CK#2735

			(P	ursuant	to NJAC 8:	:60 and 1	12:120)	4	F15 11	10.00				
Date of Notification (1) 8/24/15					of Building On Cheon R			(2)		10	25	1.11	: 5	7	
Agencies Notified	Type Notification			Street A 184 T	ooker Ave	e					.1				
× EPA × DEP × DOL	X Initial Amended Amendment		_		ate, Zip Cod gfield, Ne		ey								
	justification) Cancellation			Name o	of Contact			7		Tel	ephone Nu	ımber			
N				FAC	ILITY INFO	RMATIO	N			_					
Name of Facility Where Sununcheon Resid		ig Place (3)					Тур	e of Facility						
Street Address				-			\dashv	H	School (K-1 Subchapte		er than K-1	(2)			
184 Tooker Ave								×	Other (i.e. petc.)				ldings	, hom	es,
City (5) Springfield								Squi 150	are Feet 00	# or 1	f Floors		31dg. / 50+	Age	
County (6) Union					Code (7) USE ONLY)		_		rent Use (Pri sidence	or if bei	ing demolis	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	-	ASCI	M No.				atement Co.		(9)				
Street Address							Street A		ess ose Road	·					
City, State, Zip Code									Zip Code ck, N.J. 07	7722			5505		
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepho				License I	Vo.			
Start Date (10)		0-1-11	10		5 1 777		732-2				00029				
9/2/15		9/9/15		npietion	Date (11)		Name o	of OS	SHA Monitor						
Occupancy Status Durin		-				5	Street A	Addre	ess						
Facility Closed/Vac Abatement Perform Other – Describe:		Period of A nal Facility	Abatem Hours	nent :			City, Sta	ate, 2	Zip Code	7					
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	enova emolit				×	Mi Gl	ull Containm ini-Enclosure lovebag Prod on-Exempte	e cedure				-0	
	Vi	Is	Locati	ດກ					or Example:	J / UII	a tron i na	JIC 1 1C		emen	t
Location		N	lormal	ly		Descr	iption o	of					T	уре	
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Mai	d Sole intenar odial S (12)	nce/	(i.e. th	s Contain nermal sy surfacing other miso	stems g, VAT	insu	lation,	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ent			X		pipe in	culati	ion			50lf		-		
				^		pipe III	Sulati	1011			3011	X			
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Name of Registered Was			100000	JDEP W auler ID		Cubic Ya of Waste					red Landfil	1			
Ace Insulation Co., I	HC.		1000	2086		2			GROW						
City, State Colts Neck, New Jer	rsey				1	Disposal 9/9/15	Date		City, State		I, PA				
Completed by Bree McGuire		Title				Sign	nature		1		100	ate	_		
Dice McGalle		Secre	lary	Treasu	rer		15	M	/		8	24/1)		

State of New Journey NOTESCATION OF ASSESTED AGATEMENT (Pursuant to NJAC 8:81 and 12:120)

chech 5752

Date of Notification (1)	F:	g Charlet Greenbur	(2)					
8-13-15	D. Se	HA			<u>a</u>		- 10	
Agency Notified Type Notification	Seest Address	0		,	<u> </u>		1.	
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DEPA BINDER	C2. CAMP 5.31	Tod:			, J			
_ Amendment ≠	MAHW	Alt, N.	1 074	30				
☐ Emergency (including property (including property)	1 Tr. All - 2 4 2 . CO		2	Telephone N	umber			
□ DCA □ Cancellation	. O. Sc	计分		1 7				
	F. CH.TY BIF	ORIGINATION			إذ			
Name of Facility Where Abatement is Taking Pico	e (0)		Type of Facility	(4)				
D. SOHA			School (K-1)	2)				
Street Address		And the second s	C Subchapter	S (Other than K	-12) 			
	21/15		Other (Le. p.		TOTAL DUNGS	es,		
176 WEST RAMAPO AUG	1008		Square Feet		Bidg	Age		
		estita e	3000	3	90	+ 4	es	
MAHWAH			Casport Neg (F	rior if being der		- /		
County (6)	2012	II a a transmission	R . 5/10	ENCE				
BERGEN	1 11	1 strong of strong	1 (2 3 (0)	9)				
Name of Monitoring Firm Hired by Building Owner (8)	ADU M NO.	f	moval In			-		
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Street Address	ē.			C+				
		Y Cay, Scale, Zip	<u>ch River</u>	31				
City, State, Zip Code			ack, N.J	07601				
Project Manager for Monitoring Firm	Teleph are a c.	Tieselles ko.		License No.	53			
Project inchanges an ancianously i and	Colleges Mr. 19 Co	201-329	7444 -	0038	8=			
Start Date (10) Curedialed Co	maksion Lab (11)	The same of Usan		1 50				
8-26-15 8.27-			llavirona	ental				
Cocupancy Status During Abatement (Check only		Cui Linn		N =				
	2.8	230 I	unler St	0 9	128			
☐ Facility Closed/Vacated During Entire Period C	Andres seed	Cir. Charge and I	L'Al-del	77	-8-	7		
I Other - Describe: 8 AM 5 PM		1 2 52	chensack	, N.J.	07606			
Scope of Work (Check all fact applie)	AND SECURITIES CONTROL OF THE PARTY OF THE PARTY.		Correspond will	. 77	S.77			
■ ≥3 sf or ≥ 3 ff	→ Rendedon'	المار هر	- Fredricks	5 5	:≧ .			
D 2 160 sf or 2 260 f	adicones: L	استنجر	ruig Procedere Franklind (*) er	of Dien Cember I				
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Location of	Line Carlo Sec. 1	5.7.5		Amou	<u>.</u>		-	
Asbestes Containing Metaria (ACM) TO BE ABATED		±åii lailid d ≥.S>×tofs(3°°°		Spec	dy.	20	Enospaulate	Enclosure
IN Facility	-N401	14 fr 1 1 1 1 1 1 1 1	T, C.,	SF or l	Ð	Removal	pau	180
(13)	(12	व्यक्ति स्त्रों के सा	£ Deady	9		9	late	3
	Yen it is to t							
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Name of Registered Visite Hauter	NOTE NOTE HOME	16	Table of Res	stared Landis				,
Best Removal Inc	Dive.	2 15	1	a Enterp	nricas	. 1	T.T.C	4
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City, State	min communication of the second secon	Targets a 1	Thy, State	4				
Hackensack , N.J. 076	501	18-27-15	Wayne	sburg, (88		
Completed by Take		1 Section 19			Date	2-1	_	
R-VELDRAN Est.	mater	R Velder	B/1		18-1.	١ د	المه	

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

Date of Notification (1)				Name	of Building	Owner/Operato	or (2)	15.	7 (5)	25		
8 /24 /	15			Tru	stees of P	Princeton	1.	Job #1408-480	3 Check #684	1 =	71 72		
Agencies Notified Type Noti	ication			Street	Address				F = 5		5		
☐ Initial				Trus	stees of F	Princeton Uni	ver	sity E.A. MacN	lillan Bldg.		S		
☑ DOLWD ☑ Amen				City, S	tate, Zip Co	ode					-		
	ment #				ceton, N								8
□ DCA		cluaing			of Contact		_	30001150	Telephone Numb	oer -	-		-12
Cance	grangii ne			Rob	ert Orteg	o. P.E.		I					
						ORMATION					30 30		
Name of Facility Where Abatement	s Takino	Place	(3)				18	Type of Facility (4)				
Princeton University - Fires		5)	7-1					☐ School (K-12)					
Street Address							-	Subchapter 8	(Other than K-12)			
One Washington Road								Other (i.e., pri homes, etc.)	vate and commer	cial bu	ilding	s,	
City (5)							-	Square Feet	# of Floors	Ble	dg. Ag	ie .	
Princeton								1.000.000	8		72		
County (6)				Coun	ity Code (7)	(STATE USE ONL	Y)		or if being demolis	hed)			_
Mercer					,	(0)1112 002 0112	'/	University Li	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	,			
Name of Monitoring Firm Hired by B	ulding (Juner /	(8)	ASCM	No	Name of Abate	mai	nt Contractor (9)	Diary	400000			-
ATC Associates	unung (JWHEI (0)	0009		AbateTech		BON 8 N 8 S					
Street Address				0003	70	Street Address	0.000	10.					
3 Terri Lane								DO Day 25					
								. PO Box 25					
City, State, Zip Code						City, State, Zip							
Burlington, NJ 08016			1 =		NI	Lumbertor	339	J 08048	Trianna Ni				
Project Manager for Monitoring Firm			100.000	phone	200	Telephone No.			License No.				
Michael R. Keehn	101	11.10		9-386		609-265-21			00529				
Start Date (10)12 /24 /14			. 9	tion Da /	te (11) 15	Name of OSHA EMSL Ana							
Occupancy Status During Abatemen						Street Address							
☐ Facility Closed/Vacated During E			on a constant	ment		200 Route		n North					
☐ Abatement Performed Outside o					cribe								
Time of Abatement:AM						City, State, Zip Cinnamins							
Scope of Work (Check all that apply						VCW01057==2=0.005		COS Des 12-0/02-41 (1-04-)	. 5				
≥3 sf or ≥3 lf		⊠ Re	novati	on		⊠ Full C		ainment with Neg osure	ative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De				☐ Glove	bag	Procedure	1925 C. W.				
					т	☐ Non-E	Exer	mpted (*) and Nor	n-Friable Procedu	re			
		11100	Locat Norma							Ab	atem	ent T	ype
Location of Asbestos-Containing Material (A	CIM)		d Sole		Ashes	Descriptio stos Containing			Amount	Re	Repair	Ē	En
TO BE ABATED	Jivij	2655.65	intena			, thermal syster			(Specify	Removal	pair	cap	Enclosure
IN Facility		Cus	(12)	Staff?		surfacing, V			SF or LF)	/al		Encapsulate	ure
(13)		Yes	No	N/A		other miscella	anec	ous)				te	
Work Area #1A Level 1		П			Pipe and	d Fitting Insu	lati	ion	60 LF		П	П	П
										+-		П	
						11				-			
										ᆜ	1		
Work Area #1A Level 1												Ш	Ш
Name of Registered Waste Hauler			2.33	IJDEP \ lauler II	7-33000	Cubic Yards of Waste	f	Name of Regis					
AbateTech, Inc.				18750		2		G.R.O.W.S.	Landfill				
City, State						Disposal Date		City, State	200				
Lumberton, NJ						12/31/15		Tullytown,	PA				
Completed By (Print or Type)	Title	е			1	Signature		0 .0.1	D	ate (1	ř
Gwendolyn Trumbetti	C	perat	ions	Coord	inator		1	MMT)	(12	4	11)
100 //							- 1	V 1 1 1 1 1	1 1	1 1 0		1 1	

