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Date of Notification (1)			N	ame of E	Building Owner/O	perator	(2)	U des	1700				\neg
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Agencies Notified	Type Notification		- 4 -	treet Ad	dress outh Livingston	Ave.	2012 DEC -7			10.00			
DEP DOL	Initial Amended Amendment	#			e, Zip Code ston, NJ 07039	 € }	& LICEN	ON1	RØL			i	
▼ DOH	Emergency (justification)		N		Contact		210218	Tele	phon	oer			
☐ DCA	Cancellation		1,		ITY INFORMATI	ON		l				5	-
Name of Facility Where Brandywyne East of Street Address Brandywyne East	Apt. # 98B	g Place (3)		7701			Type of Facility (4 School (K-12 Subchapter Other (i.e. pr	2) 8 (Othe			ngs, h	iome	s,
City (5) Brielle, NJ							Square Feet	# of	Floors		ig. Ag)+	е	
County (6) Monmouth				County C	Code (7)	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firr	n Hired by Building	Owner (8)	_	ASCM	No.		of Abatement Con ar Contracting,	tractor	(9)				
n/a				n/a			Address	LLC			-		
Street Address n/a			22			roy Lane							
City, State, Zip Code n/a			City, State, Zip Code Lincoln Park, N					07035					
Project Manager for Mo	nitoring Firm		Telephone No.				hone No. -706-7950		License No 01088).			
Start Date (10)		Schedule			Date (11)		of OSHA Monitor						
12-18-2012		12-20-2		pionori			ar Contracting,	LLC					
Occupancy Status Durin						100000000000000000000000000000000000000	t Address Froy Lane						
Facility Closed/Va	cated During Entire med Outside of Non	Period of A nal Facility	batem Hours	ent			State, Zip Code						
X Other – Describe:						15	coln Park, NJ 0	7035					
Scope of Work (Check	All That Apply)					_	_						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		× R	enovat emoliti	tion on	Full Containment with Negative Pre Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable				le Prod	edure			
			Location								Abate Ty		
Location Asbestos-Containing TO BE A In Fact	Normall d Solel intenar todial S (12) No	ly by nce/	Asbestos Cor (i.e. therma surfa	al system acing, V	Material (ACM) ns insulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
Main I	Floor	Yes		×		VAT		4	50 SF	X			
Rathr				X		VAT		,	50 SF	X			

Bathroom

							00	· C	heck #	704	1	
Date of Notification	(1) December 3, 2	012			of Buildir	ng Owner / Operator	(2)	CEIVED	₹.			57 E. 28 <u>-</u> C.
Agencies Notified	Type Notifica			-	t Address		28/2 DEO	-7 PM12: 29				51015
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DEP	1			8		į.	" STO)es				
⊠ DOL		al		City,	State & Zi	p Code	& LIM	ELCHIBE.				
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Прси	LJ Can	cellation			of Conta	Ct		(B)	Telephon	e Nu	mbe	ar .
				Felici	a Festa			· r		-	6	
				FA	CILITY	INFORMATION						
Name of Facility Wh	nere Abatement	is Taking	g Place (3)			Type of Fac	ility (4) (K-12)					
Street Address								on K 12)				
418-420 Main Stree	2						apter 8 (Other th				·	
410-420 Main Stree	:L							commercial building			ic.)	
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City (5) Little Falls						Current Use	(Prior if being d	lemolished)		40		-
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County (6)			County Cod	e (7)		- Commercial	(10.101)					
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Name of Monitoring	rirm Hired by E	Building C	owner (8)		ASCM		atement Contrac	ctor (9)				
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City, State & Zip Coo	de	2.100				City, State 8	the state of the s					
Little Egg Harbor, N							larbor, NJ 0808	87				
Project Manager for	Monitoring Firm	1		lephone		Telephone N	Number	License Nu				
Todd Nugent Scheduled Start Date	o (10)	Schodul	led Completi	9-488-02	10000	609-296-691 Name of OS			0081			
December 4		Scriedui		ber 14, 2		Synatech, I		ž.				i
Occupancy Status D	uring Abateme	nt (Check	k only one)			Street Addre						
	sed/Vacated Du				ent	829 Radio F						
	Performed Out	side of No	ormal Hours	6		City, State 8	Zip Code					
Other – Des	scribe: cupied During A	hatamani				Little Egg F	larbor, NJ 0808	37				
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	E ABATED	,		dial Staff		Material		SF or LF)	' I			
IN	Facility					(i.e., therma		100.0			m	
	(13)					insulation, su			낗	71	흥	g
						or other mis	celiarieous)		Remova	Repair	l ag l	응
			Yes	No	N/A			1	Va	¥.	Encapsulate	Enclosure
200									\perp		Œ.	Ļ
Basement					X	Pipe Ins		80 LF	_ <u>×</u>			
Exterior of Structure Roof					Х	Shingle		1,800 SF	_ X			
Living Room					X	Tar P		60 SF	_ ×			
					X	Textured		400 SF	X			
Name of Registered Waste Hauler NJDEP Was Hauler ID N					Cubic Y	ards of Waste	Name of Regi	istered Landfill				
Synatech, Inc.	27 		2000000	429	7		Grows Landi	fill				
City, State					Disposa	al Date	City, State					
					100							
Little Egg Harbor, NJ 08087						nber 17, 2012	Morrisville, P					
Completed By		Title			Signatu	- /1/		Date				
Diane Aloia		Execut	ive Adminis	trator	10	an llor		December 3, 2012				

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner / Operator Offic -7 PH 12: 20 Date of Notice 12/3/12 Type Notification Agencies Notified Street Address X **EPA Emergency Notification** 9 Grosvenor Road X DEP Initial Notification City, State & Zip Code X DOL Amended Notification Short Hills, NJ 07078 X DOH Cancellation Name of Contact Telephone Number DCA Richard Romano **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Apartment Bldg School (K-12) Subchapter 8 (Other than K-12) 23 Ridgedale Ave X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 10,000 60 Madison Morris Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/13/12 12/14/12 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Area Isolated During Abatement Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) X Demolition Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet Repair, Encapsulation TO BE ABATED Maintenance or (i.e., thermal systems or Enclosure) insulation, surfacing, VAT in Facility Custodial Staff? Linear Feet) (13)(12)or other miscellaneous) Basement N/A TSI 246 LF Removal Basement N/A Flue caulking 6 sf Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 10 TRRF City, State Disposal Date City, State

12/14/12

Dominick Tringali

Signature

Tullytown, Pa

Date

12/3/12

Freehold, NJ

Completed By (Print or Type)

Project Manager

Dominick Tringali

		(Pt	ursuant	to NJAC 8	8:60 and	12:120		PEN	F-11		v.					
Date of Notification (1) December 4,2012		2000			Building (air Corp			(2)	Check:	# 551	ED					
Agencies Notified	Type Notification	9,000	1	Street A	ddress iise Driv	e		,	LUEC - 7	PA	12:28	,				
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DOH DCA	Emergency justification) Cancellation	3800 CONTRACTOR	1	Name of Bob M	Contact cNeill				01	Tel	ephone N	umbe				
				FACI	LITY INFO	DRMATI	ON						15			72
Name of Facility Where A Hamilton Rent a Ca		ig Place (3)						of Facility (4 School (K-1)	2)						
Street Address 350 South Broad St	treet								Subchapter Other (i.e. p etc.)				iildi	ngs,	home	es,
City (5) Trenton								Squa 1800	re Feet 00	3	Floors		75	ig. A	ge	
County (6) Mercer				County (Code (7) JSE ONLY)				ent Use (Prio ail Space	r if bei	ng demoli	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		0.000		tement Con vironment		*****	-9				
Street Address				10000111		Addres Cutler	5:53		N.							
City, State, Zip Code							ip Code ade, NJ 0	8052								
Project Manager for Mon	T	Telepho	ne No.		50.000000000000000000000000000000000000	none No 755-0			License 00842	No.	file se					
Start Date (10) December 17, 2012	2	Schedule Decem					Name EMS		HA Monitor					247-17		
Occupancy Status During	g Abatement (Che	ck Only On	e)	1				Addres	SS	***					-	
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Other – Describe: \(\frac{1}{2} \)		tside				_	Cinn	amins	son, NJ 0	8077						
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City, State Bellmawr, NJ					sal Date 3-2012		City, State Tullytow		١.							
Completed by William Lynch	er			S	Signature		2. L	100	<u> </u>	Date Dec.	4, 2	2012	2			
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Date of Notification	(1) December 4, 2012			of Building	Owner / Operator		VEN	10.1				
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⊠doh	Amendment	#	Buriir	igton, NJ	08016		.4()	'A				
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						(K-12)						
Street Address					1-	apter 8 (Other th						
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					Square Fee	t # of I	Floors	Bld	g. Age			
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	ting Consultants, LLC				Synatech, I							
Street Address					Street Addre	500000						
One Mall Drive, Sui					829 Radio F							
City, State & Zip Coo					City, State 8							
Cherry Hill, NJ 080		1-				larbor, NJ 080						
Project Manager for Howard Zenobi	wonitoring Firm		lephone I 6-482-13		Telephone N 609-296-691			License Num	oer 0081	7		
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December 1		ed Completi	on Date (ber 23, 2		Synatech, I	SHA Monitor						
	uring Abatement (Check		Dei 23, 2	012	Street Addre							
	sed/Vacated During Entil		Ahateme	nt	829 Radio F							
	Performed Outside of No	ormai Hours	5		City, State 8		500.50V					
Other – Des					Little Egg H	larbor, NJ 0808	37					
Facility Occ	upied During Abatement	t										
Scope of Work (Che	ck all that apply)						1					
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≥160 sf or ≥26	SO IF		Demolitio			=						
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	cation of		on Norma		Descrip		11 100	Version room	Ab	atem	ent 1	Гуре
	aining Material (ACM)		y Mainter		Asbestos-C			unt (Specify	1			
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		v	N.	NIZA					Removal	음.	Encapsulate	Enclosure
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iamo or regiotoroa i	radio Hadioi	Hauler ID		Cubic Ta	ius oi waste	INAMINE OF REG	istereu Lar	IGIII				
ynatech, Inc.			429	70		Grows Land	fill					
ity, State			Disposal	Date	City, State					_		
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ittle Egg Harbor, N				Decembe	er 26, 2012	Morrisville, F	PA					
completed By	Title		7	Signature		1	Date	20				
A.54 67	.7	Proposition 2007		1/1/	a. 7 11	1072						
iane Aloia	Execut	ive Adminis	trator	1 200	ane I - U	NU	Decembe	er 3, 2012				

State of New Jersey

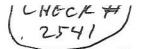
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Name of Facility Where Abatement is Takin	g Place (3))				Тур	e of Facility (4)					
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123 BARCLAY ST.							etc.)				5. %		
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		catement Cont Contracting		(9)				
Street Address			<u> </u>			t Addr							1
							ell Road						
City, State, Zip Code							Zip Code ck, N.J. 074	452					
Project Manager for Monitoring Firm		Telephone No.				hone -262	No. -5841		License No 00156).			
Start Date (10)		9/12 Omeg				e of O	SHA Monitor Environmer	ntal S	ervices In	c.			
Occupancy Status During Abatement (Che		1			Stree	t Addr	ess						
			nent		280) Huy	ler Street				10000000		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:							Zip Code sack, NJ 07	606	5				
Scope of Work (Check All That Apply)											Maden	1002	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				_ ^	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				9	
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Title President

Date

Check #_ 80 30

Completed by R. McDonald



Date of Notification (1)	<i>.</i>		Nan	ve of Bu	ulding C	wner/Operator	(2)	ء جي	: 2012	D^	PM 12.
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ame of Facility Where	Abatement is Taking F	/ace (3)					100	rhool (K-12)		16	1
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County (6)	- 10.415		U	SE ONL	.Y)			VAC	DNT		
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City, State, Zip Code						MA	PLS	SHO	SE N D O	000	
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Project Manager for M						TAGUE	Manie	2/	1 =====		
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Abatement Perform	ned Outside of Normal	racent in				MAI	تن ره	SHID	E, 10, 3,	0000	
Other - Describe:	- Habat apoly)					□ Full (Contain	ment with N	egative Pressure		
Scope of Work (Chec	ck all that applit	☐ Reno	vation	٠.		Min.	Enclos	ure			
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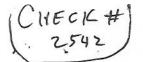
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Do not uso this dorn for asbestos licensure exampled activities.



Date of Notification (1)			-	Name o	1 Bullding	Owner/Operator	(2)	· · · · ·			
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· Do not use this form for asbestos licensure exempted activities.

