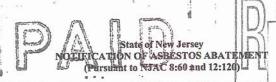
CK 1271	N	OTIFIC (Pui	ATION.	OF ASBE	STOS A	ABATEN 12:120	MENT		Kt	+ 12-	7/		Manage	
Date of Notification (1) 12/02/2019	505		lame of	Building C	wner/O	perator	(2)		D)_	E C	51	\mathbb{W}	E	M
Agencies Notified Type Notific	cation		Street Ad		,, ,			70.0	<u> </u>					
EPA Initial										DEC	-5 2	2019	- 11	IJ
DEP Amend	ded dment #		(F)	e, Zip Coo				S Total	İ				de de la constante de la const	HENNES [®]
Emerg	ency (including		Name of	field, NJ	0700	13			Tala	SPECTO	and N	TRO	- &	The Street Pro-
DOH justification DCA Cance		1.00	Elektra					L-	1616	phone Nú	THE WA	3	William Adem	-
		-		ITY INFO	RMATI	ON				7	- 2			
Name of Facility Where Abatement is	Taking Place (3)	į.					Туре	of Facility (4	4)					
Private home Street Address								School (K-1: Subchapter		or than K-1	2)			
Street Address							×	Other (i.e. p				ings,	home	s,
City (5)								etc.) re Feet	# of	Floors	В	dg. A	ge	-
Bloomfield							- 1							
County (6) Essex			County C	ode (7) SE ONLY)			Curre	nt Use (Prid	or if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCM	No.		Name	of Abat	tement Con	tractor	(9)				
•								Safety LL						
Street Address							Addres							
							osby /							
City, State, Zip Code								p Code NJ 0750	2					
Project Manager for Monitoring Firm		17	Telephon	e No.			none No		_	License N	No.			-
, , , , ,							400-8			01332				
Start Date (10)	Schedule		pletion D	ate (11)		Name	of OSF	A Monitor						
12/11/2019	12/18/2					5.00000000	ie as (
Occupancy Status During Abatement						Street	Addres	SS						
Facility Closed/Vacated During B Abatement Performed Outside of			ent			City, S	state. Zi	p Code						_
Other - Describe: 8:00am - 4:3						,,,								
Scope of Work (Check All That Apply)													
× ≥3 sf or ≥3 lf		enovat				×	I UI	I Containm		Negative	Pressu	re		
≥160 sf or ≥260 lf		emoliti	on			×	Glo	ni-Enclosure ovebag Pro	cedure					
		90 990				×	S No	n-Exempte	d (*) an	d Non-Fria	ble Pro	cedur Abate		
	17.7	Location lormall	5.000		_								pe	
Location of Asbestos-Containing Material (AC	M) Use	d Solel	y by	Asbes		scription taining N		(ACM)	А	mount			ш	_
TO BE ABATED In Facility	1979-017	odial S		(i.e.		system cing, VA		ation,	(5	Specify or LF)	Ren	Re	Encapsulate	Enclosure
(13)		(12)				niscellar			01	OI LI)	Remova	Repair	sula	osur
	Yes	No	N/A								-		ate	Ф
Attic			х		FI	oor tile	es		32	20 SF	x		x	
Kitchen			х		FI	oor tile	es		15	50 SF	x		х	
Basement			x		FI	oor tile	es		1	19 SF	x		x	
Basement			x			insula				89 LF	x		х	
Name of Registered Waste Hauler		0.00	JDEP W		Cubic	Yards		Name of		ered Landfi	5000		.,	
Removal Safety, LLC		11 3333	auler ID 037007		of Wa	ste		Fairles	ss					
City, State		100	001001			sal Date	9	City, Stat	te					
Paterson, NJ					TBD			Morris		PA				
Completed by	Title	! a! !			3	Signatur	e)/	1/1	j	/	ate	00.		
Lasko Veskov	Pres	ident				~1 M	1/2017	1-95/10	UV	- 12	12/02	2019	1	

