D&S Proj. #: MS 11-477

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

							- 64	F	P			1			
Date of Notification	n (1)	Na	me of Build	ding Owner	/Operator (2)		1			and the state of t					
$\frac{1}{1} \frac{1}{1} \frac{1}{1} \frac{2}{18}$		_ A	NN SPA	RKES			-				!!				
Agencies Notified	Type Notification	on Str	eet Addres	s			1	la lai	DEC	- 1 2	UII L	eans 1			
☐ EPA	Initial Amended		143 DEM.	ARES AV	/ENUE						Ì				
☐ DEP	Amendment #:	Cit	y, State, Zi	p Code				40.0	ASBESTO	S CONTR	01.8				
DOL	Emergency	— II .	ORADEL	L, NJ					[][ENSING					
□ DOH	(including	_	me of Cont					1954 of 19620	ertholigisch	Telepho	ne Numbe	r			-
☐ DCA	justification) Cancellation		ANN SPA	ARKES				(i i = Nim +				e selve	orter.		
				FACIL	ITY INFORM	ATION									
Name of facility w	here abatement is	taking plac	e (3)						Type o	f Facility	(4) ol (K - 12)				
AND CD ADV	50									=	hapter 8 (0		an K-	12)	
ANN SPARKI	ES									100	(Private/C			12)	
Street Address										Bldgs	./Homes,	etc.	6		
443 DEMARI	EST AVENUE								Squar	e Feet	# of Floo	rs	Blo	ig. Ag	e
City (5)		Count	y (6)				ty Code (e use only			-411 (Prior if beir		licho	4)	_
ORADELL		BER	GEN			(State	e use only	'	Curre	nt Use (i	Prior II bell	ig derri	JIISHE	u)	
Name of Monitori	ng Firm Hired by E	The second secon			ASCM No.		Name of	Abatement	Contract	or (9)					
				1			D & S	RESTOR	ATION	, INC.	1				
Street Address							Street Ad	dress				-2/20-1111			
							20 Ca	lifornia A	ve.						
City, State, Zip Co	ode						City, State	, Zip Code							
								son, NJ 07	7503						
Project Manager f	or Monitoring Firm		Ph	one Numbe	er		7	e Number			License	e Numb 00159	er		
								345-8020				JU139			
Start Date (10)		Sched.	Completio	n Date (11)			OSHA Mon Restorati							
12/14/11		12/23	/11			- 11	Street Ad		ion, me.				-		
Occupancy Status	During Abatemer	7/03/07/07		-			20 Ca	lifornia A	venue						
	ed/vacated during			ment.			City, State	e, Zip Code							
Abatement	performed outside	of normal f	acility hour	S-											
Describe: Other-Describe	cribe: NORMAL H	IOURS				_	Pater	son, NJ 07	7503						
	check all that appl								Full Con	tainment	w/negativ	e press	ure		
$\ge 3 \text{ sf or } >3$		Renovatio	n						Mini-end		luro				
>160 sf or	>260 If	Demolition	i					H	Gloveba Non-Ex		*) and Nor	-friable	proc	edure	
		Is location	n normally u	used solely								R	R	Е	Е
Location of asbestos-c		by mainte staff(12)	nance/cust	todial			sbestos-c	ontaining		Amount (Specify		m	e p	n	n
material (a abated in fa		30000000		T	material	(ACM)				LF)	31 01	O V	a	a	L
abated in it	acility (13)	Yes	No	N/A								е	1	p	
BASEMENT			X		PIPE INSU	JLATI	ON		110	LFT				부	H
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						147	T	(6)				_	Ш	Ш	
Registered Waste	e Hauler ORATION, INC.		EP Hauler I		ubic Yards of YDS	waste	Name of	f Registered YTOWN	a Landfill , RESO	URCE I	RECOVE	RY			
City, State	AA HON, INC.			Disposal D			City, St								
PATERSON,	NJ 07503		an U Ta	12/15/1				LYTOWN	I, PA						
Completed by (P		Title	100		Signature					927	Date	0.44			
BOGDAN JO		PRESID									11/2	8/11		_	
ASB-41		* Do not us	e this form	for asbest	os licensure ex	xempted	activities	5.							

Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NUDER Hauler ID# D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY Diaposal Date City, State City, Stoto 11/30/11 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** 11/28/11 PRESIDENT Do not use this form for asbestos licensure exempted activities. ASB-41

State of NJ

Notification of Asbestos .^batement

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

		(Pursi	uant	to NJAC 8	:60 and	12 120)	A-Bally rapping	in a	the state of the state of the		w. 5."		
D&S Proj. #: MS 11-479		(1 010	uum				B	o E II N	7 P	-			
				erator (2)			L (p IC II W		111			_
Pate of Notification (1)		Building Ow EW WEIN				V	D.F						
Agencies Notified Type Notification	Street Add					the fail	UL	.U - 1 <u>(</u> ()		Ú,			
EPA Initial Amended		OSPECT	_	EET		D.F. Company	ANPS	atios (alkanen					=
Amendment #:	_	, Zip Code				-	F100.	LICENSING	- 6v .				*
□ DOL		RANGE,	NJ 07	7079		, j. k.	THE STATE	Telephone N	Number				
DOH (including justification)	Name of C					Maria Cara			-		-e ²		
☐ DCA ☐ Cancellation	AND	REW WE	NBE	RGER									_
		FA	CILIT	Y INFORMA	TION		T#	of Facility (4)				_	
Name of facility where abatement is ta	king place (3)						Type	of Facility (4)	(K - 12)				
ANDREW WEINBERGER									ter 8 (Otherivate/Com)	
Street Address								Bldgs./H	omes, etc.			Λαο.	
311 PROSPECT STREET					1		Squ	uare Feet #	of Floors		Bldg.	Age	
City (5)	County (6)					Code (7) se only)	Cu	rrent Use (Pric	or if being o	emoli	shed)		_
SO. ORANGE	ESSEX					me of Abatemen	+ Contri	actor (9)					_
Name of Monitoring Firm Hired by Bld	g. Owner (8)		A	SCM No.									
						% S RESTOR	CATIC	JN, INC.					
Street Address						20 California A	\ve						
					- Cit	y, State, Zip Cod							
City, State, Zip Code						Paterson, NJ (7					
f - Manifering Firm		Phone No	umber		Te	elephone Number			License N		r		
Project Manager for Monitoring Firm						973-345-802			- 00	159	_		
	Sched. Com	pletion Date	e (11)		- N	ame of OSHA Mo		'no					
Start Date (10)					9	D & S Restora	illon, i	iic.	***		_	-	
11/29/11	12/09/11	0)				20 California	Avenu	e					
Occupancy Status During Abatement Facility closed/vacated during e	(Check only of	batement.			lc	ity, State, Zip Coo							
Abatement performed outside of	of normal facility	hours-											
Describe: NORMAL HO					_	Paterson, NJ							=
Other-Describe:								Containment v	/negative	oressu	ire		
Scope of Work (check all that apply)	Renovation					Į	Mini	-enclosure rebag procedu	re				
B B	Demolition					İ	Nor	-Exempted (*)	and Non-f	riable	proce	dure	
≥160 sf or ≥260 if	Is location nor	nally used	solely							R	R e	E	E
Location of	by maintenance	e/custodial	301019	Descript	tion of asl	pestos-containing	1	Amount (Specify	SE or	m	р	n c	n
asbestos-containing material (acm) to be	staff(12)			material				LF)	51 01	0	a	a p	Ľ
abated in facility (13)	Yes	No 1	N/A						-	e	-	P	
DA OF AFAIT		X		PIPE INS	ULATIO	N		205 L FT		X	분	片	H
BASEMENT										H	무	片	ዙ
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			C= 7/2 c====================================	40						片	H	片	旨
						Tr. (D. ::-)	and I o	ndfill		<u>.</u>	Ш		1
Registered Waste Hauler		lauler ID#		ubic Yards o	t Waste	Name of Registe TULLYTOW	/N, RI	SOURCE R	ECOVE	Y.			
D & S RESTORATION, INC.	13506	Dier	osal E			City, State							
City, State			1/30/1			TULLYTO	WN, P.	Α					
PATERSON, NJ 07503	Title	L=		Signature		-			Date 11/28	/1.1			
Completed by (Print or Type)	PRESIDEN	T							11/20	, 1 1			

