
					FA	CILITY IN	FORMATION							
Name of Facility Where Ab	atement is	Taking F	Place	(3)				Type of Facility	/ (4)	-				
Princeton University-	-Dillon G	iym						School (K-1						
Street Address								Subchapter					12021	
Elm Drive Princeton,	NJ -Prin	ceton U	Inive	rsity	Main	Campus		Other (i.e.,) homes, etc		Imero	cial Di	uliain	gs,	
City (5)								Square Feet	# of Flo		B	ldg. A	\ae	
Princeton								214,000	8			68		
County (6)					County Code (7)(STATE USE ONLY) Current Use (Prior if beir					nolisi				
Mercer						-		University	-		/			
Name of Monitoring Firm Hi	lired by Bu	ilding Ow	mer (8	3)	ASCM	No.	Name of Abateme	51.000 C C C C C C C C C C C C C C C C C C						-
Cardno ATC					0009	98	AbateTech, II							
Street Address							Street Address							-
3 Terri Lane							30 Maple Ave	. PO Box 25						
City, State, Zip Code							City, State, Zip Co			-				
Burlington, NJ 08016							Lumberton, N							
Project Manager for Monitor	ring Firm			Tele	phone	No.	Telephone No.		License).		-		-
Michael D. Keeler														
Michael R. Keehn				60	9-386	-8800	609-265-2107		0052					
		Schedule	ed Co				609-265-2107 Name of OSHA M		0052					_
	A CONTRACTOR OF			mple	tion Da			lonitor	0052					
Start Date (10) 4 /27 /	15	8	_ /	mple 30	tion Da	te (11)	Name of OSHA M EMSL Analyti	lonitor	0052					
Start Date (10) /27 / Occupancy Status During A	15	8 (Check o	_ /	mple 30 ne)	tion Da	te (11)	Name of OSHA M EMSL Analyti Street Address	lonitor ical	0052					
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Date of Notification (1)				Name	of Building	g Owner/Operator (2)			-			
(1)	8 / 15					Princeton	/ Job #150	4-4892	eck #	712	95		194
Agencies Notified	Type Notification			1. State 1. 1998-199	Address stees of	Princeton Unive	ersity E.A. MacN	iillan Blo				11 - 24 17 26	
🖾 DOLWD	Amended				state, Zip C								
	Amendment #	100 Aug. 100		0240200-00000000	nceton, N	200 °C - 6020 - 82							
DCA (NJAC 5:23-8)	Emergency (ir justification)	icluaing		Name	of Contac	t		Telephor	Jumbe	er			
	Cancellation			Rob	ert Orte	go, P.E.	1						
		And an and a second		FAC		FORMATION							
Name of Facility Where	Abatement is Takin	n Place	(3)	TA			Type of Facility (4	1)					
Princeton Universi		91 1000	(0)				School (K-12)	-7					
Street Address	ty billon oyill						Subchapter 8		< -12)				
Elm Drive Princeto	n, NJ -Princetor	Unive	ersity	Main	Campus	8	Other (i.e., print homes, etc.)		imerc				
City (5)							Square Feet	# of Flo		1000	dg. A	ge	
Princeton							214,000	8		1	68		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pric	1.	nolish	ied)			
Mercer							University G	ymnasiu	-				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Cardno ATC				0009	8	AbateTech, I	nc.						
Street Address		1				Street Address							
3 Terri Lane			52			30 Maple Ave	e. PO Box 25						
City, State, Zip Code						City, State, Zip Co	ode						
Burlington, NJ 080	16 .					Lumberton, N	VJ 08048						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License).				
Michael R. Keehn			60	9-386	-8800	609-265-2107	•	0052					
Start Date (10)	Schee	duled C	omple	tion Da	te (11)	Name of OSHA N	Ionitor						
/ /		8 /	30)_/_	15	EMSL Analyt	ical						
Occupancy Status Durin	g Abatement (Chec	k only o	ne)			Street Address							
Facility Closed/Vacat						200 Route 13	0 North		(A.A				
Abatement Performed						City, State, Zip Co	ode						
Time of Abatement:	AIVIP	w.			AIM	Cinnaminsor	n, NJ 08077		-				
Scope of Work (Check a	ll that apply)						tainment with Nega	ativa Drac	е				
☐ ≥3 sf or ≥3 lf	1.	🛛 Re	novati	on	(9 (2	Mini-Enc		alive Fies	6				
⊠ ≥160 sf or ≥260 lf		De					g Procedure		م ماريم				
						L Non-Exe	mpted (*) and Non	-Friable F	edure	-			
1			Locat Iorma		1.2	Description of						ent T	
Location Asbestos-Containing		Use	d Sole	ely by	Asbe	stos Containing Ma		Amo		Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED		intena	nce/ Staff?	(i.e	., thermal systems		(Spe		Nova	air	aps	losu
IN Facil (13)	ity	Ousi	(12)	otum		surfacing, VAT other miscellane		SF or)	1 =		ulat	Ire
(13)	19	Yes	No	N/A	1		-					Φ	
Work Area #1C,1D &	1E First Floor				Pipe &	fitting insulatior	1 ² .	200					
Work Area #1C,1D &	1E First Floor			\boxtimes	Duct In	sulation		17,02	F	\square			
Work Area #1C,1D &	1E First Floor						ping	400		\boxtimes			
Name of Registered Was	ste Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Lanc					
AbateTech; Inc.			H	auler ID		Waste	G.R.O.W.S.	Landfill					
City, State				18750)	40 Disposal Date	City, State			÷			
Lumberton, NJ						8/30/15	Tullytown, I	PA					
	(me) [TH	2				Signature			Date	e i	~ 1		
	endolyn Trumbetti Operations Coordinator					Giguadure	1 ot			119	xI	15	
-		perati	0115	Joordi	nator	LUV				1	1	\mathcal{D}	
ASB-41						D							

MAY 11

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

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		N		CATION	te of New Jers OF ASBESTO to NJAC 8:60 a	S ABATE			<u>IL</u> 1			/	
Date of Notification (1)					Building Owne		200		l ta k ut	-1-4		15	
04/10/2015						ORITY (DF TH	IE CITY	OF CAMDE				
Agencies Notified	Type Notification			Street A					Asiant				ف_
× EPA × DEP × DOL	X Initial Amended			200 000 000 000	WATSON S te, Zip Code	IREEI				1-1	e e de	Sec. 44	~
X DEP X DOL	Amended Amendment #	ŧ	_ [DEN, NJ 08	105							
	Emergency (i justification)	ncluding			Contact	100			Telephone	nber			
X DOH X DCA	Cancellation			WYN	FIELD AND	ERSON	1		1				
N	AL	Di (0		FACI	LITY INFORMA	TION	-		-	-			
Name of Facility Where		Place (3)				-	of Facility	702716				
BRANCH VILLAGI Street Address	<u> </u>							School (K- Subchapte	12) r 8 (Other than I	2)			
1800 SOUTH 9TH	STREET-BI DO	S 1 3	225					Other (i.e.	private & comm		dings	, home	∋s,
City (5)								etc.) re Feet	# of Floors	E	Bldg. /	Age	
CAMDEN						18,0		2		+/-6			
County (6)					Code (7)		Curre	nt Use (Pr	lor If being dem	hed)			
CAMDEN					JSE ONLY)			ARTMEN	Contraction of the second s				
Name of Monitoring Firm	en andre en an te state de sen att	wner (8)		ASCN	1 No.	1.			ntractor (9)				
A. SEINC LIGHTH	OUSE								NMENTAL S	RVIC	CES,	INC	
Street Address								5.5					
P.O. BOX 354 City, State, Zip Code								EY STF		-			-
SOUTH ORANGE,	NJ 07079								PA 19137				
Project Manager for Mo			1	Telepho	ne No.		hone No		Licens	lo.			
SARAH CALANDR	A		9	73-27	5-5000	215-	533-5	155	011	10 H -			
Start Date (10)					Date (11)			-IA Monitor					
04/20/2015			5/04/	2015					Y SERVICE	INC.	<u> </u>		
Occupancy Status Durin	5 K 6 1 1					1.000	Addres						
 Facility Closed/Vac Abatement Perform 	cated During Entire P ned Outside of Norm	eriod of / al Facility	Abatem Hours	ient			BOX	365 ip Code					
Other - Describe;						100000000000000000000000000000000000000		J 08009	9				
Scope of Work (Check /	All That Apply)					DER		0 00000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti			ļ	Mir	ni-Enclosu		Press	ure		
	PF	RIORT	O DE	MO		6		ovebag Pro	cedure d (*) and Non-F	ole Pre	ocedu	re	
		Is	Locati	on						T	Aba	temen	t
Locatio	n of	1	Normall	ly		Descriptio	n of				T	ype	-
Asbestos-Containing TO BE AB		Ma	ed Solei intenar	nce/	Asbestos C	ontaining nal system			Amount (Specify	7		E	D
In Fac	llity	Cus	todial S (12)	Staff?	su	rfacing, V	AT, or		SF or LF)	Remova	Repair	caps	Enclosure
(13)	1		No	N/A	oth	er miscella	neous)			val	air	Encapsulate	Sure
2005					A001141-	DOOF	01.00.0		00.000.05		+		
ROOF							20,000 SF	X	-	-			
KITCHEN & BATHE	ROOM		N/A FLOOR TILE & MASTIC 1200 S				1200 SF	X	-	-	-		
										_			
Name of Registered Wa	of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Hauler ID No. of Waste						f Registered Lar	1					
SERVICE TRANSI	/ICE TRANSPORT GROUP MINERVA LAN						ERVA LAND	LL					
City, State					Dis	posal Date	2	City, Sta					
NEW CASTLE, DE							Q_{\pm}	WAY	YNESBURG)H			
Completed by						Signatur		7.5	1	ate	0.000	45	
DENISE M. NIVEN		ADM	IN. AS	SST.		Vi	in	7h)	firen	04/1	0/20	15	_

ASB-41 (R-06-08)

* Do not use this form for asbestos licer re exempted activities.



Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)		÷			
/ /	15	j				an Water / Job #	5 S.	С	RTES	r		
Agencies Notified Type Notif	ication			Stre	eet Address	S			24	/		-
EPA Initial				1	00 James	Street						
DOLWD Amend					, State, Zip			1				-
DHSS Amend					1 march	, NJ 08701		4. Sec. 4				
DCA Emerge (NJAC 5:23-8) justifica	ency (in ation)	cludi	ng	-	ne of Conta			Telesher			1.0	
Cancel				100	im Green			Telephon	lumber			
				F	ACILITY	INFORMATION			-			
Name of Facility Where Abatement is		g Plac	ce (3)				Type of Facility	/ (4)				
Lakewood Township Water N	lain						School (K-1					
Street Address			1.254				Subchapter	8 (Other tha	(-12)			
Massachusetts at North Drive	Э						Other (i.e., phomes, etc.))	merciai	DUIIDII	ngs,	
City (5)							Square Feet	# of Floc		Bldg. /	Ane	
Lakewood Township											.go	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being (olished			
Ocean							Water Main		lonshed)			
Name of Monitoring Firm Hired by Bu	ilding C	wner	(8)	ASCI	M No.	Name of Abateme			-		_	_
NA			. /			AbateTech, In		/				
Street Address						Street Address						
						30 Maple Ave	PO Box 25					
City, State, Zip Code		-				City, State, Zip Co						
50 ES												
Project Manager for Monitoring Firm			To	lephon	No	Lumberton, N Telephone No.	15 00040					
,			10	lephon	5 110.	609-265-2107		License				
Start Date (10)	Schodu	ulad (Comp	lation D	ate (11)	Name of OSHA M		00529	-			
4_ /15_ /15_					15	EMSL Analyti						
Occupancy Status During Abatement						Street Address						
Facility Closed/Vacated During Ent						200 Route 130	North					
Abatement Performed Outside of N	Iormal F	Facilit	v Hou	urs - De	scribe				-			
Time of Abatement:AM	PM	/	PN	/	_AM	City, State, Zip Co						
Scope of Work (Check all that apply)						Cinnaminson	, NJ 08077					
						Full Conta	ainment with Neg	ative Press				
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			enova			Mini-Encl	osure					
	l		emolit	ion		Glovebag	Procedure npted (*) and No					
			Loca	ation				II-FIIADIE PIC	dure			-
Location of			Norm			Description of			. Al	patem	ent T	ype
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TO BE ABATED IN Facility				ance/ Staff?	(i.e	e., thermal systems ir	sulation,	(Specif	Remova	pair	cap	Enclosure
(13)		040	(12)			surfacing, VAT, other miscellaneo		SF or L	al		Encapsulate	ure
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ity, State				1875)	12 Dispasal Data		Lanum				
Lumberton, NJ						Disposal Date 4/24/15	City, State Tullytown,	PΔ	-			
ompleted By (Print or Type)	Title	-					runytown,	r A				
Gwen Trumbetti		· · ·		Signature	à A		Date	1	-			
	Operations Coordinato						NO	32	418	11-	>	
B-41 Y 11	* Do	not	uco #	nie form	for ophact	os licensure exempte				1		
		1101	130 II	ns iorm	IUI aspeste	us licensure exempte	a activities.					

7 / Type Notifi ⊠ Initial □ Amende Amendr	15 cation		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2)										
Type Notifie				1.0000000		g Owner/Operator (
Initial	cation	-		PSI	E&G		/ Job #1504-4	890 COI	TES	44		1	
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					State, Zip (-	73 a 14	Et al				
Emerge		luding	1		wark, NJ		-	· · · · · · · · · · · · · · · · · · ·					
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				FA	CILITY IN	FORMATION							
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waren Swi	itching	Stati	ion										
										ial hi	uildin	10	
									mere		anonna	93,	
							Square Feet	# of Floc		BI	dg. A	ge	
											74		
n Hired by Building Owner (8)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being (olish	ed)			
g Firm Hired by Building Owner (8)					No.	Name of Abatem	ent Contractor (9)						
rvices						AbateTech, I	nc.						
ress						Street Address			-				
k 365						30 Maple Ave	e. PO Box 25						
						City, State, Zip C	ode						
						Lumberton, I	NJ 08048						
itoring Firm			Tele	phone	No.	Telephone No.		License					
			85	6-452	-1311	609-265-2107		0052!					
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g Abatement	(Check	only c	ne)			Street Address							
						200 Route 13	0 North						
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I that apply)									-				
	D					Mini-Enc Glovebag	losure g Procedure		e.				
		-			1	Non-Exe	mpted (*) and Nor	n-Friable Pr	edure	10- 26-01	10	Sec. 4	
of						Description				Ab	1	ent T	1
	M)	Use	d Sole	ly by	Asbe	stos Containing Ma	terial (ACM)	Amou		Ren	Rep	Enc	Enclosure
					(i.e	., thermal systems	insulation,	(Spec		NOL	air	aps	losu
Ly			(12)					SF OF I		Ξ		ulat	Ire
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						Cubic Yards of Waste							
vaste management 1125						20			1				
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Completed By (Print or Type) Title Gwendolyn Trumbetti Operations Coordinator					Signature	L		Date	1	1.	_		
etti	Op	erati	ons C	oordi	nator	Chi	N		4	17	11.	5	
	Abatement is waren Swi h Hired by Bu rvices itoring Firm 15 g Abatement ed During En d Outside of N AM II that apply) of Material (AC ATED ity ity ite Hauler t ype)	Abatement is Taking waren Switching a Hired by Building Or rvices itoring Firm 	Abatement is Taking Place awaren Switching Station a Hired by Building Owner (rvices itoring Firm 	Abatement is Taking Place (3) waren Switching Station Hired by Building Owner (8) rvices itoring Firm Itele Scheduled Comple 15 Scheduled Comple 15 Scheduled Comple 15 Scheduled Comple 15 At / 14 g Abatement (Check only one) ed During Entire Period of Abater d Outside of Normal Facility Hour AMPM/PM- II that apply) Renovati Demolitic of Material (ACM) ATED ty Fes No Custodial S (12) Yes No Custodial S (12) N (12) N (12) N (13) Custodial S (14) N (14) (FA Abatement is Taking Place (3) waren Switching Station Trices I Hired by Building Owner (8) rvices I Telephone 856-452 Scheduled Completion Da 15 Scheduled Completion 15 Scheduled 15 Sche	FACILITY IN FACILITY IN Abatement is Taking Place (3) ewaren Switching Station County Code (7) In Hired by Building Owner (8) ASCM No. 117 Telephone No. 856-452-1311 Scheduled Completion Date (11) _15 _4 / _14 _15 g Abatement (Check only one) ed During Entire Period of Abatement d Outside of Normal Facility Hours - Describe _AMPM/PMAM _AM AM II that apply) Renovation Asbe of Nrmally Asbe (12) Yes No N/A Yes No N/A	FACILITY INFORMATION Abatement is Taking Place (3) Example to the second seco	FACILITY INFORMATION Abatement is Taking Place (3) Subchapter 2 County Code (7)(STATE USE ONLY) Current Use (Pri Name of Abatement Contractor (9) Name of Abatement Contractor (9) Abate Tech, Inc. Telephone No. 856-452-1311 Scheduled Completion Date (11) Street Address 200 Route 130 North Cliny, State, Zip Code Lumment of Abatement 100 Route 130 North Cliny, State, Zip Code Cliny, State, Zip Code Clinaminson, NJ 08077 It a colspan="2">It a colspan= 2 Address 200 Route 130 North	FACILITY INFORMATION Abatement is Taking Place (3) ewaren Switching Station Bound Station Square Feet # of Flot AbateTech, Inc. Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Lumberton, NJ 08048 Telephone No. Street Address 200 Abatement Check only one) B Abatement (Check only one) B Abatement (Check only one) G Is Location	FACILITY INFORMATION Abatement is Taking Place (3) waren Switching Station Street Address Square Feet # of Floc County Code (7)(STATE USE ONLY) Current Use (Prior if being c Name of Abatement Contractor (9) rvices 117 Abatement Contractor (9) rvices Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Lumberton, NJ 08048 Itoring Firm Telephone No. 856-452-1311 G09-265-2107 0052t Abatement (Check only one) Street Address ad Abatement (Check only one) Street Address 200 Route 130 North City, State, Zip Code Lumberton, NJ 08077 Ithat apply Bamolition Bacelly Hours - Describe Abatement (ACM) Material (ACM) Material (ACM) Material (ACM) Material (ACM) Material (ACM) Ves No	FACILITY INFORMATION Abatement is Taking Place (3) waren Switching Station Swaren Switching Station County Code (7)(STATE USE ONL.Y) Square Feet # of Floc Square Feet # of Floc Itried by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Vices Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Lumberton, NJ 08048 License 115 _4 / 14 / 15 Abatement (Check only one) Street Address 200 Route 130 North City, State, Zip Code 10 Uning Entire Period of Abatement Street Address 200 Route 130 North City, State, Zip Code 201 Adatement (Check only one) Street Address 200 Route 130 North City, State, Zip Code AM PM/ AM Call of Abatement Code Cinnaminson, NJ 08077 10 that apply) Full Containment with Negative Press Material (ACM) Mare Abaterial (ACM) Arou Yes No NA Abelesios Containing	FACILITY INFORMATION Abatement is Taking Place (3) waren Switching Station School (K-12) Bubbase Square Feet # of Floid County Code (7)(STATE USE ONLY) Current Use (Prior if being to instruct the second of the second to the second	Image: State is Taking Place (3) Image: Shool (K-12) sewaren Switching Station Shool (K-12) Subcharger 6 (Other that is Taking Place (3) Image: Shool (K-12) gewaren Switching Station Square Feet # of Floid Square Feet # of Floid Bidg. Age Iteration (accord) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. rvices 117 AbateTech, Inc. Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Luemberton, NJ 08048 titoring Firm Telephone No. Bidg. Age 856-452-131 Street Address 00521 15 / 1 Image: Street Address 200 Route 130 North Street Address 200 Route 130 North 10 Uside of Normal Facility Hours - Describe EMSL Analytical adure AM PM PM AM Material (ACM) Mane Accord Amount (it, hermal systems insulation, (it, hermal systems insulatin, (it, hermal systetms insulation, (it, hermal systems insulatio