State of New Jersey

						Dr.		2	г			PA, essuen		Pı	int F
X 1047			(F	ursuan	tate of Ne N/OF ASE tto NVAC	ESTO: 8:60 a	ABATE nd 12:12	0)	T	N -	C E	THE STATE OF THE S	200	E	
Date of Notification (1) Dec. 2, 2019	14508)		Tom	of Building Carey.	Owner	/Operator	· (2)	reflect registrate and		EC -	5	ZUI	9	
Agencies Notified Typ	e Notification			Street /	Address					ASBE	STOS	CO	NTRO	DL &	9
DEP DOL	Amended Amendment	#		0.993	ate, Zip C				<u> </u>			XX211	790700000	ношискау,	eners outdoor
ĭ DOH	Emergency justification)		9		of Contact					Telephor	- 14 C	*/			
DCA	Cancellation	1			ILITY INF	ORMA	TION			_			2		
Name of Facility Where Abate	ernent is Takin	g Place ((3)	. 710		Ortiniza	HOIN	Тур	e of Facility (4)					
House Street Address								×		2) 8 (Other tha rivate & com			dings	, hom	es,
City (5) Bayonne			7)-	7 <i>D</i> D	2			Squa 180	are Feet	# of Floor	rs	10.830	ildg. A	Age	
County (6) Hudson					Code (7) USE ONLY)			ent Use (Prid idence	or if being de	molishe	d)			
Name of Monitoring Firm Hire none	d by Building	Owner (8)	ASCI	M No.		111		atement Construction S	tractor (9) Services, L	LC.				
Street Address ***	***************************************						Street 500	0 000000	ess rson Plank	Road					
City, State, Zip Code ***	-						11		Zip Code ty, NJ 070	B7					
Project Manager for Monitorin ***	g Firm			Telepho	one No.		Teleph	none N			nse No.				
Start Date (10) Dec. 18, 2019		Schedul Dec. 3			Date (11)		100000000000000000000000000000000000000	of OS	SHA Monitor						
Occupancy Status During Aba	itement (Chec	k Only O	ne)				Street	Addre	ess						
Facility Closed/Vacated 1 Abatement Performed O Other – Describe:	Ouring Entire Futside of Norm	Period of an all Facility	Abaten y Hours	nent			*** City, S	tate, Z	Zip Code						
Scope of Work (Check All Tha	it Apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit				×	Mi Gle	ni-Enclosure ovebag Proc					0	
Location of			Locati Normal			D				()			Abate	ement pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma	ed Sole aintenar todial S (12)	ice/	Asbes (i.e.	os Cor therma surfa	escription staining M Il systems acing, VA miscellan	ateria insula T, or	ation,	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
Posomoni		Yes	No	N/A										ate	re
Basement		-		X		pipe	insulat	ion		65 lf	×	_			
				X							×				
									-						
lame of Registered Waste Ha Newark Carting	uler		Н	JDEP W auler ID 1509		Cubic of Wa 15	Yards ste			Registered La Enterprise		dfil			4
city, State lewark, New Jersey						Dispo	sal Date		City, State Waynes	burg, Ohio	4468	8			
Completed by avier Mandez		Title Presi	ident			3	Signature	100	12	2	Date 12/0		9		

