Aug. 15. 2013 3:39PM

State of New Jersey

check 180. 54654 6. 27

NOTIFICATION OF ASBESTOS ABATEMENT (PUTSBERS 10 NJAC 8:60-7 and 12:-120-7)

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Street Address									l l		(i.e. Pri			ial	
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Princeton						_	TE USE ONLY)		Unity	eretty	Prior il be entrector		olbbed)		
Name of Mouttoring Firm His Pennoni Associates Ins	red by Dpild	ing Ow	Mer (l	•>		_^	SCM No.		nted Sy	posinley C	ontractor				
Street Address 515 Grave Street Suite 1B								98 LaC	Crue A	veaus					
City, State, Zip Code Haddon Heights NJ								Glen h	Willa, P	A 19342			Licence	Nesh	
Project Manager of Monitori Alan Lloyd	ng Firm				Telephone 856-547-0		mber	610-36	64-962				1103	Numbe	
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Month/Day/Year					anth/Day/Y	101		SIPAGE	Adde	had	_				
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Ck# 2487

Date of Notification	Name of Building Owner / Operator (2)																	
	Township of Union Public Schools Street Address																	
Agencies Notified	Type Notifica	tion					s Aveni	10	111	سارار سارار			111					
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Name of Facility W	here Abateme	ent is Taking Plac	ce (3)					School (K	y (- (-12	2) NON SUB-C	HAPTER 8	3						
Battle Hill ES						-		☐ Subchapt	er	8 (Other than h	(-12)					V		
Street Address								Other (i.e.	. pi	rivate & comme	ercial buildi	ngs, h	ome	s, etc	:.)			
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011 (5)		County (6)	Count	v Co	od	e (7))	70,000										
City (5)		Hunterdon		, .		- (.,	\$	Current Use (F	Pri	or if being dem	olished)							
Union		Hunterdon						School										
Name of Monitorin	a Firm Hirad h	v Building Owne	r (8)	_	Α	SCN	ΛNo.	(0)										
Environmental	Connection	by building Owne	(0)					Bristol Envi	iro	nmental, Inc					- 2			
Street Address	Connection				-			Street Addres										
120 North Warre	en Street							1123 Beave						_				
City, State & Zip C								City, State & Zip Code										
Trenton, NJ 080	Trenton, NJ 08010							Bristol, PA 19007 Telephone Number License Number										
Project Manager fo	Telepho				er	Telephone Hambo.												
Dominick Derco	609-39		_			(215)788-6040 00509 Name of OSHA Monitor												
Scheduled Start D	pletion 8/28/1		e ((11)				nmental Inc.										
8/23/1	3			3	_			Street Address	_									
Occupancy Status	During Abate	During Entire Pe	eriod of	Aba	ite	mer	it	1123 Beave		Street								
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Abatement Describe:	it renomieu c	Juliolog of Frontie		70 86			. 105	Bristol, PA			89							
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Date of Notification (1)					Otremwo gribils			₽. 国版	Pen.	雪水	TAS	enio	r Ser	vices	
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Agencies Notified	Type Notification		7 1000	oot Pa	ress usippany Blv				ate: 8	14	R	mes.	3:1.	1 FA	
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Name of Facility Where	Abatement is Taking	M(308 (3)	q.											٠.	
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City (5)							equato					50			
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County (6)				STATE US				For De		•	8	2			Ī
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City, State, Zip Code						City, S	tate, Zip	Code		•					
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Project Manager for Mo	onitoring Firm			elephoη	e No.		none No.			License					
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Start Date (10)		Scheduld		piellon D	late (11)			Monitor .							
8-15-2013	_	8-26-20				4		nageme	ent Co	rporat	ion				
Occupancy Status Dur	ing Abatement (Che	k Only On	e)				Address								
Facility Closed/Va	acated During Entire	Period of A	batem	ent		V 05-55-55	roy La	100 Page 1	_						
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Scope of Work (Check	(All That Apply)	F-9 -		2		16	21	·		Name	4-1 B-		_		- 1
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Date of Notice 8	/13/13			DE		WE				
Type Notification	Name of Bu New Lisbo	ilding Owner / Op on Developme	perator (2) ntal Center	KI_						
Agencies Notified X EPA X DEP X DOL X DOH DCA Emergency Notifi X Initial Notification Amended Notific Cancellation	City, State 8 New Lisbo Name of Co Rocco To	2 72 & Zip Code on, NJ 08088 ontact rtorice	:	ASBES		2013.	umber			
	FACILIT	TY INFORMAT	ION	3						
Name of Facility Where Abatement is Taking Dogwood Cotta	g Place (3) age	Sc.	of Facility (4) chool (K-12) ubchapter 8 (Ot	her than K-12	2)	-				
104 Route 72		X O Square	ther (i.e., private e Feet #	e & commerce of Floors	ial buildin	gs, homes, o Bldg. Age				
City (5) New Lisbon County (6) Burlington	on	Currer Resid	dence	e (Prior if being demolished)						
Name of Monitoring Firm Hired by Building N/A Street Address	Owner (8) AS	Glob Street 443 S	of Abatement (al Abatement Address Schoolhouse	Services, Road	LLC					
City, State & Zip Code	Tr. L. L Ni.	Mon	State & Zip Code roe Township hone Number	e , NJ 08831	License N	Number				
Project Manager for Monitoring Firm	Telephone Num	732-6	605-9062			00714				
Scheduled Start Date (10) Scheduled 8/24/13	Completion Date (1' 8/26/13	1) Name Glob	of OSHA Moni al Abatement	tor t Services,	LLC					
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Ent Abatement Performed Outside of N Describe: Area Isolated During Other - Describe:	lire Period of Abatem Iormal Facility Hours	ent 443 5	t Address Schoolhouse State & Zip Cod roe Township	le						
Scope of Work (Check all that apply) Demolition X Rer Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM			Mini-Encl	Procedure	Negative	Pressure	7			
Quantity is ≥ 160 SF or ≥ 260 LF A Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Uses Solely by Maintenance (Custodial Staf (12)	d Asbes Ma or (i.e., ti f? insulation	escription of stos-Containing sterial (ACM) hermal systems on, surfacing, VA er miscellaneous	AT Line	mount Specify are Feet or ear Feet)	(Specify: Repair, En or End	ent Type Removal, capsulation closure)			
Roof	N/A	Ro	of flashing	3	36 SF	Ren	noval			
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Name of Registered Waste Hauler	Hauler ID #	Cu. Yds. of Wa	aste Nan	ste Name of Registered Landfill						
Freehold Cartage City, State Freehold, NJ		Disposal Date 8/26/13		, State lytown,	Pa	Deta				
Completed By (Print or Type) Dominick Tringali Tit Pr		Signature Dominio	ick Tring	ali		Date 8/24/13				

State of New Jersey

	State of New Sersey
NOTIFI	CATION OF ASBESTOS ABATEMENT
~	A NITAC 9.60 7 and 12, 120.7)

Name of Notification (1) OR16613 Notification	145				(Pur	suant to NJA	C 8:60-7 and 1	12:-12	20-7)	DE	P E	0.0	7 (2)	
Series Notified Type Notification EPA x Initial Notification DCA Amneaded Notification DCA Amneaded Notification Noti	Date of Notification (1)							Oper	ator	(2)	9 6	U V		
Seed Special Control Spe					\dashv	2: 1111				- 111 111 Ai	117 1	0 201	· 11	1111
DCA DCA Amended DOG DCA Dog	Agency Notified										,0 1	9 2013	3 [[91
DCA DOH Notification Cancellation Notification Robert Otego FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole Street Address Street Address City (5) Praction Name of Monitoring Firm Bired by Building Owner (8) Name of Monitoring Firm Bired by Building Owner (8) Name of Monitoring Firm Bired by Building Owner (8) Name of Monitoring Firm Bired by Building Owner (8) Name of Monitoring Firm Bired by Building Owner (8) Name of Monitoring Firm Bired by Building Owner (8) Name of Monitoring Firm Mired by Building Owner (8) Name of Monitoring Firm Steelength of Name of Abatement Contraction Street Address Sist Grove Street Suite 1B City, State, Zip Code Haddon Heights NJ Alan Lloyd Scheduled Start Date (10) Scheduled Start Date (EPA				- 1								-t	=
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION	DEP	1	Notifi	cation	- 1	City, State.	Zip Code			10050	70-			- 1
Name of Facility Where Abatement is Taking Place Scheduled Start Date (10) Sched	DCA	A	mend	led	- 1	Princeton N	IJ 08543			ASBES	HOS C	ONTRO	LS	-
Name of Facility Where Abatement is Taking Place (3) Frinceton University - Old Graduate College - Steam lines in Manbole Street Address Subchapter 8 (Other than R12) Subchapter 8 (Other (1.e. Private & commercial buildings, home, etc.)			Notifi	cation		Name of Co	ntact			Telen	HODE NU	mber		
Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole Street Address Near 70 alexander road - manhole City (5) Princeton City (5) Princeton Street Address Name of Monitoring Firm Hired by Building Owner (8) Prensoni Associates Inc Street Address S15 Grove Street Suite 1B City, State, Zip Code City, State Completed By City in or Type) Title Title Counted By City in or Type) Title Title Counted City, State Counted City, State Completed By City in or Type) Title Counted City State Counted City, State Counted City, State Counted City, Sta	DOII	C	ancel	lation	- 1	Robert Ote	go							
Type of Facility Where Abatement is Taking Place (3) Princetou University - Old Graduate College - Steam lines in Manhole Type of Facility (4) Subchapter 8 (Other than K12)					_			TION	V				10	
Street Address Bildg. Age 100 + 100	Name of Facility Where Abater Princeton University - Old Gr	nent is Takin aduate Colle	g Pla	ce (3) team l	ines i					School (K12 Subchapter 8	(Other	than Ki	2)	
City (5) County (6) County Code (7) Current Use (Prior if being demolished) City (5) County (6) County Code (7) Current Use (Prior if being demolished) City (7) Current Use (City (7)	Street Address			300									Ciai	
County Color County Color County Color County Color Current Use (Prior if being demolished)		iole								Square Feet # of F	loors	Bldg. A	ıge	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	City (5)	C	Count	y (6)			County Code	(7)						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc Street Address Stre		1		K I LINE HORE			(STATE USE ON	LY)			eing den	nolished)	
Associated Specialty Contracting Street Address Str	Filecton													
Street Address Stre		ed by Buildin	ng Ow	mer (8)		ASCM No.	N A	ame o	of Abatement Contracto ated Specialty Contracti	r (9) ng			
Street Audress Sits Grove Street Suite 1B City, State, Zip Code Haddon Heights NJ Project Manager of Monitoring Firm Alan Lloyd Scheduled Start Date (10) 82C6473 Month/Dav/Year Occupancy Status During Abatement (Check only one) Facility Closed/Wasated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours - Describe: Scope of work (Check all that apply) Demolition X > 3 st or > 3 if >160 st or > 260 if Location of Abstetos - Containing Material (ACM) TO BE ABATED In Facility In Facility In Facility (13) Manbole - near 70 alexander road Name of Registered Waste Hauler Name of Registered Waste Hauler Hours - Manager Name of Registered Landfill Hauler ID No. Street Address 3370 Progresive Drive City, State, Zip Code Bensalem PA 19020 Full Containment with Negative Pressure X Mini - Enclosure X Mini									treet	Address				
City, State, Zip Code Haddon Heights NJ Project Manager of Monitoring Firm Alan Lloyd Scheduled Start Date (10) 08/26/13 MonsthDay/Vear Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours - Describe: 7-00 AM to 3:30PM Other - Describe: Nomer of Normal Facility Demolition X > 3 of or > 3 if > 15								1			4			
City, State, Jp. Cook Haddon Heights NJ Telephone Number S56-547-0505	515 Grove Street Suite 1B													
Scheduled Start Date (10) Sched. Completion Date (11) 1176/13 Month/Day/Year Month/Day/Year Street Address Stre	[17] [17] 14 1 프라마일 (12] (10] [1] [1] 14 1 12 13 14 15 15 17 17 17 17 17 17 17 17 17 17 17 17 17							110		4 (1995) - 1 (1995) -		T		
Scheduled Start Date (10)	Project Manager of Monitoria	g Firm		***		Telephone	Number	T	eleph	one Number		100000000000000000000000000000000000000		er
Scheduled Start Date (10) 087/26/13 117/26/13						856-547-0	505	6	10-36	4-9622		1103		
Scheduled Start Date (10) 08/26/13 Month/Day/Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30PM Other - Describe: 7:00 AM to 3:30PM Demolition X 3s for > 25 for > 260 lf Location of Asbestos - Containing Normally Material (ACM) Material (ACM) Material (ACM) In Facility In Facility Losed BaAFED Solely In Facility Solely In Facility (13) Manual Facility Dy Maintenance/ Custodial Staff (12) Yes No N/A Manbole - near 70 alexander road Name of Registered Waste Hauler Horizon Disposal City, State Disposal Date Abatement Type (City State, Zip Code Bensalem PA 19020 City, State, Zip Code Bensalem PA 19020 City, State, Zip Code Bensalem PA 19020 Signature City, State Anount R N N N N N N N N N N N N N N N N N N N				Cahad	Cor	nnlation Date	(11)		Jame	of OSHA Monitor				
Month/Day/Year Month/Day/Year				Sched	. Con	77		11						
Occupancy Status During Abstement (Check only one) Facility Closed/Vacated During Entire Period of Abstement X Abstement Performed Outside of Normal Facility Hours - Describe:					5170			110	riter	1011 Labs				
Scope of work (Check all that apply) Demolition X Renovation X	Month/Day/Year					onth/Day/Ye	ar	\dashv	tweet	Address				
X Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM City, State, Zip Code Bensalem PA 19020	Occupancy Status During Aba	tement (Che	ck on	ly one)			11-						
Hours - Describe:	Facility Closed/Vacate	d During En	tire P	eriod	of Ab	atement		- 11-						
Completed By (Print or Type) Scope of work (Check all that apply) Demolition X Renovation X Renovation X Mini - Eaclosure Clovebag Procedure Non-Friable Procedure	x Abatement Performed	Outside of N	Vorma	al Faci	lity			- 11		2000 C.				
Scope of work (Check all that apply) Demolition x Renovation x Renovation x Mini - Enclosure Glovebag Procedure Non-Friable Proced	Hours - Describe:	7:00 AM to	3:30	PM				E	Bensal	lem PA 19020				
Scope of work (Check all that apply) Demolition X Renovation X Mini - Enclosure Mini - Enclosure Mini - Enclosure Glovebag Procedure	Other - Describe:							- 11		159				
Name of Registered Waste Hauler Name of Registered By (Print or Type) Title Name of Registered By (Print or Type) Title Name of Registered By (Print or Type) Title Name of Registered Waste Name of Registered By (Print or Type) Title Name of Registered Waste Name of Registered Landfill Name of Registered Landfill Name of Registered Waste Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Waste Name of Registered Landfill N										Full Containment with	Negativ	e Pressi	ire	
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Non-Friable Procedure Abatement Type Non-Friable Procedure Rocketty Non-Friable Procedure					λ	Renovatio								
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

		(1	Purs	uant to NJA	C 8:60-7 and 12	:-120-7)		C F I	MB		7				
Date of Notification (1) 08/16/13				Name of Bui Princeton U	ilding Owner/O niversity	perator		<u>e = u </u>		7[[]]					
Month/Day/Year								110	e.e	111 11	<u> </u>				
	Notification		\neg	Street Addr	ess	W	10 01 2	00 19 2	UIJ	10	1				
	c Initial			P.O. box 21:	58										
DEP	Notific	ation		City, State,	Zip Code					1					
	Amendo			Princeton N			ASBE	STOS CON	TROL &						
DCA	— Notific			Name of Co				Telephone Nu	mber						
DOH							ſ								
	Cancell	ation		Robert Ote				-							
				FACILIT	Y INFORMAT										
Name of Facility Where Abatement Princeton University - Old Gradua	is Taking Plac te College -St	e (3) eam lin	ies ir	1 Manhole				(K12) pter 8 (Other							
Street Address								i. e. Private &		rcial					
Near Pyne Hall - manhole								ngs, homes, etc # of Floors	Bldg. A						
			+		0 1 0 1 1	77)	Square Feet	# OI FIGORS	100 +	rge					
City (5)	County	(6)			County Code (1,1729	N/A								
Princeton				19	(STATE USE ONLY										
		(0)			ACCM No	University									
Name of Monitoring Firm Hired by Pennoni Associates Inc	Building Own	ner (8)			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting								
Street Address							Address								
515 Grove Street Suite 1B						98 LaCrue Avenue									
Cit. State 7in Code	City, State, Zip Code						City, State, Zip Code								
Haddon Heights NJ					Iills, PA 19342										
		Telephone	Number	-	one Number		Licenc	e Numb	er						
Project Manager of Monitoring Fir Alan Lloyd		Telephone 856-547-05			64-9622		1103								
Scheduled Start Date (10)	S	ched.	Com	pletion Date	(11)	Name	of OSHA Monitor								
08/26/13				11/26/13		Criter	ion Labs								
Month/Day/Year	1		Mo	nth/Day/Yea	ır										
Occupancy Status During Abateme Facility Closed/Vacated Dur	nt (Check only	y one)					Address Progresive Drive		0.666						
x Abatement Performed Outs						City, S	State, Zip Code				533				
			.,				lem PA 19020								
Hours - Describe: 7:00 Other - Describe:	AN 10 3.301	141			5) ===										
Scope of work (Check all that apply)					Full Containment with Negative Pressure									
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x >3 sf or >3 if						0.77	Non-Friable Pro								
>160 sf or >260 lf			Щ,				Non-Friable Fro			4 T					
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600 to 100 to	Yes	No N	I/A						+-	-	E				
Manhole - near Pyne Hall	x			pipe insula	ition		9 LF	x							
Name of Registered Waste Hauler		N	JDF	EP Waste	Cubic Yards		Name of Regist	ered Landfill	1		28				
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Horizon Disposal															
City, State Trenton NJ			Disposal Dat As needed	15.19 전 15.10											
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Completed By (Print or Type) Mark Goshow	Title Project Manager				narral	Un		81	673						

