1	Date of	I morning
	Print	Form

Date of Notification (1) 08/22/16				ame of B		mer/Opera	tor (2)			AU	G 2	2.4	201	6	ŀ
Agencies Notified	Type Notification		100	treet Add)		TOS		1	- 1	
EPA DEP DOL	Initial Amended Amendment #	·		ity, State, IEWAR	Zip Code K NJ				7.51	to be the said	ICE			-	*
ĭ DOH DCA	Emergency (in justification) Cancellation	ncluding		ame of C	ontact AN MEH	L			Telepho	ne Nu	umbe	ſ			
				FACILI	TY INFOR	MATION	Type o	f Facility (4	1		-				-
Name of Facility Where Street Address	e Abatement is Taking	Place (3)					Solve Solve	chool (K-12 ubchapter (ther (i.e. pr	?) 3 (Other th	an K- mmer	12) cial b	uildin	ıgs, h	omes	
City (5) NEWARK							Square		# of Floo				g. Ag	e	-
County (6) ESSEX				County Co	ide (7) SE ONLY)			it Use (Prio TI FAMIL		emoli	ished)			
Name of Monitoring Fi	rm Hired by Building (Owner (8)		ASCM	No.	Na A	me of Abate AA LEAD	ement Con PROFE	tractor (9) SSIONA	LS					
Street Address							reet Addres WHITE D		OURT						
City, State, Zip Code	y, State, Zip Code						ty, State, Zij AKEWOC		3701						
Project Manager for M	ect Manager for Monitoring Firm				e No.		elephone No 32-668-90			cense 200	No.				
Start Date (10) 09/01/16					ate (11)		ame of OSH AA LEAD		SSIONA	LS		200			
Occupancy Status Du	ring Abatement (Chec	k Only One)				reet Addres						- 1000		
☑ Facility Closed/V	acated During Entire	Period of At	atem	ent		Ci	WHITE [ity, State, Zi AKEWO	p Code							
Scope of Work (Chec	k All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260		-	enova emolit			Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P									
		Т					L 140	II-Exemple	xempted (*) and No					ment	
Asbestos-Contair TO BE In F	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				Asbest (i.e.	os Contain thermal sy: surfacin	iption of ing Materia stems insula g, VAT, or cellaneous)	ation,	Amo (Spe SF or	cify		Removal	Repair	e Encapsulate	Enclosure
CDAM!	SDACE	Yes	No	N/A		Т	`SI		6000) LF		X			
	L SPACE L SPACE	X					EBRIS		3500	LF		X			
												_			
Name of Registered	Name of Registered Waste Hauler				/aste	Cubic Ya		Name of	Registere	d Lar	ndfill	_	L	L	
NEWARK CARTING				Hauler ID 14509	No.	of Waste		IESI							
City, State NEWARK, NJ				04509		Disposal Date (City, State BETHLEHEM PA							
Completed by JOSEPH PERLS	Title Signature Date OWNER					te									