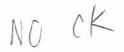
ASB-41 MAY 11

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

NOCK

State of New Jersey 1310-4694 NOTIFICATION OF ASBESTOS ABATEMENT Check #7127 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/24/15						Owner / Opera		(2) missioners	-936 757	10.5p			
Agencies Notified Type Notific	ation			Addre		bewerage o	OIII	mosioners				1000	
⊠ EPA					ı Ave	nue							
☐ DEP ☐ Initia	I	_			Zip C					11-1			
DOL Ame	nded #5				J 071				10.0	-8			
	rgency			of Cor		-				Telepho	ne N	umb	or
	ellation	10	ntho		1100						4 4 2		Ci
			FAC	ILITY	/ INF	ORMATION		***************************************					
Name of Facility Where Abateme	ent is Taking Pla	ace (3)				Type of Fa							
Street Address						School	Service with con-	CONTRACTOR OF THE CONTRACTOR O	16 40)				
600 Wilson Avenue								er 8 (Other than		2000 CO 1 4 0-2000			
000 Wilson Avenue								. private & comr				tc.)	
City (E)	0	10		1 (Square Fe	et	# of Floor	s E	Bldg. Age	9		
City (5)	County (6)	Coun	ity Co	ode (7	()	0 111	- (5						
Newark	Essex						se (F	Prior if being der	nolished)				
Name of Monitoring Firm Hired b	y Building Over	(0)	_	1400	N A N I -	Plant			(0)				
AECOM	y Building Own	er (o)		ASC	M No.	AbateTec		ement Contracto	or (9)				
Street Address						Street Add							
30 Knightsbridge Road Suit	e 520					PO Box 2	25						
City, State & Zip Code Piscataway, NJ 08854						City, State							
Project Manager for Monitoring F	irm I	Telepho	one N	Numb	er	Lumberto Telephone			License N	lumber			J. J. J.
Mark Connors		732-56	4-36	306	01	609-265-2			LICENSE IV	0052	9		
Scheduled Start Date (10) 4/20/15	Scheduled Com	pletion 10/30/1		(11)		Name of O							
Occupancy Status During Abater			10			Street Add							
Facility Closed/Vacated [During Entire Pe	eriod of		emen	ıt	108 Hadd		5					
Abatement Performed Or	utside of Norma	I Hours	S -			City, State	& Z	ip Code					
Describe:						Westmon	it, N	J 08108					
Facility Occupied During							2						
Scope of Work (Check all that ap	ply)							□ Full Conta	inmont with N	o modili in	D		
≥3 sf or ≥3 lf		⊠ F	Reno	vatior	1		F	Mini-Enclo	inment with N	egative	Pres	sure	
≥160 sf ≥260 lf				olition			F		Procedures				
				J. 11.1011			F		pted and Non	-Friable	Pro	cedu	re
Location of		Is Lo	catio	n		Descripti	ion		Amount	Aba			
Asbestos-Containing	g	Normal				Asbestos-Co	onta	aining	(Specify		1		71
Material (ACM)			ly by			Material (SF or LF)			Ш	_
TO BE ABATED in Facility		Mainter Custodi			:.	i.e., thermal) nsulation, surf	Sys	stems		Rer	20	пса	inc
(13)			2)	aii!	н	or other misce	ellar	neous)		Remova	Repair	psu	Enclosure
A				N/A			onai	10003)		<u> </u>	7	Encapsulate	ľе
Effluent Pumping Station			7			Transite I	Pan	nels	1,150 SF				\neg
Effluent Pumping Station			٦t	П		Built Up R	100000	17.000	4,277 SF		Ħ	Ħ	뉘
Effluent Pumping Station			5	Ħ	lı	nterior Wind			225 LF		Ħ	Ħ	Ħ
Wet Weather Pumping Station			7			Built Up R	800	fina	450 SF		Ħ	Ħ	Ħ
Wet Weather Pumping Station					E	xterior Wind	_		120 LF		Ħ	Ħ	Ħ
											Ħ	Ħ	Ħ
Name of Registered Waste Haule	er			EP W ler ID		Cubic Yards	1	Name of Regist	ered Landfill		_		
AbateTech, Inc.				1875(of Waste 12	-	TRRF Landfill					
City, State						Disposal Date		City, State			7 E 7		
Lumberton, NJ						10/30/15		Tullytown, PA	S.				
Completed By (Print or Type)			Title			Signature	\wedge	1000+		Date			
Gwen Trumbetti			Opp	s. Co	ord.		U	XYYII		8/24/	15		
										_			



8 / 24 /				or Dullulli	g Owner/Operator (4)					
	15		Ve	rizon Co	nmunications	/ Job #(5	04-4897 Check	#718	5		
Agencies Notified Type Notifie	cation		Stree	t Address				* 10 -	4,0	-	-
☑ EPA ☐ Initial			100	Greenw	ood Avenue	ř.					
☑ DOLWD ☑ Amende	70.07		City,	State, Zip (Code		100	75	-		127
□ DHSS Amendr					, PA 19046						
DCA Emerge (NJAC 5:23-8) ustifica	ncy (includir	ng		of Contac		100	Telephone Num	hor			
Cancelli			CONTRACTOR.	x Baylor	177		Telephone Mun	ibei			
Name of Facility Where Abatement is	Tabia - Dia	- (0)	FA	CILITY IN	IFORMATION						
Verizon- Herbertsville CO	I aking Plac	e (3)				Type of Facility	DOM: 150				
						School (K-1	2) 8 (Other than K-12				
Street Address						Other (i.e.,	orivate and comme	rcial b	uildin	as	
411 Van Zile Rd.						homes, etc)	roidi D	ananış	90,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Brick						\$350.5	2000000		· · ·		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Ocean			-		,,	Offices	Doing Comon	onou			
Name of Monitoring Firm Hired by Bui	ildina Owner	(8)	ASCM	No	Name of Abateme		1				
USA Environmental	iding Office	(0)	7100101	140.)				
Street Address					AbateTech, I	nc.					
					Street Address						
8436 Enterprise Ave.					30 Maple Ave						
City, State, Zip Code					City, State, Zip Co						
Philadelphia, PA 19153					Lumberton, N	J 08048					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.		15/85/		-
Mark Jenkins		2	15-365	-5810	609-265-2107		00529				
	Scheduled (Comple	tion Da	te (11)	Name of OSHA M	lonitor					
5 /18 /15	9	/30	_ /	15	EMSL Analyti	ical					
Occupancy Status Dust - At at	(Chaole ank	1			Street Address						
Occupancy Status During Abatement	Check only	onei									
Occupancy Status During Abatement Facility Closed/Vacated During Ent			ment			0 North					
☐ Facility Closed/Vacated During Ent	ire Period of	Abate	ment	cribe	200 Route 13						
	ire Period of Iormal Facili	Abate ty Hour	ment rs - Des	cribe	200 Route 13 City, State, Zip Co	ode					
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM	ire Period of Iormal Facili	Abate ty Hour	ment rs - Des	cribe	200 Route 13	ode		57			
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N	ire Period of Iormal Facili	Abate ty Hour	ment rs - Des	cribe	200 Route 13 City, State, Zip Co Cinnaminson	ode , NJ 08077					
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) ☐ >3 sf or >3 If	ire Period of Iormal Facili PM/ <u>5</u> PM	Abate ty Hour	rs - Des	cribe	200 Route 13 City, State, Zip Co Cinnaminson	nde , NJ 08077 ainment with Ne	gative Pressure	2			
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply)	ire Period of lormal Facili PM/ <u>5</u> PM	Abate ty Hour 1- <u>1</u> AM	rs - Des	cribe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag	ainment with Ne					
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) ☐ >3 sf or >3 If	ire Period of Normal Facili PM/ <u>5</u> PN	Abate ty Hour 1-1AM enovati	ion	cribe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag	ainment with Ne	gative Pressure on-Friable Procedu	re			
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	ire Period of Normal Facili PM/5PN	Abate ty Hour 1-1AM enovati emolitic	ion ion	cribe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer	ainment with Ne losure g Procedure mpted (*) and No		_	patem	ent T	ype
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of	ire Period of Normal Facili PM/5PN	Abate ty Hour In-1AM enovati emolitics s Locat Norma	ion on tion lly		200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer	ainment with Nelosure g Procedure mpted (*) and No	on-Friable Procedu	Ab	_		
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	ire Period of Iormal FaciliPM/5PN RRiDe	Abate ty Hour Indian In	ion on lly ely by ince/	Asbe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mai	ainment with Nelosure g Procedure mpted (*) and No	on-Friable Procedu	Ab	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility	ire Period of Iormal FaciliPM/5PN RRiDe	Abate ty Hour III AM II	ion on lly ely by ince/	Asbe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer	ainment with Nelosure g Procedure mpted (*) and No	Amount (Specify	Ab	atem		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED	In Period of Iormal Facility PM/5PM Record Decords Use MacCus	Abate ty Hour 1-1AM enovati emolitic S Locat Norma ed Sole aintena stodial (12)	ion ion lly ely by ince/ Staff?	Asbe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Main, thermal systems in the containing main, thermal systems in the containing main, thermal systems in the containing main, the containing main containing m	ainment with Nelosure g Procedure mpted (*) and Note terial (ACM) nsulation, or	on-Friable Procedu	_	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility	ire Period of Iormal FaciliPM/5PN RRiDe	Abate ty Hour III AM II	ion on lly ely by ince/	Asbe	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mains, thermal systems in surfacing, VAT,	ainment with Nelosure g Procedure mpted (*) and Note terial (ACM) nsulation, or	Amount (Specify	Ab	_	en Encapsulate	
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility	In Period of Iormal Facility PM/5PM Record Decords Use MacCus	Abate ty Hour 1-1AM enovati emolitic S Locat Norma ed Sole aintena stodial (12)	ion ion lly ely by ince/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mains, thermal systems in surfacing, VAT,	ainment with Nelosure g Procedure mpted (*) and Note terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	In Period of Normal Facility PM/5PM Representation Description De	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly by nce/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Main, thermal systems if surfacing, VAT, other miscellaneous	ainment with Nelosure g Procedure mpted (*) and Note terial (ACM) nsulation, or	Amount (Specify SF or LF)	Ab	_		
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□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	In Period of Normal Facility PM/5PM Representation Description De	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly by nce/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Main, thermal systems if surfacing, VAT, other miscellaneous	ainment with Nelosure g Procedure mpted (*) and Note terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	In Period of Normal Facility PM/5PM Republic PM/5PM Republic Rep	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly ely by ince/Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Main, thermal systems if surfacing, VAT, other miscellaneous	ainment with Nelosure g Procedure mpted (*) and Note terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal 🛛 🗎	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED**	In Period of Normal Facility PM/5PM Representation Description De	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion Illy Ince/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT, other miscellaneous containing Mat ATTACHED**	ainment with Ne osure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) SEE ATTACHED	Removal	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED**	In Period of Normal Facility PM/5PM Republic PM/5PM Republic Rep	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly ely by ince/Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Main, thermal systems if surfacing, VAT, other miscellaneous	ainment with Nelosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or ous) Name of Regis	Amount (Specify SF or LF) SEE ATTACHED	Removal 🛛 🗎	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED** Name of Registered Waste Hauler AbateTech, Inc.	In Period of Normal Facility PM/5PM Republic PM/5PM Republic Rep	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly ely by ince/Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mar., thermal systems if surfacing, VAT, other miscellaneous Cattacher Market Cubic Yards of Waste 15	ainment with Ne osure g Procedure mpted (*) and No fterial (ACM) nsulation, or ous)	Amount (Specify SF or LF) SEE ATTACHED	Removal 🛛 🗎	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED** Name of Registered Waste Hauler AbateTech, Inc. City, State	In Period of Normal Facility PM/5PM Republic PM/5PM Republic Rep	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on llly elly by ince/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems i surfacing, VAT, other miscellaned TTACHED** Cubic Yards of Waste	And a sin ment with Ne losure gorocedure mpted (*) and No ferrial (ACM) insulation, or cous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) SEE ATTACHED stered Landfill	Removal 🛛 🗎	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED** Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ	In Period of Normal Facility PM/5PM Republic PM/5PM Republic Rep	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on llly elly by ince/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mar., thermal systems if surfacing, VAT, other miscellaneous Cattacher Market Cubic Yards of Waste 15	ainment with Ne osure g Procedure mpted (*) and No fterial (ACM) nsulation, or ous)	Amount (Specify SF or LF) SEE ATTACHED stered Landfill	Removal 🛛 🗎	_		
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED** Name of Registered Waste Hauler AbateTech, Inc. City, State	In Period of Normal Facility PM/5PM Republic PM/5PM Republic Rep	Abate ty Hour 1-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on llly elly by ince/ Staff?	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT, other miscellaned ATTACHED** Cubic Yards of Waste 15 Disposal Date	And a sin ment with Ne losure gorocedure mpted (*) and No ferrial (ACM) insulation, or cous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) SEE ATTACHED stered Landfill Landfill	Removal 🛛 🖂 🖂	_		ype Enclosure
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) **SEE ATTACHED** Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ	In Period of Normal Facility PM/5PM Representation Description of the PM/5PM Representation Description Description of the PM/5PM Representation Description Description of the PM/5PM Representation Description Descript	Abate ty Hour I-1AM enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly ely by ince/Staff? N/A DJDEP Valuer III 18750	Asbe (i.e	200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Maritermal systems in surfacing, VAT, other miscellaned ATTACHED** Cubic Yards of Waste 15 Disposal Date 9/30/15	And a sin ment with Ne losure gorocedure mpted (*) and No ferrial (ACM) insulation, or cous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) SEE ATTACHED stered Landfill	Removal 🛛 🖂 🖂	_		1