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	PENTIVED	
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Date of Notification (1)			Owner/Operator (2012DEE	RTAN	CTING	
Agences Notified Type Notification			- AT, 5	- ,	08 / 04	2: 25	
☐ SOL ☐ Emergency (Included Amendment #	<u>~</u>		= EN 1= 1 = C	10,010	THE THE	T3 0	
DON Justification) Cancellation	Name		YOREUR	10			
Name of Facility Where Abatement is Taking Plana		CILITY INF	ORMATION	Type of Fa	IX. 121		
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Siree Address 8910 (15T SUE	aut			Square Fe		Proors 2 aing damoush	40+
County 16: O	Coc	ny Code (7) ISTATE		MUCOV	J.T.	
Name of Morrioning Firm Hired by Building Own	ner ASO	1 Ho	Name of Abates	100			
Sirect Address			Sveet Address 369 Cry. State. Zip	5.20	'nu cë	·	• · · · · ·
Cry State Zp Code			MA	PLUS	337	DOY C	14
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Occupancy Status During Abatement (Check	only one) od of Abatemer	11	369		10ce/		08052
Doner - Describe:	Facility Hours					ove Pressure	
Scope of Work (Check all that apply)	Comaio Co			FACIOSUIT		Fnable Proces	ADB. eme
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Date of Notification (1)	26 /	40	202708	Name of Building Owner/Operator (2) John and Suzanne Clarke									
/	26 /	12		J	Onn	anu Su	Zaille Clarke	2010 050					
Agencies Notified ⊠ EPA	Type Notificati	ion				ddress th Stree	t	EBIZUEU	-7 PM 12: 2	5			
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(NJAC 5:23-8)	justification	3.5		100000	All Broken	of Contact			relephone Number	SN D			
	Cancellation	on					zanne Clarke		L	•			-
				F	ACI	ILITY IN	FORMATION	r					
Name of Facility Where A	batement is Ta	king Pla	ce (3)					Type of Facility					
Residence								School (K-12	t) 3 (Other than K-12)				
Street Address									rivate and commerc	ial bui	ilding	S,	1
26 59 th Street				0.00				homes, etc.)					
City (5)								Square Feet	# of Floors	1	lg. Ag		
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Environmental Mar	agement Into	er, Inc.					Graham-Tecl	n Environment	al Services, LLC				
Street Address							Street Address						1
34E. Germantown I	Pike #204						14 Read Driv	е					
City, State, Zip Code							City, State, Zip C	ode					
East Norriton , PA	19401						Sicklerville, I	NJ 08081		1000000			
Project Manager for Mon	itoring Firm		Te	elepho	ne N	lo.	Telephone No.		License No.				
Raymond J. Giorda	no			1-610-277-040			856-318-1341 01158						
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11 /28 /	_12_	11	/ _	30_	/ _	12	Graham-Tecl	n Environment	al Service, LLC				
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Abatement Performed Time of Abatement: 7						ribe	City, State, Zip C						
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Name of Registered Was Graham- Tech Env		erv. LL	С	Haule	er ID		Cubic Yards of Waste	Name of Regi	ounty Utitities				
City, State		,		00	3450	00	Disposal Date	City, State		-			
Egg Harbor , NJ								Egg Harbo	or			-	
Completed By (Print or T	уре)	Title	34				Signature	01	Da	te	7/		7
Vernice Graham	vers. All	Pres	ident				Vous	Lo Ina	m: 1	1.6	6	10	1

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) TING NAC Date of Notification (1) 1-3H 12 PM 12: 21 12 Street Address ype Notification 155 Agencies Nouned ROW (X City. State. Zip Code 5 4208230 INGEN = 1 END Amended Amendment #. Emergency (including Name of Contact justification) BRUCE DOH Cancellation 78 FACILITY INFORMATION Type of Facility (4) School (K-12) Name of Facility Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Other (I.e., private & commercial buildings ESITENCE homes, etc.) BIOG AGE Square Fool Siree Address 40 T 2 8910 1000 Current Use (Prior II being demoushed) Ciry (5) County Code (7) (STATE VACANT STOWE USE ONLY Name of Abatement Convector (9) County (6) ANE MAY LNCI ASCH No. SLEMCO Building Owner Name of Movioning Firm Hired by Sveel Address 5 369 (8) Suite. Zip Code Sireei Aggress HADE MAPL License No Cit, State Zp Code Telephone No. 004 Telephone No 856-7 Project Manager for Monitoring Firm Harrie of OSHA Monitor Scheduled Completion Date (11) JOS 12/24 Sian Date (10) Sueel Address PRUCEA Occupancy Status During Abatement (Check only one) 3699 Tracking Closed Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours SHADE] Full Containment with Negative Pressure Oner - Describe. Scape of Work (Check all that apply)] Min-Enclosure Glovebag Procedure Non-Exempled (") and Non-Frishe Procedure Renovation AD a. error Demaison 23 51 07 23 11 2160 51 07 2260 11 1 re Is Location Description of Amount Hormally Asbesios Containing Malenal (ACM) Removal Used Solely by (Specity (i.e. thermal systems insulation, Maintenancei SF & LF! Location of sunaang, VAT, or Aspesios-Containing Material (ACM) Custodial other myscellaneous) Staff? TO BE ABATED (12) IN FROUTY X (13) NIA 18000 NO YES Name of Registered Landfill M.U. A. 1, M, C , Cubic Yards NOEP Waste OI Wasie 17904 Name of Registered Waste Hauler City. State Deposal Date Kiemco 200 Date 08052 Zin State Signature MOPLE WNER Completed By · Do not use this form for aspesios licensure exempted activities MSEPH

* Emergency X NOT

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

Name of Building Owner/Operator (2) Date of Notification (1) Mark Watson / residence 11/8/12 2012 DEC -7 PM 12: 24 Type Notification Street Address Agencies Notified 150 Upland Way Initial **EPA** City, State, Zip Code Amended DEP Haddonfield NJ 08033 Amendment # × DOL × Emergency (including Telephone Number Name of Contact iustification) DOH Mark Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3)* Type of Facility (4) Mark Watson / residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 150 Upland Way etc.) # of Floors Bldg. Age Square Feet City (5) 1000 +35 +Haddonfield NJ 08033 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) same 11/12/12 11/10/12 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours × Other - Describe: Home owner will be home Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location. Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 100 sf x duct insulation paper Basement X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S. United Containers 22459 Disposal Date City, State City, State Morrisville PA 19067 11/12/12 Elm NJ Date Signature Title Completed by 11/8/12 President Anthony T Perna

Check # 6466 IT Emengency. RECEIVED

Date of Notification (1)			Na	ame of E	Building Ov	vner/Operator (2)	Grounds 2012 DEC -7	· · · · · · · · · · · · · · · · · · ·				
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□ DOLLID	Amended Amendment#				e, Zip Codenton NJ.	00638	& LICEI	YSING -				
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(NJAC 5:23-8)	ustification)		N	ame of								
	Cancellation			Alan L								\neg
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Name of Facility Where Abate	ment is Taking I	Place (3))				School (K-12)					
Mercer County Adminis	stration Build	ing					Cubchanter 8	(Other than K-12)				- 1
Street Address							Other (i.e., pri	vate and commerc	cial build	ıngs,		
640 S. Broad St.							homes, etc.) Square Feet	# of Floors	Bldg	Age		\neg
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Trenton						UOS ON VA		or if being demolis	hed)			\dashv
County (6)	3/			County	Code (7)(S	TATE USE ONLY)	Administrati		,			
Mercer County								On Dunaing			_	- 7
Name of Monitoring Firm Hire	ed by Building O	wner (8)	A	SCM No			ent Contractor (9)					
Pennoni Associates In				00102		Luzon Inc.						
Street Address					1	Street Address	ina Ava					
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City, State, Zip Code						City, State, Zip C						
Haddonfield NJ. 08035	5					Philadelphia	, Pa. 19100	License No.				_
Project Manager for Monitori	ng Firm		******	hone No	Silinore -	Telephone No.	0	01109				
Alan Lloyd				6-547-0	STATE OF THE PARTY	267-284-105 Name of OSHA		000	Į.			
Start Date (10)		luled Co				Joseph Mar						
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Occupancy Status During Al	patement (Check	k only or	ne)			Street Address						
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Abatement Performed Of Time of Abatement: 8:00	utside of Normal	Facility	Hours	s - Desc	ribe	City, State, Zip C Philadelphia		*				
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⊠ ≥100 Si 0i ≥200 ii		1 0 0 000000				☐ Non-Ex	cempted (*) and No	I I I I I I I I I I I I I I I I I I I		ateme	ent Ty	vne
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Name of Registered Waste Service Transport In				Hauler II		Waste 10 CYS.	Minerva I					
City, State New Castle, DE.	4,			-		Disposal Date 9-12-12	City, State Waynesb	ourg, OH				
Completed By (Print or Ty	pe) T	itle				Signature	o (1	00	Date	31	١))
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OK 1056	NOTIFICATION OF
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Date of Notification (1) 11-29-2012				lame of Bo Karen J.			erator (2)	REC	lama I	VED					
Agencies Notified	Type Notification		1	Street Add 226 Hoy				2	912 DEC -	-7	PM 12:	ie				
DEP DOL	Initial Amended Amendment #		0.000	City, State Kearny I				s	J#EST()S (ONTR	:01.			į.	
DOH DCA	instification Emergency (in justification) Cancellation	ncluding		Name of C Karen D		ez			& LIC	Tele	hone Nu	mber)			
			_	FACILI	TY INFO	RMATIO	N						_			\Box
Name of Facility Where Residential	Abatement is Taking	Place (3)							of Facility (4) school (K-12)							
Street Address 226 Hoyt St.			0.01=20.					IX C	Subchapter 8 Other (i.e. priv etc.)				din	gs, h	omes	,
City (5) Kearny NJ. 07032									e Feet	群 of 2	Floors		ildg iO-l	j. Ag	9	
County (6) Hudson				County Co			_	Curre	nt Use (Prior	if beir	ng demolis	nolished)				
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.				tement Contr		-	_				
Street Address		A144***		1				Addres				-			200	
City, State, Zip Code	City, State, Zip Code						City,	35 Virginia Ave. ity, State, Zip Code								
Project Manager for Mo		Telephone No.				Jersey City NJ 07304 Telephone No. License No.										
Start Date (10)	*3.00	Scheduled	d Completion Date (11)				201-333-8855 01174 Name of OSHA Monitor									
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Occupancy Status Duri							14 STEPHENDS	t Addre							0.0048	
Abatement Perfor	acated During Entire med Outside of Non	Period of A nal Facility	bate: Hou	ment rs					Zip Code 07083				,î		-	
Scope of Work (Check			2418-25-50				OH	UII NJ	07003							
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Base	х			Boile	r Insu	ulation			60Sqf	×						
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Name of Registered V		NJDEP W		Cubic Yards Name of Registered Landf			dfill				_					
Tri-state Transfer Associate				Hauler ID No. of Wast 2A456 2			Minerva Enterprise.				ia.					
City, State Bronx -NY	Disposal Date 12-3-2012															
Completed by Tiffany Nunez	Title Office						Date 11-2	Date 11-28-2012.								

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Date of Notification (1) 11/30/12			Morris	County		perator (2)	DEC -7		A.101104	7	71	OX	
Agencies Notified Type Notification		_	City, Star Morrist	irt Strée te, Zip Co own, N	de		ESTOS & LICE	CON NSIN	TROL	Δ.			i
Emergency (i justification) DCA Emergency (i justification) Cancellation	nciuding	- 1	Name of James					Tele	phone Nar	ber			,
Name of Facility Where Abatement is Taking	Place (3)		FACII	LITY INFO	ORMATIC		of Facility (4	4)					_
Morris County Courthouse Street Address Washington Street	,						School (K-1 Subchapter Other (i.e. p	2) 8 (Othe	er than K-12 commerci	2) al build	ings,	home	es,
City (5)	17						etc.) re Feet 00+	# of	Floors		dg. A	ge	
Morristown County (6)			County (Code (7)			nt Use (Pric	300	ng demolish				
Morris				ISE ONLY,)		rthouse						i
Name of Monitoring Firm Hired by Building O Birdsall Services Group	Owner (8)		ASCM	l No.		Name of Aba Pyramid C			. ,				
Street Address 65 Jackson Drive		70				Street Addre		ue	19.586				
City, State, Zip Code Cranford, NJ 07016						City, State, Z Clifton, No							
Project Manager for Monitoring Firm Mr. Kevin Burns	,		Telephor 908-49	ne No. 97-8900		Telephone N 973-689-6			License N 01099	0.			
Start Date (10) 12/10/12	Schedule 02/10/1		mpletion	Date (11)		Name of OS J&S Envir		Labo	ratories L	LC			
Occupancy Status During Abatement (Chec	k Only On	e)				Street Addre		.					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Occupied Building	Period of A nal Facility	bater Hour	ment s			City, State, Z Union, NJ	ip Code	ы ————					
Scope of Work (Check All That Apply)						Official, 140	07001						
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	Is	Loca	tion								Abate	ement	t
Location of	N	Norma				scription of					1 9	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intena	ance/ Staff?		. thermal surface	aining Materia systems insul cing, VAT, or niscellaneous)	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Pyramid Contracting Corp.			NJDEP V Hauler ID 32613		of Was		G.R.O.						
City, State Clifton, New Jersey				at N	5-1-000 TO 10-100 TO	sal Date	City, Stat Morrisy		ennsylva	nia			
Completed by	Title		•		S	Signature	11	1	//	ate	0		
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of Notification (1) 30/2012	Check#2330		SAN	DVIK, I	NC	perator (2			PH 12: 53				
ncies Notified	Type Notification		Street 1702	Address 2 Nevin	s Road		そう部とら	TOS (HCEN	CONTROL		. t		1
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DOH	justification) Cancellation	ve vir	Albe	ert Mips	;							-	1
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andvik, Inc	Abatement is Taking F	Place (3)					School Subch	ol (K-12)	Other than K-12) ate & commercial	buildings	s, hor	nes,	
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ame of Monitoring Fi I/A	rm Hiled by Building	, ,					et Address						
treet Address						426	69th Stre	et	1				_
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City, State, Zip Code						W. C.	ttenberg, N	NJ.	License N	0			-
Project Manager for N	Monitoring Firm		Те	lephone	No.	201	phone No. 1 - 295-170		01074		50		
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Start Date (10) 12/3/2012	1	12/21/20	12				et Address	Corpor		- 1			
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Facility Closed/ Abatement Per	Vacated During Entire	Period of Ab	ateme	ent			, State, Zip						
Facility Closed/ Abatement Per Other – Describ Scope of Work (Che	Vacated During Entire formed Outside of Norroe: 7:00 AM to 11:00 Plack All That Apply)	Period of Ab mal Facility H M	ateme	ion	<u></u>		Full C	Containme	codure			9	
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VOPNIC TECNICAL Strong Address 12-50 STIATE ST Strong Address 2 Strong (K-12)
Cay (6) Sef Pleans Bidg Age (FICTH AM Bry
County (ii) County Code (7) Coment Use (Prior Federal Annal Shot) State Use Office Old To April 1975 Old To April 19
Home of Monthsing Firm Mind by Building Course (8) ASCM No. Manch of Abalance of Confractor (8) U1 - 1 U DAY BIRDSALL SERVES GREEF 12-C. A. Manc Confracting Inc.
GS THEAT DRUG NOV 1 4 2012
CRAVAVER, UT 070/4 Gian Rock, NJ 07452 CAT
Fingest Mininger for Marstering Fine Telephone No. Telephone No. Windshift APPROV
Start Colon (10) 17 15 12
Coccupancy Small During Abstraction (Creek Only One) Facility Character During Entire Found of Abstracts Abstract Forester County Found of Abstracts City, State 20 Cities Hockersanck, NJ 07505
Scope of Work (Circle At 1744 Apply) 29 stor 28 8 Full Containment with Negative Presented 20 stor 2200 8 or 2200 8 Describion Clauding Presented Non-Emerginal Containment with Negative Presented Non-Emerginal Containment with Negative Presented
In Location Abstract
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NEWARK CARTUE INC. O4509 Cubic Yards Rame of Registered Lendfill NEWARK CARTUE INC. O4509 TUCKTOWN LANGFICE City Some NEWARK NT Liny Some NEWARK NT NO RESULUE PA
Completed by President 16. M. J. 11.12