CK 2455	NO			OF ASBE to NJAC 8) E	G E				
Date of Notification (1)		N	lame of	Building C	Owner/O	perator	(2)	11	,				į	
Agencies Notified Type Notification		5	Street A	ddress		400				<u> </u>	4-21	116	1 de-	
EPA Initial DEP Amended Amendment # Emergency (initial Amendment # DOH Justification) Cancellation	cluding	-	Ke	te, Zip Coo Contact ackis	de	<u>/</u>	NJ		ASB 775 Teler	ohone Nur	nber	HO		
Name of Facility Where Abatement is Taking I	Place (3)		FACII	LITY INFO	RMATIC	ON	Type of Fa	acility (4	1)					
Name of Facility Where Abatement is Taking I	1200 (0)						School	ol (K-12	2)	1000 100				
Street Address							Other			than K-12 commerci		lings,	home	s,
City (5) Page 2 page 1							Square Fe	et	# of i	Floors	10%	ldg. A		
County (6) 10 0 - 14				Code (7)			Current Us	se (Prio	r if bein	g demolish		06		
MYNONMOUTH		(-		ISE ONLY)				100	rre					
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCN	l No.			of Abateme K Industrie			9)				
Street Address							Address							
City, State, Zip Code							Box 915 State, Zip Co	ode						
City, State, Zip Code							k, New Je		8723					
Project Manager for Monitoring Firm		1	elepho	ne No.			none No. :)899-749	9		License N 01196	0.			
Start Date (10)	Scheduled	d Com	pletion (Date (11)		12	of OSHA M							
Occupancy Status During Abatement (Check	Only One	<u> </u>	116			Street	Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Al	bateme	ent			City, S	State, Zip Co	ode	2000 1 2 1			- 70		
Scope of Work (Check All That Apply)											11.57/2			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	enovat emoliti	ion on				Mini-En Gloveba	closure	edure	Negative F			-	
	le l	ocatio					→ Non-Ex	empted	(*) and	Non-Friat	T PIO	Abate	ment	
Location of	N	ormally Solely	y			scription			1120	93		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	ntenan odial S (12)	ce/		thermal	system sing, VA			(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	140	IN/A	thos	000	111	1Su la	Lind	76 1	<u></u>	1			
				TVV	HIVX		<u> </u>	A -0 1	<u></u>	-	13			
					0.1:-	Vde	Nie	ma of l	Dogistor	ed Landfil				
Name of Registered Waste Hauler Brick Industries Inc.		Ha	JDEP Wauler ID		Oubic of Was		_	ROW	un ins	ou canum				
City, State		21	602			al Date		y, State	Э		_			
Brick, New Jersey	Tial					2/16	P	A.		D-	ate ,			
Completed by Eric Plackis	Title Presid	dent			S	ignatur	nll				811	9	b	

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1110		1		
08 / 22	/16	6		Car	tor Build	t		ju l AUG	2	4 2	015	-
	Notification			Street	Address			į į				- 1
☑ EPA ☑ Ini				P.O	. Box 66	1		ASBEST(0.9 (ON	TRO	18
	nended nendment #			City, S	State, Zip C	Code		The Later Control of the Later	411	SIN		
M DOIL	nenament# nergency (ir			Fra	nklin Lak	es, NJ 07417						
	stification)	icidaling		Name	of Contact	t		Telephone Number	r			
	ancellation			Mic	hael Can	itor						-
