State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3/29/2017 South Brunswick Board of Education Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** 4 Executive Drive **EPA** Initial LICENSING DEP City, State, Zip Code × Amended X DOL Amendment # 1 Monmouth Junction, NJ 08852 Emergency (including Name of Contact DOH justification) Telephone Number DCA Thaddeus Thompson Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Greenbrook School School (K-12) Street Address Subchapter 8 (Other than K-12) 23 Roberts Street Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Kendall Park, NJ 08824 30,000 + 3+ 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Middlesex County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Briggs Associates 0004 Unicorn Contracting Corp. Street Address Street Address 3 Crossroads Street 32 Willow Way City, State, Zip Code City, State, Zip Code Bordentown, NJ 08505 Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Hoodak 973-333-9176 609-298-5520 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/8/2017 4/15/2017 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd., Bldg. 35-E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? in Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Boiler Room New Wina X Breeching Insulation 30 SF XX X Pipe & Elbow Insulation 70 LF XX X Boiler Insulation 60 SF XX Boiler Room Old Wing X Elbow Insulation 30 LF XX NJDEP Waste Cubic Yards Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. of Waste Unicorn Contracting Corp. Fairless Landfill, LLC 0035844 15 CY City, State City, State Disposal Date Woodland Park, New Jersey Morrisville, PA Completed by Title Signature Date Dimo Golcev General Manager 3/29/2017

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 3/29/2017 South Brunswick Board of Education Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** 4 Executive Drive LICENSING FPA Initial City, State, Zip Code DEP Amended × DOL Amendment # 1 Monmouth Junction, NJ 08852 Emergency (including Name of Contact Telephone Number DOH justification) Thaddeus Thompson X DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Monmouth Junction School School (K-12) Street Address × Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 630 Ridge Road etc.) City (5) Square Feet # of Floors Bldg. Age Monmouth Junction, NJ 08852 30.000 + 3+ 50+ County (6) County Code (7) Current Use (Prior if being demolished) Middlesex County (STATE USE ONLY) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Briggs Associates** 0004 Unicorn Contracting Corp. Street Address Street Address 3 Crossroads Street 32 Willow Way City, State, Zip Code City, State, Zip Code Bordentown, NJ 08505 Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Hoodak 609-298-5520 973-333-9176 01331 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 4/13/2017 4/15/2017 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd., Bldg. 35-E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal ncapsulate Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Multi Zone Room X Elbow Insulation 4 LF XX Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Unicorn Contracting Corp. Fairless Landfill, LLC 0035844 15 CY Disposal Date City, State City, State Woodland Park, New Jersey Morrisville, PA Completed by Title Signature Date Dimo Golcev General Manager 3/29/2017

Print Form

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Occupancy Status Dur	ing Abatement (Chec	Doring of Ah	, atemer	nt			FRANKLI								
Facility Closed/Value Abatement Performance Other – Describe	acated During Entire rmed Outside of Norr : OCCOPIE	nal Facility h	lours			City	/, State, Zip C ATERSON	,NJ,07	524						-
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)	X Re	enovatio emolitio	on on			× Mini-E	nclosure) duro	Negative					
☐ ≥160 SI OI ≥200 I		-				Section	Non-B	Exempte	d (*) an	nd Non-Fri	lable Fi	A	bate	ment	
		le	Locatio	n								_	Тур	ре	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED Facility 13)	Use Mai	ormally d Solely ntenan odial S (12)	y by ce/	Asbestos C (i.e. ther	containi mal sys	otion of ng Material (stems insulati g, VAT, or cellaneous)	ACM) on,	(Amount (Specify SF or LF)	Vellioxai	Domoval	Repair	Encapsulate	Enclosure
,	kuuno.#2	Yes	No	N/A					-	105 LF	X	+			
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			X		BOIL	ER IN	ISULATIO	N		30SF	- 1^				
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	AVE BRONX N	Y Title			The state of the s	BD	gnature //	900	MINE	RVA RD	Date	9	201		
Completed by VICTOR ESPIR	RITU	PR	OJEC	T MAI	NAGER	A	Mell	V	SI	~				d acti	i del o o

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

Proj	ect#				FICATIO	ON OF AS	BESTO	SABATE		Т	0	heck #	372	6		-	
	0			(1	Pursuai	nt to NJA	8:60 a	nd 12:12	U)			i.	AT		- 4	21	111
Dat	e of Notification (1)				Name	of Building	g Owner	/Operator	r (2)			-					all interess
03/	28/2017				Clifto	n BOE						0.03	OFCI		20	2017	500
Age	encies Notified	Type Notification	on		Street	Address						Abi		~		INC	110
	EPA	Initial			745 (Clifton A	ve				1			101	140	11.40	
	DEP	Amended			City, S	State, Zip C	Code							100			1/2-1
	DOL	Amendme Emergend				n, NJ 07					- (-					
	DOH	justification		9	Name	of Contac	t				Te	elephone	Numb	er			100
	DCA	Cancellati	on		AMar	chione											
					FA	CILITY IN	FORMA	TION		900-1000							-
1	ne of Facility Where	Abatement is Tak	ing Place	(3)					Тур	e of Facility	/ (4)						
	ton School # 4									School (K	(-12)						
	et Address									Subchapt	er 8 (Ot	her than	K-12)		maran		
	West Second 8	St								Other (i.e etc.)	. private	& comm	nerciai i	DUIIC	ings	nom	es,
City	Clifton, NJ								Squ	are Feet	# 0	of Floors		В	ldg. A	ge	
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	ssaic County				(STATE	USE ONL	y)					1.73		ď.			
	ne of Monitoring Firm	Hired by Building	g Owner (8	3)	ASC	M No.		Name	of Ab	atement C	ontracto	r (9)					
AHE	RA Consultant	S								toration I							
	et Address							Street						-	-		
PO	Box 385							72 Br	nnks	side Rd							
City,	State, Zip Code									Zip Code				-	-		-
Oce	anville, NJ 0823	31						The second second		NJ 078	260						
	ect Manager for Moni			T	Teleph	one No.		Teleph			309	Licens	e No				
	n Smoyer					552-183	3	973-9				0113					
	t Date (10)		Schedu	led Cor	npletion	Date (11)				SHA Monito	r	0113	<u> </u>	_			
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	Other - Describe: _			,,	<u> </u>					See Section 1995 See 1							
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			1	s Locati	on											ment	
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	TO BE ABA			todial S		(i.e.		I systems cing, VAT		ation,		Specify or LF)	3	B	75	Encapsulate	Enclosure
	(13)	,		(12)				niscellane			or or	OI LF)	5	Remova	Repair	psu	losu
		-	Yes	No	N/A								9	<u> </u>	7	late	Ire
Boile	r room			X		pipe in	sulatio	n			< 9 LI	F)	×			
-													_				
Name	of Registered Waste	e Hauler		I N	JDEP W	Vaste	Cubic	Yards		Name of	Registo	red I and	4611				
	Restoration LLC			H	auler ID 3782		of Wa			G.R.O.		red Land	1111				
City, 8	State Randolph, N	NJ 07869		100	7102		Dispos	sal Date		City, Star	te						
Comp	leted by		Title				TBD	ianat		Tullytov	vn, PA		D .				
	Mrda		Presi	dent			S	ignature EU	Ville	d ll	ida		Date 03/28	/20	17		

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Date of Notification (1	03/30/17		B	Brownmi	ill, LLC	Owner/Oper	rator (2)	U L	2(1)			1	
Agencies Notified	Notification Type		S	treet Add	iress dar Br	idae Aver	nue - Suite	I AS	BESTO	SC	ONTH	ROL	. R
(X) EPA () DEP	() Initial Notifica (X) Amended Amendment #			City, State	e, Zip Co	ode			Tel Nur				1
(X) DOL (X) DOH () DCA	() Emergency (injustification) () Cancellation	ncluding	201	Name of 0 Kevin S				1	TAI IV.				4
					INFOR	MATION	Type of Faci	lity (4)				-	\neg
Name of Facility Who Browertown Shoppin Street Address	ng Center	aking Pla	ace (3))	-		() School (k - () Subchap (X) Other (i homes,	<-12) ter 8 (other t i.e. private &	han K-1: comme	2) rcial l	ouildin	gs,	
2695 County Road 5	516						Square Feet		loors	Blo	dg. Ag	е	\neg
City (5)							123						_
Old Bridge Townshi County (6) Middlesex County	р		(County C USE ONI	ode (7) _Y)			(Prior if bei	ng demo	lishe	d)		
Name of Monitoring	Firm Hired by Bldo	. Owner	-	ASCM No	0.		Contractor (9)						
(8)	1 11111 1 1110 2 2 7 2 2					CID CON	ISTRUCTION	SERVICES,	LLC				-
EMWA						Street Ac	ldress						
Street Address 100 Misty Lane						365 Rive							\dashv
City, State, Zip Coo Parsippany, NJ 070	le 054					Garfield,	e, Zip Code NJ 07026		Licens	a Ni	mbor		
Project Manager fo	r Monitorina Firm	Telep	hone N	Number		Telephor	ne Number		0119				
Project Manager 10 Kevin			(201)	923-715	5	(973)685	5-9791		0110	- 10/10/			
Scheduled Start Da	30-20-00-00-00-00-00-00-00-00-00-00-00-00	Schee (11)	duled (Completion	on Date	Name of Testor T	OSHA Monito	DΓ					
03/31/201	7 On Hold	20 20		/30/2017		Street A							
Occupancy Status	During Abatement	(Check	only o	ne)		III STATE OF STATE OF	ackson Avenue	2					
Olasad	/Vacated During Er formed Outside of	ntire Peri	iod of	Abateme	nt	City, Sta	ate, Zip Code and City, NY						
Source of Work (C () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 2	Check all that apply)	(X) R	tenova emolit	ation ion		() !	Full Containme Mini-Enclosure Glove bag Pro Non-Exempte	cadura		Pro	cedure)	
				111		· ·				Aba	emen	t Typ	е
Locati Asbestos-Conta (AC TO BE A	aining Material M) BATED	Is Loca Used Main Custod	d Solel ntenar	y by nce/	Conta	escription of ining Materi mal systems rfacing, VAT miscellan	al (ACM) (i.e. s insulation, Γ, or other	Amour (Specit SF or L	fy	Removal	Repair	Encapsulate	Enclosure
(1:		Yes	No	N/A			- Action of	200 SF	,	<			
Rear-Room #2				X	VAT 8	& Mastic		200 31					
				-									
Name of Reg. W	aste Hauler	NJDE # 329		ste Haule		Cubic Yards TBD	1	lame of Reg					
City, State	1 061 V1003, EE0					Disposal Da TBD	ate C	City, State Melville, NY	5				
Garfield, NJ Completed by Roque G Schipi	Title Project M	lanager			Sign	nature	Alch	pulling	Dat		3/30/	17	

