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

page	15 New						
i	Fran	Sa, al	pa-	6	4		
	TANKS.	200	200	1	7	3	34%

Date of Notification (1) 8/20/2012		Name of Building Owner/Operator (2) P.S.E. & G  2012 AUC 20										9	i.			
Agencies Notified	Type Notification		Street Address 4000 Hadley Road											2		
× EPA	× Initial			- Charles Andrews Co.						<i>A</i> 5	REC			E.I.	ن ز	9
DEP X DOL	Amended Amendment		_		ate, Zip Co Plainfie		07080				& C	10, 10F	O Co	DN1	RO	1
☑ DOH ☑ DCA	Emergency (i justification) Cancellation	ncluding			f Contact Goncal	ves Ro	onev			Tel	ephone	e Nun	ber	₩G		10
M DON	L Cancellation				LITY INF											4 200
Name of Facility Where A			)					_	of Facility (4	en 						
Street Address 341 Mt. Pleasant A	ve.								School (K-12 Subchapter ( Other (i.e. pr etc.)	(Oth				dings,	hom	es,
City (5) West Orange									re Feet	# of N/A	f Floors	S	10000	ldg. A	ge	
County (6) Essex			-		Code (7) USE ONLY	)			nt Use (Prior		ng den	nolish	ed)			
Name of Monitoring Firm		wner (8)		ASCN 0045					tement Cont			RICA	INC			
Street Address 64 BROAD STREE							Street	Addres			UVILI	NO7				
City, State, Zip Code	LOCATION CO.						City, S	State, Zi	p Code			-				
MATAWAN, NJ 077 Project Manager for Mon				Telepho	ne No			TH R	IVER, NJ	8880		se No	,			
TOM GEIGER			732-29	90-2217		732-	432-8	350		011	2017 B 30 0					
Start Date (10) 9/4/12	art Date (10) Scheduled 9/19/12								IA Monitor SYSTEMS	OF /	AMEF	RICA	INC			
Occupancy Status Durin	e)					Addres	s EHEAD A	\/E								
Abatement Perform	<b></b> s						City, S	tate, Zi	p Code			+				
Scope of Work (Check A	II That Apply						SOU	ITH R	IVER, NJ	0888	2	_	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ії тпас Арріу)	-	enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce	dure						
		Is	l ocat	inn				Non-Exempted (*) and Non-F					riable Procedure  Abatement			
Location		N	lormal d Sole											Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED `	Mai	ntena odial 8 (12)	nce/ Staff?				s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
OUTSIDE DUCT BA	NKS & STORM	Yes	No X	N/A	ΔC	M TRA	MSITI	E DIDI	=0	Ω7	0 LF		х		Ф	
DRAIN					7.0	7101 1107	WOITE	_ 1 11 1	_0	01	U LI	-	Α			
																-
Name of Posistared Was	eto Haular	JDEP W	laata	Cubia	Varda		News of D	!-1-		- 101		7377				
					No.	of Was	te			Name of Registered Land GROWS NORTH						
City, State ELIZABETH, NJ					Disposal Date City, State 9/20/2012 MORRISVILLE, PA											
Completed by Title				Signature   Date						-	-					
CAROL RAIMO	CE M	IGR.		1	an	Eal	Lai	me	Ð.	8/2	0/20	12				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