	-	100		FAC	CILITY IN	IFORMATION						
Name of Facility Where Abatem	ent is Takin	g Place	(3)	-		7	Type of Facility ((4)	8			
Commercial		181					School (K-12				887	8
Street Address	1		-				☐ Subchapter &	3 (Other than K-12) rivate and commerci	al bu	ilding	s,	
325 Whippany Road				9.			homes, etc.)					
City (5)		1	oper.				Square Feet	# of Floors	Blo	lg. Ag	ge	
Hanover Township					4	t to	1 10			9 5		
County (6)				Cour	ity Code (7	()(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Morris	100								100	1	- 32	
Name of Monitoring Firm Hired	by Building	Owner (8)	ASCM	No.	Name of Abateme			4	3 3		
Bio Terra Solutions			(40) (4)				NAGEMENT L	LG	9		<u> </u>	
Street Address	* 4				,	Street Address			*			
P.O. Box 1224	100 VIII	0 2		35 DESA		27 Outwater	***					
City, State, Zip Code	- 134					City, State, Zip Co				2		
Union, NJ						Garfield, NJ	07026	Lisano No			1.5	
Project Manager for Monitoring	Firm	٠.		ephone		Telephone No.		License No.				
Rick Eustaquio			- S	73-494		973-928-4888	20 u 20	1100				
Start Date (10) 08 / 31 / 16	-	duled Co	201	etion Da 0 /		Name of OSHA M	NAGEMENT L	LC				
Occupancy Status During Abate	ement (Chec	ck only o	ne)			Street Address					-	
☐ Facility Closed/Vacated Duri				ement		27 Outwater	Lane				402	
☐ Abatement Performed Outside	de of Norma	al Facility	/ Ηοι	ırş - Des	scribe	City, State, Zip Co	ode				1	
Time of Abatement:	AMF	M/	_PN	1	AM	Garfield, NJ						
Scope of Work (Check all that a	pply)								7.9	9	565	
		П.	1.			☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure			63	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Re ☑ De				☐ Gloveba	g Procedure	(#)	×		8 4	
2 - 100 01 01 - 100 11	8.0		Ŗ			Non-Exe Non-Exe	empted (*) and No	n-Friable Procedure				
			Loca			. Description of			-	-	ent Ty	
Location of Asbestos-Containing Materia	al (ACM)			lely by	Asbe	Description of estos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABATED	ai (7 tolvi)	1		ance/ I Staff?	(i.€	e., thermal systems	insulation,	(Specify	nov	air	aps	losu
IN Facility		Cus	(12			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	9
(13)		Yes	No	W. Williams		Other imposition	,000		100		Ф	
Kitchen, Classrooms, Close	et,Hallway			\boxtimes	VAT, M	lastic		13,620 SF	Ø			
Boiler	IAI			. 🛛	White I	breeching		2 SF	\boxtimes			
Interior				\boxtimes	Pipe Jo	oint Insulation		50 joint elbows	×			
Perimter of Exterior Windo	ows			\boxtimes	Windo	w Glaze		624 LF	\boxtimes			
Name of Registered Waste Hau	ıler		1.0	NJDEP		Cubic Yards of	Name of Regis					
ATC				Hauler I 1A-3		Waste As Needed	Minerva E	nterprises				
City, State				17.0		Disposal Date	City, State					
Shirley, NY						TBD	Waynesbu	ırg, OH	29			
Completed By (Print or Type)	Tit	tle				Signature	1	Dat	e/		1.	
Allen Monchik	1000	Project	Ма	nager			nt	× ×	3/2	12	11	ಶ