1 200	E	C	E		W	E
CHECK#	1	68	5	-	-	

Date of Notification (1) 03/30/2017			Name of JOHN	of Building	Owner/OAKAS	Operato	r (2)		- Comment	· · · · · · · · · · · · · · · · · · ·	APP	-	4 20)17
Agencies Notified Type Notification EPA DEP DOL Initial Amended Amendment	#		City, St	Address ate, Zip C AUREL		8054			W PA HITCH TO DESIGN ME.	ASE	EST LI		ONT SHIE	
DOH DCA Emergency (justification) Cancellation	including		Name of GREO	of Contact G	%				Te	lephone N	umber			
Name of Facility Where Abatement is Taking RESIDENTIAL Street Address	g Place (3)		FAC	ILITY INF	ORMAT	ION		of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	er than K- & commer	12) cial bu	ilding	s, hom	nes,
City (5) MT. LAUREL								e Feet	# 0	f Floors		Bldg. 50	Age	
County (6) BURLINGTON				Code (7) USE ONLY	n		Curre	nt Use (Prid IDENTIA	or if be	ing demoli:	shed)			
Name of Monitoring Firm Hired by Building (ACER ASSOC.	Owner (8)		ASC	И No.		Name ASS	of Abat	ement Cor ENVIR	ntractor ONM	(9) ENTAL S	ERV	ICES	SINC).
Street Address 1012 INDUSTRIAL DRIVE	# F						Addres CLEN	s IS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						City, S MUI	State, Zi LLICA	o Code HILL NJ	0806	2	- Parties			
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	ne No. 09-1202	2		hone No -304-4			License 01145	No.			
Start Date (10) 03/31/2017	Scheduled 04/04/2			Date (11)		Name EMS		A Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	1170		nent .				Address RT. 13	s 80 NORT	Ή					
Abatement Performed Outside of Norm Other – Describe:	al Facility I	Hours	S				State, Zip NAMIN	Code SON N	J 080	77				7
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	nova				2	Mini Glov	-Enclosure rebag Proc	edure	Negative			re	
I nostino al	7,000	ocati ormal										Abat	emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole tenar dial S (12)	ly by nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellar	Material of sinsulated of the second of the	(ACM) ion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A X	DU	CT PIP	E INS	ULATI	ON	13	30 SF	X		O	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES	Н	JDEP W auler ID 034895	No.	Cubic of Was					red Landfi NDFILL		1		
City, State MULLICA HILL NJ						al Date /2017		City, State WAYNE		RG, OH				
Completed by RON SWANSON	Title GENE	RAL	MANA	AGER	Si	ignature	Kuse	ohw	CHO		ate 03/30	2017	7	

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03/30/2017			JO	THE OF BUILDING	MINDAKA	er/Operat	or (2)		DOL -	10	JAY		7
Agencies Notified Type Notifi	cetion		Sin	est Address			-	+-+		ASB		U\$	
DEP Initial	dod		0.00	- bu -					MA	١.	117	CHI	Ishla
DOL Amen	dment #		_ M	r. State, z. T. LAUR	IEL MJ	08054				-	1	+	
DOH justific	ancy (Incluation)	ding	Nan	ne of Con				- 1/11	11/4 Canala				
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Name of Facility Where Abatement is RESIDENTIAL	Taking Pla	ce (3)	F	ACILITY	INFÒRM.	LTION	Tiraca	Facility (4					
Street Address							PRODUCT	reciny (4 Choel (K-12	5) =				
							St St	abchapter 8	Mohar than	K-12)			
City (8) MT. LAUREL		_							ivata & comm	ercial	bulldin	ga, ho	omes,
County (8)							Square 2452	Feet	# of Floors		Bldg 50	J. Age	
BURLINGTON			Coun	ty Code (7)		Current	Use (Prior	if being demo	lished		90-	
Name of Monitoring Firm Hired by Build ACER ASSOC.	ing Öwner	(8)		CM No.		l Name	nesi	DENTIAL	•		•		
Street Address						ASS	URED	Teni Contr ENVIRO	ector (8) NMENTAL	SER	VICE	S IN	-
1012 INDUSTRIAL DRIVE						Street	Addresss						<u>v.</u>
WEST BERLIN NJ 08091							CLEM8						ļ
rolect Manager for Monitoring Eine						MUL	lata. Zio (LICA H	Code ILL NJ QI	3082				
WAIIDEPALMA			Telspi 856-	hone No. 809-120	200	Talaphi 810-3	one No. 304-457		License				
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In Facility (13)	Cur	todial (12)	Steff7	(1.0.	surieci .	sysleme ir ine. VAT	nsulation.		(Specify SF or LF)	2		Enc	g
V-7/	Yes			-	other m	iscellanec	ine)		or of LF)	Remova	Regrate	Encapsulate	Enclasure
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e of Registered Wests Hauter		T N.	JDEP W	sate	Cubic Y	amie	1 41-						
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Stata					Disposa	Date	City	Qiase					
SURED ENVIRONMENTAL SE , State LLICA HILL NJ Plebed by N SWANSON	Title				Disposa 04/04/2	Date 2017	City	State YNESBI	JRG, OH				-

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County 18						Same Face	# of Floers			g. Ag	
County & BERGE W			Cour	My Code (?) ?E VBE ONLY)	-	0,500)			11	2
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					Le MIN	e Contract	ing inc.				
City, State, Zip Code	*		-		185 V	resiand Av	e.		9.00	Wednesday	
Project Manager for Mentioning Pirm					CAY, SU	to, Zip Code		-	-		
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Start Calo (19)	Serv	distant P	amendada	n Oafe (11)	201-24	32-5841	License 00158	Ma.	-		
12/21/16 Commence Street Park			0/17	n Cass (11)	Marte of	OSHA Month	10	-	-	-	
Occupancy Status During Abstainant (Che			-		Street Ar	de chvironin	ental Sendoss I	nę.			
Facility Closed/Vacated During Entire Abatement Participated Outside of Nor Other - Describs:	Ported of	eseda io	ment		280 HL	lyler Street				-	-
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Date of Notification (1)				Heusel (is of New J Of A38287 O NJAC Bibl	Da Ama	120}			Che	Cle	AP.	De:
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Name of Mondaring First Head by Build	ng Owng	7 (8)	The same of the sa	SCM No.	The second second					mhad,			
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City, State, Zip Code						185 V	resiand Av	a.					
Project Manager for Monttoring Pinn					-	Midias	te, Zip Code d Park, N.	1	- III	Automiti-	-		
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^{*}Do not use this form for asharins licensure exempted activities.

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DEP Ar	itial mended mendment #	Cit	v. State.	Zip Code oth Junction, I	NJ 08	852			1.11		10.00		
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Street Address						Address Villow W	/ay						
City, State, Zip Code					City, S	State, Zip odland, F	Code Park, NJ	0742	4				
Project Manager for Monitoring	Firm	Te	elephon	e No.		hone No. -333-91	76		License No 01331	•			
Start Date (10) 4/13/2017	Schedule		oletion D	ate (11)	Name	of OSHA irovision	Monitor Consult	ants,	Inc.				
Occupancy Status During Abate					Stree	t Address	araw Rd.,	Bldg	. 35-E				
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:	uring Entire Period of A side of Normal Facility	bateme Hours	ent		City,	State, Zip							
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^{*} Do not use this form for asbestos licensure exempted activities.

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Fax: 609-826-4975

Telephone: 609-826-4950

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

ASBESTOS CONTROL & Must be submitted 10 days prior to the beginning of work. Please type or print legibly. LICENSING I. NOTIFICATION INFORMATION / 2017 30 Date of Notification: ☐ Emergency (must include justification) ☐ Cancellation Amended □ Renovation II. BUILDING INFORMATION SIJ Group, LLC Name of Building Owner/Operator: 08003 Zip: City: Cherry Hill State: Street Address: 1515 Burnt Mill Road Telephone No.. Name of Contact: Tyler Harding III. FACILITY INFORMATION NFI Mays Landing Warehouse Name of Facility Where Work Activity is to Take Place: __ Warehouse Describe Facility Use: 08330 NJ Street Address: 5176 Harding Highway City: Mays Landing Zip: State: County Code (State Use Only): County Name: Atlantic 2017 Scheduled Completion Date: / 2017 Scheduled Start Date: Occupancy Status During Activity (check only one): Activity Performed Outside Normal Facility Hours—Describe: ☐ Other—Describe: Scope of Work (check all that apply): Percentage Asbestos: 576 SF Square Footage: Percentage Asbestos: 576 SF Square Footage: IV. CONTRACTOR INFORMATION 856-755-0099 Telephone No.: Shade Environmental, LLC Company Name: 08052 State: NJ City: Maple Shade Street Address: 623 Cutler Avenue 00842 New Jersey Asbestos License Number (if applicable): 856-224-0080 Telephone No.: EHS Environmental, Inc. Monitoring Firm (if applicable): V. SIGNATURE Vice President of Operations Completed By Title: Christina Lynch (type or print legibly): March 30, 2017 Date:

Signature:

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) City of Pleasantville 30 3 Street Address ASBESTOS CONTROL & Type Notification Agencies Notified 18 N. First Street LICENSING ☐ Initial **⊠** EPA City, State, Zip Code **⊠** DOLWD Amendment #1 Pleasantville, NJ 08232 **⊠** DOH Telephone Number ☐ Emergency (including ☐ DCA Name of Contact justification) Jim Hemingway - Garden State GC (NJAC 5:23-8) ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Vacant Residence Other (i.e., private and commercial buildings, Street Address homes, etc.) 28 West Adams Avenue # of Floors Bldg. Age Square Feet 80 2 City (5) 3.000 Current Use (Prior if being demolished) Pleasantville County Code (7)(STATE USE ONLY) Vacant Residence County (6) Name of Abatement Contractor (9) Atlantic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Shade Environmental, LLC Street Address Street Address 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00842 856-755-0099 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EMSL Analytical, Inc. 04 / 07 / 17 04 / 03 / 17 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ___AM-____PM/____PM-___AM Cinnaminson, NJ 08077 Time of Abatement: ☐ Full Containment with Negative Pressure Scope of Work (Check all that apply) ☐ Mini-Enclosure ☐ Glovebag Proce ☐ Renovation Glovebag Procedure ≥3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure □ Demolition ≥ 160 sf or ≥260 lf Abatement Type Is Location Encapsulate Removal Description of Normally Amount Asbestos Containing Material (ACM) Location of Used Solely by (Specify Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED surfacing, VAT, or Custodial Staff? IN Facility other miscellaneous) (12)(13)No N/A Yes \boxtimes 2,368 SF Siding \boxtimes Exterior П Name of Registered Landfill Cubic Yards of NJDEP Waste Atlantic County Utilities Authority Name of Registered Waste Hauler Waste Hauler ID No. Garden State Dredging and Excavating 20 34498 Disposal Date Egg Harbor Township, NJ City, State 4/7/2017 Clermont, NJ Date

Vice President of Operations

Title

Signature

3/30/17

Completed By (Print or Type)

Christina Lynch

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Street Address 64 BROAD STREET						Street 396 \		ss EHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747		-				City, S	tate, Z	Zip Code RIVER, N		<u> </u>				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	ne No. 90-2217		Teleph 732-4			- 1	License N 01111	lo.			
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Agencies Notified Type Notification			Street A 4000 h	ddress HADLEY ROA	.D		ASBEST				-&
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64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747					City, S	State, Zip Code JTH RIVER, N					
Project Manager for Monitoring Firm TOM GEIGER			Telepho	ne No. 90-2217	Telepi	none No. 432-8350	License 01111	No.		30	
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Completed by CAROL RAIMO	Title OFF	ICE N	1ANAG		Signatur	rall		3/3	12	01	7

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	017		27	Name PSE	of Building &G	g Owner/	Operator	(2)	-		APR	- 4	2017	Section 1	世
Agencies Notified	Type Notification Initial				Address HADLE	Y ROA	.D		And the second second	ASE	BESTOS	CON	VTRO	DL 8	i
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City, State, Zip Code MATAWAN, NJ 0774	1 7						City, St	tate, Zip	Maria Santa		2				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)								on RV28-41	4				
3 / 29/ 17 According Notified Type Notification			126 E.	LINCOLN A		NUE,	P.O. BOX 200	JU, K120 11	ASE	EST	OS (ON	ROL 8
Agencies Notifical	tion		City, S	tate, Zip Co	de	EVO	7065	<u> </u>		LI	CEN	SING	
DEP Amended Not	ification		RAHW	AY, NEW J	EKS								1
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DCA EMERGENS	d 18000	FACI	LITY IN	ORMATIO	V		of Facility (4	1)					1
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MERCK SHARP & DOHME CORPORATION						X	Other (ie. pri	# of Floors	ncl. blo	1gs., n	dg. A	ge	1
							uare Feet	# of Floors	,	υ.	65		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 8	ON					0	40,000 rent Use (Prior	(7)	molishe	ed)			
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ENVIRONMETAL HEALTH INVESTIGATION	15, INC.					Stre	eet Address SPOOK ROO	N POAD					
Street Address					_	313	y, State, Zip C	ode					
655 WEST SHORE TRAIL						SU	FFERN, NEW	YORK 109	01				_
City, State, Zip Code SPARTA, NEW	JERSEY 07	871	bor		_	Tel	lephone Numb	per	Licens	e Nur	nber		
Project Manager for Monitoring Firm		none N 29-564	lumber			845	5-369-7500		1101				-
WILLIAM S. KERBEL, CIH	Sched. Co	mpleti	on Date	(11)		Na	me of OSHA	Monitor	SINC		#11	480	
Expected State Date (10)	6		3	0 /1/	oor	AM	MERISCI LAB	UKATUKIL	3 11.0				_
3 / Year	Month		Day	Y	ear	St	reet Address	(40-10)					
Occupancy Status During Abatement (Chec	k only one)	d of Ab	atemen			11	17 EAST 30TH	STREET					
X Facility Closed/Vacated During C	f Normal Fa	cility H				C:	ity, State, Zip	Code					
Describe: MONDAY	- FRIDAY	7 AM- 3	3:30 PM				NEV	N YORK, NE	EW YO	RK 10	0016		
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>160 SF OR 260 LF	-			Description	n of	Asbe	estos-				atem	ent Ty	m
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Name of Registered Waste Haste FREEHOLD CARTAGE, INC.	Hauler			1			447 ALEXA	NDER DRIV	E/ROL	JTE 15)		
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City State			2/1-1	0/30/17			MONTGOM	ERY, PA 1	D	ate *	2/1	19	17
FREEHOLD, NEW JERSEY Completed by (Print or Type)	itle			Signa	ture	1	4	X		j	7 1	-11	1/
BENJAMIN SANCHEZ	DIRECTOR	OF OF	ERATIO	NO		1	000	/		1		/	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 17 ASBESTOS CONTROL & Type Notification Agencies Notified HCENSIN(City, State, Zip Code Initial Notification RAHWAY, NEW JERSEY 07065 **EPA** Amended Notification DEP Telephone Number Cancellation DOL Name of Contact On Hold DOH Sandra M. Schenk EMERGENCY NOTIFICATION DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) MERCK SHARP & DOHME CORPORATION Bldg. Age # of Floors Square Feet 65 1 40.000 Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N Current Use (Prior if being demolished) County Code (7) County (6) VACANT (STATE USE ONLY) City (5) Name of Abatement Contractor (9) UNION RAHWAY ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 104 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD Street Address 655 WEST SHORE TRAIL City, State, Zip Code SUFFERN, NEW YORK 10901 City, State, Zip Code SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 973-729-5649 Name of OSHA Monitor WILLIAM S. KERBEL, CIH Sched. Completion Date (11) #11480 AMERISCI LABORATORIES INC Expected State Date (10) /17 30 117 Year Year Street Address Day Month Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7 AM- 3:30 PM NEW YORK, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo, Renovation Glovebag Procedure Demolition >3SF OR LF Non-Friable Procedure Abatement Type 260 LF >160 SF OR Description of Asbestos-ENCLOSURE Is Location ENCAPSULE Amount REPAIR REMOVA Containing Material (ACM) Location of normally used (Specify Asbestos-containing (ie. Thermal systems solely by SF or LF) insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A 50 SQ. FT. VAT & MASTIC 1st FLOOR ROOM B-51 Name of Registered Landfill Cubic Yards of Waste LYCOMING COUNTY RESOURCE MANAGEMENT SE N.IDEP Waste Name of Registered Waste Hauler 447 ALEXANDER DRIVE/ROUTE 15 Hauler ID No. FREEHOLD CARTAGE, INC. 15939 City, State 825 HIGHWAY 33 Disposal Date MONTGOMERY , PA 17752 City, State 2/1-10/30/17 FREEHOLD, NEW JERSEY Signature Completed by (Print or Type)

7/1 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT L (Pursuant to NJAC 8:60 and 5:16) MO#24219188234 Name of Building Owner/Operator (2) Date of Notification (1) _ / _ 17 John Shabe 03 ASBESTOS CONTROL & Street Address Type Notification Agencies Notified LICENSING M Initial ☐ EPA City, State, Zip Code ☐ Amended **⋈** DOLWD Amendment #_ South Orange, NJ 07079 Telephone Number X DHSS ☐ Emergency (including Name of Contact DCA justification) (NJAC 5:23-8) Monica Merel Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, Private house Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) Current Use (Prior if being demolished) South Orange, NJ 07079 County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Essex ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants,Inc 04 / 12 / 17 04 / 11 / 17 Street Address Occupancy Status During Abatement (Check only one) 20-21 Wagaraw Road, Bldg .# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/__PM___AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Full Containment with Negative Pressure Scope of Work (Check all that apply) Glovebag Procedure Tent with Negative Pressure Mini-Enclosure Renovation Non-Exempted (*) and Non-Friable Procedure >3 sf or >3 lf > 160 sf or >260 lf Demolition Abatement Type Is Location Encapsulate Enclosure Repair Description of Normally Asbestos Containing Material (ACM) Amount Location of Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ SIF or LF) TO BE ABATED surfacing, VAT, or Custodial Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes \boxtimes 12 LF · \boxtimes Duct insulation Closet-second floor П NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 City, State Gr Tech LLC Disposal Date City, State Tullytown, PA TBD Date Wayne, NJ 07470 Signature Tentre Nevrao Title Completed By (Print or Type) 03/30/17 Owner N.Jevtic * Do not use this form for asbestos licensure exempted activities. ASB-41 **MAY 11**

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APR - 4 2017

	(P	ursua	int to l	NJAC 8	:60 and 12	:120)						+	+	7
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used S	mally Solely	by æ/	Asbes (i.e.	Description Description Contains (in thermal symbol surfacing other miss	ing Ma stems 1. VAT	iterial (insulat , or	ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
V 55-71	Yes	No	N/A		TRAN	151	TF		+	1000SF	X			
SIDING	+++	-	X		TACOHOC	31	10				-			-
									+=		+			
	-		JDEP V		Cubic Ya		N	ame of R		red Landfill	11	Δ	3-59	
Name of Registered Waste Hauler		_ H	2 der 10	NO. Y	of Waste Disposal	VOS	2 0	ity, State	, W		<u> </u>	77		=
City. State WARIT SHARE	W.J	`				ature		W(DOV	BINE	70	<u>.)</u>	_	=
	te Su	P.				de.	le	N			- [<u> </u>		