Tr	n/		ηÇ	Ÿ	17	
M	W	10	/ _	_	1	





Date of Notification (1)		Na	me of B	uilding Ow	/ner/Ope	erator (2)		эшариполем					
11-210-20191		<	SUR	FKI	P	NR	ASPE	ESTO:	STANTED R	5	NC	5	
Agencies Notified Type Notification		Str	reet Add	ress	Name of the last	il-		Live	TAGIIAO	7	1		
TSV EPA D Initial		1	80	7 K	1.	BL	ACK	- ++	PORSE	1	K		_
EPA Initial Amended		Či	ty, State	Zip Code						1		1	1
DOL Amendment #		11	Sur	IIN	MS	STO	WIN!	1	O IL	30	PC	4	
DOH Emergency (in justification)	cluding	Na	ame of C	ontact	7 7 1		i		Telephone Number	r			1
DOH justification		1.	50	EI	SR	UD	INS		F.V				
		1	FACILI	TY INFO	RMATI	ION	1						
Name of Facility Where Abatement is Taking Pl	ace (3)						Type of Fac	ility (4)					
RESIDENCE	-						□ School	l (K-12)					
Street Address			rente			1	Subcha	apter 8 (Other than K-12) vate & commercial by	ildina	s hom	es etc	()
				-		1	\						-/
City (5)		tr-	(Orn	TO TO			Square Feet		# of Floors	Blo	lg. Ag	e	
MEDEORID		- () DL				150	0			+(7	-
County (6)			ounty Co				Current Use	(Prior i	f being demolished)				
BURLINGTON		(S	TATE US	E ONLY)			4		IDEKY	E	-		
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			Abatement				personal A	- 2	
200 pt 300					-	ALF	TAH	INE	HKONM		117	75	
Street Address		-				Street A	ddress		/				
					2000	PI	SE	30)	(829)	1			
City, State, Zip Code						City, Sta	te, Zip Code	e			n :	p	_
						TR	TIJE	DIL	LU I	S	36	7	
Project Manager for Monitoring Firm		To	elephone	No.		Telepho	ne No.		License No.		_		
						609	847:	295	SO 012	22	2_		
Start Date (10)	Scheduled C	omple	tion Dat	e (11)		Name of	OSHA Mo	nitor	,				1
12/5/2019	12/1	1-	20	Pic		EN	15L.	1/1	DTYJAL	1	<u>_</u>	1	
Occupancy Status During Abatement (Check Or	nly One)	1				Street A	ddress		1	į		,	
Facility Closed/Vacated During Entire Per		nent				200		500	E 130	NY	OK	TH	+
Abatement Performed Outside of Normal	Facility Hours	5				City, Sta	te, Zip Cod	e				-	
☐ Other – Describe:					- (ا ا	MAN	MIN	SON N	J	25	07	[]
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	Ren	ovatio	n				Full Con	tainmer	at with Negative Pres	sure			
□ ≥160 sf or ≥260 lf		nolitio							*** *******				
							Glovebay Non-Exe	g Proced	ture (*) and Non-Friable I	rocedi	ure		
	T						11011 2011					ement	
		ocation rinally			220	120.2	2				Ту	pe	
Location of	Used			Aches	De tos Cont	escription of	of iterial (ACM	1)	Amount			_	
Asbestos-Containing Material (ACM) TO BE ABATED		tenanc					nion, surfac		(Specify	R.e	75	En capsulate	Enclosure
In Facility	Custoo	uiai Su (12)	aiir		. 41	VAT, or miscellane			SF or LF)	R.emova	Repair	nsdı	losi
(13)					omer	miscenan	eous)			'al	ч	late	ire
	Yes	No	N/A										
* - 1		X			VA	1			135 SF	X			
MICTIER	+									1			
	+							-+					
Name of Registered Waste Hauler			DEP Wa		1	Yards	Na	me of R	egistered Landfill	all coeres.		Fige:	
ALPHA ENVIRONA	no m	-	uler ID		of Wa	iste	1	≤ 0	-110 = 1 x		-	~ /	1
	NBIM	24-6	003	3330	Dieno	sal Date	Cit	y, State	JAJ LI		7-2/	10	_
City, State					100 Contract (100 Contract)	RIOL	(A) 2-100-1	,, S	ee shi	=		0	1
1 RELITOR N.	Title					Signature		x /C	Dat	e		7	-
Completed by	1 Citie		1	. la		\A =		- 1	Siell		· 2i		P
FTEIL DISK	12015	17	C - S 1	4152 1	WAY BU	N. I.	1 40	The same of the same	A from SEC many	11	4	50	1 1
	1			1	1		1	7	1				

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAG 8:60 and 5:16) Name of Building Owner/Operator (2) Princeton University-Office of Design and Constr 1 19 Agencies Notified Type Notification Street Address DEC - 5 2019 **⊠** EPA 200 Elm Dr. □ DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Princeton, NJ 08544 ☐ DCA ☐ Emergency (including) ASSESTOS CONTROL & Name of Contact Telephone Number NG (NJAC 5:23-8) justification) Cancellation Robert Ortego 609-258-1841 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Princeton University-New Residential College Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Elm Drive & South Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER Office/Classrooms Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1253 North Church Road 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Telephone No. Project Manager for Monitoring Firm Telephone No. License No. 609-386-8800 215-788-6040 00509 Michael Keehn Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 31 / 19 BRISTOL ENVIRONMENTAL, INC. 12 / 17 / 19 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-6:30PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation >3 sf or >3 lf ≥ 160 sf or ≥ 260 lf Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A 1000 LF Exterior Steam Pipe Insulation-Wrap & Cut X NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. Waste BRISTOL ENVIRONMENTAL, INC. FAIRLESS LANDFILL 18706 City, State Disposal Date City, State BRISTOL, PA 19007 FAIRLESS HILLS, PA Completed By (Print or Type) Title Signature Date 12-2-19 Brian Scafiro Estimator