ASB-41 JAN 13

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

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

CHECK #

								11-7	MAGI	n/nn	01	-	3
Date of Notification							Owner / Operato		1)-4 6 5	U W	<u>IS</u>	In'	
	8-23-16						Liability Trans	ter .			- 1	11	11
	Type Notific	ation			Addr		D : 0 :/ 000	111	ALIC O	4 2040		$\Pi\Pi$	11
⊠ EPA							Rd., Suite 306)	_ AUU Z	4 2016	1	السا	-
DEP DEP	Initia					Zip C					ì		
⊠ DOL	X Ame					MO 6	3131		ASEESTOS (Y MITDO	2L 60		1
⊠ DOH		rgency				ntact	_		LICEN	relepho	ae N	umbe	ar
X DCA	Cano	ellation	- 1			tz, EL				_	_		
					CILIT	Y INF	ORMATION	. 74					
Name of Facility Wh	ere Abatem	ent is Taking P	lace (3)			Type of Facili						
Building # 1, Perf	n Amboy 1	160, LLC.							on V 12)				
Street Address								ter 8 (Other th	mmercial buildir	nas hom	00 0	to \	
1160 State Street							Total Control of the					10.)	
			-1	/// magnitude		(100)	Square Feet	# of Flo		Bldg. Age	3		
City (5)		County (6)	AVE. 3.5.3		Code	(7)	NA			NA		-	
Perth Amboy		Middlesex	NA	1				(Prior if being o	demolished)				
	*						None						
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	CM No.		tement Contra				_	
									solutions Cor	itracting	J, LL	.C.	
Street Address							Street Addres		DO Doy 70				
								follow Road	, PU BOX 70				-
City, State & Zip Co	de						City, State &	ew Jersey 0	9005				
Project Manager for	Manitoring [Tirm	Tolor	hono	Num	hor	Telephone N			Number			
Project Manager for	Monitoring r	-11111	Leich	none	Nulli	Dei	609-567-060		License	0126	3		
Scheduled Start Dat	to (10)	Scheduled Cor	nnletic	n Da	te (11	1	Name of OSH				198.77		
9-2-16	le (10)	2-24-17	ripicu	л Ба	10 (11	,	EMSL Anal						
Occupancy Status D	Juring Abate		nly on	e)			Street Addres						
Facility Clos	ed/Vacated	During Entire F	eriod	of Ab	ateme	ent	200 Route	130 North					
		utside of Norm											
Describe:	91.01.11.0			3883			7.00	on, NJ 08077	, .				
Facility Occ	upied During	Abatement											
Scope of Work (Che				-	-								
									ntainment with	Negative	Pres	sure	٤
≥3 sf or ≥3 l	f			Rer	novatio	on			nclosure				
X ≥160 sf ≥26	O If		\boxtimes	Der	nolitio	n			Bag Procedures				
			1000						cempted and No				
	cation of		100	Locat			Description		Amount	Aba	atem	ent I	ype
	os-Containir	ng		mally I Solely I			Asbestos-Con Material (A		(Specify SF or LF)			т	_
	erial (ACM) BE ABATED		200	ntenan	(C	1	(i.e., thermal s		Si di Li)	Remova	R	nca	Enclsoure
	Facility		Cust	odial S	Staff?		insulation, surface			lou	Repair	psu	Isou
	(13)		Van	(12)	N/A	-	or other miscell			<u>a</u>	Ŧ	Encapsulate	Te
			Yes	No				*					
First Floor							2 Gray Floor 8		1,500 s. f.		Ц	1	H
Roof					X		Roof & Roof Fl		34,000 s. f.	X	Ш	Ш	Ш
First Floor Windo	ws (Upper	& Lower)			X	Wind	dow Caulk / W	indows	100 each	X		Ш	
Boiler Room					X	Furn	ace Insulation	1	1,000 s.f.	X		Ш	Ш
First Floor					X	12in.	Pipe Insulation	on w/jacket	500 l.f.	X		Ш	Ш
First Floor		~			X		Joint Insulati		500 l. f.	X			
Name of Registered	Waste Hau	ler					Cubic Yards	Name of Reg	gistered Landfill				
				1100000		D No.	of Waste		1 1011				
Bull Waste & Red	cycling, Inc	: .		21	435		40		nty Landfill				
City, State		8-9					Disposal Date	City, State					
Berlin, NJ							3-10-17	Alloway, N	ew Jersey				
Completed By (Print	or Type)			Tit	le		Signature	-)		Date			
Theodore S. Bud				10 CONTA	eside	ent		///		8-23-	16		
							1 (/	//					