ABS-41 JUN 95

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Name of Building Owner/Operator (2) Date of Notification (1) Princeton University 08/16/13 Month/Day/Year Street Address Type Notification Agency Notified P.O. box 2158 Initial EPA ASBESTOS CONTROL & City, State, Zip Code Notification DEP Princeton NJ 08543 Amended DCA Telephone Number Name of Contact Notification DOH Robert Otego Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K12) Princeton University - Old Graduate College -Steam lines in Manhole Subchapter 8 (Other than K12) Other (i. e. Private & commercial Street Address buildings, homes, etc.) Near College Road West - manhole # of Floors Bldg. Age Square Feet 100 + N/A County Code (7) County (6) City (5) Current Use (Prior if being demolished) (STATE USE ONLY) Princeton University Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Associated Specialty Contracting Pennoni Associates Inc Street Address Street Address 98 LaCrue Avenue 515 Grove Street Suite 1B City, State, Zip Code City, State, Zip Code Glen Mills, PA 19342 Haddon Heights NJ Licence Number Telephone Number Telephone Number Project Manager of Monitoring Firm 1103 610-364-9622 856-547-0505 Alan Lloyd Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) Criterion Labs 11/26/13 08/26/13 Month/Day/Year Month/Day/Year Street Address Occupancy Status During Abatement (Check only one) 3370 Progresive Drive Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Bensalem PA 19020 Hours - Describe: ____ 7:00 AM to 3:30PM Other - Describe: _ Full Containment with Negative Pressure Scope of work (Check all that apply) Mini - Enclosure Renovation Demolition Glovebag Procedure >3 sf or >3 if Non-Friable Procedure >160 sf or >260 lf Abatement Type Is E E Description of Location Location of N N R Asbestos-Containing Amount Asbestos - Containing Normally C C (Specify E R Material (ACM) Used Material (ACM) E A L M SF or (ie. Thermal systems Solely TO BE ABATED P P 0 0 LF) insulation, surfacing, VAT, by Main-In Facility V S S A or other miscellaneous) tenance/ (13)U U I A Custodial R R L L Staff (12) Yes No N/A x 5 LF pipe insulation Manhole - near college road west Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. GROWS Horizon Disposal City, State Disposal Date City, State Morrisville PA As needed Trenton NJ Signature Completed By (Print or Type)

Project Manager

Mark Goshow

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Date of Notification (1) 08/16/13		Name of Building Owner/Operator (2) Princeton University	DECEIVED
Month/Day/Year Agency Notified EPA	Type Notification	Street Address P.O. box 2158	AUG 1 9 2013
DEP DCA	Notification Amended	City, State, Zip Code Princeton NJ 08543	
DOH	Notification	Name of Contact	Attachand Number BOL &

Month/Day/Year	_	Caract Address									- 1	1111					
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Street Address								1		lings, ho							
Across from parking lot 11								Square	Feet	# of F	loors	Bldg. A	ge				
C: (5)	Coun	ty (6)			Co	unty Code (7)	N/A			0	100 +					
City (5) Princeton	0022	()				ATE USE ONLY		Curre	nt Use (F	rior if b	eing dem	olished)					
Name of Monitoring Firm Hired	by Building O	omer (8)		TA	SCM No.	Name of Abatement Contractor (9)										
Pennoni Associates Inc	by Bunding O	wher (., 				Associated Specialty Contracting										
Street Address					(0)			Address									
515 Grove Street Suite 1B							98 LaCrue Avenue										
City, State, Zip Code							City, S	State, Zij	p Code								
Haddon Heights NJ						Ç2	Glen 1	Mills, PA	19342								
Project Manager of Monitoring	Firm		\neg	Telephone	e Nu	mber	Telep	hone Nu	mber				e Numb	er			
Alan Lloyd	FILM			856-547-0		STATE OF THE STATE		64-9622				1103					
Scheduled Start Date (10) Sched.				npletion Dat	te (1	1)			A Monit	or							
08/26/13				11/26/13	3		Crite	rion Lab	S								
Month/Dav/Year				onth/Day/Ye	ear												
Occupancy Status During Abate	ment (Check o	nly one)					Addres	s ve Drive								
Facility Closed/Vacated 1	During Entire	Period	of Ab	atement				State, Zi									
x Abatement Performed O	utside of Noru	ial Fac	ility				11	ilem PA	ē								
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>160 sf or >260 lf								Non-	Friable F	rocedur							
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		ustodia									L	R	L	R			
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City, State						Disposal Dat As needed	te		, State risville F	'A							
Trenton NJ					_		Sitre	ature		1 ,			Date	11			
Completed by (Lint of Lype)			Title Project Manager				1	na	12	shu	(80	167			
Mark Goshow							Marketshur 8167										

JUN 95

State of New Jersey NT

	State of New Jersey
NOTIFICA	TION OF ASBESTOS ABATEMEN
	NITAC 9.60 7 and 12:-120-7)

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gency Notified T	ype Notification	ac	1 1-	treet Addres							
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				FACILITY	INFORMATION	ON					
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Princeton	1			1,0			University				
, vi III.	d by Duilding	Owner (8)			ASCM No.	Name	of Abatement Contrac	tor (9)			
Name of Monitoring Firm Hiro Pennoni Associates Inc	ed by Building	Owner (o)				Associ	ated Specialty Contra	cting ————			
Pennoni Associates Inc			-			Street	Address				
Street Address .							Crue Avenue				
515 Grove Street Suite 1B						City, S	State, Zip Code				
City, State, Zip Code						Glen !	Mills, PA 19342				
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Project Manager of Monitorin Alan Lloyd	ig Firm			856-547-050	05	610-3	64-9622 of OSHA Monitor		1103		
Scheduled Start Date (10)		Sched.	Comp	oletion Date	(11)						
08/26/13				11/26/13		Crite	rion Labs				
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Chatra During Abs	atement (Check	conly one)					Progresive Drive				
Facility Closed/Vacate	d During Entir	e reriou o	ADA	tement			State, Zip Code				- 100 P.
Abatement Performed	Outside of No	rmal Facil	ity			City,	alem PA 19020				
Hours - Describe:	7:00 AM to 3	3:30PM				Bens	alem PA 19020				
Other - Describe:						11					
							Full Containment	with Negati	ve Press	ure	
Scope of work (Check all that	appiy)		x	Renovation	0	x	Mini - Enclosure				
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ARS_41							·				G

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Name of Building Owner/Operator (2) Date of Notification (1) Princeton University 2013 AUG 9 08/16/13 Month/Day/Year Street Address Type Notification Agency Notified P.O. box 2158 Initial EPA City, State, Zip Code Notification LICENSI! G DEP Princeton NJ 08543 Amended DCA Telephone Number Name of Contact Notification DOH Robert Otego Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K12) Princeton University - Old Graduate College -Steam lines in Manhole Subchapter 8 (Other than K12) Other (i. e. Private & commercial Street Address buildings, homes, etc.) Across street from Princeton Seminary Bldg. Age # of Floors Square Feet 100 + 0 N/A County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Princeton University Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Associated Specialty Contracting Pennoni Associates Inc Street Address Street Address 98 LaCrue Avenue 515 Grove Street Suite 1B City, State, Zip Code City, State, Zip Code Glen Mills, PA 19342 Haddon Heights NJ Licence Number Telephone Number Telephone Number Project Manager of Monitoring Firm 1103 610-364-9622 856-547-0505 Alan Lloyd Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) Criterion Labs 11/26/13 08/26/13 Month/Day/Year Month/Day/Year Street Address Occupancy Status During Abatement (Check only one) 3370 Progresive Drive Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code x Abatement Performed Outside of Normal Facility Bensalem PA 19020 Hours - Describe: ____ 7:00 AM to 3:30PM Other - Describe: _ Full Containment with Negative Pressure Scope of work (Check all that apply) Mini - Enclosure Renovation X Demolition Glovebag Procedure >3 sf or >3 if Non-Friable Procedure >160 sf or >260 lf Abatement Type Is E E Description of Location Location of N N R Amount Asbestos-Containing Normally Asbestos - Containing C C R (Specify E Material (ACM) Used L Material (ACM) E A SF or M (ie. Thermal systems Solely TO BE ABATED 0 P P 0 LF) insulation, surfacing, VAT, by Main-S In Facility S V A or other miscellaneous) tenance/ U (13)I U A Custodial R R L Staff (12) E Yes No N/A 6 LF pipe insulation s Manhole - Across st from Seminary Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. GROWS Horizon Disposal City, State Disposal Date City, State Morrisville PA As needed Trenton NJ Signature Title Completed By (Print or Type) Project Manager Mark Goshow

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Month/Day/Year	. N. 115 . 12	-	Street Add						- 11	+ ##				
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Name of Facility Where Abatem Princeton University - Old Gra	ent is Taking Place (duate College -Steam	3) lines	in Manhole			Type of Facility (4) School (K12 Subchapter 8		than K1	2)					
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Name of Monitoring Firm Hire Pennoni Associates Inc	d by Building Owner	(8)		ASCM No.	Associated Specialty Contracting									
Street Address 515 Grove Street Suite 1B					Street Address 98 LaCrue Avenue									
City, State, Zip Code Haddon Heights NJ						tate, Zip Code Iills, PA 19342								
Project Manager of Monitoring Alan Lloyd		Telephone 856-547-05			one Number 64-9622		Licenc 1103	e Numb	er					
Scheduled Start Date (10)	Sche	d. Cor	npletion Date	(11)	Name	of OSHA Monitor								
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					-	State, Zip Code								
- <u> </u>		citity			11	lem PA 19020								
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Other - Describe:					Ш									
Scope of work (Check all that a	pply)				Full Containment with Negative Pressure x Mini - Enclosure									
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x > 3 sf or > 3 if					x	Glovebag Procedure								
>160 sf or >260 lf						Non-Friable Procedure	е							
	Is	_	-3720	***************************************			Al	atemen	Type					
Location of	Location	n	Des	cription of					E	E				
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City, State Trenton NJ		Disposal Dat As needed		City, State Morrisville PA										
Completed By (Print or Type) Mark Goshow	Title Project Manager			Tark Sohne			Date /	16-13						
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	Date of Notification (1)	ugust 16, 2013				g Owner / Operator (2) aper Company		REIN	FI	7		
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DOH				6400 P	oplar Av	enue,		AUG 1 9 2013				
Brian Jones	1	Amended	#				AS3					
Name of Facility Where Abatement is Taking Place (3)	DCA		_			t		LIUENCHY Tel	ephone	e Nur	nbe	Γ •
School (K-12) School (K-1				FA	CILITY	INFORMATION						
Subchapter 8 (Other than K-12)			g Place (3)									
Square Feet	Street Address		***				rangiga an aggaran aggaran aran san					
Care Lise	404 Frenchtown Roa	d,									c.)	
Vacant Building	City (5)					150		1	, Age			
Hunterdon USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Synatech, Inc. Street Address Stre	Millford,							lished)				
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc. Street Address 35 Columbia Road City, State & Zip Code Branchburg, NJ 08876 Project Manager for Monitoring Firm Felephone Number 609-860-0590 Scheduled Start Date (10) September 3, 2013 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Check all that apply) Asbestos-Containing Material (ACM) TO BE ABATED INF Racility (13) Building # 117 – Well Pump House 5 Arcadis Start Date (9) Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 Telephone Number 609-860-0590 609-296-9916 City State & Zip Code Little Egg Harbor, NJ 08087 Telephone Number 609-860-0590 Spratech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Non-Exempted(*) and Non-Friable Procedure Non-Exempted(*) and Non-Friable Procedure Non-Exempted(*) and Non-Friable Procedure Solely by Maintenance or Custodial Staff? (12) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Building # 117 – Well Pump House 5 X 721-Tara Sealant between concrete floor-8 and 14 LF To Wall Pump House 5 X 722-Tar Sealant between concrete Solant between upper wall & 34 LF X X X 722-Tar Sealant between upper wall & 34 LF X X				e (7)								
Street Address 33 Columbia Road City, State & Zip Code Branchburg, NJ 08876 Project Manager for Monitoring Firm Kathleen Romaine Scheduled Start Date (10) September 3, 2013 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Cheek all that apply) Sope of Work (Check all that apply) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Building # 117 – Well Pump House 5 X 722-Tara Sealant between concrete floor & metal wall base Building # 117 – Well Pump House 5 X 722-Tar Sealant between upper wall & 34 LF X 121-Tara Sealant between upper wall & 34 LF X 722-Tar Sealant between upper wall & 34 LF X 722-Tar Sealant between upper wall & 34 LF X 722-Tar Sealant between upper wall & 34 LF X 722-Tar Sealant between upper wall & 34 LF	Name of Monitoring Fi	rm Hired by Building (ASCM		ent Contractor ((9)				
City, State & Zip Code Branchburg, NJ 08876 Project Manager for Monitoring Firm Kathleen Romaine Scheduled Start Date (10) September 3, 2013 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Scheduled Start Date (10) Sophish Sprace of Work (Check all that apply) Scheduled Start Date (10) Sophish Sprace of Work (Check all that apply) Scope of Work (Check all that apply) Abatement Performed Outside of Normal Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Scope of Work (Check all that apply) Abatement Performed Outside of Normall Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Abatement Performed Outside of Normall Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Abatement Performed Outside of Normall Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Abatement Performed Outside of Normall Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Abatement Performed Outside of Normally Used Solely by Maintenance or Custodial Staff? (12) Abatement Performed Outside of Normally Used Solely by Maintenance or Custodial Staff? (12) Abatement Performed Outside of Normally Used Solely by Maintenance or Custodial Staff? (12) Abatematic (ACM) TO BE ABATED IN Facility (13) Yes No N/A T21-Tara Sealant between concrete floor & metal wall base Building # 117 - Well Pump House 5 X 722-Tar Sealant between upper wall & 34 LF X	Street Address		7			Street Address		1.0000				
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Scheduled Start Date (10)	Branchburg, NJ 0887	6	T ₀	lanhana N	lumbar			I icansa Numi	205			
September 3, 2013 October 4, 2013 Synatech, Inc. Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Other – Describe: City, State & Zip Code Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 Full Containment with Negative Pressure All Coloreday Procedure Coloreday Procedure Non-Exempted(*) and Non-Friable Procedure Non-Exempted(*) and Non-Friable Procedure Custodial Staff? (12) Non-Exempted(*) and Non-Friable Procedure Custodial Staff? (12) Non-Exempted(*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Renovation Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Renovation Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Renovation Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Renovation Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Renovation Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Amount (Specify		onitoring Firm	290,000				ei	License Num		7		
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Full Containment with Negative Pressure			nt			Little Egg Harbo	r, NJ 08087					
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Name of Registered Waste Hauler NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No.	Name of Registered V	/aste Hauler	BOOK A DECISION OF PER		Cubic '	Yards of Waste Na	ame of Registe	red Landfill				
Synatech, Inc. 27429 3 Grows Landfill			Description of the Control of the Co									
City, State Disposal Date City, State	(1500) (100)						2.50					
Little Egg Harbor, NJ 08087 October 5, 2013 Morrisville, PA Completed By Title Signature Date								ate				
Rachel Andreala Administrative Assistant Called August 16. 2013	173		nistrative As	sistant	4 2	- 1 1 1 i						

Date of Notification (1)		Name of Building Owner / Operator (2) International Paper Company														
Agencies Notified	Type Notificatio	n		_	Address	-			/	U/S	6	3 / M		_		
□EPA □DEP				6400 P	oplar Av	enue,		8		W 41	IG 1					
⊠ DOL	Initial			City, St	ate & Zip	Code				1	1.	⁹ 2013	111 11	İ		
⊠рон	Amend	ed ment #		Memph	nis, TN 3	8197				ASBEST	_					
DCA	Cancel			Name o	of Contac	t				Li	DENSII	MIROL	elephone	Nur	nhei	۲,
				Brian J	lones						= V311	vo -4				_
	N			FAC	ILITY	INFOF	RM/	ATION	ı				7			7
Name of Facility When Curtis Specialty Paper		Taking Pla	ace (3)				Тур		ol (K-12))						
Street Address										(Other than		حصالوالديا احتما			٠,١	
404 Frenchtown Roa	d,						Sal	Other are Fee		# of Flo		cial building	is, nom ig. Age	e, e	.C.)	
City (5)								15	50		1		-5.7.50	80		
Millford,								rent Use ant Bui		if being der	nolished	d)				
County (6) Hunterdon			inty Code	(7)												
Name of Monitoring Fi	irm Hired by Bui	lding Own	er (8)		ASCM	No.		ne of Ab		nt Contracto	or (9)		20			
Arcadis US Inc. Street Address								et Addr	***************************************							
35 Columbia Road								Radio , State &		ode						
City, State & Zip Code Branchburg, NJ 0887										, NJ 08087	00000000					
Project Manager for M Kathleen Romaine	Ionitoring Firm		102000	ephone N				ephone -296-69		Г		License Nun	nber 00817	7		
Scheduled Start Date	(10) S	cheduled					_	ne of OS	70.71 LIVE	onitor						
September 3,		(Ob l		er 4, 201	3		-	et Addr								
Occupancy Status Du Facility Close	ring Abatement ed/Vacated Durir	(Check on ng Entire F	Period of	Abatemer	nt			Radio			20222000					
	erformed Outsid	le of Norm	al Hours					, State								
Other – Description Description Other – Description Pacility Occur	cribe: pied During Aba	tement					Litt	ie Egg i	Harbor	, NJ 08087						
Scope of Work (Check	k all that apply)					-		Г	7 =	Containmo	at with N	Negative Pres	curo			
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			Yes	No	N/A								oval	air	Encapsulate	Enclosure
Building # 116 – Wel	I Pump House	4			х	C2	1-Ex	t. Caulk	around	d Window		50 LF	X		Г	Т
Building # 116 – Wel	I Pump House	4			х	T23-		Sealant d & met		en concrete base		34 LF	X			
									-			15.11				
Name of Registered V	Vaste Hauler		NJDEP \	No.		Yards o	f Wa	ste		me of Regis		andtill				
Synatech, Inc. City, State			27	429	3 Dispos	al Date				ows Landfi y, State	11					
Little Egg Harbor, N. Completed By	J 08087	Title			Octob	er 5, 20 ure	013		Mo	orrisville, P.	Date			-		
					1 .)		Λ	CHI			250,070,000	. 40 .00/-				
Rachel Andreala		Administ	rative As	sistant	14	illre	سيلا	TIL	سللا	, !	Augus	t 16, 2013				