State of New Jersey

ASB-41 B519151

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

Touth	16511						
	Sta	ite of New Jersey		[7]	G	EI	W B
Date of Notification (1)	(Pursuant to	OF ASBESTOS ABA 0 NJAC 8:60 and 12:	TEMENT 120)				
11/27/10	Name of Bu	uilding Owner/Operato	r (2)		DEC	-52	010
Agencies Notified Type Notification	Street Addre	merica /	Demelitien	Corp	59404000		013
DEP Initial Amended Amendmen	12/2 L 2	English	10	As	BESTO	OS CONT ENSING	ROL4
Amended Amendmen	E# CIG, SIME 2	Cip Code Sherber N	T . C	Transport for State Contagner	CHIDGE BARRIES	/A\	
DOH Justification	Name of Con	itaci	08234	Telephone N	mban		
Cancellation	1 1/6	CANARATION		604	926	737	3
Name of Facility Where Abatement is Taking I	Place (3)	TAPOROMA HOW	Type of Facility (4)				
Street Address			Subchapter 8 (C	Other than IC 17	10		
City (5)			Other (i.e. priva	te & commercia	, n pnilgiva	s, homes, et	(c)
Buena County (5)			Square Feet	# of Floors	Bld	e Age	
Atlantic	County Code (7)	(LI)	Current Use (Prior if b	ein <u>s</u> demolishe	j)		
Name of Monitoring Firm Hired by Building Own	ner (8) ASCM No.	Name o	FAbatement Contractor	2000	-] ;		
Street Address		Street Ac	idress	ment <u>Le</u>	447-111	1271 / C	4
City; State, Zip Code			E, Zip Code	RA MA	۷		
Project Menager for Monitoring Firm	Telephone No.		LUICO /	IJ Eis	0)[_	
		Telephon	e No. 346-C916	License No.	70		
12/3/19	heduled Completion Date (11)	Name of C	OSHA Monitor	1			_
coupancy Status During Abatement (Check Only C Facility Closed/Vacated During Entire Period of		Street Addi	ress				4
Abatement Performed Outside of Normal Pacil Other – Describe:	ity Hours	City, State.	Zip Code				-
ope of Work (Check All That Apply)							
_ ≥3 sf or ≥3 lf	Renovation Demolition	ū p	iuli Containment with N	legative Pressur	P		
	Semonion		fini-Enclosure Tovebas Procedure				
	Is Location		on-Exempled (*) and N	on-Friable Pros	edure Abster	nent	
Location of Asiomos-Containing Material (ACM) TO BE ABATED		Description of os Containing Material	(ACM) Am	ouni	Typ	1 !	
in Pecility (13)	(12)	nal systems insulation, VAT, or other miscellaneous)		celfy Rumoviil	Repnir	Enclosure	
Ye	1	outer inflictions,		1			
North Storage	I Flo	por lile	1-4	20 SA/	1	+	
		,	1				
	1 1						
of Registered Waste Hauler		ubic Yards	Name of Registered L	थार्वज़ी] 		<u> </u>	
MEUC	Hauler ID No. of 20%47	F Waste	HM of	Pa		-	
DELETICE ALT	Di	isposal Date	City, State	, <i>D</i> .		-	
sed by t 7 Title	Resident.	Signature	12 WINCO	Date	22/	in A	17/1/2
7		, <u>()</u>		- 1/4	/-		14417