Date of Notification	2 (1)			T.,					MAGE	100118	OF		2
Date of Notification	8-23-16						ing Owner / Opera		1 100 1	- 2010			i
Agencies Notified	Type Notif						tal Liability Trai	nster					1
⊠ EPA	Type Noti	ication				ddres:	res Rd., Suite 3	06	ASBESTOS (DL 8		
DEP	Init	ial					ip Code	06	LICEN	SING	-		
□ DOL		ended		1.552/483			O 63131						
☑ DOH		ergency				f Conta				I T			
X DCA		ncellation		0.0000000000000000000000000000000000000		Peetz				Telenho	nne r	miin	oer
			100				INFORMATION				<u> </u>		
Name of Facility W	here Abater	ment is Taking F	Place	(3)	ACI	LIII	Type of Fac	silita (A)					
Building # 1, Pe	rth Ambov	1160. LLC	1466	(5)			School						
Street Address		,	-					apter 8 (Other	than K 12)				
1160 State Stree	t	ŧ							ommercial buildi			-4- \	
							Square Fee					etc.)	
City (5)		County (6)	Ic	Ount	ty Co	de (7)		Tour second	NAME OF TAXABLE PARTY.	Bldg. Ag	e		
Perth Amboy	26	Middlesex			ly CU	ue (1)	NA Current Use		NA	NA			
. oran Annboy	3	Middlesex	11	IA			The second second second second	(Prior if being	demolished)				
Name of Monitoring	Firm Hirod	by Pullding Ove	/	2)	-т	10014	None						
Traine of Morntoning	g i iiiii riiieu	by building Ow	ner (a	5)	1	ASCM		atement Contr					
Street Address				-			Street Addre		solutions Cor	itractin	g, L	LC.	
									d, PO Box 70				
City, State & Zip Co	ode					-	City, State 8	Zin Code	u, PU BOX 70				
								New Jersey	08095				
Project Manager fo	r Monitoring	Firm	Tele	phoi	ne N	umber	Telephone 1		License	Number			
							609-567-06		License	0126	3		
Scheduled Start Da	te (10)	Scheduled Cor	nplet	ion [Date	(11)	Name of OS						
9-2-16		2-24-17						lytical, Inc.					
Occupancy Status I	During Abate	ement (Check o	nly o	ne)			Street Addre						
	sed/Vacated	During Entire F	erioc	of A			200 Route	130 North					
Abatement	Performed (Outside of Norm	al H	ours -	– 7aı	m to 3	om City, State 8					-	
Describe:							1,22	on, NJ 0807	7				
		g Abatement							*				
Scope of Work (Che	eck all that a	ipply)									-		
□ \2.5\0.1				120					ontainment with h	Vegative	Pres	sure)
≥3 sf or ≥3 l			Ц			ation			nclosure				
X ≥160 sf ≥26	U IT		\boxtimes	De	emol	ition			Bag Procedures				
	t' f							Non-E	xempted and No	n-Friable	Рго	cedu	ıre
	ocation of os-Containi	20		Loca	ation v Use	d	Description		Amount	Aba	teme	ent T	ype
	erial (ACM)	ig		Solely		u	Asbestos-Cor Material (A		(Specify			ш	
	BE ABATED				ance o		(i.e., thermal s		SF or LF)	Removal	R	inc	E
	Facility		Cus		l Staff	f?	insulation, surfa			mo	Repair	sde	clso
	(13)	7.	Yes	(12 No		/A	or other miscel			Val	₹-	Encapsulate	Enclsoure
Cinct Class				-								æ	
First Floor			Ц				bris on Floor		500 s. f.				
Boiler Room			Ц				rnace Door Inst		500 s. f.	X			
First Floor)		n. Pipe w/ Flue I		100 l.f.	X			
First Floor)	(18	in. Pipe Insulati	ion w/Jacket	800 l.f.	X			
						- 1		- 1240 To 1240				П	П
						9					F	Ħ	П
Name of Registered	Waste Hau	er	-0.00//	5637			te Cubic Yards	Name of Reg	gistered Landfill				
Pull Woote 9 Dec				0.07		r ID No							
Bull Waste & Rec	ycling, inc	•		2	1435	5	40	Salem Cou	nty Landfill				
City, State							Disposal Date	City, State					
Berlin, NJ							3-10-17	Alloway, N	ew Jersey				58
Completed By (Print	or Type)			Ti	itle		Signature			Date	-		
Theodore S. Budz	zynski			P	resi	dent				8-23-	16		3
	1000						<u></u>						