MEBENGIA

Date of Notification (1)				Name of I	Building Owner/	Operato	r (2)				
07/11/12				Princeton University 2012 AUG 22 PM 3: 44							
Month/Day/Year		•		l			EUIZ NOC	126 11	J.	44	
Agency Notified Type No EPA	Init			P.O. box			Action	Hartier and the	a vilma an	0240	
DEP		iai tificat	ion	-	te, Zip Code		ASBES	109 60	HIR	0L	
DCA x		ended	юн		NJ 08543		& L	ICENS!	NG	. CTD.	
DOH	_	tificat	ion	Name of C				Icphone Nu		63	
2011		icellati		Robert O			1.00	icimoni - viii			
					TY INFORMA	TION			-		
Name of Facility Where Abatement is T. Princeton University - 20 Washington		Place	(3)					(12) r 8 (Other)			
Street Address 20 Washington Road					·		buildings	. Private &	)		
City (5)	Con	inty (	9		County Code	(7)	Square Feet # 0	of Floors	Bldg. 50+	Age	
Princeton		inty (	<u>''</u>		(STATE USE ONL		Current Use (Prior University			I)	
Name of Monitoring Firm Hired by Bui ATC Associates, Inc	lding (	Owner	(8)		ASCM No.	100000000000000000000000000000000000000	of Abatement Contractiated Specialty Contra				-
Street Address 3 Terri Lane					N#	No. 100 Control of the Control of th	Address Crue Avenue				
City, State, Zip Code Burlington NJ 08016				<u> </u>		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Firm Mike Keehn				Telephone 609-386-8		1	hone Number 64-9622		Liceno 1103	ce Numb	er
Scheduled Start Date (10) 07/23/12 Month/Day/Year		Scho		npletion Date 10/01/12 onth/Day/Ye		1	of OSHA Monitor ion Labs	***************************************			
Occupancy Status During Abatement (C x Facility Closed/Vacated During   Abatement Performed Outside o Hours - Describe: 7:00 AM Other - Describe:	atement		3370 I City, S	Address Progresive Drive State, Zip Code Iem PA 19020							
Scope of work (Check all that apply) Demolition >3 sf or >3 if x >160 sf or >260 lf		x	Renovatio	n	x x x	Full Containment wi Mini - Enclosure Glovebag Procedure Non-Friable Procedu		Pressu			
		Is						Aba	temen	Type	
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	No U S by te Cu Sta	ocation ormall Jsed olely Main nance/ stodia aff (12	v - 1	Asbesto Mate (ie. Th insulation	cription of os-Containing rial (ACM) crmal systems , surfacing, VAT miscellaneous)	·	Amount (Specify SF or LP)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ground Floor - exterior outside room 1		x		window ca	ulk		170 LF	_ x			
1st Floor - exterior outside room 101 G		x		window ca	ulk		170 LF	x .			
2nd Floor - exterior outside room 201 G		x		window ca	ulk		170 LF	x			
throughout		x		pipe insula	tion		100 LF	x			
Name of Registered Waste Hauler	EP Waste	Cubic Yards						+			
Horizon Disposal	er ID No.	of Waste		GROWS	Laudilli						
City, State Trenton NJ	Disposal Date As needed			City, State Morrisville PA			E .				
Completed By (Print or Type) Mark Goshow	le Signature Date Sject Manager Mult John 8-						2012				