MAY 11

Date of Notification (1)			Name	of Building	g Owner/Operator (2)					
8/24/	15		Tru	stees of	Princeton	/ Job #15	504-4892 Check	#712	29 5	5	
Agencies Notified Type Notific	ation		Street	t Address					500		
☑ EPA ☐ Initial			Tru	stees of	Princeton Unive	rsity E.A. Mac	Millan Bldg.				
☑ DOLWD ☑ Amended				State, Zip C			3		720		
□ DHSS Amendm				nceton, N							
□ DCA		g		of Contac			Telephone Num	har			
(NSAC 5.25-6) Justinicati	0.00			bert Orte			releptione Num	Desi	-		
Cancella		27/27/						•	100		
			FA	CILITY IN	IFORMATION		<u> </u>		7.7		
Name of Facility Where Abatement is		e (3)				Type of Facility		-	17.7		=1.07
Princeton University-Dillon Gy	m					School (K-12	2)		3		
Street Address						Subchapter	3 (Other than K-12 rivate and comme) roial b	uildin		
Elm Drive Princeton, NJ -Princ	eton Univ	ersity	Main	Campus		homes, etc.)	iivate and comme	Ciai D	ullulli	<i>j</i> 5,	
City (5)						Square Feet	# of Floors	В	ldg. A	ae	
Princeton						214,000	8		68	3-	
County (6)			Cour	nty Code (7)(STATE USE ONLY)		ior if being demolis	had)	-		
Mercer			Ooui	ity oode (i	MOTATE GOL ONET)	University (sileu)			
Name of Monitoring Firm Hired by Build	dina Owner	(0)	ASCM	Na	Name of Alastana		5				
F	aing Owner	(8)	ASCM		Name of Abateme						
Cardno ATC			0009	98	AbateTech, I	nc.					
Street Address					Street Address						
3 Terri Lane					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
Burlington, NJ 08016					Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Michael R. Keehn		6	09-386	-8800	609-265-2107		00529				
Start Date (10)	Scheduled (Comple	tion Da	ite (11)	Name of OSHA M	lonitor					
4 /27 /15	9				EMSL Analyt	ical					
Occupancy Status During Abatement (Check only	one)			Street Address	(2)		-			
☐ Facility Closed/Vacated During Enti			ment		200 Route 13	0 North					
☐ Abatement Performed Outside of No				scribe	City, State, Zip Co						
Time of Abatement:AM					Cinnaminson						
Scope of Work (Check all that apply)					Cillianinson	i, NJ 00077					
Coope of Work (Check all that apply)					⊠ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 if		enovat			☐ Mini-Enc	losure	,				
≥160 sf or ≥260 lf		emolitic	on		Glovebag	g Procedure	F B				
			0.000	1	□ Non-Exe	mpted (*) and No	n-Friable Procedu	7000			
Location of	1	s Locat Norma						At	atem	ent T	ype
Asbestos-Containing Material (ACN) Us	ed Sole		Ashe	Description o stos Containing Ma		Amount	Re	Repair	四四	四四
TO BE ABATED	M	aintena			., thermal systems		(Specify	Removal	pai	cap	clos
IN Facility	Cus	stodial (12)	Stan?		surfacing, VAT,		SF or LF)	/al		Encapsulate	Enclosure
(13)	Yes	No	N/A	1	other miscellane	ous)				ate	1
Work Area #1C,1D & 1E First Flo		140	1 222		esponential and the state of th					225-012	
Attic				Pipe &	fitting insulation	1	200 LF				
Work Area #1C,1D & 1E First Flo	or 🔲	П		Duct In:	sulation		17,025 SF				
Work Area #1C,1D & 1E First Flo			-	Inculate	- 4 D 4 D i D:		(E)		1=		
Attic				insulate	ed Roof Drain Pi	ping	400 LF				
Name of Desistant Marte II.		Щ,									
Name of Registered Waste Hauler		1009	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis					
AbateTech, Inc.			18750		40	G.R.O.W.S	. Landfill				
City, State					Disposal Date	City, State					
Lumberton, NJ					9/30/15	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature		Da	ite .	0.0	, ,,,	
Gwendolyn Trumbetti	Operat	ions	Coord	inator	K	MMT		8	14	16	7
ASB-41					4			0 1	1	1	
MAY 11	* Do no	t use th	is form	for asbest	os licensure exemp	l ted activities.		1			

Date of Notification (1)	24 /	15			of Building E&G	Owner/Operator (2 / Job #150	355	# COUR	TESY	A		
Agencies Notified	Type Notification	on			Address 0 Hadley	Road				,		
☑ DOLWD					tate, Zip C	San Carlotte Committee Com				1-		
☑ DHSS	Amendmen	t # <u>5</u>				ield, NJ 07080		1000 1000 1000 1000 1000 1000 1000 100				
☐ DCA	☐ Emergency		3		of Contact			Telenhone Nun	obor			
(NJAC 5:23-8)	justification Cancellatio				irew Yas			1 104 400 10				
	Carreenatio					FORMATION		702 200 10	-			
Name of Facility Where	Abstament is Tal	kina Dloor	(2)	FAC	JILIIY IN	FORMATION	Type of Facility	(4)		000		
PSE&G Control H		Killy Place	: (3)				School (K-12					
Street Address	ouse							8 (Other than K-1	2)			
56 Nelson Avenue							Other (i.e., p homes, etc.)	rivate and comme	ercial bu	ilding	s,	
City (5)	•						Square Feet	# of Floors	Bio	dg. Ag	ne .	
Paramus							oqualo i oot	,, 0, , 100.0		. 9	, -	
County (6)		700		Coun	tv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			_
Bergen				Coun	, 0000 (.	Novi 12 002 011217	Control Hou					
Name of Monitoring Fin	m Hired by Buildir	na Owner	(8)	ASCM	No.	Name of Abateme						_
Omega Environm		.5	(*)			AbateTech, I						
Street Address						Street Address						
280 Huyler Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
South Hackensac	k. NJ 07606					Lumberton, I						
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License No.	7			
Geiser Fajardo	ž.		20	01-489	-8700	609-265-2107	•	00529				
Start Date (10)	Sc	heduled (omple	etion Da	te (11)	Name of OSHA N	lonitor					
6 /18	/15	9	30	_ / _	15	EMSL Analyt	ical					
Occupancy Status Duri	ng Abatement (Ch	neck only	one)			Street Address						
☐ Facility Closed/Vaca	ated During Entire	Period of	Abate	ment		200 Route 13	0 North					
Abatement Perform						City, State, Zip C	ode					
Time of Abatement:	AM	_PM/	PM		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check	all that apply)							125 (25)				
☐ >3 sf or >3 lf		Пв	enovat	ion		☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf		⊠ D	emoliti	on			g Procedure					
					T	⊠ Non-Exe	empted (*) and No	on-Friable Proced				
Locatio	n of		s Loca Norma			Description of	·¢			_	ent T	· ·
Asbestos-Containin		Us	ed Sol	ely by	Asbe	stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE A		1,50,000	aintena stodial	ance/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	NOU	air.	aps	osu
IN Fac			(12)			other miscellane	7 (1920)	SF 01 LF)	1 2		Encapsulate	9
N. 10	•	Yes	No	N/A							(D	
Exterior					Transit	e Duct Conduit		210 If				
			П						П	П	П	
			12			***				1]_[1
										Ш	Ш	L
Name of Registered Wa	aste Hauler		10.	NJDEP '		Cubic Yards of	Name of Regi	stered Landfill				
ETGI			1	lauler II		Waste 20	Conestog	a Landfill				
City, State				0110		Disposal Date	City, State					
Flanders, NJ						9/30/15	Morganto	wn, PA				
Completed By (Print or	Type)	Title				Signature	-]	Date	1		
Gwendolyn Truml		Opera	tions	Coord	inator		amT		8	17	41	1
ASB-41							71111		V	1	-/	
MAY 11		* Do no	t use t	his form	for asbes	tos licensure exem	oted activities.					

Date of Notification (1)			Name	of Building	Owr	er/Operator (2)		-			
8/24/_	15		Ro	bert Wood	d Jol	hnson Hosp	oital / Job	#1503-4879	Check	#73	06	
Agencies Notified Type Notific	ation		Stree	t Address					21	77		
☐ EPA ☐ Initial			On	e Robert \	Woo	d Johnson	Place					
☑ DOLWD ☑ Amende			City, S	State, Zip C	ode			5.1		15.		
☑ DHSS Amendm ☐ DCA ☐ Emerger		20	Ne	w Brunsw	rick,	NJ 08901						
(NJAC 5:23-8) justificati		ig	Name	of Contact			2005	Telephone N	umber			
☐ Cancella	tion		Jar	nes Uricc	hio			1				
			FA	CILITY INI	FOR	MATION		1		35.7		
Name of Facility Where Abatement is	Taking Place	ce (3)					Type of Facility	(4)		00		- 7 7
Robert Wood Johnson Hospi	_		Floor	Tower Bu	ıildir	na Nurse's	School (K-12					
Street Address							Subchapter	8 (Other than K	-12)			
One Robert Wood Johnson Pl	ace						Other (i.e., p homes, etc.)		mercial	build	ings,	
City (5)			Terror terror				Square Feet	# of Floors		Blda	Age	
New Brunswick								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
County (6)			Cour	nty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	ior if being dem	olished)		
Middlesex				, ,,			Hospital			7		
Name of Monitoring Firm Hired by Buil	ding Owne	r (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
Omega Environmental	3	1-7			100/3	bateTech, li						
Street Address					10000	et Address			2111		4530	
280 Huylar Street							e. PO Box 25					
City, State, Zip Code						State, Zip Co	SALE OF THE SECTION O					
South Hackensack, NJ 07606						umberton, N						
Project Manager for Monitoring Firm		Tel	ephone	No		phone No.	10 000-10	License No.			_	93
Geiser Fajardo			01-489			9-265-2107		00529				
	Scheduled	NO. 1		and the same		ne of OSHA M		00020	1000000			
7/_6_/_15_			0 /			MSL Analyt						
Occupancy Status During Abatement (Check only	one)			Stre	et Address						
☐ Facility Closed/Vacated During Enti					20	00 Route 13	0 North					
☐ Abatement Performed Outside of N					City,	State, Zip Co	ode					
Time of Abatement:AM	PM/	PM		_AM	Ci	nnaminson	, NJ 08077					
Scope of Work (Check all that apply)						575.00						
≥3 sf or ≥3 If	⊠F	Renova	ion			☐ Mini-Enc	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf		emoliti				Glovebag	g Procedure					
						☐ Non-Exe	mpted (*) and No	n-Friable Proce				
Location of		Is Loca Norma				Description			,		ment	Туре
Asbestos-Containing Material (ACM		sed Sol	ely by	Asbes	stos C	Description o Containing Ma		Amount	20	Repail	E E	E
TO BE ABATED		lainten: stodial			, ther	mal systems i	insulation,	(Specify	Kelllova	all	. aps	Enclosure
IN Facility (13)		(12)				urfacing, VAT, er miscellane		SF or LF)	<u>a</u>	-	Encapsulate	ure
(.0)	Yes	No	N/A		Oth	CI IIIISCEIIAIIC	ousj				fe	
4th & 6th Fl. Tower Bldg. Nurse's		П		Linoleur	m &	mastic		825 SF	Б	3 [
Station						macao		020 01		2 F	4=	
									L	4	4	
									[
Name of Registered Waste Hauler		110	NJDEP Y	0120000 mm		c Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			lauler II 18750		Was	37	G.R.O.W.S	. Landfill				
City, State						osal Date	City, State					
Lumberton, NJ					9/3	30/15	Tullytown,	PA				
Completed By (Print or Type)	Title					Signature			Date			
Gwendolyn Trumbetti	Opera	tions	Coord	inator								