D&S Proj. #: MS 11-478

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

								1 [CE	WE	Pro-	$\overline{1}$		
Date of Notification		Nan	ne of Bui	lding Owner	r/Operator (2)		1 200	KI	· · · · · · · · · · · · · · · · · · ·	J 15				
$\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{2}{18}$		LE	ESLIE A	GARD-J	ONES				D = -			11		
Agencies Notified	Type Notificati	on Stre	et Addre	ss			T I	44	DEC - 1	2011	Thul			
☐ EPA	Initial Amended	33	B EAST	PARK ST	REET			Table 1			14.27,28.3			
☐ DEP	Amendment #:	 -	, State, Z					A.	SBESTOS CON	Kat &	1	I	17.	
□ DOL	Emergency		ATERS	ON, NJ 0	7503		L	Contract to the	LICENSIN	3				
⋈ DOH	(including	100000000000000000000000000000000000000	e of Con				7		Telephor	ne Number				_
☐ DCA	justification)	.	EQT TE	ACARD	IONIEG									
	Cancellation		ESLIE	AGARD-	JONES									
		10		FACIL	ITY INFORM	MOITA		1 1-						
Name of facility w	here abatement is	s taking place	(3)					Ту	pe of Facility School	(4) ol (K - 12)				
LESLIE AGAI	RD-IONES									napter 8 (O	ther th	an K-	12)	
Street Address	W JOINED		-						TARREST TO SERVICE	(Private/C			,	
Street Address									Bldgs	/Homes, e	tc.			
33 EAST PAR	K DRIVE					K-COLIN		_ S	quare Feet	# of Floor	s	Blo	lg. Ag	е
City (5)		County	(6)				nty Code (7)	-						_
PATERSON		NJ				(Stat	e use only)		Current Use (F	rior if bein	g dem	olishe	ed)	
Name of Monitorin	na Firm Hired by E		8)		ASCM No.	$-\Pi$	Name of Abateme	ent Con	tractor (9)					_
Traine of memoria	.g , .				* ************************************		D & S RESTO	ORATI	ON INC.					
Street Address							Street Address	Jidiii	011, 1110.			-		_
Street Address							20 California	Ave						
City, State, Zip Coo	de						City, State, Zip Co							
City, State, Zip Cot	ue						Paterson, NJ							
Project Manager fo	or Monitoring Firm	_=====	I Ph	one Numbe	er		Telephone Number	- LC 15 (CCL2D 15-5 IV2-PC	No.	License	Numb	er		
Project Manager ic	or wormoning i iiiii		1	ione rainbe			973-345-80			0	0159	2007		
		10.1-17	S 1-45	Data /11			Name of OSHA M	/lonitor						
Start Date (10)		Sched. C	ompletio	on Date (11)		D & S Restor	ration,	Inc.					
12/08/11		12/16/1	11				Street Address							
Occupancy Status							20 California	Avenu	ie					
	ed/vacated during						City, State, Zip Co	ode						
Describe:	performed outside		cility nou	rs-										
Other-Descr	ribe: NORMAL F	IOURS				_	Paterson, NJ							
Scope of Work (c				/				=	Containment	w/negative	press	ure		
≥ 3 sf or >3	f 🛛	Renovation							i-enclosure /ebag proced	ure				
≥160 sf or ≥	260 If	Demolition							rebag proced n-Exempted (*		friable	proce	edure	
		Is location i	normally	used solely	I						R	R	E	E
Location of asbestos-co	ontaining	by maintena			Descripti		sbestos-containing	g	Amount	CE	e m	e p	n	n
material (ac		staff(12)			material	(ACM)			(Specify LF)	SF 01	0	а	а	l C
abated in fa	Cility (13)	Yes	No	N/A							e	r	р	
PIPE INSULAT	ΓΙΟΝ		X		PIPE INSU	JLATI	ON		242 L FT					
						91			Name of the last o					
						1								
Registered Waste	Hauler		P Hauler		ubic Yards of	Waste	Name of Registe	ered Lar	ndfill	POOT IT	27			
D & S RESTO	RATION, INC.	1350	6		YDS		TULLYTOW	/N, RE	SOURCE R	ECOVE	C.Y.			
City, State				Disposal D			City, State	INI DA						
PATERSON, 1				12/09/1			TULLYTOV	VIN, PA	1	Date				
Completed by (Pri		Title PRESIDE	NT		Signature					11/28	/11			
BOGDAN JO				for achaet	os licensure ex	remnter	d activities			1=1.20		-		
ASB-41		Do not use	una ionn	i ioi aspesii	, c noonoure e/	.S.ripto								