Date of Notification (1)		•				Owner / Operator per Company			5							
Agencies Notified	Type Notificat			Street A		per company	111111		1 11							
□EPA	Type Notificat	ion.			plar Ave	nue,		G 1 9 2013								
DEP	Coun USE Monitoring Firm Hired by Building Owner IS Inc. dress bia Road a & Zip Code arg, NJ 08876 anager for Monitoring Firm Romaine d Start Date (10) aptember 3, 2013 by Status During Abatement (Check only facility Closed/Vacated During Entire Personal Company of the Personal Company of			City Ste	to 9 7in	Code						-				
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DCA	Participation of the Community of the Co	THE PROPERTY OF THE PARTY OF TH		Name o	f Contact			Tele	phone	Nun	ber	ji				
				Brian J	ones			-								
	is Specialty Papers at Address Frenchtown Road, (5) ord, Inty (6) terdon Ite of Monitoring Firm Hired by Building Owner (adis US Inc. Ite Address Folumbia Road State & Zip Code Inchburg, NJ 08876 Ite Manager for Monitoring Firm Inteen Romaine Inteen Romaine Inteen Romaine Inteen Romaine Interpretation of Abatement Performed Outside of Normal Interpretation of Other — Describe: Interpretation of Asbestos-Containing Material (ACM) Interpretation of			FAC	ILITY I	NFORMATION										
Name of Facility When Curtis Specialty Paper	Amended Amendment #		ace (3)			School	Type of Facility (4) School (K-12)									
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						Square Fee	90	ors Bldg.	Age							
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County (6)			unty Code	(7)												
CONTRACTOR CONTRACTOR CONTRACTOR	irm Hired by R				ASCM N	No. Name of Ab	atement Contracto	r (9)		-200 CV-CV-C						
Arcadis US Inc.	iiiii Tilica by b	alialing O IIII	101 (0)			Synatech, I										
Street Address	Initial Amended Amendment # Cancellation a of Facility Where Abatement is Taking Place as Specialty Papers Address Frenchtown Road, Amended Amendment # Cancellation County USE Of Bord, Atty (6) County USE Of Bord, Address Columbia Road State & Zip Code Inchurg, NJ 08876 Ed Manager for Monitoring Firm Been Romaine Addled Start Date (10) September 3, 2013 Impancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe: Facility Occupied During Abatement De of Work (Check all that apply) 2 3 sf or 2 50 lf 2 160 sf or 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Amended Anended	W							1							
35 Columbia Road						829 Radio Road City, State & Zip Code										
							Harbor, NJ 08087			3-51-5						
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Kathleen Romaine				-860-059		609-296-69	The state of the s		00817							
Scheduled Start Date	(10)	Scheduled		on Date (1 er 4, 201		Name of OS Synatech,	SHA Monitor									
September 3, 2013 Occupancy Status During Abatement (Check only or Facility Closed/Vacated During Entire Perio		nly one)			Street Addr 829 Radio	ess										
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Scope of Work (Chec	k all that apply	"				Г	T Full Containmen	nt with Negative Pressu	ire							
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		(ACM)	Solely b	y Mainten	ance or	Asbestos-	Containing	Amount (Specify								
<u>TO BE</u>	ABATED		Custo	dial Staff	? (12)		al (ACM)	SF or LF)	<u> </u>							
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	(13)						scellaneous)		err	Repair	cap	ncic				
2	19								Remova	air	Encapsulate	Enclosure				
			Yes	No	N/A				-		te	œ				
Building # 115 – Loc	cker House	-			Х	C22-Interior	Window Caulk	100 LF	Х							
	ACCURAGE REPORTED TO				Х		een metal frame &	100 LF	X							
		-	-		х		ck window Window Glaze	100 LF	X							
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Synatech, Inc.			27	429	3		Grows Landfil	II			_					
City, State					Dispos	al Date	City, State									
Little Eag Harbor N	.1 08087				Octob	er 5, 2013	Morrisville, PA	A								
Completed By	00001	Title			Signati			Date								
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Rachel Andreala		Adminis	trative As	sistant	10	Cichil IX	LULY	August 16, 2013								
Rachel Andreala Administrative		*5				tod antimition										

ate of Notification (1)		T	Name of E	Building Conal Pape	wner / Operator (2)	_
gencies Notified	August 16, 2013 Type Notification		-	Street Add		DEGELVE	
□DEP ☑DOL ☑DOH	Initial Amended Amendment	ent #		Memphis	e & Zip C s, TN 381	ode U U Accordan	
DCA	Cancellat	ion	- 1	Name of Brian Jo		FIGENSI'93	
				FACI	LITY IN	FORMATION	
Name of Facility Wh	ere Abatement is Ta	aking Place	: (3)			Type of Facility (4) School (K-12)	
Curtis Specialty Pa	ipers					Subchapter 8 (Other than K-12)	
104 Frenchtown Ro	oad,				3	Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age 80	-
City (5) Millford,	11					Current Use (Prior if being demolished) Vacant Building	
County (6)			y Code (7)			
Hunterdon Name of Monitoring Arcadis US Inc.	Firm Hired by Build				ASCM N	Synatech, Inc.	
Street Address 35 Columbia Road	ľ					Street Address 829 Radio Road	
City, State & Zip Co	ode					City, State & Zip Code Little Egg Harbor, NJ 08087	
Branchburg, NJ 08 Project Manager fo	r Monitoring Firm			phone No		Telephone Number License Number 609-296-6916 00817	
Kathleen Romaine Scheduled Start Da		heduled Co	ompletio	n Date (1	1)	Name of OSHA Monitor Synatech, Inc.	
September	r 3, 2013	Check only	one)	er 4, 2013		Street Address	
Facility Cl	osed/Vacated Durin	g Entire Pe	nou oi A	batemen	t	829 Radio Road City, State & Zip Code	-
Other - D	nt Performed Outside escribe: ccupied During Abat		i Hours			Little Egg Harbor, NJ 08087	
Scope of Work (Ch	neck all that apply)			Renovatio Demolitio	on n	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Abatement T	Type
Asbestos-Co	Location of Intaining Material (AII) BE ABATED IN Facility (13)		Solely b	on Norma y Mainten dial Staff	ance or	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify SF or LF) Removal Repair	_
			Yes	No	N/A		re
Building # 114 -	Equipment House				x	WG24-Interior Cream Window Glaze 175 LF X	
Building # 114 -	Equipment House	Ext. B			X	TP7-Transite Pipe 1 LF	
Name of Register	ed Waste Hauler		NJDEP Hauler II		Cubic 3	Yards of Waste Name of Registered Landfill Grows Landfill	
Synatech, Inc. City, State				,		cal Date City, State	
Little Egg Harbo	or, NJ 08087	Title			Signat		
Rachel Andreala	ı	Administ	rative A	ssistant	1+	Carnel Live August 16, 2013	

CK # 22191

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)		-			
08/15/	13		Ne	w Jersey	Turnpike Autho	rity 2009	je i je ili. Graj			1	
Agencies Notified Type Notifica	ition	g	Stree	Address				351			_
☑ EPA ☑ Initial			581	Main St	reet			.2 1			
			City,	State, Zip C	Code			ş 8			
□ Emergence □ Eme		ing	Wo	odbridge	e, NJ 08863			34.2			
					t ·		Telephone Nun	nber			
(NOAC 5.25-0) Cancellati			Joi	n Barger		10.00					
	(NJAC 5:16) S Amended Amendment # Emergency (including justification) C 5:23-8) Facility Where Abatement is Taking Place (ge Str. 58.10 over the NJ Turnpike ddress ville Allentown Road		FA	CILITY IN	IFORMATION	w					ė.
		ce (3)		H		Type of Facility	(4)				
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The second secon			Selection and control		STRUMENT PROFILE PROPERTY STRUMENTS	i	Et al Control of the Control				
	Scheduled									-	
[P. S.				2010 (<u>15</u> 16) (105)			20				
Occupancy Status During Abatement (0	Check onl	y one)	1000		Street Address	<u>N</u>				-	
☐ Facility Closed/Vacated During Entir	e Period	of Aba	tement								
		ility Ho	urs - De	scribe	City, State, Zip Co	ode					
Scope of Work (Check all that apply)					☐ Full Con	tainment with Nes	active Proceure				
≥3 sf or ≥3 lf					☐ Mini-End	closure	gative Flessure				
⊠ ≥160 sf or ≥260 lf	\boxtimes	Demol	ition		☐ Gloveba	g Procedure	n Eriabla Bracad	uro			
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(13)	Ye		To some or		other miscellane	eous)		-		ılate	-G
Under Bridge Structure		×		Transit	te Conduit Pipe		2,900 LF	\boxtimes			
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Charles F. IIIDIIIIDO	Proje	CL IMIS	mager		1/1	SINT	77	28/	15/	/-	5

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Street Address Type Notification Agencies Notified City, State, Zip Code Initial Amended × X .DEP Telephone Number Amendment #_ DOL Emergency (including Name of Contact justification) DOH Cancellation FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, RINGFIELD AVE. Street Address etc.) Bldg. Age # of Floors Square Feet 12,320 City (5) , NGTON Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Sub County (6) Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA ASCM No. Name of Monitoring Firm Hired by Building Owner (8) 0045 **Environmental Tactics** Street Address 396 WHITEHEAD AVE Street Address City, State, Zip Code 64 Broad St SOUTH RIVER, NJ 08882 City, State, Zip Code License No. Matawan, NJ 07747 Telephone No. Telephone No. Project Manager for Monitoring Firm 01111 732-432-8350 732-290-2217 Name of OSHA Monitor Tom Geiger Scheduled Completion Date (11) UNIQUE SYSTEMS OF AMERICA Start Date (10) 8 Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other – Describe: Occupied by Megan SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Scope of Work (Check All That Apply) Renovation. Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement 1. Туре Is Location Normally Description of Amount Asbestos Containing Material (ACM) Encapsulat Enclosure Used Solely by Location of Remova (Specify (i.e. thermal systems insulation, Asbestos-Containing Material (ACM) Maintenance/ SF or LF) surfacing, VAT, or TO BE ABATED Custodial Staff? other miscellaneous) In Facility (12)(13)N/A No 15 LF Yes WIRE SOCK BASEMENT Name of Repistered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Disposal Date Signature * Do not use this form for asbestos licensure exempted activities.

Market

Date of Notification (1) 7 - 30 - 2013		N	ame of I	Building Or	wner/O	perator (2)		9				
Agencies Notified Type Notification		S	treet Ad	dress	11		. 0				7.	
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DEP Amended				e, Zip Cod		LAINE	= 1/1	NJ	07	70:	80	
Emergency (ir				Contact	10	K/II/DI	1620	Telephone Num	2000			
DOH justification Cancellation				AND?	a.	BRILL	TARU					
				ITY INFO		ON		3				
Name of Facility Where Abatement is Taking	Place (3)						of Facility (4					
PSE+G Street Address							School (K-1: Subchapter	8 (Other than K-12))			
981 SPRINGFIE	74	Al	1E				Other (i.e. pretc.)	ivate & commercia	l buildi	ngs, i	nome	s,
City (5)		115	-,			Squa	are Feet	# of Floors	8 828	dg. A	100	
IRVINGTON							320			DK.	50	18s
County (6) ESSEX				Code (7) ISE ONLY)		Curr		or if being demolish			e A	
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name of Ab	atement Con		fs 1	10,	<u>U</u>	
ENVIRONMENTAL TACTICS	(0)		0045			UNIQUE	SYSTEMS	OF AMERICA	INC			
Street Address 64 BROAD STREET	4					Street Address	ess TEHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747						City, State,	Zip Code RIVER, NJ	08882				
Project Manager for Monitoring Firm		4	Telepho			Telephone I	No.	License No) <u> </u>			-
TOM GEIGER				90-2217		732-432-	March Co.	01111				
Start Date (10) 8/13/13	Schedule 8		ipletion I	Date (11) 了		Name of OS UNIQUE		OF AMERICA				
Occupancy Status During Abatement (Check	c Only Or					Street Addre	ess TEHEAD A	\\/E				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	Abatem	ent			City, State,						-
Other - Describe: occupied by	Mich.	Asak:	y alle	iators o	K Dy	T. 100	RIVER, N.	08882				
Scope of Work (Check All That Apply)			0	negat si					- 16-5			
☐ ≥3 sf or ≥3 lf		Renova				1000		ent with Negative P	ressur	e		
≥160 sf or ≥260 lf		Demoliti	ion			∐ G	lini-Enclosur llovebag Pro	cedure				
						⊠ N	on-Exempte	d (*) and Non-Friab				
		Locati									ement pe	16
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TO BE ABATED		iintenar todial S			thema	al systems insu	lation,	(Specify SF or LF)	Ren	Re	ncal	End
In Facility (13)		(12)				acing, VAT, or miscellaneous		Si di Li j	Remova	Repair	Encapsulate	Enclosure
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City, State ELIZABETH, NJ					1 2	09al Date 16/13	City, Sta	e ISVILE, PA				
Completed by	Title					Signature /			ite	2 4	11	
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ame of Facility Where Abatement is Taking Pl	ace (3)					Type of I	Facility (4)						
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ESSEX	mor (8)	1	ASCM N		-11	Name of Abater	ment Contr	actor (9)					
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Street Address					1	Street Address 396 WHITE	HEAD A	VF.					
64 BROAD STREET						City, State, Zip							
City, State, Zip Code						SOUTH RIV	/ER, NJ	08882					
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		77	Telephone	No.		Telephone No.		7,755	ense No. 111				
TOM GEIGER			732-290			732-432-83 Name of OSH			1111				-
Start Date (10)	Scheduled	Com	pletion Da	ate (11)		UNIQUE S	YSTEMS	OF AM	ERICA				
Occupancy Status During Abatement (Check	Only Orie	//	3/1	5_	-	Street Address	3						
Occupancy Status During Abatement (Oriest Facility Closed/Vacated During Entire Pe	erind of At	oatem	nent			396 WHITE		VE.					
Abatement Performed Outside of North				ns of	ر یا	City, State, Zip SOUTH RI	VER. NJ	08882					
Other - Describe: Abuland W	()LEVEL		100	need	المرا								
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoli				Cla	i-Enclosure vebag Proc	edure		20	·		
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Location of		lorma d Sole	illy ely by	Ashesto	s Cont	scription of aining Material	(ACM)	Amo	0.540,000	_		四	п
Asbestos-Containing Material (ACM) TO BE ABATED		intena odial	ance/ Staff?	(i.e. t	hermal	systems insula cing, VAT, or	ation,	(Spe SF or		Removal	Repair	caps	Elloronic
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(13)	Yes	No	N/A							. /			_
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WASTE MANAGEMENT			Hauler ID 1125	NU.	01 00	/		VS NOR	1П				_
City, State					Dispo	osal Date	City, Sta	ate RISVILE,	PA				
ELIZABETH, NJ					8/	Signature	IVIOR	A VILL,	Da	te //	1	,	
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Date of Notification (1) 8-15-2013		2			Building O				ills	1 11	1-6/	01,/			
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City (5)								Square	e Feet	# of	Floors	E	Bldg. /	\ge	
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County (6)				County C	ode (7)			Currer	nt Use (Pric	or if beir	ng demolis	shed)			
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Name of Monitoring Firm	Hirad by Building	Owner (8)		ASCM	No	_	Name	of Abat	ement Con	tractor	(9)				
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City, State, Zip Code								State, Zip	•	7005					
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Project Manager for Mon	itoring Firm		127	elephon	e No.		100000000000000000000000000000000000000	none No			License	No.			
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Start Date (10)		Schedule	d Com	pletion D	Date (11)		100 200		A Monitor	0.00					
8-24-2013		8-27-20	13				Lozr	nica M	anageme	ent Co	orporatio	n			
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City, State						- 10	osal Date	Э	City, Star		A 1000	7			
Kearny, NJ						ТВ			Morris	ville P	A 19067				
Completed by		Title					Signatur	97		>	122	Date	0011		
E. Cirovic		Secr	etary				2	U	the			8-15-	2013	•	

New Jersey Department of Health and Senior Services PO Box 369, 3635 Quakerbridge Road

Trenton, NJ 08625-0369

Telephone: 609-631-6749 Fax: 609-588-7618

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted
[v] Initial [] Amended [] Cancellation [] Emergency (must include justification) Date of Notification: 8 13 13
Building Information
Name of Building Owner/Operator: DIANE SCALERIA & LAWRENCE EUALGRUSTA
Street Address: 815 REMMOS AUE City: UNION State DJ Zip: O'COLD
Name of Contact: DIANE OR LAWRENCE Telephone No.:
Facility Information
Name of Facility Where Work Activity is to Take Place:
Describe Facility Use BASEMENT CLOSET
Street Address: 815 REMMOS ALE City: UNION State: NJ Zip: 07083
County Name: (() () () () (State use only).:
Scheduled Start Date: 8/21/13 Scheduled Completion Date: 8/31/13
Occupancy Status During Activity (check only one):
[] Facility Closed/Vacated During Entire Activity
[] Activity Performed Outside Normal Facility Hours—Describe:
Other-Describe:
Scope of Work (check all that apply):
Floor Tile Square Footage: Percentage Asbestos: 2%
[] Mastic Square Footage: Percentage Asbestos:
[] Other: Square Footage: Percentage As bestos:
Contractor Information
Company Name: ABS ENVIRONMENTAL SERVICES LLC Telephone No.: 973-764-2016
Street Address: 4 F. GATE DR., PO POX 483 City: GLENWOOD State: NO Zip: 07418
New Jersey Asbestos License Number (if applicable): 703
Monitoring Firm (if applicable): Telephone No.:
Signature
Overlated By (type or print legiply): ACTIPER) HIGGINS Title: GENTER
Completed By (type or print legibly): ANDEW HIGGINS Title: OWNER Signature: Date: 8/13/13
Signature: Date: Off Signature:

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e of Notification (1)	1	Name o	of Buildin Incor	g Owner/Op porated	erator (2		n					
/12/13 encies Notified Type Notification		Street /	Address			_	in tong	. [_	
EPA Initial Amended		City S	tate, Zip		1 -	- 1		L.		_//		
Amendment # Emergency (including institution)	-	Name	of Conta	act			Te	ephone Number				
DOH DCA Cancellation		Jose	pii Ca	NFORMATIO	ON							1
nme of Facility Where Abatement is Taking Place entroverde @ Montclair	(3)	FA	CILITY	NT OKMINET		Type of Factorial School Subcharto Other	(K-12)	her than K-12) & commercial b	uildings	, hom	ies,	
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lame of Monitoring Firm Hired by Building Owner N/A	(8)	1	JOIN 110			nmark Con	tractors,	LLO				
Street Address	-				Stree	et Address Edsall Driv	е					
					City,	State, Zip Cossex, NJ 0	ode 7461					
City, State, Zip Code						ephone No.		License No.				
Project Manager for Monitoring Firm		Tel	ephone	No.	97	3-864-2022		01137				
Sch			etion Da	te (11)	Nan	ne of OSHA N neriSci	Monitor					
00/15/13	/31/13				Stre	eet Address						
Occupancy Status During Abatement (Check On	ily One)	-tomor	, +		11	7 East 30t						_
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Other – Describe:	acility F	lours			Cit	y, State, Zip C ew York, N	Y 10016	i				_
Scope of Work (Check All That Apply)							ontainmen	t with Negative F	ressure)		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Use Mai	ormally Solely ntenan odial S (12)	y by ce/	(i.e. the	Contain rmal sy	iption of hing Material (stems insulati g, VAT, or cellaneous)	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	T. C.
(,5)	Yes	No	N/A		:1-	et inculatio	in l	300 S.F.	x			T
		Х		1		et insulation	1	300 S.F.	x			
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Boiler Room Meeting Room		X		1		w glazing		240 L.F.	x			
Meeting Room Roof #3, #4		-					Name of	Registered Land	Ifill			
Meeting Room Roof #3, #4 Parts Department, Service Area		X	NUDER !	Waste	Cubic Y		CONTRACT NAME					
Meeting Room Roof #3, #4 Parts Department, Service Area Name of Registered Waste Hauler		X	NJDEP N Hauler II	Waste	Cubic Y of Wast 50	te	G.R.O.		Silvio			_
Meeting Room Roof #3, #4 Parts Department, Service Area		X	NJDEP N Hauler II 26085	Waste O No.	of Wast	te) al Date	City, Sta	.W.S.				_
Meeting Room Roof #3, #4 Parts Department, Service Area Name of Registered Waste Hauler	Title	X	Hauler II	Waste O No.	of Wast 50 Disposi on cor	te)	City, Sta	.W.S.	Date 08/13	0/40		_

	NOTII	Pursu	ant to NJ	ASBESTOS A IAC 8:60 and	1 12:120)		3010		JO CIN				7
te of Notification (1) 3/12/13		Nam	ne of Build OR Inco	ding Owner/Corporated	perator (2)	- 40		12 500				4
encies Notified Type Notification		Stre	et Addres e Penn	ss Plaza, Su	ite 1801	1				3/	8		1
EPA Initial Amended Amendment #		City	, State, Z w York	ip Code , NY 10119	9								
Emergency (inclu	ding	Nar	ne of Cor	ntact			1	Telep	hone Numbe	<u>r</u>			
DOH justification) DCA Cancellation			seph C										_
	(0)		FACILITY	INFORMAT	ION	Type o	of Facility (4)						
ame of Facility Where Abatement is Taking Pla Centroverde @ Montclair	ce (3)					= -	chool (K-12) Subchapter 8	/Other	than K-12)	ildina	ne bo	mes	
treet Address							oubcnapter of Other (i.e. privetc.)	vate & 0	commercial				
34 Valley Road							e Feet	# of F	Floors	100000000000000000000000000000000000000	. Age 0+-		
Montclair County (6)		Co	ounty Coo	le (7)		Curre	nt Use (Prior ant Buildin	if being	g demolished	i)			
Essex	(0)	1,3	ASCM N	With the Composite Commencer of the Comm	Name	of Aba	tement Cont	ractor (9)				
Name of Monitoring Firm Hired by Building Own	ier (8)		AGOMIN	0.	Star	nmark	Contracto	rs, LL	C				
Street Address					27 E	t Addres Edsall	Drive						_
City, State, Zip Code					City,	State, Z	Cip Code						
Sity, State, Zip Code						ohone N	J 07461	T	License No				
Project Manager for Monitoring Firm			elephone		973	-864-2	2022		01137				_
			oletion Da	ate (11)	1.35	e of OS eriSci	HA Monitor						- 12:00
08/15/13	8/31/13					et Addre		40					
Occupancy Status During Abatement (Check C	ried of Al	natem	ent		1000000		30th Stree	et ———					_
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			City Ne	State, W Yor	Zip Code k, NY 100	16					_
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emoliti			·	× N	ull Containm lini-Enclosur Blovebag Pro	e cedure				_	
						× N	lon-Exempte	d (*) ar	nd Non-Friab	le Prod	Abate	ement	-
	ls	Locati	on			- E4 						ре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormal d Sole intena todial ((12)	ely by nce/ Staff?	(i.e. the	Descript Containing rmal syst surfacing, her misce	g Mater ems ins VAT, or	r		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
_	Yes	No	N/A		flass	tilos		2	200 S.F.	x			+
1st Fl., Mezzanine Fl.		х	-		floor		tic		690 S.F.	x	1	1	+
Roof #1, #2, #3		X	1	And the second second	ashing &				15 L.F.	x			+
Roof #2a		X			h pock				70 S.F.	x		1	+
Roof #2c			LUDED		VAC du		Name o	A Comment	stered Landf	11			_
Name of Registered Waste Hauler			NJDEP V Hauler ID	, 40.0	of Waste	77	G.R.C						
Atlantic Carting		2	26085		60 Disposal	Date	City, St	tate					_
City, State Wayne, NJ					on comp	oletion	Moris	sville,		Date		-	
Completed by	Title	siden			199	rature	Sau		100	08/13	/13		



Date of Notification (1)					Building Ow Shayegh	ner/Operat	tor (2)	NEC	E	W E				
08/13/2013	Type Notification			treet Ad			$- \parallel \parallel \parallel$) 5	ا جا		7#	111		
Agencies Notified	1 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5				dene Ter	race		\mathcal{M}	_			$\parallel \parallel$		
EPA . DEP	Initial Amended		С	ity, Stat	e, Zip Code			UI AU	3 1 9	2013		1		
₩ DOL	Amendment #		_ E	Edgew	ater, NJ 0	7020								
ĭX DOH	Emergency (i justification)	ncluaing			Contact			ASBES	Telep	HODE AND	nber			
DOH DCA	Cancellation		5		Shayegh			7,100						
		DI (0)		FACIL	ITY INFOR	MATION	Type	of Facility (4	1					
Name of Facility Where A Edgewater Residen		Place (3)		20					-7- 					
Street Address	Ce		-					School (K-12 Subchapter		than K-12	2)			
34 Oakdene Terrac	e - Basement						×	Other (i.e. pr	rivate &	commerci	al build	ings,	home	s,
	C - Bascineria		-			-	_	etc.) are Feet	# of F	Floors	BI	dg. A	qe	-
City (5) Edgewater, NJ							7.3					<i>300</i> (0	8	
County (6)			To	County C	Code (7)		Curre	ent Use (Prio	r if being	g demolish	ned)			
Bergen			(3	STATE U	ISE ONLY) _									
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.			atement Con	tractor (9	9)				
J&S Environmental						SI	JPER, I	LLC						
Street Address	0.00						eet Addre							
2333 Route 22 Wes	st						38 Arun	INVESTIGATION OF THE PARTY OF T						
City, State, Zip Code						7 7 7 7 7 7	y, State, Z		,					
Union, NJ 07083			1.5	- 1 1	N	MATERIA SECTION	IN A SECOND CONTRACTOR	, NJ 07652		License N	lo			
Project Manager for Mon J&S Environmental	Committee of the Commit		1000	elephor	06-0073		ephone N 01)336-		1	001195	10.			
Start Date (10)		Scheduled			A STATE OF THE STA			HA Monitor						
08/26/2013		09/03/2		piction	Salo (11)	11		ronmental	Lab, L	LC				
Occupancy Status During	g Abatement (Chec	k Only One	e)			10.70	eet Addre	102640		-32-1 - 18-23				
Facility Closed/Vaca	ated During Entire F	Period of A	oateme	ent				te 22 Wes	st					
Abatement Perform	ed Outside of Norm	al Facility	Hours				y, State, Z							
Other – Describe:						- 0	nion, N	J 07083						
Scope of Work (Check A	II That Apply)	_					П.					22.0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat					ull Containme		Negative i	ressui	re		
E 100 31 01 = 200 11				70.1150				lovebag Prod on-Exempted		Non Erial	olo Dro	oodur	•	
							III NO	on-Exempled	() and	NOII-FIIdi	DIE FIO	Abate		
			ocation or malf										ре	
Location Asbestos-Containing		2002	Sole		Ashesto	Descrip s Containir		al (ACM)	An	nount			ш	
TO BE AB	ATED		ntenan			ermal syst	ems insu			pecify	Rer	ي	nca	End
In Facil	•	Cusio	(12)	tuii.		surfacing, other misce)	51	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A				·			<u>n</u>		ate	-G
		165	INO			Die a lea) LF	Х			
Basem	ent ———————			X		Pipe Ins	ulation				- A			
														-
	N.													
Name of Registered Was	ste Hauler		300000	JDEP Wauler ID		Cubic Yard	ds	10.2012/03.001015	10 10 10 Tab.	red Landfi	II			
SUPER, LLC				34893	NO.	or waste		GROW	S Land	dfill	\supset			
City, State					(1)	Disposal D	Date	City, Stat		//	1			
Paramus, NJ						TBD		Morris	rille, PA		-1-			
Completed by		Title	-4 N 4	ne=-		Signa	ature /	ney	1/	10	ate)8/13/	13		
Tailor Dominguez		Proje	ct Ma	nager				VY,	/ 7	12	0/10/	10		

	-		State	e of New Jersey	ADATES	SENT							
- 44	NO			F ASBESTOS A NJAC 8:60 and			7 12	<u> </u>					
217						Ш	J) E	CE	IW	BI	3	-	
Date of Notification (1)				Building Owner/C	perator	(2)	$\forall \Box$			ار=	ŊΙΙ		
08/13/2013			Carol S			-H	111	10		- 11	Ш	_	_
Agencies Notified Type Notification	1	1 1 7	Street Add 176 Tro	tress tta Drive		14	LI AL	JG 1	9 2013			·	
EPA Initial Amended		0	City, State	, Zip Code		\top	1000				\neg		
DOL Amendmer		_ 1	New Mi	lford, NJ 076	46		ASBES	TOS C	CONTROL	. &			
■ Emergency justification		١	Name of 0	Contact				Tale	phone Nun	nber			
DCA Cancellation			Carol S	prague							- F		
Second Control of the			FACIL	ITY INFORMAT	ION								
Name of Facility Where Abatement is Tak	ing Place (3)					Type	of Facility (4	•)					
New Milford Residence							School (K-12 Subchapter		er than K 11	2)			
Street Address							Other (i.e. p	rivate 8	commerci	al buildi	ngs,	nome	s,
176 Trotta Drive, Basement						E	etc.)						
City (5) New Milford, NJ 07646				**		Squar	e Feet	# 01	Floors	DI	dg. A	łe.	
County (6)			County C	ode (7) SE ONLY)		Curre	nt Use (Pric	r if beir	ng demolish	ned)			
Bergen									(0)				
Name of Monitoring Firm Hired by Building CA Environmental	g Owner (8)		ASCM	No.		of Abar PER, L	tement Con LC	tractor	(9)				
Street Address				-	000	Addres							
2200 Paterson Plank Rd # 7							ip Code	_					
City, State, Zip Code North Bergen, NJ 07047							NJ 07652	2					
Project Manager for Monitoring Firm		т.	Telephon	e No.	Telep	hone No	0.		License N	lo.			
Carmelo Almonte				64-6583)336-			001195				
Start Date (10)	Schedule		npletion D	ate (11)		of OSH tor Te	HA Monitor						
08/23/2013	09/03/2					t Addres							
Occupancy Status During Abatement (Ch							kson Ave	i i					
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	e Period of A ormal Facility	batem	nent S				ip Code				-		
Other – Describe:					LIC	, NY 1	1101						
Scope of Work (Check All That Apply)		_											
≥3 sf or ≥3 lf		enova					II Containme		Negative	Pressur	e		
≥160 sf or ≥260 lf		emolit	tion				ni-Enclosure ovebag Prod						
						X No	n-Exempte	d (*) an	d Non-Fria	ble Pro	cedur	е	
	ls	Locati	ion									ment pe	,
Location of		Normal			escriptio					-	,,		
Asbestos-Containing Material (ACM)	TO TO THE STATE OF	d Sole intena	0.000.000.000	Asbestos Co (i.e. therma	ntaining	Materia	I (ACM)		mount Specify	R	_	Enc	Щ
TO BE ABATED In Facility	Cust	todial S	Staff?		acing, V		auon,		or LF)	Removal	Repair	aps	iclo
(13)		(12)			miscella					oval	air	Encapsulate	Enclosure
WAS CONTRACT	Yes	No	N/A				100 A					te	
Basement			X	VA	AT / Ma	astic		2	20 SF	Х			
			+										
Name of Registered Waste Hauler		TN	NJDEP W	aste Cub	ic Yards		Name of	Regist	ered Landfi	11			
SUPER, LLC		ŀ	Hauler ID		/aste		GROW	SLa	odfill				
City, State				44600000	osal Dat	ie .	City, Sta		. /				
Paramus, NJ				TBI		1	Mørris	ville, F	///	•			
Completed by	Title				Signatu	re	16	11		ate	42		
Tailor Dominguez	Proje	ect M	anager			OF	1/00	1		08/13/	13		



ate of Notification (1)			Na	me of E	Building Ov	wner/Operator	(2)		NED	l		
8 /	1 / 13					idge, LL		G Jeb#1	308-1790: Chk	#NA		
gencies Notified	Type Notification			eet Add		11-	リレ		[11]			- 1
EPA	☐ Initial		(One Fa	yette St	reet, Suite T	00	1110 40	2013			
DOLWD			Cit	ty, State	, Zip Cod	е	U	AUG 19	2013			
DHSS	Amendment #01	120		Consh	ohocker	n, PA 19428						
] DCA	☐ Emergency (included in the first included	ding	Na	ame of (Contact	1	-	SPESTOS CE	elephone Numbe	4		3
(NJAC 5:23-8)	justification) Cancellation		(820,625		rry McM	ullen	Α	LICE		2		
	LI Caricellation					ORMATION			10			
				FACIL	III INFO	DRIVIA	Tv	pe of Facility (4)				
Name of Facility Where A	batement is Taking P	lace (3))					School (K-12)				
Old Bridge Gatewa	y Shopping Center	r - Spa	ice 10)16				Subchanter 8 (C	Other than K-12)			
Street Address								Other (i.e., priva	ate and commerci	al bulldir	igs,	
100-1074 Route 9							-	homes, etc.)	# of Floors	Bldg.	Age	
City (5)							201	quale i est	1	195		
Old Bridge								235,995		=		
County (6)				County	Code (7)(3	STATE USE ONLY	8		if being demolish	eu)		
Middlesex								Vacant				
Name of Monitoring Firm	Hired by Building Ow	vner (8)	AS	SCM No).	Name of Abate						
Accredited Environ	mental Technolog	gies		00021		Asbestos a	and N	fold Services,	Corp.			
Street Address		-				Street Address						
28 North Pennel R	oad					3859 Sylor	ı Bou	ılevard				
			-			City, State, Zip	Code	9				
City, State, Zip Code						Hainespor						
Media, PA 19063	·		Talan	hone N		Telephone No.			License No.			
Project Manager for Mo	nitoring Firm)-891-C		609-702-04			00862			
Dave Turotsy	Schedu	1-40-				Name of OSH		nitor				
Start Date (10) 8 / 14	and the second s					EMSL Ana						
Occupancy Status Durin		only or	ne)			Street Address						
☐ Facility Closed/Vaca	ted During Entire Peri	iod of A	batem	nent		200 U.S. R	loute	130 North				
☐ Abatement Performe	ed Outside of Normal I	Facility	Hours	- Desc	ribe	City, State, Zi	p Cod	е				
Time of Abatement:	AMPN	1/	_PM	A	M	Cinnamin	son,	NJ 08077				
Scope of Work (Check	all that apply)					⊠ Full (Contai	inment with Nega	ative Pressure			
Section Control (Section)		⊠ Rer	ovatio	n		☐ Mini-	Enclo	sure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Der	nolitio	n		Glov	ebag l	Procedure	n-Friable Procedu	re		
₩ 2100 31 01 <u>7</u> 200						∐ Non-	-Exem	ipted (") and Noi	I-FIIable 1 10ccdd	Abat	ement	Type
		1000000	Locati	42,000		0.0000000000000000000000000000000000000				-		
Location			lormal d Sole		A = h =	Descripti stos Containing	on of	erial (ACM)	Amount	Removal	Repair	Enclosure
Asbestos-Containin	g Material (ACM)	10.000000000000000000000000000000000000	ntena		(i.e	, thermal syste	ems in	sulation,	(Specify	VOL	air aps	osu osu
TO BE A		Cust	odial S	Staff?	2.8	surfacing,	VAT,	or	SF or LF)	<u>m</u>	ua	- a
(13			(12)	T		other misce	ilaneo	ius)			0	D
		Yes	No	N/A					2 000 05			71
Rear Storage & Bar	throom			\boxtimes	Floor ti	le and masti	C		2,000 SF			
		П		×	Floor ti	le and masti	ic		1,600 SF	\boxtimes		
Throughout Store		-		-		<u> </u>						
									1			7 -
									1			
Name of Registered W	laste Hauler	1	IN	NJDEP \	Waste	Cubic Yards	of	Name of Regis				
			- 355	lauler II	D No.	Waste		GROWS L	andfill			
Freehold Cartage	, iiio.			02265	<u> </u>	8 Disposal Date	te	City, State				
						8/23/13	7.05 (2)	The state of the s	e, PA 19067			
City, State						0/20/10	\circ					
City, State Freehold, NJ						10. 1.		1	1	Date		
	r Type) Titl	le Office				Signatu	ire A	1		Date	Щ-	12