### 2012 AUG 22 PM 3: 44

# Princeton University - 20 Washington Lane Additional ACM Sections

Location of ACM

Description of ACM

Amount

Abatement

ground floor

ground floor lab 1

floor tile and mastic gasket material

400 SF

Removal Removal

20 SF

Mores

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

RECEIVED

	Date of Natification (1)		Name	Duilding Ours	-10(2)		2012 ALL				
	Date of Notification (1) 8 - 20 - 1	2	Name of	Building Owne	r/Operator (2)	Spat	2012 AUG	22	PM ;	2: 3	i
	Agencies Notified Type Notification		Street A	ddress	, Box	(- (-	SBESI	030	ONT	Ro	1
	□ DEP □ Initial □ Amended	1	City, Sta	te, Zip Code		000	- 0	CENS	ING	NO	180
	DOL Amendment #		Name of	Bridge	ewater	N:	7 0	880	1		63
	DOH justification DCA Cancellation		-		Spatan	σ	1 elepho	ne Numi	oer	-	
	Name of Facility Where Abatement is Taking	Place (3)		LITY INFORMA	NOIT	e of Facility	(4)				-
	Store Apartm			\$	1	School (K-					
- 55	Street Address		140			Subchapte Other (i.e.	r 8 (Other th	an K-12)	buildi	nas t	nomes
	City (5)	in S	st acet	•		etc.) lare Feet	# of Flo			dg. Ag	
	Somewille	NJ	08	708	040	are rect	3	)			j+-
	County (6)		County (	Code (7) USE ONLY)	Cur	rent Use (Pri	ior if being d	emolishe	d)	8	
	Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	1 No	Name of At	atement Co	ntractor (9)	_			
	EPC Tech			V/A	EPC	TE	char	10	900	25	
	P.O. Box 337			•	Street Addr		× 3	17	9		
	City, State, Zip Code			•	City State,	Zip Code	~ ~ .			161	<b>E79</b>
Ų	New Egypt Project Manager for worldving Firm	1 0	Telepho	De No	Telephone		197	NJ ense No	U	0.	358
Date	Steve Schen Ken	_	609	758-33s		58-35	65		0	3	14
1—	Start Date (10)	Scheduled (	•		Name of O	SHA Monitor					
. 5	8 · 33 - 1 Z Occupancy Status During Abatement (Check	Only One)	29-1		Street Addr		lond.	3"	65		
plet.	☐ Facility Closed/Vacated During Entire P	eriod of Aba	tement			· Box	33	7			
à	☐ Abatement Performed Outside of Norma ☐ Other – Describe:		ours		City, State,	Zip Code	-	TV	A	35	23
ر ئ بر	Scope of Work (Check All That App;y)				7-6-6	-34	PI	AA	40		30
$\cup$	☐ ≥3 sf or ≥3 lf		ovation polition			ull Containm Iini-Enclosur		ative Pre	essure		
Pol	©: ≥160 sf or ≥260 lf	D Deli	iontion		□ G	lovebag Pro lon-Exempte	cedure	a Friable	Droos	ndur.	
ð		Is Lo	cation		<u> </u>	on-Exemple	d ( ) and No	II-riable		baten	nent
7	Location of	Nor	mally Solely by		Description of			.	T	Тур	е 
CXIC	Asbestos-Containing Material (ACM)  TO BE ABATED	Mainte	enance/ ial Staff?	(i.e. therm	ontaining Materi nal systems insu	ulation,	Amou (Spec	fy	Re	<sub>R</sub>	Enclosure Encapsulate
~	In Facility (13)	(f (700) (700) (700)	12)		facing, VAT, or r miscellaneous		SF or l	.F)	Remova	Repair	Enclosure
>		Yes N	No N/A						=		ate e
Right away	2nd floor Back wall	<b>)</b>	(	Plas	ten wal	1	320	SF	X		
70	a first first										
35											
	54 = 5.00		. NUDED !!	(nata T G )	in Vard-	Nemark	Dogista	on dell			
T. J	Name of Registered Waste Hauler		NJDEP W Hauler ID	No. of V	vaste	Name of	Registered				
Stating	EPC Tech.		1700		oosal Date	City, Stat	<b>976</b>		-7	5000	ent
	NE NI				<u> </u>	Mode	sis vi	lle	P	1	
Not	Completed by	Title	ident		Signature SAD			Date	8:	<b>)</b> υ -	-12.
-	Steve Schenken	11145	ICIENT		سارير		~		- 0		A. See