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

0312-07				ICATION	ate of New OF ASBE to NJAC 8	STOS	ABATE			C II I		1	N.J.	110 110 110 110 110	
Date of Notification (1) 4/9/2015				Name of VIRTU	Building C)wner/(Operator	(2)			RI	4	2015		
Agencies Notified	Type Notific	ation		Street Ac 20 STO	^{ddress} OW ROA	D SU	ITE 3							ل	
EPA DEP X DOL	Initial Amend Amend	led Iment #			te, Zip Coo TON NJ		3			632	LICE	ونأيتها	1		
X DOH X DCA	justifica		g		Contact	10				Telepi	e Nun	nber			
	_			FACI	LITY INFO	RMAT	ION								
Name of Facility Where A VIRTUA HEALTH D Street Address			(3)						of Facility (4) School (K-12 Subchapter 8)	1 K-12	2)			
129-131 MADISON	AVE		(×	Other (i.e. pri etc.)	vate & c	mercia				es,
City (5) MT. HOLLY					12			>50,0	194, 58, 52, 57, 57, 57, 57, 57, 57, 57, 57, 57, 57	# of Fl	S	B	ldg. A	ge	
County (6) BURLINGTON				County ((STATE L	Code (7) JSE ONLY)			Curre	nt Use (Prior	if being	molish	ned)			
Name of Monitoring Firm VERTEX ENVIRON		lding Owner (8)	ASCM	1 No.				ement Cont DS, INC	ractor (9)					
Street Address 700 TURNER WAY,	, SUITE 10	05						Addres 5 INDU	s ISTRIAL I	BLVD					
City, State, Zip Code ASTON, PA 19014								State, Zi ITHAN	p Code IPTON, P	A 1896					
Project Manager for Moni DON HEIM	itoring Firm			Telephone 610 55	ne No. 58-8902	-	L 22	none No 322-29		L	nse N 83	0.			
Start Date (10) 4/25/2015	2		uled Co 2015	mpletion	Date (11)		1210220020		IA Monitor		-				
Occupancy Status During	Abatement	(Check Only	One)					Addres	There is a second of the						
Facility Closed/Vaca Abatement Performe Other – Describe: _							City, S	State, Zi	GRESS D p Code M, PA 19						_
Scope of Work (Check Al							DEN	ISALE	IVI, FA 19	JZU	-				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	(That Apply)	×	Renov Demol					Min Glo	Containme i-Enclosure vebag Proce	edure		Pressu		e	
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Location Asbestos-Containing <u>TO BE ABA</u> In Facili .(13)	Material (AC	·IVI) I	Norma sed Sol Aaintena ustodial (12)	ely by ance/ Staff?		os Con therma surfa	escription Itaining M I system acing, VA miscella	Material Is insula AT, or		Ami (Spi SF o	t Y =)	Remova	Repair	e Encapsulate	Enclosure
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Name of Registered Was SERVICE TRANSPO				NJDEP V Hauler ID 20990		of Wa	: Yards aste		Name of F MINER\		andfill FILL	ļ,			
City, State 58 PYLES, NEW CA	STLE DE.	. 19720				Dispo	osal Date	9	City, State WAYNE		OH 4	44688	8		
Completed by DAMIAN LAVELLE		Title PR		T MGR		-	Signatur	e ,	. La	296		ate Ø20	15		

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

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State of New Jersey -----

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			NO					STOS ABA 3:60 and 5:1					CTTT 1	Ŋ.	C.1.1.
Date of Notification (1) /	08	/	15		1.00	e of Buildir Iscopal I		<u>0</u> _	AP	Fl 1	4	05			
□ EPA ⊠ DOLWD ⊠ DHSS	Type No Initial Amer Amer	nded Idme		_	31 City,	t Address Mulberry State, Zip wark, NJ	Code	9							, 2
(NJAC 5:23-8)	justifi Canc	catio	n)	9	1.00000000000000	e of Contac n Trafica				Teleph	Num	her			
					FA	CILITY II	NFO	RMATION							
Name of Facility Where Ab Episcopal Church of Street Address 36 Gould Street				e (3)					Type of Facility School (K-1 Subchapter Other (i.e., p homes, etc.	2) 8 (Other tl private and			uildir	gs,	
City (5)									Square Feet	# of FI	S	B	ldg. /	Age	
Verona									6,000	2			46	9315	
County (6) Essex					Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (P Church	rior if being	emolis	shed)			
Name of Monitoring Firm H	ired by E	Build	ing Owner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)	-				
Health and Safety Se	rvices				001	17	5	Superior Ab	atement Inc						
Street Address							Str	eet Address		1					
PO Box 365															
City, State, Zip Code															
Berlin, NJ 08009							V	Vest Caldwe	ell, NJ 07006						
Project Manager for Monito Jim Proctor	ring Firm	1			ephone 856) 45	No. 5 2-1311		lephone No. 973) 808-16'	16	Licens 004	lo.				
Start Date (10)04 /18 /	15	S	cheduled (04				123	me of OSHA N Superior Aba							
Occupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: _AM	During E outside o	Entire f No	e Period of rmal Facili	Abate ty Hou	rs - Des	scribe	2 City	eet Address 2 Henderson y, State, Zip C Vest Caldwe							
Scope of Work (Check all the second	nat apply)		enova emoliti		21		Mini-Enc Gloveba	tainment with Ne closure g Procedure mpted (*) and No		re	-			
	- 18			s Loca	tion							-	atom	ent T	VDC
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)	aterial (A	CM)	Us Ma Cus	(12)	ely by ance/ Staff?		a., the s	Description of Containing Ma mal systems surfacing, VAT her miscellane	iterial (ACM) insulation, , or	Amc (Spe SF o	t / :)	Removal	Repair	Encapsulate	Enclosure
Boiler Room			Yes	No	N/A	Pine/Pi	ne E	itting Insula	tion	40					
Girls/Boys Bathrooms								itting Insula		40					
Kitchen Area						Pipe/Pi	pe F	itting Insula	tion	40					
Name of Desister 1141	Unite										-				
Name of Registered Waste	Hauler				IJDEP V lauler IE SW21	D No.	Was	oic Yards of ste	Name of Regis	tered Land					
City, State					SW2117 0 Disposal Da				City, State						_
N/A					N/A										
Completed By (Print or Type	e)		Title					Signature				te			-
Nick Petrovski			Preside	ent				- hu	Lah	ermai	2	1-	8-	15	-

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

							w Jersey	Initial I	Notific	tio	n .						
6464-NJ		(Pi	irsua	ant t	O NJA	AC 8:	BESTOS ABATEME 60-7 and 12:12	18 6	2.01	k.							
Date of Notificatio	on (1)		Nan	ne of	Buil	lding	Owner/Operato	or (2)	70			1. a					
0 4 1/ 0	9 1/1 1	151	Sa	antos	Cont	racto	ors Corp.	. <i>٤</i> Ε	is <u>le</u> a	<u>,</u>	5.00	,					
Agencies Notified	Type Notif	ication			Addre			1				1.4	T.	_			
[]EPA			22	1 Ch	astni	it Str	eet, Suite 302		1.0								
(X) DEP	[X] Initi Notif	ication					Code				11:0	÷.		-			
(X) DOL	[]Ameno	led	R	nselle	e, NJ	0720	13				÷.						
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	1		110		antos		NEODWARTON										
Name of Facility W	here Abate	ment is Ta	king				NFORMATION	Type of Facil:	ity (4)	-			_	-			
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Commercial Building]							[]Subcha	apter (r { Other than K-12) e., rivate & commer-							
Street Address								buildin # of]	. h	omes	. et	c.)					
501 Washington Av	enue					10		1.500	1	1010	50		, go				
City (5)		County	(6)			(ST	ATE USE ONLY)	Current Use (Prior :	bei		1000	ishe	d)			
Newark, NJ		Essex						School		_							
Name of Monitoring Owner (8)	Firm Hire	d by Build	ing	ASC	M No.		Name of Abate	ment Contracto	r (9)								
N/A							Four Strong B	uilders, Inc.									
Street Address							Street Addres	s									
				0.000			180 Sargeant	Avenue		-							
City. State. Zip (ode						City. State.	Zip Code									
							Clifton, NJ 07	7013-1935									
Project Manager fo	or Monitori	ng Firm []	elep	phone	Numi	ber	Telephone Nur					umbe					
Scheduled Start Da	101	Sched.Com	lati		1270		973-614-0377 Name of OSHA			080	1						
	1000 A 1000 A					80000											
0 4 / 1 8 / Month / Day / Occupancy Status 1	Year	Month /	Day	-1/-	Year		Four Strong B										
Occupancy Status I [X]Facility Clos																	
of Abatement []Abatement Fei							180 Sargeant	Avenue									
Hours - Desci	ribe:	.5146 01															
[]Other - Desc	And the second s				•	-	Clifton, NJ 07	013									
Scope of Work (Ch		ас аррту)						1 Containment w	with Ne	tiv	e Pre	essui	re	1.50			
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	tion of -Containing	3		rmal] Used			Descripti Asbestos-Con	taining	Amc		RE	R	N C A	NC			
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in Fa	cility	63. 10	ter	stodi	e/	i	nsulation. sur or other mis	facing, VAT,	I		VA	AI	SU	SU			
- <u>i</u>	13)		Sta	aff()	12)		or other mas	cciidneodo)			L	R	L	RE			
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Windows				X			low caulking		160 L		1	-		\square			
									+		X		1	\vdash			
					$\left \right $		·		+		1	-	-	+			
Name of Registere	d Waste Ha	uler	I N	JDEP	Wast	e	Cubic Yards	Name of Regi	stered	ndf	111		L	1			
			1.0		r ID	No.	of Waste	GROWE	nc								
Four Strong Builde	ers, Inc.		1	2609	1		Disposal Date	G.R.O.W.S., I City, State	<u>IIC.</u>								
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Clifton, NJ Completed By (Pri	nt or Tune) [Title					Signatur	Tullytown, PA	·		ID	ate					
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Bilyana Kulakovska Office Administrator								il	1_	_	7 14	/9/1	2				
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3 10	NOTIFIC	ATION OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:13	MERI		•			
Date of Notification (1) 4 (10/15		Name of Build	ing Owner/Operatio	CUT d THE		:62			
Agencies Notified Type Notificati	on	Stree: Addres	ATECH RT. 50	e L	E State	NCL.			
Image: PA Image: Imag		Cir., State Zip	Code	N T O'	230		1		-
DOH DCA	Di la companya di seconda di s	Name of Conta BRUC	\sim	NIG	ephone Numb	vor			=
			FORMATION	· · ·					
Name of Facility Where Abatement is Tal RESIDENCE	* e	-		Type of Facility (4	hệr than K-12 & commercia		nas.	• •	
6063 Q C	AN. Prt.	NE		homes, etc.) Square Feet	of Floors	Bidg	g. Ag		_
AVALOS	\sim	County Code	17) (STATE	1000 Current Use (Prior	Z being demolis		0		-
County (6)		USE ONLY	L News of Aboto	ment Contractor (9)	[=
Name of Monitoring Firm Hired by Buildin (8) N.J.A	g Owner 🛛 A	SCH NO	1	mco INC					_
Street Address			369	S. SPRUI	AUE				_
City, State. Zip Code			Crty State Zip MAP		N.J	08	05	2	_
Project Manager for Monitoring Firm	Telep	hane lvc		19-0472	cense No.	4			-
Start Date (10) 	HIZE/15	on Date (11)	Name of OSHA	1.7	ir				
Occupancy Status During Abatement (Ch	heck only one i		Street Address		AVE	24			_
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other - Describe:	nai Facility Hours		Cry. State. Zip MAPLE		.7 08	052	2		_
Scope of Work (Check all that apply)				ontainment with Nega	Pressure				
⊇ ≥3 st or ≥3 lt ⊇160 st or ≥260 lt	Renovation Demolition		Giovet	nclosure bag Procedure xempted (*) and Non-	able Procedur	е			
	Is Location Normaliy	1	I NOTE			Ab	atem Type		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Fadlity (13)	Used Solely Maintenance Custodial Staff? (12)	e Aspe ure	Description stos Containing M thermal systems surfacing, VAT other miscelland	aterial (ACM) Insulation E. or	vmount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		DEP Waste	Cubic Yards of Waste	Name of Registe	JLandfill				
Kimeo Inc.		7904	Disposal Date	City, State	_M. U.	H			-
City State MAPLE SHADE	N.J		Signature	<u>W000%</u>	VE IA	1.)	15		_
MICHAEL KLEMME-		RESIDENT	Mu	li) la		1.1			_

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* Do not use this form for aspestos i censure exempted activities,

Print Form

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

	NOT	(Pursuant				067		Che	eck #	1183		
Date of Notification (1) 04/10/2015			f Building (seph's R) al Center	7					
Agencies Notified Type Notification	n	Street A	ddress lain Stree	ət		·	£.,i	10	Ĺ.			
× EPA × Initial DEP Amended × DOL Amendmed	nt#		ate, Zip Co son, NJ C			á.		1				
X DOH DOH DCA Cancellati	ry (including n)	Name o	of Contact rd Curry				Teleph	e Num	ber			
	011		ILITY INFO	RMATIO	N							
Name of Facility Where Abatement is Ta Private Residence	king Place (3)				Г	ype of Facility School (K-						
Street Address 151 Barclay Street						Subchapte Other (i.e.		K-12) nercia		dings	hom	es,
City (5) Paterson						<u>etc.)</u> Guare Feet 3.000 +	# of Fle	5		lldg. A	∖ge	
County (6)			Code (7) USE ONLY)			Current Use (Pr		nolishe	ed)			
Passaic Name of Monitoring Firm Hired by Buildir	g Owner (8)		M No.		Name of	Abatement Co	ntractor (9)					
					Unicor Street Ac	n Contractin	g Corp.					
Street Address					163 Sa	argeant Aver	nue					
City, State, Zip Code						te, Zip Code , NJ 07013						
Project Manager for Monitoring Firm		Telepho	one No.		Telephor 973-33	ne No. 33-9176	Li	ise No 32).		the ball, Goo	
Start Date (10) 4/14/2015	Scheduled (Date (11)			OSHA Monitor						
Occupancy Status During Abatement (Cl					Street Ad	idress						
Facility Closed/Vacated During Enti Abatement Performed Outside of N	ormal Facility Ho	itement ours		0	City, Stat	Wagaraw Ro te, Zip Code		-				
Other – Describe: Normal Working I	lours			_	Fair La	awn, NJ 074	10					
Scope of Work (Check All That Apply) \times \geq 3 sf or \geq 3 lf \times \geq 160 sf or \geq 260 lf		ovation			×××	Full Containm Mini-Enclosur Glovebag Pro	e	tive Pr	essu	re		
					×	Non-Exempte		Friabl	e Pro			
		cation mally		-				ः इ.			emen /pe	1
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used S Mainte Custod (Solely by enance/ ial Staff? 12)		tos Contai thermal sy	ystems i ng, VAT,	terial (ACM) nsulation, or	Amc (Spe SF or	,)	Removal	Repair	Encapsulate	Enclosure
SEE CONTINUATION SHEET										1	-	1
						1		and fill				
Name of Registered Waste Hauler Unicorn Contracting Corp.		Hauler IE	D No.	Cubic Y of Waste			W.S., In	andfill				
City, State	003584	4		Disposal Date City, State			ylvan	ia				
Totowa, New Jersey Completed by	TBD Signatúr			inature	7		Dat	Date				
Dimo Golcev	Project	Manage	r	1 p		04	/10/2	2015				

