			•			Dr	- C	heck #	ŧ704	1	
Date of Notification	(1) December 3, 2012			e of Buildir	ng Owner / Operator	(2)	CEIVED	?			
Agencies Notified	Type Notification			et Address		2012 000	-7 PM12: 29				
3	EMERGENCY	W.			발	JAU 31	-7 PM				
EPA	LIVILINGLING		8 Hig	ghview Te	rrace	A Track	PM 12: 29 ENSING ROL				
DEP	 		i			SESTE	10 , 13				
⊠DOL	Initial		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State & Zi	p Code	e LIC	ELCON FRAN				
⊠рон	Amended Amendmen	nt #	Bloo	mfield, N.	07003		-MOING WAL				
DCA	Cancellation		Name	e of Conta	ct		CA IT	elephor	ne Ni	ımbe	er
10 70				ia Festa			45,1.	оюрто			
			FA	ACILITY	INFORMATION	I.	Г	1		5	
Name of Facility Wh	ere Abatement is Tak	ing Place (3)			Type of Fa	cility (4)					
					School	l (K-12)					
Street Address					Subch	apter 8 (Other th	an K-12)				
418-420 Main Stree	t						commercial building	gs, hor	ne, e	etc.)	
(Cit. (E)					Square Fee		Floors BI	dg. Age	,		
City (5) Little Falls					2,0		1		40		
Little I alls					Commerci	e (Prior if being d	emolished)				
County (6)		County Cod									
Passaic Name of Monitoring	Firm Hired by Building	USE ONLY		ASCM	No. Nome of Al	patement Contrac	otor (0)				
Synatech, Inc.	- IIII Timed by Ballanig	owner (o)		ASCIVI	Synatech,		otor (9)				
Street Address					Street Addr						
829 Radio Road City, State & Zip Coo	ie .				829 Radio						
Little Egg Harbor, N					City, State	a zip code Harbor, NJ 0808	37				
Project Manager for			elephone		Telephone	Number	License Nur	nber			
Todd Nugent Scheduled Start Date	(10) Cabaa	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	09-488-02		609-296-69			0081	7		
December 4		duled Complet Decen	nber 14, 2		Synatech,	SHA Monitor					i
	uring Abatement (Che	ck only one)			Street Addr	ess	200.000				
	ed/Vacated During Er			ent	829 Radio						
Other – Des	Performed Outside of	Normal Hour	S		City, State						
	upied During Abateme	ent			Little Egg I	larbor, NJ 0808	37				
Scope of Work (Chec							The state of the s				
	,				Г	T Full Containm	ent with Negative Pres	CUITA			
≥3 sf or ≥ 50 lf			Renovat	ion	ķ	Mini-Enclosure		Suic			
≥160 sf or ≥26	60 If	\boxtimes	Demolitie	on	Ď						
					Ď	=	d(*) and Non-Friable P	rocedu	re		
	ation of			ally Used	Descrip					ent T	Гуре
	ining Material (ACM) ABATED		y Mainte		Asbestos-		Amount (Specify				
	Facility	Cusio	odial Stafi	(12)	Materia (i.e., therm		SF or LF)	<u> </u>			_
	(13)			1 1	insulation, su	rfacing, VAT	4	اما		E	m
					or other mis	cellaneous)		em	Reg	cap	忌
		Yes	No	N/A				Remova	Repair	Encapsulate	Enclosure
		162	No	IVA				-		te	O
Basement Exterior of Structure				Х	Pipe Ins		. 80 LF	X			T
Roof				X	Shingle		1,800 SF	_ x			1
iving Room				X	Tar P		60 SF	_ X			1
lame of Registered V	Nasta Haules	N.IDED.		X	Textured		400 SF	X			
turne or registered v	vaste mauter	NJDEP \		Cubic Y	ards of Waste	Name of Regi	stered Landfill				
ynatech, Inc.			429	7		Grows Landf	ill				
City, State				Disposa	l Date	City, State					
ittle Egg Harbor, N.	J 08087			Decem	ber 17, 2012	Morrisville D	Α.				
completed By	Title	The Control of the Co		Signatur		Morrisville, P	Date		1000		
iane Aloia		oblica A at 1		//	cani alor		×				
Aivia	Exect	utive Adminis	strator	10	and the		December 3, 2012				

(2541)

.