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

2012 Aug 2

Date of Notification (1)  Agencies Notified  Type Notification  Agencies Notified  Type Notification  Type Notification  Street Address  City, State, Zip Code  Name of Facility Where Abatement is Taking Placs (3)  Street Address  Telephone No.  City, State, Zip Code  County (6)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Stree
Street Address   Stre
DEP
DEP
Name of Facility Where Abatement is Taking Place (3)  Street Address  County (6)  Cancellation  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Street Manager for building Firm  Telephone No.
DOA
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)
Street Address  28 West Main Street  City (5) Square Feet  County (6) Square Feet  Country (7) Square Feet  Country (8) Square Feet  Country (9) S
Street Address  City (5)
City (5) Some Ruilly NJ 08807 Square Feet # of Floors Bldg. Age 100 County (6) Some Ruilly NJ 08807 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (6) Square Feet # of Floors Bldg. Age 100 County (7) Square Feet # of Floors Bldg. Age 100 County (7) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (7) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 County (9) Square Feet # of Floors Bldg. Age 100 Coun
County (6)  County (7)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for workfring Firm  Start Date (10)  Start Date (10)  Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  23 sf or 23 lf  24 Clay State, Zip Code  Name of OSHA Monitor  Street Address  Street Address  Street Address  City, State, Zip Code  Cit
County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Phoject Manager for workfring Firm  City State Date (10)  Start Date (10)  County Code (7)  Street Address  City, State, Zip Code  City State, Zip Code  City State, Zip Code  City State, Zip Code  City State, Zip Code  County Code (7)  City State, Zip Code  City State, Zip Code  City State, Zip Code  City State, Zip Code  County Code (7)  Code (7)  City State, Zip Code  City S
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for worthviring Firm  Telephone No.  Start Date (10)  Scheduled Completion Date (11)  Procupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Name of OSHA Monitor  Street Address  Street Address  City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for worltring Firm  Start Date (10)  Scheduled Completion Date (11)  Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Name of Abatement Contractor (9)  City, State, Zip Code  Name of OSHA Monitor  Telephone No.  License No.  Street Address  City, State, Zip Code  City, State, Zip Code  Name of OSHA Monitor  Telephone No.  City, State, Zip Code  Ci
Street Address  City, State, Zip Code  Code  City, State, Zip Code
City, State, Zip Code    City, State, Zip Code   City
City, State, Zip Code    Project Manager for Molitering Firm
Start Date (10)
Start Date (10)  Scheduled Completion Date (11)  Street Address  Street Address  City, State, Zip Code  No Scheduled Completion Date (11)  Street Address  City, State, Zip Code  No Scheduled Completion Date (11)  Street Address  Scheduled Completion Street Address  Street Address  Street Address  Scheduled Completion Street Address  Street Address  Scheduled Completion Street Address  Street Addre
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  B - 2 5 - 12  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Renovation  Demolition  Scheduled Completion Date (11)  EPC Technology  Street Address  City, State, Zip Code  Normaliv  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Type
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Street Address  P.O. Box 337  City, State, Zip Code  Normaliv  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Type
Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    St. Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Type
Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    St. Renovation   Demolition   Procedure   Renovation
Scope of Work (Check All That Apply)  □ 23 sf or ≥3 lf ≥160 sf or ≥260 lf □ Demolition □ St. Location Normally □ Scope of Work (Check All That Apply) □ 23 sf or ≥3 lf □ Demolition □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Abatement Type
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  □ Renovation □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure    Scope of Work (Check All That Apply)   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Type
St ≥160 sf or ≥260 lf  Demolition  Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Is Location Normally  Demolition  Abateme Type
Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Is Location Normally Parameters of
Is Location Normally Non-Exempted (*) and Non-Friable Procedure Abateme Type
Is Location Type
Normally Description of
TO BE ABATED In Facility (13)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? surfacing, VAT, or other miscellaneous)  (Specify SF or LF)  Other miscellaneous)
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)
Yes No N/A
2ndfloor Back Wall X Plaster Wall 320 SV X
2nd floor Back Wall X Plaster Wall 32050 X
Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards  Name of Registered Landfill
Hauler ID No.   Ul Waste /
EPC Tech. 17000 6 Waste Manageme
EPC Tech. 17000 6 Waste Manageme
EPC Tech. 17000 6 Waste Manageme

#### Fax:

Aug 20 2012 11:50am P001/001

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

	no: A	
CHECK #:	MOT	
SPECIFICATE DATE OF DESCRIPTION	thanh.	١

			(F		to MJAC				RE	CEI	VED			, –	1
Date of Notification (1)	6.20-12			n	f Building PC+10V					1		AFD	ROY		-
Agencies Notified	Type Notification	• • • • •	$\dashv$	Street A			CKY	100	M2 AUG	22	ALADem Pozi	T Heal	150	<del>cnior</del>	3017
□ EPA	□ Initial				Bec		Dri	VC.			-1 64(1	; (Sig	LEATH LB)	W/I	
D DEP	☐ Amended Amendment	#	1	-	te, Zip Co	1	A la	01	38E31	05		20/12		ne;[]	45
☑ DOM	Emergency (	including	-		MKU f Contact	OFI	MY	47,	MAI	VE K	lephone N	und De			
DCA	justification)  U Cancellation		_		norw)	Alba	nest	9			reference 14	Cast Miles		9	
Name of Facility When	e Abetement is Takin	Place (3)		FACI	LITY INIT	ORMAT	MOM		of Facility (	4)					
BD									ichoel (K-1						
Street Address 544 SU	mmitAu	enul						(S)	iubchapter Other (i.e. p etc.)				lings,	home	s,
City (5)	in lakes				With the second second			Squa	re Feet 000	#0	f Floors	E	Sidg. /		
County (6) POLYCY-CH				County (	Code (7) USE ONLY	)			ales (			hed)		~	
Name of Monitoring Fi	rm Hired by Building (	Owner (8)		ASC	M No.			of Aba	tement Contracting Inc	tractor					
Street Address				4	,			Address owell F							
City, State, Zip Code		**************************************		W					ip Code NJ 07452	•					
Project Manager for M	anitoring Fern			Teleo	hone No.			none No			License		*********		
~			1				201-	262-58	141		00156	087080	<b></b>		
Start Date (10)	2012	Schedul	S S	Dietion 1	Pate (11)				iA Monitor vironmenta	l Servic	es Inc.				
Occupancy Status Du  Facility Closed/Vs  Abatement Perfor  Other - Describe:	scated During Entire I	Period of A	bater				280 H		beet p Code	<i>i</i>					
Scope of Work (Check	All Thert Conti					<del></del> -	naco	ensack	NJ 07506	· 					
② ≥3 sf or ≥3 if □ ≥160 sf or ≥260 i	•		enova				E	Mini-	Containme Enclosure rebag Proc Exempted	edure					
		İs	Local	tion			,					T	Abat	emen	
Locat Asbestos-Containi	ion of		Norma ≥d Sole				scription					-	1 ,	/pe	
IO BE /	todial (12)	Staff?		sunta Stut	systems icing, VA	ng Meleriai (ACN ems insulation, VAT, or Hancous)		6	Imount Specify For LF)	Removel	Repair	Encapaulak	Enclosure		
A. 10. a	• 5	Yes	No	N/A			<i>c.</i> .					<del>- </del> -			
lykn	or			X	- Ri	10F	Ejas	nin	<u>y</u>	30	) SF	-X			
												士			_
Name of Registered W	laste Hauler			UDEP W			Yardş		Name of	Registe	red Landfil				
Rovic Transport			ŀ	lauier IO : 20755	No.	of Wa	ste		IESI PA	Bethleh	em Landfil	Corp.			
City, State, Zip Code Riverdale, NJ 07457					Disposal Date				al Date City, State, Zip Code  Dethlehem, PA 18015						
Completed by Title						1 0					-	ate			
R. McDonald	ent	Pandella m Vald Date							D	12	<u> </u>				