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HULL		(1	Pursu	ant to	NJAC	8:60 and 12:120)			= ((5 [5
ate of Notification (1)	1001		N	ame of		g Owner/Operator	(2)		4			Ĩ.
11	29/2011		_			ACOMA	REALTY	1;1101	111.	-		- 1 7
encies Notified	Type Notification		S	treet A	ddress			1 1	1.1	U	EC-	71
EPA DEP	M Initial		-				OX 916					-
DOL	Amended Amendment #		C		ite, Zip C				· team	ASF	ESTO	S cor
	☐ Emergency (inc	cluding	1_	1	ILB	URN,	NJ 070	24/		1.1	LIC	ENSI
DOH DCA	justification)	- 12	N	lame o	f Contac	t		Telephone Number	- Address of the Control	reservi di		-
LLA .	L Cancellation		J	OHN	1 70	2701110						1
	•			FACI	LITY INF	ORMATION						
me of Facility Where	e Abatement is Taking	Place (3)				Type of Facility	(4)				7
		3					School (K-12)				
eet Address				-				(Other than K-12)				
22 GA	YUGA WAY	,		7			homes, etc.)	ivate & commercial	Dulldir	ngs,		
y (5)							Square Feet	# of Floors	Bldg	g. Age	e	\neg
SHORT 1	HILLS , NJ	7 07	078	P				1			٠.	1
unty (6)					v Code (7) (STATE	Current Use (Pri	or if being demolish	ed)			-
UNION		#6		USE C	DNLY)	, , , , , , , , , , , , , , , , , , , ,	RESIDENT					
me of Monitoring Fi	rm Hired by Building (Owner	TA	SCM N	lo.	Name of Abater	nent Contractor (9					-
1	1/4						YUNAM					
eet Address	/		=1=			Street Address		noc.				=
							GET AVE.		39			
y, State, Zip Code						City, State, Zip C			,			=
J, Oldie, Lip Code							O EU, UI	IOU				
oject Manager for N	Application Firm		Talan	hone N	lo	Telephone No.	2 201,00	License No.		•		=
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art Date (10)	I Soho	duled Co		on Dot	- /11	Name of OSHA		1 00 103				=
12/08/2		1	-			A TOTAL STATE OF THE PARTY OF T	L ANALYTY	241 115				
	uring Abatement (Che	12/1		20		Street Address		CAC, I'AL		_		=
	cated During Entire Po						SELTON S					
Abatement Perform	med Outside of Norma	ol Capilib	Abaten	nent	65			<u> </u>				=
Other - Describe:	THE CHARGE OF THORES	on I escale	y a tour	3		City, State, Zip		00001				
						PISCAT	[CA, YAWA	08854				=
cope of Work (Che	скаш тлат арргу)					☐ Full Co	ontainment with Ne	oative Pressure				1
] ≥3 sf or ≥3 lf			novati				nclosure					
]≥160 st or ≥260 tt		D De	molition	n			bag Procedure	on-Friable Procedur	A			
		Isl	ocatio	0		Petriorie	acripted () tilla (OH T PEDIC T TOOCGE	T	bater	ment	\neg
		N	omally							Тур		į
Locati Asbestos-Containi			Solely			Description			\vdash			\dashv
TO BE A			ustodia			estos Containing M		Amount (Specify	20		5	m
IN Fa	cility	1 5	Staff?	40		surfacing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(1:	3)		(12)			other miscellan	eous)		OVA	믝	u a	5
		Yes	No	N/A					-		6	49
QE SENT TO		+	-			-1.000		1000	1			
BESEMENT		=	×			T/MASTI		1000 F	X		-	_
WINDONS			×		KIN	DONS GLAZ	1116	30 EA	X		ا ا	
lame of Registered	Waste Hauler	-1	L	UDEP	Wagte	Cubic Yards	Name of Re	gistered Landfill	1	<u>ب</u>	ш	\dashv
			1	tauler II	O No.	of Waste			٠.	e	€ 3°	
	ARTING . INC		Ç	<u> </u>	9			LANDFIELD				
City, State					5	Disposal Date				53 6		
NEWARK	'N3					_	BETHL	EHEM , PA				
ompleted By		itle			ANOTH LA	Signature	0 11	Date	1-	~ 1	/_	
MAREK W.	ASIAK I	1105-	PRE	Sinz	INT	. 1 ///	will him	unh III	120	9/	20.	1/_

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

ASB-41

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

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120)7

Date of N	otification (1) / 11					Name of	Building O	wner / Ope	rator (2)	UE	1	1 1	1	77	
/	/ /	/					Street Ac	ddress	9 11			-	1	-//		
Agencies	EPA	Type of N	Initi	ial				te, Zip Code	e	1 10	EC -	20	11		#	
	DEP DOH		Am Am		ded dment i	#	Name of	NJ 07470 Contact	++	-	Telepho	1000		1	,	
O.	DOL				ency w	v/ justification	DAN BRA	ANDRETH	L	ASB	LICEART	41.4	ď		_	
				8-512-6		F	ACILITY II	NFORMATIO	DN STATE OF THE ST	he section are maken	Water Continues of the	it making				
Name of F	acility Whe	ere Abaten	nent	is T	aking	Place (3)		Type of F	acility (4)							
									School (K		' V 4	31				
Street Ad 1361 ALP									Other (I.e.	er 8 (Other , private &						
City (5)		County (6)			County Code	(7)	Square Fe	eet	# Of Floor		Buil	ding A			
WAYNE		PASSAIC						Current U	,000 Ise (Prior if		olished)	+		50+	5	
Name of B	Monitoring I	Llirod	L. E	214	Own	(0)	TACCM NO	OFFICE Name of A	4 hatament	Contractor	(0)					
Name of I	vionitoring i	-irm Hirea	Dy E	sia	g. Own	er (8)	ASCIVI NO	Name of A	Abatement	Contractor	(9)					
AET									nmental Se	rvices Inc.						
Street Add								Street Ad	dress							
	e, Zip Code			0.175	-			462 Getty	Avenue							
METUCHE	EN, NJ 0884							City, State	e, Zip Code							
	ngr. For Mo JSEKNECH		irm			Telephone Nu 732-321-0666	ımber	Clifton, NJ	07011							
CHARLES CONTRACTOR	Start Date		Sch	ied.	Comp	oletetion Date (1	[1]		e Number		License	Numb	er			-
12/	/	/			2	/14/							204	4.00		
Occupano	y Status Du	ring Abat	ame	nt (Chack	Only 1)			72-3660 OSHA Moni	tor	J		001	1/		
						tire Period of			nmental Se				-Mercu			
_	Abatement	t						Street Ad	dress							
	Abatement Hours - De		d Ou	ıtsı	de of N	Normanl Facility	,	462 GETT	Y AVENUE							
Ø	Other - De		5:00	PN	1-1:30 /	AM		City, State	e, Zip Code							
Scope of	Work (Chec	k All That	Арр	ly)		A CONTRACTOR OF THE PARTY OF TH		CLIFTON,	NJ 07011	-						
П	Demolition			700	ח	Renovation	П	Eull Conta	ainment wit	h Nonative	Drassiir	0				
	>3sf or >3l			[2	J	Kenovation		Mini - End		iii wegauve	Ficagui	В				
	≥160 sf or								Procedure							
								Non-Exen	npted (*) an	d Non-Fria	ble Proce	edure				
	Location of			1	s		Descript	tion of			Abateme	ent Ty			_	
	estos Conta		139		ation	As		Containing			R E	_	E		E	
	laterial (ACI D BE ABATI		N		nally	1 0	Material e., therma			Amount (Specify	M	R	1	2	N	
	in Facility				lely		- 1156	facing, VA	Τ,	SF or LF)	3100	P	1	A	L	
	(13)		2330		lain-	or	other misc	cellaneous)			V	Ą	F		o s	
			1000		nce/ odial						A L	I R	1	J	U	
			<u>S</u>	taff	f (12)								L		R	
51545	A OF MENT		YE	_	IO N/A		10			9 LF		-	_		+	
	ASEMENT ST FLOOR		H	7		PIPE & FITTIN				10 LF	7	++	$\dashv +$	+	+	\vdash
DLD Z - IV	OTTEOOR		H	_		THE COTTON										
				T			10.11	6		1611						
Name of R NEWARK	Registered V CARTING	Vaste Hau	ler			NJDEP Waste Hauler ID No. 4509		I.E.S.I.	Registered	Landfill						
City, State NEWARK,				22. 3			Disposal Date	City. State BETHLEH								
Completer	d by (Print o	or Type)		_		Title			Signature		. ,		T	ate		
OTEVEN S	2.5	. / []				PRO JECT MAN	NAGER		Sto	· N \	1.le	2			11	1/30/11