. .

- X												
Date of Notification (1)	4/12		Nam	NO OI BUIL	iding Owner/Oper	ACUIA	v=5.	- 4	12 DEL		_ 10	
Agencies Notified	Type Notification		Stre	el Addre	183					7	PH 12: 2	
10.00 M	[⊠]initial .			7	225 F	LEEN	our-	- Cor 0/9	1		1/2	
□ \$PA □ \$P	Amended		City		ip C∞de			al a	7:0	0	-6.5	
	Amendment #		Chy.	0010, 2	WOODB	INE	, 1, 5,	08270	4/CE	CO	14-	
_ 000	Emergency (inclu	philos						relephone Num	ber	18(1/1	TAM.	
□ 00H	justification)		Nam	re of Co	niaci ,-	- 1					G 74	
□ ∞	Cancellation			41	SA FISH	-/-						
	L		E	CILITY	INFORMATIO'N							
	<u></u>	7-7-1				Type	of Facility (4)				
Name of Facility Where	Abatement is Taking F	Place (3)				1 (5.5	chool (K-12)			175		
PESI	DENCE	<u> </u>					R seinedadus	(Other than K-1	2)		1	
Street Address						1 27 0	oner (I.e., pri	rate & commerc	DIED IER	ng s	1	
176	36+4.5T						nomes, etc.)	For Floors	Bio	Q AQE		
	7				*/		111	. 2		40 T	. .	
Ciry (5)	· 0 4/					_ 10	00	What dome	lished)			
N U A	L010		100	univ Co	de (7) (STATE	Cun	eni Use (Pno	of H being demo	151160)			
County (6)				E ONLY	0		VAC	DNT				
(,00	E May		1		I Name of Al	palement C	convacor (9).				• ;	
Name of Monitoring Firm	n Hired by Building Ox	wei	ASC	M No.	· ZLO	MCO	contrador (9).	c/				
(8)	1/1											
	/				Sveet Add	a°C,	SPRUC	E Ave.	19-120-			
Street Address			50.5			7 /						
					City, State.	Zip Code	C.107	: N.J	080	5 -		
City, State, Zip Code			•.				SHOT	T License No				
		1 4	Jacks	ne No.	Telephone	No.	0//00	421 D.C. P.C. A.E.T. P.	144		1	
Project Manager for Mi	onitoring Firm		ت مروار		856	-779	-0472	1_00				
rigetime			Completion Date (11) Name of OSHA Montroy JOSEPILMIEM TOSEPILMIEM									
2	Schedi	Jed Cony	naisk	Date (1	" To	F PK	HILEM	M				
S:an Date (10) : 12/17 //	12	124	112									
10/1/11	A balamani I Chac	k only on	9)		Sueel Ad	01853	PILUC	モノレミ				
Occupancy Status Du	nng Abatement (C.T.	ind of Ah	ateme	nt								
Occupancy Status Ou	aled During Engle Fel	E-cilin H										
Facility Closed/Vac	ned Outside of Normal	Pacally	00.0		E, 10, 1	, 00	<u>., , , , , , , , , , , , , , , , , , , </u>	=				
Other - Describe:												
Scope of Work (Chec	k all that apply)					Full Contain	nmeni with N	egative Pressur	•			
Scope of Work (Chec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Page	vation		Q	Mini-Enclos	Sincedule					
1 23 51 01 23 II		Deux Verio	notite	18	Я	Non-Exem	pred (') and h	ton-Friable Pro	co oure		erren.	
2160 st or 2260 H								1	1		rix.	