CK# 25256

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

Agencies Notified □ PA □ DCP	Date of Notification (1) 8/22/16	Name of Buildi	ng Owner/Operator (2	Landis	1:1 A	UG 21	2016
DCP		Street Address					
DOH	☐ DEP ☐ Amended Amendment #	City, State, Zip		ington, NJ 0	8534	TOUGO LICENSII	NTROL 13
Name of Facility Where Abatement is Taking Place (3) Residential Street Address Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Other (i.e., private & commercial buildings, homes etc.) O	DOH justification)				Telephone Num	iber	_
Street Address		FACILITY IN	FORMATION				
City (5) Pennington, NJ County (6) Nercer County Code (7) (STATE Square Feet 3000 2 70+/	HONEL CONTROL CONTROL CONTROL (CONTROL CONTROL CONTRO	\$99.00 C.A		School (K-12))		
Pennington, NJ				Other (i.e., pri			i,
County (6) Mercer County Code (7) (STATE Current Use (Prior if being demolished)		NI		100 THE STATE OF T	# of Floors	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(100 kg)
Name of Monitoring Firm Hired by Building Owner (8) DB Environmental ASCM No. Stevens Environmental Services, Inc.	County (6)	County Code	(7) (STATE		or if being demol		717-
Street Address 4 Berkeley Place City, State, Zip Code Freehold, NJ 07728 Project Manager for Monitoring Firm Dave Bunocore Steart Date (10) 9/1/16 Coccupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Expected Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (732) 740-8408 (609) 259-9688 00493 City, State, Zip Code Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Crosswicks, NJ 08515 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Type Abatement Type		ASCM No.	Name of Abatemen	nt Contractor (9)			
City, State, Zip Code Freehold, NJ 07728 City, State, Zip Code Allentown, NJ 08501					ental Servic	es, Inc.	
Project Manager for Monitoring Firm			Street Address	PO Bo	ox 322		
Project Manager for Monitoring Firm			City, State, Zip Cod		NI 08501		
Dave Bunocore (732) 740-8408 (609) 259-9688 00493		Telephone No	Telephone No	Allentown			
Start Date (10) 9/1/16 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) Scope of Work (Check all that apply) Pull Containment with Negative Pressure Scope of Work (Check all that apply) Pull Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Location of Location of Abatement Abatement Description of Description of Abatement Abatement Abatement Crosswicks, NJ 08515	A CONTROL OF THE STATE OF THE S			-9688		00493	
Occupancy Status During Abatement (Check only one) If Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Abatement Occupancy Status During Abatement (Check only one) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Occupancy Status During Abatement Abatement Abatement Occupancy Abatement Occupancy Status During Abatement Description of Abatement Abatem							
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Crosswicks, NJ 08515 Scope of Work (Check all that apply) Full Containment with Negative Pressure				ME	ECS		
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abateme Type Location of Location of Abateme			Street Address	PO R	ov 341		
Other - Describe: Scope of Work (Check all that apply) Scope of Wor			City State Zip Cod		JX J41		
Full Containment with Negative Pressure Sast or ≥3 If			0.0,, 0.0.0, 2.0		, NJ 08515		
Normally Used Solely by Description of Majortopapes / Ashasta Cartaining Material (ACM)	⊠ ≥3 sf or ≥3 lf		☐ Mini-Enclo Glovebag	sure Procedure		ure	
Ashantas Cantaining Material (ACM) Maintenance/ Ashantas Cantaining Material (ACM) Amount		mally	I Supplement Semantics on the				
IN Facility (13) Staff? (12) Yes No N/A Staff? other miscellaneous) SF or LF) SF or LF) Other miscellaneous)	Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	enance/ Asbe stodial (i.e taff? 12)	stos Containing Materi , thermal systems ins surfacing, VAT, or	sulation,		Removal	Enclosure Encapsulate
Garage X Thermal Pipe Insulation 35 lf X			nermal Pipe Insu	lation	35 lf	×	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Landfall Date of Wester	Name of Registered Waste Hauler			Name of Regist	tered Landfill		
Stevens Environmental Services, Inc. Hauler ID No. 18292 of Waste 1 CU GROWS Landfill	Stevens Environmental Services, I	18292			GROWS La	ndfill	
City; State Allentown, NJ Disposal Date Oity, State Morrisville, PA	7.0		1	City, State	Morrisville	, PA	20
Completed By Mahlon E. Stevens Project Manager Signature Signature 8/22/16	Completed By Title	oject Manager	Signature	7/			5