Hotivication of appendice abayement (Pumpen of MAC (110 line 1272))

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Claim of Notification (1)	wa w	Marin	e of Building Owner /OPAK TEM Address	Page 123	E PERTI	And.		20	- Jones			7
Appendix Notified FPA DAP DOL CON INCA DOS OCH DOS	Projuding	Name A	Sinie 20 Cade BIG 14 Pro- Of Cantack RIL MULT	SOY, ZRAY	W > 088	61 &	Jan 1941 J	CO Non	NTI	19 10]		
Hame of Foody Where Abstracts a Yelds	19 Place (3)	PA	CILTY DIFCHISA	THEN	Type of Facility	(4)				-		1
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PERTH AMBOY					biquero Fast	Sef	100/0	T	Bidg	Age		
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NEWARK CARTUE INC		NJOEP W	NO. OF WAR	160	Name of							
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amorbios ay R. McDonald	THE Presiden	t		M	m-Jall		Cont	1/2	3/1	14	-	



State of New Jersey

Notification of Asbestos Abatement

RECEIVED

Name of Building Owner Decrator (2) November 28, 2012 Agencies Notified [X] EPA [I Initial Name of Building Owner Decrator (2) Princeton University Street Address PO Box 2158 [I Initial			(Pu	rsuant to	NJAC 8:6	50-7 and 12:120-7)	-10(2)					
Agence of Monitorling From Hired by Building ASCM No. Liv Denoition No. State. Apg Code Buildings No. State Address Store Address	Date of Notification (1)	20 2012			4	Name of Building Owne Princeton University	2012 DFC	-7 p	412.	5+-		
Total Tainta Notification Total Notification		Type Notif	fication		i	Street Address		, 11	1112.	91		
Princeton N. 0.5843 Ce LTCE NSTNG	[X] EPA					PO Box 2158	Ameror	noine	5 7 50	1 435 ±		
Name of Contact Name of Eactility Where Abstement in Taking Place (D)	[] DEP						& LI	CENS	iniin NG	#L		
Total DCA DCA DCA Notification #2 Cancellation Cance	[X] DOL				1	Name of Contact		Telephone	Numbe	· VD		
Cancellation Pack	[X] DOH	w/Jus	stificatio	ın		R. #1000000000000000000000000000000000000						
Street Address Stre	[] DCA	[X] Ame Notif	nded fication	#2		Robert Ortega						
Page of Facility Where Abatement is Taking Place (3) Type of Facility (3) Subchapter 8 (0) Subchapte		[] Cano	ellation									
School (K-12)				FACI	LITY INF	ORMATION	Type of Facility	v (4)				
Street Address 50 Faculty Road City (5) Frinceton County (6) Mercer County Code (7) Citate Use Only) Student Housing ASCM No. Name of Monitoring Firm Hired by Building ASCM No. Name of Monitoring Firm Hired by Building ASCM No. Name of Monitoring Firm Hired by Building ASCM No. LVI Demolition Services, Inc. Street Address 32 Williams Parkway Terri Lane Suite 4 City, State, Zip Code Burlington NI Project Manager for Monitoring Firm Telephone Number 699-409-0400 Scheduled Start Date (10) 1017/2012 AND Abstement Performed Ousside of Normal Pacility 1 Occupied 1 Noural Describe: 1 Other Describe: 2 Stage Table Proceedure Scope of Work (Check all that apply) 1 Occupied 1 Noural Describe: 2 Stage Table Procedure 3 Williams Parkway Stage Address 4 Waste Address 5 Williams Parkway City, Stage, Zip Code East Hanover NJ 07936 East Hanover NJ 07936 Seed Control of Address Address 5 Waste Address 5 Williams Parkway City, Stage, Zip Code East Hanover NJ 07936 Final Containment with Negative Pressure 1 Mini-Enclosure 1 Mini-Enclosure 1 Mini-Enclosure 1 Mini-Enclosure 2 Mini-Enclosure 2 Mini-Enclosure 3 Williams Parkway City, Stage, Zip Code East Hanover NJ 07936 Final Containment with Negative Pressure 1 Mini-Enclosure 2 Mini-Enclosure 3 Williams Parkway City, Stage, Zip Code East Hanover NJ 07936 Final Containment with Negative Pressure 1 Mini-Enclosure 2 Mini-Enclosure 3 Williams Parkway City, Stage Address 4 Waste Addre	Name of Facility Where Abatemen	t is Taking Pla	ce (3)				870					
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City (5) Princeton County (6) Mercer County Code (7) (State Use Only) Current Use (Prior if being demolished) Student Housing ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Street Address 3 2 Williams Parkway City, State, Zip Code Burlington NJ Project Manager for Monitoring Firm Telephone Number G99-090-000 Trille Title Title Ti					-					Bldg. A	.ge	
Country (6) Country (6) Mercer Country Code (7) State Use Only) Current Use (Prior if being demolished)							160,000	8		50		
County (c) Cou	**************************************				Count	Code (7)	Current Use	(Prior if	being d	emolishe	d)	
Name of Monitoring Film Initial by Bulloting ATC Associates 3 Terri Lane Suite 4 City, State, Zip Code Burlington NJ Projeet Manager for Monitoring Firm Debbie Hines Scheduled Start Date (10) 10/1/2012 Month / Day / Year Occupancy Status During Abstement (Check only one) 11 Abstement Performed Outside of Normal Facility 1 Occupancy Status During Abstement (Check only one) 11 Abstement Performed Outside of Normal Facility 1 Occupancy Status During Abstement (Check only one) 11 Abstement Performed Outside of Normal Facility 1 Occupancy Status During Abstement (Check only one) 12 Abstement Performed Outside of Normal Facility 1 Occupancy Status During Abstement (Check only one) 13 Abstement Performed Outside of Normal Facility 1 Occupancy Status During Abstement (Check only one) 14 Abstement Performed Outside of Normal Facility 1 Occupancy Status During Abstement (Check only one) 15 Copy of Work (Check all that apply) 16 Ill Containment with Negative Pressure 16 In Mini-Enclosure 17 Abstement Type 18 In Containment with Negative Pressure 18 In Mini-Enclosure 19 Abstement Outside of Normal Facility 10 Occupancy Status During Abstement (Check only one) 18 In Containment with Negative Pressure 19 In Mini-Enclosure 19 In Mini-Enclosure 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Warp & Cur' 19 In Mini-Enclosure 10 One Big Jedier & Cur' 10 One Big Jedier & Warp & Cur' 10 One Big Jedier & Cur' 10		50 C						20				
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Street Address 3 Terri Lane Suite 4 City, State, Zip Code Burlington NJ Project Manager for Monitoring Firm Debbie Hines Scheduled Start Date (10) 101/2012 Month / Day / Year Month / Day / Year Cocupancy Status During Abatement (Check only one) [1] Abatement Performed Outside of Normal Facility [1] Occupancy [1] Hours - Describe: [1] Other - Describe: [2] Other - Describe: [3] Other - Describe: [4] Other - Describe: [5] Other - Describe: [5] Other - Describe: [6] Other - Describe: [7] Other - Describe: [8] Other - Describe: [9] Other - Describe: [1] Other - Describe: [2] Other - Describe: [3] Other - Describe: [4] Other - Describe: [5] Other - Describe: [6] Other - Describe: [7] Other - Describe: [8] Other - Describe: [9] Other - Describe: [1] Other - Describe: [2] Other - Describe: [3] Other - Describe: [4] Other - Describe: [5] Other - Describe: [6] Other - Describe: [7] Other - Describe: [8] Other - Describe: [9] Other - Describe: [1] Other - Describe: [2] Other - Describe: [3] Other - Describe: [4] Other - Describe: [5] Other - Describe: [6] Other - Describe: [7] Other - Describe: [8] Other - Describe: [8] Other - Describe: [9] Other - Describe: [9] Other - Desc	Owner (8)					LVI Demolition Service	es, Inc.					
3 Terri Lane Suite 4 City, State, Zip Code						Street Address						
City, State, Zip Code Burlington NJ Project Manager for Monitoring Firm Debbie Hines Telephone Number 609-409-0400 973-884-8682 00860						32 Williams Parkway						
East Hanover, NJ 07936	3 Terri Lane Suite 4											
Project Manager for Monitoring Firm Debbie Hines 609-409-0400 71-884-8682 Name of OSHA Monitor Ziby Dolanski North / Day / Year Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility October - Describe: Other	City, State, Zip Code											
Telephone Number Telephone N	Burlington NJ					The second secon	/936		box			
Scheduled Start Date (10) Sched. Completion Date (11) 2/15/2013 Month / Day / Year Month / Day / Year Zibby Dolanski	Project Manager for Monitoring Fi	rm	Telep	hone Numb	er	Telephone Number						
Scheduled Start Date (10) 10/1/2012 Month / Day / Year Cocupancy Status During Abatement (Check only one) X Facility Closed/Vacant During Entire Period of Abatement Abatement Performed Outside of Normal Facility Occupied Hours - Describe: Other - Describe: Other - Describe: Street Address 32 Williams Parkway City, State, Zip Code East Hanover NJ 07936 East Hanover NJ 07936 Scope of Work (Check all that apply) X Demolition Part of the provided of Normal Facility Normally Closed Procedure & "Wrap & Cut" X Non-Friable Procedure Normally Closed Procedure & "Wrap & Cut" X Non-Friable Procedure Normally Closed Procedure & "Wrap & Cut" X Non-Friable Procedure Abatement Type	Debbie Hines		609-4	109-0400		V - 200489 (220 (440 MOV MOV DO E.)						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacant During Entire Period of Abatement Abatement Performed Outside of Normal Facility Occupied Hours - Describe:	10/1/2012	2/15/2013)	107000000000000000000000000000000000000	or					
Same of Registered Waste Hauler NIDEP Waste Livi Demolition Services, Inc. Scope of Rock Check all that apply City, State Singlature Cubic Yards City, State Completed By (Print or Type) Title Completed By (Print or Type) City, State Completed By (Print or Type) Completed By (Print or Type) City, State City, Stat		ent (Check only	one)			Street Address						
City, State, Zip Code Hours – Describe: City, State, Zip Code Hours – Describe: City, State, Zip Code City, State, Zip Code City, State, Zip Code East Hanover NJ 07936 Scope of Work (Check all that apply) [X]Demolition [] Renovation [] Mini-Enclosure [] Mini-Enclos	rvi Cacilia, Closed/Vacant Durin	e Entire Period	OI MUNIC	ment		32 Williams Parkway						
Hours - Describe:		e of Normal Pac	iiity			City, State, Zip Code						
Scope of Work (Check all that apply) [X]Demolition [] Renovation [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [] Glove Bag Procedure & "Wrap & Cut" [X] Non-Friable Procedure [X] Non-Friable Procedure [X] Non-Friable Procedure [X] Non-Friable Procedure [X] Non-Friable Procedure & "Wrap & Cut" [X] Non-Friable Procedure [X] Non-F	11 Hours - Describe:											
[X]Demolition [≥3 sf or ≥ 3 lf [X]≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) (13) Location Staff (12) Yes Ne N/A Pipe Insulation N/A N/A Pipe Insulation N/A Pipe Insulation N/A Pipe Insulation N/A N/A Pipe Insulation N/A Pipe Insulat		nnly)					. n					
Solition Solition Solition Solition Solition Solition Staff (12) Yes No N/A Solition Solition Staff (12) Yes No N/A Solition Staff					n n	Mini-Enclosure						
Second	1 > 3 sf or > 3 lf	[] K	enovatio		no	llove Bag Procedure & "W	rap & Cut"					
Location of Asbestos-Containing Material (ACM) (13) Building Exterior Throughout Structure Name of Registered Waste Hauler LVI Demolition Services, Inc. Description of Asbestos-Containing Material (ACM) (13) Description of Asbestos-Containing Material (ACM) (14) (15) Amount M E C C C C C C C C C C C C C C C C C C	$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$		Is Lo	cation	1/1	Non-Friable i roccoure			Abaten	nent Type	T E	
Asbestos-Containing Material (ACM) (13) Building Exterior Throughout Structure Name of Registered Waste Hauler LVI Demolition Services, Inc. City, State East Hanover, NJ 07936 Completed By (Print or Type) Solely By Main- tenance/ Custodial Staff (12) Yes No N/A Mastic Asbestos-Containing Material (ACM) (Specify SF Q P A O O P A O O O P A O O O O O O O O O						Description of			R	N	C	
Material (ACM) (13) By Maintenance/ Custodial Staff (12) Yes No N/A Building Exterior Throughout Structure Name of Registered Waste Hauler LVI Demolition Services, Inc. Disposal Date East Hanover, NJ 07936 Completed By (Print or Type) By Maintenance/ (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous) NAMStic 20,000 SF X L R U R U R LVI Pipe Insulation Cubic Yards Of Waste Vaste Management of Pennsylvania City, State East Hanover, NJ 07936 Completed By (Print or Type) Title Disposal Date 3/1/2012 Disposal Date 3/1/2012 Date November 28, 2012		3	So	lely	А	sbestos-Containing		M 0	P	A	0	
Custodial Staff (12) Yes No N/A Building Exterior Throughout Structure Name of Registered Waste Hauler LVI Demolition Services, Inc. Custodial Staff (12) Yes No N/A Mastic 20,000 SF X Pipe Insulation Cubic Yards Of Waste Cubic Yards Of Waste Vaste Management of Pennsylvania City, State East Hanover, NJ 07936 Completed By (Print or Type) Title Date November 28, 2012	Material (ACM)				(i.e., th	ermal systems, insulation,	or	V	1	S	U	
Building Exterior X Mastic 20,000 SF X Throughout Structure X Pipe Insulation Name of Registered Waste Hauler LVI Demolition Services, Inc. Disposal Date 3/1/2012 City, State East Hanover, NJ 07936 Completed By (Print or Type) Name of Registered Landfill Waste Management of Pennsylvania City, State Bisposal Date 3/1/2012 Disposal Date 3/1/2012 November 28, 2012	(13)		Cus	todial	sur	facing, VAT, or other	LF)				R E	
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Name of Registered Waste Hauler LVI Demolition Services, Inc. Disposal Date Solution Services, NJ 07936 Completed By (Print or Type) Name of Registered Landfill Vaste Management of Pennsylvania City, State Bast Hanover, NJ 07936 Completed By (Print or Type) Title Signature November 28, 2012	Building Exterior					lation						
Name of Registered Waste Hauler LVI Demolition Services, Inc. City, State East Hanover, NJ 07936 Completed By (Print or Type) Disposal Date 3/1/2012 Title Signifure November 28, 2012			-	^	ripe mst	macon .				-		
Name of Registered Waste Hauler LVI Demolition Services, Inc. City, State East Hanover, NJ 07936 Completed By (Print or Type) Disposal Date 3/1/2012 Title Signifure November 28, 2012									1			
City, State East Hanover, NJ 07936 Completed By (Print or Type) Disposal Date 3/1/2012 Disposal Date Morrisville, Pa Date November 28, 2012		Cubic Inica										
City, State East Hanover, NJ 07936 Completed By (Print or Type) Title Signiture November 28, 2012	LVI Demolition Services, Inc.											
Completed By (Print or Type) Title Signature November 28, 2012	City, State	City, State					Morrisville, Pa					
President November 28, 2012	Completed By (Print or Type)	Title				Date					
			Presi	dent (O	WYK	November	28, 2012				