NOCH		88		(Pı	ırsuar	nt to NJA	VC 8	3:60 and 5:1	6)			A PR	Λ	20	147	100 100 T
Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator	(2)	1075		AFR		- ()17	T.
3/	17 /	17	_		E.I.	duPont	de N	Nemours		· ·	ALL CONTRACTOR OF THE PERSON O	2000 O WY C C				
Agencies Notified	Type Notific	ation	S. Sample por		Street	Address					ASB					L &
□ EPA					250	Cheese	gua	ke Road				LIC	ENS	SING	2	
□ DOLWD						State, Zip (-	
☐ DHSS	Amendm	and the second		17		lin, NJ 0										
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		iding			of Contac					Telenhone	Numbe	er		-	
(NSAC 3.23-8)	☐ Cancella					hol Rein		d				· vambe				
					FA	CILITY IN	IFO	RMATION								
Name of Facility Where A	batement is	Taking P	lace	(3)					Туре о	f Facility (4)					
DuPont Parlin Facil	ity - Bldg. 4	125							Sch	ool (K-12))					
Street Address	, ,			-					Sub	chapter 8	(Other than	K-12)				
250 Cheesequake R	Road									er (ı.e., pr nes, etc.)	ivate and cor	nmerci	al bu	ıldıng	S,	
City (5)									Square	encommunications.	# of Floors		Blo	dg. A	ne	
Parlin											1	5		9.7	99	
County (6)					Cour	nty Code (7	VSTA	ATE USE ONLY)	Curren	t Use (Prid	or if being de	molish	ed)			
Middlesex						,	ησ.,		Exte				/			
Name of Monitoring Firm	Hired by Build	dina Ow	ner (8	8)	ASCM	No	Na	me of Abatem					_	-	W. E. C.	
Cardno ATC	, mod by ban	unig Ow	101 (0	"	7.COM	110.	10 0	BRISTOL EN			. INC.					
Street Address								eet Address			,					
3 Terri Lane							1	1123 BEAVE	R STRE	ET						
City, State, Zip Code							Cit	y, State, Zip C	ode							
Burlington, NJ 0801	6						1	BRISTOL, PA								
Project Manager for Monit				Tele	phone	No.	-	lephone No.			License N	0.	-			
John Lutz	3				9-386		2000	215-788-6040)		00509					
Start Date (10)		Schedule	ed Co				Na	me of OSHA N	Monitor							
ON HOLD			1		1	(/	1,000	BRISTOL EN		MENTAL	, INC.					
Occupancy Status During	Abatement (Check o	nly or	ne)			10.00	eet Address				3			-	
□ Facility Closed/Vacate			The second		ment		22255	123 BEAVE	RSTRE	FT						
☐ Abatement Performed						cribe		y, State, Zip Co								
Time of Abatement: 7:					AM		1 200	BRISTOL, PA								
Scope of Work (Check all	that apply)							J. (1010L, 17	. 10001							-
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			ls l	ocat	ion					T			Aba	ateme	ent Ty	ype
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Building 425 Exterior				\boxtimes		Pipe Ins	sula	tion			42 LF					
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Name of Registered Waste	e Hauler				JDEP V	Naste	Cul	oic Yards of	Name	of Regist	ered Landfill					
Bristol Environment				362	auler I		Wa			OWS La						
City, State								posal Date	City, S					-		
Bristol, PA								/3/2017			PA 19067					
Completed By (Print or Ty	ne)	Title						Signature				Date				
Gino Pizzigoni	00)	Esti	matr	or.				11.) .	1.	1	Date 3/	28	1/5	7	
GITTO FIZZIGOTTI		LSti	mati	,,				Sino 1	uggege	ony of	<u></u>	1-1		1. 1		

ASB-41 GI 17050

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 3 17 / E.I. duPont de Nemours Type Notification Agencies Notified Street Address ☐ EPA ASBESTOS CONTROL & 250 Cheesequake Road DOLWD 1833 ☐ Amended City, State, Zip Code ☑ DHSS 1840 Amendment # Parlin, NJ 08859 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Nichol Reinhold **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DuPont Parlin Facility - Bldg. 425 School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 250 Cheesequake Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Parlin County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Exterior Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Cardno ATC BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Lutz 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor _4 / 1 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-____PM/3:30PM-__AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A **Building 425 Exterior** X Pipe Insulation 42 LF X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Bristol Environmental Inc Waste GROWS Landfill 18706 3 City, State Disposal Date City, State Bristol, PA 4/3/2017 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Gino Pizzigoni Estimator

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

ASB-41

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Date of Notification (1)				1	Name o	of Building	Owne	er/Operator (2	?)					
3/	29 / _	17			New	Jersey [Depa	rtment of N	lilitary and Vete	erans Affairs	APR -	4	2017	
Agencies Notified	Type Notificati	ion			Street /	Address								
⊠ EPA					101	Eggerts	Cros	sing Road		1 1 0000	CTOS	001	TED	
□ DOLWD	☐ Amended			(City, St	ate, Zip Co	ode			TAGEL	LICE	VSIN	G	
⊠ DOH	Amendmer	22	dina		Law	rencevill	e, N.	J 08648		L				
□ DCA (NJAC 5:23-8)	☐ Emergency justification		ung	T	Name (of Contact				Telephone Nu	mber			
(140/10/0.20-0)	☐ Cancellation	0.500			Llew	ellyn Ch	arles	3					2	
					FAC	ILITY INI	FORI	MATION				o		
Name of Facility Where	Abatement is Ta	aking Pla	ace ((3)					Type of Facility (4	4)				
New Jersey Nation					Shop	No. 8			School (K-12)		10)			
Street Address							V1.		☐ Subchapter 8☑ Other (i.e., pri	vate and comm	iz) iercial b	uilding	S,	
1060 Hamilton Stre	et								homes, etc.)					
City (5)				//					Square Feet	# of Floors	В	dg. A	је	
Somerset									50,000	2		80		
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (Price		lished)			
Somerset									Field Mainte	nance Shop				
Name of Monitoring Firm	Hired by Buildi	ing Own	ner (8	3) A	SCM I	No.			ent Contractor (9)					
TTI Environmental	, Inc.				0000	3	SI	nade Enviro	onmental, LLC					
Street Address							Stre	et Address						
1253 N. Church Str	eet						62	23 Cutler Av	/enue					
City, State, Zip Code								State, Zip Co						
Moorestown, NJ 08	3057					-	M	aple Shade	, NJ 08052		d			
Project Manager for Mon	nitoring Firm		1000	Telep	hone I	No.	Tele	phone No.		License No.				
Mike Stocku				85	6-840-	-8800	85	6-755-0099	Í	00842				
Start Date (10)	S	chedule	d Co	mplet	ion Dat	e (11)	Nam	ne of OSHA N	lonitor					
04 / 17 /	17	04	_ /	27	_ / _	17	El	MSL Analyt	ical, Inc.					
Occupancy Status Durin		heck or	nly o	ne)			Stre	et Address	0)		100			
☐ Facility Closed/Vacat					nent		20	00 Route 13	0 North					
☐ Abatement Performed	d Outside of No	rmal Fa	cility	Hours	s - Des	cribe	City	State, Zip Co	ode					
Time of Abatement:	AM	PM/_		_PM		AM	C	innaminsor	n, NJ 08077					
Scope of Work (Check a	II that apply)							57		525 P25				
			10						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf >160 sf or >260 lf				novatio molitio				☐ Gloveba	g Procedure					
△ ≥100 SI 01 ≥200 II			, 50.	11011110				☐ Non-Exe	mpted (*) and No	n-Friable Proce				
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Location				Iormal d Sole				Description of		Amount	Re	Re	Ē	E
Asbestos-Containing TO BE AB)		ntenar				Containing Ma rmal systems		(Specify	Removal	Repair	cap	Enclosure
IN Faci		(Cust	odial S	Staff?	(S	urfacing, VAT	, or	SF or LF)	/a		Encapsulate	ure
(13)		-		(12)		-	oth	ner miscellane	eous)				te	
			/es	No	N/A					00.05		1		
Boiler Room	Boiler Room								hop Gasket	60 SF		-	분	
Boiler Room	◁				7//	Gasket Mat		100 LF			屵			
Boiler Room	◁						plete Demo)	75 SF		-	븯			
Boiler Room			\leq			Boiler E			plete Demo)	50 SF				Ш
Name of Registered Wa	150.0	JDEP \		Cub	oic Yards of	Name of Regis								
Freehold Cartage	П	auler II 15939		4	0		orth Landfill							
City, State				1200000	oosal Date	City, State								
Freehold, NJ				4	/27/2017	Morrisville	, PA							
Completed By (Print or	Туре)	Title					-	Signature—	10		Date			
Christina Lynch		Vice	e Pr	eside	nt of	Operatio	ns	(mok	@]		3/2	9/	7	

'£ 393 9		NOTIF	(Pur	FION (suant	to NJAC	ESTO: 8:60	S ABATE and 5:16)	Heat	D) E G		\mathbb{V}		
Date of Notification (1)	28 /	17			f Building (e Massi	Owner/0	Operator (2)	ar con-aministry	APR الالا	- 4	201 7	-	الا
Agencies Notified ⊠ EPA	Type Notification	on		Street A	ddress				ASBESTO	OS CON ENSIN)L &	
☑ DOLWD	☐ Amended		H	City, Sta	ate, Zip Co	de			End to		-		
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DCA (NJAC 5:23-8)	☐ Emergency justification		1	Name o	f Contact				Telephone Nur	nhar			
(NJAC 3.23-0)	☐ Cancellatio			Dant	e Massi								
				FAC	ILITY INF	ORMA	TION						
Name of Facility Where	Abatement is Ta	king Place	(3)					Type of Facility	(4)				
Residence								School (K-1	2) 8 (Other than K-1	2)			
Street Address								Other (i.e.,	private and comm	ercial bui			
City (5)								Square Feet	# of Floors		lg. Ag	е	
Ventnor								2,000	3		30		
County (6)				Count	y Code (7)(STATE	JSE ONLY)		rior if being demo	lished)			
Atlantic								Residence					
Name of Monitoring Firm	n Hired by Buildin	ng Owner (8)	ASCM N	10.			nt Contractor (9					
Mgmt. & Environm	ental Consult	ing Servi	ces					nmental, LLC	; 				
Street Address							Address						
PO Box 341						1000000	Cutler Av						
City, State, Zip Code							tate, Zip Co						
Chesterfield, NJ 0			1		.	1. 100000000		NJ 08052	License No.				-
Project Manager for Mo	nitoring Firm		9.00	phone N	NA 2000	N	one No. -755-0099		00842				
Bill Weisgarber	10	cheduled C		9-298-	3500		of OSHA M						
	/ _17	04 /	14			EMS	SL Analyti						
Occupancy Status Durin							Address	O Namba					
□ Facility Closed/Vaca □ Abatement Performent	ted During Entire	e Period of	Abate	ment c Dec	rihe		Route 13						
Time of Abatement:	AM	PM/	_PM-	/	AM		tate, Zip Co naminson	, NJ 08077					
Scope of Work (Check a	all that apply)					r	Z Eull Cont	cinment with N	egative Pressure				
≥3 sf or ≥3 lf		⊠ Re	novat			[☐ Mini-Enc	losure a Procedure					
△ ≥ 100 si 0i ≥200 ii				• • • • • • • • • • • • • • • • • • • •		[☐ Non-Exe	mpted (*) and I	Non-Friable Proce				
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Locatio Asbestos-Containing		111	Norma ed Sole		Ashes		escription o ntaining Ma	ot iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AE		IVI	intena	ince/ Staff?	(i.e.	., therm	al systems	insulation,	(Specify SF or LF)	lova	==	sde	uso
IN Fac	*	Cus	(12)				acing, VAT miscellane		SF 01 LF)	=		late	l e
(13))	Yes	No	N/A	ĺ	01.101							
Crawlspace			\boxtimes		Pipe Ins	sulatio	n (Glove	Bag)	15 LF				
Attic			\boxtimes		Vermicu	ulite			630 SF				
7.000													
										П			
			11,	NJDEP V	Nacto	Cubic	Yards of	Name of Re	gistered Landfill				
Name of Registered Was Shade Environme			1 3	Hauler II	O No.	Waste 5		Atlantic	County Utilities	s Autho	rity		
City, State Maple Shade, NJ						A	sal Date 4/2017	City, State Egg Har	bor Township,	NJ			
Completed By (Print or	Tyne)	Title				5	Signature	_		Date			
Christina Lynch	. 100/	5000 C	resid	ent of	Operation	1 /	msk	do		3/28	1	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 03/25/17 1828 Realty Associates LLC Agencies Notified Type Notification Street Address ASBESTOS CONTROL 160 Copper Road $\times \times \times$ LICENSING **EPA** Initial City, State, Zip Code DEP X Amended DOL Amendment #3 West Berlin, NJ 08091 Emergency (including Name of Contact X DOH Telephone Number justification) DCA Cancellation Larry Gottlieb FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kaplan School (K-12) Street Address Subchapter 8 (Other than K-12) X NE River Road & East State Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Camden, NJ 08105 135,000 1 88 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Camden Abandoned Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Testing Consultants** Silt Asbestos Abatement LLC Street Address Street Address 413 N. Black Horse Pike 1800 Federal Street City, State, Zip Code City, State, Zip Code Runnemede, NJ 08078 Camden, NJ 08105 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Howard Zenobi 856 482 1311 856 630 3288 01303 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/14/17 04/15/17 Self monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED ncapsulate (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Entire roof X Roofing material 135,000 SF x