State of New Jersey 1111-4422 NOTIFICATION OF ASBESTOS ABATEMENT Check # 3541

	, NO	(Pursuant	to <u>N.J./</u>	A.C. 8:60 and	12:120) [CFI	W R	June 1		
Date of No ification				g Owner / Operator			y s	\prod		
Associate Notified	11/29/11 Type Notification		l ison Pub et Address	lic Library		FO 1		$\prod_{i=1}^{n}$	1 1	
Agencies Notified EPA	Type Notification	07/12/07/0	eep Stre	et	1 14 11 0	EC - 1 20	011	14		
☐ DEP			State & Zi	And the second s					,	
⊠ DOL	Amended #	Mac	lison, NJ	07940	ASE	ESTOS CONTRO	7.			
□ DOH	Emergency	100000000000000000000000000000000000000	e of Conta		L		Telepho	ne N	umb	er
☐ DCA	☐ Cancellation	Nan	cy Adam	zyk	east to the second with	a series and in a series of				
		F/	CILITY II	NFORMATION						
Name of Facility W Madison Public	here Abatement is Takir Library	g Place (3)		Type of Facilit						
Street Address					ter 8 (Other than					
39 Keep Street					. private & comm				tc.)	
City (5)	County (6	County	Code (7)	Square Feet	# of Floors	5	Bldg. Ag	е		
Madison	Morris	County	Code (1)	Current Use (Prior if being den	nolished)				
			T	Library						1
Name of Monitoring	Firm Hired by Building	Owner (8)	ASCM	AbateTech,		r (9)				
Street Address	1.04.4			Street Addres	S					
1253 North Chur				PO Box 25 City, State & 2	Zin Code					
City, State & Zip Co Moorestown, NJ				Lumberton,						
Project Manager fo		Telephon	e Number	Telephone Nu		License N	Number			
Jim Guilardi		856-840		609-265-210	7		0052	29		
Scheduled Start Da 12/12/1		Completion D 12/16/11		Name of OSH EMSL Analy						
Occupancy Status	During Abatement (Chec	ck only one)	MCC STREET	Street Addres	S					
	sed/Vacated During Enti			108 Haddon						
	Performed Outside of N	ormal Hours -		City, State & 2	THE TOTAL PROPERTY OF THE PARTY					
Describe: Facility Occ	cupied During Abatemen	t		Westmont,	NJ 08108					
Scope of Work (Ch	eck all that apply)							_		
		П.				inment with N	Negative	Pres	ssure)
≥3 sf or ≥3			enovation		Mini-Enclo	sure Procedures				
≥160 sf ≥26	50 If		molition			pted and No	n-Friahle	a Pro	cedu	ıre
	ocation of	Is Loca	tion	Description	KY	Amount		ateme		
1.00	tos-Containing	Normally		Asbestos-Cont		(Specify	-		T	1
Ma	terial (ACM)	Solely	by	Material (AC		SF or LF)	m		E	m
	BE ABATED	Maintena		(i.e., thermal sy			em	Repair	Cap	lclo
1	n Facility (13)	Custodia (12		insulation, surfac or other miscella			Removal	a:	Encapsulate	Enclosure
	(13)	Yes No		0, 04,0, 1,100011					e e	"
Throughout				Floor tile & N	lastic	2,120 SF				
iniougnout			THE							
Name of Registered	d Waste Hauler		auler ID No	The state of the s	Name of Regist					
AbateTech, Inc.			18750	20	TRRF Landfil					
City, State Lumberton, NJ				Disposal Date 12/16/11	City, State Tullytown, PA					
Completed By (Prin	it or Type)		itle	Signature			Date			
Gwen Trumbetti		C	pps. Coor	d. M	Ø		11/2	29/1	1	

State of New Jersey 1110-4399 Sub NOTIFICATION OF ASBESTOS ABATEMENT Check #3441 (Pursuant to N.J.A.C. 8:60 and 12:120)

1110-4399 Sub8

[a : 61 316 11 (d)	1.		- (D		2		28 48 7		E	21		
Date of Notification (1) 11/23/11				ulaing (versity	Owner / Operator	(2)	<u> </u>					
Agencies Notified Type Notification		treet	And in concession to the last of the last	and the same of th		11551	-		- +			
S EPA Type Notification	1000				ille Road		DEC	- 1 2011		4.5		
□ DEP □ Initial				& Zip C		fast van	ULU.	1 400	1000	p.		
DOL Amended #1					NJ 08648	Table 1			1			
☐ DOH ☐ Emergency				ontact	10 00040 3		ASBEST(OS CONTROLTA	elepho	ne N	umbe	er
DCA Cancellation	188	red			1			CENSING	J. J	,, .,		
DOA Gariociiation				557X		No. of Contraction of the Contra	Discoule record				*-	
	11.00	FA	CILIT	Y INF	ORMATION		December of the State of the St	San State Charles				
Name of Facility Where Abatement is Taking Place	ce (3))			Type of Facilit							
Rider University – Conover Dorm	35	-0			School (K							
Street Address					Subchapt							
					Other (i.e	. private &	commer	cial building	s, hom	es, e	tc.)	
2083 Lawrenceville Road					Square Feet	# of	Floors	Bl	dg. Age	е		
City (5) County (6)	Cou	inty (Code	(7)								
J., (c)		•			Current Use (I	Prior if bein	a demol	ished)				
Lawrenceville Mercer					Dormatory		•					
	- (0)		TAG	CM No.		oment Con	tractor (2)			-	
Name of Monitoring Firm Hired by Building Owner	(0)		AS	SIVI INO.	AbateTech,		illacioi (c	2)				
Pennoni Associates, Inc.					Street Addres							
Street Address					30 Maple Av							
515 Grove Street Suite 1B				11-1-1-1-1-1	City, State & Z							-
City, State & Zip Code					Lumberton,		1					
Haddon Heights, NJ 08035	امکما	hone	Nium	hor	Telephone Nu			License Nu	ımber	_		
[····]		647-0		pei	609-265-210			LICCIISC IXC	0052	9		
- Marie				`	/ Name of OSH			I				
Scheduled Start Date (10) Scheduled Comp	2/30		e (11	,	EMSL Analy							
			-	-/	Street Addres							
Occupancy Status During Abatement Check only Facility Closed/Vacated During Entire Per	iod c	f Δh:	ateme	ent	107 Haddon	71						
			- Cilik	2110	City, State & Z				-			
Abatement Performed Outside of Normal Describe: Wed 11/23 2nd shift, Fri 11/25 thouble	Chiff	Sot 1	1/26 B	/D								
	-onne	, oat i	1120 15		Westmont,	40 00 IOO						
Facility Occupied During Abatement							-150011115-					
Scope of Work (Check all that apply)						☑ Full-	Containn	nent with Ne	egative	Pres	ssure	ی
□ >0 f ->0 f		Don	ovati	on.			-Enclosu		,ga.,•o	1 10	,00,0	
≥3 sf or ≥3 lf	즥							rocedures				
≥160 sf ≥260 lf		Den	nolitio	ori				ed and Non-	Erioble	Dro	codu	ıra
				1	D : "		-Exemple	Amount	-		ent T	
Location of		ocat			Description Asbestos-Cont			(Specify	Aba	item	ent i	Ahe
		ally l			Material (AC			SF or LF)			ш	_
Material (ACM) TO BE ABATED		enan			(i.e., thermal sy		1	01 01 21)	Re	Z	nce	E
		dial			insulation, surfac				Remova	Repair	sde	los
(13)	Juoto	(12)	J.u.i.		or other miscella				Va	=	Encapsulate	Enclosure
	'es	No	N/A	1		**					Œ	
Pailer Poom		\boxtimes			Tank Insula	tion		200 SF		П	П	П
Boiler Room	=	H	H		I WIIN III GUIG				T	H	Ħ	Ħ
	\dashv	H	H	-		_	-		H	H	H	Ħ
	4	H	H	-				-	H	片	H	H
				-					H	님	H	片
			Ш						ᆜᆜ	님	H	ዙ
						,						
Name of Registered Waste Hauler		2000		Waste	Cubic Yards	Name of F	Registere	ed Landfill				
		Ha		D No.	of Waste		,					
AbateTech, Inc.			187	50	12	TRRF La					Benezio.	
City, State					Disposal Date	City, State						
Lumberton, NJ					12/30/11	Tullytow	n, PA		1			
Completed By (Print or Type)		Tit	е		Signature	1			Date			
Gwen Trumbetti		Of	f. Co	ord.	(22	~			11/2	23/1	1	