Print Form

Date of Notification (1) 11/29/12		Name of Archdic	Building ocese o	Owner/O	Operator	(2)	-7 PM	L	94						
Agencies Notified Type Notification			Street Ad	dress fton Av	e.							i			
EPA Initial X DEP X Amended Amendment Emergency		_		te, Zip Co k NJ 07		100 h 2	511 LI(DS CON CENSIM	TRO	L					
DOH justification) Cancellation			Name of Sharor	10.3				5 vit = 2 tv	℃ Tel	a @ lane	Numh	er			=
			FACIL	ITY INFO	ORMATI	ON						_			
Name of Facility Where Abatement is Takir St. Teresa's Memorial Hall	g Place (3	3)						of Facility (School (K-1			*				
Street Address 306 Morris Ave.					1		×	Subchapter Other (i.e. p etc.)	8 (Oth			build	lings,	home	es,
City (5) Summit								re Feet	# o	Floors	Y		ldg. A 00+	ge	
County (6) Union			County C	code (7) ISE ONLY			Curre	ent Use (Prio	or if bei	ng dem	olished	4)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Cor vices Inc.		(9)	-				
Street Address					Street 156		ss e Ave.								
City, State, Zip Code							ip Code n NJ 0705	7							
Project Manager for Monitoring Firm			Telephor	ne No.	26	Teleph 973-				Licens 0110			-		-
Start Date (10) 11/28/12	Schedule 11/30/		npletion [Date (11)		100000000000000000000000000000000000000	12072	HA Monitor alodka							
Occupancy Status During Abatement (Chec			100 100 100 100 100 100 100 100 100 100		- 8 1	Street		ss e Ave.							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					<u></u>	City, S	tate, Z	ip Code	57						-
Scope of Work (Check All That Apply)		-	_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gle	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					e	
	Is	Locati	on						(//				Abate	ment pe	(
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa			fateria s insul T, or		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Endosure
	Yes	No	N/A											Ф	
boiler room			*			insula				15lf.	,	ł.			
storage rooms			*		pipe	insula	tion		;	30If.	,	ł			
	-			*							-				
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of I	Registe	red Lan	dfill			1	
Newark Carting Inc.	+	H	auler ID 5409		of Wa			GROW	or or established						
City, State Newark NJ.	Disposal Date City, State 11/30/12 Morrisville PA.														
Completed by	Title Presi	dent			S	Signature	9	NA	, ,		Date 11/2	9/1	2		

NOTIFICATION OF ASBESTOS ABATEMENT

		Pursuant	to NJAC	8:60-	Owner/Operator	(2)					
Date of Notificatio	n (1)	1 1	me of Bull Herb Ac			REC	ENEL	4			
Agencies Notified	Type Notificati		reet Addr		Ave.	2012 DEC -	7	\$		2	
[]EPA	[X]Initial Notificati			220000000000000000000000000000000000000			1 PH 12:				
[]DEP		Ci	ty, State		NJ,07028	4-SHESTO.	20				
[X]DOL	[]Amended Notificati		Gien K.	rage	, NO , 0 7028	5 10	S CUATION	21			
[X]DOH			me of Con	62 82 2 T		Telephone	a Mumber	- 1.			
[]DCA	[]EMERGENCY		Herb A	ddis	on			V.			
				resold from the se	INFORMATION	Type of Facili	+17 (4)				
Name of Facility Wh		Taking	Place (3))							
Same as above	-				-	[]School ([]Subchapt [X]Other (i	ter 8 (Othe L.e., priva	te & co	mme:	c-	
46 Sherman Ave							ildings, h				
				la	inty Code (7)	Square Feet	# of Floo		ag. 105		
City (5 Glen Ridge	Co	unty (6)) Essex		TATE USE ONLY)	Current Use (I	_				Ī
Name of Monitoring	Firm hired by Bu	ilding	ASCM No.			ment Contractor		- 12			
Owner (8) N/A						MANAGEMENT	, 1110.				
Street Address					86 Chris	stopher St					
City, State, Zip C	ode				City, State, Montcla:	Zip Code ir, NJ 070	42				1000: 1000:22:00
Project Manager fo	r Monitoring Firm	n Tele	phone Num	ber	Telephone Num			license		ber	
Scheduled Start Da	te (10) Sched	Comple	tion Date	(11)	Name of OSHA	Monitor					
12-13-12	12-	-14-12	2		N/A						
	Losed/Vacated Dur	(Check c	only one)		Street Addres	58					
Hours - Des	Performed Outside scribe: «OffHours	Descrip	t»		City, State,	Zip Code					
	scribe: «Other Occ		Descripe,							-12 1000	V
Scope of Work (Che		[X]]Renovatio		[]Mini [X]Glov	Containment wi -Enclosure rebag Procedure		e Press	ure		
			Is	_	[]Non-	Friable Procedu	Ire	Ab	ater	ent	
Locati Asbestos-C Materia TO BE In Fac	Containing 1 (ACM) ABATED	No S By te	cation ormally Used solely Main- enance/ stodial	ذ ا	Descripti Asbestos-Co Material (i.e., therman	ntaining (ACM) al systems	Amount (Specif SF or LF)	Y M	E P A	A P S	S
(1	A		ff (12) No N/2	A	or other misc	ellaneous)		I		L	R
Basement			х		e insulat	ion	165	LF X	+	+	-
					(C. AR. 10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0				+	+	+
Name of Registered	d Waste Hauler	Ha	DEP Waste		Cubic Yards of Waste 1.5	Name of Reg. G.R.O.W		ndfill			
City, State			, , , ,		Disposal Date	City, State		100	67		
Montclair, N	IJ 07042				12-15-12	Morrisvi	LIIE, P	12			
Completed By (Print Constantine		le eside	nt	'	Signatu	THE CLASSIC	1/	Dat 12/	e 3/12	o e	
COMB CAMBAILE			ment (154)		1 10	1 1 min	fion				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notificatio	n (1)			ing Owner/Operator								
12/4/12			Alexis S	chmid	RE	CEIVE	D	•				
Agencies Notified	Type Notifica		treet Address						110000			
[]EPA	[X]Initial	secures 6.1	13 River	vale Rd.	2012 DF	C - 7 PM 12	2:1.0					
[]DEP	Notifica	tion c	ity, State, 2		27	1 11112	. 43			0.001		
[X]DOL	[]Amended Notific		Riverval	e, NJ 0760	6 65059	TOS CONT	「添為!					
[X] DOH	Notifie		ame of Contac	ot.	Telephor	e Number	17 44			1		
[]DCA	[]EMERGENC	z	Alexis S	chmid	0							
	[]Cancella	tion										
				TY INFORMATION	Imme of Rooil	i t (4)			_	-		
Name of Facility Wh Residence	ere Abatement	is Taking	f Place (3)		Type of Facil							
Residence					[]School	(K-12) ter 8 (Othe	r than	K-12)			
Street Addres					[X]Other (i.e., priva	te & co	mmer	-			
153 Somerset	Rd.	*				uildings, h						
City (E		County (6	•	County Code (7)	Square Feet	# of Floo	rs Blo	dg. 1	1ge			
City (5 Norwood		Bergen		(STATE USE ONLY)			ing dem		hed			
HOLWOOD					Current Use (Prior if being demolished)							
Name of Monitoring	Firm hired by	Building	ASCM No.	Name of Abate	ement Contracto	actor (9)						
Owner (8)	_	=		AZTECH 1	MANAGEMENT	, Inc.						
N/A Street Address	Set 1		Street Address									
				86 Chris	stopher St							
City, State, Zip Co	ode			City, State,	Zip Code			-				
,				The state of the s	Montclair, NJ 07042							
Project Manager for	Monitoring Fi	rm Tele	phone Number	Telephone Nur	nber	Į.	icense	Numb	er			
	_	N/Z	Ā	(973) 74	4-8800		0037	1				
Scheduled Start Dat	te (10) Sche	d. Comple	letion Date (11) Name of OSHA Monitor									
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Occupancy Status Du	osed/Vacated D			Street Addres	38							
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* Energency * NOT

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

CHE 2875

Date of Notification (1) 12/2/12		, , 4	Name of Building Owner/Operator (2) Hoboken Housing Authority / Office Building Street Address 400 Marshall Drive													
Agencies Notified	Type Notification		1	Street Add 400 Ma	dress rshall D	rive			CUIZ UE	C -7	PM 12	2: 4	3			
EPA DEP	Initial Amended Amendment			City, State Hoboke					30ES	TOS ICE	CONT	內閣	l.	į		
DOH DCA	Emergency (justification) Cancellation			Name of 0	Contact					Tele	ephone N	umb				
Cad .	1 -			FACIL	ITY INFO	RMATI										
Name of Facility Wher Hoboken Housing Street Address	re Abatement is Takin g Authority / Office						1	s	f Facility (4 chool (K-1 ubchapter	2)	er than K-	-12)				
400 Marshall Driv	/e ·							et	ther (i.e. p			rcial		70		s,
City (5) Hoboken NJ 0703	30				-			1000-		1+	Floors		35	dg. A	ge 	
County (6) Hudson	* **			County C STATE U			_ '	Curren	it Use (Prid	or if bei	ng demol	ished	i)			
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM	No.		Name o		ement Cor C	tractor	(9)					
Street Address			-		•		Street A		36						a .	
City, State, Zip Code	City, State, Zip Code						City, Sta	ate, Zip	Code	01						
Project Manager for M	Project Manager for Monitoring Firm					West Berlin NJ 08091 Telephone No. License No.										-
Start Date (10)		Scheduled	d Con	856-753-9800 00727 ompletion Date (11) Name of OSHA Monitor												
12/4/12		12/7/12					Same	1								
Facility Closed/V	uring Abatement (Che lacated During Entire ormed Outside of Norr e:	Period of Al	batem	nent			Street A					-	-		-	
Scope of Work (Chec	k All That Apply)							1								
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City, State	City, State						osal Date		City, Sta		A 1906	 7				
Completed by						1 20 20 2	Signature		141011131			Date	2/12			
Anthony T Perna		Presi	uent	8								14	4/12	-		

* Emergency

		(F	ursuan	t to NJAC	8:60 an	nd 12:120)). 	(1	-28	74	•			
Date of Notification (1) 12/2/12			Name of Micket	of Building Harris	/ Resid	Operator ((2)	1 V 1 1)				V as	
Agencies Notified Type Notification EPA Initial	ı		76 Ly	Address nn Ann	2	O12 DEC	-7	PM 12:	43					
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□ DOH □ DCA □ DCA □ Emergency justification Cancellation)	'	Name of Micke	or Cornact		ec !!	CEN.	HG	Teleph	one N	umber		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			FAC	ILITY INF	ORMAT	ION								200-300
Name of Facility Where Abatement is Takin Micke Harris / Residence	ng Place (3),					Design .	f Facility (chool (K-1	(075)				76.	
Street Address 76 Lynn Ann							Si O	ubchapter	8 (Other the	nan K- mmer	12) cial bui	ldings	, hom	es,
City (5) Mannahawkin NJ 08050		951				- 1	Square 1000		# of Flo	ors		Bldg. A	Age	
County (6) Ocean			County (STATE	Code (7) USE ONLY	, <u> </u>		Curren		or if being o	demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.		Name o			tractor (9)					
Street Address			Jan 1	•		Street A								
City, State, Zip Code						City, Sta	ate, Zip		91	_				
Project Manager for Monitoring Firm			Telepho	one No.		Telepho 856-7	ne No.		Lic	cense	No.			
Start Date (10) 12/3/12	Schedul		npletion	Date (11)	`		f OSHA	Monitor	100	1121				
Occupancy Status During Abatement (Che				-		Street A								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent s			City, Sta								•
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Name of Registered Waste Hauler United Containers	1					Yards ste		Name of F G.R.O.V	Registered V.S.	Landfi	11			
City, State Elm NJ					Dispos 12/4/	sal Date		City, State Morrisvi	lle PA 19	067				
Completed by Anthony T Perna	Title Presi	dent			S	Signature				D	ate			-