Date of Notification (1)		1/2/21		Nam	e of Buildin	g Owner/Operator	(2)			5		
8/24/	15			Ve	rizon Co	mmunications	/ Job #15	06-4925 Check#	7349	3 =		
Agencies Notified Type Noti	fication			Stree	et Address							
☐ EPA ☐ Initial				100000000000000000000000000000000000000		ood Avenue						
☑ DOLWD ☑ Amend					State, Zip (100	**	
	dment #2					, PA 19046						
DCA Emerg (NJAC 5:23-8) justific		cludin	g		e of Contac			Tolonhana Num			-	
Cance	25				ex Baylor	75		Telephone Num			. 7	
									-		7.7 60	
Name of Facility Where Abatement i	s Takina	Diag	(2)	FA	CILITYIN	FORMATION			-			
Verizon Atlantic City Central		riaut	= (3)				Type of Facility					
Street Address	Office						School (K-	12) r 8 (Other than K-12	Y.			
1609 Pacific Ave.							Other (i.e.,	private and commer	cial b	uildin	gs,	
City (5)							homes, etc	:.)				
							Square Feet	# of Floors	В	ldg. A	\ge	
Atlantic City												
County (6)				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)			
Atlantic							Offices					
Name of Monitoring Firm Hired by Bu	uilding Ov	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
USA Environmental						AbateTech, I	nc.					
Street Address						Street Address						
8436 Enterprise Ave.						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19153						Lumberton, N						
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Mark Jenkins			2	15-365	5-5810	609-265-2107		00529				
Start Date (10)	Schedu	led C	10000			Name of OSHA M	onitor	00020				
7 /6 /15					15	EMSL Analyti						
Occupancy Status During Abatement	(Check	only o	one)			Street Address						
☐ Facility Closed/Vacated During Er				ment		200 Route 13	North					
Abatement Performed Outside of	Normal F	acilit	y Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	_5_F	PM1	_AM								
Scope of Work (Check all that apply)						Cinnaminson	, NJ 08077					
						☐ Full Cont	ainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novat			Mini-Encl	osure	ganvo i rossaro				
⊠ ≥100 si di ≥280 li	L	_ De	molitio	on		☐ Glovebag		on-Friable Procedure	200			
		ls	Locat	ion		☐ Non-Exer	npled () and No	on-Friable Procedur	1 2000	76	V/885	
Location of		1	Vorma	lly		Description of	:		Ab	atem	ent T	ype
Asbestos-Containing Material (AC	(M)		d Sole		Asbes	stos Containing Mat		Amount	Re	Repair	En	E
TO BE ABATED IN Facility			intena odial	nce/ Staff?		, thermal systems i	nsulation,	(Specify	Removal	oair	Encapsulate	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned	or or	SF or LF)	<u>a</u>		sula	ure
	,	Yes	No	N/A		outer micoonario	,40)				te	
Basement Boiler Room	0	\boxtimes	П	П	See Atta	ached		See Attached		П		
Mechanical Room			$\overline{}$	-					-		ш	
Micerial III (100)	L	X	Ц		Pipe Fit	tings assoc. with	n chillers	12 SF				
	1									П	П	П
	-			П							_	
	_		11						1.1		Ш	Ш
Name of Registered Waste Hauler	_		L N		Naste I	Cubic Varde of	Name of Dani	stored Landfill		200	//	
	_		-1 (1) (0.33)	JDEP \ auler II		Cubic Yards of Waste	Name of Regis				70	
AbateTech, Inc.	_		-1 (1) (0.33)	JDEP \	No.	Waste 20	G.R.O.W.S					
AbateTech, Inc. City, State	_		-1 (1) (0.33)	JDEP \ auler II	No.	Waste 20 Disposal Date	G.R.O.W.S City, State	6. Landfill				
AbateTech, Inc. City, State Lumberton, NJ			-1 (1) (0.33)	JDEP \ auler II	No.	Waste 20	G.R.O.W.S	6. Landfill				
City, State Lumberton, NJ Completed By (Print or Type)	_		-1 (1) (0.33)	JDEP \ auler II	No.	Waste 20 Disposal Date	G.R.O.W.S City, State	6. Landfill	e			
AbateTech, Inc. City, State Lumberton, NJ	Title		Н	JDEP \ auler II	O No.	Waste 20 Disposal Date 9/30/15	G.R.O.W.S City, State	. Landfill PA	e X	In	411	

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

B & G proj. #:

2015-149

Check # 7364

	8.9.1								7001				
Date of Notification	1 (1)	I I Na	me of Buil	dina Owne	er/Operator (2)			2815 /110 o -	B-1-2-1				
10 8 / 2 4	1/11 15 1		onna S					2615 AUG 25		-5			
Agencies Notified	Type Notificati		eet Addres		-					_			
EPA		110	33 Glenv		100,000,000					1			
DEP	X Initial		y, State, Z		nue —————				1,1,4	1.			
X DOL	Amendr				IJ 07403								
X DOH	_	Nar	ne of Con	tact				Telephone	e Number				
☐ DCA	Cancella	ation	Donna S	Steiner					こしこのろう				
				FACI	ILITY INFORMA	ATION		1					
Name of facility w	here ahatement i	s taking plac	e (3)					Type of Facility (4	4)				
		s taking piac	C (O)					School	(K - 12)				
Donna Steine	er								apter 8 (Othe			12)	
Street Address							34		Private/Com Homes, etc.	mer	cial		
83 Glenwild A	Avenue								# of Floors	Т	Blo	lg. Ag	ge
City (5)		Count	y (6)			Cou	nty Code (7)			_ .			
	- NI 07402	Pas	naio			(Stat	te use only)	Current Use (Pr	ior if being d	emo	lishe	d)	
Bloomingdal							None of Abotemat	residential				-	
Name of Monitorin	ng Firm Hired by	Bldg. Owner	(8)		ASCM No.	.	Name of Abatement						
n/a	5						B & G Restorat	ion, Inc.					
Street Address							Street Address 105 Ryerson R	load					
City, State, Zip Coo	40						City, State, Zip Code						-
City, State, Zip Coo	ue .						Lincoln Park,	NJ 07035					
Project Manager fo	or Monitoring Firm	1	Ph	one Numb	per		Telephone Number	4.00	License Nu	mbe	er		
, rojost manago. 10							(973)696-686	9	0037	78			
Scheduled Start Da	ate (10)	ISched.	Completio	n Date (1	1)		Name of OSHA Mon						
09/04/2015	uto (10)	1	5/2015		,		B & G Restorat	ion, Inc.					
II messes a victoria de la composição de			70.000000000000000000000000000000000000			_	Street Address	and					
Occupancy Status							105 Ryerson R	oau		_			
	ed/vacated during performed outside						City, State, Zip Code						
Describe:						-	LincolnPark, N	J 07035					
Other-Descr										_		:1	
Scope of Work (cl	-					XF	ull Containment w/ne	activo proceure [Glovebac	nro	oodi	ro.	
	X	Renovation						gative pressure [Non-friab				
>3 sf or >3 lf	f L	≥160 sf or ≥				Пи	/lini-enclosure			RE P			1
Location of		Is location by mainter	normally u	used solel) todial				Amount			R e	E n	E
asbestos-co material to b		staff(12)			Description material (sbestos-containing	(Specify S	For	n	р	С	n
abated in fac		Yes	No	N/A	materiary	(10101)		ĹF)	1		a i	a p	L
-				X	thin round	l alvot	insulation	7 If		2	r	П	H
basement					i thin round	duct	insulation	/ 11		4	片	믐	#
					-					╡╁	屵	금	H
										卄	H	H	H
								_		Ħ	Ħ	一	I
Registered Waste	Hauler	INIDE	P Hauler I	D# 1 C	Lubic Yards of V	Waste	Name of Registered	Landfill				<u> </u>	
B & G Restora	ation, Inc.	1	9563		1		Tullytown	Resource & Re	ecovery C	ente	er		
City, S`ate Lincoln Park,	NJ			Disposal Dis	Date /08/2015		City, State Tullytown,	PA				v.	
Completed by (Prin	nt or Type)	Title			Signature		Gordana Luna		Date		_		
Gordana Luna		Secretar	y/Treasu	ırer			Gordana Iuna		08/24/2	201	5		

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

B & G proj. #: 2015-148

Check # 7365

Date of Notification	(1)	11			-/O-o-rator (2)		(613)	AUG o	5 411	1 > -				
10 18 1/12 14		1 1 100	me of Build David Lizz		r/Operator (2)		# E			10: 24				
Agencies Notified	Type Notification		eet Address				# 15 m		9 5 47 5					
EPA	Total	1100	628 6th A				3		1 - 17	Treet.				
☐ DEP	X Initial	11	y, State, Zip							-				
X DOL	☐ Amendme		Lyndhurs		071									
X DOH	1000	Na	me of Conta	act					Telepho	ne Numbe				
☐ DCA	☐ Cancellati	on	David Liz	zza					l	2518				
					_ITY INFORM	ATION								
			- (0)	FACI	-III INI OINI	ATTON		Type	of Facility	(4)				
Name of facility w	here abatement is t	taking plac	ce (3)					',,,,,		ol (K - 12)				
David Lizza										hapter 8 (C			12)	
Street Address									X Other	r (Private/C	omme	cial		
628 6th Aver	nue							Squa	are Feet			Bld	g. Ag	е
City (5)		Coun	ty (6)				nty Code (7)							
Lyndhurst, N	11.07071	Ber	nen			(Stat	e use only)			Prior if beir	ng dem	olishe	d)	
	ng Firm Hired by Bl				ASCM No.	<u> </u>	Name of Abatemen		idential ctor (9)		_			
n/a	ng Firm Hired by bi	ug. Owne	1 (0)		AGOM NO.		B & G Restora							
Street Address							Street Address							
Street Address							105 Ryerson	Road						
City, State, Zip Co	de					-	City, State, Zip Code		2005					
							Lincoln Park		035	License	Mirank	0.5		
Project Manager fo	or Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-68				0378	e		
						_	Name of OSHA Mo							
Scheduled Start D	ate (10)	Sched	. Completio	n Date (1	1)		B & G Restora		nc.				9	100
09/08/2015		_)9/2015				Street Address							
	During Abatement						105 Ryerson							
Facility close	ed/vacated during e performed outside of	entire perion	od of abater facility hours	ment. s-			City, State, Zip Cod	le						
Describe:						-	LincolnPark, l	NJ 070	35					
Other-Desc	check all that apply)						-						-	-
Demolition		, Renovatio	n			□F	ull Containment w/n	negative	pressure	Glove	ebag pr	ocedu	re	
× >3 sf or >3		160 sf or				X	/lini-enclosure			☐ Non-	friable	proced	dure	
		Is location	n normally L	used solel	у						R	R	E	E
Location of asbestos-co		by mainte staff(12)	enance/cust	odial			sbestos-containing		Amount (Specif		m	p	n	n
material to labated in fa		- Ages	No	N/A	material	(ACM)			LF)	y 01 01	o v	a i	a	C
abated iii ie	Zomey (10)	Yes	No	100000					07.15		e	Г		1
crawl space A				X	pipe (wra				27 lf 9 lf		X	H	H	十十
crawl space B				X	pipe (wra	ap & c	ut)		JII		+#	H	H	情
											一一	T		同
					1									
Registered Waste			EP Hauler I	D# (Dubic Yards of	Waste	Name of Register	ed Landf	ill	Dagette		tor		
B & G Restor			19563	Diagrand	1 Data		City, State	n Kesc	ource &	Recover	y cen	lel		
City, State Lincoln Park,	NJ			Disposal 09	/10/2015		Tullytowi	n, PA					*	
Completed by (Pr		Title		-	Signature		(0, (0	50 Sillson 1		Date	24100	4.5		
Gordana Lur			ry/Treasu	ırer	-		Gordana Lund	z ————		08/	24/20	15		