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

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Page 2 o

		Loca Norma						emen ype	t
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	d Sole intena	ely by ince/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					œ	
Roof-Chimney, Front Porch, Rear Awning & Basement Door		X		Roof Flashing	555 5	Х			
Roof-Front Porch & Rear Awning		х		Roof Shingles, 2 Layers	500 S	Х			
Roof		х		Tar beneath shingles	1,200 S	Х			
Exterior		х		Transite Siding Material	3,000 S	Х			
2nd Floor, Living Room		х		Joint Compound	350 S	Х			
Basement		х		Pipe Insulation	250 L	x			
Basement		х		Pipe Elbow Insulation	10 Elbow	X			
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	(P 	Name	e of Build	ing Owner/Opera M REAL SS N. B. Co.Ad	tor (2) ESTV77	TE PART	-NA	Ĩ	لتعديد	مسيسعه		
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DOL Emergency (ir justification)	ncluding	Nar	ne of Co	ontact o Mª KAY			-		-			-
DOH DCA		P	FACILIT	Y INFORMATION	1	of Facility (4)						
ame of Facility Where Abatement is Taking	Place (3)		Control Contro		1 1 3 9 0	School (K-12)						
THE LINCELN BUILDING	-				<u> </u>	Subchapter 8	(Otr	than K-12) commercial l	ouildin	gs, ho	mes,	į
						Other (i.e. privetc.)				ig. Ag		-
45 NORTH BROAD S					Squ	O OD	#	Floors		62		
ity (5) RINGEWICE						rent Use (Prior	rifb	demolished	d)			
		C	ounty Co	ode (7) SE ONLY)		STURE						
REALEN		1.	ASCN		Name of A	batement Cont	ract	9)				
lame of Monitoring Firm Hired by Building	Owner (8)		ASCIN	// INO.	A. MAC C	ontracting Inc	فسيمين					
					Street Add 185 Vreel	ress and Ave						
Street Address												(Second Second
City, State, Zip Code					City, State Midland F	, Zip Code Park, NJ 07432	2			2		_
(Manifering Firm			Teleph	ano No	Telephone	No.		License No).			
Project Manager for Monitoring Firm		-	l elept	none No.	201-262		_	00156				-
Start Date (10) 4/20/15	Schedule	d,Com	pletion I	Date (11)	Name of C Omega	SHA Monitor Environmenta	i Se	es Inc.	E-mail of the			_
Occupancy Status During Abatement (Cl					Street Add	dress						
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other - Describe:	e Period of At	pateme	ent			er Street e, Zip Code ack, NJ 07606	i					
Scope of Work (Check All That Apply)				and the second	1		THE OWNER OF T	- Contraction of the second				
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≦160 sf or ≥260 lf		emolitic				Aini-Enclosure Glovebag Proc						
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Location of		Locatio			escription of						emen ype	τ
Asbestos-Containing Material (ACM)	Use	d Solel intenar	y by	Asbestos Cor	ntaining Mat			Amount			m	-
TO BE ABATED In Facility		odial S			I systems ins acing, VAT, c			Specify F or LF)	Remova	Re pair	ncapsulale	and the second s
(13)		(12)			miscellaneou			,	IBACI	pair	Blus	
	Yes	No	N/A						<u> </u>		Ű	
BASEMENT			X	VA	7			135 SF	X			-
		Can										
Name of Registered Waste Hauler		Lu	DEDIN				-					
			IDEP Wa	No. of Was	Yards ste j	Name of I		red Landfill				
Newark Carting, Inc City, State, Zip Code			04509		/ sal Date	IESI F		Iehem Land	fill Cor	р.		-
Newark, NJ 07105					-0/15 04	City, State Bethl		ode PA 18015				
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	Preside	nt			VE.	11 Jonal	1		41	18/	12	

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		(Pursuan	t to NJAC 8:60) and 12:12())		26 2					
Date of Notification (1)		•	Name /	of Building Ow ALPREN	ner/Operator テゥルミ	(2) ک	t gere	-	1.1				
Agencies Notified Type Notification			Street 7	Address 12 B.S.L	MOLT 1	20.40	- <u></u>		1		5		
DEP Amended DOL Amendment	t#		City, S	tate, Zip Code	NJ	07450	<u>, , , , , , , , , , , , , , , , , , , </u>						
]	Name	of Contact			Teli	one Nur	mber		-		
				CILITY INFORM	ATION						-		
Name of Facility Where Abatement is Taking フゥルシS	g Place (3)				Type of Facility							
Street Address 712 BELMONT RUAD						School (K Subchapte	er 8 (Othe	an K-12 nmercia		ldings	, hom	es,	
City (5) RIAGE wood	and the second				2. mm ⁻¹ (2. m 2. m 2. m 2.	etc.) Square Feet 2 S-au	# of	ors	T	Bidg.			
County (6) BENGEN			County (STATE	Code (7) USE ONLY		Current Use (Prior if bein				00	3		
Name of Monitoring Firm Hired by Building C	Owner (8)		AS	ontractor (
Street Address					4107 May				the states of				
City, State, Zip Code						_							
					32								
Project Manager for Monitoring Firm			Telep	ohone No.		none No. -262-5841	ense No 0156	D.					
Start Date (10) 4/21/15	Schedu	led Col	mpletion	Date (11)	Name	of OSHA Monito		10.100					
Decupancy Status During Abatement (Chec Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other - Describe:	eriod of	Abatem	ient		Street 280 F City, S	Address luyer Street tate, Zip Code							
cope of Work (Check All That Apply)		-Canal - Canal			TIduk	ensack, NJ 0760	0						
a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renoval Demoliti			X	Full Containm Mini-Enclosure Glovebag Pro	3	itive Pre	essure	e			
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Location of		s Locat Norma	lly		Description	of					emen ype	t	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole aintena stodial S (12)	nce/	(i.e. ther	Containing M mal systems urfacing, VA her miscellan	Naterial (ACM) insulation, T, or	Ал (Sr SF	nt fy .F)	Remova	Rapair	Encapsulala	Encloaure	
	Yes	No	N/A						<u> </u>		ale	6	
BASEMENT			x	HEAT	PACTS.	SAM TAPE		125	X				
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ame of Registered Waste Hauler ewark Carting, Inc		1.1	JDEP W	No. of V	bic Yards Naste		Registere	andfill					
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McDonald	Title Preside	ent	Signature M. Jonald						/ 5	5/1.	5		

* Do not use this form for asbestos I sure exempted activities.

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

NEW CASTLE, DE 197204/22/2015Morrisville, PA 190Completed By (Print or Type) Gino PizzigoniTitle EstimatorSignature Hero Pizzigoni / 4/8/15				NOT				BESTOS ABAT AC 8:60 and 5:10	FEMENT 6)		191				
4 7 8 15 E.I. duPort de Nemours 2013 EAP Agencies Notified Type Notification Direct Address 250 Cheesequake Road A string 20 DLOS Amended Tipe Notification Direct Address 4 Lift C+ 47 20 DLOS Amended Amended Amended Amended 20 DLOS Amended Trend Amended Amended 20 DLOS Amended Facility Where Abatement Is Taking Pace (3) Parlin, NJ 08859 Amended Mumber 20 DuPort Parlin Pacifity - Eldy - 425 Stochaltric I (1) Number (7) Stochaltric I (1) Mumber (7) Storet Address Stochaltric I (1) Stochaltric I (1) Mome (2) Mome (2) Mome (2) Storet Address Storet Address Storet Address Storet Address 0005 Storet Address Storet Address Storet Address 0055 Storet Address 3 Terri Lane 1123 BEAVER STREET Consistance (2) Asset (2) Storet Address 0055 Storet Address 1123 BEAVER STREET Cobalted Competion Date(1)	Date of Notification (1)					Name	e of Buildin	g Owner/Operator (2)			1.5	11		
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Middlesex Date of Address Description of Abterment Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. Street Address 3 Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Building to Monitoring Firm Telephone No. 1005 John Lutz 609-386-8000 215-788-6040 005 Start Date (10) 4 / 22 / 15 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address 005 Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET 005 City, State, Zip Code BRISTOL, PA 19007 Street Address 005 Scope of Work (Check all that apply) Street Address Street Address 007 Scope of Work (Check all that apply) Stocation of Abatement 7:004MPM3:30PMAM Street Address edure Abbetsos-Containing Material (ACM) Used Solely by Maintenance/ (12) Abatement 7:004M/ Minitenance/ (12) Aminitenance/ (12) Aminitenance/ (12) Abatement 7:004M// 7:0 edure Maintenance/ (13) Yes No N/A															
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Gino Pizzigoni Estimator Lino Pizzigoni A 4/8/15	NEW CASTLE, DE	19720						4/22/2015	Morrisville,	PA 190					
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MAY 11 GI 150 64 * Do not use this form for asbestos licensure exempted activities.

E.I. duPont de Nemours

250 Cheesequake Road

Street Address

City, State, Zip Code

Parlin, NJ 08859

Name of Building Owner/Operator (2)

CE# 1790

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Number

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(NJAC 5:23-8)	justific	cation))			of Contac			Telepho	Numb	ber			
		shation	1							-				
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DuPont Parlin Fa			Concernances	5 (3)				School (K-12						
Street Address	cincy - Diag	J. 150	, 					Subchapter		K-12))			
250 Cheesequake	Road							Other (i.e., p	rivate anc			uilding	gs,	
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Parlin								Square reet	# 0111	5		uy. A	ye	
County (6)					Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if bein	emolis	hed)			
Middlesex						, ,					,			
Name of Monitoring Fin	rm Hired by E	Building	g Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Cardno ATC							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address		-					
3 Terri Lane							1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip C	ode						
Burlington, NJ 08	3016						BRISTOL, PA	A 19007						
Project Manager for Me	onitoring Firm	ı		Tele	phone	No.	Telephone No.		Licens	Jo.				
John Lutz	*			6	09-386	-8800	215-788-6040)	005					
Start Date (10)		Sch	neduled C	omple	tion Da	ite (11)	Name of OSHA N	Nonitor	_	-				
/1	/ _15_	-	_4/	22	2_/_	15	BRISTOL EN							
Occupancy Status Dur	ing Abatemer	nt (Che	eck only	one)			Street Address			-				
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Time of Abatement.	. <u>1.00</u> Alvi-	F1	101/ <u>3.30</u> F	101			BRISTOL, PA	19007						
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SERVICE TRANS	PORT GRO	UP, I	NC.		20990		2	GROWS La	andfill					
City, State							Disposal Date	City, State						
NEW CASTLE, DE	E 19720						4/22/2015	Morrisville	, PA 190					
Completed By (Print or	Type)	Т	itle				Signature	0.	/	Dat	te /	1		_
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		1000					100000	rangene	1 VC	-	/ /			

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ASB-41 MAY 11 GI 15042

ASB-41

Date of Notification (1)

Agencies Notified

EPA

DOLWD

DHSS

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Initial

Amended

15

1 Type Notification

Amendment #

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

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CK# 24775

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7/15			Name	of Buildin	g Owner/Operato	r (2) Angelone H	omac		19	*	Ē.	199.
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Type Notification	1		Street	Address	1	75 Bertrand	Drive	2				
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Amendment #		_	City, S	state, Zip C		min acton NI	00540					
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	Owner		ASCM	No.								
AECS		_					imental {	vice	es, Ir	IC.		
					Street Address							
PO Box 34	-1						Box 322	_				
	0051	-			City, State, Zip (
	0851	5				Allentov	vn, NJ 08	-				
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			15			Ν	1ECS			_		
					Street Address							
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am to 4pm						Crosswic	ks, NJ 0	15				
that apply)						ntoinmont with N	a moti un Dan					
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	☐ Emergency (i justification) ☐ Cancellation batement is Takin Res <u>175 Ber</u> <u>Princeton</u> ercer Hired by Building <u>VIECS</u> <u>PO Box 34</u> osswicks, NJ toring Firm <u>sgarber</u> Sche d During Entire P	Amended Amendment # Emergency (including justification) Cancellation Exactly a strength of the	Amended Amendment # Emergency (including justification) Cancellation batement is Taking Place (3) Residential 175 Bertrand Driv Princeton, NJ 0854 ercer Hired by Building Owner MECS PO Box 341 posswicks, NJ 08515 toring Firm Tele Sgarber (60 A/30/ Abatement (Check only one) d During Entire Period of Abate Outside of Normal Facility Hou am to 4pm I that apply) Renovati	Amended Amendment # Emergency (including justification) Cancellation FAC batement is Taking Place (3) Residential 175 Bertrand Drive Princeton, NJ 08540 ercer VSE Hired by Building Owner MECS PO Box 341 Sswicks, NJ 08515 toring Firm Sgarber	☐ Amended City, State, Zip C ☐ Emergency (including Name of Contac ☐ Jame of Contact Jame of Contact ☐ Cancellation Jame of Contact ☐ Cancellation Jame of Contact batement is Taking Place (3) FACILITY INF batement is Taking Place (3) Residential 175 Bertrand Drive County Code (7 Princeton, NJ 08540 County Code (7 ercer USE ONLY) Hired by Building Owner ASCM No. MECS ASCM No. PO Box 341 County Code (11) osswicks, NJ 08515 Gog 298-4070 Scheduled Completion Date (11) 4/30/15 Abatement (Check only one) Scheduled completion Date (11) d During Entire Period of Abatement Outside of Normal Facility Hours Cam to 4pm Renovation	☐ Amended Amendment # 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□ Emergency (including justification) □ City, State, Zip Code □ Amendment # □ Cancellation □ Princeton, NJ 08540 □ Cancellation □ FACILITY INFORMATION batement is Taking Place (3) Residential □ Type of Facility (4) □ School (K-12) □ Subchapter 8 (Other ti □ School (K-12) □ To be transformed by Building Owner Name of County Code (7) (STATE USE ONLY) □ School (K-12) □ Subchapter 8 (Other ti □ Other (i.e., private & ch homes, etc.) Princeton, NJ 08540 □ Stevens Environmental { USE ONLY) □ Current Use (Prior if being USE ONLY) Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Stevens Environmental { Street Address PO Box 341 □ City, State, Zip Code (609) 259-9688 □ City, State, Zip Code (609) 259-9688 □ Licens (609) 259-9688 □ Scheduled Completion Date (11) (4/30/15 Name of OSHA Monitor □ Licens (609) 259-9688 □ Licens (City, State, Zip Code (Crosswicks, NJ 0) I that apply) □ Renovation □ City, State, Zip Code Crosswicks, NJ 0 □ MECS	Amended Amendment # □ Emergency (including] ustification) City, State, Zip Code Princeton, NJ 08540 Name of Contact] ustification) Name of Contact] Joe Angelone Telephon FACILITY INFORMATION School (K-12) [School (K-12)] K-11 batement is Taking Place (3) [Residential Type of Facility (4) [School (K-12)] K-11 175 Bertrand Drive School (K-12) [Stubchapter 8 (Other till Momes, etc.)] K-11 Princeton, NJ 08540 p Square Feet [School (K-12)] more molitical Princeton, NJ 08540 p Square Feet [School (K-12)] molitical Princeton, NJ 08540 p Square Feet [School (K-12)] molitical Princeton, NJ 08540 p Square Feet [School (K-12)] molitical PO Box 341 County Code (7) (STATE [USE ONLY) Current Use (Prior if bein molitical molitical MECS Street Address PO Box 322 Vicity Vicity Street Address PO Box 322 City, State, Zip Code 0 0 Scheduled Completion Date (11) Name of OSHA Monitor MECS 0 0 g Abatement (Check only one) Street Address PO Box 341 0 0 Glovehag Procedure	Amended Armendment # Emergency (including justification) City, State, Zip Code Joe Angelone Princeton, NJ 08540 Name of Contact Joe Angelone Telephon FACILITY INFORMATION School (K-12) Subchapter 8 (Other II Subchapter 8 (Other II) (609) 298-4070 Stevens Environmental 5 Vices, II Subchapter 8 (Other II) (609) 259-9688 Scheduled Completion Date (11) (4/30/15 Name of OSHA Monitor (Goy) 259-9688 00492 Scheduled Completion Date (11) (4/30/15 Name of OSHA Monitor (City, State, Zip Code Sam to 4pm Name of Osha 341 Outside of Normal Facility Hours (am to 4pm Street Address PO Box 341 PO Box 341 Telephone No. (City, State, Zip Code Crosswicks, NJ 0 15	Amended Armendment # 	☐ Amended

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#24854

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

Date of Notification (1)					Name of Buil	ding Owne	er/Operator (2)	1. C 1. 2. 2.		- 1			
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4/3/2015 Agencies Notified	Type Notifica	tion			Street Addres		BOARD OF EI						
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DOH	justifica								1	relep	none	NUMD	er
DCA	Cancell	ation					WNER'S REP)						
			(0)	30.0	ACILITY IN	FORMAI	ION	Turner of Freelike //	-				
Name of Facility Where A			ace (3)					Type of Facility (4					
BRICK MEMORIAL H	IIGH SCHO	OL						School (K-12		. (1	14.40		
Street Address								Subchapter 8			K-12	50 C	
2001 LANES MILL RO	AD							Other (i.e., pr				al build	
City (5)								Square Feet		# of F	loors	Bldg.	Age
BRICK TOWN, NJ 087	724												
County					County Code	(7) (STA	TE USE ONLY)	AIRPORT					
OCEAN													
Name of Monitoring Firm	Hired by Build	ing Own	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)					
N/A						CREAN	1 RIDGE ENVI	RONMENTAL II					
Street Address						Street A	ddress						
						15 BLA	CK FOREST R	OAD					
						City, Sta	te, Zip Code		_				
						HAMIL	TON, NJ 0869	L					
Project Manager for Monit	toring Firm	Telep	none N	0.		Telephor				Licen	se No	ι.	
1						609-890	-7110			0067	6		
Start Date (10)		Scheo	luled C	ompleti	on Date (11)		OSHA Monitor						
4/8/2015		4/9/20		Å.	, ,	AMERI	TECH SERVIC	CES					
Qçcupancy Status During	Abatement (C		10.00)		Street A			-				
Facility Closed/Vaca					ent	100 N 100 N 100 N 100	UM PT. ROAD,	STE 7					
Abatement performed or							te, Zip Code		-				
Abatement performed of		ng nour	5 01 M	_ /			, NJ 08723						
Scope of Work (Check all	(that apply)					DICICI	,110 00720	J -ull Containr	it w	ith Ne	aative	Pres	sure
	r that apply/					tion		Mini-Enclosu			5		
$\searrow \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\implies \ge 160 \text{ sf or } \ge 260 \text{ lf}$					Demolit			Glovebag Pr	dur	A			
								Non-Exempt			-Friah	le Pro	cedure
			Locat	ion	1					0.000		Туре	
			mally l		Descriptio	n of Asbes	stos Containing			/ ibuti	[
Location of Asbestos			Solely b				hermal systems	Amount (Specify	or	Re	R	nca	Eng
Material (ACM) <u>TO BE</u> Facility (13				/Custo			, VAT, or other	LF)		Remova	Repair	sde	Enclosure
	9		Staff?		-	miscellane	eous)			val	F	Encapsulate	ure
		Yes	No	N/A					_	87	-	e	
WINDOWS				<u> </u>	GLAZING				-	X			
	9								-		-		
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									-	100			
Name of Registered Was	te Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Register	Lar	ndfill			
CURRENT CONSTRU	CTION						- and the second second	GROWS					
					35149		1 YDS						
City, State		1174					Disposal Date	CITY, STATE					
ALLENTOWN, NJ		-					4/10/2015	MORRISVILLI	'A	Det			
Completed By		Title				Signatur	27-Mar	Nr. 1		Date			
DAVID D'ANDREA		PRES	SIDEN	Т		LAVE	wing	MARIE	-	4/3/2	015		
ASB-41						,0	\mathcal{O}						