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one of Facility William	ore Abstagrent is Taking Place	(3)	_	•	TT 1	Type of Facility (4)				
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vojece Meneger for	Manilering Fith	Tele	phone No.		Telephone Mo. 201-329-		Ucense No. 00388				
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2) Facility Closedov Di Abatement Perfo Di Other — Datariba	faceted During Entire Petitod of Internet Cutotide of Normal Facilities & Avr. 1 - 5 f	MA HORE	3	Who was a Was	South H	ackensa	k, N.J.	0760	6		
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R. Veldran

ASE-41

DEC-03-2053 16:24 From: ASBESTOS 6096330664
1270372017 14:41 201329/440 BEST

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Street Address						Street Address	50000					
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City, State, Zip Code	7					Hacken	sack, N.	J. 07601				
Project Manager for M	onkoning Fam	To	riphon	ić No.		Yelephone No.		00388				
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12-7-12	12-8	- 1Z	on Mac	D (11)	18)	Onega Er	vironmen	ital Inc				
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DI FRIEDRY Cloned/Voor	sted During Entiro Period	of Abus	oment			Chy State Zha (Codes		_			***
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Scope of Work (Check May 3 of or 2 3 f D a 160 of or 2 200 ff			7	E Don	රූපාර්තා ප්රේණයට	TO FUD	Contribution with	Magadire Procesus d Mán-Friabla Proc	•		io de la constante de la const	
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Amberito Contai TO RE	Mon of the Methylo (ACM) ARATED SCHOOL 113)	Urpq Mb	dereni d Sole intenta instedi Smil (12)	ly by mod mi	Acabi (L)	obiqinged Barinisho cota Madayo kumad M. garinish VA garinisha adaya'a teda	letorizi (ACM) o insubilion, T. er	Amount (Specify SF or LF)		Removes	Repair	Daniel St.
		Yes	No	NVA		Ø	1.179.05	60	SF	×	$\vdash \vdash$	+
BASEMOUT		+-	-	X	1.41	RUMBL INSU	CATION	20	LF			I
BASEMONT		-		1	11172	AUMT IN				_	$\perp \downarrow$	
							No.	ptorod Lancia		<u>L</u> _		1
Name of Registered V		I	10EPN 1No. 710	Ataste I	Apulor	Cubic Yerds of Wasts	Minerv	a Enterpr	1ges	3		
City. Other	ensack, N.J.	076	01			Disposed Time	Waynes	burg , Oh				
Completed by	Tale	//				Signature			Data 12-	7 -	12	
5	Esti	mate	E			R Walders	M		16			-

* Do not use this form for asbeston insensure exempted activises.

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-	^	lum.	*			2	

e of Notification (1)		Name	e of Build	ling Owner/Or BENLAN	erator (2) = 12 12 m \$	2512 DE	C	-d			
11/30/10				_			FAIT NE	-1 PM 12:	39			
encies Notified Type Notification	τ				BU	<u> </u>	<u> </u>	TOS COUT		V		+
DEP Amended		City.	State, Z	ip Code VS Dan G	K	J. C	DECC	TOS CONTI	(制).			1
Emergency (inclu	ding	Nam	ne of Con	tact	eine eine		Tel	epnone Number	_6	A		1
DOH justification) Cancellation		PI	ATIZ	ic Ma	CAR	TY				-		4
DCA Caricellation		/ / F	ACILITY	INFORMATI	ON		101 - (A)					1
ame of Facility Where Abatement is Taking Pla	ice (3)				Service 1	Type of Fac	ality (4)					1
"UMBERLAND FARMS &	TURK					T Out ab	l (K-12) apter 8 (Oth	ner than K-12)				
reet Address							(i.e. private	& commercial bu	laings	5, 1101	1165,	
120 CARR AVE						Square Fee		of Floors	Bldg.			
HEANS DURL						2000		(had domolished)	5	7		
ounty (6)		Col	unty Cod	e (7) ONLY)		Current Us	S TUR	eing demolished)				
MAL MOUTH					Nome	e of Abateme	nt Contracto	or (9)				
ame of Monitoring Firm Hired by Building Own	ner (8)		ASCM N	0.	A. N	viac Contra	acting Inc					
street Address			****		Stree 105	t Address Lowell Ro	oad					
					City,	State, Zip Co	ode					
City, State, Zip Code						en Rock, N	.J. 07452	License No.				
Project Manager for Monitoring Firm		Te	elephone	No.	Z0	phone No. 1-262-584	1	00156				
Start Date (10)	cheduled	Comp	letion Da	ite (11)	Nam	ne of OSHA N	nonitor onmental	Services Inc.				
Start Date (10)		5/	12		Stre	et Address						
Occupancy Status During Abatement (Check	of the	atomo	ent		1	0 Huyler S						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	Facility F	lours		11.00	City	, State, Zip C ackensack	ode , NJ 0760	06				_
Scope of Work (Check All That Apply)						[7]		W. Manetine Bro	ecuro			
23 sf or ≥3 lf	☑ Re	novat	ion			Mini-E	nclosure	with Negative Pre	SSUIC			
≥160 sf or ≥260 lf	De	moliti	on			Claus	han Drocad	ure) and Non-Friable	Proc	edure		
-	0000					L≥d Non-E	xempted () and North nacio	, 100	bate	ment	
		Location								Ту	oe	
Location of		ormall			Descrip	tion of	CM	Amount			_	-
Ashestos-Containing Material (ACM)	Mai	l Sole ntenar	nce/	Asbestos (mal sys	ng Material (A tems insulation	on,	(Specify	Re	χ,	пса	5
TO BE ABATED	Cust	odial S	Staff?	S	urfacing	. VAT, or		SF or LF)	Remova	Repair	Encapsulate	Elidosnie
In Facility (13)		(12)		oth	er misc	ellaneous)			/al	-	late	a
(10)	Yes	No	N/A	-		1		123034	友			-
MAIN STURB AREA			مر	VA	17/	MAST	-	1000	~			-
7117												T
	-		+	 								
			NJDEP V	Naste C	ubic Ya	rds	Name of R	egistered Landfill			100000	
Name of Registered Waste Hauler			Hauler ID	1000	f Waste		IESI PA	Bethlehem La	andfil	I Co	rp.	
Rovic Transport			20785		Disposal	Date	City State				_	
City, State Riverdale, New Jersey 07457					12/1	1200	Bethleh	em, PA 18015		_	1	
Completed by	Title	or all a	25		Sig	pettore ->	6	T I	ate /	30	//	_
		sider	_4_									

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Date of Notification (1)		Na	me of Bui	Iding Owner/O	perator (2)/	2 20121	EC -7 PM 12:				
11/30/12		-	cui	MBERCI	4101			-0 -1 PM 12:	-59			\dashv
Agencies Notified Type Notification		Str	eet Addre	BAY	AUE		ADJE.	STAR CONT.	201			
EPA Initial Amended Amendment #		Cit	y, State,	Zip Code	5 1	1.5	097	EC -7 PM 12: TUS CONTI LICENSING Telephone Number	WI.	:		
DOL Amendment #	ding		H161	HLAND			0	Talanhana Number	-0	A		\dashv
Efficiency (inclu	ung	Na	me of Co	intact	CAR	TY		relephone Number	101 4			
DOH justification) Cancellation		1	FACILIT	Y INFORMATI	ON							7
Name of Facility Where Abatement is Taking Pla	ce (3)					Type of I	Facility (4)					
CUMBERIAM FARMS	87	70/3				F Cut	nool (K-12) achapter 8 ((Other than K-12)				
Street Address						Oth	er (i.e. priv	ate & commercial b	uilding	gs, h	mes,	.
116 BAY HUR						Square f	Feet	# of Floors	9	. Age		
City (5) HIGHLANDS						20	100	į		52		
County (6)		C	ounty Co	de (7)		Current	Use (Prior	f being demolished	1			
MONMOUTH		(5		EONLY)		-£ Abatas	S To					-
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM N	lo.	A. N	lac Con	tracting l	nc.				
Street Address						Address					::::::::::::::::::::::::::::::::::::::	
Street Address			10	1.7		Lowell	an Substitution A.	ν				\dashv
City, State, Zip Code					Gle	State, Zip n Rock,	N.J. 074	52	-			
Project Manager for Monitoring Firm		T	elephone	No.		hone No. -262-58		License No. 00156				
			-letion D	ato (11)	Name	of OSHA	Monitor					\dashv
Statt Date (10)	neduled	Com	pletion D	ale (11)	Om	ega En	vironmen	tal Services Inc.				
Occupancy Status During Abatement (Check C			1			et Address						
For Closed Alacated During Entire Per	iod of At	atem	ent) Huyler					-	
Abatement Performed Outside of Normal	Facility I	Hours				State, Zip	code ck, NJ 07	606				
Other - Describe:					110	OKOHOGO						$\neg \neg$
Scope of Work (Check All That Apply)	FT -		si am			Full	Containme	nt with Negative Pre	essure	9		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Superior of the same of the sa	enova emolit				Mini	-Enclosure rebag Proc					
E100 31 61 5255 11						Non Non	-Exempted	(*) and Non-Friable				
	Is	Locati	ion				1		,	Abate Ty	ment pe	i
Location of	N	ormal d Sole	lly		Descripti	on of	(ACM)	Amount			m	
Asbestos-Containing Material (ACM)	Mai	ntena	nce/	Asbestos C	nal syste	ms insula	tion,	(Specify	Re	æ	nca	End
TO BE ABATED In Facility	Cust	odial : (12)	Staff?	su	rfacing, \	VAT, or laneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	V 1		N/A	Ou ii	SI 11110001	ila ilaa aa			面		ate	ci.
	Yes	No	+	VA	7/1	44570		1500 SF	X			
MAIN ARRA STORE			100	0 17	1 / 1	11/01		70	,			
											1	
			NJDEP V	Vaste C	ibic Yard	is	Name of	Registered Landfill			-	
Name of Registered Waste Hauler			Hauler ID		Waste	2		A Bethlehem La	ndfil	l Co	rp.	
Rovic Transport			20785		sposal D	éte	City, Sta	te				
City, State Riverdale, New Jersey 07457					12/1/	1200		hem, PA 18015		<i> </i>	1	
Completed by	Title				Signa		h. V	Da /	te /	301	/12	
R. McDonald	Pre	sider	nt		4	12/1	1100		./	/		

Check

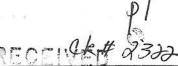
Date of Notification (1) 12/3/2012				uilding Owner/oam Novy	Operator (²⁾ 20	12 DEC	-7_	PH 12: 3				
Agencies Notified Type Notification	on	1 7700	treet Add	ress sell Avenue		4.5	vEŠTr) C D	000	3			
EPA X Initial DEP Amended Amendment	ent #			Zip Code NJ 07481			& LIC	ENS	OHTRO ING	1.			
X DOH		1000	lame of C Vr. Willia	ontact am Novy	10		962	Telep	ohone Num	明			
DCA Carrottat			FACILI	TY INFORMAT	ION			-			1,0		
Name of Facility Where Abatement is Ta Residence Street Address	king Place (3)					Sci	Facility (4) hool (K-12) bchapter 8) (Othe	than K-12)			
528 Russell Avenue						etc	:.)		commercia		ngs, i	2.7	s,
City (5) Wyckoff						Square 2,800		2		60) +	,	
County (6) Essex			County Co			Current		if bein	g demolish	ed)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	-	ASCM I	No.	Name	of Abate	ment Conti	ractor (9) oval, Inc.	ň			
N/A Street Address			IN/A		Street	Address		-			-	8 0	
City, State, Zip Code						E. 41st state, Zip							
					Pate	rson, N	J 07504		License N	0			
Project Manager for Monitoring Firm			Telephone	e No.		one No. 345-00	22		00507	o. 		` :-	
Start Date (10) December 4, 2012	Scheduled December			ate (11)	1.100.000.000.000.000	of OSHA e as ab	Monitor OVE				1		
Occupancy Status During Abatement (C					Street	Address		100				12	
Facility Closed/Vacated During End Abatement Performed Outside of N Other – Describe: Unoccupied Bas	Jormal Facility H	atem lours	nent		City, S	State, Zip	Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit)	Mini-	Enclosure ebag Proc	edure	Negative F			e :	×
	Isl	ocati	ion			INOIN	Lxempted	() ain	1101111100		Abate		t
	rmal				n of	1			-	1,		Enclosure	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Used Main Custo	Sole	ely by nce/	Asbestos C (i.e. them su	Description ontaining I nal system facing, V/ er miscella	Material (ns insulat AT, or	(ACM) ion,	(5	mount Specify For LF)	Removal	Repair	ncapsulat	l e
Asbestos-Containing Material (ACN <u>TO BE ABATED</u> In Facility) Used Main Custo	Sole itena dial s (12)	ely by nce/	Asbestos C (i.e. therm su othe	ontaining I nal system facing, V/ er miscella	Material (ns insulat AT, or neous)	(ACM) ion,	(S	Specify For LF)		Repair	Encapsulate	ure
Asbestos-Containing Material (ACN <u>TO BE ABATED</u> In Facility	Used Main Custo	Sole itena dial S (12)	ely by nce/ Staff?	Asbestos C (i.e. therm su othe	ontaining I nal system rfacing, V	Material (ns insulat AT, or neous)	(ACM)	(S	Specify	Removal	Repair	ncapsulate	ure
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Used Main Custo	Sole itena dial s (12)	ely by nce/ Staff?	Asbestos C (i.e. therm su othe	ontaining I nal system facing, V/ er miscella	Material (ns insulat AT, or neous)	(ACM)	(S	Specify For LF)		Repair	954	ure
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13) Basement	Used Main Custo	Sole itenai dial S (12) No X	N/A	Asbestos C (i.e. therm su othe	ontaining I nal system facing, V/ or miscella pe Insuli	Material (ns insulat AT, or neous)	ion,	(SF	Specify For LF)	Х	Repair	954	ure
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)) Used Main Custor Yes	No X	ely by nce/ Staff?	Asbestos Ci.e. therm su other	ontaining I nal system facing, V/ er miscella	Material (ns insulat AT, or neous)	Name of	(§ SF	Specify For LF)	X	Repair	954	ure
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13) Basement Name of Registered Waste Hauler) Used Main Custor Yes	No X	NJDEP W	Asbestos Ci.e. therm su other	pontaining I nal system ffacing, V/ or miscella pe Insul- bic Yards Vaste	Material (s insulat AT, or neous) ation	Name of	(SSF)	Specify For LF) 10 LF ered Landfi North Inc	X		954	