No chack

(SNatification (1)			Na	me of B	uilding Ov	vner/Operator (2)			- 01.1. #114	
ate of Notification (1) 7 / 1	17 / 13		4	8 Nort	h Broad	Street Urban	Renewa[LLC 7	Job# 1307-178	55: Cnk. #NA	
- N-15-4 T	ype Notification		Str	eet Add	ress	115/1		711111		
3011010	Initial		4	18 Nort	h Broad	Street	1110			
	Amended		Cit	y, State	, Zip Code	е Ц Ц	AUG 1 9 20	113		
1 DHSS	Amendment #01				ury, NJ				¥)	
] DCA	☐ Emergency (inclu	iding		ame of C	The state of the s	Δ.	SBESTOS CONTE	elephone Number	_	
(NJAC 5:23-8)	justification) Cancellation					y, Gulld Build	ers LICENSIN_			
	Cancellation			SANGE IN		RMATION			1	
lame of Facility Where Ab	patement is Taking F	Place (3)					Type of Facility (4)			
		.000 (0)					School (K-12)	Other than K-12\		
Old Masonic Temple	;						☐ Subchapter 8 (0 ☐ Other (i.e., priva	ate and commercia	al buildings,	
Street Address	-4						homes, etc.)			
48 North Broad Stre	et						Square Feet	# of Floors	Bldg. Age	
City (5)							13,200	3	1926	
Woodbury			- 17	County	Code (7)(S	STATE USE ONLY)	Current Use (Prior	if being demolished	ed)	
County (6)			- 1	Ocumey	0000 (.)/-	•	Vacant Buildi	ng		
Camden	5 77 - 0	(0)	1 4 5	SCM No		Name of Abateme	ent Contractor (9)			
Name of Monitoring Firm	Hired by Building O	wner (o)	A	SCIVI INC	.	Ashestos an	d Mold Services	, Corp.		
Horizon Environme	ntal					Street Address				
Street Address					1	3859 Sylon E	Roulevard			
P.O. Box 316						City, State, Zip C				
City, State, Zip Code					1	Hainesport,				
Thorofare, NJ 0808	6						140 00000	License No.		
Project Manager for Mon	itoring Firm			hone No	A A	Telephone No.	•	00862		
Dave or Steve Flan	igan			8-848-0		609-702-040		00002		
Start Date (10)	Sched	uled Con	npleti	on Date /	, ,	Name of OSHA I	선생님 무슨 경기 이번			
7 / 31 /					10	Street Address			-	
Occupancy Status During	g Abatement (Check	only on	e)				ute 130 North			
☑ Facility Closed/Vacate	ed During Entire Per	riod of Al	daura	nent Desc	ribe	City, State, Zip C				
Abatement Performed	d Outside of Normal	VI/	PM	A	M		n, NJ 08077			
Scope of Work (Check a	Il that apply)					M Full Co	ntainment with Neg	ative Pressure		
		⊠ Ren	ovatio	nn.		Mini-Er	nclosure			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Dem	nolitio	n		M Clauch	ag Procedure cempted (*) and No	n Eriable Procedu	re	
₩ ≥ 160 Si Oi ≥200 ii			353.550			∐ Non-E	cempted (*) and No	II-I Habie I Toccuu	Abatement 7	Tvr
			ocati	1000						-
Location		7.173	ormal	lly by	Acha	Description stos Containing N	Material (ACM)	Amount	Encapsul Repair Removal	
Asbestos-Containing TO BE AB	Material (ACM)	Mair	ntena	nce/	(i.e	., thermal system	is insulation,	(Specify SF or LF)	lova	
IN Fac	ility	Custo		Staff?		surfacing, VA other miscellar	T, or	SF OF LF)	Encapsulate Repair Removal	1
(13)		7/-	(12)	N/A		other miscella	neous)	2		
		Yes	No	-		- Backin		3,757 SF		
Basement & Kitcher	n					g Mastic		400 LF		7
Boiler Room & Base	ement					sulation	- II-u D-sachin-	155 SF & 20 S		7
Boiler Room							oiler Breeching	553 SF & 3 bo		5
2 nd Fl Area, Bathroo	om & 1 st FI Bath				The second second second	Tile & Mastic	Ni (Desi			
Name of Registered Wa				NJDEP \		Cubic Yards of Waste		stered Landfill		
Freehold Cartage			F	dauler II 0226		8	GROWS L	.andiii		_
City, State				VEED		Disposal Date	City, State	- A 4000-		
Freehold, NJ						8/21/13	Morrisvill	e, PA 19067		
	T:===\ T;	tle	-			Signature	, 1)ate	
I Completed By (Print or	Type/	51.5	_	dinato	_	TeXa	11/		X-12-12	
Completed By (Print or	Type/	tle	_		_	IX 1	11/		8-13-13	

Nowack

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

Job Number: 1211-1689 Check: #NA

					-	100		10	(0)	15 15	11 5 11	\\//	_	-	4	
Date of Notification 1/28/13	(1)			ame o				wner / Operator	(2)	D) =	6 2 1	₩	5	U,		
Agencies Notified	Type Notifica	ation	S	treet	Addı	res	s			INI				111	1	
⊠ EPA	1,700,100,		7	17 17	th S	itre	eet				AUG 19	2012		UI	<u> </u>	
□ DEP	☐ Initial						Zip Co	ode			1 5 6	2010	7			
☑ DOL		nded #14 off hol	1115a - 12550				8020		- 1	-					1	
	1 / Table 1			ame		_			-+	ACE	BESTOS CON	Jeleph	oh	- Nu	mbe	r
□ DOH		gency	1000					Monom		ASE	LICENSIN	THGP	¥		1	-
☐ DCA	☐ Cano	ellation	J	anet	vva	rir	1g, 50	ourcing Manag	jer L	•	LIOLIVOII	**	_			-
		= 1: DI	(0)		ILI	ΓY	INFO	Type of Facility	, (A)	- AR 2						
Name of Facility W			ice (3)					School (K-								
Johns Manville-	Penbryn Pi	ant				_	-	Subchapte		Other than	r K-12)					
Street Address	**************************************							Other (i.e.				nas ho	me	s et	c)	
437 North Grove	Street							Square Feet		# of Floo		Bldg. A		, 00		_
		Ta take	10			/=	n			# 01 1100	15	blug. A	ge			
City (5)		County (6)	Cor	inty C	oae	-(/)	NA)	hoina do	moliched)				_	
Berlin		GLE	١.					Current Use (F	rior ii	r being de	emolisnea)					
								Plant			(6)		_		_	
Name of Monitoring			er (8)		AS	SCN	M No.	Name of Abate								
One Source Safe	ety & Health	1						Asbestos &		Service	es, Corp.					
Street Address	200							Street Address								
140 South Villag	e Avenue-S	suite 130						3859 Sylon E								
City, State & Zip Co								City, State & Z								
Exton, PA 19341	rton, PA 19341							Hainesport,			1					_
	ject Manager for Monitoring Firm					nbe	er	Telephone Nu			License					
Brian Hovendor	an Hovendon					<u> </u>		609-702-040	_			008	802			
	neduled Start Date (10) Scheduled C					1)		Name of OSH		nitor						
11/19/12		9/18/13						EMSL Analy					1 100 11			
Occupancy Status	During Abate	ment (Check or	ily one)				Street Address	33							
		During Entire P			atem	nen	nt	107 Haddon					-			
Abatement	Performed C	utside of Norma	al Hou	ırs				City, State & Z								
Describe:								Westmont, N	NJ 08	3108						
	cupied During	Abatement							37							
Scope of Work (Ch	neck all that a	pply)							_	- "0		NI 4i-	1	· 		
<u></u>				<u>- 22</u> 50					H		tainment with	Negati	ve	162	Suie	
≥3 sf or ≥3	lf		\bowtie	1,00000	iova	200			Ц	Mini-End						
≥160 sf ≥2	60 If			Der	nolit	ion	1		Ш		ag Procedures			_		
			220000						\boxtimes		empted and No					
	ocation of			Locat				Description			Amount	A	ba	eme	ent I	ype
	stos-Containi	ng		nally		d		Asbestos-Cont		3.	(Specify				п	
	aterial (ACM)			olely				Material (AC		_	SF or LF)		교	71	nc	Ē
	BE ABATED			tenar				(i.e., thermal sy nsulation, surfact					ğ	Repair	aps	음
	in Facility		Cust	odial	Stan	1:		or other miscella					Remova	ar.	Encapsulate	Enclosure
	(13)		Yes	(12) No	N/	Δ		of other miscens	aricou	13)			-		ਰਿ	(D
			103	×	-	7	Tron	site Deck Pane	ale		2,400 SF		3	П		П
"H" Roof			H		╁┾	┥		Field	-15		17,400 SF			H	Ħ	Ħ
"H" Roof			 		┼┾	╣	ROOI	rieiu			17,400 31	1	ϯ┼	H	Ħ	H
			片	뭐	+	+							#	屵	H	H
			H	H	+	╣	_		_				=	井	H	H
			H	H	+	╢							╡┼	片	H	H
	1141-1-11	1	Ш.		IDE.		Macta	Cubic Varda	Nom	e of Posi	stered Landfil	1		Ш		
Name of Registere	ed Waste Hau	ner		100000			Vaste No.	Cubic Yards of Waste	INdif	ie oi Kegi	Stereu Lanuill					
Horizon Dispos	al			1 10		261		30	GRO	OWS La	ndfill					
City, State		_						Disposal Date		State	man e					
Trenton, NJ								9/18/13	Mor	risville,	PA				0	
Completed By (Pri	nt or Type)			100	le			Signature				Da				
Kim Trumbet	27.74			A	dmi	n.		1011				8/	13	/13		
	120							MANU								
L								1			-					

Date of Notification (1)			Nam	e of Buildi	ng Owner/Opera	tor (2) 1308-1	792				
8/14/	13			. Jeff Wi			Job # 1307 -213		95			
Agencies Notified	on		Stree	et Address		n	EGE	IVE.	M			
☐ EPA ☐ Initial ☐ Amended					fe Street	Ų						
☐ DHSS Amendmen	t#		City,	State, Zip	Code	M	1	i	11 111	et en		
☐ DCA ☐ Emergency		na .	Ba	y Head,	NJ 08742		AUG 19	2013				
(NJAC 5:23-8) justification)	•	Nam	e of Conta	ct			Telephone N	Number			
☐ Cancellatio	n		Je	ff Willey			ASSESTOS					
			FA	CILITY	NFORMATION	ı	LICENS	ING				
Name of Facility Where Abatement is Tal	king Plac	ce (3)					Type of Facility (4)		1000		
Bay Head Yacht Club							School (K-12)					
Street Address		_					☐ Subchapter 8	Other than h	<-12)			
111 Metcalfe Street							Other (i.e., pri	vate and com	nmercial	buildin	gs,	
City (5)		-				-	Square Feet	# of Floors		Bldg. A		
Bay Head							62,300	3		1928		
County (6)			Cou	nty Code	7)(STATE USE ON	IN	Current Use (Pric		naliahad	27/2000		
Ocean				,	, No mile doe on	-',	Vacant	of it being den	nousned	,		
Name of Monitoring Firm Hired by Buildin	a Owner	(8)	ASCM	No	Name of Abat	ame	ent Contractor (9)	10.50				
Tiger Environmental	9	(0)	71001	1140.	1 1000		d Mold Services					
Street Address		-			Street Address		a laloid Setvices	s, Corp.				
16 West Elizabeth Avenue												
City, State, Zip Code					3859 Sylo							
Linden, NJ 07036					City, State, Zi							
Project Manager for Monitoring Firm		1=			Hainespo	_22	IJ 08036					
		3.33	lephone		Telephone No			License No).			
Kelly Walton			908-862		609-702-0			00862				
Start Date (10) Scr <u>8</u> / <u>28</u> / <u>13</u>	neduled (ate (11) 13	Name of OSH EMSL Ana							
Occupancy Status During Abatement (Ch	eck only	one)			Street Address	s						-
☐ Facility Closed/Vacated During Entire	Period o	f Abat	ement		200 U.S. R	out	e 130 North					
Abatement Performed Outside of Norm	nal Facili	ty Ho	urs - Des	scribe	City, State, Zip						-	
Time of Abatement:AM	PM/	PN	Λ- <u> </u>	_AM	Cinnamins							
Scope of Work (Check all that apply)		-									-	
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enova emolit			☐ Mini-l	Encl ebag	ainment with Nega osure Procedure npted (*) and Non			10 Su	re	^
		s Loca								Abatem	ent T	vne
Location of		Norm	ally lely by		Description			18			T	T
Asbestos-Containing Material (ACM) TO BE ABATED			ance/	Asbe	estos Containing e., thermal syster	Mat	erial (ACM)	Amount	Nelloval	Repair	Encapsulate	Enclosure
IN Facility	Cus		Staff?	(1.0	surfacing, V	AT.	or	(Specify SF or LF)	0	=	sde	uso
(13)	-	(12		-	other miscella			O. O. L. /	-		late	6
	Yes	No	N/A	-							U	
Floor			\boxtimes	Floor T	ile and Mastic	3		90 SF				
	П											=
	+=-	\pm		-		-			_	111	Ш	
											П	П
Name of Registered Waste Hauler		1	NJDEP	Waste	Cubic Yards of	F	Name of Registe	ered Landfill			Ξ.	
Freehold Cartage, Inc.			Hauler II		Waste		GROWS Lar					
City, State			02265		5 Disposal Date		City, State					
Freehold, NJ					8/29/13			DA 40007				
	M-				1 1		Morrisville,	PA 1906/				
	itle	_			Signature				Date	,		
Kimberly A. Trumbetti	Office	Coor	dinato	r	(XW)	V			12	141	13	
ASB-41			-			-			- 0	. 1 1 1	-	

CHECK #0250

			(Fui	Suant	0 14570 0	.oo and	12.120) F C	F	$\mathbb{T}\mathbb{W}$	F	F	1		
Date of Notification (1) 8-15-2013	1 20 E	-	1000	lame of Clyde (Building C Goffe)wner/O	perator				u U					
Agencies Notified EPA DEP	Type Notification Initial Amended				Idress one Stre				AUG	1 9	2013		U	1		
× DOL	Amendment		10000	Maywo					ASBEST	OS C	ONTRO	¥ &				
× DOH	Emergency (justification)	(including	1	Name of	Contact				Li	4 Hele	phone N	umbe	r			
DCA	Cancellation			Clyde	Goffe				,							
		DI (D)		FACIL	ITY INFO	RMATIC	NC	Ŧ-	-6 F106 / /	`						
Name of Facility Where	Abatement is Takin	g Place (3)	1					Туре	of Facility (4							
House Street Address				-				H	School (K-12 Subchapter		er than K	(-12)				
Street Address 194 Stone Street								Ħ	Other (i.e. pretc.)	ivate 8	comme					s,
City (5)									are Feet		Floors			dg. A	ge	
Maywood							16	150		2				0+		
County (6)				County C	Code (7) ISE ONLY)				ent Use (Prio	r if beir	ng demo	lished)			
Bergen	IP II 5 7.5	0 (0)					Name		use atement Con	ractor	/O\		_			
Name of Monitoring Firm	Hirea by Building	Owner (8)		ASCM n/a	NO.				Manageme			ion				
Street Address				11/4			Street			in oc	porac					
n/a									_ane							
City, State, Zip Code									Zip Code							
n/a							100000		ark, NJ 07	035						
Project Manager for Mor	nitoring Firm		Τ,	Telephor	ne No.		Teleph	none l	No.	****	License	e No.				
n/a							973-	706-	7950		0119	3				
Start Date (10)		Schedule	d Com	pletion [Date (11)				SHA Monitor	595						
8-24-2013		8-25-20	L						Manageme	ent Co	rporat	ion				
Occupancy Status Durin	g Abatement (Chec	ck Only On	e)				Street									
Facility Closed/Vac Abatement Perform									Lane Zip Code	Van de la Servicio d	******		-			
X Other – Describe:							155		Park, NJ 07	035						
Scope of Work (Check A	III That Apply)								1= 0.2500							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		With the same	enoval emoliti	20.520.00	is.			M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					Э	
		le	Location	n										Abate	ment	
Location	n of	07075	iormali			Des	scription	of				-		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mai	d Solel intenar odial S (12)	ice/		tos Cont thermal surfac	aining N	Materi s insu T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
Basem	ent	-		×		VAT	no M	astic		45	50 SF	>	_			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	red Lan	dfill				
Loznica Manageme			Н	auler ID 3137		of Was			GROW	5575						
City, State	2005					Dispos	sal Date		City, State		A 1000	7				
Lincoln Park, NJ 07	035	Title					ianatu-	2	IVIOTTISV	me P	1906	Date				
Completed by E. Cirovic			etary			.	Signatur	C	מרפת	<u> </u>		8-15	5-2	013		