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Voyager Trucking Corporation IESI PA Bethlehem Landfill Corp 0033932 417 City, State Disposal Date City, State Newark, NJ Ongoing Bethlehem, PA Completed by Title Signature Date Jeff Yekenchik Owner 03/25/17

Street Addr

City, State, Zip Code

Name of Contact

County Code (7)

ASCM No.

(STATE USE ONLY)

Date of Notification (1)

Agencies Notified

EPA

D DEP

DOH DCA

Street Address

City (5)

County (6)

3/29/17

Name of Facility Where Abatement is Taking Place (3)

PATERSON

Name of Monitoring Firm Hired by Building Owner (8)

PASSAIC

Type Notification

Initial

Amended

Amendment # Emergency (including

justification)

Cancellation

MR. FELICIANO

Name of Building Owner/Operator (2)

PATERSON. NJ

FACILITY INFORMATION

D. TELEPIN	DEC	E		\mathbb{V}	E
BATEMENT (2:120)	1414010	R -	Δ	201	7
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. NJ. 075	1-0				
ANO ON	Telephone Numb	CI			
Type of Facility (4))				
Other (i.e. pri) (Other than K-12) vate & commercial b				tc.)
Square Feet ZOPO	# of Floors	-	ig. A	ge 40	
Current'Use (Prior	if being demolished)	•a			
Name of Abatement Contra	ctor (9)		-	//	
Best Removal In	nc	-		*))	
450 South River	Street				
City, State, Zip Code					
Hackensack, NJ (Telephone No.	License No.				
201-329-7444	003	88	aturatu con		
Name of OSHA Monitor					
Omega Environ	nental		-		
Street Address 280 Huyler Stre	et				2
City, State, Zip Code South Hackensa	ack, NJ 07606				
Mini-Enclosure Glovebag Proces	t with Negative Pres dure *) and Non-Friable I		re		
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e /	egistered Landfill			. ~	
11/20 M	inverva Enter	nrise	s I		

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Street Address					Street Address						
					450 South F		eet				
City, State, Zip Code					City, State, Zip Code						
••					Hackensack,	NJ 0760					
Project Manager for Monitoring Firm			Telephor	e No.	Telephone No.	7444	License No.				
				¥	201-329-		003	88			
Start Date (10)	Schedule	d Com	pletion Da	te (11)	Name of OSHA Mor						
411/17	-	4/1	117		Omega Env	ironment	al			_	
Occupancy Status During Abatement (Check Or	ly One)		8	1.5%	Street Address 280 Huyler	Street				~	_
☐ Facility Closed/Vacated During Entire Per					City, State, Zip Code						S
Abatement Performed Outside of Normal I Other - Describe: 3:9 Au To	acility Ho	o Pr	1		South Hack	ensack.	NJ 07606				
Scope of Work (Check All That Apply)	_				1			*			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	2000	Renova: Demolit			Full Cont Mini-Enc		Negative Pres	sure			
☐ ≥160 St Ot ≥250 II	ш ,	Jemon	lion		← Glovebage	Procedure					
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TO BE ABATED In Facility	Cus	stodial 5		(i.e. thermal s	stems insulation, surfacing VAT. or		Specify F or LF)	Removal	Repair	cap	nclo
(13)		(12)		oth	er miscellaneous)			oval	air	Encapsulati	Enclosure
	Yes	No	N/A							e	
BASEMENT				THERMAL S	PSTEH INDUKTI	on.	4515	X			
											_
Name of Registered Waste Hauler			JDEP W	aste Cui	ic Yards Nam	ne of Register	ed Landfill	L.,			
7 7 17		F	lauler ID		Vaste		Enter	:	. т	TC	
Best Removal Inc			171		11/207		rva Enter	prise	2S, L	LL	0.55
City, State Hackensack, NJ 07601				1	. 1	, State Vaynesbu	ırg, OH 4	4688	3		
Completed by	Title				Signature	2220	Da		_	1 -	,
J. Maiorano	E	stima	ator		1 Caron	صبحر	2	3/2	7/	1/	
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ASB-41 (R-06-08)					* Do not use the	is form for a	sbestos licens	ire exe	mpte	d activ	vities
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	29 / 17	_	Wil	liam C	Carbone					1			-	4
gencies Notified	Type Notification		Stre	et Ado	dress					ASBESTOS	CONT	ROL	&	
T EPA	✓ Initial									LICEN	ISING			+
DOLWD	Amended "		City	, State	e, Zip Code				10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -					
☑ DHSS	Amendment #	udina	Ros	elle P	ark, NJ 07	7204				L. b Numbo				-
DCA (NJAC 5:23-8)	Emergency (included)	uung			Contact				116	elephone Numbe	:1			
(NJAC 5.25-6)	Cancellation		Wi	lliam (Carbone					1	20	e to e to c		-
				ACIL	ITY INFO	RMATI	ON							-
Name of Facility Where A	patement is Taking F	Place (3)						Type of Facili						
							[School (K-	r 8 (C	ther than K-1 2)				
rivate house Street Address								Other (i.e.	, priva	ate and commerci	ial buildi	ngs.		
Stieet Address								homes, et	(c.)					
City (5)				-				Square Feet		# of Floors	Bidg.	Aye		
										**	204)			
Roselle Park, NJ 07204 County (6)				County (Code (7) (ST.	ATE USE	ONLY).	Current Use	(Prior	if being demolish	ieu)			
2764														
Jnion Name of Monitoring Firm	Hired by Building O	wner (8)	AS	CM No). N	lame of	Abateme	nt Contractor	(9)					
reality of the					G	r Tech	LLC _							_
Street Address					S	Street Ad	idress							
Oli est Address							ey Rd #2							
City, State, Zip Code					1		te, Zip Co							
,							NJ 0747	0		License No.				
Project Manager for Mor	itoring Firm		Teleph	one N		relephor				188382				
VIX. AND APPLICATIONS CHESCHER AND MISSHESS PHILLS OF A CITY						73-638		(16		01127				
Start Date (10)	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	duled Cor					OSHA N							
04 / 10 /)4_/	11	_ /				nsultants,In	ıc					-
Occupancy Status Durin	g Abatement (Check	k only on	e)		1	Street A		**************************************						
M Facility Closed/Vaca	ted During Entire Pe	eriod of A	batem	ent	2	20-21 W	Vagaraw	Road, Bldg	g .# 3.	5E		-	-	
☐ Abatement Performe	d Outside of Norma	I Facility M/	Hours PM	- Desc			ate, Zip C							
Time of Abatement:		IVII			F	air Lav	wn, NJ C	7410	amina	ation with negativ	e press	ure		-
Scope of Work (Check a	ill that apply)					H	Full Cor	p and decom tainment with	h Neg	ative Pressure				
57 - 2 of or >3 If		⊠ Ren	ovatio	n		日				Fent with Negativ	e Press	ure		
>3 sf or >3 lf > 160 sf or >260 lf			nolition			M	Gloveba Non-Exi	ng Procedure empted (*) ar	nd Nor	n-Friable Procedi	ure	1		
			Landi								Aba	ateme	ent Ty	/pe
			Location Location			De	scription	of	1	*************	Z	R	En	E
Location Asbestos-Containin	n or g Material (ACM)		d Sole ntenar		Asbes	tos Cont	taining M	aterial (ACM))	Amount (Specify	Remova	Repair	cap	Eliciosole
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Basement-boiler room				×	Pipe insu					10 LF				L
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Name of Registered V	laste Hauler		NJ	DEP Wast	e Hauler ID No.	Cubic Y	ards of Wa	aste Name of	Regi	stered Landfill				
= ==				00337	85	TE	3D	T.R.R.I					-	
Gr Tech LLC						Dispos	sal Date	City, Sta	ate					
City, State						TE	3D	Tullyto	wn, P	PA				
Wayne, NJ 07470 Completed By (Print of	r Tyne)	itle					Signature	1			Date			
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Date of Notification (1) 03/29/2017			Name of E South P				(2)			APF	- 1	4	2017	1	التا
Agencies Notified Type Notification			Street Add		ve				AS	SBEST	OS	COI	VTR	OL 8	
X EPA X Initial Amended Amendment #_			City, State					1		L	ICE	NSIN	1G		-
X DOL Amendment #_	luding	-	South F	Plainfield	d,NJ,0	7080									
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding		Name of C	Contact IGGINS					Tale	ohone N	Numb	er			
DCA Cancellation			935000000000	ITY INFO	2	ON			-				65		
Name of Facility Where Abatement is Taking P	lace (3)		17.012				Туре	of Facility ((4)						
South Plainfield Middle Shool							×	School (K-1 Subchapter	12) - 8 (Othe	er than K	(-12)				
Street Address 2201 Plainfield Ave							Ti (Other (i.e. p	orivate 8	comme	ercial	buildi	ngs, l	nomes	S,
City (5)								etc.) re Feet	# of	Floors		Blo	dg. Ag	je	
South Plainfield							N/A		N/A			N/	/A		
County (6)	•		County Co					nt Use (Pri	or if bei	ng demo	olishe	ed)			
Middlesex	mor (9)		ASCM			Name		tement Co	ntractor	(9)					
Name of Monitoring Firm Hired by Building Ow AHERA CONSULTANTS, INC	ilei (o)		0057	140.				TEMEN							
Street Address							Addres								
PO BOX 385								n Street						- 17	-
City, State, Zip Code Oceanville, NJ 08231								ip Code NJ ,0752	24						1
Project Manager for Monitoring Firm			Telephon	e No.			none N			Licens					
John Smoyer			609-65				333-5			0127	4		0 185		
1	cheduled		npletion D	ate (11)				HA Monitor							
04/07/2017 Cocupancy Status During Abatement (Check C						1,550,10,00	Addre								
			nent			89 F	rankli	in Street							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	Facility I	Hour	S		_	100 100 100		ip Code NJ,0752	4						
Scope of Work (Check All That Apply)	77.2.7.7.7.7.							-				-2			
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	ls l	ocat	tion											ment	
Location of	N	orma			De	scription	n of		١,				1 9		
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntena	ance/	Asbest (i.e.	thermal	system	ns insul	l (ACM) ation,	(:	Specify		Rei	Z	Encapsulate	Enc
In Facility (13)	Cusic	(12)	Staff?			cing, V/ niscella			S	F or LF)		Remova	Repair	psula	Enclosure
(10)	Yes	No	N/A									=		ate	e)
ROOM #9		X		FLO	OOR T	ILE &	MAS	TIC	5	16 SF		Х			
ROOM #9A		X		FLO	OOR T	ILE &	MAS	TIC	2	28 SF		Х			
TKO M. W. T															
					10.000										
Name of Registered Waste Hauler			NJDEP W			Yards		Name o	f Regist	ered La	ndfill				
TRY STATE TRANSFER /YIMY BRO	THER		Hauler ID 19551	INO.	of Wa	ste		MINE	RVA E	NTER	PRI	SES			
City, State 1199 RANDALL AVE BRONX NY					Dispo	sal Dat	е	City, St. 900 M		ya RD	WA	YNE	ESBU	JRG	ОН
Completed by	Title	11000			100	Signatu	re /	/ /	/		Da				No.401.00
VICTOR ESPIRITU	10.10.00/11	JEC	T MANA	AGER		Mrs	2 km	WE	nf	/	03	3/29/	2017		