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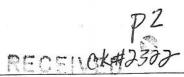
No sheck		NC	OTIF					OS ABAT 0 and 5:16	The state of the s	RECEN	FFA 1944	i	(S)	
Date of Notification (1)				-	Name	of Building	Owne	er/Operator (2	2)					
7_ /	6 / _	12	2		Prin	ceton Ur	nivers	sity-Office	of Design and	Construction				
Agencies Notified	Type Notificat	tion			Street	Address			C 0 1	ZUCL - 1 PM	12:	18		
□EPA	☐ Initial			i l		Elm Dr								
☑ DOLWD					City, S	tate, Zip C	ode		71 3	& LICENSIN	TAL			
□ DHSS	Amendme			<u>/12</u>		ceton, N		544		CE LICENSIN	G	4.		
DCA	☐ Emergenc justification		ding		25000	of Contact		107.130		Telephone Numbe		Co	-	\neg
(NJAC 5:23-8)	☐ Cancellation					ert Orteg								
	*				FAC	ILITY IN	FOR	MATION	** ** ** **				7 97	
Name of Facility Where A	Abatement is Ta	aking Pl	ace ((3)					Type of Facility	(4)				
Princeton Universi	ty- Jadwin Ha	all							School (K-12					- 1
Street Address	7		0.00					N		3 (Other than K-12) rivate and commerci	al hui	lding		
Washington Rd	13								homes, etc.)		ui Dui	ung	٠,	
City (5)		1/1502 - 3V							Square Feet	# of Floors	Bld	g. Ag	je	
Princeton														
County (6)					Coun	ty Code (7)(STAT	E USE ONLY)	Current Use (Pri	or if being demolish	ed)			
MERCER														220
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8	3)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)		11			
ATC Associates In	C						BF	RISTOL EN	VIRONMENTA	L, INC.				
Street Address							Stree	et Address						
Bromley Corporate	Center-Three	e Terr	i La	ne			11	23 BEAVE	R STREET					
City, State, Zip Code							City,	State, Zip Co	ode					
Burlington, NJ 080	16	To View	-1-9955				BI	RISTOL, PA	19007					
Project Manager for Mon	itoring Firm	4.00			phone l			phone No.		License No.				
Michael Keehn					09-386		- 70	5-788-6040		00509				
Start Date (10)		chedule						e of OSHA M						
4 / 14 /	_12_	12	_ /	28	<u> </u>	12	BI	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin							Stree	et Address						
☐ Facility Closed/Vacat						- 02 %	11	23 BEAVE	R STREET					
Abatement Performed						cribe	1000	State, Zip Co						
Time of Abatement:	.00AW-3.30F	IVII	I	-			BI	RISTOL, PA	19007					
Scope of Work (Check a	II that apply)							□ Full Conf	ainment with Neg	native Pressure				
☐ >3 sf or >3 lf		×	Rer	novat	ion			Mini-Enc		Janve i lessure				
⊠ ≥160 sf or ≥260 lf] Der	noliti	on				g Procedure	n-Friable Procedure				
								M Mou-Exe	Inpled () and No	III-Filable Flocedule	1	atam	ent Ty	VDO.
Logation	of.			Loca				Description of	ıf.					T
Location Asbestos-Containing)			ely by			Containing Ma	terial (ACM)	Amount	em	Repair	inca	ncl
TO BE AB	ATED				ance/ Staff?	(i.e		mal systems		(Specify SF or LF)	Removal	aj.	sde	Enclosure
IN Facil			ouot	(12)			oth	urfacing, VAT er miscellane	ous)	Si di Li)	=		Encapsulate	6
(Y	es	No	N/A									
B-Level				×		Floor ti	le an	d mastic		12,212 SF	\boxtimes			
Stair towers #2, #3, #	#4 & #5			\boxtimes		Floor ti	le an	d mastic		1,755 SF	\boxtimes			
Stair towers #2, #3,	#4 & #5		5	\boxtimes		Windov	v cau	lk and glaz	ing	1,094 LF	\boxtimes			
Throughout 1 St Floo			5	\boxtimes		Windov	v cau	ılk and glaz	ing	2,548 LF	\boxtimes			
Name of Registered Wa				T	NJDEP N		77.7	ic Yards of	Name of Regis					AAC - 20
SERVICE TRANSP		INC		1	Hauler II		Was	te	G.R.O.W.S	. NORTH LANDF	ILL			
City, State					20990		Disp	osal Date	City, State			×		
NEW CASTLE, DE									MORRISVI	LLE, PA 19067				
Completed By (Print or		Title	-			_	1	Signature	0 1-	Dat	e /	,/		7.5
Brian Scafiro	,,,,,	1,180,110,00	imat	or				Brian	Scafer	1 /10 10	2/4	41	2	
Dilaii Guillo				54.7				ruan	, sugar	1-1-				

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Date of Notification (1)			П			Owner/Operator (2		- 3.30 p.	cg ^h			
7 / _	6 / 12	_		Prin	ceton Ur	niversity-Office	of Desigကိုမျှန်ဂူရာ	Construction	: -			8
Agencies Notified	Type Notification				Address			11112:	i ti			
□ EPA :	☐ Initial		£	200	Elm Dr	4	AGGE	STOS CÓNTA	ο.			
⊠ DOLWD	Amended	12/4/	42	City, S	tate, Zip C	ode	ě.	LICENSING	£1.			
☑ DHSS ☐ DCA	Amendment #3. ☐ Emergency (inc.)		_	Prin	ceton, N	J 08544		Littlian	a s	1		
(NJAC 5:23-8)	justification)	duding		Name	of Contact			Telephone Number	er di	,		
,	☐ Cancellation		2.	Rob	ert Orteg	ja						
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Taking	Place	(3)				Type of Facility	(4)				
Princeton Universit	y- Jadwin Hall		0.00-018				School (K-12)				
Street Address							Subchapter 8	(Other than K-12) rivate and commerc	ial hui	Idina	e	
Washington Rd							homes, etc.)		iai bui	iuii ig	3,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	je	
Princeton							1 COSO (* 11 COSO / 20 TO COSO (* 2000)					
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)		2	
MERCER					., 0000 (.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, T					
Name of Monitoring Firm	Hired by Building O	wner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)				Selfred Table	
ATC Associates Inc			,				VIRONMENTA					
Street Address						Street Address		_,			_	-
Bromley Corporate	Center-Three To	rri I s	ne			1123 BEAVE	RSTREET					
City, State, Zip Code	Oction-Times Te					City, State, Zip Co						
Burlington, NJ 0801	16					BRISTOL, PA						
Project Manager for Mon			Tolo	phone I	No	Telephone No.	. 10001	License No.				
Michael Keehn	itoring rum			9-386		215-788-6040		00509				
	Cahadi	ulod C		tion Dat		Name of OSHA M		00000			-	
Start Date (10) 4 / 14 /	Water 50			ion Dai			VIRONMENTA	L. INC.				
						Street Address					-	- 222
Occupancy Status During Facility Closed/Vacate	T2 (3)			mont		1123 BEAVE	POTRET					
☐ Facility Closed/Vacate ☐ Abatement Performed					cribe	City, State, Zip Co						
Time of Abatement: 7					0.1.00	BRISTOL, PA						
O SINGLE (Observed)	I that analys			W7-25-01	-	BRISTOL, FA	(13007			-		-
Scope of Work (Check al	i that apply)					☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Mini-End						
≥160 sf or ≥260 lf		∐ De	molitio	on		☐ Gloveba	g Procedure mpted (*) and No	n-Friable Procedur	е			
		Is	Locat	ion					_	atem	ent T	ype
Location	of	1	Norma	lly		Description of	of					1
Asbestos-Containing	Material (ACM)		d Sole intena		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED	353357	todial		(i.e	., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	ova	₹	nsq	Sur
(13)	ity		(12)			other miscellane		,			late	Ф
		Yes	No	N/A			\$0				.000	
Corridor intersection	1		\boxtimes		Floor ti	le and mastic		47 SF				
Outside room # 107				\Box	Floor ti	le and mastic		230 SF				
Outside room # J11					Floor ti	le and mastic		110 SF	×			
Outside room # 011												
Name of Registered Was	ste Hauler			JDEP \		Cubic Yards of	Name of Regi	Lstered Landfill				
SERVICE TRANSPO		í.		lauler II 20990	O No.	Waste		S. NORTH LAND	FILL			
City, State				20330	10.	Disposal Date	City, State				100.00	
NEW CASTLE, DE		7.					MORRISV	ILLE, PA 19067				
Completed By (Print or T	ype) Title	,			1	Signature	1 1.	/ '/ Da	te /	,/	1	
Brian Scafiro	100	stima	tor			Busan	Scafero 1	1 de 1	12/	+//	0	
	71/		-				_//	1				
ASB-41 MAY 11 B 5120	9 T *	Do not	use ti	his form	for asbesi	tos licensure exem	oted activities.					



Date of Notification (1)					Name	of Building) Owr	ner/Operator (2	2)	the hours of the bank				
7/	6 /	12			A ADM S SERVICE STATES	THE RESERVED IN COLUMN				Construction	i E		1	31
Agencies Notified EPA	Type Notificat	tion		i	Street	Address Elm Dr		4		TOS CONTR	. •			
⊠ DOLWD	Amended Amendme	nt #2 -	7/6/	12	City, S	tate, Zip C	ode		હે.	LICENSING	A 79			
□ DHSS	Emergenc			14	Prir	iceton, N	IJ 08	544)		
(NJAC 5:23-8)	justificatio				Name	of Contact	t			Telephone Number	er			
0. ₹.0.02 11 11 11 10 10 10 10 10 10 10 10 10 10	☐ Cancellation	on			Rob	ert Orte	ga			_	74		2008269-11	
	***************************************				FAC	CILITY IN	FOR	RMATION					300000000000000000000000000000000000000	
Name of Facility Where	Abatement is Ta	aking F	Place	(3)					Type of Facility (4)				
Princeton Universi	ty- Jadwin H	all							School (K-12					
Street Address			N - W - W	de la la	The Manne					(Other than K-12) ivate and commerc	ial bu	ildina	S.	
Washington Rd									homes, etc.)	ivate und commerc	101 00	9	-,	
City (5)									Square Feet	# of Floors	Blo	lg. Ag	ge	
Princeton														
County (6) MERCER	- Pales				Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Name of Monitoring Firm	Hired by Build	ing Ow	vner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
ATC Associates In							В	RISTOL EN	VIRONMENTAL	L, INC.				
Street Address							Stre	eet Address						
Bromley Corporate	e Center-Three	ee Ter	ri La	ne			1	123 BEAVE	R STREET					
City, State, Zip Code					-		City	, State, Zip Co	ode					
Burlington, NJ 080	16					В	RISTOL, PA	19007						
Project Manager for Mor						No.	Tele	ephone No.		License No.		A		
Michael Keehn			1	6	09-386	-8800	2	15-788-6040		00509				
Start Date (10)					etion Da	The state of the s	1000000	me of OSHA M	lonitor VIRONMENTA	L, INC.				
Occupancy Status Durin			1000	-				eet Address						
☐ Facility Closed/Vacat					ement			123 BEAVE	R STREET					
☐ Abatement Performe						cribe		, State, Zip Co			777			-
Time of Abatement:								RISTOL, PA						
Scope of Work (Check a	Il that apply)					-								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De					☐ Mini-Enc	g Procedure	pative Pressure n-Friable Procedure	a.			
		-	lo.	Loor	tion	Т		M NOIT-EXE	impled () and 140	II-I Habie I Toocaa	T	atem	ent T	vne
Asbestos-Containing TO BE AB	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Is Location of Used S Maint Custod				ally lely by ance/ Staff?		e., the	Description of Containing Ma ermal systems surfacing, VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	(13) Yes) N/A		ot	her miscellane	ous)				ite	
B-Level						Floor ti	ile ar	nd mastic		12,212 SF				
Stair towers #2, #3,	Stair towers #2, #3, #4 & #5					Floor ti	ile ar	nd mastic		1,755 SF				
Stair towers #2, #3,	Stair towers #2, #3, #4 & #5						w ca	ulk and glaz	ing	1,094 LF	\boxtimes			
Throughout 1 st Floor						Window	w ca	ulk and glaz	1999	2,548 LF	\boxtimes			
Name of Registered Wa				1.0	NJDEP		0.000	bic Yards of	Name of Regis					
	BRISTOL ENVIRONMENTAL, INC.					D No. 3	Wa	posal Date	G.R.O.W.S	. NORTH LANDI	FILL			
City, State BRISTOL, PA 1900	7		74.				Dis	posai Date		LLE, PA 19067				
Completed By (Print or 1	Гуре)	Title						Signature .	1	Da		1.	ueren E	-valt-ard
Brian Scafiro		Es	tima	tor				Brun	Acafer (00)	7/6/	10-		