		Is Lo	calion						-			
		Non	L/SIA		Desc	ription of		Amount		į.	7.7	
		111-45	Normally Sed Solely by Asbesios Containing Material (ACM) Asbesios Containing Material (ACM) Asbesios Containing Material (ACM) (Specify G									
Locali					Asbesios Contai	ann Maler	ial (ACM) Julation.	(Specity		He is		
a chasins Contains	ng Malenai (ACM)	Used S Mainte	enano Iodial	e/ \	(i.e., thermal s	ning Malen ysiems ins	1			Remov	1000	
Asbesios Containe	NATED	Used S Maint Cus St	enano lodial an?	e/ \	(i.e., thermal s	ning Malen ysiems ins	1	(Specity		Removal	apricate a	
Aspesios-Contains TO BE A	MATED BATED	Used S Maint Cus St	enano Iodial	e/ \	(i.e., thermal s	ning Malen	1	(Specity		Removal	a living to	
Aspesios-Contains TO BE A	NATED	Used S Maint Cus St	enano lodial an?	e/ \	(i.e., thermal s	ning Malen ysiems ins	1	(Specify SF & LF	,	1	a haranan a haranan	
Aspesios-Containe TO BE A IN Fa	MATED BOLLY	Used S Mainte Cus St	enano lodial alt? 12)	N/A	other my	ning Malen lysiems ins ng, VAT, 0 scallaneou	1	(Specity	,	Hernoval X	d france	
ASDESIOS CONTAIN TO BE A IN Fa	ng Malenai (ACM) NBATED SOLITY 3)	Used S Mainte Cus St	enano lodial alt? 12)	e/ 	(i.e., thermal s	ning Malen lysiems ins ng, VAT, 0 scallaneou	1	(Specify SF & LF	,	1		
Aspesios-Containe TO BE A IN Fa	ng Malenai (ACM) NBATED SOLITY 3)	Used S Mainte Cus St	enano lodial alt? 12)	N/A	other my	ning Malen lysiems ins ng, VAT, 0 scallaneou	1	(Specify SF & LF	,	1		
ASDESIOS CONTAIN TO BE A IN Fa	ng Malenai (ACM) NBATED SOLITY 3)	Used S Mainte Cus St	enano lodial alt? 12)	N/A	other my	ning Malen lysiems ins ng, VAT, 0 scallaneou	1	(Specify SF & LF	,	1		
ASDESIOS CONTAIN TO BE A IN Fa	ng Malenai (ACM) NBATED SOLITY 3)	Used S Mainte Cus St	enano lodial alt? 12)	N/A	other my	ning Malen lysiems ins ng, VAT, 0 scallaneou	(s)	(Specify SF & LF	# <u></u>	1		
ASDESIOS CONTAIN TO BE A IN Fa	ng Malenai (ACM) NBATED SOLITY 3)	Used S Mainte Cus St	enance godial an? 12)	NIA Y	(i.e., themal s sudaci other m	nng Malen yslems ins ng, VAT, o scollaneou	(s)	(Specify SF & LF	#	X		
Aspesios Contains TO BE A IN Fa	ng Malenal (ACM) NBATED SOLITY 3)	Used S Mainte Cus St	enance (Iodial an? 12)	NIA Y	(i.e. themals sudace other my	nng Malen ystems ins ng, VAT, o scollaneou	(s)	(Specify SF & LF	#	X		
Aspesios Contains TO BE A IN Fa (1)	ng Malenai (ACM) RATED SOLINY 3) Waste Hauler	Used S Mainte Cus St	enance (Iodial an? 12)	N/A X JOEP Wassier D	(i.e. themals surface other my	nng Maten ystems ins ng, VAT, o scellaneous /TE Yards ste	Name of S	(Specify SF & LF	ofili 1 , U ,	x .	- 2	
ASDESIOS CONTAINA TO BE A IN FR	ng Malenai (ACM) RATED SOLINY 3) Waste Hauler	Used S Mainte Cus St	enance (Iodial an? 12)	NIA Y	(i.e. themals surface other my	nng Maten ystems ins ng, VAT, o scellaneous /TE Yards ste	Name of S	(Specify SF & LF	ofili 1 , U ,	x .	- 2	
SIDING Name of Registero K L & M	Malenal (ACM) BATED SOLITY 3) d Waste Hauler CO INC.	Used S Mainte Cus St (enance Hodial an? 12) No	N/A X JOEP W Jauler D 1790	(i.e. themals surface other my	ning Mater ystems ins ng, VAT, o scollaneous /TE	Name of S	(Specify SF & LF	ofili 1.U.	x .		