* Do not use this form for asbestos licensure exempted activities

		(i ui	suam	10 NJAC 8.00 8	inu 12.1	20)		シニア				
Date of Notification (1) April 10, 2015				Name of Building (Owner/Ope Messe	rator (2) ercola Excavating C	0 In	the to	5	66	$\mathcal{D}/$	5
[] DEP [] American [] [x] DOL American [] [x] DOH [x] Emerican []	tion I Notificati nded Notif ndment #_ gency (inc ication) ellation	ication	-	Street Address City, State, Zip Coo Name of Contact Fernar	P O E le Matav	ox 790 wan, NJ 07747	d d elephon	PR T		H 12:	54 01.	
[] DCA		T										
Name of Facility Where Abatement is Taking Residence Street Address 519 Stevens Drive		1	ACI	LITY INFORM	ATION	Type of Facility (4) [] [] [] [X]	Schoo Subch Other homes	-12) er 8 (oth ., privat c.)			ial build	lings,
Beach Haven West	County Ocean		(County Code (7) STATE USE ONL		Square feet 1200 sf Current Use (Prior if Residen	# of being d ce	ors		g. Age (50	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		1	ASCM No.	Name o	f Abatement Contractor (Guardia		cting,	Inc.			
Street Address					Street A	ddress						1.111.2-1
City, State, Zip Code Project Manager for Monitoring Firm Scheduled Start Date (10)		Felephone Num Scheduled Com	educio 	n Date (11)	Telepho 732-34	1889 Ro Toms R Toms R 19-9932 f OSHA Monitor		v Jerse cense N)624	-	755-1	271	
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	i 4/13/15 4/15/15 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of [] Abatement Performed Outside of Normal Facility					E.M.S.I ddress 1056 St tte, Zip Code Piscatav	elton]	ical ad / Jerse	v 088	54	ŧ	
Scope of Work (Check all that apply) [] >3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf			novati molitie		[[[[x] Full Containment v Mini-Enclosure] Glovebag Procedu	with Ne	ve Pres	sure			
					4				Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	lial /A	Ast N (i.e inst	Description Destos-Co Material (A , thermal ulation, su VAT, er miscell	ntaining ACM) systems ırfacing, or	A (Spi o	unt `y SF F)	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		125	f	X			
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	N.	DEP Waste Ha	3	D No. Cubic Ya 3	rds of Was	T.R.R.F.	ed Lanc					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola			/16/1			tówn, Pennsylvania	/		Date 4/1	0/201	5	

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

	(1	ant to NJAC 5.00		<u></u>	14				
Date of Notification (1) April 10, 2015		Name of Building	Owner/Operator (2) Cleaver Construction	1	221	71	B.	14	(
[] DEP [] Amen [x] DOL Amen [x] DOH [x] Emerg	ion Notification Ided Notification Idment # gency (including ication) ellation	Street Address City, State, Zip Co Name of Contact Donal	Toms River, NJ 08753	E L	L umber	АМ 12 1141;	: 5 8	ì	
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence Street Address 501 West Lake Av			Type of Facility (4) [] [] [] [X]	Schoo Subch Other	-12) er 8 (othe			al build	ings,
Bay Head	County (6) Ocean	County Code (7) (STATE USE ONL	Y) Square feet 2000 sf Current Use (Prior if Residence		c.) ors olished)	Bldg.		0	
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCM No.	Name of Abatement Contractor (Guardia	10. The second se	cting,]	Inc			
Street Address			Street Address 1889 Rc		nit 61				
City, State, Zip Code			City, State, Zip Code Toms R		v Jerse		55-12	271	
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone Number 732-349-9932		ense Nu)624	imber			
Scheduled Start Date (10) 4/13/15	Scheduled Comple 4/15/15	etion Date (11)	Name of OSHA Monitor E.M.S.L	. Ana	ical				
	only one) d During Entire Period of Al Outside of Normal Facility F		Street Address 1056 Ste City, State, Zip Code	elton l	ıd				
[] Other – Describe			Piscatav	vay, N	' Jersey	y 088:	54		
Scope of Work (Check all that apply)	[] Reno	vation	[] Full Containment v [] Mini-Enclosure [] Glovebag Procedure		ve Press	ure			
$\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		olition	[X] Non-Exempted (*)		riable P	rocedu	re		
						Abate	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i.e ins oth	Description of bestos-Containing Material (ACM) c., thermal systems ulation, surfacing, VAT, or her miscellaneous)	A: (Spi o	unt ìy SF F)	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 sidi	ng	240	f	Х			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3	ards of Waste Name of Register T.R.R.F.	ed Land				L	
City, State <u>Toms River, New Jersey</u> Completed by (Print or Type) Nicholas Fernicola	4/1 Title	posal Date 6/15 Signature	City, State Tullytown, Pennsylvania	ⁿ		Date	/201:		
	Project Manager	X X	and tell		-	4/10	201.	,	_

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		N		ATION	te of New Jerse OF ASBESTOS to NJAC 8:60 ar	ABATE			200 - 9	1	(
Date of Notification (1) 4/06/15					Building Owner/ na Robinson	Operator	(2)		it the				-	
1	Notification		100	Street Ac 58 Cer	idress itral Ave		8		£		Ers	121	\$7	
X DEP	nitial mended mendment				te, Zip Code air, NJ 07042	2			2. j.	6	1		4	
🗵 DOH	mergency (stification)	including	1.55		Contact na Robinson				Teleph	Num	her			
				FACIL	ITY INFORMAT	TION				-				
Name of Facility Where Abatem House	ent is Takin	g Place (3)				_	of Facility (4 School (K-1)		2				
Street Address 58 Central Ave								Subchapter Other (i.e. p	8 (Other th	K-12 iercia	!) al builc	dings,	home	s,
City (5) Montclair							1	etc.) are Feet	# of Flc N/A		1.22.2	ldg. A	ge	
County (6) Essex					Code (7) ISE ONLY)		1622550.0	ent Use (Pric		olish				
Name of Monitoring Firm Hired	oy Building	Owner (8)		ASCM	l No.		e of Aba	atement Con tement, In		-				
Street Address						Stree	t Addre			_				
City, State, Zip Code						City, S	State, Z	Zip Code		-				
Project Manager for Monitoring	Firm			Telephor	ne No.	Telep	hone N		Li	se N	0.			
Start Date (10)				pletion [Date (11)	Name		HA Monitor	#C	575	Ý			
4/23/15		4/24/1						tement, In	C.	-				
Occupancy Status During Abate		22					t Addre	ess gren Aver						
Facility Closed/Vacated Du Abatement Performed Out Other – Describe: Occupie	side of Norn				8	City,	State, Z	Zip Code NJ 07512						
Scope of Work (Check All That	Apply)					100	, i	10 07 012		1				×
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(1993)		Renoval Demoliti				× Mi	III Containme ini-Enclosure ovebag Proc)	ive P	ressu	re		
						[on-Exempted		Friab	le Pro	cedur	е	
Location of			Locati	У	D	escriptio	n of					Abate Ty	ement pe	
Asbestos-Containing Materi <u>TO BE ABATED</u> In Facility (13)	al (ACM)	Ma	ed Solel aintenar todial S (12)	nce/	Asbestos Co (i.e. therm sur	ntaining	Materia ns insu AT, or	lation,	Amo (Sper SF or)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							=		ate	Ċ
basement			Х		pip	e insula	ation		100		X			
		_									-			
Name of Registered Waste Hau D&S Abatement, Inc.	ler		H	JDEP W auler ID	No. of W	ic Yards /aste		100000000000000000000000000000000000000	Registerec Manager	ndfill nt o	f PA			
City, State			#2	20996		osal Dat	e	City, Stat	e					
Totowa, NJ					TBD	/ 1		Tullytov	vn, PA	T =-				
Completed by Deanna Brkusanin		Title Proje	ect Ma	inager		Signatu	ne M/M	n, RM	ueri	Da 4/	nte 06/1	5		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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			(1.6	in outdrift t	0 NJAC I	5.00 and	12:120	<i>'</i>)							1	
Date of Notification (1) 4/06/15				Name of Sylvia I	Building Baker	Owner/C	Operator	(2)			Ŕ,	i _{i t}	~	,		
Agencies Notified Type Noti				Street Ad 152 Ea	ldress st 6th A	venue				č			15.4	ç î	\$7	
	al ended endment #				e, Zip Co e, NJ 07					4	- 2				-1.	
DOH Eme	ergency (in fication) cellation		F	Name of Sylvia I	Contact					Tel	eph	Num	ber			
	cellation				ITY INFO	RMATI	ON									
Name of Facility Where Abatement	is Taking F	Place (3)						Туре	of Facility (4)	16	18 - C. C. C. C.				
House Street Address 152 East 6th Avenue								×	School (K-1 Subchapter Other (i.e. p	8 (Oth		K-12 nercia		lings,	home	es,
City (5) Roselle									etc.) are Feet	# 0		5	82.5-	ldg. A /A	ge	
County (6) Union				County C	ode (7) SE ONLY			Curr	ent Use (Prid		10	nolish		IA .		_
Name of Monitoring Firm Hired by E	Building Ov	(Dor (8)		ASCM	05		Namo	N/A	atement Cor	tractor	(0)	-				
N/A				ASCIVI	NO.		D&S	Aba	tement, In		(9)					
Street Address							Street 11 R		ess gren Aver	nue						
City, State, Zip Code		999 (* 1997) 1997 - Serie M. (* 1997)					1.		Zip Code NJ 07512							
Project Manager for Monitoring Firm		-	Telephor	ne No.		Teleph	none N	lo.		Li	ise No).				
Start Date (10)	5	Schedule	d Con	npletion [Date (11)	+	973-3 Name		HA Monitor		#	575				
4/21/15	4	1/22/15					D&S	Aba	tement, In	c.						
Occupancy Status During Abateme							Street 11 R	Secondinations	ess gren Aver	nue						
 Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Occupied 	e of Normal	Field of A	baterr Hours	i			City, S	State, 2	Zip Code			-				
Scope of Work (Check All That App	alv)						loto	wa, r	NJ 07512							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		and the second se	enova emolit			8	×	Mi Gi	III Containmo ni-Enclosure ovebag Propon-Exempted	e cedure		tive P			e	
		ls	Locati	on							_			Abate	emen	t
Location of Asbestos-Containing Material (/ <u>TO BE ABATED</u> In Facility (13)	Location of t Asbestos-Containing Material (ACM) TO BE ABATED In Facility Cust					tos Cont thermal surfa	scription taining N I system cing, VA miscellar	Materia s insu AT, or		(\$	spe Spe or)	Removal	Repair	e Encapsulate	Enclosure
basement			Х			pipe	insula	ation		1	20		X			+
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Name of Registered Waste Hauler				IJDEP W			Yards		Name of	Registe	erec	Indfill				-
D&S Abatement, Inc.		lauler ID 20996	No.	of Wa TBD			Waste		ge	nt of	PA					
City, State Totowa, NJ							sal Date	\sim	City, Stat Tullytov		Ą					
Completed by		Title					Signature	- /	A	- Ch		Dat				

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

B & G proj. #: 2015-26	(Pursuant	to NJAC 8:60	NJ tos Abatement)-7 and 12:120-7) OOTAGES***	Che	# 7159				-
Date of Notification (1)	Name of Building Owne	r/Operator (2)	· · ·		-				
0 4 1/10 9 1/115	Atlantic Health Sy		Ê	N 122 14					
Agencies Notified Type Notification	Street Address					2			
	100 Madison Ave	enue	a *			5)			
	City, State, Zip Code			· · · · ·	1				
DOL X Amendmen		7960							
X DOH	Name of Contact		میں بی ایک ایک ایک ایک ایک ایک ایک ایک ایک ای	Telep	ne Number				
DCA Cancellatio	Peter Palmer								
							6		
		LITY INFORMAT	ION		145				
Name of facility where abatement is ta	aking place (3)			Type of Faci	(4) ol (K - 12)				
Morristown Medical Center, F	Franklin Building				hapter 8 (C	ther th	an K-	12)	
Street Address				X Ot	(Private/C	ommei		10101118	
100 Madison Avenue,				Bk	/Homes, e # of Floor		Blo	lg. Ag	10
	County (6)		County Code (7)	Square Fee	# 01 FI00	5		ig. As	10
City (5)			State use only)	Current Us	Prior if bein	g dem	olishe	d)	
Morristown	Morris			Hospital	-	-		4	
Name of Monitoring Firm Hired by Blo	lg. Owner (8)	ASCM No.	Name of Abatement (Contractor (9)					
T&M Associates		0145	B & G Restorati	on, Inc.					
Street Address			Street Address 105 Ryerson R	heo					
11 Tindall Road			= City, State, Zip Code	and the surgery of the					
City, State, Zip Code Middletown, NJ 07748			Lincoln Park, I						
Project Manager for Monitoring Firm	Phone Numbe	er	Telephone Number		License	Numb	er		
Kevin Burns	732-676-40		(973)696-6869	9	0)378			
Scheduled Start Date (10)	Sched. Completion Date (11)	 Name of OSHA Moni 						
03/06/2015	04/30/2015	30 	B & G Restorat	ion, Inc.				2	<u>.</u>
Occupancy Status During Abatement (Street Address 105 Ryerson R	nad					
Facility closed/vacated during er			City, State, Zip Code						
Abatement performed outside of	normal facility hours-								
Describe: <u>WOrk shift 5</u> :	00pm - 1:30am		LincolnPark, N.	J 07035					
Scope of Work (check all that apply)									·
Demolition R	enovation	D	Full Containment w/neg	gative pressure	🗶 Glove	bag pro	ocedu	re	
	60 sf or ≥260 lf		Mini-enclosure		Non-f	riable p	roce	lure	
Location of	s location normally used solely	/				Re	R e	Е	E
asbestos-containing	by maintenance/custodial		of asbestos-containing	Amou (Spec	SF or	m	p	n c	n
material to be abated in facility (13)	Yes No N/A	material (AC	JM)	LF)	0. 0.	o v	a i	a p	L
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Pathology Dept Franklin C		floor tile & m pipe insulati		110 lf	1 Alexandre	X	H	H	一
Pathology Dept Franklin C									
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Registered Waste Hauler		ubic Yards of Wa				0			
B & G Restoration, Inc.	19563 Disposal D	18 yds	City, State	Resource &	ecovery	Cent	ег		
City, State Lincoln Park, NJ		5/15 - 04/30/1		PA					
	Title	Signature			Date				
Gordana Luna	Secretary/Treasurer		Gordana Luna		04/0	9/201	5		

B & G proj. #:	2015-26		ļ	(Pursua	nt to NJAC	besto 8:60-	IJ os Abatement 7 and 12:120-7) 00TAGES***	Ch	:# 7143		
Date of Notification	(1)	11	Name of Bui	ilding Ow	ner/Operator (2	2)					
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🗶 DOH	_	1	ame of Cor	ntact				Teler	ne Number		00.967
DCA	Cancell	ation	Peter P	almer							
				FAC		ΛΑΤΙΟ	N .				
Name of facility wh	ere abatement	is taking p	ace (3)					Type of Faci	(4)		
Morristown Me	edical Cente	r, Franki	in Building	3					ol (K - 12) napter 8 (Other	than K-12)	
Street Address				20			(e.,	X Ot	(Private/Comm	12	
100 Madison	Avenue,							Bk Square Fee	./Homes, etc. # of Floors	Bldg. Age	•
City (5)		Cou	nty (6)				ounty Code (7)				
Morristown		Mo	orris			(St	tate use only)	Current Us Hospital	Prior if being de	nolished)	
Name of Monitoring	and the second state of the second states of the se	Bldg. Own	er (8)		ASCM No.	-	Name of Abatement				
T&M Associa	ites			1	0145		B & G Restorat	ion, Inc.			
Street Address 11 Tindall Ro	ad						Street Address 105 Ryerson F	Road			
City, State, Zip Code							City, State, Zip Code				
Middletown,							Lincoln Park,	NJ 07035			
Project Manager for	Monitoring Firm	ı	1.000	one Num			Telephone Number (973)696-686	0	License Num		
Kevin Burns				2-676-4			Name of OSHA Mon		00378		_
Scheduled Start Dat	te (10)		d. Completic	on Date (1	1)		B & G Restorat				
03/06/2015	Numine Alexandre		15/2015		-		Street Address				
Occupancy Status D	l/vacated during	00-030-04 04-03775		ment			105 Ryerson R				_
	rformed outside						City, State, Zip Code				
Conter-Describ	e: work shift	5:00pm	- 1:30am			=	LincolnPark, N	J 07035			_
Scope of Work (che	eck all that apply	y)									-
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Location of asbestos-cont	taining	by maint	n normally u enance/cust		1	on of	asbestos-containing	Amou	e		E
material to be	, i i i i i i i i i i i i i i i i i i i	staff(12)	100	1	- material			(Speci	SF or o	I P C	n C
abated in facil	nty (13)	Yes	No	N/A				LF)	v e	i p	L
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Lincoln Park, N		T741 -		03/06	6/15 - 04/16 Signature	/15	Tullytown,	PA	Deta	<i>t</i>	
Completed by (Print Gordana Luna	or type)	Title Secreta	ry/Treasu	rer			Gordana Luna		Date 03/26/20	15	

Date of Nonlination (1) Name of Sulding Comer/Operator (2) Advanced Auto Appendes Notified Type Notification Street Address Take Notified B DATE Type Notification Street Address Take Notified B DATE Street Address Take Notified Take Notified City, State, Zip Code Mane of Contact. Take Notified Avenue Take Notified Avenue Name of Facility Whee Abatement is Taking Place (3) Advanced Auto School (Kr.12) Subtochapter & (Char the Abatement Contracts - Control to Control to Control to Control to Control to Control to Control Control to			۴		CATION	ate of Nev OF ASBE to NJAC 8	ESTOS	ABATE		CR	er		141	37(74	Ļ	
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DOH justification Plane of Contact Joe Lockwood Latendary Latendary Type of Facility Where Abatement is Taking Place (3) Advanced Auto Type of Facility (4)	D DEP	Amended Amendment #								34				$\begin{pmatrix} t_1\\ t_2\\ t_1 \end{pmatrix}$			
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Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. Disposal Date No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 703 703 Occupancy Status During Abatement (Check Only One) Street Address Street Address City, State, Zip Code Pressure Scope of Work (Check All That Apply) Escope of Work (Check All That Apply) Pressure Pressure Pressure Abatement Performed Outside of Normal Facility Hours Demoition Full Containment with Negg Pressure Stafe of v 280 if Pressure Storead Procedure Non-Exempted (1) and Non Abatement (Check All That Apply) Location of Asbestos-Containing Material (ACM) Normally Description of Arnourr Asbestos-Containing Material (ACM) N/A Pressure Abatement Manager front canopy X X Transite soffit 1200 S In Facility One X Itransite soffit 1200 S X X Mane of Registered Waste Hauler NDEP Waste NDEP Waste Name of Registered Li Mill Ill Name of Registered Waste H	Street Address		0.024		1		40.0414				ate D	rive					
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* Do not use this form for asbestos lice ure exempted activities.