1108-4358 Check # 3538

								Parm	N P O =				10,000	-
Date of Notification (1	1) 11/29/11						Owner / Operato	or (2)		1 V [SIN	17		
Agencies Notified T	ype Notific	ation		Stree	t Ad	dress cific Av		- Community	DEO	_		1		
□ DEP □ DOL		nded #1		City, : Atla r	State 1tic	e & Zip (City, N		1	DEC -	1 2011	l les			
□ DCA		rgency cellation	- 1			Contact Walsh			ASBESTOS (LICEN	ONTROL &	Telepho	ņe N	lum	ber
				FA	CIL	ITY INF	ORMATION		m Andrewske (April 2) . 4 2 mg			j		
Name of Facility Whe AtlantiCare Region Street Address			lace (3)			Type of Faci	(K-12)	(Other than K-	12)				
1925 Pacific Ave.							Other (i.	e. priv	ate & commerc	cial building			etc.)	
City (5)		County (6)	ICc	unty	Cod	e (7)	Square Feet		# of Floors	В	ldg. Ag	е		
Atlantic City		Atlantic				- (.)		2.	if being demol	shed)				
			(0)		10	001111	Medical Ce		-t Contractor (11				DI BANG
Name of Monitoring F TTI Environmenta		by Building Ow	ner (8)		A	SCM No	AbateTech		nt Contractor (9	")				
Street Address 1253 North Church	h Street						Street Addre	SS						
City, State & Zip Code	е						City, State & Lumberton							
Moorestown, NJ 0 Project Manager for N Jim Guilardi		irm		ohone -840-			Telephone N 609-265-21	lumbe		License N	umber	29		
Scheduled Start Date 12/2/11	(10)	Scheduled Co		on Da			Name of OS EMSL Ana	НА Мо				11		
Occupancy Status Du			nly on	e)			Street Addre	SS						
		During Entire F				nent	108 Haddo City, State &							
Describe:	епогтеа О	utside of Norm	ai Ho	urs –			Westmont,							
	pied During	Abatement												
Scope of Work (Chec	k all that a	oply)						П	Full Containn	nent with N	egative	Pre	ssui	re
≥3 sf or ≥3 lf			\boxtimes	Rer	nova	ation			Mini-Enclosu					
≥160 sf ≥260	If			Der	moli	tion			Glove Bag Pr			-		
									Non-Exempte				_	
	ation of	_		Locat			Descriptio Asbestos-Cor			Amount (Specify	Ab	atem	ent	Туре
	s-Containin rial (ACM)	g		mally		a	Material (A			SF or LF)			ľ	n m
	ABATED			tenar		or	(i.e., thermal s	system	ns		Remova	Re	Ericapsulate	Enclosure
	Facility		Cust	odial	Staf	f?	insulation, surfa				100	Repair	l Su	nso
_	(13)		Yes	(12) No	N/	'A	or other miscel	laneo	us)		1 2		1 0	9 9
Operating Room C	Corridor				T		Mastic	2		400 SF				
-13					T		United the second state of	- 0.0TT 0.050						
			П	I										
	V/2 (-1)				TE									
			П	П	I			75 T. T. T.						
Name of Registered V	Waste Haul	er		110000		P Waster ID No.	Cubic Yards of Waste	Nan	ne of Registere	d Landfill				
AbateTech, Inc.						750	12	TRI	RF Landfill					
City, State Lumberton, NJ							Disposal Date 12/9/11		, State lytown, PA			118256		
Completed By (Print of	or Type)	1-10			tle	12	Signature	1			Date			
Gwen Trumbetti				O	ops.	Coord.	Cont	R			11/2	.9/1	7	

(50.										-	-	
Date of Notification (1) 9 /	30 / 11			100000000000000000000000000000000000000	A CONTRACTOR OF THE PARTY OF TH	Owner/Operator (2 versity-Office	of Design and G	Construction			The second	
Agencies Notified	Type Notification ☑ Initial				Address Elm Dr			DEC - 1	2011			
⊠ DOLWD					tate, Zip Co	de	1 1 1			- 1	-	
☐ DHSS	Amendment #4	1-11/23	3/11		ceton, NJ						i	
☐ DCA	☐ Emergency (in	cluding			of Contact			ASSESTOS COM Telephone Nu			- 1	
(NJAC 5:23-8)	justification)					48			(floor			No.
	Cancellation				ert Ortega		The second distances	ració della cia provincia la tributo	National Section 1997			
				FAC	CILITY INF	ORMATION	APAGMED IN THE		معالد رجود بلغائل أبراء (د	angles consum	والمسيك وم	ec _p e + =
Name of Facility Where		Place	(3)				Type of Facility (4	150				
Princeton Universi	ty- Jadwin Hall						School (K-12) Subchapter 8	(Other than K-	12)			
Street Address				,015	20(3)		Other (i.e., pri	vate and comn	nercial bu	ilding	s,	
Washington Rd							homes, etc.)	2				
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Princeton							- 8					
County (6)	-			Coun	ty Code (7)(5	STATE USE ONLY)	Current Use (Price	or if being demo	olished)			
MERCER												
Name of Monitoring Firm	Hired by Building C	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates In						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address						200-01
Bromley Corporate	Center-Three To	erri La	ne			1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 080	16					BRISTOL, PA						
Project Manager for Mor			Tele	ephone	No.	Telephone No.		License No.		200		
V 55	morning : min		0000000	09-386		215-788-6040	1	00509				
Michael Keehn	Cohoo	lulad C	1	etion Da		Name of OSHA M						
Start Date (10)	141						VIRONMENTAL	., INC.	5			
Occupancy Status Durin	g Abatement (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vacat	ed During Entire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performe Time of Abatement:	d Outside of Normal 7:00AM-3:30PM/_	Facility	/ Hou VI	rs - Des AM	scribe	City, State, Zip Co						
Scope of Work (Check a	all that apply)	_										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	novat moliti			☐ Mini-End	tainment with Neg closure g Procedure empted (*) and Nor					
		Is	Loca	tion					At	atem	ent T	уре
Locatio Asbestos-Containing TO BE AB IN Fac (13)	Material (ACM) ATED lity	Use Ma	intenatodial (12)	ely by ance/ Staff?		Description of tos Containing Ma thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						+		-
3 rd Floor					ACM Wir	ndow frame ca	ulk & glazing	6,527 LF				
										-		-
10 (10 days d) Ma	ata Havilar			NJDEP	Maste	Cubic Yards of	Name of Regis	tered Landfill				
Name of Registered Wa SERVICE TRANSF		С	1100	Hauler I	D No.	Waste	G.R.O.W.S	NORTH LA	NDFILL			
City, State NEW CASTLE DE	19720					Disposal Date	City, State MORRISVI	LLE, PA 190	67			
Completed By (Print or	Type) Titl	e				Signature	2 0		Date /	/		
Brian Scafiro	_708: 60	Estima	tor			Brian	Scafero		11/2	3/1	/	