Print Form

	NOTIFIC		OF AS	ew Jersey BESTOS AB	BATEME	NT		Chec	k#3724	<u>u</u> <u>u</u>			-
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te of Notification (1)	Pr	inceto	n D	ay School									
28/2017	- 5	Street A	ddress				ì	AS	BESTOS	CONTR	ROL	&	
encies Notified Type Notification			eat Ro						LICEN	SING		-	-
EPA Initial	T-	City, St	ate, Zip	Code									-
DEP Amended Amendment #	P	rincet	on, N	IJ 08540				Teler	hone Numbe				
BOL Emergency (including	ng	Name	of Conta	act				1					
DOH justification) Cancellation	s	teve	Storey	1					_				1
DCA 🗀		FAC	CILITY I	NFORMATI	ON	Type	e of Facility (4)				60	ŀ
ame of Facility Where Abatement is Taking Place	e (3)				1		0 1 1 // 15	2)					
inceton Day School				42		X	Subchapter	8 (Othe	r than K-12) commercial l	ouildings	, hom	es,	
treet Address							Other (i.e. pretc.)						4
O Great Rd						Sat	uare Feet	# of	Floors	Bldg.	Age		1
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Oity (5) Princeton, NJ			- 1	(7)		Cu	rrent Use (Price	or if bei	ng demolishe	d)			
		Coun	ty Code	ONLY)									_
County (6)					Name	e of A	batement Cor	ntractor	(9)				
Mercer County Name of Monitoring Firm Hired by Building Owne	r (8)	AS	SCM No	-	Nick	Rest	oration LI	_C					_
AMM					Stree	et Ado	dress						
Street Address							cside Rd						_
7 Nottingham Rd					City.	State	e, Zip Code						
City, State, Zip Code					Rand	olph	NJ 078	59					_
Fair Lawn		1=1	phone	No	Tele	phon	e No.		License No).			
Project Manager for Monitoring Firm					973-	933-	2550		01133		-		_
	heduled (201)475-9	te (11)	Nan	ne of	OSHA Monito	r					
D-to (10)			uon Da	10 (11)	IRIS	0							_
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Occupancy Status During Abatement (Check O	nly One)		wee				Γ 22						_
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal	ind of Abi	atemen	it		Cit	y, Sta	ite, Zip Code						
At stamont Definiting Outside of the	r active .				Uni	on,	NJ 07083						
Aparement renor 6pm					- Automatic	- 57.7							
Other – Describe: ophi									Manafino	Drossure	9		
Other – Describe: 6pm Scope of Work (Check All That Apply)		novatio	'n				Full Contain	nment	with Negative	Pressure	9		
Scope of Work (Check All That Apply)	⊠ Re	novatio				区区	Mini-Enclos	sure				1	
Scope of Work (Check All That Apply)	⊠ Re					N X	Mini-Enclos	sure		able Proc	edure	ment	The same of the sa
Scope of Work (Check All That Apply)	Re De	molition	n T			L 区	Mini-Enclos	sure		able Proc	cedure Abate	ement	1 2000
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Attic entrance Room 230	Is I N Usec Mai Cust	Location ormally disorded Society (12)	n / by ce/ taff?	rsi	Contain ermal sy	ptionning M stem: g, VA ccellar	Mini-Enclose Glovebag Ron-Exem of Material (ACM) s insulation, IT, or meous)	me of R	Amount (Specify SF or LF)	Removal X	Abate Ty Repair	pe	
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Elvira Mrda

Date of Notification (1)			N	OT	IFICA	TION OF	of New Jersey ASBESTOS A	BATEMENT	In) E	G			7
					(Pul	rsuant to	NJAC 8:60 and	5:16)			f	0	2
8 /	0.4	/ 1	6			Name of Bu	uilding Owner/Oper	ator (2)		PR	4	920	7
Agencies Notified						Princeto	on University-Of	fice of Design	and Construct	ion		,	
□ EPA		otification	1			Street Addre	ess						
☑ DOLWD						200 Elm	Dr.		ASBES	510	S CC	ONTE	10
☑ DHSS		nded ndment #	+5_3/	1771	17	City, State, 2	Zip Code			LICE	ZIVOI	IVG	
☑ DCA	☐ Emer	aency (in	nclud	ling	11		n, NJ 08544						
(NJAC 5:23-8)	justific	cation)	ioidu	iiig	1	Name of Cor			N. C.				
	☐ Cance	ellation				Robert O			Telephone	Numb	per		
N.							/ INFORMATION		'			-	
Name of Facility Where A	Abatement	is Taking	g Pla	ce (:	3)		OKMATION	Type of Fac	104 - 743				
Princeton Universit	ty-Firesto	ne Libr	rary					School (K			X 23		
Street Address								Subchan	K-12) ter 8 (Other than I	V 401			
Washington Rd								Utner (i.e	private and com	(-12)	ial hu	ildina	
City (5)								nomes, e	(C.)		ימו טע	numg:	5,
Princeton								Square Feet			Blo	dg. Ag	e
County (6)					1	Yeurst 6		1,000,000			7	70	
MERCER					0	ounty Code	(7)(STATE USE ONL	Y) Current Use	(Prior if being dem	nolish	ed)	-	
Name of Monitoring Firm I	Hired by D	ildi C		1=				Library		. 5113116	Ju)		
ATC Group Services	med by Bu	maing O	wner	(8)	1	CM No.	Name of Abate	ment Contractor	(9)				
Street Address	LLC				0	0098	BRISTOL F	NVIRONMENT	TAL INC				
A STATE OF THE PROPERTY OF THE							Street Address	THE PROPERTY OF THE PARTY OF TH	AL, INC.				
Three Terri Center								ER STREET					
City, State, Zip Code		20.00											
Burlington, NJ 08016							City, State, Zip						-
Project Manager for Monito	ring Firm			Te	elephor	ne No	BRISTOL, P	A 19007					
Michael Keehn						86-8800	Telephone No.		License No.				
Start Date (10)	1:	Schedul	ed C				215-788-604		00509				
9 / 29 /	16	A	JU ()	ornp	etion [Date (11)	Name of OSHA						
		- 4	_ ′		.0 /	17	BRISTOL EN	VIRONMENTA	AL, INC.				
Occupancy Status During A	patement (Check o	nly o	ne)			Street Address						
☐ Facility Closed/Vacated [☐ Abatement Performed O	Juring Entir	re Period	A fo t	Abate	ement		1123 BEAVE	RSTREET					
Abatement Performed Out	AM-8-30E	ormal Fa	cility	Hou	ırs - De	scribe	City, State, Zip C						
Cana (10)	<u>0.00</u> P	141/	_PM	I~	A	Л	BRISTOL, PA					100	
Scope of Work (Check all tha	at apply)						,,,,,	1 1 3 0 0 /					
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Location of			Is L	ocat orma	ion			prod () and NO	II-Cliable Procedu		1		
Asbestos-Containing Mate	erial (ACM)	L	Jsed .	Sole	elv bv		Description of	f				nent T	1
TO BE ABATED)	1	Maint	tena	nce/	Asbes	thermal systems	erial (ACM)	Amount	Removal	Repair	E	1
IN Facility (13)		C			Staff?	(1.6.,	, thermal systems in surfacing, VAT,	nsulation,	(Specify	Vou	pair	cap	100
(13)		V		(12)	T	-	other miscellaneo	ous)	SF or LF)	a		Encapsulate	FIICIOSUIE
evels B, A and 1		Ye		No	N/A							ate	
evels B, A and 1						Fireproo			1,620 SF				Г
evels B, A and 1			1			Radiator	liner		320 SF				Г
						Spline, p	laster & Drywall	ceiling	15,924 SF				_
	ode :] [7	_
ame of Registered Wash	JIET			NJ	DEP W		Cubic Yards of	Name of Registe	ered Landfill		Ш	Ш	
ame of Registered Waste Hat BRISTOL ENVIRONMEN					8706	140.	Vaste		NORTH LANDF	ILI			
BRISTOL ENVIRONMEN	· AL, INC.									-			
BRISTOL ENVIRONMEN ty, State	·AL, INC					D	Disposal Date	City, State					
ame of Registered Waste Hat BRISTOL ENVIRONMEN' ty, State BRISTOL, PA 19007 ompleted By (Print or Type)		itle				D	Disposal Date	City, State MORRISVILL	.E. PA 19067				