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	NC	(Purs	TION (OF ASB	w Jersey BESTOS AB 8:60 and 1			D	E C						
e of Notification (1)		Na	ame of	Building Listine	Church	Julio: (=			AUG	1 9 20	13		4	\dashv	
14/2013 Check # 2403			root Ar	dress											
encies Notified Type Notificat	tion	3	900 1	lew Yo	ork Avenu	ie			rescet	OS CONTR	301 &		+	\neg	
Initial		1	ity Sta	te. Zip (Code		er 89.	,	LI	CENSING	IOL				
DEP Amende	ed nent#	_ [Jnion	City, N	NJ 07087				Tel	ephone Num	ber				
DOL Emerge	ncy (including	I	lame o	f Contac	ct				_						
DOH justifica	tion) ation		Damia	an De	Armas									-	
DCA			FAC	ILITY IN	NFORMATIO	N	Туре	of Facilit	ty (4)						
ame of Facility Where Abatement is	Taking Place (3	3)			20		×	School (K-12)		2)				1
St Augustine School							×	Subchar	oter 8 (Ot	her than K-12 & commerci	al build	ings,	home	s,	
treet Address								etc.)				dg. A			1
3900 New York Avenue							Squ	are Feet	#	of Floors	J.	ug	3-		
City (5)									<u> </u>	aing demolis	hed)				1
Union City, NJ 07087		—Т	Count	y Code	(7)		Cu	rrent Use	(Prior ii c	eing demolis	,				
County (6)			(STAT	E USE C	ONLY)			hool batemen	Contrac	tor (9)					
	ilding Owner ((8)	AS	CM No.		Name	e of A	ices Co	prporation	on					
Hudson Name of Monitoring Firm Hired by Bu	unung Owner (1,000			iress	1				io kr		
						Stree	6 69t	h Stree	t						
Street Address						City	State	Zip Coo	ie						
				550-4502		Gu	tten	perg, N.	J 07093	3					_
City, State, Zip Code						1		e No.		License					
Project Manager for Monitoring Firm	n		Tele	phone N	٧٥.	20	1-29	5-1700		01074					-
Project Manager for means	1 (3		1	tion Dat	re (11)	Nar	ne of	OSHA M	onitor						
Start Date (10)	Sche	eduled 0 6/2013	Comple	tion Dat	E (11)	EA	Se	rvices C	Corpora	tion					-
	The state of the s					Str	eet A	ddress							
Ctatus During Abateme	ent (Check Onl	y One)						as abov							
	ng Entire Period					Cit	y, Sta	ate, Zip C							_
Abatement Performed Outside Other – Describe: Starting -5	:00 PM						11.000					CUITA			
Abatement Performed Outside Other – Describe: Starting -5	oply)						×	Full Co	ontainme	nt with Negat	ive Pres	ssure			
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar	oply)			n n			×	Mini-E	nclosure	**************************************					
Abatement Performed Outside Other – Describe: Starting -5	oply)	× Re		n n			×	Mini-E	nclosure			Proce		ment	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar	oply)	Re De	novatio molition				×	Mini-E	nclosure	**************************************		Proce	edure		
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED	oply)	Rei De		n by ce/		Descr Contair ermal sy surfacin	iption ning Mystem	Mini-E Glove Non-E	nclosure bag Proc exempted	**************************************	Friable t	Proce	edure		The state of the s
Abatement Performed Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Abatement Performed Location of	oply)	Is I No Used Mail Custo	novation molition pocation pormally i Solely intenant podial St (12)	n by ce/ taff?	(i.e. th	Contair ermal sy	iption ning Mystem	Mini-E Glove Non-E	nclosure bag Proc exempted	edure (*) and Non- Amoun' (Specify SF or Lf	Friable t y	Proce	bate Typ	e	
Abatement Performed Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Materia TO BE ABATED In Facility	oply)	Rei De	cocation pormally i Solely ntenan odial SI (12)	n by ce/	(i.e. th	Contair ermal sy surfacin other mis	iption ning Mystem ng, VA	Mini-E Glove Non-E of Material (A s insulation AT, or neous)	nclosure bag Proc exempted	edure (*) and Non- Amount (Specifi	Friable t y	Proce	bate Typ	e	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	oply)	Is I No Used Mail Custo	novation molition pocation pormally i Solely intenant podial St (12)	n by ce/ taff?	(i.e. th	Contair ermal sy	iption ning Mystem ng, VA	Mini-E Glove Non-E of Material (A s insulation AT, or neous)	nclosure bag Proc exempted	edure (*) and Non- Amoun' (Specify SF or Lf	Friable t y	Proce	bate Typ	e	
Abatement Performed Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility	oply)	Is I No Used Mail Custo	cocation pormally i Solely ntenan odial SI (12)	n by ce/ taff?	(i.e. th	Contair ermal sy surfacin other mis	iption ning Mystem ng, VA	Mini-E Glove Non-E of Material (A s insulation AT, or neous)	nclosure bag Proc exempted	edure (*) and Non- Amoun' (Specify SF or Lf	Friable t y	Proce	bate Typ	e	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	oply)	Is I No Used Mail Custo	cocation pormally i Solely ntenan odial SI (12)	n by ce/ taff?	(i.e. th	Contair ermal sy surfacin other mis	iption ning Mystem ng, VA	Mini-E Glove Non-E of Material (A s insulation AT, or neous)	nclosure bag Proc exempted	edure (*) and Non- Amoun' (Specify SF or Lf	Friable t y	Proce	bate Typ	e	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	oply)	Is I No Used Mail Custo	cocation pormally i Solely ntenan odial SI (12)	n by ce/ taff?	(i.e. th	Contair ermal sy surfacin other mis	iptionning Norstemmer, VA	Mini-E Glove Non-E of Material (A s insulation T, or neous)	nclosure bag Proci xempted ACM) on,	Amoun (Specifi SF or LF	t y	Removal	bate Typ	e	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13) Kitchen Area	al (ACM)	Is I No Used Mail Custo	ocation ormally is Solely natenanicolal St (12)	n by cel taff?	(i.e. th	Cubic C	iptionning M sstem g, VF scella	Mini-E Glove Non-E of Material (A s insulation T, or neous)	nclosure bodg Proci exempted ACM) on,	Amount (Specifies SF or Life SF o	t y -	Removal	bate Typ	e	
Abatement Performed Starting -5 Scope of Work (Check All That Are ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13) Kitchen Area	al (ACM)	Is I No Used Mail Custo	novation molition moli	n by cel taff? N/A NJDEP \ Hauler II	(i.e. th	Contair ermal sy surfacin other mis	iptionning M sstem g, VF scella	Mini-E Glove Non-E of Material (A s insulation T, or neous)	Name o	Amount (Specific SF or Life SF or	t y -	Removal	bate Typ	e	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13) Kitchen Area	al (ACM)	Is I No Used Mail Custo	novation molition moli	n by cel taff?	(i.e. th	Cubic of Was	iptionning Norstemmer, VACCE III and VACCE I	Mini-E Glove Non-E of Material (A s insulation T, or neous)	Name of Waste	Amount (Specify SF or LF	t y Landfill	Removal	bate Typ	e	
Abatement Performed Starting -5 Other – Describe: Starting -5 Scope of Work (Check All That Ar ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13) Kitchen Area Name of Registered Waste Ha Freehold Carting	al (ACM)	Is I No Used Mail Custo	novation molition moli	n by cel taff? N/A NJDEP \ Hauler II	(i.e. th	Cubic of Was	iptionning Norstemmer, VACCE III and VACCE I	Mini-E Glove Non-E of Material (A s insulation T, or neous)	Name of Waste	Amount (Specific SF or Life SF or	t y) Landfill	Removal	bate Typ	e	
Abatement Performed Starting -5 Scope of Work (Check All That Are ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED In Facility (13) Kitchen Area	al (ACM)	Is I No Used Mail Custo	novation molition moli	n by cel taff? N/A NJDEP \ Hauler II	(i.e. th	Cubic of Wastbd	iptionning Norstemmer, VACCE III and VACCE I	Mini-E Glove Non-E of Material (/ s insulation T, or neous)	Name of Waste	Amount (Specification of Registered et Managen tate own Landf	t y Landfill	Removal	Repair	e Encapsulate	

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

			,,,			10	.1. (2)						
Date of Notification (1)				Name of B	uilding O	wner/Oper T & H				-	n	1=	7
August 14, 2013						1 & 11	11011162	ID	ECE	10		16	
Agencies Notified Type of Notificat				Street Add	ress	70 Ess	t Water Stree					ا اا٦	
	Notifica				-	70 Eas	water Stree	The				Ш	
[] ~	ded Noti dment#		1	City, State	, Zip Code	3			AUG 1	9 20)13		/
X DOL	ency (in	30000				Toms 1	River, New J	ersey't	98753				
iustifie	cation)	ordanis		Name of C	Contact			Tel	cphone Number				
[X] DOH [] Cance	llation				Bill Ho	ermann			AST	SHVO			
[] DCA			EAC	ILITY IN	EODM	ATION			C LIOLI.	011.10			
on the Man Alice of Tables	Dlaga (2	`	FAC	ILII Y IIN	FURIVL	ATION	Type of Facil	itv (4)					
Name of Facility Where Abatement is Taking Residence	Place (3)				1]		School (k-12)				
							j	j	Subchapter 8 (oth	er than	k-12)		
Street Address							[2	()	Other (i.e., private	e & co	mmerci	al build	lings,
217 Mallard Lane				200					homes, etc.)				
City	County	(6)		County Co		_	Square feet		# of Floors	Bldg	. Age)	
2000	-			(STATE U	SE ONL	()	1000 s		beingdemolished)		0	J	-
Toms River Twp.	Ocean	n						esiden					
Name of Monitoring Firm Hired by Building	Owner (8)	- +	ASCM No	. 1	Name of	Abatement Cor	tractor ((9)				
N/A	0 11101 (~,					G	uardia	n Contracting,	Inc.			
Street Address						Street Ac							
						Gir Gr		389 Ro	ute 9, Unit 61				-
City, State, Zip Code						City, Sta	te, Zip Code	oms Ri	iver, New Jerse	v 087	755-12	71	
Project Manager for Monitoring Firm		Telephone l	Number			Telephor	ne Number	OIIIS IC	License N				
Project Manager for Mothtoring Fifth		Totophone I	· valmoor			732-34			00624				
Scheduled Start Date (10)		Scheduled (ion Date (1	1)	Name of	OSHA Monito						
8/14/13		8/15/1	3					.M.S.L	Analytical				
Occupancy Status During Abatement (Check	only on	e)	: :	7. 7. 7		Street A		156 St	elton Road	. 0	25		
[X] Facility Closed/Vacate							. 2044 1 - 104	JJ0 310	Enon Road		1		
[] Abatement Performed	Outside	of Normal F	acility F	iours		City, Sta	te, Zip Code			000	<i>- 1</i>		
[] Other – Describe							P	iscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)					100000000000000000000000000000000000000	[]	Full Conta	inment	with Negative Pre	ssure			
Scope of work (Check all that appry)						į	Mini-Encl	osure					
[] >3 sf or ≥3 lf		[]	Renova	ation		[]	Glovebag						
[x] ≥160 sf or ≥260 lf		[x]	Demol	ition		[x]	Non-Exen	ipted (*)	and Non-Friable I	Proced	ure		
				T						Abat	tement	Type	
						Description	n of						_
T	,	Is Location Normally us				pestos-Co			Amount	R E	RE	E	E N
Location of Asbestos-Containing Material (ACM)	r	Solely by		1		Material (A			(Specify SF	M	P	C	C
TO BE ABATED	Main	tenance/Cu				, thermal			or LF)	1	A	A	L
in facility		Staff		*		ulation, su	rfacing,			O	I	P	0
(13)		(12)				VAT,				100	R	S U	S
					oth	er miscell	aneous)			A		L	R
	YES	NO	N/A		248					L		E	Е
Exterior	-	X	I	Ashes	tos sidir	ng			800 sf	X			
TATELIOI	-	4.5	-	125005		3							
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Guardian Contracting, Inc.		2	0223	osal Date	3	City, S							
City, State Toms River, New Jersey			8/16				town, Pennsy	/lvania	i				
Completed by (Print or Type)	Title			Signatu	re _	,	VII		1	Date		2	
Nicholas Fernicola	Proje	ct Manag	er		Y	Chi	7'-1	1	1	8/1	4/201	3	

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

									Che	eck#	5	52	31
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Date of Notification (1)	1.7		Na		uilding Owner/			IMI	4110			$\parallel \parallel$	1
8/13 Agencies Notified	Type Notification		Str	hhΔ teen	HOA Ku			╫╨╫	AUG 1 9	201	3	ᄩ	4
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EPA DEP DOL	Initial Amended Amendment		Cit	ty, State	Zip Code	E N	50	266	ASBESTOS CO LICENS	ONTR ING	OL 8		
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County (6) BENCE				OUNTY CO	SE ONLY)		75	nE.		euj		â	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		of Abatem lac Cont						and transform
Street Address							Address Lowell F	Road					Managar and
City, State, Zip Code							State, Zip C n Rock, I		152				
Project Manager for Mor	nitoring Firm		Te	elephon	e No.		hone No. -262-584	ļ1	License N 00156	0.			
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Date of Notification (1) August 14, 2013	Me	Name of Building-Burner/Operator 12) Margeret Bordon Check 5968 Street Address									+	-		
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						agerba s								
Street Address 500 Horizon Drive, Suite 540					7.5000	Cutler /					_		_	
City, State. Zip Code Robbinsville, NJ 08691				City, State, Zip Code Maple Shade, NJ 08062							_			
Project Manager for Monitoring Firm	To	elophone	No.	Telephone No. Liganee 1					40.					
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1			NO.	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120) Ch# 02.40												_	
Date of Notification (1) 8-12-2012				Name of Building Owner/Operatop (2) Township of Parsippany (2) role-tills III pendal-tenting Senior								D mior C	· · ·				
Agencies Notified	Type	e Notification		- 5	treet Ac	dress	-11 ⁻¹	1		11/2.	VC.	THE	nen s	W ME	46		
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EPA DEP DOL		1	ity, Sta	te, Zip Co	de		AUG	Date:	图19		ne:	27/	m				
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Street Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							ochapter & her (i.e. off	vate &	than K-12) commercial	buildin	vgs, h	amad	,	
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City (5)										Square Feet # of Floors Bldg. Ag					je		
Lake Hiawatha, I	NJ												1	ede.		\dashv	
County (6)				County Code (7) (STATE USE ONLY)						Current Use (Prior if being demolished) House For Demo							
Morris			242				"										
Name of Monitoring F	Inn Hin	ed by Building (Owner (8)			M No.				ment Cont							
n/a				n/a Loz							nt Co	rporation					
Stragt Address	•									Street Address							
n/a								A - 100 100 100 100 100 100 100 100 100 1	22 Troy Lane								
City, State, Zlp Code	174614							ity, State, Zip Code Lincoln Park, NJ 07035									
n/a								Telephona No. License No.									
Project Manager for		Telephone No.					-706-75			01193							
n/a										A Monitor		01190		-			
Start Date (10)			mpletior	Date (11	}				mt Co	wooretion							
8-13-2013	8-14-2							Loznica Management Corporation									
Occupancy Status D							22 Troy Lane										
Facility Closed/	Vacate	d During Entire	Period of /	Abata	ment				State, Zip						-		
Abatement Performed Outside of Normal Fax Other – Describe: 9am – 5pm					16-			1500000	Lincoln Park, NJ 07035								
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Scope of Work (Che	CK All I	nat Apply)	-					1	3 -a	^t-i	ent sadih	n Negative P	MACCIII	_			
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CK# 0241

Date of Notification (1)				Name of E	Building Ow	net/Oper	ator (2)						
8-12-2012				Townsh	nip of Plan	Sippani	y/Tr	by Fills /		APHR	DVED		-	7
Agencies Notified	Type Nothication		-	Street Ad	10.1.1	-21			Depl	APPRING OTHER IN	& Seni	or Se	rvices	
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House for Demo		,					1				#			
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40 Lake Shore Dri	ive							Subchepter Other (i.e.				dings	home	25,
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Morris					# 8		_	House For D						
Nume of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.	1		of Abatement Co		7.0.7				
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Project Manager for Mo	onitoring Firm	M		Telephon	o No.	T	eleph	one No.		Licenso	No.			
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NO Walt

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

,				(Pursua	nt to NJA	C 8:60-7 and 12:1	20-1) .		Ch	eck#	7213	3	_
Date of Notification (1)		Nan	ne of E	Building (Owner/Op	erator (2)					1		
	8/13/13				epartn	nent of Militar	ry Affa	THE CE	I W E	M	_		220
Agencies Notified	Type of Notification		et Add		- -	a Pood				11 11			
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[] DEP	Notification	City	, State	, Zip Co	de			AUG 1	9 2013				
,[X] DOL	[x] Amended	La	wren	ceville	e, NJ 08	3648	t						
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[x] DCA	Amendment #1 [] Cancellation			McBr	ide			L					
	[]					NFORMATION							-
Name of Facility When	a Abatamant is Tak	ing Place	(3)	Ε/	ACILITI	IN ORDIVITION	Type	of Facility (4)					
West Orange Ar	mory – CSMS	Buildi	na					School (K-12) Subchapter 8 (Other Other (i.e. private and	than K-12)		_		
Street Address							[]	Other (i.e. private and homes, etc.)	commercial b	ullaing	5,		
1315 Pleasant V	alley Road						Cause	e Feet # of Floor	s Bldo	. Age		_	- 0.0
-0: (5)		County (6	3)		Count	ty Code (7)	2000	0 1	~65				
City (5) West Orange		Essex	-,			TE USE ONLY)	Proceedings of the	nt Use (Prior if being der	nolished)				
			ΙΔΟ	SCM No.	\perp	Name of Abatem	armor						
Name of Monitoring Fi	Companies, I		1000	0110			Jupiter	Environmental S	ervices, Ind)			
Street Address	Companies, i	110.				Street Address		2500 377					
7 Pleasant Hill F	Road			7.5				Court				_	_
City, State, Zip Code	5.5.40					City, State, Zip C	incol	n Park, NJ 07035					
Cranbury, NJ 08	S512	Talen	hone t	Number		Telephone Num		irr arit, res or cos	License No				
Project Manager for M Kevin Lovely	ionitoring Firm			5858			973-7	09-0200		00	852	2	100
Scheduled Start Date	(10) Sched	d. Compl	etion D			Name of OSHA	Monitor	_ :talla	haratorios	110	•	*	
7/22/1			0/13				J & S	Environmental La	Doratories	LLC	23		90
Occupancy Status Du	ring Abatement (Ched/Vacated During	neck only	one)	Abatem	ent	Street Address	2333 F	Route 22W					
[] Facility Close [] Abatement Pe	erformed Outside of	f Normal	Facilit	y Hours	-	City, State, Zip 0		10010 2211	3	***			
Desc	cribe: cribe: <u>partially vaca</u>					Oity, Otato, E.P.	Union	, NJ 07083					
Scope of Work (Chec	k all that apply)							[x] Full Containment	t with Negative	Press	ıre		
[] Demolition				[]	Renovati	ion		[] Glovebag Proced	lure				
[] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2								[] Non – Friable Pro	ocedure				
[N 2.11			Locati				4.0			Ab	atem	nent	
1	of		mally to			Asbestos	cription of a contact		Amount	R	R		E
Location Asbestos – (e/Cus		Mate	rial (ACN	N)	(Specify SF or LF)	E M	100	N	N
Material	(ACM)	todia	al Staff	(12)		(i.e., the insulation,			SF OI LF)	O	100	A	L
TO BE All		-		\vdash		or other n				V		P	0
(13		Yes	No	N/A						A	R	S	S
Throughout (includ	ing hailarroom)	-	X		Pipe ins	sulation -remov	al and	"wrap & cut"	2500 LF	х			
Boiler room	ing bollerroom)	X			Boiler a	and breeching in	sulation	n	1000 SF	X		_	
Bollot 100											\dashv	-	_
					L C	bic Yards	Na	ne of Registered Landfil	I				
Name of Registered V	Waste Hauler		DEP V		(71.710	Waste		nerva Landfill					
Jupiter Environi	illeritai dei vict	0	04782			60	C:4	Ctoto					-
City, State	•					posal Date 20/13		y, State aynesburg, OH					
Lincoln Park, N Completed By (Print		Title			3/2	Signature	7	/	Date	XXII.XX			_
Pane Repic	or Type/		eral	Mana	ger	1		12	8/13/	13			
i and replo						1							-

ASB-41 JUN 95

8/13/13: Amendment #1 — Completion date has moved to the 9/20/13 for the boileroom portion of the work.