ASB-41 MAY 11 B 5/1096 - B

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

	30 /	11			Princeton	Jing Owner/Operator	(2) E. C.		i po	1		
Agencies Notified	Type Notificat				reet Addres	University-Office	of Design ar	nd Constructio	n			
□ EPA	Initial □				200 Elm D	- 11.	DE0	1 0044	11:-			
⊠ DOLWD				0:	y, State, Zip	111	DEC DEC	- 1 2011	$\parallel \sqcup $	1	-32	
⊠ DHSS	Amendmen					- A	1			1		
☐ DCA (NJAC 5:23-8)	☐ Emergency	(includ	ing			NJ 08544	LACDECT	20.000	j	4		
The state of the s	justification Cancellatio	•			me of Conta		NODLO!	CENTELEPHONE N	umber	9		_
	Cancellatio	n	-		Robert Ort	8	LI	OS CANTERPHONE N				
Name of Facility Where Ab	patement is Tal	kino Pla	ce (3)	F	ACILITY	INFORMATION		The second of th		5980		
Princeton University			(0)				Type of Facilit	,		- 15/11/902	1	
Street Address		<u> </u>	-				School (K-	12)				
Washington Rd							Other (i.e.	r 8 (Other than K- private and comr	-12)	L 9 .		
				2500			homes, etc	:.)	nercial	Duilo	lings,	
City (5)				Event of			Square Feet	# of Floors		DIda	A	_
Princeton							,	" OI 1 1001S		Bldg	. Age	į.
County (6)				Co	unty Code	(7)(STATE USE ONLY)	C					
MERCER					and odde	(1)(STATE USE ONLY)	Current Use (F	Prior if being demo	olished)		
Name of Monitoring Firm H	ired by Building	Owne	r /8\	ACC	M No.	1						
ATC Associates Inc.	wed by building	Owne	(0)	ASC	M No.	Name of Abateme						-
7.1. 0 7.1000 JII.00 MIO						BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address				Para Control		Street Address			-			_
Bromley Corporate C	enter-Three	Terri L	ane			1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016												
roject Manager for Monitor	ing Firm		Tol	200-0	- NI-	BRISTOL, PA	19007					
Michael Keehn	ing riim			ephon		Telephone No.		License No.		-		
					6-8800	215-788-6040	7	00509				
tart Date (10) 10 / 10 /					ate (11)	Name of OSHA Mo						_
Occupancy Status During At				_ /		BRISTOL ENV	IRONMENTA	L, INC.				
								TOTAL TOTAL PROPERTY.				
				50		Street Address		orati vivi abratur.				- 1
Facility Closed/Vacated D	During Entire Po	eriod of	Abate	ment		Street Address 1123 BEAVER	STREET					
☐ Facility Closed/Vacated D ☐ Abatement Performed Out	During Entire Po	eriod of	Abate y Hou	s - De		1123 BEAVER						
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00	Ouring Entire Poutside of Normal	eriod of al Facilit	Abate y Hou M-	s - De	1	1123 BEAVER City, State, Zip Coo	le		-			
]Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: <u>7:00</u> KE V # 3 - 10 /26 4-70/	During Entire Poutside of Normal AM-3:30PM/ 28 0NLY	eriod of al Facilit	Abate y Hou M-	s - De	1	1123 BEAVER	le					
]Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: <u>7:00</u> KE V # 3 - 10 /26 4-70/	During Entire Poutside of Normal AM-3:30PM/ 28 0NLY	eriod of al Facilit	Abate y Hou M-	s - De	1	1123 BEAVER City, State, Zip Coo BRISTOL, PA	le 19007		-			
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 EV#3-10/26 ←10 cope of Work (Check all that ≥3 sf or ≥3 lf	During Entire Poutside of Normal AM-3:30PM/ 28 0NLY	eriod of al Facilii P	Abate y Hou M-	rs - De AM /-'.	1	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg					
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 AEV#3-10/26 ←10 cope of Work (Check all that ≥3 sf or ≥3 lf	During Entire Poutside of Normal AM-3:30PM/ 28 0NLY	eriod of all Facilities P	Abate y Hou M 8 6 A M	rs - De AM /.′. on	1	1123 BEAVER City, State, Zip Coc BRISTOL, PA	de 19007 inment with Neg sure Procedure	ative Pressure				
] Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 KE V # 3 - 10 / 26 ← 10 / Cope of Work (Check all that ≥3 sf or ≥3 ff	During Entire Poutside of Normal AM-3:30PM/ 28 0NLY	eriod of Pacilii	Abate y Hou M- 3 6 A M	rs - De AN /·'. on	1	1123 BEAVER City, State, Zip Coc BRISTOL, PA	de 19007 inment with Neg sure Procedure		ure			
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 EV#3-10/26 -10/ cope of Work (Check all that 3 sf or >3 lf >160 sf or >260 lf	During Entire Poutside of Normal AM-3:30PM/ 28 0NLY	eriod of Pacilian PP-5:2	Abate y Hou M novati	AM -/-/-	1	1123 BEAVER City, State, Zip Coc BRISTOL, PA	de 19007 inment with Neg sure Procedure	ative Pressure		patem	nent 1	
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 E V # 3 - 10 26 + 10 Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	During Entire Poutside of Norma AM- <u>3:30</u> PM/ タピッルとダー は apply)	eriod of Facilities F-5:23	Abate y Hou M- novati molitic Locat Vorma d Sole	on ly ly by	30 PM	1123 BEAVER City, State, Zip Coc BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of	inment with Neg sure Procedure pted (*) and No	ative Pressure	At	patem	-	÷
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 EV#3-16/26 +/6/ cope of Work (Check all that 3 sf or >3 lf >160 sf or >260 lf	During Entire Poutside of Normal AM-3:30PM/28 ANLY at apply)	eriod of all Facilities P - 5 S Re □ De Use Ma	Abate y Hou M- novati molitic Locat Vorma d Sole intena	on on ly ly by nce/	30 PM	1123 BEAVER City, State, Zip Coc BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate	inment with Neg sure Procedure pted (*) and Noi	native Pressure n-Friable Procedu Amount	At	_	-	÷
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 E V # 3 - 10 26 + 10 Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility	During Entire Poutside of Normal AM-3:30PM/28 ANLY at apply)	eriod of all Facilities P - 5 S Re □ De Use Ma	Abate y Hou M- novati molitic Locat Vorma d Sole intena odial S	on on ly ly by nce/	30 PM	1123 BEAVER City, State, Zip Coc BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of ctos Containing Mate, thermal systems ins	inment with Neg sure Procedure pted (*) and Nor rial (ACM)	native Pressure n-Friable Procedu Amount (Specify	At	Pater	-	÷
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 E V # 3 - 10 26 + 10 Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED	During Entire Poutside of Normal AM-3:30PM/28 ANLY at apply)	eriod of la Faciliii FF-5-3	Abate y Hou M- novati molitic Locat Vorma d Sole intena	on on ly ly by nce/	30 PM	1123 BEAVER City, State, Zip Coc BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o	inment with Neg sure Procedure pted (*) and Nor rial (ACM) sulation,	native Pressure n-Friable Procedu Amount		_	-	÷
Facility Closed/Vacated E Abatement Performed Ou Time of Abatement: 7:00 E V # 3 - 10 26 + 10 Cope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	During Entire Poutside of Normal AM-3:30PM/28 ANLY at apply)	eriod of all Facilities P - 5 S Re □ De Use Ma	Abate y Hou M- novati molitic Locat Vorma d Sole intena odial S	on on ly ly by nce/	30 PM	1123 BEAVER City, State, Zip Coc BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of ctos Containing Mate, thermal systems ins	inment with Neg sure Procedure pted (*) and Nor rial (ACM) sulation,	native Pressure n-Friable Procedu Amount (Specify	At	_	en Encapsulate	÷
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Date of Notification (1)	30/	11	ı		N	lame of Bu Princeto	uilding on Ur	Owner/Operator niversity-Office	(2) cof Design and	Construction	on I	J Francisco	77	
Agencies Notified	Type Noti	fication				treet Addr					- L	11	111	
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Princeton Univers	sity- Jadwin	ı mall							School (K-1	2) 8 (Other than k	(10)			
Street Address									Other (i.e., p	orivate and com	nmercial	buildi	nas.	
Washington Rd									homes, etc.				3-1	
City (5)									Square Feet	# of Floors		Bldg.	Age	
Princeton														
County (6)					C	County Co	de (7)((STATE USE ONLY)	Current Use (Pr	rior if being den	nolished)		
MERCER														
Name of Monitoring Fin	m Hired by Bu	uilding C)wner	(8)	AS	CM No.	T	Name of Abatem	ent Contractor (9)).				
ATC Associates In	nc								VIRONMENTA					
Street Address		1943 W 175-	*****		1		\neg	Street Address						
Bromley Corporat	e Center-Th	ree Te	erri L	ane				1123 BEAVE	R STREET					
City, State, Zip Code	07-20		-				-	City, State, Zip Co						
Burlington, NJ 080	016							BRISTOL, PA						
Project Manager for Mo				TTe	lepho	ne No.	-	Telephone No.	. 10007	License No.				-
Michael Keehn						386-8800		215-788-6040		00509	•			
Start Date (10)	T	Sched	uled C	100		Date (11)		Name of OSHA M		00509				
10 / 10 /	/ 11			13.50		/ 11	1			. INC				
						<u> </u>			VIRONMENTA	L, INC.				
Occupancy Status Durin				S. Carlotte		2	1	Street Address						
Facility Closed/Vacat								1123 BEAVER						
				у поі М-		Jescribe VM	0	City, State, Zip Co						
REV#2-10/2	I/11 ONL	У .	5A					BRISTOL, PA	19007					
Scope of Work (Check a	fl that apply)							_						
≥3 sf or ≥3 lf		1	⊠ Re	nova	tion			☐ Full Cont	ainment with Neg	ative Pressure				
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(13)		-		(12)	1			other miscellaned	ous)	-			Encapsulate	G.
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City, State	2720						Di	isposal Date	City, State	LE B4 466-	-2			
NEW CASTLE DE 19		T								LE, PA 1906	7			
Completed By (Print or Ty	rpe)	Title						Signature	Scafiro/	. ,	Date			
Brian Scafiro		Est	imate	or				Drian	Scafero/	K	10/	21/	11	