ASB-41 MAR 00

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

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Date of Notification (1) 8/22/16					Building O Lombard		Operator ((2)				<u> </u>	[<u>-</u>	и с		0
Agencies Notified	Type Notification		5	Street Add	dress		1				٨	IIG	2 /	1 20	16	- 1
X EPA	Initial Amended									111 1	P	100	C -	+ (-(/10	
		ш			, Zip Cod											إ
X DOL	Amendment Emergency (s, NJ 0	7052				1	ASSE	STO	OS C	ON	RO	_&
DOH DCA	justification)	· ACTION CONTRACTOR CONTRACTOR		Name of C		4 :				Tele	phone I	Numb	er	SINU	<u>i </u>	
☐ DCA	Cancellation				ombar					1						
Name of Facility Where A	hatement is Takin	n Place (3)		FACIL	ITY INFO	RMAT	ION	Type	of Facility (4	1)						-
Residential Home	Datement is Takin	g riace (5)						i Abe								
Street Address			-					H	School (K-12 Subchapter		r than k	(-12)				
									Other (i.e. pretc.)	rivate &	comme		build			s,
City (5) Paramus								180		2	Floors		60	dg. A)+/-	ge	
County (6) Bergen				County Co	ode (7) SE ONLY)				ent Use (Prio sidential Ho		g demo	olishe				
Name of Monitoring Firm Bio Terra Solutions	Hired by Building	Owner (8)		ASCM	No.				atement Cons S Abateme					0	-/	
Street Address P.O. Box 1224			*********	L			Street 2	U Discourse of the	ess idland Ave							
City, State, Zip Code		7 - 7		ALCON MANAGEMENT		City, St	tate, 2	Zip Code			1					
Union, NJ 07083	nion, NJ 07083						Sadd	le B	rook, NJ 0	7663						
Project Manager for Mon	itoring Firm		Telephon	e No.		Teleph	one N	No.		Licens	e No		-			
Dyana Caldarone				973-494	4-3762		201-6	300-	3184		0130	5				
Start Date (10) 9/1/16	эс	Scheduled 9/15/16		pletion D	ate (11)		Name	of OS	SHA Monitor							
Occupancy Status During	Abatement (Che	ck Only One)	300000000000000000000000000000000000000			Street	Addre	ess			,				
Facility Closed/Vaca Abatement Perform Other – Describe: 8	ed Outside of Norr					_	City, S	tate,	Zip Code							
Scope of Work (Check A	II That Apply)						1	-			-			-		100
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,7		enova emoliti		8 10		×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure					e	
		le	Locati	00										Abate	ement	
Location	of	N	ormal	ly		D	escription	of						Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Maii	Sole ntenar odial S (12)	nce/		ntaining Mal systems acing, VA miscellar	fateri s insu T, or	lation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
Basem	ont				-		VAT			E/	00 SF	+	v	-		
Basem	ent	-	X				VAI	*****			JU SF		x			

Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubi	c Yards		Name of	Registe	red Lar	ndfill	<u></u>			
Newark Carting					Hauler ID No. 04509											
City, State Newark,NJ					The state of the s			Disposal Date City, State TBD Bethlehe			PA		200	20024		
Completed by Title										Date 3/22/16						
Richard Cristofol									8/2	22/16	j					

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

Date of Notification (1) 8/23/16		T			Owner/Operato ersity, Trust		Princeton	Unive	rsity	ŋ L				
Agencies Notified Type Notification			Street Add	dress				1	Á	UG	2 4	-20	16	1
EPA Initial Amended Amendment	577.6	_	City, State Princeto					À	SBES	STO	S C	ONI	ROI	- &
Emergency justification) DCA Cancellation			Name of O			- OF	L	Telen				2111		
Name of Facility Where Abatement is Takin Princeton	ng Place (3)		FACILI	ITY INFO	RMATION	1	of Facility (4)							
Street Address 11 Lake Lane					11	N X	School (K-12) Subchapter 8 Other (i.e. pri	(Other			build	lings,	home	ıs,
City (5) Princeton							etc.) re Feet 0	# of F	loors			ldg. A	ge	
County (6) Mercer		T	County Co				nt Use (Prior idential	if being	demo	olishe	d)			
Name of Monitoring Firm Hired by Building Hatch Mott MacDonald	Owner (8)		ASCM	No.	eco	service	tement Contr es, LLC	actor (9))	691				
Street Address 111 Wood Avenue South		~=>=>				t Addres West	ss Lincoln Hig	ghway	, Sui	te 50	00			
City, State, Zip Code Iselin, NJ 08830						State, Z on, PA	ip Code 19341							
Project Manager for Monitoring Firm Marlon MacPherson			Telephone 732-531		U. 37.000 (2000)	hone N -872-8		0.8	icens					
Start Date (10) 9/2/16	Schedule 9/6/16	d Cor	npletion Da	ate (11)	Name EMS		HA Monitor							
Occupancy Status During Abatement (Chec	Period of A	bater			200		130 North	ì						à
Abatement Performed Outside of Norr Other – Describe:	nai Facility	Hour	s			State, Z namins	son, NJ							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Lateral Day of the Lateral Day o	enova emoli				Mir Glo	ll Containmen ni-Enclosure ovebag Proce n-Exempted (dure				9	e	
1	70.00	Locat	38000		Diti-								ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	i Sole ntena	ely by ince/ Staff?		Description tos Containing thermal system surfacing, V other miscella	Material ns insula AT, or		(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Windows		X			Caulkin	gs		255	i LF		X			
Exterior Windows		X		Gla	zing on Dou	uble H	ung	12	EA		X		41	
Name of Registered Waste Hauler Waste Management of New Jersey		7.3	JDEP Wa	2000.00	Cubic Yards of Waste 40		Name of Ro			ndfill				
City, State Trenton, NJ					Disposal Date	е	City, State Morrisvill	e, PA						
Completed by Joe White	Title Projec	ct Ma	anager		Signatu	/	1. Whit			Date 8/2		;		