ASB-41 (R-05-08)

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

Check # 8302

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

Date of Notification (1)			Mama o	f Building Owner/0	Doorstor (2)		146	FH	For F	-		
8-20-1	2_		valile 0	BUNG		LLC		Marie 2 Col	5 Te			
Agencies Notified Type Notification	) 	120	Street A			nbert	12 AUG 22	LRH	2:	35	11	ام
☐ EPA Initial ☐ Amended	The same	. (	City, Sta	ite, Zip Code	37-45	.45	RECIDO	170	PRI	9 <u>0</u>	u	Rd
Amendmen		- [.		Hop	ewel	1 N3	8108	25	150	OL		
DOH justification			Name of	f Contact y Vinch			Telepho	he Wulff	bleir	_	-	
				LITY INFORMAT							-	-
Name of Facility Where Abatement is Taki	ng Place (3 Dw		1.0			pe of Facility	20050 20060					
Street Address			-				r 8 (Other tha					
64 Hart	AUC					Other (i.e. etc.)	private & con	nmercial	build	ings.	home	es,
City (5) Hopewell	TU	0	85	25	Sq	uare Feet	# of Floo	rs	В	ldg. A	ge ) + -	_
County (6)	[00	1	County	Code (7)		rrent Use (Pr			-			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCA			Single		14	De	vel	line	<b>-</b>
EPC Tech	Owner (o)		1	V/A	EP			lo	91	25		<b>5</b> 00
Ro. Box 337					Street Add	ress	9 9	23	J	<b>.</b>		
City, State, Zip Code			~ ~		City State	, Zip Code	A 200		<b>9</b> 4	200		
Project Manager for sold tring Firm	7	18	S 3 Telepho	ne No	Telephone	Egy	pt .	NJ ense No	_(	18	2	15
Steve Schenke	a		199	758-3ks	JA ~ 'A	58-3	165	C	0	3	94	
Start Date (10)	Schedule	d Com	pletion	Date (11)	Name of C	SHA Monitor	book					
Occupancy Status During Abatement (Che	ck Only On	e)	)1	12	Street Add		TANGU	3.,	6 9			
Facility Closed/Vacated During Entire	Period of A	batem			P.0	. 60 x	33	7				
☐ Abatement Performed Outside of Nor ☐ Other – Describe:	mal Facility	Hours			City, State	, Zip Code	n d /	VJ		2.5	21	3
Scope of Work (Check All That Apply)	450000000000000000000000000000000000000	•			7-6-	-34	P	4	0			
☐ ≥3 sf or ≥3 lf  >>> ≥160 sf or ≥260 lf	2000 0000000000000000000000000000000000	enovat emoliti				Full Containm Mini-Enclosur		ative Pr	essur	e		
2160 St or 2260 II		emonu	OII			Glovebag Pro	cedure	. Criable	Den			
	le.	Location	nn		~	Non-Exempte	d (*) and Nor	п-г паріє		Abate		
Location of	1	lormall	У	De	scription of					Ту	oe .	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel intenar	ice/	Asbestos Con	taining Mate I systems ins		Amour (Speci	2	מ		Enc	щ
In Facility	Cust	odial S (12)	itaff?	surfa	cing, VAT, o	r	SF or L		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	other	mscenarieou	15)			val	7	late	иге
B. Exterior Walls	-		X	Siding	Shing	les	1300	SE	K.			
B HOUSE HAIRS				Siding	<del></del>		1000		-			
- V												
Name of Registered Waste Hauler		100,000	JDEP Wauler ID	20.00 St. 20.00	Yards ste /	Name of	Registered I					
EPC Tech.	E.		70	00	(g	City, Sta	346 L	7100	9	ea	169	r
City, State NI					sal Date -31-12	Mod	Pis vi	lle		1		
	Title	a . 1	1		Signature	< 0 0	7	Date		20	c 1	ゥ
Steve Schenken	TRE	Sid	ent		Sw.	John			ر ر		- (	_