State of NJ

B & G proj. #: 2015-153

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

Check # 7366

	(4)	7557550		NW 8104	*****************************		9815							
Date of Notification					er/Operator (2)		(El9)	UG 26	P1, ,					
10 18 1/12 14			Ahmed A				· ·		417 h	1:31				
Agencies Notified EPA	Type Notification	1	eet Addres											
□ EFA	X Initial		50 Barns	Street or a second	ad			i jerrai	14.74	131				
		AND THE RESERVE AND THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLU	y, State, Z						1.2					
X DOL	Amendm		Short Hi		7078			TT		Musebar				
X DOH			me of Con	tact				l le	epnone	Number				
☐ DCA	☐ Cancella	tion	Ahmed	Attia				_ ' _		1140				
				FACI	LITY INFORM	ATION								
Name of facility wh	ere abatement is	taking plac	ce (3)					Type of F						
Ahmed Attia							1 1	님		(K - 12) pter 8 (Ot	har th	an K.	12)	
Street Address							-	7.5.		Private/Co			12)	
50 Barnsdale	Road								Bldgs./H	lomes, et	C.		- ^-	
								Square F	eet #	of Floors	1	BIO	g. Ag	е
City (5)		Count	y (6)			0.0000000000000000000000000000000000000	nty Code (7) e use only)	Current	Ise (Pri	or if being	dem	olishe	d)	
Short Hills, N	J 07078	Ess	ex			(0,0,0	0 400 011137	resider		or in bonnig	GOIII	0110110	-,	
Name of Monitoring	g Firm Hired by E	Bldg. Owner	r (8)		ASCM No.	' Т	Name of Abatement C	ontractor	9)					
n/a		(3)					B & G Restoration	on, Inc.						
Street Address							Street Address							
							105 Ryerson Ro	oad						
City, State, Zip Cod	e						City, State, Zip Code							
							Lincoln Park, N	13 07035			N			
Project Manager for	r Monitoring Firm		Ph	one Numb	per		Telephone Number (973)696-6869)		License 00	Numb 378	er		
							Name of OSHA Monit							
Scheduled Start Da	ite (10)	Sched.	Completio	on Date (1	1)		B & G Restorati							
09/10/2015		09/1	1/2015				Street Address	-						
Occupancy Status I	During Abatemer	nt (Check or	nly one)				105 Ryerson Ro	ad						
X Facility closed	d/vacated during	entire perio	od of abate	ment.			City, State, Zip Code							
Abatement per Describe:	erformed outside	of normal f	acility nou	rs-		_	LincolnPark, NJ	07035						
Other-Descri	be:					-	Ellicolli alk, 140	07000					- 61	_
Scope of Work (ch	neck all that apply	/)				T		1		٦				
Demolition	X	Renovation	n				ull Containment w/neg	ative press	sure [Gloveb				
\times >3 sf or >3 lf		≥160 sf or 3	-				Mini-enclosure		L	Non-fr	I R	R		
Location of			normally nance/cus		200			Δ-	nount		е	e	n E	E
asbestos-cor material to be		staff(12)			Descript material		sbestos-containing	(S	pecify S	For	m	p a	c a	c
abated in fac		Yes	No	N/A		,		LF)		v e	i	р	L
basement furna	noo room			X	thin duct	insula	tion	4 s	f		X			
basement ruma	ice room				7	irround								
1				╫	1									
					1									
Registered Waste H	Hauler		EP Hauler	ID# (Cubic Yards of	Waste	Name of Registered	Landfill	0 D-	001/05:	Car	or		
B & G Restora	tion, Inc.		19563	ID:	1/ ₂		Tullytown	Resourc	e & Ke	covery	cen	lel		
City, State Lincoln Park, I	N.I			Disposal 09	Date /14/2015		City, State Tullytown,	PA					The Control	
Completed by (Prin		Title			Signature					Date				
Gordana Luna		Secreta	ry/Treas	urer	-438		Gordana Luna	- <u> </u>		08/24	1/201	15		

EDS15-285

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

Page 1 of 1

check #1632

Date of Notification (1) 8-20-15				Building (ucation		2E1	i ku	<i>r</i> .	25		in:
Agencies Notified Type Notification			Street Ad 25 Sch	ddress noolhous	se Roa	ıd				6					
EPA Initial Amended Amendmen				te, Zip Co Iph, NJ (-			Q L	d.			-
X Emergency justification) DCA Cancellation			Name of Andy H	Contact						phone N		20			
	DI		FACI	LITY INFO	RMATI	ON	T	-5 F10b-74				_			
Name of Facility Where Abatement is Takir Randolph High School	ng Place (3	3)		2.24.500			×	of Facility (4 School (K-12	2)						
Street Address 511 Millbrook Avenue							m	Subchapter 8 Other (i.e. pr etc.)	8 (Otherivate 8	er than K- commer	-12) rcial bu	ild	ngs,	home	es,
City (5) Randolph							81100 CO.	re Feet 100+	# of	Floors		BI 40	dg. A)+	ge	
County (6) Morris				Code (7) JSE ONLY)	8		Curre	ent Use (Prio ool	r if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building Ahera Consultants Inc	Owner (8)		ASCN 0057				of Aba Group	tement Cont , Inc	ractor	(9)					
Street Address PO Box 385							Addre Hamb	ss ourg Turnp	ike					/p == 0.0	
City, State, Zip Code Oceanville, NJ 08231-0385								ip Code	7403						
Project Manager for Monitoring Firm John Smoyer			Telephor	ne No. 352-1833	3		none N 710-9			License 01084	No.				
Start Date (10) 8-21-2015	Schedul 8-23-2		pletion l	Date (11)			of OSI	HA Monitor			E				
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	SS							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor						City, S	State, Z	ourg Turnp ip Code							
Other - Describe:						Bloo	ming	dale, NJ 0	7403					F-10-70	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mi Glo	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					Э	
-V =		Location												ment	
Location of Asbestos-Containing Material (ACM)		Normalled Solel		Ashesi		scription		I (ACM)	Δ	mount			- ,		
TO BE ABATED In Facility (13)	Cus	intenan todial S (12)	taff?		thermal surfa	system cing, VA niscellar	s insula T, or	ation,	(8	pecify or LF)	Nelloval	Domound	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A		Dina	Insula	tion			lbows	v	+		10000	
Boiler Room	X					ng Pla				8 sf	X	+	-		
Doller Room					Cem	ilg i la	13161			0.31	Δ.	+			
5.11				2							+	+			
Name of Registered Waste Hauler GL Group, Inc	Group, Inc							Name of F Grows	Registe	red Land	fill				
City, State Bloomingdale, NJ	54				Dispos TBD	sal Date		City, State Morrisvi		Α					
Completed by Elena Solakov	Title Pres	ident			S	Signature	Ele	m Stollo	ز		Date 8-20-	15			

Date of Notification (1)	24/15			Nam	e of Buildir	g Owner/Operator	r (2)	ry 2815 (110 o	-			
Agencies Notified	Type Notification	n		Stree	et Address		De Grego	ty tell land	- 1	3 11	-	5
⊠ EPA	Initial						109 Finley A	ve				
□ DEP	Amended Amendment		_	City,	State, Zip (amilton, NJ (08610			110	
⊠ DOH	Emergency (justification)	Includii	ig	Nam	e of Contac		dillitoli, 110	Telephone Num	ber			_
□ DCA	☐ Cancellation				Jac	k De Gregor	у	1 < 1101	507	Si.	U	
				FA	CILITY INF	ORMATION		1				
Name of Facility Where							Type of Facility	20020				
Street Address	Res	ident	ıaı				School (K-1	2) 8 (Other than K-1)	2)			
Street Address	109 Fi	nley	Ave.				Other (i.e., phomes, etc.	orivate & commerci	al bui	ldings	5,	
City (5)							Square Feet	# of Floors	E	ldg. /	\ge	
	Hamilto	n, NJ	086	0			1800	2		70)+/-	
County (6)	lercer				inty Code (E ONLY)	7) (STATE	Current Use (P	rior if being demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner		ASCN	No.	Name of Abaten	nent Contractor (9	9)				
(8)	MECS					Stev	vens Environ	mental Service	es, I	nc.		35-63
Street Address	DO D 24	1				Street Address	DO I	202				
City, State, Zip Code	PO Box 34	.1				City, State, Zip C		Box 322				
	osswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				_
Bill We			_		8-4070	(609) 25	59-9688	0	049	3		
Start Date (10) 9/2/15	Sche		Somple 9/11/		ate (11)	Name of OSHA		ironmental				
Occupancy Status Durin	g Abatement (Che			13		Street Address	DD LIIV	nominemar				
☐ Facility Closed/Vacate	70			ment			4 Berke	eley Place				
Abatement Performed		al Facili	ty Hou	rs		City, State, Zip C						
Other - Describe: _{							Freehold	l, NJ 07728				
Scope of Work (Check a	ll that apply)					☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			Mini-End						
			SITIONUC	41		Non-Exe	empted (*) and No	n-Friable Procedu	re			
			Location or company of the company o						1	bate		
Location o		Used	Sole	by .		Description of				Тур	7	_
Asbestos-Containing M TO BE ABAT			ntenan ustodia	-		os Containing Mat thermal systems in		Amount (Specify	T T		E	ш
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneo	or	SF or LF)	Removal	Repair	caps	Enclosure
(10)		Yes	No	N/A		other miscellaneo	,us)		val	Ŧ	Encapsulate	sure
Baseme	nt		×			Boiler Insula	tion	30 sf	×		-	
Baseme			X		The	ermal Pipe Ins		90 lf	×		-	\dashv
									-			\neg
										\neg		\neg
Name of Registered Wast	te Hauler			JDEP \		Cubic Yards	Name of Regis	stered Landfill				\dashv
Stevens Environm	ental Service	s, Inc	<u>.</u> H	auler ID 182	No. 292	of Waste 2 CU		GROWS Land	dfill			
City, State	V.					Disposal Date	City, State					-
Complete of D.	Allentown, N					9/11/15	MAY	Morrisville, l	PA			_
Completed By Mahlon E. Stev	/ens Title		niect	Man	ager	Signature//	11 1/	/ Date	8/24	/15		
Triamon D. Stev		11	UJUUL	INTAIL	agei				0124	113		_

Cx#24917

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

Date of Notification (1)	/24/15			Nam	ne of Buildir	ng Owner/Operato		0.4056.2				
Agencies Notified	THE PERSON NAMED IN COLUMN 19 AND THE PE	-2:		_			1 Scount Hea	art of NOIS	JC 5 C	- A	4 10	: ::
⊠ EPA	Type Notific	cation		Stre	et Address		1171 Rt. 2	28				
DEP .	Amende	70		City,	State, Zip	Code	21/12/00/2			=		-
_	Amendri Emerger	nent #_ ncy (includir	ng		34		th Branch, N	J 08876			- 1,2	
DOH DCA	justificat			Nam	e of Contac			Telephone Nu				
	Ouricolla	LIOIT				Chris Murphy		(277	, =		J 1	
				FA	CILITY IN	ORMATION						
Name of Facility Where							Type of Facilit	y (4)				
Street Address	GIFI SCO	ount Can	np D	ewitt			School (K-		40)			
Street Address	605 N	Iontgom	arr I	0.4			Other (i.e.,	8 (Other than K- private & comme	rcial bu	ildina	S.	
City (5)	003 1	Tomgom	CIYI	Nu.			homes, etc	:.)				
	Hillsho	rough	NIO	2244			Square Feet	# of Floors		Bldg.	200	
County (6)	- 11-00	1027,229		Cou	inty Code (7) (STATE		rior if being demo	lished)		21.2	_
1227	merset			USE	E ONLY)	,, (OTATE	Ourient ose (i	nor ii being derric	nisrieu)			
Name of Monitoring Firm	Hired by Build	ding Owner		ASCN	1 No.	Name of Abaten	nent Contractor (9)				_
(8)	MECS					Stev	ens Environ	mental Servi	ces, I	nc.		
Street Address	18 as					Street Address						
	PO Box	341						Box 322				
City, State, Zip Code	0.0011110110	NIT 0051	5			City, State, Zip C		NII 00501				
Project Manager for Mon	osswicks,	17 0821					Allentow	n, NJ 08501				
Bill We				ephone	8-4070	Telephone No. (609) 25	50-0688	License No.	0049	2		
Start Date (10)		Scheduled (Name of OSHA			0049	3		
9/8/15			9/18/		10 (11)	reame or our bet		rironmental	0.0			
Occupancy Status During	g Abatement (-		Street Address				_	_	=
▼ Facility Closed/Vacate							4 Berk	eley Place				
Abatement Performed	Outside of No	ormal Facili	ty Hou	Irs		City, State, Zip C	ode					
Other - Describe:							Freehold	l, NJ 07728				_
Scope of Work (Check a	ll that apply)					□ Eull Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			enovat			Mini-End	closure	galive Flessule				
≥160 sf or ≥260 lf			emolitio	on			g Procedure	on-Friable Proced	ure			
		ls	Location	on		T TOOL EXC	Jinpled () and 14	on-i nable i roced		Abate	ment	
Location o	.f	l lsec	omally Solel	y v by		Description of				Тур		
Asbestos-Containing M	laterial (ACM)	Maii	ntenar	ice/		Description of os Containing Mate	erial (ACM)	Amount			m	
TO BE ABATI IN Facility	<u>ED</u>	10075	ustodia Staff?	al	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Re	R	Encapsulate	Enc
(13)			(12)			other miscellaneo		31 01 11)	Remova	Repair	psu	Enclosure
	25	Yes	No	N/A					1 =		ate	Гe
Dewitt Ca	hin		×			Transite		1400 sf	×			-
DCWIII Ca	.UIII	_	^			Transite		1400 81				\dashv
									+			
		-			2				+		-	
Name of Registered Wast	e Hauler	_	IN	JDEP V	Naste T	Cubic Yards	Name of Regis	stered Landfill				
Stevens Environm		ices Inc	l H	lauler ID	No.	of Waste	ramo or ragis		. JE11			
City, State	ciitai SEIV	1008, 1110	<u>- </u>	182	.92	4 CU Disposal Date	City, State	GROWS La	ıarııl			_
,,	Allentown	ı. NI				9/18/15 <i>J</i>	Jily, State	Morrisville.	РΛ			
Completed By		Title				Signature/		Date	IA			-
Mahlon E. Stev	rens	Pr	oject	Man	ager	_ ///			8/24	/15		_