ASB-41

Date of Notification (1)	30 /	11		1	Name of Bui	Iding Owner/Ope	rator (2)		Trus	. 1		_
Agencies Notified	Type Notifical		Constant of the last of the la	S	treet Addre	ss University-O		and Construction	on	11.		
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☑ DHSS	Amendme	nt # <u>1-1</u>	0/14/	11		The second secon	L		1	2		
(NJAC 5:23-8)	☐ Emergency justification	(inclu	ding	NI.		n, NJ 08544	ASEES	IOS CONTROL &	1	1		
	Cancellation				ame of Con	6)	The state of the s	Telephone N	lumbe	r		
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Name of Facility Where Aba	tement is Ta	king PI	ace (3)	· CILITY	INFORMATIO			Some organ	(
Princeton University-	Jadwin Ha	11					Type of Fa				ev-12-a	
Street Address							School of Subchar	(K-12) pter 8 (Other than K	12)			
Washington Rd							⊠ Other (i.	e., private and com-	-12) mercia	l build	linas	
City (5)		-					nomes,	etc.)		. 50	g5	1
Princeton							Square Fee	t # of Floors		Bldg	. Age	-
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MERCER				C	ounty Code	(7)(STATE USE OF	VLY) Current Use	(Prior if being dem	olished	d)	-	-
Name of Monitoring Firm Him	od by Duildi-	- 0	(0)	1								
ATC Associates Inc	ed by Buildin	g Owne	er (8)	ASC	CM No.	Name of Aba	tement Contracto	r (9)	-	-		_
						BRISTOL	ENVIRONMEN	TAL. INC.				
Street Address						Street Addres	The state of the s					
Bromley Corporate Ce	nter-Three	Terri	Lane			1123 BEA	VER STREET					
City, State, Zip Code						City, State, Z		200				23
Burlington, NJ 08016												
Project Manager for Monitorin	o Firm		TTe	lanhar	ne No.		PA 19007					
Michael Keehn	· 5 · · · · · ·					Telephone No		License No.				
	Ta.				86-8800	215-788-6		00509				
Start Date (10)	Sche				Date (11)	Name of OSH	A Monitor					
10 / 10 / 1				5 /		BRISTOL	ENVIRONMEN'	TAL, INC.				
Occupancy Status During Aba					A Month and Asset	Street Address						
☐ Facility Closed/Vacated Du	iring Entire P	eriod o	f Abate	ement		The second secon	ER STREET					
Abatement Performed Outs	side of Norma	al Facil	ity Hou	rs - De	escribe	City, State, Zip						
Time of Abatement: 7:00A	M-3:30PM/		PM	A	M							
cope of Work (Check all that	apply)	/n				BRISTOL,	PA 19007					
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≥160 sf or ≥260 lf			emoliti	on		☐ Glove	bag Procedure					
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(13)		Yes	(12)	T	-	other miscella	neous)	SF or LF)	1 2		Encapsulate	
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EW CASTLE DE 19720						Disposal Date	City, State					
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Date of Notification (1)				T	Name of Bu	ilding Owner/Opera	17	KHZ	150	9					
9 / 30	_ / _	11			Princeto	n University-Off	itor (2)	ECC.E.	11 11/	7 個					
	e Notifica	ation			Princeton University-Office of Design and Construction										
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	Amended Amendme	nt #		1	City, State, Z		- 144	DEC - 1	201	1 1	Let 1				
□ DCA □	Emergeno	v (inc	ludina			n, NJ 08544				I ke	Care.				
(NJAC 5:23-8)	ustificatio	n)	ioding	1	Name of Con	ntact		ASBESTAS COL	LTA: Co						
	Cancellati	on			Robert O		i L	Telephone I	Vumbe	ŠF.					
						INFORMATION	1								
Name of Facility Where Abater	ment is Ta	king l	Place (3)		IN OKIMATION	Type of Facility	(4)		•					
Princeton University- Ja	dwin Ha	all					School (K-1				- Private				
Street Address		Y TO WAR					── ☐ Subchapter	8 (Other than &	(-12)						
Washington Rd							☐ Other (i.e., p	private and com	mercia	al buildin	as.				
City (5)							nomes, etc.)			35,				
Princeton							Square Feet	# of Floors		Bldg. A	ge				
County (6)		-		10	County Code	(7)(STATE USE ONL									
MERCER						(1)(STATE USE ONL	Y) Current Use (Pr	ior if being dem	olishe	d)					
Name of Monitoring Firm Hired I ATC Associates Inc	by Buildin	g Owi	ner (8)	AS	CM No.	Name of Abate	ment Contractor (9)								
						BRISTOL E	NVIRONMENTA	INC							
Street Address						Street Address	- Indiana	-, 1110.							
Bromley Corporate Cente	r-Three	Terr	i Lane				VER STREET								
City, State, Zip Code						City, State, Zip									
Burlington, NJ 08016						BRISTOL, PA 19007									
Project Manager for Monitoring F	irm		Te	elephoi	ne No. Tolophora N.										
Michael Keehn				86-8800	215-788-604	0	License No.		222 500						
Start Date (10)	eduled			Date (11)	Name of OSHA	-	00509								
10 / 10 / 11		11	1 2	25	/11										
ccupancy Status During Abatem	ent (Che	ck onl	v one)				VIRONMENTAL	, INC.							
Facility Closed/Vacated During	Entire P	eriod (of Abat	ement		Street Address			1997						
Abatement Performed Outside	of Norma	I Faci	lity Ho	ire D		1123 BEAVE									
Time of Abatement: 7:00AM-3	:30PM/_		PM	A	M	City, State, Zip Code									
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≥160 sf or ≥260 If			enova emoliti	on		LJ WITH-ENG	iosure	ave i lessule							
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Location of Asbestos-Containing Material (/		He	Norma ed Sole	illy		Description o	f		A	patement	Тур				
TO BE ABATED	ACIVI)	M	aintena	ince/	Asbes	tos Containing Ma	terial (ACM)	Amount	Re	R	п				
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W CASTLE DE 19720						Disposal Date	City, State MORRISVILLE	PA 10007							
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an Scafiro	Est	imate	or			Brian	C. A. 1'1	7 Date	e /_	1 .					
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NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2 11/28/2011 P.S.E. & G - Palisade Div Agencies Notified Type Notification Street Address 325 County Ave. **EPA** Initial City, State, Zip Code DEP Amended ASBESTOS CONTROL & × DOL Amendment # Secaucus, NJ 07094 LICENSING Emergency (including Name of Contact Telephone Number × DOH justification) Bill Nagy × DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) P.S.E. & G School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, South 5th Street × etc.) City (5) # of Floors Bldg. Age Square Feet Harrison, NJ Appx. 10,000 Appx 75 yrs County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Sub Station Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Bureau Veritas Unique Systems of America Street Address Street Address 160 Fieldcrest Ave. 396 Whitehead Ave. City, State, Zip Code City, State, Zip Code Edison, NJ 08837 South River, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-432-8350 Pat Hand 732-225-6040 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/12/2011 12/16/2011 Unique Systems of America Occupancy Status During Abatement (Check Only One) Street Address 396 Whitehead Ave. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: South River, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A 2 Tunnels X Conduit cable covering 210 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Waste Management Grows 1125 10 Disposal Date City, State City, State Elizabeth, NJ 12/16/2011 Morrisville, PA Completed by Signature Date aimo Carol Raimo Office Manager 11/28/2011