SIDING Name of Registerer Lin State	og Malenal (ACM) BATED SOLLY 3) d Waste Hauler a CO INC.	Used S Mainte Cus St (enance Hodial an? 12) No	N/A X JOEP W Jauler D 1790	Vaste Cubic No. Of Wa	nng Maten ystems ins ng, VAT, 0 scollaneous / TE Yards ste Sal Date	Name of S	(Specify SF & LF	ofili 1 . U .	x		
Name of Registers City State MDPLE	Malenal (ACM) BATED SOLITY 3) O Waste Hauler 1 CO INC.	Used S Maintr Cus St (Yes	enance ilodial a H? 12)	NIA X JUDEP W Jauler D J 7 9 G	Vaste Cubic No. Of Wa	ning Mater ystems ins ng. VAT. o scollaneous /TE	Name of S C, / City, State	(Specify SF & LF	ofili 1.U.	x		
SIDING Name of Registerer Lin State	Malenal (ACM) BATED SOLITY 3) O Waste Hauler 1 CO INC.	Used S Maintr Cus St (Yes	enance ilodial a H? 12)	N/A X JOEP W Jauler D 1790	Vaste Cubic No. Of Wa	nng Maten ystems ins ng, VAT, 0 scollaneous / TE Yards ste Sal Date	Name of S C, / City, State	(Specify SF & LF	ofili 1 . U .	x		

Date of Notification (1)		N	ame of B	uilding O	wner/Ope	erator (2)	000	2012	Dr. 1-	50	E de	100	
11/28/12			57). J	TOSE	PH	5.	REGIO	o Bu	PEC 17	211,	CE		44
Agencies Notified Type Notific	ation	S	treet Add	ress '3 /	nala	87	1266	T	WE.	Pra.	19/2	3: 5	7	
EPA X Initial Amend	ed	C	ity, State	Zip Cod	e	15	- 43	<u>~,></u>	& T	ICEN CO	hrr			
	ment # ency (including	- Approximate			3012	<i>(</i> 0)	0/	39				91		_
	ation)		ame of C		PUARN	?)			rele	pho <u>ne Numb</u>)ei			
DCA Cancel	iauon	17			RMATION				1 -					
Name of Facility Where Abatement is	Taking Place (3)							Facility (4))					
Street Address						\dashv	FT St	chool (K-12 abchapter 8	(Othe	r than K-12)				
123 BARCLAY 8	T						et et	C.)	vate 8	commercial				š,
PATRASE NI								Feet 6/6	# of	Floors		lg. Ag	je	
County (6) PASSAIC	3	(County Co	de (7) E ONLY)		_	Current	Use (Prior	if bein	ng demolishe	d) Mo			
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASCM	No.				ment Cont		(9)				
Street Address			1		1		Address							
City, State, Zip Code							tate, Zip	Code N.J. 074	452					
Project Manager for Monitoring Firm		7	elephone	e No.			one No.			License No 00156).			
Start Date (10)	Scheduled			ate (11)		Name	of OSH	A Monitor vironmer	ntal S	ervices In	 с.			