ASB-41 MAR 00

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

Date of Notification (1)			Name	of Building	Owner/Operator (2)	2015	12			-
8 /24 / _	15		Soi	merset C	ounty Board of (Chosen Freeho	lders 2815 / 1/1	335	5u	m.	! 0
Agencies Notified Type Notifica	ation		Street	t Address			F 1, 1, 1		-	74171	4-7
☑ EPA ☑ Initial			20	Grove St.	, P.O. Box 3000		11	a Arta			271
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code			1.			= 1
☑ DOH Amendm			B		NJ 08876						
DCA Emergen (NJAC 5:23-8)		g		of Contac			Telephone Nun	nber			
☐ Cancellar	/7/		Bri	an Mundl	nenk		JU8-202				
			FA	CILITY IN	FORMATION		-				
Name of Facility Where Abatement is 1	Taking Place	(3)				Type of Facility ((4)				
Residential House						School (K-12					
Street Address							3 (Other than K-12 rivate and comme		ilding	10	
799 Miller Lane						homes, etc.)	ivate and comme	i Giai Di	andn iç	,5,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Bridgewater, NJ						7057					
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	shed)			
Somerset			1								
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				1000	
Bio Terra Solutions					ALL PRO MA	NAGEMENT L	LC				
Street Address					Street Address		The same of the sa		7-11-		
P.O. Box 1224					27 Outwater	Lane					
City, State, Zip Code					City, State, Zip Co	ode				-0.5%	
Union, NJ					Garfield, NJ	07026					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Rick Eustaquio		9	73-494	-3762	973-928-4888		1188				
Start Date (10)	Scheduled C	omple	tion Da	ite (11)	Name of OSHA M	Ionitor					
9 / 2 / 15	10	15	5_ /	15	ALL PRO MA	NAGEMENT LI	LC				
Occupancy Status During Abatement (Check only	one)			Street Address					212	
☐ Facility Closed/Vacated During Entire					27 Outwater	Lane					
☐ Abatement Performed Outside of No					City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PM-		AM_	Garfield, NJ	07026					
Scope of Work (Check all that apply)							_				
≥3 sf or ≥3 lf	Пв	enovat	ion			tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		emolitic			☐ Glovebag	g Procedure					
					Non-Exe	mpted (*) and Nor	n-Friable Procedu	ıre			
l continue of		S Local Norma			_			Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM	1.1-	ed Sole		Asbe	Description o stos Containing Ma	551	Amount	Re	Re	En	四
TO BE ABATED	′ Ma	aintena	ince/ Staff?		., thermal systems i	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	- Ous	(12)	Otali:		surfacing, VAT, other miscellane		SF or LF)	l'al		Encapsulate	ure
,	Yes	No	N/A		ouror mioodilano	000)				te	
1st Floor-Living Room				VAT			430 SF		П		
					10						
			-					1			
Name of Registered Waste Hauler	П ,		LIDER	Mosts	Cubia Vanda f	Nome of Deal	tored I den			П	Ш
All Pro Management			IJDEP I lauler II		Cubic Yards of Waste	Name of Regis					
			00348	360	As Needed						
City, State Garfield, NJ					Disposal Date	City, State Bethlehem	ΡΔ				
Completed By (Print or Type)	Title				/ \/ \/	Demienem	1 1411004-7	-1-1		- 1/1/21	
Allen Monchik	Project	Man	ager		Signature			ate /	1/1	5	1
- and morrounk	riojeci	wall	agei		1 40		3	10	1/K	/	

Date of Notification (1)			1	Vame	e of Buildin	g Owner/Operator (2)	0.0	11 11			
8 /24 /	15	_				ounty Board of		olders 2818 Allo	20			
Agencies Notified Type Notific	cation		5	Stree	t Address			(Z)	- 17	10.	0.	,
☑ EPA ☑ Initial				20	Grove St	., P.O. Box 3000				1		9
☑ DOLWD ☐ Amende	-		(City,	State, Zip (Code						
☑ DOH Amendm ☐ DCA ☐ Emerger		ar .				NJ 08876			100		-1	1
DCA Emerger (NJAC 5:23-8)	ion)	uaing	1		of Contac			Telephone Num	hor			_
Cancella				Bri	an Mund	henk		T CICPHOTIC INGITI	Dei			
	212.20%					IFORMATION		-				
Name of Facility Where Abatement is	Taking F	Place (3)				Type of Facility	(4)		-		
Residential House	7.5	1	Îñ.				☐ School (K-12	• •				
Street Address							☐ Subchapter 8	Other than K-12)			
338 Zion Road							Other (i.e., property homes, etc.)	rivate and commer	rcial bu	ıilding	IS,	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge	
Hillsborough, NJ							80			,		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Somerset							3					
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8)	A	SCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							NAGEMENT L					
Street Address						Street Address						_
P.O. Box 1224						27 Outwater I	Lane					
City, State, Zip Code						City, State, Zip Co	ode				_	
Union, NJ						Garfield, NJ						
Project Manager for Monitoring Firm		Т	eleph	none	No.	Telephone No.	2.4	License No.				
Rick Eustaquio			973	494	-3762	973-928-4888		1188				
Start Date (10)	Schedule	ed Com	pletio	n Da	te (11)	Name of OSHA M	onitor					
9 / 2 / 15				- / -	15		NAGEMENT LI	_C				
Occupancy Status During Abatement (Street Address	150-114					
☐ Facility Closed/Vacated During Enti	re Perio	d of Aba	ateme	ent		27 Outwater L	ane					
Abatement Performed Outside of N	ormal Fa	acility H	ours -	Des	cribe	City, State, Zip Co	de					
Time of Abatement:AM	PIVI/_		'IVI		AM	Garfield, NJ (07026					
Scope of Work (Check all that apply)						M.E. 11.0 .						
≥3 sf or ≥3 lf] Renov	ation			☐ Mini-Encl	ainment with Neg osure	ative Pressure				
⊠ ≥160 sf or ≥260 lf	\boxtimes	Demo	lition			Glovebag	Procedure					
		le Le	catior				npted (*) and Nor	n-Friable Procedur	е			
Location of		Norr	mally			Description of			Aba	ateme	nt T	уре
Asbestos-Containing Material (ACM	1)	Used S	olely	by	Asbes	Description of stos Containing Mat		Amount	Re	Re	En	回
TO BE ABATED IN Facility		Mainte Custodi				, thermal systems in	nsulation,	(Specify	Remova	Repair	cap	Enclosure
(13)			2)			surfacing, VAT, other miscellaned	or	SF or LF)	/al		Encapsulate	sure
	Y	es N	lo	N/A		- The state of the					te	
Throughout] [A	Joint Co	mpound		2,500 SF			\boxtimes	\boxtimes
] [
] [8				
] [П	П	П
Name of Registered Waste Hauler			NJD	EP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				_
All Pro Management			1110	ler ID	No.	Waste	IESI Landfil					
City, State			U	1340	UU .	As Needed Disposal Date	City, State					
Garfield, NJ						TBD	Bethlehem,	PA				
Completed By (Print or Type)	Title					Signature	1	Dat	e /		_	
Allen Monchik	Proj	ect Ma	nag	er		160000		Date	D/1	14	17	
ACD 44				Y.		1900	111		00	v / (-	1

OK 7010

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

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator ((2)					-
8 /24 /	15	_		So	merset C	ounty Board of	Chosen Freeho	lders				
Agencies Notified Type Notifi	cation			Stree	t Address	2000		111 - 75 /	2.	0		
☑ EPA ☑ Initial						., P.O. Box 3000	2		e fett j	7		
☐ DOLWD ☐ Amende					State, Zip (M. 1. 10. 1	1 1 2 2 2				
	ment #_			200000		NJ 08876		1		L		
DCA Emerge (NJAC 5:23-8)		luding			e of Contac			T+1				
Cancell					ian Mund	10 40		Telephone N	umber			
		Ti-de		FA	CILITY IN	FORMATION			_			
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility (4)				
Residential House			. ,				☐ School (K-12					
Street Address		_	_				☐ Subchapter 8	(Other than K	-12)			
333 Mountain Road							Other (i.e., pr homes, etc.)	ivate and comi	mercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	I E	ldg. A	vae.	
Bernards Township, NJ						*	•		-		.90	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if heing dem	olished)			
Somerset					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000 (1 111	or it being dem	olisticu)			
Name of Monitoring Firm Hired by Bui	ilding Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							NAGEMENT LL	_C				
Street Address						Street Address					-	
P.O. Box 1224						27 Outwater I	Lane					
City, State, Zip Code	10					City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Rick Eustaquio			9	73-494	-3762	973-928-4888		1188				
	Schedu	led Co	mple	tion Da	ite (11)	Name of OSHA M	onitor			-	112-11-11	
9 / 2 / 15	10	_ /	15	5_ /	15	ALL PRO MA	NAGEMENT LL	.c				
Occupancy Status During Abatement						Street Address						
☐ Facility Closed/Vacated During Ent	ire Perio	od of A	bate	ment		27 Outwater L	ane					
Abatement Performed Outside of N	lormal F	acility	Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:AM	PM/		_PM-		AM	Garfield, NJ (
Scope of Work (Check all that apply)								76 OCT		-		
≥3 sf or ≥3 lf	Г	Ren	ovati	on			ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		☑ Den				☐ Glovebag	Procedure					
						Non-Exer Non-Exer	mpted (*) and Non	-Friable Proce	dure			
Location of			_ocat orma						At	atem	ent T	уре
Asbestos-Containing Material (ACM	A)	Used	Sole	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	m	E E
TO BE ABATED IN Facility				nce/ Staff?		, thermal systems in	nsulation,	(Specify	Removal	Repair	cap	clos
(13)	L		(12)	otan:		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	Enclosure
**************************************	,	Yes	No	N/A			,43)				ate	10000
1st Floor-Mud/Laundry Room				\boxtimes	VAT			135 SF				
Main Roof					Roofing	Flashing/Sealar	nt	50 SF		П	\boxtimes	П
									10			
	Г	7										
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	ared Landell			Ш	Ш
All Pro Management			Н	auler ID	No.	Waste	IESI Landfill					
City, State				00348	60	As Needed						
Garfield, NJ						Disposal Date TBD	City, State	DA				
Completed By (Print or Type)	Title					\sim	Bethlehem,					
Allen Monchik		ioct "	1000			Signature /	01-		Date	1	10	
SP 41	F10	ject N	ndila	iger			W	7	810	41	B	