Print Form

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Print Form

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Date of Notification (1)				Name of	Building	Owner/C	Operator	(2)	Sec. 19		-				
4/10/2015	2				ellows	hip Chu	urch		Provide Street		121	÷.			
Agencies Notified Type	Notification			Street Ad	ddress orth Thi	rd Stra	ot		20			- 1			
	nitial mended		-		te, Zip Co		ei		-		-				
X DOL 4	mendmen				e, NJ 08				Contract (As						
	mergency ustification)			Name of						Telephor	lum	ber			
	Cancellation				Jones					-				11:00	
Name of Facility Where Abatem	ent is Taki	ng Place (3	3)	FACI	LITY INFO	ORMATI	ON	Typ	e of Facility	(4)	_				
501 North 3Rd Street Street Address				0					School (K- Subchapte		(-12) arcia		dinge	home	6 5
501 North 3rd Street								×	etc.)						55,
City (5) Millville								Squ 12	uare Feet	# of Floo			lidg. /	Age	
County (6)				County (Code (7)					ior if being de	lish				
Cumberland					JSE ONLY)			nurch	5	121.53.63				
Name of Monitoring Firm Hired Indoor Environmental Co	G ()	Owner (8)		ASCM	1 No.				batement Co Environme						
Street Address 286 Sunset Road		Street Address 150 Glenwood Drive								ve	_				
City, State, Zip Code		City, State, Zip Code									_				
Barrington NJ 08007				T						ing, PA 18	7				
Project Manager for Monitoring Michael Menz	-irm				28-6020		0.0000000000000000000000000000000000000	240	-6356	Lice 012	e No).			
Start Date (10) 4/27/15		Schedul 4/30/1		mpletion [Date (11)		Name Sam		SHA Monitor						
Occupancy Status During Abate	ment (Che						Street		ress		-				
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:	ring Entire	Period of	Abater				City, S	State,	Zip Code		_				
Scope of Work (Check All That .	Apple)														
	-ppiy)		Renova Demoli				×	Ň	/lini-Enclosur Glovebag Pro			essu	re cedur		
			Locat	tion					Non-Exemple		Idul		11222223	emeni	t
Location of			Norma	illy		De	scription	of					Ty	/pe	1
Asbestos-Containing Materi <u>TO BE ABATED</u> In Facility (13)	al (ACM)	Ma	ed Sole aintena todial (12)	ance/ Staff?		tos Con thermal surfa		Aater s ins T, or		Amour (Specil SF or L		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							_			e	1000
Basement			1	X		Floor	tile/ma	asti	0	1200 5	-	X			-
Name of Registered Waste Hau	ler		1	NJDEP W	aste	Cubic	Yards		Name of	Registered L	fill				<u> </u>
Service Transport Group				Hauler ID SW2117		of Wa TBD	ste			a ENterpri	3				
City, State New Castle, DE 19720							sal Date		City, Sta Wavne	te esburg, OH					
Completed by		Title					Signature	9	111		Dat	е			
Elizabeth Gosek	President									2_	4/	10/1	5		

ASB-41 (R-06-08)

* Do not use this form for asbestos lic sure exempted activities.

EDS15-101 NO (fostponed CK	unti' No	TIFIC	Sta Sta ATION suant t	te of New J OF ASBEST o NJAC 8:6	faci ersey FOS ABAT 0 and 12:1	` <i> ,`1</i> y ement 20)	check # Page 1	be oci 1416 of 1	pi	'eo		Pri	nt Fo	
Date of Notification (1) 3-31-2015			NB	ame of loard o	Building Ow of Educati	ner/Operati on Town:	or (2) ship of	Edison							
Agencies Notified	Type Notification		1000	Street Address 312 Pierson Avenue							1112	- ų į	24		
EPA DEP X DOL	Initial Amended Amendment	and the second se		City, State, Zip Code Edison, NJ 08837											
DOH DCA	Emergency (justification)		1.	Name of Contact Telepho Ken Stromsland							Number				
				FACIL	ITY INFOR	MATION									
Name of Facility Where John P. Stevens H		g Place (3)					-	of Facility (4 School (K-1)	9. 20						
Street Address 855 Grove Avenue								Subchapter Other (i.e. p etc.)	8 (Other th	K-12) ercia) I build	lings,	home	S,	
City (5) Edison							Squa	are Feet	# of Flor 2		1.12	ldg. A 0+	ge		
County (6) Middlesex					Code (7) ISE ONLY)		Curre	ent Use (Pric	r if being d	olishe	ed)				
Name of Monitoring Firm Detail Associates	n Hired by Building	Owner (8)		ASCM 00012		10000	100000	atement Con	tractor (9)						
Street Address 300 Grand Avenue						Stre	et Addre		oike						
City, State, Zip Code Englewood, NJ 076						City	State, Z	Zip Code							
	Project Manager for Monitoring Firm Telephone No. Telephone No. L						Lic	se No. 4							
Start Date (10) ¹ 4-6-2015		Scheduled 4-11-201	Comp			Nam		HA Monitor							
Occupancy Status Durir	o Abatement (Cher						et Addre			-					
	cated During Entire			ont				ourg Turnp	oike						
	ned Outside of Norn					1.		Zip Code dale, NJ 0	7403						
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novatio molitio				× Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure		ressu e Pro		e		
Locatio	n of		ocatio rmally			Descripti	on of						ement pe		
Asbestos-Containing <u>TO BE AE</u> In Fac (13)	g Material (ACM) <u>3ATED</u> ility	Custoo	tenand	ce/	(i.e. the	Containing ermal syste surfacing, \	Description of ontaining Material (ACM) Amou hal systems insulation, (Spec rfacing, VAT, or SF or I er miscellaneous)				Removal	Repair	Encapsulate	Enclosure	
Gym two-sto	any alagat	Yes X	No	N/A		Pipe Insu	lation		27 L		x		e		
Gym two-sto	bry closet					ripe ilisu	liation		21 L						
Name of Registered Wa GL Group, Inc	aste Hauler		Ha	DEP W uler ID 33034	No. c	Cubic Yards of Waste BD	5	Name of I Grows	Registered	Idfill	I	L			
City, State Bloomingdale, NJ					10 A A A A A A A A A A A A A A A A A A A	Disposal Da BD	ite	City, State Morrisvi							
Completed by Elena Solakov		Title Preside	ent			Signati	ure E	lerm Sde	lla	Dat 3-3	te 31-20	015			

* Do not use this form for asbestos li sure exempted activities.

Print Form

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EDS	21	2-	1	υ	J,

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

check # 1416 Page 1 of 1

									1000							
Date of Notification (1) 3-31-2015					f Building O of Educa				of Edison	<i>115</i> .		20			-4	
Agencies Notified	Type Notification			Street A	ddress ierson Av	0000						1 44			14	3
EPA DEP X DOL	Initial Amended Amendment	#	-	City, Sta	ate, Zip Cod n, NJ 088	le				÷	-				11	
DOH DCA	Emergency justification)	(including	-	Name o	f Contact					Teleph	o N	lumi	ber			
				a	LITY INFO	560 	ION							e) - 2 .		
Name of Facility Where A John P. Stevens Hig		g Place (3	3)					Typ X	oe of Facility (4 School (K-12	10						
Street Address 855 Grove Avenue									Subchapter Other (i.e. pr etc.)			-12) rcial		dings,	hom	es,
City (5) Edison									uare Feet ,000+	# of Flo	DC -			8ldg. A .0+	lge	
County (6) Middlesex					Code (7) USE ONLY)				rrent Use (Prio hool	or if being o	de ol	ishe	ed)			
Name of Monitoring Firm Detail Associates	Hired by Building	Owner (8)		ASCN 0001					batement Cont p, Inc	tractor (9)	-		10.00			
Street Address 300 Grand Avenue			17				Street / 140 F		ress nburg Turnp	oike						
City, State, Zip Code Englewood, NJ 076	31								Zip Code gdale, NJ 0	7403	-					
Project Manager for Mon Anthony Valentine	itoring Firm			Telepho 201.56	ine No. 69.6708		Teleph 201-7			Lio O 1		No				
Start Date (10) 4-6-2015		Schedule 4-11-2		mpletion	Date (11)		203		SHA Monitor p, Inc							
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street /	Addi	ress							
Facility Closed/Vaca Abatement Performe									nburg Turnp Zip Code	oike	_					
Other – Describe: _						_	Bloor	min	gdale, NJ 0	7403						
Scope of Work (Check Al	ll That Apply)											220				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		porter many	Renova Demoli				×	N C	ull Containme /ini-Enclosure Slovebag Proc	edure	5		essu			
	*								Ion-Exempted	(*) and No	<u>ir 10</u>	able		cedur Abate		t
Location	of	1	Locat Norma	lly		De	scription	of							ре	
Asbestos-Containing <u>TO BE AB</u> / In Facili (13)	Material (ACM) <u>ATED</u>	Ma Cusi	(12)	staff?	(i.e. th	s Cont hermal surfa		ater insi T, or		Amou (Spec SF or	tit		Removal	Repair	Encapsulate	LICOSUIE
Cum hus sta		Yes	No	N/A		Diese	Incolat			071		_				
Gym two-stor	ry closet	X				Pipe	Insulat	lion		27 L	.r 		X			
	te Heules				leaster 1	0.11	Masar					CI1				
Name of Registered Was GL Group, Inc	le Hauler		ŀ	NJDEP W Hauler ID 033034	No.	Cubic of Was TBD	Yards ste		Name of R Grows	kegistered	L JI	fill				
City, State Bloomingdale, NJ					19.25	Dispos TBD	sal Date		City, State Morrisvil							
Completed by Elena Solakov	2.3	Title Presi	dent			S	lignature	(Elerm Sta	lla		Date 3-3	- 1-20)15		

* Do not use this form for asbestos lic sure exempted activities.

Enclosure

											Prir	nt Fo			
EDS15-109	NOT	IFICATION	ate of New Jer OF ASBESTO to NJAC 8:60	S ABATE			Page Check #	0 44	f 1 2						
Date of Notification (1) 4-3-2015			Building Owne		(2)	2	17.pp			-					
Agencies Notified Type Notification			Street Address 920 Park Ave								an 121 42				
EPA Initial DEP Amended X DOL			City, State, Zip Code & Control Contro								-01				
× DOH justification DCA Cancellation)		Name of Contact Telephone Eugene Campbell								umher				
		FACI	LITY INFORM	ATION											
Name of Facility Where Abatement is Taki Cedarbrook Elementary School	ng Place (3)				×	of Facility (4) School (K-12 Subchapter 8)	12)							
Street Address 1049 Central Ave						Other (i.e. pr etc.)	vate & com		l build			s,			
City (5) Plainfield					40,0		# of Floor 1	Bldg. Age 50+							
County (6) Union			Code (7) USE ONLY)		Sch			ished)							
Name of Monitoring Firm Hired by Building TTI Environmental Inc	Owner (8)	ASCN 0000			of Aba Group	atement Cont , Inc	ractor (9)								
Street Address 1253 North Church St					Addre Hamb	ss ourg Turnp	ike					_			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403													
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. Telephone No. Lice 856-840-8800 (201)710-9725 010						No).						
Start Date (10) 4-6-2015	Scheduled 4-8-2015	Completion	Date (11)		of OSI Group	HA Monitor 9, Inc		_							
Occupancy Status During Abatement (Che	eck Only One)			C. CA 10000 (2000)	t Addre										
Abatement Performed Outside of Nor Other – Describe:	Period of Aba mal Facility H	atement ours		City, S	State, Z	ourg Turnp		-							
				BIOC	ming	dale, NJ 0	/403								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	1000 C	novation molition			Mi	III Containme ni-Enclosure ovebag Proc		e Pi	ressur	re					
				Ľ		on-Exempted		abl	le Pro						
Location of	No	ocation rmally		Descriptio	n of					Abate Ty	ement pe				
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Maint Custor	Solely by enance/ dial Staff? (12)	(i.e. ther s	Containing rmal system urfacing, V/ ner miscella	ns insul AT, or	lation,	Amoun (Specifi SF or LI		Removal	Repair	Encapsulate	Enclosure			
		No N/A									te				
Hallway outside of Custodial Offic	e	X	P	ipe Insul	ation		8 LF		X						
								_							
								1011							
Name of Registered Waste Hauler GL Group, Inc		NJDEP V Hauler ID 003303	No. of	ubic Yards Waste BD		Name of F Grows	Registered L	fill							
City, State Bloomingdale, NJ				isposal Date BD	е	City, State Morrisvi		_							
Completed by Michael B Solakov	Title P.M.			Signatu	re	19th Shaller	/	Date 4-3-2015							

* Do not use this form for asbestos lic ure exempted activities.

NOCK	OTIFICATIO		BESTOS AE					
	(Pursuan	t to <u>N.J.A.</u>	<u>C.</u> 8:60 and	12:120)				
Date of Notification (1) 3/25/15			Owner / Operato			N		
Agencies Notified Type Notification	Stre	et Address		<u> </u>			t, ty	
EPA		Bloomfield A , State & Zip C				i.	ha and	· * ;
DOL Amended R		wark New Je			See.			
DOH Emergency		ne of Contact				Te	lephone N	Number
			ODMATION					
Name of Facility Where Abatement is Ta		ACILITY INF	Type of Facil	lity (4)				
Humboldt Central Office			School (and a second sec				
Street Address 67 Bloomfield Avenue				oter 8 (Other the e. private & cor		uldings	, homes, e	oto)
of Bioonmeid Avenue			Square Feet				lg. Age	elc.)
City (5) Count	(6) Count	y Code (7)	46596		4		75	
Newark Essex	c l			(Prior if being c	lemolish)		
Name of Monitoring Firm Hired by Build		ASCM No.	COMMUNI		ate = (0)	-		
USA ENVIRONMENTAL MANAGEI		ASCM NO.		tement Contra NVIRONMEN				
Street Address			Street Addre	New York Concerns of the				
8436 ENTERPRISE AVE City, State & Zip Code			City, State &	Zin Code				
PHILADELPHIA PA 19153			BRISTOL, I					
Project Manager for Monitoring Firm MARK JENKINS	Telephor 215-365	ne Number	Telephone N 215-788-60		Li	ise Nur		
and a second	led Completion E		Name of OS			-	00509	
ON HOLD			BRISTOL E	NVIRONMEN	ITAL IN			
Occupancy Status During Abatement (C Facility Closed/Vacated During R	heck only one)	hatement	Street Addres					
Abatement Performed Outside of			City, State &	on the start have been shapped to be them.				
Describe: 5:00 PM -1:00 AM	1		BRISTOL, I					
Facility Occupied During Abaten Scope of Work (Check all that apply)	nent							
Scope of Work (Check all that apply)				Full Cor	ntainmer	rith Neg	ative Pres	ssure
≥3 sf or ≥3 lf		enovation		Mini-En			9	
≥160 sf ≥260 lf		emolition			ag Proci	ires		
Location of	Is Loc	ation	Description		empted a	nt	riable Pro	ent Type
Asbestos-Containing	Normall	y Used	Asbestos-Con	itaining	(Sr	ify	7.bdtcm	
Material (ACM) TO BE ABATED	Solel		Material (A (i.e., thermal s		SF	_F)		Enc En
in Facility	Custodia	I Staff? i	nsulation, surfac	cing, VAT			Remova	Enclsoure
(13)	Yes No		or other miscell	aneous)	31 R			Jre
1 st Floor Generator Room			xhaust duct in	nsulation	55	F		
						-		
Name of Registered Waste Hauler		J L NJDEP Waste	Cubic Yards	Name of Regi	stered L	dfill		
	F	lauler ID No.	of Waste			17967753		
SERVICE TRANSPORT GROUP, IN City, State	IC. 2	20990	3 Dianasal Data	MINERVA L	ANDFIL			
NEW CASTLE, DE 19720			Disposal Date	City, State	JRG, OI	4688		
Completed By (Print or Type) PATRICK T. DeCaro	123	itle PROJ. MGR.	Signature Patrick	1			Date 3/25/15	
DD 15000					6			