Date of Notification (1) 7 / 6	/ 12		1	Name o	f Building ceton Un	Owner/Operator (2 niversity-Office of	of Designand	Construction 12	: : 6			
Agencies Notified			ŧ	Street A	Address Elm Dr	ı		STOS CONT				
230	ndment # <u>2-</u>		2		ate, Zip Co			LICENSING				
	gency (inclication) ellation	luding	,	Name o	of Contact ert Orteg			Telephone Numb		-		
						FORMATION						
Name of Facility Where Abatemen	t is Taking	Place	(3)	170	121111111	ORMATION	Type of Facility (4)				
Princeton University- Jadw Street Address							School (K-12)) (Other than K-12)	sial bui	ldings		
Washington Rd							homes, etc.)	ivate and commerc	al Dui	ung	٥,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Princeton						:3						
County (6) MERCER				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)			
Name of Monitoring Firm Hired by	Building O	wner (8) [ASCM N	lo.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc			'		102		VIRONMENTAL					
Street Address						Street Address						
Bromley Corporate Center-	Three Te	rri La	ne			1123 BEAVE	R STREET					
City, State, Zip Code					-	City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Fir	m		Tele	phone N	No.	Telephone No.		License No.			The same	
Michael Keehn		17	60	9-386-	8800	215-788-6040	i e	00509				
Start Date (10)	Schedu	uled C	omplet	ion Dat	e (11)	Name of OSHA N	lonitor					
4 / 14 / 12	1:	2_/	4	_ / _	12	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatem		only o	ne)	-		Street Address						
☐ Facility Closed/Vacated During				nent		1123 BEAVE	R STREET					
	of Normal	Facility	y Hour	s - Desc	cribe	City, State, Zip Co						
Scope of Work (Check all that app	lv)								191			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			novatio			☐ Mini-End	a Procedure	gative Pressure on-Friable Procedu	ге			
		Is	Locat	ion			1		Ab	atem	ent T	уре
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Ma	Normal ed Sole intena todial ((12)	ely by nce/		Description of estos Containing Ma a., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosure
		Yes	No	N/A				47.CE	M			t
Corridor intersection						le and mastic		47 SF		분		
Outside room # 107						ile and mastic		230 SF		븯	닏	-
Outside room # J11					Floor ti	ile and mastic		110 SF		片	片	+
							T. (D	-td Londfill		Ш	Ш	
Name of Registered Waste Haule BRISTOL ENVIRONMENTA			977	IJDEP \ lauler II 18706	No.	Cubic Yards of Waste	G.R.O.W.S	stered Landfill NORTH LAND	FILL			
City, State BRISTOL, PA 19007						Disposal Date		ILLE, PA 19067				
Completed By (Print or Type)	Title	stima	•			Signature .	n Seal	, , D	ate	61	12	

RECEIVED

	/ 1	2		D.	inactor I	ng Owner/Operator	(2)	2012 DEC -7	DI					
4 / 4				Pr	inceton t	ng Owner/Operator Jniversity-Office	of Design and	d Construction	PM	12:	17			
	Notification	n		Stree	et Address			13 WESTOC	13.25.4					
	tiai nended			Street Address 200 Elm Dr & LICENSING City, State, Zip Code										
	nendment	#1-4/2	4/12	City, State, Zip Code										
	nergency (Pr	inceton,	NJ 08544						-		
(NJAC 5:23-8) jus	stification)		•	Nam	e of Contai	ct	***	Telephone Nun	nber			-		
☐ Ca	ncellation			Ro	bert Orte	ega								
				FA	CILITY II	NFORMATION		-			-	-		
Name of Facility Where Abateme	ent is Taki	ng Plac	e (3)				Type of Facility	(4)				_		
Princeton University- Jad	win Hall						School (K-1							
Street Address			-				☐ Subchapter	8 (Other than K-1:	2)					
Washington Rd							Other (i.e.,) homes, etc.	private and comme	ercial b	uildin	gs,			
City (5)							Square Feet	# of Floors	-	V-I- 4		_		
Princeton							Oquale 1 eet	# OI FIOOIS		lldg. A	\ge			
County (6)				Cou	inty Code /	7)(STATE USE ONLY)	Current Hee /D	rior if being demoli				_		
MERCER					my code (MOTATE OUL ONE TY	Current Ose (F	nor it being demoit	snea)					
Name of Monitoring Firm Hired b	v Buildina	Owner	(8)	ASCM	l No	Name of Abateme	nt Contractor (0				_			
ATC Associates Inc	,	•	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.									
Street Address							VIRONINENTA	IL, INC.						
Bromley Corporate Cente	r-Three	Tarri I	ana			Street Address								
City, State, Zip Code		CITIL	anc			1123 BEAVE						01		
Burlington, NJ 08016						City, State, Zip Co								
Project Manager for Monitoring F	irm		Tale	phone	NI-	BRISTOL, PA	19007				_			
Michael Keehn	18111					Telephone No.		License No.						
Start Date (10)	Coho	م اسماری	1		6-8800	215-788-6040								
4_ / _14_ / 12					ate (11)	Name of OSHA M		0						
		-			12	BRISTOLEN	VIRONMENTA	L, INC.						
Occupancy Status During Abaten						Street Address						-		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	g Entire Pe	eriod of	Abate	ment		1123 BEAVER	RSTREET							
Time of Abatement: 7:00AM-	3:30PM/	raciii	y Hou	rs - Des AM		01 01 1 71 0								
			N/L			City, State, Zip Co	de		0.0021-100-2			_		
			M			BRISTOL, PA			1207/2 - 1 127					
Scope of Work (Check all that app			M			BRISTOL, PA	19007							
						BRISTOL, PA	19007 ainment with Neg	gative Pressure						
Scope of Work (Check all that app ≥3 sf or ≥3 If ≥160 sf or ≥260 If		⊠ Re	Menovati	on		BRISTOL, PA	19007 ainment with Negosure							
≥3 sf or ≥3 If		⊠ Re	enovati	on on		BRISTOL, PA	19007 ainment with Negosure	gative Pressure n-Friable Procedu	re					
≥3 sf or ≥3 If ⊠ ≥160 sf or ≥260 If		⊠ Re	enovati emolitic	on on ion		BRISTOL, PA	ainment with Negosure Procedure ppted (*) and No			atem	ent T	·y		
⊒ ≥3 sf or ≥3 If ⊠ ≥160 sf or ≥260 If Location of	oly)	⊠ Re □ De	enovati emolitic Locat Norma	on on ion lly		BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer	ainment with Negosure Procedure npted (*) and No	n-Friable Procedu	Ab	1	_	-y		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED	oly)	⊠ Re □ De	enovati emolitic Locat Norma ed Sole intena	on ion lly ely by nce/	Asbe	BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat	ainment with Negosure I Procedure Inpted (*) and No erial (ACM) Insulation,	n-Friable Procedu	Ab	1	_	÷		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility	oly)	⊠ Re □ De	enovati emolitic Locat Norma ed Sole intena	on ion lly ely by nce/	Asbe	BRISTOL, PA	ainment with Necosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Procedu		atem	_	÷		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED	oly)	Is Is Use Ma	enovati emolitic Locat Norma ed Sole intena todial (12)	on ion lly ely by nce/ Staff?	Asbe	BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat	ainment with Necosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify	Ab	1	ent T Encapsulate	У		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	oly)	⊠ Re □ De □ De □ Use Ma Cus Yes	Locat Norma ed Sole intena (12)	ion lly lly by nce/ Staff?	Asbe:	BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat surfacing, VAT, other miscellaneous	ainment with Necosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	1	_	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level	oly)	⊠ Re □ De □ Is □ Use Ma Cus Yes	Enovation of the control of the cont	on on lly lly by nce/ Staff?	Asbe:	BRISTOL, PA	ainment with Necosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify	Ab	1	_	÷		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	oly)	⊠ Re □ De □ De □ Use Ma Cus Yes	Locat Norma ed Sole intena (12)	ion lly lly by nce/ Staff?	Asber (i.e.	BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat surfacing, VAT, other miscellaneous	ainment with Necosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level	oly)	⊠ Re □ De □ Is □ Use Ma Cus Yes	Enovation of the control of the cont	on on lly lly by nce/ Staff?	Asber (i.e.	BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat a systems in surfacing, VAT, other miscellaned e and mastic	ainment with Negosure Procedure pted (*) and No	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate			
D≥3 sf or ≥3 lf D≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level Stair towers #2, #3, #4 & #5	oly)	⊠ Re □ De □ De □ Use Mad Cus Yes □	Enovatiemolitics Locat Norma ed Sole intena todial (12) No	on on lly lly by nce/ Staff?	Asber (i.e.	BRISTOL, PA	ainment with Negosure Procedure pted (*) and No	Amount (Specify SF or LF) 12,212 SF 1,755 SF	Removal 🛛 🖂	Repair 🔲 🖂 🖂	Encapsulate			
D≥3 sf or ≥3 lf D≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level Stair towers #2, #3, #4 & #5 Stair towers #2, #3, #4 & #5	(ACM)	⊠ Re □ De □ Is □ Use Ma Cus Yes □	Enovatiemolitics Locat Norma ed Sole intena todial (12) No	on on lly lly by nce/Staff?	Asber (i.e.	BRISTOL, PA	ainment with Negosure Procedure Procedure Inpled (*) and No erial (ACM) Insulation, or or ous)	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Ab Removal	Repair	Encapsulate			
D≥3 sf or ≥3 lf D≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level Stair towers #2, #3, #4 & #5 Stair towers #2, #3, #4 & #5	(ACM)	⊠ Re □ De □ Is □ Use Ma Cus Yes □	Enovatiemolitics Locate Norma ed Sole intena todial (12) No	on on lly sely by nce/ Staff?	Asber (i.e.	BRISTOL, PA	ainment with Nerosure Procedure In I	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Removal 🛛 🖺	Repair 🔲 🖂 🖂	Encapsulate			
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) □ Stair towers #2, #3, #4 & #5 □ Stair towers #2, #3, #4 & #5 □ Image: The property of the pro	(ACM)	⊠ Re □ De □ Is □ Use Ma Cus Yes □	Enovatiemolitics Locate Norma ed Sole intena todial (12) No	on on lly sely by nce/ Staff?	Asber (i.e.	BRISTOL, PA	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or Insu	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Removal 🛛 🖺	Repair 🔲 🖂 🖂	Encapsulate			
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level Stair towers #2, #3, #4 & #5 Itame of Registered Waste Hauler BRISTOL ENVIRONMENTA	(ACM)	⊠ Re □ De □ Is □ Use Ma Cus Yes □	Enovatiemolitics Locate Norma ed Sole intena todial (12) No	on on lly sely by nce/ Staff?	Asber (i.e.	BRISTOL, PA	ainment with Negosure Procedure Inpled (*) and No erial (ACM) Insulation, or ous) Name of Regis G.R.O.W.S. City, State	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Removal 🛛 🖺	Repair 🔲 🖂 🖂	Encapsulate			
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) 3-Level Stair towers #2, #3, #4 & #5 Stair towers #2, #3, #4 & #5 Itame of Registered Waste Hauler BRISTOL ENVIRONMENTA ity, State BRISTOL, PA 19007	(ACM)	⊠ Re □ De □ Use Ma Cus Yes □	Enovatiemolitics Locate Norma ed Sole intena todial (12) No	on on lly sely by nce/ Staff?	Asber (i.e.	BRISTOL, PA Full Conta Mini-Enci Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned e and mastic e and mastic caulk and glazin Cubic Yards of Waste Disposal Date	ainment with Negosure Procedure Inpled (*) and No erial (ACM) Insulation, or ous) Name of Regis G.R.O.W.S. City, State	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Removal 🛛 🖺	Repair 🔲 🖂 🖂	Encapsulate			
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) B-Level Stair towers #2, #3, #4 & #5 stair towers #2, #3, #4 & #5 ame of Registered Waste Hauler BRISTOL ENVIRONMENTA	(ACM)	⊠ Re □ De □ Use Ma Cus Yes □	Renovation of the control of the con	on on lly sely by nce/ Staff?	Asber (i.e.	BRISTOL, PA Full Conta Mini-Enci Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned e and mastic e and mastic caulk and glazin Cubic Yards of Waste Disposal Date Signature	ainment with Negosure Procedure Inpled (*) and No erial (ACM) Insulation, or ous) Name of Regis G.R.O.W.S. City, State	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF tered Landfill NORTH LANDI	A Removal	Repair	Encapsulate			