ASB-41 JAN 13

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

N 13	* Do	not u	se this	form i	for asbesto	s licensure exempte	d activities		1			
Allen Monchik	Proj	ect l	Mana	ger		COLL	h	Da	8/	14	//	5
ompleted By (Print or Type)	Title					Signature /)		ate /		1	
Garfield, NJ						TBD	Bethlehem,	PA				
ity, State				00340		As Needed Disposal Date	City, State				_	_
All Pro Management				uler ID 00348		Waste	IESI Landfill					
ame of Registered Waste Hauler				DEP V		Cubic Yards of	Name of Registe	red Landfill			ш	L
												t,
												1
												1
					iialisite	. Jiliela		45 SF				1
st Floor-Living & Dining Rooms			П		Transite	Shiold			-	-		1
(13)	,	Yes	(12) No	N/A	-	other miscellaneo	us)	S. G.LF)	<u>m</u>		Encapsulate	
IN Facility			odial S		(i.e.	, thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Removal	vair	aps	
Asbestos-Containing Material (ACN TO BE ABATED	vi)	Ma	d Sole intena	nce/	Asbes	stos Containing Mate	erial (ACM)	Amount	Ren	Repair	Enc	
Location of	.	1	Jormal	ly		Description of			Al	atem	ent T	y
		Is	Locat	ion		⊠ Non-Exen	npted (*) and Non	-Friable Proced	-			
☑ ≥160 sf or ≥260 lf	Ē	☑ De	molitic	n		☐ Mini-Enclo	Procedure					
⊇ ≥3 sf or ≥3 If	Г	7 Re	novati	on		Full Conta	ainment with Nega	ative Pressure				
Scope of Work (Check all that apply)						110						_
Time of Abatement:AM	PM/		PM-		_AM	Garfield, NJ (
→ Abatement Performed Outside of N	Normal F	acilit	v Hou	e - Da	scribe	City, State, Zip Co						_
Facility Closed/Vacated During Ent	tire Perio	nd of	Ahata	ment		27 Outwater L	ane					
Occupancy Status During Abatement	(Check	only	one)			Street Address	TAOLINEN I LI					
9 / 2 / 15	10)_ /	_ 15		15		NAGEMENT LI	С				
Start Date (10)	Schedu	led C			ate (11)	Name of OSHA M		1188				_
Rick Eustaquio					4-3762	973-928-4888		License No.				
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.	07020	Line				
Union, NJ						City, State, Zip Co						
City, State, Zip Code						27 Outwater						
P.O. Box 1224												
Street Address						Street Address	NAGEMENT L	LC				٠,
Bio Terra Solutions	g O		(0)	7301	VI INU.	Name of Abateme	ent Contractor (9) NAGEMENT L					
Name of Monitoring Firm Hired by Bu	ıildina O	wner	(8)	ASC	A No	Name of About						_
Somerset				00	unty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)		
County (6)				Co	unty Code	(7)/STATE LISE 0411.6						
Franklin, NJ							Square Feet	# of Floors		Bldg.	Age	
City (5)						27	homes, etc.				.90,	
544 Elizabeth Ave							Other (i.e., p	o (Other than K- rivate and comr	nercial	buildi	nas	
Street Address				-			School (K-12	2) 8 (Other th 10	10\			
Residential House	o raking	riac	e (3)				Type of Facility					_
Name of Facility Where Abatement is	e Takina	Dlac	(2)	F.	ACILITY I	NFORMATION						3
				_		Mark Control of the C						
☐ Cance				21	rian Mund			Telephone N	umber			_
DCA Emerg (NJAC 5:23-8) justific	ency (in	cludi	ng		ne of Conta	, NJ 08876						
	dment #_			111 23	, State, Zip			1	L			
☑ DOLWD ☐ Amend	ded			-		St., P.O. Box 3000)					
Agencies Notified	ilication			11	eet Address		7		1 1	9		-
A				_		County Board of	Chosen Freeh	olders-	In.			
8 /24 /	15					ing Owner/Operator			112			
Date of Notification (1)				No	no of Dull-	ing Our 10	(0)					

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2015-292

Date of Notification (1)		lame of Bu	uilding Own	er/Operator (2))			2816 A	UG 25				
0 8 / 2 0 / 1 5		rachel pe	ernia					0.00		AH II): ¿	G	
Agencies Notified Type Notificat		treet Addr						1					
DEP Amended			nut street					- 6			1 34		
DOL Amendment #:	c	ity, State,	Zip Code										
- Lmergency		Newark	, NJ 0710)4									
DOH (including justification)	N	ame of Co	ntact					Telepho	ne Numbe	r			
DCA Cancellation	. 11	rachel p	ernia				1	^~~					
				LITY INFORM	IATION								
Name of facility where abatement i	s taking pla	ace (3)					Type of	Facility					
rachel pernia								-	ol (K - 12) hapter 8 (0		nan K	-12\	
Street Address								Other	(Private/C s./Homes, e	omme			
301 walnut street							Square		# of Floo		BI	dg. A	ge
City (5)	Cour	nty (6)			Cou	nty Code (7)							
X	P00					te use only)	Currei	nt Use (Prior if beir	ng dem	olish	ed)	
Newark Name of Monitoring Firm Hired by	ESS			ACCMAN	L_,	Name of Abatemer	t Contracto	r (0)			_		
rvarie or worldoning rinn rined by	olug. Owne	ei (O)		ASCM No.				10000					
Street Address						D & S RESTO	RATION,	INC.					
Street Address													
City, State, Zip Code						20 California A City, State, Zip Cod		(100 T 10					
City, State, Zip Code						7070							
Desired Manager for Manifestor File		Ta		244		Paterson, NJ (TI:	N.L.			
Project Manager for Monitoring Firm		P	none Numb	er	- 11	Telephone Number 973-345-802			License	1169	er		
						Name of OSHA Mo				1109			
Start Date (10)	Sched	. Completi	on Date (11)		D & S Restora							
09/02/15	09/21	/15				Street Address	ttion, me.						
Occupancy Status During Abatemer			1-34-5			20 California A	Venue						
Facility closed/vacated during						City, State, Zip Cod			+				
Abatement performed outside Describe:	of normal	facility hou	irs-										
Other-Describe: NORMAL H	OURS					Paterson, NJ (7503						
Scope of Work (check all that apply	/)						Full Conta	ainment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovatio	n					Mini-encl						
≥160 sf or ≥260 lf	Demolition	90				<u> </u>	Glovebag Non-Exer		ure ') and Non-	friable	proc	edure	
Location of		n normally enance/cus	used solely							TR e	R	Е	Е
 asbestos-containing material (acm) to be 	staff(12)	nance/cus	Sidulal			sbestos-containing		Amount	CE or	m	р	n	n
abated in facility (13)	Yes	No	NI/A	material ((ACM)			Specify _F)	SF 01	0 V	a	a	C
	1100	No	N/A		<u> </u>			5.070		e	r	р	
BASEMENT		X		PIPE INSU	LATI	ON	108	l ft					
		A TOTAL PROPERTY.								T			
Registered Waste Hauler		EP Hauler	ID# C	ubic Yards of \	Waste	Name of Registere				-1	_		
D & S RESTORATION, INC.	135	06		yds.		TULLYTOWN	, RESOU	RCE R	ECOVE	RY	-		market and a
City, State			Disposal D			City, State							
PATERSON, NJ 07503			09/02/1			TULLYTOW	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title	ENT		Signature					Date	V2016			
ASB-41	PRESID Do not us		for ashesto	s licensure ex	emotec	activities			08/20	1/2015			-
5 15 15 15 15 15 15 15 15 15 15 15 15 15					prot								

D&S Proj. #: 2015-291

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

						2015 es	in		2		
Date of Notification (1)	Name of I	Building Own	er/Operator (2)			73 <6 g	V 11	,		
Agencies Notified Type Notification	michae					4-5-4	-	THE PE	: 36	j.	
EPA Initial	Street Add	dress				C 1.	ĬČF _ħ N		1		
☐ DEP ☐ Amended		ren lane					- 14 Th	in'	QL.		
DOL Amendment #:		e, Zip Code									
☐ Emergency (including	alpine.	nj 07620				Talanhar	as Number				
justification)		22 79992					ne Number				
DCA Cancellation	micha micha	el sell				201-65					
		FAC	ILITY INFORM	MATION	Į.						
Name of facility where abatement is	taking place (3)				Ø.	Type of Facility	(4) ol (K - 12)				
michael sell							napter 8 (Ot	her t	nan K	-12)	
Street Address							(Private/Co	mme		/	
22 warren lane						Square Feet	/Homes, etc		BI	dg. A	ae
City (5)	County (6)			Cou	nty Code (7)					3	
4.9	201 655 05			(Sta	te use only)	Current Use (P	rior if being	dem	olish	ed)	
alpine Name of Monitoring Firm Hired by B	201-655-07	91	ASCM No.	<u> </u>	Name of Abatemer	ot Contractor (9)					
			ACCIVITYO.		D & S RESTO	1000					
Street Address					Street Address	KATION, INC.		_		_	
					20 California A	Ave.					
City, State, Zip Code					City, State, Zip Cod	е					
					Paterson, NJ 0	170.000.000					
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number 973-345-8020		License N	Numb 169	er		
Oto d Data (40)					Name of OSHA Mo		01	109			
Start Date (10)	Sched. Comple	tion Date (1	1)		D & S Restora						
08/31/15	09/15/15				Street Address						
Occupancy Status During Abatement Facility closed/vacated during e	The state of the s	toment			20 California A						
Abatement performed outside of	of normal facility ho	urs-		- 11	City, State, Zip Cod	е					
Describe:NORMAL HO	DURS			-11	Paterson, NJ 0	7503					
Scope of Work (check all that apply)				- 11	T uterson, 1 to o	Full Containment v	v/negative r	ress	ure		
∇	Renovation					Mini-enclosure	,	31000	uio		
≥160 sf or ≥260 lf	Demolition					Glovebag procedu Non-Exempted (*)		iabla	nroo	adura	
	Is location normall		/			Non-Exempled ()	and Non-ii	R	R	E	1 100000
	by maintenance/co staff(12)	ıstodial			sbestos-containing	Amount		e m	e p	n c	E n
abated in facility (13)	Yes No	N/A	material ((ACM)		(Specify S LF)	ir or	0 V	a	а	C
DA OED CENTO	110	IVA						e	r	р	
BASEMENT	X		PIPE INSU			66 l ft			부	븓	뷰
BASEMENT CRAWL SPACE		-	PIPE INSU	LATI	ON	61 ft			屵	片	井
								屵	屵	片	ዙ
								片	屵	片	片
Registered Waste Hauler	NJDEP Haule	r ID# C	ubic Yards of V	Waste	Name of Registere						
D & S RESTORATION, INC.	13506		yd.			, RESOURCE RE	COVERY	Y		18000	
City, State PATERSON, NJ 07503		Disposal D 09/01/1.			City, State TULLYTOWN	J ΡΔ					
	Title	-1 -27.0471	Signature		I TOLLTTOWN	1,17	Date				
	PRESIDENT		H-54				08/20/ 2	2015			
ASB-41 * [Do not use this form	n for asbesto	s licensure ex	empted	activities.						