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

Date of Notification (1)		Name	of Building	Owner / Opera	tor (2)						
3/25/15 Agencies Notified Type Notific	ation		ZON COM Address	MUNICATION	IS	<u>e 16</u>	11	2 6			
\boxtimes EPA/944	alloll		oomfield /	Avenue							
DEP DEP Initia	1		State & Zip (
	nded		rk New Je			117	1 2				
	rgency	Name	of Contact					Telephone Number			
DCA Can	cellation	ALEX	BAYLOR								
		FAC	CILITY INF	ORMATION			-				
Name of Facility Where Abatem	ent is Taking Place	e (3)		Type of Fac							
Humboldt Central Office Street Address				School							
67 Bloomfield Avenue					apter 8 (Other ti						
or Bioonnield Avenue					i.e. private & co			ngs, homes, etc.)			
City (5)	County (6)	County C	odo (7)	Square Fee		oors		Bldg. Age			
Newark	Essex	oounty o	oue (1)	4659 Current Line	e (Prior if being	4	1	75			
	LOOCA			COMMUN		demolis	(t				
Name of Monitoring Firm Hired b	y Building Owner	(8)	ASCM No.	the second se	atement Contra	actor (9)					
USA ENVIRONMENTAL MA	NAGEMENT	a 6			ENVIRONME		:				
Street Address				Street Addre	ess						
8436 ENTERPRISE AVE					/ER STREET						
City, State & Zip Code PHILADELPHIA PA 19153				City, State 8							
Project Manager for Monitoring F	irm Te	elephone l	Number	BRISTOL,							
MARK JENKINS		5-365-5		Telephone N 215-788-60		L	inse Number 00509				
Scheduled Start Date (10)	Scheduled Comple			Name of OS		-		00509			
4/13/15		15/15	* *		ENVIRONME	NTAL II					
Occupancy Status During Abater	nent (Check only	one)		Street Addre			-				
Facility Closed/Vacated I					/ER STREET						
Abatement Performed O		Hours – 7	am to 3pm	City, State &							
Describe: 5:00 PM -1 Facility Occupied During				BRISTOL,	PA 19007						
Scope of Work (Check all that ap							-				
					Full Co	ntainme	with N	Negative Pressure			
≥3 sf or ≥3 If		Rend	ovation			nclosure	, marrie	toganite i lessare			
⊇160 sf ≥260 lf] Dem	olition		Glove B	Bag Proc	ures				
						empted	d Nor	n-Friable Procedure			
Location of		Is Locatio		Descriptio		IA		Abatement Type			
Asbestos-Containing Material (ACM)		ormally U: Solely by		Asbestos-Cor Material (A		(S SF	cify LF)				
TO BE ABATED	Ma	aintenanc		(i.e., thermal s		SF	LF)				
in Facility	Cu	stodial St		nsulation, surfa	cing, VAT			Enclsoure Incapsulat Repair Removal			
(13)	Ye	(12) s No	N/A	or other miscel	laneous)			Enclsoure Encapsulate Repair Removal			
1 st Floor Generator Room				when we do not t							
1 Ploor Generator Room		╡┼╞┽┼		khaust duct i	nsulation	5	F				
			<u> </u>				_				
	<u>_</u>		<u> </u>								
	<u> </u>										
Nome of Decistored Maste Haut				0.11.12	N1						
Name of Registered Waste Haule	/ r		승규는 한 것은 것은 것을 가지 않는 것이 없는 것이 없다. 이 것은 것이 없는 것이 않는 것이 없는 것이 같이 않는 것이 않는 것이 않는 것이 않이	Cubic Yards of Waste	Name of Reg	istered L	dfill				
SERVICE TRANSPORT GRO	UP, INC.	209		3	MINERVA L						
City, State			(Sec. 1)	Disposal Date	City, State						
NEW CASTLE, DE 19720				- specar bate	WAYNESBU	JRG. O	4468	8			
Completed By (Print or Type)		Title		Signature				Date			
PATRICK T. DeCaro		PRC	J. MGR.		1 h M	0	•	3/25/15			
				1 alrie	k.p.p.	dio	R				
				62	22	20 B 20	1	1			

5 <u>*</u>		NOTIFICAT	ION OF AS	NEW JERSEY SBESTOS ABAT		α	i in	2400
		(PURSUAI	and the second se	C 8:60-7 AND 12	the second s	CA	Cfil that	x 400
Date of Notification (1)	_		HOFFMA	Building Owner N LAROCHE, INC	**** 2	÷		
Aganaias Natified Tures	f Notification		Street Ac		-	ż	81.99 in	
· 🗌 EPA 🗌	of Notification Initial		City, Stat	SLAND AVENUE	3.26			
DEP 🗹	Amended			NJ 07110	1		~ 4	
DOH DOL	Amendment		Name of			Telepho	Number	the second
	Cancellation	w/ justification	TOM AIE	LLU		1		
1		F	ACILITY IN	FORMATION				
Name of Facility Where Aba	tement is Taking	Place (3)		Type of Facility	y (4)			
HOFFMAN LAROCHE				Sch	ool (K-12)			
Street Address				Sub	chapter 8 (Othe	r than K-1:		
340 KINGSLAND AVENUE					er (I.e., private & js., homes, etc.)			
City (5) Count	y (6)	County Code	(7)	Square Feet	# Of Floo	Contraction of the local division of the loc	uilding Age	3
CLIFTON PASS	AIC	1000		250,000 3 Current Use (Prior if being demolished)				50+
				RESEARCH/W/		nolished)		
Name of Monitoring Firm H	red by Bldg. Ow	ner (8)	ASCM NO	Name of Abate		r (9)		
	-					.,		
EMILCOTT ASSOCIATES, IN Street Address	IC. / EHI		N/A	and show the second sec	CONTRACTING	GROUP, IN	-	
190 PARK AVE / 655 WEST	SHORE TRAIL			Street Address				
City, State, Zip Code				32 WILLIAMS P	PARKWAY			
MORRISTOWN, NJ 07960 / S				City, State, Zip	Code		-	
Project Mngr. For Monitorin		Telephone Nu						
DAVID TOMSEY / BILL KIRE	the second se	973-538-1110/ pletetion Date (1	and the second	EAST HANOVE		License	mber	
12 / 22 /14			15		iibei	License	mber	
/ /		/ /		973-772-366			00860	
Occupancy Status During A				Name of OSHA				i
Facility Closed/V Abatement	acated During Er	itire Period of		Street Address	CONTRACTING	SROUP, IN	-	
Abatement Perfo	rmed Outside of	Normal Facility		Street Address				
Hours - Describe				32 WILLIAMS P				
Other - Describe:				City, State, Zip		1001 - 23		
Scope of Work (Check All T	7:00AM-3:301 hat Apply)	РМ		EAST HANOVE	:R, NJ 07936			
		-	_					
 Demolition >3sf or >3lf 	\checkmark	Renovation		Full Containme Mini - Enclosur	ent with Negativ	e Pressure		
≥351 01 ≥311 ≥160 sf or ≥260 li				Glovebag Proc				
					(*) and Non-Fria	able Proce	re	
Location of	ls	1	Descript	ion of		Abotomo	Tune	- F.
Asbestos Containing	Location	As		Containing		Abateme R	Type	E
Material (ACM)	Normally		Material		Amount	1 Acces 12	N	N
TO BE ABATED	Used		.e., therma		(Specify		С	C
in Facility	Solely			facing, VAT,	SF or LF		A	L
(13)	by Main- tenance/	or	other misc	ellaneous)		A	P	O S
	Custodial			21		L	U	U
	Staff (12)					_	L	R
	YES NO N/A							
EXTERIOR FORMER B-30		ACM SOIL			2 400 0 1			
EXTERIOR FORMER B-30		EXPANSION J	OINT		2,400 C.Y 2,400 LF			H - H
BLDG 115, 1ST FLOOR		VAT/MASTIC	2		20 SF			
Name of Registered Waste I	lauler	NJDEP Waste		Name of Regist	tered Landfill			
NORTHSTAR CONTRACTIN	G GROUP, INC.	Hauler ID No.		WASTE MANAG				
City, State	2	NJ-750	of Waste Disposal	City State				
EAST HANOVER, NJ			Disposal	City. State TULLYTOWN, P	PA			
Ormalated by (D. 1		[mail]						
Completed by (Print or Type STEVEN STILES	;)	Title PROJECT MAI	NAGER	Sign	ature	0	Date	3
					stera	us		04/10/15
4SB-41		CHILDREN TO A CONTRACTOR			discount of the second s	and the second	Party of the local division of the local div	
Location of					-			
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Asbestos Containing	ls	Description of	1 1	Abateme	Type			
Material (ACM)	Location	Asbestos - Containing		R		E	E	
	Normally	Material (ACM)	Amount	E	2	N	N	
TO BE ABATED	Used	(I.e., thermal systems	(Specify	M	1	C	C	
in Facility	Solely	insulation, surfacing, VAT,	SF or LF)	0	6 m	A	L	
(13)	by Main-	or other miscellaneous)		V		P	0	
	tenance/			A		s	s	
	Custodial			L	1	Ŭ	Ŭ	
	Staff (12)					l	R	
	YES NO N/A						-	
BLDG 115, 1ST & 2ND FLS		VAT/MASTIC	40 SF	[7]				
EXTERIOR FORMER B-30		TRANSITE/TAR PIPE	100 LF	7				
BLDG. 115, 1ST FL		FLOOR MASTIC	18,500 SF					
BLDG. 115, 2ND FL		FLOOR MASTIC	13,000 SF	1				
BLDG. 115, 3RD FL		FLOOR MASTIC	50 SF					
BLDG. 115, STAIRWELL C		FLOOR MASTIC	1.500 SF					
BLDG. 115, STAIRWELL D		FLOOR MASTIC	1,300 SF					
BLDG. 115		MIRROR MASTIC	525 SF					
BLDG. 115 ROOF		FLASHING	900 SF					
BLDG. 115 ROOF		TAR	200 SF					
BLDG. 115		FIRE DOORS	145 EA.	test mad				
			145 EA.					
BLDG. 115 A		PIPE & FITTING	0 705 1 5					
BLDG, 115 A		VAT/MASTIC	3,735 LF	0				
BLDG. 115 A		CAULK	5,150 SF					
BLDG. 115 A		FIRE DOORS	875 LF	•				
		TIKE BOOKS	40 EA.	<u>[]</u>				
EXTERIOR FORMER B 59		SLAB CAULK		<u>·</u>				
		SLAB CAULK	1,000 LF	-				
	states with party of the local division of t							
								
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				NEW JERSEY	\sim	(
				SBESTOS ABATEME C 8:60-7 AND 12:120		14 240
Date of Notification (1)		(i onoon	and the second se	Building Owner / Ope	the state of the s	
04_ /13_ / 15			First Ener			
/ /			Street Ac			
Agencies Notified Type of	Notification		76 South	Street	Ex al.	
EPA 🖸	Initial		City, Stat	te, Zip Code	la a ligit j	T 1. The second
	Amended		Akron, Ol	nio 44308		2 - H - H 3 - H
DOH	Amendment #	the second se	Name of		Telephon	lumber
	Emergency w	/ justification	Jim Hals	еу	0.50	-
	Cancellation					105
		F	ACILITY IN	NFORMATION		
ame of Facility Where Abate	ment is Taking I			Type of Facility (4)		
there would have a sub-	inent is raking i	lace (J)		Type of Facility (4)		
				School (H	(-12)	
Street Address					ter 8 (Other than 112	
LADY BESS DRIVE				Other (I.e	., private & commerci	
				bldgs., h	omes, etc.)	
City (5) County (6)	County Code	(7)	Square Feet	# Of Floors	ilding Age
DEAL OCEAN						
					f being demolishe 1)	
lamo of Manitonian E'		(0)	1.0.0	Telephone Pole		
Name of Monitoring Firm Hire	a by Bldg. Owne	er (8)	ASCM NO	1		
Environmental Health Investigat	ions		1	NORTHETAD CONT		
Street Address	10113		1	Street Address	RACTING GROUP IN	
55 West Shore Trail				Sueer Address		
City, State, Zip Code				32 Williams Parkway		
Sparta, NJ 07871				City, State, Zip Code		
Project Mngr. For Monitoring	Firm	Telephone Nu	mber			
Dino Nappi		212-682-9271		East Hanover, NJ 070	036	
Sheduled Start Date (10)	Sched. Compl	etetion Date (1	11)	Telephone Number	Licen ;e N	iber
04 /28 /15	/		15			
// /	/	/		973-884-8682		00860
Occupancy Status During Aba	tement (Check (Only 1)		Name of OSHA Mon		
Facility Closed/Vac	ated During Enti	ire Period of		NAME OF TAXABLE PARTY. AND DESCRIPTION OF TAXABLE PARTY.	RACTING GROUP INC	
Abatement				Street Address		
Abatement Perform Hours - Describe: _	ed Outside of No	ormal Facility				
Other - Describe:		0 pm		32 Williams Parkway		
Other - Describe	_10E5-FRI			City, State, Zip Code East Hanover, NJ 070		
Scope of Work (Check All Tha	(Apply)			East Hanover, NJ 070	136	
	(Apply)					
Demolition		Renovation		Full Containment wi	th Negative Press re	
	- Leased			Mini - Enclosure	annogaano mood no	
				Glovebag Procedure)	
			5	Non-Exempted (*) an	nd Non-Friable Preced	3
				· ·		
Location of	ls		Descript		Abate nen	<u>ype</u>
Asbestos Containing	Location	As	sbestos - C	-	R	EE
TO BE ABATED	Normally		Material	Sector Sect	Amount E	N N
in Facility	Used Solely		e., thermal	l systems facing, VAT,	(Specify M	C C
(13)	by Main-			racing, VAT, ellaneous)	SF or LF) O V	A L P O
(10)	tenance/	ord	outer misc	chaneous)		P O S S
	Custodial					S S U U
	Staff (12)					L R
	YES NO N/A					
xterior Telephone Pole	and some of the owner own	Transite Condu	iit		30 LF 🔽	
					├───┼──┼	
ame of Registered Waste Hau	ller	NJDEP Waste	Cubic	Name of Registered	Landfill	
EWARK CARTING		Hauler ID No.	Yards	I.E.S.I.		
		4509	of Waste			
ity, State			Disposal	City. State		
EWARK, NJ			Date	BETHLEHEM, PA 181	05	
				$\square \bigcirc$	<u></u>	
completed by (Print or Type)		Title		Signature	\sim	Date
teven Stiles		Declard		$\backslash \not \sim$	-+()	
and the second		Project Manage	er	Sta	T Jun -	04/13/15
SB-41						

* *		NOTIF (F	CATION	ate of New Je I OF ASBEST to NJAC 8:60	OS ABATEN	NENT)			CHE	ECK	# (372
Date of Notification (1)	-		Name o	f Building Ow	ner/Operator	(2) (2)	110					-
Agencies Notified Type Notifical	tion		Street A	ddress	ST LC	(2) QUITIES ,) _J			16	
□ EPA	d	and the second second		ate, Zip Code	017231	00 7402,				- 0		
⊠ DOL Amendn □ Emergen]	J	Erszy c	.17Y		ŝ. ;					
⊠ DOH justificat □ DCA □ Cancella	ion)			f Contact レミーイ・			Teleph	Nun	nber		ų.	С
Name of Facility Where Abatement is Ta	king Place (3)	FAC	LITY INFORM	ATION	The street		-		ALCON	- 2000	
	anding i labe (i	5)				Type of Facility						
Street Address 550 JOITNSTON	J AUE	≘,	·			U Subchapte U Subchapte U Other (i.e. etc.)	r 8 (Other th	K-12) iercia		dings,	hom	es,
JERSEY CITY						Square Feet	# cf Flo	3	1	Bidg. /	-	
County (6) 日日のここの				Code (7) USE ONLY)		Current Use (P WARE Ho		olishe				
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	1	ASC	M No.	Name	of Abatement Co	1		10			
Street Address	~				A. M	AC Contracting Ir	ic					
						Address /reeland Ave.						
City, State, Zip Code						State, Zip Code and Park, NJ 0743	32					
Project Manager for Monitoring Firm	-		Telep	hone No.		none No. -262-5841	Lic	se No 56				
Start Date (10) _ 4/3-0/15	Schedu	Scheduled Contpletion Date (11) 5/5/15 Name of OSHA Monitor Omega Environmental Services I									1	
Cccupancy Status During Abatement (C Facility Closed/Vacated During Enti Abatement Performed Outside of N Other - Describe:	ire Period of	Abatem	ient		280 H City, S	Address luyer Street tate, Zip Code ensack, NJ 0760	6					
cope of Work (Check All That Apply)					1			-				
] ≥3 sf or ≥3 if a) ≥160 sf or ≥260 if		Renovai Demoliti				Glovebag Pro	e cedure	re Pre				
	-	Is Locat	ion		E	Non-Exempted	(*) and Nor	iable	Proc	-	emen	t
Location of Asbestos-Containing Material (ACM)		Norma sed Sole laintena	ely by	Asbestos	Description Containing I	of Material (ACM)	/ moi			Ty	/pe	
TO BE ABATED In Facility (13)	I 10	stodial (12)	Staff?	5	rmal systems surfacing, VA her miscellar	T, or	(Spec	<u>i</u>)	Removal	Rapair	Encapsulats	Enclosure
BOILER ROOM	Yes	No	N/Ax	BOILE	e INSU	LATICA	31	SE	E X	-	abe	61
WINDOWS			X	САи	LKING-		2000	Annalise statistics	X			
1 ST FLain			×	TRA	WSITE		750	; F	×			
JND FLOOR			×	TIL			. 500	F	X			
Roce			×	-	FINC		12,95	sr	×			
lame of Registered Waste Hauler lewark Carting, Inc		ubic Yards Waste 6 O		Registe ed I PA Bethlehe	dfill Landf	ill Cor	D.					
ity, State, Zip Code lewark, NJ 07105				Di	sposal Date	1	te, Zip Code Ilehem, I'A 1	15				
completed by t. McDonald	Title Presi	dent	Signature The I						4/1	10/1	15	
	[1			L	.1			