- 1 1/01	101-									
10 1 10 77 :	M0	State	of New	Jersey	Les out.	ALCO SE		se du pro-		ELO EMPITE LA F
0 × 11077	3 PALL	NOTIFICATION	OF ASB	ESTOS ABATEMENT	A Proposition of the Control of the	n e c	Checl	d/# :	1677	3
Date of Notification	(1)	(Pursuant to No	TAC 8:60	0-7 and 12:120-	7)	XI.		M.	. 9	entered presentes presente
12/2/2019	. (1)	Dawn	Fult	g Owner/Operato	or (2)	DEC	-5 :	2019	200.00	الحا
Agencies Notified	Type Notifica	tion Street A	ddress							
[]EPA	[X]Initial				i i	/\seesrc	IS CON	TRO	La	
[]DEP	Notifica	City, Sta	ate. Zii	p Code		LIC	ENSIN	ü		
[X]DOL	[]Amended Notifica	South	Ora	nge,NJ,070	79 .	The state of the s				
[X] DOH	1 EMERGENCY	Name of (Teleph	none Number				
[]DCA	[]Cancellat	Dawn	Fult	on						
Name of Facility of		F2	ACILITY	INFORMATION		4 11				
Name of Facility When Dawn Fulton	re Abatement i	s Taking Place	(3)	E	Type of Fac		**			
Street Address	-				[]Schoo	I (K-12) apter 8 (Oth (i.e., priv	er tha	n K-	12)	
× ×					cial	buildings,	homes,	etc	.)	
City					Square Feet			31dg.		e
CITY	C	ounty		unty Code (7)	11		- 1			
South Orange		Essex	(5	TATE USE ONLY)	Current Use	(Prior if be	eing de	emol:	ishe	d)
Name of Monitoring Fi. Owner (8)	rm hired by B	uilding ASCM No		Name of Abate						
N/A				AZTECH M	MANAGEMEN'	F, Inc.				
Street Address				Street Addres	Was 1944 1946					
City, State, Zip Code				11	topher S	t.				
ordy, brace, arp code				City, State, Montclai	Zip Code .r, NJ 070	042			0.0-7-1-0	
Project Manager for Mc	onitoring Firm	Telephone Nu	mber	Telephone Num	<u>and later to the second secon</u>		icense	Man	hor	
		N/A		(973) 744	-8800		003		wer	
Scheduled Start Date		Completion Date	(11)	Name of OSHA	Monitor				-	
12 03 19 Month Day Yea	12			N/A						
Occupancy Status Durin	g Abatement (Check only one)		Street Address						
[X] Facility Closed of Abatement	d/Vacated Duri	ing Entire Perio	d	Creet Address	•					
[]Abatement Perfe	ormed Outside	of Normal Facil	itv	City, State, Z	in Cada					
Hours - Describ	oe: «OffHours I	Descript»	5A796	orcy, scace, 2	ith code					
Scope of Work (Check a										
		,		[]Full (Containment w	ith Negative	Press	iro		
[X]>3 sf or >3 []>160 sf or		[X]Renovation []Demolition		[X]Mini-E	Enclosure					
					pag Procedure Liable Procedure	ire				
Location o	£	Is Location		5			Aba	teme	ent !	Type
Asbestos-Conta	ining	Normally Used		Description Asbestos-Cont		Amount	R	P	E	E
Material (AC TO BE ABATE		Solely By Main-		Material (A	ACM)	(Specify	E	RE	CA	C
In Facility		tenance/ Custodial	ins	(i.e., thermal sulation, surfa-		SF or LF)	0	PA	PS	0
(13)	-	Staff (12)		or other miscel		1 22,	A	R	Ŭ	UR
Basement		Yes No N/A	Duct	and Furna		75 SF	527			E
				lation	.00	75 55	X			
			1							
										_
Name of Registered Wast AZTECH MANAGEM		NJDEP Waste Hauler ID No. 17040	2.0	ic Yards Waste 1.0	Name of Regi Tri - S		ill			
City, State		2,020	Dis	posal Date	City, State					
Montclair, NJ 0	7042		1	2/06/19	The state of the s	NY, 1047	4			
Completed By (Print or Constantine Viv.		ident		Signature	+ 1.11	<i>(</i>	Date			

70 PAID

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

Chk# 1170

02 1110									_	-n	1- +	-	1 [/		
Date of Notification (1) 11/28/2019					f Building Hokanso		Operator	r (2)			E	C			V	SI
Agencies Notified	Type Notification			Street A	ddress					land.						Marin A.
EPA	× Initial		L	0:1. 0:	4- 7:-0							ner.			759275	di ana
DEP X DOL	Amended Amendment				ate, Zip Co le Park,		204					DEC	-	2 2	019	
ĭ DOH	Emergency justification)	1000 000 000 000 000 000 000 000 000 00	Γ		f Contact					Tele	ephone	Num			rioi.	b
DCA	Cancellation	1.			Hokanso		ON			Language (National)	the services	THE STATE OF	JEN.	SHIC	2	
Name of Facility Where		g Place (3)	TAG	LIII INIT	OKINATI	ON	Туре	of Facility (4)						
Residential Property	У								School (K-1			1070 V SLICEN				
Street Address								×	Subchapter Other (i.e. p etc.)					dings,	home	es,
City (5) Roselle Park									re Feet 6 sqft	# of 2	Floors	5	53.0	ldg. A 926	ge	
County (6) Union				County (Code (7) USE ONLY	,		Curre	nt Use (Pri	or if bei	ng dem	nolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				tement Cor		(9)					
Street Address							Street	Addres						- 100		
City, State, Zip Code							-		ip Code							
									NJ 0720	6						
Project Manager for Mon	itoring Firm			Telepho	ne No.		100,44000	none No 906-4			Licen 0135		uş			
Start Date (10) 12/07/2019		Schedul 12/09/2		pletion I	Date (11)		100000000000000000000000000000000000000		IA Monitor nmental l	abora	atories	s, Ind	;			
Occupancy Status During	Abatement (Chec	k Only O	ne)			1		Addres								
Facility Closed/Vaca Abatement Perform Other – Describe: C	ed Outside of Norn						City, S	State, Zi	p Code	st 						
Scope of Work (Check Al							Unio	n, NJ	07083							- 1/
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тас друу)	-	Renova Demoliti	20.000			×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure	=				9	
		Is	Locati	on					LXGIIIpto	() a		1,00		Abate	ment	
Location	The Control of the Co		Normalled Sole				scription						-	Ту	pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intenar todial S (12)	ice/				s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		News 1									Ф	
Baseme	ent			X		Pipe	Insula	ation		9	0 LF		X			
N	(- II- I			IDEE:			V- ·		N	D- 11		- 15"				
Name of Registered Was Danvic Contracting L			Н	JDEP W auler ID 7574		of Was	Yards ste		Name of Fairless			nanii				
City, State Elizabeth, New Jerse	ey					Dispos	sal Date		City, State Morrisv		Α					
Completed by Jeymy Donneys	-	Title	er			S	Signature	() o 1	1, 1			Date 11/		2019		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (PRESURED TO NIA C 2-00