B & G proj. #: 2012-155

## State of NJ \*

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:129-7)
EMERGENCY Non Sub 8

CENTRAL Check # 543

									T				
Date of Notification (1)				r/Operator (2)		2012 AUG 2	2 PM	2: 34					
Agencies Notified   Type Notificatio		v Jersey Address	City Un	iversity									
EPA Initial		West Si	de Ave	nue		ASBESTO:	O CUI	FROL					
☐ DEP	11 ===	State, Zip						(1)					
DOL Amendm	ent   Jer	sey City	NJ 073	305				•					
<b>⊠</b> DOH		of Contac						Telepho	ne Number				
☐ DCA ☐ Cancellat	ion   M	ichael D'	Aquila										
		***************************************		ITY INFORMA	ATION								
Name of facility where abatement is	taking place (	(3)					Туре	of Facility	(4)		37 <del>-33</del> -116		
	175A							_	ol (K - 12)	46 46	on V	12\	
Hepburn Hall (non sub 8)									hapter 8 (O (Private/C			12)	
Street Address								Bldgs	./Homes, e	tc.			
2039 John F Kennedy Bouleva							Squ	are Feet	# of Floor	s	Blo	lg. A	ge
City (5)	County (	6)				nty Code (7) te use only)	Cur	rent Lise (	Prior if bein	a dem	olishe	d)	
Jersey City, NJ 07305	Hudsor	1			(010			3.55	on sub 8)		0110110	٠,	
Name of Monitoring Firm Hired by B			T	ASCM No.	T	Name of Abatement	Contra	ctor (9)					
Horizon Environmental Group				0073		B & G Restorati	on, Inc						
Street Address		(1)				Street Address							
301 9th Street					_	105 Ryerson Ro				-			
City, State, Zip Code						City, State, Zip Code							
West Deptford, NJ 08086			Land		_	Lincoln Park, N Telephone Number	IJ 0703	5	License	Numb	er		
Project Manager for Monitoring Firm		Phon	e Numbe	er		973-696-6869			0378	Nume	/C1		
Dave Flanigan			) 848-0		_	Name of OSHA Mor	nitor		1				
Scheduled Start Date (10)	Sched. Co	ompletion	Date (11	)		B & G Restorat							
8/21/2012	8/22/201					Street Address							
Occupancy Status During Abatement				341		105 Ryerson Ro							
Facility closed/vacated during e	entire period o of normal facil	of abateme lity hours-	ent.			City, State, Zip Code	9						
Describe:	:30 pm				=	Lincoln Park, N	NJ 0703	5					
Scope of Work (check all that apply													
☐ Demolition	Renovation					full Containment w/ne	egative p	ressure	Glovel	oag pr	ocedu	ire	
	160 sf or ≥26	60 If			X I	Mini-enclosure			☐ Non-fi	iable	oroce	dure	
Location of	Is location no									R	R	Ε	E
asbestos-containing	by maintenar staff(12)	nce/custoo	lial			sbestos-containing		Amount (Specify	SF or	m	р	n c	n
material to be abated in facility (13)	Yes	No	N/A	material (	ACM)			LF)	0. 0.	o v	a i	a	L
				00.14 = less		oia .	20	) sf		e	K	r -	
MWT			<u> </u>	O&M plast	erre	odii	- 20	7 31		片	H	片	╁┼
										旨	片	Ħ	Ħ
					-		_			盲	盲	Ī	
					-10-								
Registered Waste Hauler	NJDEP	Hauler ID#		ubic Yards of V	Vaste		d Landfi	II					
B & G Restoration, Inc.	/2 yard		Tullytown Reso	ource &	Recover	y Center							
City, State Lincoln Park, NJ 07035	ate 12	City, State Tullytown, PA											
Completed by (Print or Type)					Date								
Gordana Luna		Gordana Luna			8/16/1	2							