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D&S Proj. #: 2015-115	< 00	5943	Notific	cation of Asl	of NJ pestos Abatement 2 8:60 and 12:120)	2				
Date of Notification (1)	Na	me of Buil	lding Own	er/Operator (2		511 <u>2,15</u>	1. et		F.,	
04/08/15	p	aul dlugo	DS			18 1			-	
Agencies Notified Type Notifica		eet Addres	the second statement of the se				2		-	
		64 west m		avenue						
DOL Amendment	··	y, State, Z	a a second							
DOH Emergence		maywood ne of Con		607		Telep	ie Numb	er		
justification	n)						10 110110	0.		
	on _]	paul dlug					-		_	
			FAC	ILITY INFORM	IATION					
Name of facility where abatemen	t is taking plac	e (3)				Type of Facil	(4) ol (K - 12	2)		
paul dlugos						Su	apter 8 (0.530	an K-1:	2)
Street Address						Ott Bld	(Private/		cial	
64 west magnolia avenue						Square Fee	/Homes, # of Flo	Service and the service of the servi	Bldg	. Age
City (5)	County	/ (6)			County Code (7)	<u>-</u>				
	DED	OTN			(State use only)	Current Use	rior if bei	ing demo	olished))
maywood Name of Monitoring Firm Hired by	BERO	101 A 101 A 104 A		ASCM No.	Name of Abateme	ent Contractor (9)				
	,,	(-)		Accounte.		DRATION, INC.				
Street Address					Street Address		-			
					20 California					
City, State, Zip Code					City, State, Zip Co					
Project Manager for Monitoring Fir		Dhu	one Numb		Paterson, NJ Telephone Number		Thissas	e Numbe		
riojest manager for morntoring rit	114				973-345-80			01169	31	
Start Date (10)	Sched.	Completion	n Date (1	1)	Name of OSHA N	lonitor				
04/20/15					D & S Restor	ation, Inc.	Annual Supervision of the			
Occupancy Status During Abatem	05/05/2 ent (Check onl				Street Address	Avenue				
Facility closed/vacated durin Abatement performed outsic Describe	ng entire period de of normal fac	of abaten			20 California City, State, Zip Co					
Other-Describe: NORMAL					Paterson, NJ	07503	-			
Scope of Work (check all that app $\boxed{\ >3}$ sf or >3 lf $\boxed{\ >160}$ sf or ≥260 lf		ii		10		Full Containme Mini-enclosure Glovebag proce Non-Exempted	v/negativ re and Nor			ure
Location of	Is location r			/	6		-	Re	RE	EF
asbestos-containing material (acm) to be	by mainten staff(12)	ance/cust		Descripti material	on of asbestos-containing	Arnour (Speci	3F or	m	p c	n
abated in facility (13)	Yes	No	N/A	material		LF)	98801 (77711)	o v	a a	
GARAGE	+	X		PIPE INSU	LATION	341 ft		e	<u>É lr</u>	
				1			-		司行	허苊
]]						
Degistered Wasts Haulan					Maska IN:					
Registered Waste Hauler D & S RESTORATION, INC	C. NJDEF 1350	P Hauler ID 6		ubic Yards of lyd.		red Landfill N, RESOURCE	ECOVE	RY		
City, State		ľ	Disposal D	Date	City, State					
PATERSON, NJ 07503	1		04/21/1			'N, PA				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT		Signature			Date 04/0	8/15		
ASB-41			or asbest	I os licensure ex	empted activities.		1_0-00			

MK005940 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2015-119 Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 0 8 / 1 5 barry tanis Type Notification Agencies Notified Street Address X Initial EPA 7 cedars road Amended DEP City, State, Zip Code Amendment #: DOL \boxtimes Emergency caldwell, nj 07006 (including 🗙 DOH Name of Contact e Number Telep justification) D DCA barry tanis Cancellation FACILITY INFORMATION Type of Facil Name of facility where abatement is taking place (3) (4) Sc ol (K - 12) barry tanis Su apter 8 (Other than K-12) Street Address X Oth (Private/Commercial Rid /Homes, etc. 7 cedars road Square Fee # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use rior if being demolished) caldwell essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 05/15/15 04/23/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containme v/negative pressure X >3 sf or >3 If Mini-enclosure Renovation X Glovebag proc Ire ≥160 sf or ≥260 lf Demolition Non-Exempted and Non-friable procedure Is location normally used solely Ε Location of E e by maintenance/custodial e n asbestos-containing Amou Description of asbestos-containing n m staff(12) p C (Spec SE or material (acm) to be material (ACM) С 0 а а LF) abated in facility (13) Yes No N/A V D e 341 ft PIPE INSULATION BASEMENT/CRAWL SPACE X BARE HEATING PIPES X 701ft BASEMENT/CRAWL SPACE BASEMENT X furnace metal wrap 12 sq ft Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE ECOVERY 2 yds. Disposal Date City, State City, State 04/24/15 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC 04/08/ 2015 PRESIDENT Do not use this form for asbestos licensure exempted activities. ASB-41

B & G proj. #:	2015-64			(P				estos	Abatement and 12:120-7)		Che	# 7161			
Date of Notification	(1)	11	Name of	Buildi	na Ow	ner	r/Operator (2)								()
0 4 1/1 0	/ 1 5		Sylvia		-					Q					
Agencies Notified	Type Notificat	ion	Street Ad							1 7		-			
EPA DEP	X Initial		31 H	ilton s	Street	t		1.4		1.5					
DOL	Amenda		City, Sta East			٩J	07017								
DOH	Cancell		lame of Svlv		ct onnelly	v					Telep	ie Numbe	ər		
						-	ITY INFORM	ATION	1		-	-			
Name of facility who	ere abatement	s taking p	ace (3)							Туре	of Facil	(4)			
Sylvia Donnell	lу										Sc Su	ol (K - 12 apter 8 (50	han K	-12)
Street Address											X Oth	(Private/C		rcial	
31 Hilton Stree	et									Sau	Bld are Fee	/Homes, # of Floo		B	dg. Age
City (5)		Cou	nty (6)					Cou	inty Code (7)	loqu					-33-
East Orange,	NJ	Es	sex					126.263	te use only)	1.	rent Use identia	rior if bei	ng dem	nolishe	ed)
Name of Monitoring	g Firm Hired by	Bldg. Owr	er (8)			Τ	ASCM No.		Name of Abatemen						
n/a									B & G Restora	ation, In	C.				
Street Address						-			Street Address 105 Ryerson	Road					
City, State, Zip Code	9								City, State, Zip Code					•	
						\$			Lincoln Park,		035				
Project Manager for	Monitoring Firn	ı		Phor	ne Num	nbe	r	_	Telephone Number (973)696-68	69		License	e Numi 0378	ber	
Scheduled Start Dat	e (10)	ISche	d. Comp	letion	Date (11)		_	Name of OSHA Mo			1			
04/22/2015			23/201			,			B & G Restora	ation, In	IC. ,				
Occupancy Status D	Ouring Abateme	nt (Check	only one	e)					105 Ryerson F	Road					
Facility closed		entire per	iod of al	batem					City, State, Zip Code			-			
Describe:	e:							=	LincolnPark, N	NJ 0703	35				
Scope of Work (che		y)												-	12.2
Demolition	X	Renovati	on					☐ F	ull Containment w/ne	egative p	ressure	X Glove	bag pr	ocedu	lite
४ > <u>3</u> sf or > <u>3</u> If		≥160 sf o						XI	Vini-enclosure			Non-1	friable	proce	dure
Location of asbestos-cont		Is location by maining staff(12)	enance			ely			sbestos-containing		Amoui	25	e m	R e p	E E n E c n
material to be abated in facil		Yes	No	,	N/A	-	material (ACM)		2	(Speci LF)	SF or	o v e	a i	a C p L
basement					X		pipe insula	ation			130 lf		X	Ò	
						4							14		
						4						-	- <u> -</u> -		
Registered Waste Ha	auler	IL.IN.IF	EP Hau		¥ I		bic Yards of V	Naste	Name of Registere	d Landfil		-			
B & G Restorati			19563				2		Tullytowr			ecovery	Cent	er	
City, State Lincoln Park, N	IJ			Di	sposal 04		ite 3/2015		City, State Tullytown	, PA					<u>3.</u>
Completed by (Print Gordana Luna	or Type)	Title Secreta	ary/Tre	asure	er		Signature		Gordana Luna			Date 04/1	0/201	5	

B & G proj. #:	2015-61A1	State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)												_
			(D. Ildino	Ownarl	Operator (2)									
Date of Notification		Name o	h Oranc	e/Mapl	lewood Sc	hool D	istrict		e 1.4					_
Agencies Notified	Type Notification	Street A								2 (F				
EPA	Initial	525	Acaden	ny Stre	et		1 A	et ^{er l} u						_
DEP		City, St	ate, Zip C	ode			*	1.1	1					
K DOL	Amendmen	Ma	plewood	I, NJ 07	040	-		1-	Telep	e Number	-	and in case of the		
K DOH		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Contact					1	loiopi					
DCA	Cancellation	Wi	liam Ky	le								=		=
				FACILI	TY INFORM	ATION		Type o	Eaci	(4)				_
Name of facility wi	nere abatement is ta	king place (3	5)					Type o) (K - 12)	2			
	liddle School (N] Su	apter 8 (Oth			2)	
] Otl Blc	(Private/Con /Homes, etc.		al		
Street Address 7 Burnet Stre	et							Squar		# of Floors		Bldg.	. Age	
City (5)		County (6	i)				ty Code (7) e use only)	Curre	nt Us	Prior if being	demoli	shed)	
Maplewood		Essex				(Stat		scho	1) loc	N-SUB 8)				_
	ng Firm Hired by Blo	g. Owner (8))		ASCM No.	<u>' 11</u>	Name of Abateme	nt Contract	or (9)					62
AHERA Cor	ng rimmica by bio				0057		B & G Restor	ation, Inc). 					
Street Address							105 Ryerson	Road			() .			
PO BOX 38							City, State, Zip Coo							
City, State, Zip Co OCEANVIL	de LE, NJ 08231-0)385					Lincoln Par	k, NJ 070	035	License	Jumbe	r	_	
Project Manager f	or Monitoring Firm			ne Numbe			Telephone Numbe (973)696-6	869		003				
Eric Clarks				9) 652-			Name of OSHA M							
Scheduled Start	Date (10)	Sched. Co		Date (11)		B & G Resto	ration, In	C.					
04/20/2015		04/22/					Street Address 105 Ryersor	Road						
Occupancy Statu	s During Abatement	(Check only	one)				City, State, Zip Co							
Facility clos	sed/vacated during e performed outside o	ntire period	of abatem	ient. -										
Describe:					-		LincolnPark	, NJ 0703	35				25 43	
Other-Des	cribe: (check all that apply)									_				
Demolition		Renovation				Sec. 23	Full Containment w	/negative p	oressu	Gloveb				
>3 sf or >3	_	160 sf or <u>></u> 2	60 lf				Mini-enclosure			X Non-II	TR I	R	E	
		Is location n	ormally us	sed solel	У				Am	t	e m	e	n	E n
Location of asbestos-	containing	by maintena staff(12)	ince/custo		Descrip materia	otion of al (ACM	asbestos-containin	9	(Sp LF)	y SF or	0	p a	c a	C L
material to abated in	facility (13)	Yes	No	N/A		<i>0</i> .					v e	r	p .	1
Classrooms #	#160 # 162		×		Lab & si	ink tab	letops beaker h	nolders	<u>50 s</u>		X	님		믐
Classroom #	the second se		×		VAT & N		-		72 5		XX	H	H	片
Classroom #			×		VAT & N	Mastic			80 :	L	Ħ	H		后
			P Hauler II		Cubic Yards	of Wast	Name of Regist	ered Land	fill		0			
Registered Was B & G Resto	te Hauler pration, Inc.		9563		2 yard		City, State	own Reso	ource	Recovery	Cen	er		
City, State Lincoln Par	k, NJ			Disposal .04	4/20-22/20		Tullyto	wn, PA		Date			<u> </u>	t
Completed by (Print or Type)	Title Secretary	/Treasu	irer	Signature	2	Gordana Lu	na		04	/10/2	015		
Gordana Lu	una													
							20 24							

					State	of NJ				
				Notific	ation of Asb	estos A	Abatement		× .	
B & G proj. #:	2015-61A		(Pursuan	t to NJAC 8	:60-7 a	ind 12:120-7)	Ch	k # 7153	
		<u></u>					· · · · · ·			
ate of Notification					er/Operator (2)		1615 10			
0 14 1/110					aplewood S	chool L			- <u></u>	
gencies Notified	Type Notificatio		eet Addre				1999 B	21, A		11
	🔀 Initial		Service Contraction Contraction	idemy St	reet			100	т. ₁₁₄	
DDL DDL	Amendm		ty, State, 2 Maplew	Zip Code vood, NJ	07040				8	
		11 .	me of Co					Tele	one Number	
	Cancellat		William					1		
DCA			VVIIIdili							
				FAC	ILITY INFORM	ATION		Type of Fa	y (4)	
Name of facility whether the second sec	nere abatement is	taking place	ce (3)					X :	ool (K - 12)	Ξ.
Maplewood N	liddle School							٤ 🗆		her than K-12)
Street Address									r (Private/Con s./Homes, etc	
7 Burnet Stre	et							Square Fe	# of Floors	
City (5)		Coun	ty (6)				ty Code (7)			
05/050/00		Ess	ex			(State	e use only)	Current U school ((Prior if being b8)	demolished)
Maplewood Name of Monitorir	- Eirm Hirad by F		Carlon Carlon		ASCM No.	<u>. </u>	Name of Abatemen		50)	
AHERA Con		lug. onno			0057		B & G Restora	tion, Inc.		
Street Address							Street Address			
PO BOX 38	5						105 Ryerson	and the second se		
City, State, Zip Coo		0295					City, State, Zip Code Lincoln Park			
Press, and the second second second	E, NJ 08231			hone Num	ber		Telephone Number		License	Number
Project Manager fo Eric Clarkso			100	609) 652			(973)696-68	69	00	378
Scheduled Start D		ISched		tion Date (1			Name of OSHA Mo			
04/20/2015	ale (10)		22/2015	N 10			B & G Restora			
Occupancy Status	During Abstemen						105 Ryerson	Road		20
K Facility close	d/vacated during	entire peri	od of abai	ement.			City, State, Zip Cod		-	
Abatement p	performed outside	of normal	facility ho	urs-			LincolnPark, I	07025		
Other-Descr	ibe:					_		43 07 033		
Scope of Work (c	heck all that apply						uil Containment w/n	anative press	Gloveh	ag procedure
Demolition	×	Renovatio				3	lini-enclosure	Egative press		iable procedure
X >3 sf or >3	f 🗌	≥160 sf or		y used sole	dv.					RRE
Location of asbestos-co	ontaining	by mainte	n normalig enance/cu	istodial		tion of as	sbestos-containing	Am	it 5: SE or	e e n m p c
material to b	be	staff(12)	1		- materia	I (ACM)	2	(Sp LF)	fy SF or	o a a v i p
abated in fa	unity (13)	Yes	No	N/A						
Classrm#160 s	and the second se		×		pipe fittir			<u>22</u> 41	And the lot of the lot	
Classroom#16	2 storage rm		X			ig moul				
Registered Waste	Hauler		EP Haule	r ID#	Cubic Yards o	fWaste	Name of Register	n Resource	Recovery	Center
B & G Restor	ation, Inc.		19563	Disposal	1 yard Date		City, State			
City, State Lincoln Park,	NJ			0	4/20-22/20	15	Tullytowr	1, PA		×
Completed by (Pr		Title			Signature	(Gordana Luna	R	Date 04/	10/2015
Gordana Lun			ary/Trea	CUITOT	1		1		1. 04/	

MO 222 528 40	074	L												Pri	nt Fo
MU 222 520 10	2- 1			CATION	ote of Nev OF ASB to NJAC	ESTOS	ABATEN	200	Т		• • •				
Date of Notification (1) 04/10/15					Building ah Trac		perator	(2)		ens poo	-				
	Notification	1		Street Ad						<u>Karpara</u>	1 7		1:0	ŧ,	
	nitial Amended				te, Zip Co				Â	E H		1			
		it # -(including-	_		ck , NJ	07666					83	186	194	<u>.</u>	
🗙 DOH 📃 ji	ustification Cancellatio)		Name of	Contact					Telephoi	Vum	ber			
				FACI	LITY INF	ORMATI	ON	-		·					
Name of Facility Where Abatem Sipporah Tracer	ent is Taki	ng Place (3	3)	à				Тур	be of Facility (4						
Street Address 335 Griggf ave				School (K-12) Subchapter 8 (Other tha Other (i.e. private & con					(Other the	a (-12) n prcial buildings, homes,				es,	
City (5) Teaneck				Square Feet # of Flo						# of Floc		В	ldg. A	ge	
County (6) Bergen County				County ((STATE U	Code (7) JSE ONLY	2		Cur	rrent Use (Prio	if being de	g de lished)				
Name of Monitoring Firm Hired I	oy Building	Owner (8))	ASCN	1 No.				batement Cont tement	ractor (9)				San de Saard	
Street Address							Street	10000			-				
									th Street Su	ite A4					
City, State, Zip Code									Zip Code ergen, NJ 0	7047					
Project Manager for Monitoring	Firm			Telephor	ne No.		Teleph 201-		No. -6305	Lice 01:	e No 3				
Start Date (10) 04/22/15		Schedul 05/02/		npletion I	Date (11)			1997	SHA Monitor	LTING LL	_	0	\$		
Occupancy Status During Abate	ment (Che	eck Only O	ne)				Street								
 Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: 							City, S	tate,	DUTE EAST	SUILE					
Scope of Work (Check All That	Apply)						UNIC	JN	NJ 07083						
≥3 sf or ≥3 lf 2160 sf or ≥260 lf	++-3/		Renova Demoli	plition.				Mini-Enclosure Glovebag Procedure							
<u>M</u>									Non-Exempted	(*) and Noi	riable	e Pro	Abate		
Location of Asbestos-Containing Materia	al (ACM)	Use	s Locat Norma ed Sole aintena	lly ely by		stos Con		later	ial (ACM)	Amour			Ту		
<u>TO BE ABATED</u> In Facility (13)			stodial (12)	Staff?	(i.e		systems cing, VA niscellar	T, or	r i	(Speci SF or L		Remova	Repair	Encápsulate	Enċlosure
		Yes	No	N/A							-	_		ite	e
Basement							TSI			30 LF		x			
				*											
Name of Registered Waste Hau	ler		1.022	JDEP W Hauler ID		Cubic of Wa	Yards ste			Registered I	dfill				
SAN TON SERVICES				2430						VLANCH	-CC	MN	IISIO	N	
^{City,} State KENILWORTH, NJ						- Dispo	sa l Date		City, State KEARN						
Completed by Bryan Parra	-	Title Proj	ect M	anager		1	Signature		Plan	>	Dat 04/	e '10/*	15		
				A second		<u> </u>	(Jos	4	- and		-				

ASB-41 (R-06-0	18)
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* Do not use this form for asbestos lic sure exempted activities.