MO#20613941550

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

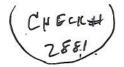
Date of Notification (1)				Nome	of Building	Owner	Inorator (2)					
	14 12			Name	of Building) Uwner/c	Operator (2		GE	1 77	= =		
	14 / 13				Sullivan	<u> </u>		1101/-		\mathbb{V}	5 1	21	
Agencies Notified	Type Notification			Street	Address			1101			$\neg \parallel$	111	
□ EPA ⊠ DOLWD	Initial Amended				stwood Pl				ALIC 10	0040	111	III	
DHSS DHSS	Amended Amendment #			City, S	state, Zip C	Code		14 4	7.00 1 9	2013	ILL	1	
DCA	☐ Emergency (in	cluding			Grove, N						1		
(NJAC 5:23-8)	justification)	-		Name	of Contact	t		AS	BESICO CONTRACTOR	THOIL S	1		
	Cancellation			Melisa	a Sullivan	1				1000	7	1	
				FA	CILITY IN	FORMA	TION	_	_		-		
Name of Facility Where A	batement is Taking	Place	(3)		32			Type of Facility	(4)	-	3"		
Private house								School (K-12					
Street Address								Subchapter Other (i.e., p	3 (Other than K-		ومثاماتين		
21 Eastwood Place								homes, etc.		merciai b	ullaing] 5.	
City (5)							-	Square Feet	# of Floors	į B	idg. A	ge	
Cedar Grove, NJ 07009)							33			7		
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being den	nolished)			
Essex										•			
Name of Monitoring Firm	Hired by Building (Owner i	8)	ASCM	No.	Name	of Abateme	ent Contractor (9)				
						Gr Tec							
Street Address						2	Address	8					
						576 Va	lley Rd#	283					
City, State, Zip Code						and the second second	ate, Zip C						
						Wayne	, NJ 0747	70	10				
Project Manager for Moni	toring Firm		Tele	ephone	No.		one No.		License No				
						973-63	8-1777	4	01127				
Start Date (10)		duled C	omple	tion Da	te (11)	Name	of OSHA M	Monitor					
	13(08 /	_ 24	1_/	13	Enviro	vision Co	nsultants,Inc					
Occupancy Status During	Abatement (Chec	k only o	one)			-	Address	11041141110,1110					
□ Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		20-21 1	Vagaraw	Road, Bldg .#	35 F				
☐ Abatement Performed							ate, Zip Co		33 E				
Time of Abatement: _	P	M/	PIVI_		AM	Fair La	wn, NJ 0	7410					
Scope of Work (Check all	that apply)	4900	-				Clean up	and decontamin					
≥ >3 sf or >3 lf		⊠ R∈	covat	00		H	Full Con Mini-Enc	tainment with Ne	gative Pressure	•			
2 160 sf or 260 lf		De	moliti	חכ			Gloveba	g Procedure	Tent with Nega	ative Pres	sure		
							Non-Exe	mpted (*) and No	n-Friable Proce	edure	j.		
			Loca Norma					(Vie		Al	oatem	ent Ty	уре
Location Asbestos-Containing I	The state of the s		d Sol		Acha		scription o	of terial (ACM)	Amount	R	Z,	Щ	Ē
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IN Facilit (13)	ty	Cus	(12)	Staff?			cing, VAT		SIF or LF)	val	=	Encapsulate	sure
(13)		Yes	No	N/A		other	miscellane	ous)				te	
		T Tes	INO	N/A		// · · · · · · · · · · · · · · · · · ·				1	-		
Basement		닏	1		Pipe ins	sulation			100 LF	X	Ш	Ш	Ш
												П	П
Name of Registered Was	te Hauler	Ш	N I	DEP West	Hauler ID No.	Cubic V	arde of Man	le Name of Regi	tored Londfill				بلا
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Gr Tech LLC				003378	35	TB	2000	T.R.R.F. Inc				,	
City, State						Disposa	ai Date	City, State					ĺ
Wayne, NJ 07470						TB	D .	Tullytown, P	Α				
Completed By (Print or Ty	rpe) Titl	е				Si	gnatur	1 1	,	Date			
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pate of Nollfication (1)	13 , 13	<u></u>	Na	me of	Building	B) (perator (2)		3 11 111	2013	1		1
gencies Notified EPA DOLWO	Type Notification Initial Amended		2-1	2 29	th Street		AUG	1 9 2013	WAIVER AP	PRÛ	WE!))	700
DHSS DCA (NJAC 5:23-8)	Amendment #_ Emergency (inc. justification) Cancellation	luding	Fai	r Lav	wn, NJ 07 of Contact	1		OS CONTROL DENSING	Telephone Number		.		
	Cancellation			-	ressor ILITY INF	ORMA	TION			- 8-		_	
Name of Facility Where rivate house Street Address	Abstement is Taking	Place (3)						Type of Facility (School (K-12 Subchapter 8 Other (i.e., p homes, etc.)) (Olher than K-1 2) Ivale and commerc	iel buik	linga		_
-12 29th Street Cily (6)								Square Feet	# of Floors	Bidg	. Ago	•	
County (6)			- 1	County	y Code (?) (\$	STATE	SE ONLY)	Current Use (Pr	or if being demolish	ned)			
Bergen Name of Monitoring Fi	rm Hired by Building C	wner (6)	AS	CMP				ent Contractor (9)					-
Street Address						Street 576 V	ch LLC Address alley Rd #						-
City, State, Zip Code						Wayn	e, NJ 074		License No.				_
Project Manager for M			Telepr				none No 38-1777		01127			w72100000	
Digit Date (10) 08 / 14 Occupancy Status Du Facility Closed/Vac Abstament Perforn Time of Abstamen	ring Abatement (Checo	ridd of Al	15 e) batemi	_ / _	13 cribe	Envir Stran 20-21 City,	Wagaraw State, Zip C	Road, Bldg .#	35 E				_
Scope of Work (Check >3 st or >3 if 2 160 st or 2280 if	74-7-3	⊠ Ren	ovation	<u> </u>		Fair L	Full Cor Mini-En	p and decontamination with Nectoria		Press	ure		
Asbestos-Cantelni TO SE IN F	tion of ng Material (ACM) ABATED PCINTY IS)	Usad Mein Custo	Solah Solah Solah itenan dial Si (12)	f by cef		stos Co In their But		eterial (ACM) insylation. T. or	Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	P
		Yes	No	N/A						N N	7	_	-
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Gr Tech LLC City, State			1.00		0.1		Detel Dete	City, State			-		***
Wayne, NJ 07470 Completed By (Print	or Tunn)	tle	_		0.7	1	BD Signature	Tullytown,		ate			-
N.Jevtic	- 1/54/	vner						the M	7 0	3/13/20	013		
MAY 11		Do not	use th	is for	m for asbei	erns tro	ousin Voxen	ipled activities.					



(YL# 2508

Date of Notification (1) 8/16/13						ner/Operat			5410:1	31						
	pe Notification		100	reet Add West	ress 13th Stre	et								N.		
EPA DEP DOL	Amendment #_				, Zip Code each Hav	ven NJ 08	800	08								
DOH DCA	Emergency (inc justification) Cancellation	luding	11 753	ame of C	Contact			0		_Tele	phone N	umber		•		
Name of Facility Where Aba Rick Schuck Private H		Place (3)		FACILI	TY INFOR	MATION		Sc Su	Facility (4) hool (K-12) 3 (Othe	er than K-	-12)	5000			
9 West 13th Street	82							Ot etc	her (i.e. pri :.)	ivate 8	commer	rcial bu				3,
City (5) North Beach Haven N	J 08008							Square 1000+		1+	Floors		35	g. Ag +	е	
County (6) Ocean				ounty Co	ode (7) SE ONLY)			Current Home	Use (Prior	r if bei	ng demol	ished)				
Name of Monitoring Firm Hi	ired by Building Ov	vner (8)		ASCM	No.			of Abate	ment Cont	ractor	(9)	B				
Street Address						10737		Address ox 329			3					
City, State, Zip Code						City	y, St	tate, Zip								
Project Manager for Monito	oject Manager for Monitoring Firm		Т	elephon	e No.	Tel	eph	one No. 753-98		-	License					\exists
Start Date (10) 8/30/13		Scheduled 9/6/13	I Com	pletion D	ate (11)	Na		of OSHA	A Monitor							
Occupancy Status During A	Abatement (Check	Only One)			Str	eet.	Address		-						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Pe I Outside of Norma	riod of At I Facility I	oateme Hours	ent		City	y, S	tate, Zip	Code							
Scope of Work (Check All	That Apply)	200000					-	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Mini Glov	Containme -Enclosure rebag Prod -Exempted	edure					<u>.</u>	
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F-4-day Ci	alim as	Yes	No	N/A	100	Exterior	Si	dina	8	1:	200 SF	×				
Exterior Signature	aing			X		EXIGNO	-	unig			200 01	- 1				
Name of Registered Waste United Containers	e Hauler		Н	JDEP W auler ID 2459	20000 more	Cubic Yar of Waste 2			Name of G.R.O.	w.s.		ndfill			· ·	
City, State Elm NJ						Disposal I 9/6/13	Date	9	City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna	ompleted by Title		dent			Signa	atur	e		3 3		Date 8/16		3		



					111-					
Date of Nouncation (1)		Name o	-	Owner/Operator	/1 -	9/-	. 72 - 111	,		7
8/16/13			COCH	TH TEC	4 60	IL TI	LACTIN			닉
Agencies Notified Type Notification TEPA Signature		500017		- RT, 5	υ.	15 6	37			-
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n DOH justification)		Name o	Contact	4		· is 1	electrone Numb	Der		
Cancellation		- D	NUCE	BREUN	16	<u>. 1</u> .				-1
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iome of Facility. Where Abatement is Takin	9 Place (3)				Type of Fa				7	i
RESIDENCE					School Subona	DIe/ 8 (Other than K-1	2)		
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ZO BRUDIC DA	6 70	-011-2	===		Square Fe	01	Floors	Bidg		
Town BARR	·				1000		· L-	-1-40		
		Count	y Code (7) (STATE	Current Us	Prior	H being demol	ished)		-
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were oi Marioning Firm Hired by Building	Owner	LISCUIT	10.	Name of Abater	neni Convac		. 1			
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Project Manager la Monitoring Firm	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			856-7		1.6			- 2	
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Sian Dale (10)				1 - 00	0.1-41	F14	M	. *		
10/2/12 2	110	/13			PKHI					=-
San Diggs Abatement (Ch	tock only a	00)			PKHI					- -
Occupancy Status During Abatement (Ch	ieck only a	Datement		Sueel Address	PKAL	. U C É	105		=== ===	
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Occupancy Status During Abatement (Ch X) Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:	neck only or Period of A nat Facility	hours		Sveet Address 369 City, State, App	Code S.K.	UCE IN DO	105		2	=- =- =-
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OOH DCA	justification) Cancellation		BU					-	
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5 - 27-			3	Street Address		on Co.	Inc	;** 	
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Facility Closed/V Abalement Performer - Describe cope of Work (Ch 12 3 st or 2 3 ft 12 160 st or 2 280 Asbestos-Cer	During Abatement (Check only acated During Entire Period of Internal Fedition of Interining Material (ACM) RE ABATED IN Facility	Is Loc: of Norms dy Used Soiet Maintenan Custodia Staff	Menovation Demolition on y by ce/ As	Street Address City State, Zip City State, Zip City State, Zip City State, Zip City State, Zip No Description Description Description	Code Containment with Containment with Enclosure webag Procedure n-Exempted (*) and the containment of the	2 Rd 5 D 1 7 6 h Negative Pressu	Ocedure	Ahat	ура
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Line of Notification (1)				of Building Owner		1,11		N.Gent	AF	PRO	VED	
8/14/13			M	ICHARL	CE7	24	O AUG	9 194	Vie	7	BL.	or ac
Agencies Notified Type Notification	ו			Address		<i>c</i>			List.	ionali		,,,,
EPA Initial C Amended			Ciby S	ate, Zip Code	STILL	21-	ASBESTO	S CODDING	建了	<u> </u>	Time:	12
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DOH Emergency justification Cancelletto	1)	9	Name	of Contact				Telephone	lumbor			
lame of Facility Where Abatement Is Taki	nn Place	(3)	FAC	ILITY INFORMA	TION	1		1				
CETRULO		(4)		1		l lak	e of Facility (4	30		,		
Street Address						H	School (K-12 Subchapter 8	Other than K	-121			
72 mAW ST						Ø	Other (i.e. prietc.)	ivate & commo	rcial bu	gnibling	s, hon	nes,
MAPISON							are Feet	# of Floors		Bldg.	Age	•
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MORRIS		-		Code (7) USE ONLY)		Cut	rent Use (Prior	if being demal	ished)			
lame of Monitoring Firm Hired by Building	Owner (8	<u>n</u> 1	1	M No.	Namo		ESTAU.					
		,	7.00	·W 740.	A. N	lac (Patement Control	ractor (9) Inc.		×		
treel Address					Street							_
ity, State, Zio Code							rell Road					
,,p. 5565							Zip Gode ck, N.J. 074	52				
oject Manager for Monitoring Firm			Telepho	one No.	Telepi							
				710 7141			-5B41	License 00156	NO.			
an Date (10) 8/14/13	Schedu	ledico	mpletion //3	Date (11)			SHA Monitor	tal Services	lnc.			
cupancy Status During Abatement (Che	ck Only O	no)			Street				nio.			
Facility Closed/Vacated During Entire	Period of	Abater	nent		280	Ниу	er Street					
Facility Closed/Vacated During Entire Abatement Performed Dutside of Norr Other – Describe:	nal Facilit	y Hour	S				Zip Code					
tope of Work (Check All That Apply)					Hac	kens	ack, NJ 076	506			1	~~~
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolt		ji e		M	ini-Encloaure Iovebag Proces	I with Negative			÷	
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Location of	1 1	Nanmai	ly	D.	escription	of.					уре	l.
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole	nce/	Asbestos Cor	ntaining M	lateria	I (ACM)	Amount			rn	
In Facility (13)	Cris	todial 5 (12)	Staff?	(i.e. therma	scing, VA	T, or		(Specify SF or LF)	Removal	Repair	ncap	EUG
(13)	Yes		1	olher :	miscellan	eans)		75	Evo	Dal'	Encapsulate	Endosura
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ovic Transport		Η	auler ID		Yards ust p			gistered Landfil		. ~		
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McDonald	Presi	ident	1/6	ļi.	DZ.	M	Jal 1		81	14	113	
	117					ACCOUNTY.	The control of the co		- 3			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Build	ing Owner/Open	rator (2) ssive Contracting	2013 Mm. ac	7)2	68	
August 15, 2013 Agencies Notified Type of Notification Type of Notification Initial Notification	ification	Street Address	POB	ox 712	2013 pp. 12	277	3/		
Amended Amended Amended Amended	Notification	City, State, Zi	Code Point l	Pleasant, NJ 08742					
[x] DOH [DCA	on)	Name of Cont		Te	lephone Number		201 201		
] DCA	FA	ACILITY INFO	RMATION				-		
Name of Facility Where Abatement is Taking Pla Residence Street Address	ice (3)			Type of Facility (4) [] [] [x]	School (k-12) Subchapter 8 (other (i.e., private	than k	il2) mercial	buildir	ngs,
1631 Mayfair Court				Square feet	homes, etc.) # of Floors	Bldg.	Age		
City	ounty (6)	. County Code (STATE USE	(7) ONLY)	1000 sf Current Use (Prior if	1		60		-
Point Pleasant	ocean			Residen	ice				
Name of Monitoring Firm Hired by Building Ow N/A	vner (8)	ASCM No.			(9) an Contracting, I	nc.			
Street Address			Street A	1889 R	oute 9, Unit 61				
City, State, Zip Code					River, New Jerse	y 0875	55-12	71	
Project Manager for Monitoring Firm	Telephone Nun	nber	732-3	one Number 49-9932	License No 00624	imber			
Scheduled Start Date (10) 8/15/13	Scheduled Con 8/16/13	pletion Date (11)		of OSHA Monitor E.M.S. Address	L. Analytical				
Occupancy Status During Abatement (Check on [X] Facility Closed/Vacated I [] Abatement Performed Ou [] Other – Describe	During Entire Period (of Abatement ity Hours	City, S	tate, Zip Code Piscata	telton Road way, New Jerse		54		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf		enovation	[[[[2	Mini-Enclosure Glovebag Proces	nt with Negative Pre dure (*) and Non-Friable l		ıre		<u> </u>
[x] ≥160 sf or ≥260 lf	[x]					Abate	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO		Descrip Asbestos-C Material (i.e., therm insulation, VAT other misc	Containing (ACM) al systems surfacing, (), or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
exterior	x	Asbesto	s siding		850 sf	х	_		-
EXICITOI						+-	-	-	
Name of Registered Waste Hauler	NJDEP Waste		Cubic Yards of V	T.R.R.F.	stered Landfill				
Guardian Contracting, Inc. City, State		Disposal Date 8/19/13	City	, State llytown, Pennsylvar	nia	T Date			
Toms River, New Jersey									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