Carcellation 12/1/14

1000	(Pursuant to NIAC 2.CO	ABATEMENT
Date of Notification (1)	10 1 10 FC 0100 and	12-120)
11/22/19	Name of Building Owner/Ope	PRIOR DECENDER
Garage of the state of the stat		erator (2)
Type Wonneanon	- American	D. III
TO EPA DY DEP DOL Amended	Street Address	Knolition Conposi
DEP Diffe	7 (
9 DOL DAmended	City, State, Zip Code	5h h
Amendment #	City, State, Lip Code	
To be incident to the state of	- Ege harbon	C 2 2 LOS COMPANIES
Cancellation	Vame of Contact	NJ 08234 ASBESTOS CONTROLA
97	Bennerd FACILITY INFORMATION	LIE REPORTED A
Name of Facility Where Abatement is Taking Place (3)	FACTI ITE	Telephone Number
	FACILITY INFORMATION	bc9 926 7373
Street Address	% ± 00 10 00	Type of Facility (4)
		· ·
City (5)		School (K-12)
(3)		
Long Pert		I private & commercial britising
County (5) 111		1
It and Coun	ty Code (7)	= 01 Floors Bida Age
Name of Monitorine Firm Want 1 2	E USE ONLY	Current List (Prior 16)
The De Dimigne Duranto	0151	Current Lise (Prior if being demolished)
Street Address	LIVI NO. Name of	of Abatement Contractor (9)
	121	Contractor (9)
Chus	Street A	diese Ahatement Community
City, State, Zip Code	,	
	1/21/	2 Bieling en Aug
Project Menager for Monitoring Firm) Luty, Stat	ie 7in Code
Telephan	176	
Start Date (10)	Telephone	
Scheduled Completion Date		License No
Ichinago de alla completion Data	e(11) Name of O	374 C916 6/670 SHA Monitor
Coupancy Status During Abatement (Check Only One)	1	SHA Monitor
	1 5	
Abatement Performed Outside of Normal Pacility Hours Other – Describe:	Street Addre	255
ower - Describe: rapid, Hours		
ipe of Work (Check All That Apply)	City, State, Z	ip Corie
N2 - 2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 is □ Renovation		
/I Demolition	. □ Full	l Containment with Negative Prassure
	□ Min □ Giov	n-Enclosure
		Vebag Procedure
Location of Non-1		-Exempled (*) and Non-Friable Procedure
TO BE AS Material (ACM) Used Solely by	_	Abaraman
i Maintenancel I A	Description of sbestos Containing Material (A) thermal systems in the last of the containing the	! - :
(I3) Custodial Staff? (I.e.		final conduit , , , , , ,
(12)		(Specify R R R R R R R R R R R R R R R R R R R
Yes No N/A	other miscellancous)	(Specify Rumoval Repair
_ Cut Side		
Corpor		
	11/1	
) din	
) iding	2000SF
) iding	
) iding	
egistered Waste Hauler), dig	
egistered Waste Hauler NIDEP Waste)	2000 SF
NIDEP Waste Hauler ID No.	Cubic Yards	2000 SF
NIDEP Waste Hauler ID No.)	
NIDEP Waste Hauler ID No. 200347	Cubic Yards Nam of Waste	2000 S F
NIDEP Waste Hauler ID No.	Cubic Yards Nan of Waste // // Disposal Date / City	2000 S F
NIDEP Waste Hauler ID No. 20847	Cubic Yards Nam of Waste 15	2000 SF
NIDEP Waste Hauler ID No. 20847	Cubic Yards Nan of Waste // // Disposal Date / City	ne of Registered Landfill M. of Pa. State Julianian Pro-
NIDEP Waste Hauler ID No. 20947	Cubic Yards Nam of Waste 15	2000 S F
NIDEP Waste Hauler ID No. 20847	Cubic Yards Nam of Waste Lib Disposal Date City Signature	Date 127/19 12/16
NIDEP Waste Hauler ID No. 201947 DE 14102 N. Trule V. Russident.	Cubic Yards Nam of Waste Lib Disposal Date City Signature	ne of Registered Landfill M. of Pa. State Julianian Pro-