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

10001				(Pur	suant to N	ASBESTOS ABA	ATEMENT :16)	1D)-E	G			P
Date of Notification (1)	31 /	16		1	lame of Buil Princetor	ding Owner/Operaton University-Offic	r (2) e of Design and	Construction	APR	- 4	20	19
Agencies Notified ⊠ EPA	Type Notifica	tion		S	treet Addres		J	- I della				
⊠ DOLWD	☑ Initial☑ Amended				200 Elm [Dr.		ASBE	STO	SCC	TMC	RO
☑ DHSS	Amendme		3/27/4	, 0	ity, State, Z	p Code		500 1000		ENS		
☑ DCA	☐ Emergend	v (incl	iding	_		, NJ 08544						
(NJAC 5:23-8)	justificatio	n)	unig	N	ame of Cont			Talasta				
	☐ Cancellati	on			Robert Or	tego		Telephone N	lumbe	ar.		
	# P					INFORMATION		1				
Name of Facility Where Ab	atement is Ta	king P	lace (3)	TAGILITI	INFORMATION	T= ==	100				
Princeton University	-Firestone	Librar	v	ć.			Type of Facility					
Street Address							School (K-12	(Other than K	(40)			
Washington Rd							Uther (i.e., pr	ivate and com	12) mercis	al buile	dinae	
City (5)							nomes, etc.)			ii buile	illigs	9
Princeton							Square Feet	# of Floors		Bldg	. Age	9
County (6)							1,000,000	8		70		
MERCER				C	ounty Code	(7)(STATE USE ONLY)	Current Use (Prid	or if being dem	olishe	d)		
Name of Monitoring Firm Hi	rod by Duildi	- 0					Library			-60		
ATC Group Services	LLC	g Own	er (8)		M No.	Name of Abateme	ent Contractor (9)					
Street Address	LLC			00	0098	BRISTOL EN	VIRONMENTAL	. INC.				
Three Terri Center						Street Address		,				
						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitori	ng Firm		Te	lephon	e No.	Telephone No.		T1:				
Michael Keehn			1	609-38	86-8800	215-788-6040		License No.				
Start Date (10)	Sch	eduled			Date (11)	Name of OSHA Mo	onitos	00509				
9 / 29 / 1	6	4	/ 2	8 /	_17							
Occupancy Status During Ab	atement (Che	ck only	(one)				IRONMENTAL,	INC.				
☐ Facility Closed/Vacated D	uring Entire D	ariad a	f Abata	mont		Street Address						
LI Abatement Performed Out	side of Norm:	al Facil	ty Han	D	scribo	1123 BEAVER						
Time of Abatement: 4:00/	AM-8:30PM/	F	PM-	AN	1	City, State, Zip Coo						
1					X	BRISTOL, PA	10007					
Scope of Work (Check all that	annly	_				BRIOTOL, FA	19007					
Scope of Work (Check all that	apply)											
☐ >3 sf or >3 If	apply)	⊠R	enovat	ion			inment with Negati	ve Pressure				
	apply)	⊠ R	enovat	ion on			inment with Negati sure Procedure					
☐ >3 sf or >3 If	apply)	_ D	emolitio	on			inment with Negati sure Procedure		re			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	apply)	D D	emolition	ion			inment with Negati		-	atem	ent T	1/00
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater		☐ De	Emolition Locate Norma Red Sole	ion lly	Ashao	□ Full Contal □ Mini-Enclo □ Glovebag I □ Non-Exem	inment with Negati sure Procedure pted (*) and Non-F		Ab	patem	T	1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED		Use Ma	Locat Norma ed Sole	ion lly ely by	Asbes	☐ Full Contal ☐ Mini-Enclo ☐ Glovebag I ☐ Non-Exem Description of tos Containing Matel	inment with Negati sure Procedure pted (*) and Non-F	riable Procedu	Ab	1	T	1
≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Mater TO BE ABATED IN Facility		Use Ma	Locat Norma ed Sole intena todial S	ion lly ely by	Asbes (i.e.,	Full Contal Mini-Enclo Glovebag I Non-Exem Description of tos Containing Mater thermal systems ins surfacing, VAT, or	inment with Negati sure Procedure pted (*) and Non-F rial (ACM) sulation,	riable Procedu Amount (Specify	Ab	1	T	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED		Use Ma Cus	Locat Norma ed Sole intena todial S	ion lly ely by nce/ Staff?	Asbes (i.e.,	☐ Full Contal ☐ Mini-Enclo ☐ Glovebag I ☐ Non-Exem Description of tos Containing Matet thermal systems ins	inment with Negati sure Procedure pted (*) and Non-F rial (ACM) sulation,	riable Procedu	-	1	T	ype Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)		Use Ma Cus	S Locate Norma ed Sole intena todial S (12)	ion lly ely by nce/ Staff?	Asbes (i.e.,	Full Contal Mini-Enclo Glovebag I Non-Exem Description of tos Containing Mater thermal systems ins surfacing, VAT, or	inment with Negati sure Procedure pted (*) and Non-F rial (ACM) sulation,	riable Procedu Amount (Specify	Ab	1	ent Encapsulate	-
≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) Levels B, A and 1		Use Ma Cus	Locat Norma ed Sole intena todial S	ion lly ely by nce/ Staff?	(i.e.,	Full Contal Mini-Enclo Glovebag I Non-Exem Description of tos Containing Mater thermal systems ins surfacing, VAT, or	inment with Negati sure Procedure pted (*) and Non-F rial (ACM) sulation, r	Amount (Specify SF or LF)	Removal	1	T	-
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Date of Notification (1)					Name of I	Buildir	ing Owner/Ope	erator	(2)			1			
8/31	1_/_	16	<u> </u>		Prince	ton (University-C	Office	of Design	n		4.00			
	pe Notifica	ation			Street Add	dress			or besig	ii and	Constr	nction	-	4 2	2017
	Initial			- 1	200 Elr					- 1					
	Amended				City, State						ASF	BESTO	120	ON	TO
	Amendme Emergence	ent #4	1-2/28	1			NJ 08544			L		LIC	EN	SIN(3 TUI
(NJAC 5:23-8)	justification	n)	ciuaing	1	Name of C										
	Cancellatio				Robert						Telepho	ne Num	ber		
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Name of Facility Where Abater	ment is Ta	king	Place	(3)	TACILI	1 1 114	NFORMATIO	N							
Princeton University-Fir	restone L	Libra	ary	/				1	Type of Fa						
Street Address			_						School Subcha	(K-12) (Other th		2		
Washington Rd									U Other (I	.e., pr	ivate and	an K-12 commer) rcial l	mildi	200
City (5)									nomes,	elc.)			Oldi L	Junun	iys,
Princeton								- 1	Square Fee		# of Floo	ors	E	lldg.	Age
County (6)				10	County Co	do /7\/	(STATE USE ON	110	1,000,00		8		1	70	
MERCER					ounty Cot	ue (/)(STATE USE UN	LY) I	Current Use	(Prio	r if being o	demolisi	ned)		
Name of Monitoring Firm Hired to	by Building	g Ow	ner (8)	AS	CM No.		Name of Al		Library						
ATC Group Services LLC	;		(-)		0098	1	Name of Abat								
Street Address					2000	-	BRISTOL		KONMEN	TAL,	INC.				
Three Terri Center						1	Street Address	7.0							
City, State, Zip Code			-			-	1123 BEAV								
Burlington, NJ 08016						10	City, State, Zip								
Project Manager for Monitoring F	irm		TT	elepho	ne No		BRISTOL,		9007						
Michael Keehn			1.		86-8800		Telephone No.				License N	lo.			
C1-1 D					00-000										
Start Date (10)	Sche	duled	d Com		Date (11)	-	215-788-60				00509				
Start Date (10)9	Schei	duled	d Com	pletion	Date (11)		lame of OSHA	Mon							
_9 / _29 / _16_	1 -	3	/_	pletion 31	Date (11)		lame of OSHA BRISTOL E	Mon		AL, I					
9 / 29 / 16 Occupancy Status During Abatem Facility Closed/Vacated During	nent (Chec	3 k onl	y one)	pletion 31	17_	St	lame of OSHA BRISTOL E treet Address	Mon	RONMENT	AL, I					
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Date of Notification (1)				N		ding Owner/Operate		III. A	PR	g	-20	11/
	<u> </u>	16			Princeton	University-Office	ce of Design	and Construction	on			
L	ype Notifica	tion		S	treet Addres	ss		ASBE				
	Initial Amended				200 Elm D				LIC	ENS	ING	
☑ DHSS	Amendme		/28/1	/	ity, State, Zi							
DCA (ALIAC 5:33.8)] Emergend	y (inclu	ding	1		, NJ 08544						
(NJAC 5:23-8)	justificatio Cancellatio	,			ame of Cont Robert Or			Telephone N	lumbe	r		153
	7 041.001141.											
Name of Facility Where Abat	tement is To	kina D	222 /		FACILITY	INFORMATION						
Princeton University-F				>)			Type of Fac	5 Te () 1 T				
Street Address	ii cotone	LIDIAI	· · · · · ·				School (I	<-12) ter 8 (Other than K	-12)			
Washington Rd							Other (i.e	., private and com	mercia	al buil	ding:	S,
City (5)							homes, e	The second secon				
Princeton							1,000,000			1 100	g. Ag	e
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MERCER						(1)(0.11.1)	Library	(1 flot it being delit	Olishe	u)		
Name of Monitoring Firm Hire	d by Buildin	g Own	er (8)	ASC	M No.	Name of Abaten		(9)			STATE OF	
ATC Group Services LL	_C			00	098	1	VIRONMENT					
Street Address						Street Address			W		-	
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode			162232	_	
Burlington, NJ 08016						BRISTOL, P.	4 19007					
Project Manager for Monitoring	Firm		Te	elephon	e No.	Telephone No.		License No.				
Michael Keehn					86-8800	215-788-604		00509				
Start Date (10)					Date (11)	Name of OSHA N						
9 / 29 / 16				31 /	17_	BRISTOL EN	VIRONMENT	AL, INC.				
Occupancy Status During Abate						Street Address			1		- 1711	
☐ Facility Closed/Vacated Duri☐ Abatement Performed Outsi	ing Entire F	eriod o	t Abat	ement	a a riba	1123 BEAVE						
Time of Abatement: 7:00AM	1-3:30PM/	I acii	PM-	AN	1	City, State, Zip Co				PH-555		
Scope of Work (Check all that a	nnly)					BRISTOL, PA	19007					
	ppiy)					□ Full Cont	ainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			enova emolit				osure	3				
			SITIOIL	1011		☐ Non-Exer	Procedure	on-Friable Procedu	ire			
			Loca							paten	nent '	Type
Location of Asbestos-Containing Materia	1 (0 00 4)		Norma	ally elv by		Description of					_	
TO BE ABATED	ii (ACIVI)	Ma	inten	ance/		tos Containing Mat thermal systems in		Amount (Specify	Removal	Repair	nca	Enclosure
IN Facility		Cus	todial (12)	Staff?	, ,	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Jusur
(13)		Yes	No	N/A	1	other miscellaneo	us)				ate	е
evels B, A and 1		-	_	0.512.03.0	Fi	r			-	_	-	1
					Fireproo	ran and an analysis of the same and an analysis of the sam		1,620 SF				
evels B, A and 1				Ш	Radiator			320 SF				
avale R A and 1		\boxtimes			Spline, p	laster & Drywall	ceiling	15,924 SF				
evels B, A and 1										П	П	П
				4			Name of Deci-			Tal.		
ame of Registered Waste Haule			10.2333	JDEP V	0.00	Cubic Yards of	Name of Regis	tered Landfill				
			10.2333	auler ID	No. V	Oublic Yards of Vaste		tered Landfill NORTH LANDF	ILL			
ame of Registered Waste Haule BRISTOL ENVIRONMENTA ity, State			10.2333		No. V	20.70			ILL			
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ame of Registered Waste Haule BRISTOL ENVIRONMENTA ity, State			10.2333	auler ID	No. V	Vaste	G.R.O.W.S.	NORTH LANDE				