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name o		lding	Owne	r/Operato	or (2)		1 5	(V)	1.	1		\mathbb{H}
Agencies Notified Type Notification			Street /		0.00	Y RO.	AD		1	A	U3 2	4 2	016	٦Ĺ	쎗
DEP Amended Amendment			City, St				_D, NJ (07068	3	ÁUL E	TOS.	7	:. <u>.</u>	L &	1
DOH Emergency justification) DCA Cancellation			Name of	of Cor	ntact G-/	17	TH			Telep	hone Nu	ımber	,		_
Name of Facility Where Abatement is Taking Street Address			FAC	ILITY	INF	ORMA	TION	Туре	of Facility School (K- Subchapter Other (i.e.)	12) r 8 (Other	than K-1	2) ial bui	ldings	, hom	nes,
City (5) NEWARK	7-		<i>C</i> .					Squa	etc.) ire Feet 1291	# of F		T	Bldg.	Age	
County (6) ESSEX			County (STATE)			ent Use (Pri			hed)		. 13 0 19 10 10	es.
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		ASCI 0045				Name UNI	of Aba	atement Cor SYSTEM	TCh ntractor (9 S OF AM)		1.0		
Street Address 64 BROAD STREET							Street	Addres							
City, State, Zip Code MATAWAN, NJ 07747									ip Code IVER, NJ	J 08882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29					hone No 432-8			icense N	lo.			
Start Date (10) 9/1/16	Schedule	9/	- /.	Date	(11)				HA Monitor	S OF AN	MERIC	Α			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	e) baten	nent		1.		Street 396 V	Addres WHITI State, Zi	ss EHEAD A	AVE.					
Scope of Work (Check All That Apply)	2 ofte	CEXE	rs o	W.	4		SOU	ITH R	IVER, NJ	08882					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					K	Min Glo	l Containme i-Enclosure vebag Prod i-Exempted	edure					
Location of		_ocati				720			Lacinpiec	() and N	OII-I Hat	le Pio	Abate	ement pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Sole	ly by nce/			os Cor therma surfa	escription ntaining M Il systems acing, VA miscellan	faterial s insula T, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	_								a	-	late	ıre
CONTROL ROOM		× —		Ψ	; ρ	€ :	INSU	JAT.	ON	10	LF	X			
Name of Registered Waste Hauler		I N.	JDEP W	aste		Cubic	Yards		Name of F	Orgintored	Landen				
WASTE MANAGEMENT		Ha	auler ID i 125			of Wa			GROWS						
City, State ELIZABETH, NJ							sal Date		City, State		PA			*	\neg
Completed by CAROL RAIMO	Title OFFIC	EΜ	GR		1	18	Signature	ker	//	rini		8/2	13,	16	;