CK11277	4			경제기가 맛있다. 보면지가 모양		TOS ABATEMENT 7 and 12:120-7)	Constant	T- SLLT TO STREET STREET		agunos.	20,000	Put Silvano	
Date of Notification	(1)	(20204	Name	of Buil	ding	Owner/Operator		III	NEG	EI	W	. 18	3	31
12/2/2019	*		Sa	arah H	odb	inott			1	- ANIABATERA	tantus n	mange.	Street, or	1
Agencies Notified	Type Notifica	tion	Stre	et Addre	ss			and the second	DEC	г	000	a.	CLES W. T.	
[]EPA	[X] Initial							P. Carlo	NEC NEC	- 5	ZUN	9		المحيد
[]DEP	Notific	ation		, State,			^			Older John Horse			1	
[X]DOL	[]Amended Notific	ation	So	outhor	ang	e,NJ,07079	9	di vi	ASSEST	IS CON	Tro	OL	à	
HOD[X]	[]EMERGENC	Y	1.0	of Cont				Telepho	ne Number	y 1 1 5 2 2 11 10				
[]DCA	[]Cancella		Sa	arah H	oab.	inott								
	[]Cancerra			FACIL	ITY I	INFORMATION		-1						
Name of Facility Whe		is Taki	ng P	lace (3)			Туре	of Facil	ity (4)					
Sarah Hodbino	tt							[]School			- **	10	į.	
Street Address	*								ter 8 (Oth					
								cial b	uildings,	homes,	et	c.)		
							Squa	re Feet	# of Flo	ors	Bldg	J. 2	ige	
City		County				nty Code (7) ATE USE ONLY)			Duion if h	oine d	0770	lie	hod	
SouthOrange		Es	sex				Curi	ent Use (Prior if b	eing o	EIIIO	125	ieu)	
Name of Monitoring F	irm hired by			SCM No.		Name of Abate						1500	The second	
Owner (8) N/A						AZTECH M	IANA	GEMENT	, Inc.					
Street Address						Street Address		9 491				30,0		WELT - 1002
		HOTELS OF STATE OF				86 Chris	100							
City, State, Zip Cod	е					City, State, Montclai			42					
Project Manager for	Monitoring Fi		-	one Numbe	r	Telephone Num				Licens			er	
			/A			(973) 744				003	/1			
Scheduled Start Date			letic	n Date (11)	Name of OSHA I	Monit	or						
			L4 Day	Year		N/A								
Occupancy Status Dur. [X] Facility Clos	sed/Vacated Du	(Check ring Er	only	y one) Period		Street Address	S	0						
[]Abatement Per	formed Outsid			Facility	7	City, State,	Zip C	ode			-			
Hours - Descr []other - Descr	ribe: «OffHours ribe: «Other Oc			cript»										
Scope of Work (Check	all that app	ly)				Ш							- K.,	
[X]≥3 sf or		-		novation molition		[X]Mini-	Encl		th Negativ	e Pres	sui	e		
[]≥160 sf o	1 2260 II]De	moll cron				Le Procedu	ire	- 1-				
Location	of		Is Locat	ion		Description	on of					eme	E E	E
Asbestos-Con	taining	1	Vorma Use	d d		Asbestos-Con	taini		Amount (Specifi		RE	RE	C	C
Material (TO BE ABA	5) <i>5</i> ,		Sole Sy Ma	in-		Material ((i.e., thermal		tems	SF or	- I i	M O V	PA	PS	0 5
In Facil	ity	C	enan ustoo aff	dial		sulation, surfa or other miscel			LF)		A	I R	U	UR
(15)		Yes	No	N/A			v () // ()				-		-	E
Basement				X E	Pipe	Insulati	on_		160 LF	X	-			
S				1							\dashv	-		_
Name of Registered W	rate Wayler	hst.	סיות	Waste	Cui	oic Yards	Nar	ne of Regi	stered Lan	dfill				
AZTECH MANAGI		C H	auler	ID No.	100000000000000000000000000000000000000	Waste 1.5	5000	!ri - S						
City, State	•: 		704	.0	Dis	sposal Date		y, State						
Montclair, NJ	07042					~			NY, 104	74				
Completed By (Print	or Type) Tit	le				Signature	1	6 11	<i></i>	Dat				
Constantine V	ivian Pr	eside	ent			(lips	Tai	Theli	Mar	12,	/2/	2019)	