D&S Proj. #: 2015-295

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

								2000					
Date of Notification (1)	Name	e of Buildir	ng Owner	r/Operator (2)				2010 AUG	26 /	Sm			
0 8 / 2 0 / 1 5		orge sibba	ald						C,	14: 5	7		
Agencies Notified Type Notification EPA Initial	Stree	t Address						47/	Flish.				
DEP Amended		east mag		enue				+ 1 ;	F 1631.	12/11/21			
Amendment #:		State, Zip											
Emergency	1 1	aywood,	CONTRACTOR OF STREET	07			-	LTelepho	ne Numbe	ar		10000	1
DOH (including justification)	Name	of Conta	ct					Teleprio	ne rvambe	21			
☐ DCA ☐ Cancellation	ge	eorge sibl	oald										
			FACIL	ITY INFORMA	ATION								
Name of facility where abatement is	taking place	(3)					Ту	pe of Facility	(4) ol (K - 12)			
gaarga sibbald									hapter 8 (an K-	12)	
george sibbald Street Address							=	Other	(Private/0	Commer		-	
									./Homes,		DIA	~ ^ ^	
98 east magnolia avenue		101					= ^s	quare Feet	# of Floo	ors	DIQ	g. Ag	je
City (5)	County	(6)				nty Code (7) e use only)	-	Current Use (Prior if hei	na demo	olishe	d)	_
maywood	BERG	EN			(Olai	o acc o,		Juli Citi Coc (11101 11 501	g		=: X:	
Name of Monitoring Firm Hired by E	7.5000000000000000000000000000000000000			ASCM No.		Name of Abatem	ent Con	tractor (9)					
						D & S REST	ORATI	ON, INC.					
Street Address					-11	Street Address							
					_	20 California							-775E
City, State, Zip Code						City, State, Zip Co							
						Paterson, N.		8	Licens	e Numb	or		
Project Manager for Monitoring Firm		Phor	ne Numbe	er		Telephone Numb 973-345-80			CONTROL CONTROL	01169	OI .		
						Name of OSHA							
Start Date (10)	Sched. C	ompletion	Date (11)		D & S Resto	oration,	Inc.					
09/10/15	09/21/1	5				Street Address							
Occupancy Status During Abatemer						20 California		ie					
Facility closed/vacated during Abatement performed outside	entire period of normal fac	of abatem	ent.			City, State, Zip C	Code						
Describe:		mity flouro				Paterson, N	T 07503	2					
Other-Describe: NORMAL H					- 1	Faterson, IV		Containment	w/pogativ	o press	ure		_
Scope of Work (check all that apply >3 sf or >3 lf								i-enclosure	Willegali	ve press	uic		
	Renovation							vebag proced					
≥160 sf or ≥260 lf	Demolition		ad aalah	.I			☐ Nor	n-Exempted (*) and No	n-friable R	Proce	E	
Location of asbestos-containing	Is location n by maintena			1	ion of a	sbestos-containir	na	Amount		e m	е	n	E n
material (acm) to be	staff(12)			material		spesios-coritai iii	19	(Specify LF)	SF or	0	p a	c	C
abated in facility (13)	Yes	No	N/A							v e	i r	р	-
BASEMENT		X	i	PIPE INSU	JLATI	ION		128 i ft					
D110211111													
										\Box			上
						44							
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 1350	Hauler ID	CONT. 100 CONT.	cubic Yards of 2 yds.	Waste	Name of Regis	tered La WN, RF	ndtill ESOURCE :	RECOVI	ERY			
City, State			Disposal D			City, State	-			A RESTA			
PATERSON, NJ 07503			09/11/1			TULLYTO	WN, P	Α					
Completed by (Print or Type)	Title			Signature					Date	20/ 20	15		
BOGDAN JOLDZIC	PRESIDE	NT		an linenaura a	vomnto	nd activities			08/0	1201 20	1)		

CK 9079/7/370 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

(, , , , , -		1			to NJAC 8:60 an				b _ r	;				
Date of Notification (1) 08/19/2015					Building Owner/0	Operator	(2)		PA15 /	110.00				
Agencies Notified	Type Notification			Street A	ddress ast 22nd Stree	+		-	-18 F	lig 26	HII II	# ĝ.	2	
X EPA X DEP X DOL	Initial Amended				ite, Zip Code			J.	100					
Ĭ DOL	Amendment #		_		ne, New Jerse	y 0700)2		Es (1.2	101	I i j [65	
X DOH X DCA	justification) Cancellation	lolddirig	1		Contact V Hotard				Tele	ephone Nu	ımber		111	
					LITY INFORMAT	ION								
Name of Facility Where A IMTT - Bayonne	batement is Taking	Place (3	3)				Тур	oe of Facility (11.75					
Street Address							H	School (K-1 Subchapter		er than K-1	(2)			
250 East 22nd Stree	et						×	Other (i.e. p etc.)	rivate 8	& commerc	cial buil	dings,	home	es,
City (5) Bayonne, New Jerse	ey 07002			-			Sq	uare Feet	# of	Floors	3.5	3ldg. <i>A</i> 30+	ge	
County (6) Hudson					Code (7) USE ONLY)		Cu	rrent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Envirovision Consult		wner (8)		ASCM 0007				batement Cor ns, Inc.	ntractor	(9)				
Street Address 20-21 Wagaraw Roa	ad, Bldg. 34A					Street 1101		ress wards Ave	nue					
City, State, Zip Code Fair Lawn, New Jers	sey 07410					City, S Hara		, Zip Code						
Project Manager for Monit Guillermo Morales	toring Firm	-		Telephor 973-63	ne No. 36-9145	Telepi 504-		No. -5033		License I	No.			
Start Date (10) 09/01/2015		Schedul 09/04/2		pletion I	Date (11)			SHA Monitor sion Consu	Itants	, Inc.				
Occupancy Status During	Abatement (Check	Only Or	ne)			Street	Add	ress	75.775					
Facility Closed/Vaca Abatement Performe Other – Describe: A	ed Outside of Norma	eriod of all Facility	Abatem Hours	ent		City, S	State,	/agaraw Ro						
Scope of Work (Check All						Fair	Lav	vn, New Je	rsey 0	7410				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	тпас Арріу)		Renova Demolit			>		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	90
		1	Locati										ement /pe	
Location Asbestos-Containing I		Use	Normall d Sole	ly by	De Asbestos Con	scription		ial (ACM)	А	mount	-	1,		
TO BE ABA In Facilit (13)	TED `	100000000000000000000000000000000000000	intenar todial S (12)		(i.e. therma surfa		s ins	ulation,	(8	specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	4								te	
Yard 9 6-oil line/Yar	•		X		contains Am			nrysotile	8	0 LF	X			
Yard 8 trestle to	8500 yard				A	sbesto	S				-			
Name of Registered Wast TBD by IMTT - IMTT		to	10.000	JDEP W auler ID	No. of Wa	Yards ste		Name of	Registe	red Landfi	H			
City, State	nanaico ali Was				< 8	anl Data		Cit. Ct.						
Ony, State		1	MTT	_	100	sal Date	ſ	City, Stat	E					
Completed by Aubrey Hotard		Title			100-	Signature	e (the	`	100	ate 8/19/2	2015		
						# W >	×	77	1					

(K 4019

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

Date of Notification (1)				Name	of Buildin	ig Owner/Operator	r (2)			-	0	ti	17 1
8-25-15				Camo	den (County Im	provemen	t Author:	ity				
Agency Notified	Type Notification			Street	Address	orhees To		3	· E		*		10
Q DEP	©rinitial ☐ Amended		-		tate, Zip		OWII, CEIIC	E1		1.4	11		(E
E DOL	Amendment #				was no see a see a see	s Townsh	in N.T.O	0043					
шКрон	 Emergency (includir justification) 	g	ŀ		of Contac		IP, NO O	Telephone Nun	nber				-
□KDCA	☐ Cancellation							1					
				FACI	LITY INF	ORMATION		at a second		_			
Name of Facility Where A	Abatement is Taking Place	ce (3)					Type of Facility	(4)					
Former Trinity	German Evange	elica	1	Luth	eran (Church	☐ School (K-1)	2)					
Street Address							☐ Subchapter	8 (Other than K-12					
511-525 Stev	ens Street					ş-	homes, etc.	rivate & commercia	ai buildin	gs,			
City (5)							Square Feet	# of Floors	Bldg.	Age			\neg
Camden							50,000	1	+/	-1	00		
County (6)			T	County	Code (7) (STATE USE		rior if being demol				_	
Camden				ONLY)			vacant	- WENT 12 OF					
Name of Monitoring Firm	Hired by Building Owne	AS	SCN	No.		Name of Abaten	nent Contractor (9)				_	\dashv
⁽⁸⁾ Health and	Safety					PPepper	Environ	mental Se	ervic	es	,	I	nd
Street Address						Street Address					_		
P.O. Box 365						2251 Fr	caley Str	reet					
City, State, Zip Code						City, State, Zip (Code			(EXCUI			
Berlin, NJ 08009						Philadel	phia, PA	19137					
Project Manager for Mon	itoring Firm	Tele	pho	ne No.		Telephone No.		License No.					\neg
Jim Proctor		856-	45	2-13	11	215-533-	-5155	01166					
Start Date (10)	Scheduled Co			ate (11)		Name of OSHA	Monitor						
9-3-15		0-15	5			Health and	Safety	¥					
Occupancy Status During	g Abatement (Check only	one)				Street Address							
Eacility Closed/Vacate	d During Entire Period of	Abaten	nen	t		P.O. Box 3							
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Facili	ty Hours	;			City, State, Zip (
	I that apply () - W	L .	<i>C</i>	101		Berlin, NJ (08009					_	
Scope of Work (Check al	i triat apply) (i) x . tong	17	1 1 5			Li Fuit		Negative Pressur	e				
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf	820			□ Ren	ovation		Enclosure ebag Procedure						
412 100 St 01 2 200 II				- 5011	ionaon	. ⊒∫Non-	Exempted (*) an	d Non-Friable Prod	cedure				
		Is Lo	cat	ion							ate		nt
Locatio	n of	Nor Used S				Description	of		ŀ	T	Typ	1	
Asbestos-Containing	7.0.737	Maint			Asbes	stos Containing Ma		Amount		_		m	Е
TO BE AB		Cus			(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		er .	Re.	cap	nclo
(13)	,		aff1			other miscellane		Of Of Et)	1	Removal	Repair	sula	nclosure
	-		No	N/A				2		-		ie	e
		res i	00	INIA	200.0	ttached shhet		-		+	+	-	-
		-			Sec a	ttacried stillet			-	+	+	-	-
		-	-	-						+	+		-
		-	-	-						-	+	-	\dashv
Name of Registered Was	te Hauler	NIDE	:P1	Vaste H	auler	Cubic Yards of	Name of Regis	stered Landfill					_
		ID No		vasic i i	aulei	Waste	The second second	1 120					
Service Tran	sport						A & L S	alvage					
City, State		-				Disposal Date	City, State						
Morrisville,	PA					1	Libson,	OH					
Completed by	Title	0	36.5	. +		Signature)		Date		_		
Jennifer Niv	ven Dir. of	ope	Lc	1110	us	1111	/		8-25	>	15		

ASB-41

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

2615 AUG 26 AM 10: 33

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NET celling panel NET celling p	000	TO TO THE PROPERTY OF THE PROP					
celling panel 9x9 floor tile and mastic 9x9 floor tile and mastic 9x9 floor tile and mastic 9x9 floor tile and addition wing, 2nd fl.below 2 layers of non asbestos floor tile and plywood window glazing black asphalt layered roofing felt roof black asphalt roof flashing/sealant compound	200	DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Codo**	****	****
window glazing based roofing felt roof flashing/sealant compound	NET	lanca pallian		ALL CALLE	2000	onno	anna
9x9 floor tile and mastic addition wing, 2nd fl.below 2 layers of non asbestos floor tile and 1850 SF REM plywood church t/p the 1st and 2nd fl 3000 SF REM black asphalt roof flashing/sealant compound roof	. !	coming panel	addition wing, basement and HVAC units	30	ESE.	REM	DOM
window glazing black asphalt roof flashing/sealant compound	Z	9x9 floor tile and mastic	· · · · · · · · · · · · · · · · · · ·	2		I LIM	5
window glazing church t/p the 1st and 2nd fl 24 LF REM black asphalt roof flashing/sealant compound roof		מאס ווססו חוכ מוות ווומסווס	addition wing, 2nd fl.below 2 layers of non asbestos floor tile and	1850		REM	DOM
window glazing church t/p the 1st and 2nd fl 2nd fl 2000 SF REM black asphalt roof flashing/sealant compound roof			,	000		I LIVI	5
window glazing church t/p the 1st and 2nd fl black asphalt layered roofing felt loof church t/p the 1st and 2nd fl soof roof roof roof			poowkid				
black asphalt roof flashing/sealant compound roof	LIZ	window alazina	Ab				
black asphalt layered roofing felt roof roof roof roof roof roof roof		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Icharca Volthe 1st and 2nd f	70		D L L	2100
black asphalt roof flashing/sealant compound roof	NFO	Nack perhalt located received		47			N N
black asphalt roof flashing/sealant compound roof roof	1	piack aspliant layered rooming left	root	0000		N L C	
Diack aspirant four masming/searant compound root	NES	block applications flooring to the second	• ***	2000		KLIM	2
	7 1	plach aspiralt four flashing/sealant compound	1001	003		MALC	2400

511-525 Steven St.