2012-155

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check# 5431

B & G proj. #:	2012-133	<b>-</b> 6%		EMEF	RGENC	Y Non	Sub 8		Circole	+=			_	_
Date of Notification	(1)	i I Name	of Buildi	ing Owner/O	perator (2)		RECEI	11-1	APPRO	DVED		1		
		[1]		City Univ			The had been	THE DE	of of Health	& Senior S	ervice	\$	<del>, -</del>	_
0 18 1/1 16 Agencles Notified	Type Notification		Address		O, D. C.	00	12 8110 22	784	2 3 4 (sions	ture)		·		
☐ EPA		11		Side Avenu	e	20	12 AUG 22	In S	334 (800	100	SAM	-	40 pm	_
□ DÉP	initial l		State, Zip				SBESTOS			110101		7		
⊠ DOT	Amendmer	. 11		y, NJ 0730	5	A.	SPESTUS TO SEP	SIM		al whee				_
☑ DOH	# <del>2000</del>	Name	of Conte	act.			- <del>0.</del> - 10 L i		Telep ove	Minuber				
_	Cancellatio	n	e at a si m	o: A mila				~						_
☐ DCA			uchael L	'Aquila	- WEODEN	TION			1					
				FACILII	Y INFORM	111014	T	Type	of Facility (4	)				
Name of facility w	here abatement is to	aking place	(3)			5			School	(K - 12)		72.70		
Hepburn Hall (	non sub 8)									pler 8 (Oti	ter tha	n K-12 (≈)	2)	
Street Address	non sac cy		~						Bidgs /	Private/Continues, etc	<b>5</b> .			
					Ť.			Squ	are Feet	# of Floors		Bldg	. Age	
	ennedy Boulevan	County	(6)			County	Code (7)				ᆗ-		_	=
City (5)		County	(*)			(State L	ise only)	Cu	rrent Use (Pr	for if being	demo	usheq		
Jersey City, N	FI 07305	Hudso	on _				ame of Abatemen		iversity (no	HI SULU 6)		-		_
Name of Moniton	ing Firm Hired by Bi	dg. Owner	8)	-	ASCM No.	11								
	onmental Group				0073		B & G Restorati	ion, in	Ç.					
Street Address							105 Ryerson Re	oad			2			_,
301 9th Street	-						ty, State, Zip Code							
City, State, Zip Co					*		Lincoln Park,		35	_		v=		
West Deptfor	d, NJ 08086		TDI	one Numbe		T	elephone Number	,		License	Numbe	<u>P</u> T		
Project Manager	for Monitoring Firm						973-696-6869			0378		_	=	=
Dave Flanigan	1			56) 848-01		N	ame of OSHA Mo							
Scheduled Start I	Date (10)	Sched.	Completi	on Date (11)			B & G Restora	tion, h	nc.					
8/21/2012		8/22/2				s		bsot						
Occupancy Statu	is During Abatemen	t (Check on	ly ane) d of abou	nment			105 Ryerson Road City, State, Zip Code							
Facility do	sed/vacated during t performed outside	of normal for	a or absorbed	175-			City, State. Lip cook							
						11	Lincoln Park	NJ 07	035					
Other-Des	scribe: start project S	3.30 pm							-					
	(check all that apply	r) Renovation				☐ Fu	Containment w/	negativ	e pressure	-	bag pr			
Demolition	,					MI MI	ni-endosure			Non-	friable		lure	
>3 sf or >3	3 ff	≥160 of or		used solely	1						R	R	E n	E
Location	of containing	by mainte	nanca/cu	stodial	Descri	otion of as	bestos-containing		Amount (Specify		E o	p	c	n
material to	o ba	staff(12)	_	T	materia	el (ACM)			ÙF)	COLUMN COLUMN	v	i i	a p	L
abated in	facility (13)	Yes	No	N/A					70 -6	-	e	X	n	
MWT					O&M pla	ister repa	ir		20 sf		卄	in	H	H
14144						Name.					旨	盲	厅	盲
<del></del>					<u></u>						愩	怙		
											一	口		
,			EP Haule	e II Set 1	ubic Yards	of Waste	Name of Registe	ered La	ndfill			J		
Registered Was	ste Hauser ration, Inc.		63		1/2 yard		Tullytown Re	esource	& Recove	ry Center				
City, State		1	City, State	) A										
Lincoln Park, NJ 07035							Tullytown, P	A		Date				
Completed by (Print or Type) Title Signature						4	Gerstana Sam	<b>2</b>		8/16				
Gordana Lu	na	Treasur	er								DAMES OF THE OWNER, OWN			5.55