• • •	(Purs			8:60 and	12.120)						`	
,		II Na	ame of Bu	ilding Owr	er/Operato	or (2) 70	iction		270	270)	
Date of Notification (1)		1			Seminole	Consul	iction A	<u>, </u>	-00			
8/13/2013		St	treet Addr	ess				*. //	1: 3 ₁			
Agencies Notified Type of Notification	etion				128 Bart	lett Aver	100					
Agencies Notified Type of Amended Notified Initial Notified Amended Notified Amen	tification	1	Situ State	, Zip Code					e I			
[] DEP [] Amended No.	#	10	nly, blace,	. – .	West Cr	eek, NJ	38092					
[X] DOL [v] Emergency (including	-	Name of C	Contact			Tele	ephone Nur	nber			
justification	0 -	1	Name of C	Joyce								
[x] DOH [] Cancellation	Ü				TION							
[] DCA		FACII	LITY IN	FORMA	1101	Type of F	acility (4)	0.11/61	12)			
Name of Facility Where Abatement is Taking Place	(3)				1			School (k-1 Subchapter	- 8 (other t	than k12)		
Name of Facility where residence							A	Other (i.e.,	private &	commer	cial bui	Idings,
					1	V	[x]	homes, etc	c.)			
Street Address 914 Shore Avenue				(7)		Square f	eet	# of Floo	ors J	Bldg. Age	60	
	unty (6)		County C	ode (7) USE ONL?	מ	10	nn of	2	alichel)		00	
City			(STAIL)	002 01	. 6	Current	Use (Prior if Residen	being dein	Olisiia)			
Ship Bottom O	cean					11	Centractor	(9)				
	ner (8)		ASCM N	lo.	Name o	Abatemen	Guardia	an Contra	icting, Ir	nc.		
Name of Monitoring Firm Hired by Building Ow	nor (o)				Street A	Address						
N/A								Loute 9, U				
Street Address					City, S	tate, Zip C	ode Toms l	River, Ne	w Jerse	y 08755	-1271	
City, State, Zip Code		7.5-5			Teleph	one Numb	er	1 1	icense in	ımber		
The state of the s	Telephone	e Numbe	r		732-3	49-9932			00624			
Project Manager for Monitoring Firm	Schedule	d Comple	etion Date	(11)	Name	of OSHA	Monitor	S.L. Analy	ytical			
Scheduled Start Date (10)	Scheduled 8/19/	а Сошрк /13	otion = -		1	Address		+ 10.7	100	=		
8/16/13	1 0)				Street	Address	1056	Stelton R	Load	19		
Occupancy Status During Abatement (Check of X Facility Closed/Vacated	During Entire Po	eriod of A	Abatemen	t			Code					
[X] Facility Closed/Vacated Abatement Performed O	utside of Norma	l Facility	Hours		City,	State, Zip	Pisca	taway, N	ew Jerse	ey 0885	4	
Other – Describe							ull Containm					
L J					[] F1	ıll Containm Iini-Enclosur	ent wini i i	-B			
Scope of Work (Check all that apply)					Ĺ	1		T				
	[]		ovation		r F	x] N	lovebag Prod Ion-Exempte	d (*) and N	lon:Friable	e Procedui	re	
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[x]	Der	nolition		L	<u> </u>				Abate	ment T	ype
[x] ≥160 sf or ≥260 H			-							R	R	E
	Is Loc	otion		9	Descr	iption of			Amount	E	E	N
200	Normal	ly used	1		Asbestos	-Containi ial (ACM)	иŘ	(S ₁	pecify SF	M	P	CA
Location of	Solel	v by			(i.e. the	rmal syste	ms		or LF)	0	A I	P
Asbestos-Containing Material (ACM)	Maintenanc	e/Custo	dial		insulatio	n, surfaci	ng,			V	R	S
TO BE ABATED in facility		aff			V	AT, or		1		A		U L
(13)	(1	.2)			other m	iscellaneo	ous)			L		E
	YES N	0 1	N/A						200 sf	$-\frac{1}{X}$	1	
9	120			Asbestos	siding			12	700 2I		+	1
Exterior	X			100000							+	+
Exterior											+	+
												
				No To	ubic Yards	ofWaste	Name of	Registered	Landfill			029
Name of Registered Waste Hauler		P Waste	Hauler ID 223	, No. C	3		T.R.R	C.F.				
Name of Registered wasternament Guardian Contracting, Inc.	2	- Z0.	Disposal	Date		City, State	vn, Pennsy	lvania				
C't. Ctote			8/20/13	3		Tullytov	VII, A CIII3 y	1			ate /2/201	3
Toms River, New Jorsey	Title			Signature	1.	hol	te	//			120	
Completed by (Print or Type) Nicholas Fernicola	Project N	Manage	r	}	line lineare	ire exemp	ted activitie	25.	1956			
Nicholas Formeda	*Dor	rot use t	his form	for asbest	os ncerisi	ere exemp	ted activitie					

MO#21208157223

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

Date of Notification (1)				Name	of Building	Owner/O	perator (2)			0.000			
08/15/	13			Theres	a Barone			2813 4113	13 (411)	31				
Agencies Notified Type Noti	ication		-		Address									
☐ EPA ☐ Initial				7701 4	th Avenu	e		Mary Control		10				
☑ DOLWD ☐ Amend	led		ŀ		tate, Zip C				14			-	-	_
☑ DHSS Amend	lment #_													
☐ DCA ☐ Emerg		luding			Bergen, Nof Contact				Telephone Nu	mhar				
(NJAC 5:23-8) justific				-				200	relephone No	mibei				
Cance	llation			Theres	sa Barone									
				FAC	CILITY IN	FORMA	TION		,,,					
Name of Facility Where Abatement	s Taking	Place	(3)					Type of Facility						
Private house								School (K-12	.) 3 (Other than K-	1 2)				
Street Address								Other (i.e., p			uildi	ings.		
7701 4th Avenue								homes, etc.)						
City (5)		21.87		(10)(-10)				Square Feet	# of Floors	E	Ildg.	Age	9	
North Bergen, NJ 07047														
County (6)				Coun	ty Code (7)	(STATE US	SE ONLY)	Current Use (Pr	ior if being dem	olished)				
Hudson														
Name of Monitoring Firm Hired by E	Building C	wner (8)	ASCM	No.	Name o	f Abateme	ent Contractor (9)					-	
	9770					Gr Tecl		•						
Street Address						Street A								
Street Address						Si		10.00						
0: 0: 7: 0:					- 1		lley Rd #		7= 7	N.	_			
City, State, Zip Code						City, St	ate, Zip Co	ode						
					G			70						
Project Manager for Monitoring Firm	1		Tele	phone	No.	Telepho	ne No.		License No.					
					. E	973-63	8-1777 .		01127					
Start Date (10)					ite (11)	Name o	of OSHA N	1onitor						
08/24/13	_ (8 /	2:	5 1	13	Enviros	rision Co	nsultants,Inc						
Occupancy Status During Abateme						Street A		msurtaints, me						
								DJ DIJ- #	25 5					
☐ Abatement Performed Outside of					scribe		vagaraw ate, Zip Co	Road, Bldg .#	33 E					
Time of Abatement:AM-	P	W/	PM		AM	W 200	- Tr							
						Fair La	wn, NJ 0		Marketon .					
Scope of Work (Check all that apply)					Н		o and decontaming tainment with New						
		⊠ R€	novat	ion		Н	Mini-End	losure						
>3 sf or >3 lf = 160 sf or >260 lf			emoliti			\boxtimes	Gloveba	g Procedure			ssur	e		
							Non-Exe	mpted (*) and No	n-Friable Proce	dure	1			
52 F26 8		100	Loca							A	bate	emer	nt Ty	ype
Location of Asbestos-Containing Material (A	CM		Norma	ely by			scription o			Z	, ,	D	ш	Ш
TO BE ABATED	(CIVI)	Ma	inten	ance/	ASDE (i.e.	stos Cont therma	aining ivia Leveteme	terial (ACM) insulation,	Amount (Specify	Kemova	Z eball	5	Encapsulate	Enclosure
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Name of Registered Waste Hauler			NJ	DEP Wast	e Hauler ID No.	Cubic Ya	rds of Wast	le Name of Regis	stered Landfill					
Gr Tech LLC				003378	85	- TBI)	T.R.R.F. Inc	180				_	
City, State						Disposa	al Date	City, State					,	WW.
Wayne, NJ 07470						TBI)	Tullytown, P.	Α					
Completed By (Print or Type)	Title						nature	i unytown, f		Date				
						Ois	H	1 .	/					
N.Jevtic	Ow	ner					1/20	ALC ME	797	08/15/2	2013	خ		
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PAGE 03/04

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Charles Alleron				, , , , , ,	emoval I		
				CT 185.350	River St sack, N.	J. 07601	
		no (11)	•	201-329-		00388	
8-17-2013 18-19	7-000		, .	Onega En 280 Eur	vironmen ler St	tal Inc	
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8-14-2013		MYTH	2									
Agricory Notified Type Notification	84 HILLSIDE AVENUE											
DEPA Childs DOL Amended Amendment#	CRYSSKILL NJ 07626.											
© DOH · · · Date	Name of Conta		<u> </u>	Telephone Num	7	50	A					
PACILITY INFORMATION												
Mains of Facility Where Abstracent is Taking Place (3)												
W. SMVTH	C) School (K-12) C) School (K-12) C) School (K-12)											
34 HUSIDE AVENUE	Char (Lo. private & commercial buildings, homes, etc.)											
CRESKILL			Square Feet 2300	e of Floors	82	400 - 4/R	?s``					
BERGEN	County Code (7) (STATE USE											
Name of Manhoing Firm Hand by Building Owner ASC												
Shut Address	Best 1											
7.93	.River St											
Cay, State, Zp Code	Cay, Sans, Zay Codo Cay, Sans, Zay Hacker											
Project Manager for Manifestery Film Toliph	-7444 · 00388											
Start Date (15) Scheduled Completion I	(11)	Mann of OSHA										
2-26-2013 8-27-20	913.	Smeet Address	ATIONWEN	FOT THE								
C. Pricelly Closed Macrated Duties Entire Period of Abstrace	x	280 Huy										
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Scope of West (Check of fint apply)				logativo Prossure			\dashv					
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	-10	☐ Non-	Executed (5 and	Não-Riziblo Prost	duto	Abah	ment					
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Name of Registered Waste Hauler NJOSP	Naste Hagter	Cubic Yards of	Name of Registr				-4					
Best Removal Inc 1710	1/4 40	Minerva	Enterpri	ses								
Hackensack, N.J. 07601	Waynesbu	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T										
R. VELDRAN Estimator R. Voldran 8-14-13												



CK# 35010

Date of Notification (1) 8/16/13	Name of Building Owner/Operator (2) Barbar Rex Private Home 2015 Street Address 1064 Mill Creek																	
Agencies Notified Type Notification	Si 1	reet Add 064 M	dress ill Creek	(2.5		1.1	: 5/									
DEP Amended Amendment			ity, State Ianaha			400												
□ Emergency (including		ame of C	Contact	phone N	e Number												
		FACILITY INFORMATION											4					
Name of Facility Where Abatement is Takin Barbar Rex Private Home		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										4	đ					
Street Address 1064 Mill Creek		Other (i.e. private & commercial buildings, etc.)																
City (5) Manahawkin NJ 08050			Square Feet # of Floors E										Bldg. Age B5+					
County (6) Ocean			County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Home										i)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No. Name of Abatement Contractor (9) Pernaco Inc.								*							
Street Address		Street Address PO Box 329																
City, State, Zip Code					P. C. C. S. C.	City, Sta West		Code NJ 080	91									
Project Manager for Monitoring Firm	T	elephon	e No.			phone No. License No753-9800 00727												
Start Date (10) 8/29/13	d Com	Completion Date (11) Name of OSHA Monitor same																
Occupancy Status During Abatement (Che	5)	Street Address																
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	bateme	atement ours City, State, Zip Code																
Scope of Work (Check All That Apply)	[=]		ation Full Containment with Negative Pressure															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti	nolition Mini-Enclosure Glovebag Procedure															
12	le le	Locatio				14			1				Abatement					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	lormally d Solely ntenan odial S (12)	y by ce/ taff?		tos Co therm surf	ntaining M al systems facing, VA	escription of staining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure			
	Yes	No	N/A		F. 4	hadaa Ola	·		40	1000 05								
Exterior Siding			X		EXI	terior Sid	ing			1200 SF		x		_				
											\dashv				-			
Name of Registered Waste Hauler	T N	NJDEP Waste Cubic Yards					Yards Name of Registered Landfill											
United Containers		auler ID 2459	No.	3	Vaste	G.R.O.W.S.												
City, State Elm NJ				45	Disp 9/6/	oosal Date /13		City, Star Morris		A 1906	7							
Completed by Anthony T Perna	Title Presi	dent				Signature	<u></u>	Date 8/16/13										



(IV# 3505

Date of Notification (1) 8/16/13	Name of Building Owner/Operator (2) Rodger Papale Private Home																	
Agencies Notified Type Notification		St	reet Add	A CONTRACTOR OF THE PARTY OF TH			,	•		3/								
EPA Initial Amended Amendment #		lit	tle Egg	, Zip Code g Harbor		08087			i i	nhana Nu	ımber							
DOH justification) Cancellation	o.aan.rg	1 332	Name of Contact Telephone Number Roger															
		FACILITY INFORMATION												\Box				
Name of Facility Where Abatement is Taking Rodger Papale Private Home		•					Facility (4	350										
Street Address		School (K-12) Subchapter 8 (Other than K-12)																
126 East Navasink		Other (i.e. private & commercial buildings, hetc.)												*				
City (5)					2977-2	Square 1000+		# of 2	Floors		ildg. 5+	Age	ige .					
little Egg Harbor NJ 08087		Tic	ounty Co	ode (7)						ng demolis	350		_		\dashv			
County (6) Ocean	2		County Code (7) Current Use (Prior if being dem Home															
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM No. Name of Abatement Contract Pernaco Inc.							actor (9)								
N/A Street Address			Street Address															
Silver Address						PO Box 329												
City, State, Zip Code	City, State, Zip Code					City, State, Zip Code West Berlin NJ 08091												
Project Manager for Monitoring Firm	T						elephone No. License No. 00727											
Start Date (10)	Comp	pletion D	Date (11)			me of OSHA Monitor												
8/29/13		· .	W 8		sam													
Occupancy Status During Abatement (Chec					Street	Address	idress											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	ateme lours	ent		City, State, Zip Code														
Scope of Work (Check All That Apply)						, pa	_					*						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	le l	ocatio	n				11011		7			AŁ	oater	nent				
Location of	No	ormall	coation rmally Description of Solely by Appearer Containing Material (ACM) Amount									Туре						
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	itenan	ice/	Asbest	os Co therm	ntaining al systen	Amount Specify	1 2		7	Enca	En						
In Facility	Custo	dial S (12)	statt?			facing, V			S	F or LF)	Remova		Repair	Encapsulate	Enclosure			
(13)	Yes	No	N/A		other miscellaneous)									ate	6			
Exterior Siding			x		Ext	terior S	iding	10	1200 SF		x	I						
							72					\perp						
		100,000																
Name of Registered Waste Hauler			JDEP W		1 1 930 100 100	ic Yards Vaste									18			
United Containers		0.000	2459		3			G.R.O.										
City, State	\$1		3		Disp 9/6/	oosal Dat /13	te	City, Sta Morris		A 19067	7							
Completed by Anthony T Perna	Title Presid	dent		•		Signatu	ire 1				Date 8/16/	13	20 - 20					
Anthony i rema			10000		0/10/10									_				



CV#3504

Date of Notification (1) 8/16/13	Name of Building Owner/Operator (2) Amy & Michael Stivala Private Home Street Address 40 West Alabama ave																	
Agencies Notified Type Notification	40 West Ala									, Said	/-		iţ					
DEP Amended Amendment #				, Zip Code ach Tw		08008												
Emergency (including justification) DCA Emergency (including justification) Cancellation	uding		me of Clichael					1	Telephone Number									
		FACILI	TY INFOR	MATI	ON		Facility (4)							=				
Name of Facility Where Abatement is Taking Pland & Michael Stivala Private Home Street Address			ner than K-12)															
40 West Alabama ave	- 27-200-02	Other (i.e. private & commercial buildings, hometc.)												·				
City (5) Long Beach Twp NJ 08008		Square Feet # of Floors Bld 1000+ 2 35										dg. Age						
County (6) Ocean			County Code (7) Current Use (Prior if being de Home									nolished)						
Name of Monitoring Firm Hired by Building Own	ner (8)		Detailed and American					ment Cont	ractor	(9)			٠.					
N/A Street Address	N/A Street Address				Pernaco Inc. Street Address													
City Other 7th Code		•				PO Box 329 City, State, Zip Code								\dashv				
City, State, Zip Code			West Berlin NJ 08091							- I N								
Project Manager for Monitoring Firm		. 856					lephone No. License No. 56-753-9800 00727											
Start Date (10) So 8/29/13 9,	d Comp	oletion D	ate (11)	A Monitor														
Occupancy Status During Abatement (Check C	Occupancy Status During Abatement (Check Only One					Street	Address	dress										
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	bateme Hours	ement urs City, State, Zip Code																
Scope of Work (Check All That Apply)				12		100									72-25-			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renovation Demolition						Mini- Glov	Containme -Enclosure /ebag Prod -Exempted	edure			Procedure						
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City, State Elm NJ					Disp 9/6/			City, Stat Morris		A 1906								
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