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1.1.1	Pr	1000	2010	1000	1.2010	9
C. Sec.	-n	1514	10 E	αi	m	8
2004	110.00	10.122	2053	<u></u>	10.01	3

d -	1	5						C	R					Pr	int F		
\$ Emergen	20/ 1	N		CATION	ate of Nev OF ASBE to NJAC 8	ESTOS	ABATE		ч. Ч _р	76 EC		Prime state					
Date of Notification (1) 4/10/15		Name of Building Owner/Operator (2) County Of Cumberland															
	e Notification			790 East Commerce Street								1:0	2				
DEP X DOL	Amended Amendmen			790 East Commerce Street A STERE City, State, Zip Code & LICE Bridgeton NJ 08302 & LICE							E SING						
DOH DCA	Emergency justification) Cancellation				Contact ecouch	2				Tele	one Ni						
				FACI	LITY INFO	RMAT	ON										
Name of Facility Where Abat Office Building	ement is Takir	ng Place (3)						Тур	e of Facility	(4)							
Street Address 164 West Broad St.		×.			•			×	School (K- Subchapte Other (i.e.)	r 8 (Othe	nan K-1		dings	hom	es,		
City (5) Bridgeton NJ 08302					8 				etc.) are Feet 00+	# of	ors	1.22	Bidg. /	lge			
County (6) Cumberland					Code (7) JSE ONLY)			Cur	rent Use (Pr	ior if beii	Jemolis				_		
Name of Monitoring Firm Hire Horizon Envir. Group	ed by Building	Owner (8)		ASCN	1 No.	r	Name Perr		atement Co Inc.	ntractor							
Street Address PO Box 316							Street PO I										
City, State, Zip Code Thorofare NJ 08086						د			Zip Code rlin NJ 080	091							
Project Manager for Monitoria Steve Flanagin	ng Firm			Telepho 85684	ne No. 80800		Telep 856-	1	No. 9800		cense)727	No.					
Start Date (10) Scheduled Co 4/13/15 4/16/15					Same of OSHA Monitor						Å						
Occupancy Status During Ab	atement (Che	ck Only On	e)				Street	Addr	ess								
 Facility Closed/Vacated Abatement Performed C Other – Describe: 	During Entire Outside of Nor	Period of A mal Facility	batem Hours	ent			City, S	State,	Zip Code								
Scope of Work (Check All Th	at Apply)					_					a i	_					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat emoliti					F N O	UII Containm Ini-Enclosur Slovebag Pro Ion-Exempte	ent with e cedure	gative	Pressu		ē			
54			Locatio										Abat	emen /pe	t		
Location of Asbestos-Containing Mat <u>TO BE ABATE</u> In Facility (13)		Useo Mai	d Solei ntenar odial S (12)	y by nce/		tos Con therma surfa	scriptior taining I system icing, VA miscella	Materi Is insu AT, or		A (S SF	unt cify LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								2		ate	e		
Basement		x					insula				lf	x					
					Wet	WIL	ape -	- 0	u1		-		-		-		
													-	-	\vdash		
Name of Registered Waste H Pernaco INc.	auler		H	JDEP W auler ID 1787		Cubic of Wa 2	Yards		Name of CCIA	Registe	Landf	ill			1		
City, State W Berlin NJ						1000	sal Date 15)	City, Sta Millville	te e NJ 08	32						
Completed by Anthony T Perna		Title Presie	dent			8	Signatur	e				ate /10/1	5				

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

(K 556-0	NOTIFICATION	OF ASI				
x	(Pursuant	to NJAC	; 8:60 and 12:	(20)) pe;	1- 1
Date of Notification (1) 4 - 9 - 2015	Nan	ne of Buildi				
Agency Notified Type Notification		et Address	VILIONO			- AY 1:63
D EPA III Initial		50 (FARTSHOP	en Dri	UE	
DOL Amendment#	S		Hills, M	JJ OT	078	- States
DOH justification)	ding Nan	ne of Conta	d		Telephon	winder V
DCA Cancellation			LIDNE			· .
Name of Facility Where Abatement is Taking F			PORMATION	Type of Facilit	y (4)	
T. BUILIONE				School (K-1		
Street Address	1		:	Other (i.e. p		
250 HARTSHORN			· · · ·	homes, etc Square Feet	-	Bildg. Age
SHORT HILLS			·	.8700		74 VRS
County (6)			7) (STATE USE	Current Use (F	tior if being	nolished)
ESSEX	ONI	1		1 IVESID	ENCE	•
Name of Monitoring Firm Hired by Building Ow (8)	ner ASCM No.	1		ment Contractor moval In		1
Street Address	L		Street Address			
Abe Shate Te Ande				th River	St	
City, State, Zip Code			Hackens	ack, N.J	. 0760	
Project Manager for Monitoring Firm	Telephone N	0.	Telephone No.	54775 X 25	License N	
Start Date (10) Scheduled	Completion Date (1	1)	201-329- Name of OSHA		003	3
	·2015	1)		Environm	ental	
Occupancy Status During Abatement (Check o	nly one)		Street Address			
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Face Face Period	of Abatement		280 Ht City, State, Zip C	iyler St		
Il Other-Describe: 8 AM 5 PM				kensack	,N.J.	7606
Scope of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 if ■ ≥ 160 sf or ≥ 260 if		enovation [*]	-II Mini-	Containment with Enclosure abag Procedure		ure
	Is Location		Q Non-	Exempted (*) an	d Non-Friable	Abatement
Location of Asbestos-Containing Material (ACM) TO BE ABATED 	Normally Used Solely by Maintenance/ Custodial	Asbe	Description of stos Containing Ma , thermal systems	iterial (ACM) Ai insulation, (S		Repair Removal
(13)	Staff? . (12)		surfacing, VAT other miscellane		SEA	Encapsulate Repair Removal
	Yes No NVA			1 - A	•	
BASEMENT,	X		MAC. INSUCA			25LFX
FIRST FLOOR CRAWL SPACE	X		MAL INSOLA			75LFK
LINAUL SPACE	X	11 HERE	MAL INSUL	A/16N	ś	TO LEX
		1		1		
	NJDEP Waste	Hauler	Cubic Yards of	Name of Regis	tered Landfill	
Best Removal Inc	NJDEP Waste ID No. 17109		Cubic Yards of Waste 30 YOS			cises ,LLC
Best Removal Inc	ID No. 17109		Waste 30 YOS Disposal Date	Minerva City, State	Enter	
Best Removal Inc City, State Hackensack , N.J. 07	ID No. 17109		Waste 30 YOS	Minerva	Enter	1,44688
Best Removal Inc CRy. State Hackensack, N.J. 07 Completed by Thite R.VELDRAN Est	17109 601 imator		Waste 30 YOS Disposal Date 5-14-15 Signature F. Velara	Minerva City.State Waynes	Enter	1,44688
Best Removal Inc CRy. State Hackensack, N.J. 07 Completed by Thite R.VELDRAN Est	17109 601		Waste 30 YOS Disposal Date 5-14-15 Signature F. Velara	Minerva City.State Waynes	Enter	1,44688
Best Removal Inc City, State Hackensack, N.J. 07 Completed by R.VELDRAN Est	17109 601 imator		Waste 30 YOS Disposal Date 5-14-15 Signature F. Velara	Minerva City.State Waynes	Enter	1,44688
City, State Hackensack, N.J. 07 Completed by R.VELDRAN Est	17109 601 imator		Waste 30 YOS Disposal Date 5-14-15 Signature F. Velara	Minerva City.State Waynes	Enter	1,44688
Best Removal Inc City, State Hackensack, N.J. 07 Completed by R.VELDRAN Est	17109 601 imator		Waste 30 YOS Disposal Date 5-14-15 Signature F. Velara	Minerva City.State Waynes	Enter	1,44688

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(K 4744		FICATION	ate of New Jer	S ABATE			2900 - 11 - 11 - 12			1222	Pri	nt For		
	(to NJAC 8:60					1	812	÷				
Date of Notification (1) 3/31/15			f Building Owne Vyckoff Priva				ELIS LPI		£ 1 .	-				
Agencies Notified Type Notification	>	Street A 391 W	ddress /hite Horse A	Ave		, 6.	12.95	- dead.	· 11 1 .	2:4	1			
X EPA X Initial DEP Amended X DOL Amendment #_			ate, Zip Code on NJ 08075				é							
DOH justification)	cluding		f Contact				Teleph	Num	iber					
			LITY INFORM	ATION										
Name of Facility Where Abatement is Taking F Alex Wyckoff Private Home	Place (3)			IIION		of Facility (4)							
Street Address			¢			School (K-1	2) 8 (Other th	K-12	\ \					
391 White Horse Ave			3		X		private & co			dings,	home	es,		
City (5) Trenton NJ 08075					Squar 1000	re Feet)+	# of Flc				ge			
County (6) mercer		County ((STATE U	Code (7) USE ONLY)		Curre Horr		or if being c	olish	iolished)					
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)	ASCN	1 No.		Name of Abatement Contractor (9) Pernaco Inc.					L ////2:41 Number 				
Street Address	i i i i i i i i i i i i i i i i i i i			Street	Addres	SS	0/							
City, State, Zip Code						ip Code								
ada an						in NJ 080	91							
Project Manager for Monitoring Firm		Telepho	ne No.	1.000	none N 753-9		Lit	se No 7).					
	cheduled C /15/15	ompletion	Date (11)	Name Sam	e of OSHA Monitor									
Occupancy Status During Abatement (Check C	Only One)			Street	Addres	SS			an y					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:				City, S	State, Z	ip Code								
Scope of Work (Check All That Apply)							i							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation blition	2		Mir Glo	ni-Enclosure ovebag Pro								
	Is Loc	ation		La		II-LXemple		Tiabl						
Location of	Norm	nally		Descriptior	n of					Ту	pe			
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used So Mainter Custodia (12	nance/ Il Staff?	SL	ontaining M mal system Infacing, VA er miscella	s insula T, or		Amou (Spec SF or		Remova					
	Yes No	o N/A							=		ate	.e		
basement		x	F	loor tile o	only		400 \$		x					
				14						-	-			
									-					
Name of Registered Waste Hauler United Containers		NJDEP W Hauler ID	No. of	bic Yards Waste		Name of G.R.O.	Registered	ndfill	I	I	÷			
City, State		22459	2	and D. C.										
Elm NJ			- CON 252	posal Date 5/15		City, Stat Morrisv	e ille PA 1!	57						
Completed by Anthony T Perna	Title Presider	nt		Signatur	0	~~		1 20100	able Procedure Abatement Type Removal Repair R Repair I					

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* Do not use this form for asbestos I nsure exempted activities.

			State of New Jersey neck # 15104											
		0					TOS ABATEMENT 7 and 12:120-7							
Date of Notification	(1)		ursu				Owner/Operator							
4-9-15				Pa	tric	k Sw	eeney		0.0		÷7.	. 9		
Agencies Notified	Type Notif	icati	on	Stree	et Addr	ess	13		CUIS APP					
[]EPA	[X] Initia		75 Maolis Ave.								Hiz	2: 3	G	
[]DEP	Section and the section of the secti	licati	on		State				- 2 L _				7	
[X] DOL	[]Amende Notif	ed ficati	Bloomfield,NJ,07003							140	71	in		
[X] DOH				Name	of Con	tact		Telepho	ne Number		6	101		
[]DCA	[]EMERGE			Pa	tric	k Sw	eeney	∎- 12 ²						
	[]Cancel	latio	n		FACT	T.TTY .	INFORMATION							
Name of Facility Whe	re Abatemer	nt is	Taki	ng Pla	0.000			Type of Facil	Lity (4)	-				
Same as above								[]School	(K-12)					
Street Addres									ter 8 (Oi (i.e., pri					
									ouildings,		∝			
								Square Feet	# of F	rs	Bl	dg.	Age	
City (5		Coi	inty	(6)Ess	sex		nty Code (7) ATE USE ONLY)	2400	2	<u></u>				
							un en anticipa de la construcción d	Current Use	(Prior if	ing	den	olis	shed)
Name of Monitoring F	'irm hired h	by Bu:	ildin	g AS	CM No.		Name of Abate	ment Contracto	or (9)	1				
Owner (8) N/A							AZTECH M	IANAGEMENT	, Inc.					
Street Address							Street Addres	S		(
							86 Chris	topher St						
City, State, Zip Cod	le			9			City, State,			-				
*)								r, NJ 070.	42				9	
Project Manager for Monitoring Firm				lephor /A	ne Numb	er	Telephone Num (973)744				nse)37		Der	
Scheduled Start Date (10) Sched. Co				letior	n Date	(11)	Name of OSHA 1	Monitor						
4-21-15				-22-			N/A							
Month Day Ye Occupancy Status Dur		Month ant (0	5	Day only	Year one)		Street Addres	s		-				
[X]Facility Clos of Abatement		Duri	ng Er	ntire	Period									
[]Abatement Per	formed Out				Facili	ty	City, State,	Zip Code						
Hours - Desci []other - Desci					ript»									
Scope of Work (Check							}							
[X]>3 sf or				VIDOD	ovatior			Containment wi	th Negati	Pr	essu	re		
[] <u>></u> 160 sf c					olition			Enclosure bag Procedure						
				Is			[]Non-F	riable Procedu	lre		200	h	7	
Location				locati Iormal			Descriptio	n of				teme	E	Ype E
Asbestos-Con Material				Used	-		Asbestos-Con Material (Amour (Speci		R E	R E	N C	N C	
TO BE ABA	ATED			y Mai	n-		(i.e., thermal	SF o		MO	PA	A P	LO	
In Facil (13)	ity		C	ustodi	al		sulation, surfa	E 10	LF)		V A	IR	S U	s U
(13)			Yes	No	12) N/A		or other misce.	rianeous)			L	R	L	R E
Basement					X	Pir	e Insulat	ion	60 1		X			
					-									
Jame of Desistened	acto Veril		her	TOTE -			hi a Wanda				<u> </u>			
Name of Registered W AZTECH MANAGI			Ha	DEP Wauler	ID No.		bic Yards Waste 1.5	Name of Regi G.R.O.W.		fil	Ť			
City, State						Di	sposal Date	City, State						
Montclair, NJ	07042						1-23-15	Morrisvi	lle, P	19	906	7		
Completed By (Print	or Type)	Title					Signature			F				
Constantine V:		Pres	side	ent				10-			te	_1 5		
								7.000		14		10		
					2									

		State of New Jersey eck # 15101														
						TOS ABATEMENT		-								
Date of Notification	(1)	(Purst				7 and 12:120-7) Owner/Operator	(2)	<u></u>	-							
4-8-15	 VARSET. 	Ronald Marzoli														
Agencies Notified	Type Notific	cation	Street	Addre	ess			2015 AF	201		*** <u>*</u>					
[]EPA	[X] Initial		tion City, State, Zip Code							AM IZ	2					
[]DEP	Notifi	cation								1116	: 38	<u>*</u>				
[X] DOL	[]Amended		Rid	gewo	od,	NJ,07450		ET	÷.,		ä					
[X] DOH	Notiii	.cation	Name o	f Cont	tact		Telepho	ne Number	<u>- + ~</u>	12	<i>COL</i>					
[]DCA	[]EMERGEN	ICX	Ron	ald	Mar	zoli	Г			0						
	[]Cancell	ation							-							
				2010/01/2017 01:01	enterin repletation	INFORMATION										
Name of Facility Whe Same as above	re Abatement	c is Taki	ing Pla	ce (3)			Type of Facil									
							[]School []Subchar	(K-12) oter 8 (Ot	c that	an K-	12)					
Street Addres							[X]Other	(i.e., pri	te &	comm	er-					
								wildings,	-	Plda						
City (5		County	(6)Esse	ex	Cou	inty Code (7)	Square Feet	# of Fl	rs	BIQ.	Age					
	-				ATE USE ONLY)	Current Use	(Prior if	ing	lemol	ished)					
									-			2%				
Name of Monitoring F Owner (8)	'irm hired by	y Buildir	ng ASC	M No.		Name of Abater		A A								
N/A							ANAGEMENT	, inc.								
Street Address						Street Address										
							topher St	••								
City, State, Zip Cod	le					City, State, Montclai	r, NJ 070	42								
Project Manager for	Monitoring H	Firm Te	elephone	- Numb	er	Telephone Numb			icen	se Nu	mher					
			/A			(973)744			003							
Scheduled Start Date	(10) Sch	ned. Comp	letion	Date	(11)	Name of OSHA N	Monitor									
4-24-15		1	8-15			N/A										
Month Day Ye Decupancy Status Dur	in the second	fonth	Day	Year	s	Street Address	5		-							
[X] Facility Clos	sed/Vacated					Screet Address	•									
of Abatemen []Abatement Pe:	(a) at 1862 (0)	ide of N	ormal F	acilit	tv	City, State, 2	tin Code		-							
Hours - Desc	ribe: <u>«OffHou</u>	rs Descr	ipt»		-	picy, scace, i										
[]other - Desc			y Descr	ipt»					-							
Scope of Work (Check	all that ag	oply)				[X]Full	Containment w	with Negat	e Pre	essur	e					
[X]>3 sf or			[X]Reno				Enclosure	ā								
[] <u>></u> 160 sf c	5r <u>></u> 260 II		[]Demo	LICION	1		bag Procedure riable Procedu	ıre								
Location			Is Locatio	n		Decemientic	6		P	bater	nent :	Type				
Asbestos-Con	15 0723 0X		Normall Used			Descriptio Asbestos-Cont	San 22	Amour			N	EN				
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In Facil			tenance	/	in	(i.e., thermal sulation, surfa		SF O. LF)			5	0 S				
(13)			taff (1			or other miscel	laneous)				L	U R				
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Basement				x	VAT	•	450 S	X		-	1					
											-	+				
Name of Registered W	Maste Hauler	۱ ۲	JDEP Wa	aste		bic Yards	Name of Regi	istered La	Eill			1				
AZTECH MANAG	ement, i		Hauler 1		of	Waste 1.5	G.R.O.W.	S.								
					Di	sposal Date	City, State									
City, State	07042				4	4-29-15	Morrisvi	lle, P	190	067						
	01012								-							
Montclair, NJ		i+1c				Ci and a heart										
City, State Montclair, NJ Completed By (Print Constantine V	or Type) T	^{itle}	ent			Signature	ilin		Dat	:e -8-1	5					