State of New Jersey

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Name of Monitoring Firm Hired by Accredited Environmental Technol	Buildlag O ogies, Inc.	waer	(8)		ASCM No.	Vator	ic of Abatement Contractor (9) icialed Specially Contracting Inc								
Street Address 28 N Pennell Road						98 La	Address Crue Avenuo								
City. State. Zio Code Medio, PA 19063						Glon	Hate, Zip Code 1901s, PA 19342		- fe a -						
Project Manager of Monthering 13r		Telephone 619-891-0		610-30	elephone Number Licence Number 1103										
Scheduled Since Date (10) 11/30/11		Sche		Name of OSHA Monitor 12/30/11 Criterion Labs											
Month/Day/Year Occupancy Blutus During Abateme z Facility Closed/Vacated During		41	Street Address 3370 Progress Dr City, State, Zip Code												
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CK. TZOYOU

(Pursuant to NJAC 8:60-7 and 12:-120-7) THU Date of Notification (1) Name of Building Owner/Operator (2) 11/29/11 Virtua Health, Inc. Month/Day/Year Agency Notified Type Notification Street Address x Initial 175 Madison Avenue **EPA** X Notification City, State, Zip Code X DEP Mt. Holly, NJ 08060 Amended X DCA ASBESTOS CONT Notification Name of Contact Telephone Number DOH X Pat Giordano Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Virtua Health, Inc. School (K12) Subchapter 8 (Other than K12) Other (i. e. Private & commercial Street Address buildings, homes, etc.) 175 Madison Avenue Bldg. Age Square Feet # of Floors County Code (7) 50,000 60 County (6) 4 City (5) Burlinton (STATE USE ONLY) Current Use (Prior if being demolished) Mt. Holly Hospital Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Associated Specialty Contracting Inc Accredited Environmental Technologies, Inc. Street Address Street Address 98 LaCrue Avenue 28 N Pennell Road City, State, Zip Code City, State, Zip Code Glen Mills, PA 19342 Media, PA 19063 Telephone Number Telephone Number Licence Number Project Manager of Monitoring Firm 610-891-0114 610-364-9622 1103 Tom Adams Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 12/30/11 Criterion Labs 11/30/11 Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address 3370 Progress Dr x Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours - Describe: ___ 7:00 AM to 3:30 PM Bensalem, PA 19020 Other - Describe: 4:00 PM to 12:30AM Full Containment with Negative Pressure Scope of work (Check all that apply) Demolition Renovation Mini - Enclosure Glovebag Procedure >3 sfor >3 if x >160 sf or >260 lf Non-Friable Procedure Abatement Type Is E Location Description of Location of Asbestos-Containing Amount R N N Normally Asbestos - Containing C C Material (ACM) Used Material (ACM) (Specify E R SF or M E A L Solely (ie. Thermal systems TO BE ABATED P 0 insulation, surfacing, VAT, LF) 0 P by Main-In Facility or other miscellaneous) V A S S tenance/ (13)A U U Custodial L R L R Staff (12) E Yes No N/A VAT & Mastic 900 SF Ground Floor Hallway 60 SF VAT & Mastic Ground Floor hallway x Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Tullytown Recourse Recovery Associated Specialty Contracting Disposal Date City, State City, State Tullytown, PA As req. Glen Mills, PA Date Signature Completed By (Print or Type) Title Project Manager David Kovalevich

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Date of Notification (1) 11/23/11 Ck: 1642	\$200	Name of IFF Inc	Building (Owner/O	perator	(2)		DEC -	_1_0	244		111						
Agencies Notified	Type Notification			Street A				DEC - 1 2011										
DEP DOL	Initial Amended Amendment			City, State, Zip Code Hazlet, New Jersey 07735					ASBESTOS CONTROL & LICENSINO									
⊠ DOH □ DCA	Emergency justification) Cancellation		1	4.5	Contact DeVrie	s	Telephone Number											
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Name of Facility Where A International Flavors)	77		West of the second			of Facility (4 School (K-12	2)	1/ 15							
Street Address 1515 State Route 3	6								Subchapter Other (i.e. pr etc.)	rivate & cor	nmerci	al build			s,			
City (5) Union Beach, New	Jersey 07735					S 17748 31		10,0						Bldg. Age 5				
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Name of Monitoring Firm Garden State Enviro		Owner (8)	ASCM	1 No.				of Abatement Contractor (9) Corporation										
Street Address 555 Broad Street, S	uite K					Addres McBri	ss de Avenu	е				V						
City, State, Zip Code Glen Rock, New Jer	rsey 07452			City, State, Zip Code Woodland Park, New Jersey 07424														
Project Manager for Mon Richard Lester	ect Manager for Monitoring Firm						- Y 1000 000 000 000 000 000 000 000 000	phone No. License No. 3-225-8400 01104										
Start Date (10) 12/09/11			Name of OSHA Monitor J&S Environmental Labs															
Occupancy Status During	77	Street Address																
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 4PM - 12 Midnight								33 Route 22 West v, State, Zip Code nion, New Jersey 07083										
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Птпак Арріу)		enova emolit				2 2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
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City, State Woodland Park, Nev	Jersey 07424					Dispos 12/16/		ate City, State Morrisville, Pennsylvania										
Completed by Tatiana Kalenikova	Title Vice President						Tai	Ca	and Call 11/23/11									

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