LYIVT	x ~ I											Li	ini rom
CK7709 P	AID	100	NOTIF (P	ICATIO	tate of New Jer N OF ASBESTO to NJAC 8:60	S ABATE	MENT		ECE		<u> </u>		And the second s
Date of Notification (1)					of Building Owner	85	333550	The second secon	850		340	10.00	l //iii
12/2/19 Agencies Notified T	ma Natification		_		Schmid Priva	ate Hom	e		DEC -	20)19	įί	200
	ype Notification			Street A	Address			ļ.	ĺ			į,	
EPA DEP	Initial Amended		H	City, St	ate, Zip Code		-		63000000000000000000000000000000000000	000	HC.	4:	
DOL .	Amendment		_		Egg Harbor	NJ 0808	7	in the second se	LICE	USING		Sala Sarinarina	Mary 1 - 1
DOH DCA	J Emergency justification) Cancellation				f Contact		7/4		Telephone N	umber			
<u> </u>					ILITY INFORMA	ATION							_
Name of Facility Where Aba		g Place (3)	17.0		thor	Туре	of Facility	(4)				
Ken Schmid Private	Home							School (K-					
Street Address							区	Subchapter Other (i.e. petc.)	r 8 (Other than K- private & commer	12) cial buil	dings	, hom	es,
City (5)	200202000							re Feet	# of Floors	E	Bldg. /	Age	
Little Egg Harbor NJ (08087						100		1		35+		
County (6) Ocean					Code (7) USE ONLY)		hou		ior if being demoli	shed)			
Name of Monitoring Firm Hi	red by Building	Owner (8)		ASC	/ No.				ntractor (9)				
N/A							naco I						
Street Address							Address Box 3						
City, State, Zip Code							To the second	ip Code					
	*							in NJ 080	091				
Project Manager for Monitor	ing Firm		T	Telepho	ne No.		hone N		License	No.	-		
	- Into specificación - con estratorio					856	-753-9	9800	00727				
Start Date (10) 12/11/19		Schedule 12/17/		npletion	Date (11)	Name San		-IA Monitor					
Occupancy Status During Al	batement (Chec	k Only Or	ne)			Street	Addres	SS					
Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire I Outside of Nom	Period of A	Abaten / Hours	nent S		City, S	State, Z	ip Code	St.				_
Scope of Work (Check All TI	nat Apply)			-									
≥3 sf or ≥3 lf	истриј)	П	2000110	tion		Г	٦			_			
≥160 sf or ≥260 lf		District Co.	Renova Demolit					l Containm ni-Enclosure	ent with Negative e	Pressu	re		
						2		vebag Pro	cedure d (*) and Non-Fria	hia Daa	d		
		10	Locati	ion.		- tim	-23 14O	II-Exemple	u () and Non-Fha	Die Fio		emen	
Location of		l l	Vormal	ly	,	Description	of					/pe	
Asbestos-Containing Ma			d Sole intenar		Asbestos Co	ontaining N	/laterial	(ACM)	Amount			ш	
TO BE ABATE In Facility	<u>:D</u>		todial S			nal system facing, VA		ation,	(Specify SF or LF)	Ren	Re	Encapsulate	Enclosure
(13)			(12)	Mariner Contraction of		r miscellar			Of Of Lif	Remova	Repair	sula	osul
		Yes	No	N/A						=		ate	o l
Exterior Sidi	ng			x	Ex	terior Si	dina		1000 sf	x			
							-3			+			
				-						+			
				-						+			
Name of Registered Waste H	Hauler		IN	JDEP W	aste Cub	ic Yards		Name of	Registered Landfi	1			
United Roll Off			Н	auler ID 2459		/aste		G.R.O.					
City, State						osal Date		City, State	е				
Elm NJ						17/19		Morrisv	ille PA 19067				
Completed by		Title				Signature			D	ate			

Anthony T Perna

President

12/2/19

page 1

NOV 25 2015 UZ:USPM NJ Asbestos Control 609,633,0664