Date of Notification (1)				Name	o of Buildi	ng Owner/Operator (3/						
4 / _	12		Pri	inceton	University-Office	ef Design and	Construction						
Agencies Notified	ation		Stree	t Address		EUIZ DE L /	PH 12: 17			-	_		
☐ EPA	Initial			20	200 Elm Dr								
☑ DOLWD 3276	☐ Amende			City.	State, Zip	Code	01105	CONTROL -		i			
☑ DHSS>269	Amendm		-			NJ 08544	& LICEN	AZING 62					
DCA (NJAC 5:23-8)	☐ Emerger justificati		ng		e of Conta			Telephone Num					
(110/10 0.20-0)	☐ Cancella				bert Ort			Totophone Ham	DÇ.				
			-			NFORMATION		1					
Name of Facility Where A	Abatement is	Taking Plac	0 (3)	- FA	CILITY	NFORMATION	Type of Facility	(4)					
Princeton University		•	æ (3)				School (K-12						
Street Address	cy- oauwiii i	Idili) 3 (Other than K-12	2)				
Washington Rd							Other (i.e., pr homes, etc.)	rivate and comme	rcial b	uildin	gs,		
City (5)							Square Feet	# of Floors	Тв	Bldg. Age			
Princeton											-		
County (6) MERCER		***************************************		Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)				
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
ATC Associates Inc	3					BRISTOL EN	VIRONMENTAL	L, INC.					
Street Address						Street Address			- W/05/6				
Bromley Corporate	Center-Thr	ee Terri L	ane			1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip Co	ode					-	
Burlington, NJ 080	16				BRISTOL, PA 19007								
Project Manager for Moni	itoring Firm		Te	lephone	No.	Telephone No.	License No.						
Michael Keehn			6	09-386	6-8800	215-788-6040	215-788-6040 00509						
Start Date (10)	Scheduled	Comp	etion Da	ate (11)	Name of OSHA M	lonitor							
4//	12_	6	/ _2	0 /	12	BRISTOL EN	VIRONMENTAL	., INC.					
Occupancy Status During	Abatement (Check only	one)			Street Address							
☐ Facility Closed/Vacate	ed During Enti	re Period o	f Abat	ement		1123 BEAVER	R STREET						
Abatement Performed Time of Abatement: 7													
Scope of Work (Check all	that apply)					1			-				
		⊠R	enova	tion		☐ Full Cont ☐ Mini-Enc	ainment with Neg losure	ative Pressure					
≥160 sf or ≥260 lf			emolit			☐ Glovebag ☑ Non-Exer		n-Friable Procedu	re		770		
	_		s Loca Norm						Ab	atem	ent T	ype	
Location Asbestos-Containing I		n Us		lely by	Asb	Description of estos Containing Mar		Amount	Re	Re	m m	m	
TO BE ABA	TED	' M	ainten	ance/		e., thermal systems i	nsulation,	(Specify	Removal	Repair	8	Enclosure	
IN Facilit (13)	y	Cu	(12			surfacing, VAT, other miscellaned		SF or LF)	8		Encapsulate	ure	
(10)		Yes	No	N/A		other missenance	505)				6		
B-Level			×		Floor	ile and mastic		12,212 SF	Ø				
Stair towers #2, #3, #4	4 & #5		Ø		Floor	ile and mastic		1,755 SF	Ø				
Stair towers #2, #3, #4	4 & #5				Windo	w caulk and glazi	ng	1,094 SF					
Name of Registered Wast	e Hauler			NJDEP	94837171 F = 1	Cubic Yards of	Name of Regist	ered Landfill			-		
BRISTOL ENVIRON	MENTAL, IN	1C.		Hauler II 1870		Waste		NORTH LAND	FILL				
City, State BRISTOL, PA 19007		, ti	-			Disposal Date	City, State MORRISVIL	LE, PA 19067					
Completed By (Print or Ty	pe)	Title				Signature	,	Da	te, /.	11.0) 		
Brian Scafiro		Estima	itor	13		Brian	Scaliro	Da	4/4	112	-		

ASB-41 MAY 11 B 5 / 2 0 3 4

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

CKzylel

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

RECEIVED

Date of Notification (1)			T Na	ame of E	Building Ow	ner/Op	erator (2	2)									
December 3, 2012		leanor	2012 DE	C - J	7 PM 2	: 31			_								
Agencies Notified	encies Notified Type Notification						Street Address 29 Claremont Drive								18		
EPA DEP DOL	Initial Amended Amendment	#		ity, State, Zip Code fillsboro, NJ 08844							KSING	nor.	D				
DOH	Emergency (justification) Cancellation	including	Name of Contact Roy Taverner								hone Num	ber					
DCA DCA	Cancellation			ITY INFOR	MATIC)N											
Name of Facility Where Site of Demolished	Abatement is Taking Home	g Place (3)						□ s	f Facility (4) chool (K-12))	than K 12						
Street Address 1 Gladys Avenue						⊠ o ef	ubchapter 8 ther (i.e. pri tc.)	vate &	commercia	al buildi			i,				
City (5) Manville								Square		30 836	Floors	Bldg. Age					
County (6) Somerset				County C	ode (7) SE ONLY)		_	Site	nt Use (Prior of Demolis	shed I	Home	ned)					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ement Contr ki Corpora		9)						
Street Address							Street 235 V		s ung Aven	ue							
City, State, Zip Code									p Code ge, NJ 07	052							
Project Manager for Mo	T	elephor	ne No.			Telephone No. License No. 973-243-9872 01171											
Start Date (10)		Schedule		Out					Name of OSHA Monitor N/A								
12/04/2012 Occupancy Status Duri	na Abatamant (Cha	CARRIE STREET			ri veg			Addres	ss				111				
Facility Closed/Va	cated During Entire	Period of A	batem	atement					ip Code	_		-					
_	Site of Demolished	nome								-							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emoliti					Mir	II Containme ni-Enclosure ovebag Proc	edure									
						-	2	No	n-Exempted	i (*) and	d Non-Fria			e ement			
			Locati Iormal										Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				y by nce/ Staff? Asbestos C (i.e. therm su other			I system acing, V	g Material (ACM) ems insulation, VAT, or illaneous)		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A X	Transite	cidir	an ado	litiona	l clean	5sf	approx	x		-			
Site of Demo	lished Home			+^	Transite	Siuli	ig, auc	IIIIOIIA	Cicar		орр. с	+		\vdash			
				-	-	-						+					
			-	-	-							1	\vdash	\vdash			
Name of Registered V	Vaste Hauler		L	J NJDEP N	Vaste	100000000000000000000000000000000000000	c Yards	- Caralle Co. 1	Name of	Regist	ered Landi	fill					
Kielczewski Corpo				dauler II 03472			Vaste Conestoga Landfill										
City, State West Orange, NJ	ASP II						osal Dat 19/2012		City, Stat Morgar	ntown	, PA 195	43					
Completed by	ident			1	Signaty	iel m	Date 12/03/2012										

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	2012-233	_	(P	ursuant	to NJAC 8:	60-7 a	nd 12:120-7	YEL YEL	Check #	5634						
Date of Notification	(1)	I I Nat	ne of Build	ing Owner	r/Operator (2)	•										
1 12 1/10 14	1 2 / 0 4 / 1 2 Maureen & Brendan Bowers							2012 DEC -7 PM 2: 33								
Agencies Notified EPA DEP	I ype Notificatio	9	et Address Albert A	venue		£ €j	ÆSTOS (CONTR								
☑ DOL	☐ Amendm	ant 1	, State, Zip		1.05061		CD .									
☑ DOH			Convent S		J 0/961		Telephone Number									
☐ DCA	☐ Cancellat	ion			an Bowers											
				FACIL	ITY INFORMA	ATION										
Name of facility wh	here abatement is	taking plac	e (3)					Ту	pe of Facility (4	(K - 12)						
same			4-3						Subcha	pter 8 (Ot			12)			
Street Address									Other (F Bldgs./h	Private/Co Homes, et	mmer c.					
9 Albert Avenu	ue							_	quare Feet	# of Floors	,	Bld	g. Ag	je		
City (5)		Count	y (6)				y Code (7) use only)	1 1	urrent Use (Pri	ior if being	dem	olishe	d)	_		
Convent Statio	on, NJ 07961	Mor					lame of Abater	1 1 -	esidential							
Name of Monitorin	ng Firm Hired by E	Ildg. Owner	(8)		ASCM No.											
n/a							B & G Resto	oration, i	nc.		_			_		
Street Address							105 Ryersor	Road								
						<u> </u>	ity, State, Zip (
City, State, Zip Coo	ue		4				Lincoln Par	k. NJ 07	035					14		
Project Manager fo	or Monitoring Firm		Pho	Phone Number			Telephone Number License Number									
1 Tojoot Managor M							973-696-68			0378						
Scheduled Start D	ate (10)	Sched.	Completio	n Date (11	1)		Name of OSHA B & G Rest		Ina							
12/14/2012		12/14	/2012				Street Address	oration,	inc.			Line				
Occupancy Status	During Abatemer						105 Ryerson	n Road								
▼ Facility close	ed/vacated during	entire perio	d of abate	ment.			City, State, Zip									
Abatement p	performed outside	of normal f	acility hour	s-												
Describe: Other-Desc	ribe:					=	Lincoln Par	rk, NJ 07	035							
Scope of Work (c	check all that apply	()														
Demolition	\boxtimes	Renovatio	n				Il Containment	w/negativ	e pressure	Glovek	8,012000					
\times >3 sf or >3	If 🔲	≥160 sf or	≥260 If			M 🖂	ni-enclosure			Non-fr						
Location of	· · · · · · · · · · · · · · · · · · ·	Is location	normally i	used solely	y	-					e e	R	E	Ε		
asbestos-co	ontaining	by mainte staff(12)	nance/cus	todiai			bestos-contain	ing	Amount (Specify S	SF or	m o	р	С	n		
material to labated in fa		Yes	No	N/A	material	(ACM)			LF)		v	a	a p	L		
		103	140	N/A					COLE		e	-	X	\vdash		
basement					pipe				60 lf		ዙ	H	H	╫		
											片	片	片	뉴		
					-	-					片	H	Ħ	市		
				-	-		•				計	Ħ	市	恄		
Registered Waste	Hauler	INJD	EP Hauler	ID# 10	Cubic Yards of	Waste	Name of Regi	stered La	ndfill			_		1-		
B & G Restora	tion, Inc.	195			1 yard		Tullytown	Resource	& Recovery	Center						
City, State	12		744	Disposal I			City, State	D.4	3							
Lincoln Park,				12/17/			Tullytown,			Date	_		_			
1070	Completed by (Print or Type) Gordana Luna Treasurer Signature								Gordana Luna 12/4/2012							

Date of Notification (1)	04 / 12	2		Name or Rona	Building	Owner/Operator (2 rzog - Executor	RECEIL	ED.								
Agencies Notified	Type Notification			Street A		201 Road 201	2 DEC -7 PI	4 2:30								
⊠ EPA □ DEP	☐ Initial ☐ Amended			City State 7in Code												
☑ DCA (NJAC 5:16)	Amendment #					J 07424 ♣5	BESTOS CO	Later on war		i						
DHSS	☑ Emergency (i	ncluding			f Contact	0 01424	& LICENS	Elephone Num	nber				-			
☐ DCA (NJAC 5:23-8)	justification) Cancellation						2.021101	1 Coping								
(10/10 0.20 0)					Will Damato											
				FACI	LITY IN	FORMATION					_					
Name of Facility Where	Abatement is Takir	ng Place (3	3)				Type of Facility (4									
Estate of Frederic	A. Herzog				☐ School (K-12) ☐ Subchapter 8 (Other than K-12)											
Street Address							☑ Other (i.e., pri	vate & commerc	cial buil) al buildings,						
232 Somerset Stree	et						homes, etc.)									
City (5)							Square Feet	# of Floors	В		Age	е				
North Plainfield							12,000	3		50						
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demol	lished)							
Somerset							Commercial						-			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM N	lo.	Name of Abateme	ent Contractor (9)		#02511F-05-15							
Health & Safety Se		•		00117	7	Superior Aba	tement Inc									
Street Address						Street Address				177						
318 12th Street,						2 Henderson	Drive									
						City, State, Zip Co	ode									
City, State, Zip Code	027					West Caldwell, NJ 07006										
Hammonton NJ 08			Tol	anhona N	hone No. Telephone No. License No.							-	-			
Project Manager for Mor	nitoring Firm				9) 704-8850 (973) 808-1616 004											
Jim Proctor	10:	-1-1-0				Name of OSHA Monitor							-			
Start Date (10) 12 / 08 /	ANY PROPERTY CONTRACTOR				tion Date (11) Name of OSHA Monitor Superior Abatement Inc											
Occupancy Status Durin						Street Address			-							
☐ Facility Closed/Vacat	ted During Entire F	Period of A	hate	ement		2 Henderson	Drive									
☐ Abatement Performe	d Outside of Norm	al Facility	Hou	ırs - Desc	cribe	City, State, Zip Co										
Time of Abatement:	8:00 AM-5:00 PM	<i>N</i> P	M	AM		West Caldwe				-						
Scope of Work (Check a	all that apply)					□ Eull Con	tainment with Neg	ative Pressure			88					
□ >2 of or >2 If		⊠ Ren	ova	tion		Mini-End	closure	auvo i rooda. e								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Den	nolit	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure												
		1 1				∐ Non-Exe	empted (") and No	n-Friable Proced		hot		ent Ty	,ma			
				ation ally		Description of	of		<u> </u>	_		# III. 1	he			
Location Asbestos-Containing		Used	So l	lely by	Asbe	estos Containing Ma	aterial (ACM)	Amount	20	,	Repair	Enc	Ē			
TO BE AB	BATED	7,500 2500		ance/	(i.e., the	ermal systems insul	ation, surfacing,	(Specify	Kemova		pair	cap	Enclosure			
IN Fac	ility	Cust	(12			VAT, or other miscellane	eous)	SF or LF)	l la			Encapsulate	ure			
(13))	Yes	No	100		Other misocharie	,		1.			ē				
				$+$ \Box	Dine In	sulation		400 LF	D	1						
Basement					i ipe iii	- Contaction			-	+	П					
									_ [4	ш	ш	-			
		_	\equiv	+=][
					Monto	Cubic Yards of	Name of Regis	stered Landfill		- 1			_			
Name of Registered Wa				NJDEP \		Waste	Minerva L									
Service Transport	t Group, Inc.			SW21		10										
City, State	10		Tree :	3.		Disposal Date	City, State	and Oll								
New Castle, DE						12/10/12	Waynesbu	irgn, OH			7/2					
Completed By (Print or	Type)	Title				Signature	11 -11	1	Date			100				
Nick Petrovski		Preside	ent	70.0		////	1/ lhh	eres.	12	'	4.	12	_			
MONT OUT OVER			· ·			MA	Mall College	· · ·	,_		,	-				