ASB-41 MAY 11

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

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Date of Notification (1)					Name o	of Bui	ilding Owner/Ope	erator (2	2)	- 11	7-51				
	31 /	1	6		Princ	eto	n University-C	Office o	of Design	and C	onstruc	tion	~	4 2	017
	Type Noti	fication	1		Street A					-				_	011
10	⊠ InitiaI ⊠ Amend				200 E	Elm l	Dr.			[ASRI	ECT	20.0	2011	
☑ DHSS	Amend Amend		13-1/2	06/17	City, Sta	te, Z	ip Code			-	ASBI	=31(JS (SINC	TROL
⊠ DCA	☐ Emerge	ency (i	ncludi	ng	Princ	etor	n, NJ 08544						-14	JIM	2
(NJAC 5:23-8)	justifica	ation)			Name of	Con	tact			17	Telephone	Num	her		
	Cancell	ation			Robei	rt Or	rtego						001		
					FACIL	ITY	INFORMATIO	N						-	
Name of Facility Where Aba				æ (3)				T	ype of Faci	ity (4)					
Princeton University-	Fireston	e Libi	rary						School (K	-12)					
Street Address									Subchapt	er 8 (O	ther than	K-12)			
Washington Rd								1	Other (i.e. homes, et	, privat c.)	te and cor	mmer	cial b	uildin	gs,
City (5)								S	quare Feet		of Floors	-	R	dg. A	70
Princeton					20				1,000,000		8		1	70	ge
County (6)					County C	ode	(7)(STATE USE ON	ILY) CI	urrent Use (Prior if	being der	nolish			
MERCER									Library		3		00)		
Name of Monitoring Firm Hire		ding O	wner (8) A	SCM No.		Name of Abat	tement (Contractor (9)				_	- 6
ATC Group Services L	LC				00098		BRISTOL	ENVIR	ONMENT	AL, IN	C.				
Street Address							Street Address	S							
Three Terri Center							1123 BEAN	VER S	TREET						
City, State, Zip Code							City, State, Zip	Code					_		
Burlington, NJ 08016							BRISTOL,	PA 190	007						
Project Manager for Monitoring	Firm				none No.		Telephone No.			Lic	ense No.	- 6			
Michael Keehn					-386-8800	10	215-788-60	40		0	00509				
Start Date (10)					n Date (11)		Name of OSHA		7				- Au		
9 / 29 / 16					/ _17	- 1	BRISTOL E	NVIRO	NMENTA	L, INC	:.				
Occupancy Status During Abate							Street Address								
☐ Facility Closed/Vacated Duri	ng Entire	Period	of Ab	ateme	nt		1123 BEAVE	ER ST	REET						
☐ Abatement Performed Outsid Time of Abatement: 7:00AM	e of Norm	nal Fac	Dia Dia	lours -	Describe	Ī	City, State, Zip C	Code							
					AIVI		BRISTOL, P.	A 1900	7						
Scope of Work (Check all that ap	oply)			3444											
≥3 sf or ≥3 lf		Ø I	Renov	ration				ntainme	nt with Nega	ative P	ressure				
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		1	la La				☐ Non-Exe	empted	(*) and Non-	Friable	e Procedu	re			
Location of			Nom	cation nally								A	baten	nent 1	Гуре
Asbestos-Containing Material	(ACM)	Us	sed S	olely by	/ Ast	pesto	Description of S Containing Ma	of Sterial (4	CM	۸				7	
TO BE ABATED IN Facility				nance/	1 (i	.e., t	hermal systems i	insulation	on,		nount pecify	Removal	Repair	nca	nclo
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SERVICE TRANSPORT GRO	UP INC			ijuer Iauler I			bic Yards of		of Registere						
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VEW CASTLE, DE						Dis	posal Date	City, S							
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44 1	Est	timato	or				Brian &	cofee	o /jl		11/	26	//	7	
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^{*} Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 8 /		46				ilding Owner/Operat			1 111				
	31 /	-				on University-Office	ce of Desig	n and	Construc	tion	- 4	201	17
Agencies Notified ⊠ EPA	Type Notifi	ication			Street Addre			1			-		
☑ DOLWD	⊠ Amende	ed		1	200 Elm			- 1	ASBE	STOS	CC	MITE	20
☑ DHSS	Amendr	ment #3	-1/26	/17	City, State, 2			L_		LICE	NSI	NG	10
□ DCA (NJAC 5:23-8)	☐ Emerge		cluding	1		n, NJ 08544							
(NJAC 5.23-8)	justificat				Name of Cor				Telephone	e Numi	har		
			-		Robert O							762	
Name of Facility Where	Abatement is	Taking	Place	(3)	FACILITY	INFORMATION	T+ 7=						
Princeton Universit				(0)			Type of F						
Street Address	•		,				School	i (K-12) apter 8	Other than	K 121			
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City (5)							nomes	, etc.)					-
Princeton							Square Fe		# of Floor	S		dg. A	ge
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MERCER					ocamy code	() (OTATE USE UNLT)	Library		r if being de	molish	ed)		
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ATC Group Services			(-/		0098	BRISTOL EN			1110	2			
Street Address		7.0				Street Address	AIKOMME	VIAL,	INC.				
Three Terri Center						1123 BEAVE	PETDEET						
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Burlington, NJ 08016	3					BRISTOL, PA							
Project Manager for Monito	oring Firm		IT	elepho	ne No	Telephone No.	19007						
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Michael Keehn				609-3	86_8800	245.799.6040		- 1					
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	16 Sci		Comp	oletion	Date (11)	Name of OSHA Me	0000000000		00509				
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Do not use this form for asbestos licensure exempted activities.

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Project Manager for Monitoring Firm			Teleni	hone No.	BRISTOL, PA 19007										
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Date of Notification (1)	6 1 10	Name of E	Building Owner/Opera	tor (2)	PAG					
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Project Manager for Monitoring Firm	Telepho	one No	BRISTOL, PA 1	9007						
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OF INCM JEISEN NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 16 / 16 Princeton University-Office of Design and Construction Agencies Notified Type Notification Street Address X EPA ☐ Initial ASBESTOS CONTROL & 200 Elm Dr. DOLWD LICENSING City, State, Zip Code ☑ DHSS Amendment #1 Princeton, NJ 08544 DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Robert Ortego FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University-Firestone Library School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Washington Rd homes, etc.) City (5) Square Feet # of Floors Princeton Bldg. Age 1,000,000 8 County (6) 70 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Library Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Services LLC 82000 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Three Terri Center 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 itan Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON 10 CAD-1 16 1 / 30 / 17 BRISTOL ENVIRONMENTAL, INC. ccupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/___PM-__AM BRISTOL, PA 19007 ope of Work (Check all that apply) □ Full Containment with Negative Pressure >3 sf or >3 ff ⊠ Renovation Mini-Enclosure >160 sf or >260 ff □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Description of sbestos-Containing Material (ACM) Used Solely by Removal Asbestos Containing Material (ACM) Encapsulate Maintenance/ Enclosure TO BE ABATED Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A Is B. A and 1 X Fireproofing 1.620 SF X s B. A and 1 X П П Radiator liner 320 SF X BB, A and 1 X П Spline, plaster & Drywall ceiling 15,924 SF X П П f Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill TOL ENVIRONMENTAL, INC. Hauler ID No. Waste G.R.O.W.S. NORTH LANDFILL 18706 Disposal Date City, State TOL, PA 19007

Signature

ed By (Print or Type)

Scafiro

Title

Estimator

MORRISVILLE, PA 19067