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

		.,	(Pi	ursuant	to NJAC	8:60 an	d 12:120	0)	CK	·	27	10				
Date of Notification (1) 8/20/12			4.0	Name of All Ris	f Building ( k	Owner/0	Operator	(2)		₹E (	E	VE				
Agencies Notified Typ	e Notification	-26-24-10-	- 1	Street A		DI4			2012	AUG	22	PM 2		2		
≥ EPA	Initial				ennedy l											
DEP DOL	Amended Amendment #_				ite, Zip Co rdale NJ		3		\$ 50	EST	0S.0	ONT	Rr	11		
X DOH	Emergency (including justification)	cluding	_		f Contact					& Feb	eo adme	NAG	er	100000		
DCA 🔲	Cancellation			Tom										62		
Name of Facility Where Abate	ament is Taking D	Place (3)		FACI	LITY INFO	DRMAT	ION	Type	of Facility (	4)						
Highland Park Senior F		lace (3	)					Г	School (K-1							
Street Address								H	er than							
242 South 6th Avenue								×	Other (i.e. p etc.)	rivate 8	& comm	nercial I	ouild	ings,	home	es,
City (5) Highland Park NJ 0890	)4							Squa 100	re Feet	# of	Floors		1	dg. A	ge	
County (6) Middlesex					Code (7) USE ONLY	·		Curr	ent Use (Pri	or if bei	ng dem	olished	1)			
Name of Monitoring Firm Hire N/A	ed by Building Ow	ner (8)		ASCN	No.		1	of Aba	atement Cor	tractor	(9)					
Street Address							Street	Addre		1						
City, State, Zip Code							City, S	State, Z	ip Code in NJ 080	Q1					<u> </u>	
Project Manager for Monitoring	ng Firm	T	Telepho	ne No.		Teleph	none N	lo.	-	Licens	100000000000000000000000000000000000000					
0-10-140	1.0			5		000000000000000000000000000000000000000	753-9	MINORO INOPILIA		0072	7					
Start Date (10) 8/21/12	8		npletion	Date (11)			aco I	HA Monitor NC								
Occupancy Status During Ab	e)				Street	Addre	ss									
➤ Facility Closed/Vacated							PO E	30x 3	29							
Abatement Performed C Other – Describe:	outside of Normal	Facility	Hours		*******		5-50		Zip Code Iin NJ 080	91						
Scope of Work (Check All Th	at Apply)	Seast III 2 - II		******			· ·									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	200000			<u> </u>	Mi GI	II Containmoni-Enclosure ovebag Procon-Exempted	e cedure						
		le.	Locati	on		100		- 140	n-Exemple	/ / air	u INOII-I	Table			ment	
Location of		N	lormal	ly		De	Description of							Ту	ре	
Asbestos-Containing Mat TO BE ABATE			d Sole ntenar			tos Con	taining N	nining Material (ACM) Amount					<sub>70</sub>		<u>n</u>	ш
In Facility	2	Cust	odial S (12)	Staff?	(1.6.	surfa	cing, VA	systems insulation, (Specify Sing, VAT, or SF or LF)					emo	Repair	Encapsulate	Enclosure
(13)	1	- т	0.1.000.0010	1		other	miscellar	neous)					val	air	ulate	sure
Kitchen		Yes	No	N/A X		Floor	Tile/m	astic	8	16	50 SF	×	-	_	w	
Tationeri	Ritcheri						1110/111	laotio			70 01	- 1				
			0													
	1.						10			1511						
Name of Registered Waste H United Containers	Н	NJDEP Waste Hauler ID No. 22459  Cubic Yards of Waste 2				Name of Registered La G.R.O.W.S.			red Lar	101111						
City, State Elm NJ					Disposal Date 8/23/12				ate City, State Morrisville PA 19067							
Completed by Anthony T Perna	Signature Date 8/20/12															