Cocupancy Status During Abatement	(Check Only One	1		,	+	I STATE OF THE PARTY OF THE PAR	Address							\neg
	Entire Period of Al	atem	ent					Street						
Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe:	of Normal Facility	Hours			-		state, Zip kensad	Code ck, NJ 07	606	**				
Scope of Work (Check All That Apply)						7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
			1				NOT	-Exempled	() ar	U NOII-FIIAD		Abate	ement	
Location of	N	Locati ormal	у		Des	cription	n of					Ту	ре	г -
Asbestos-Containing Material (ACTO BE ABATED	(Mi) Mai	i Sole ntenar	nce/		tos Conta				950	Amount Specify	Re	20	Enc	E
In Facility	Custo	odial S (12)	Staff?	0.2	surfaci	ing, V/	AT, or		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		•						<u>a</u>		ate	6
ROOF				FLA	Hitic	Ica	ucki		1	500	X			
Teor			\vdash											
Name of Registered Waste Hauler			IJDEP W		Cubic \ of Was	Yards te				ered Landfil		I Co	rn.	
Rovic Transport			0785							hlehem L	at IUIII		ρ.	
City, State Riverdale, New Jersey 07457	7				Dispos i I	al Date		City, Stat	hem,	PA 18015				
Completed by R. McDonald	Title Pres	ident			S	ignatu	Ph >	Ind.		Di	ate /	5/1	2	00.000
						1	1 1				-130010			

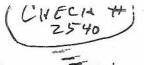
F.1.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) EMEM DER OF MARKON HARD-COPS 1/2 Name of Building Owner Operator 2/2 Name of Building Owner Operator 2/2 Name of Building Owner Operator 2/2 Street Address P.O. Box 631 City, State, Zip Codo Street Address P.O. Box 631 City, State, Zip Codo Name of Contact Name of Contact Telephone Number	7
DEPA Printed City, Slate, Zip Code City, Slate, Zip Code City, Slate, Zip Code City, Slate, Zip Code Name of Contact Name of Contact Name of Contact Telephony Number	- 17, - 17, - 1,4,
DEPA DAMENDE City, States, Zip Codo City, States, Zip Codo City, States, Zip Codo FOR Keel Riedel NT 08731 Name of Contact Name of Contact Name of Contact Telephony Number	7
MED - 5 2012 Amendment # FOR Keel Risual No Norme of Contact For Keel Risual No Norme of Contact Telephone Number	7
VIDOH [justification] Name of Contact Telephony Number	7
QDGA Drance ton Mike Cancillio	-
WAIVER APPROVED FACILITY INFORMATION	
Stock The Due 11 -	
Street Address Subchapter 8 (Other than K-12)	
City (5) Squally Feet # of Floors Blue Age	!
County (6) County Code (7) (STATE USE Current Use (Pilor Leging domelished)	<u>~</u>
Union ONLY) Single family Dwellis	iq
Name of Maritaring Firm Hirod by Building Owner ASCM No. / Norms of Abatement Contractor (9) (8) EPC Technologies N/A EPC Technologies, Inc	
Street-Address Smoot Address	
City, State, Zip Code City, State, Zip Codo	-
New Egypt NJ 08533 Project Manager for Monitoring Film: Telephone No. Telephone No. Telephone No. Ulcense No.	
Steve Schenker 609 758-3365 609-758-3365 0039 y Start Date (10) Schoduled Completion Date (11) Name of OSHA Montter	
12-6-12 12-6-12 EPC Technologies, Inc.	
Occupancy Status During Abatement (Check only one) Street Address P.O. 89x 337	
D Abetement Performed Outside of Normal Facility Hours Other - Describe City, State, Zip Code New Equat NJ 08533	
Scope of Work (Chock all that apply)	
☐ Renovation ☐ Mini-Enclosure ☐ \$160 of or ≥ 260 if ☐ Renovation ☐ Mini-Enclosure ☐ \$260 if or ≥ 260 if ☐ Renovation ☐	==
Normally Typ	
	T D
Asbestos-Containing Material (ACM) 10 BE ARATED Custodial IN Facility (13) Abcolos Containing Material (ACM) Anothit (10., thornel systems insulation, SE or 1 F) Other miscellandous) Abcolos Containing Material (ACM) Anothit (Specify SE or 1 F) Other miscellandous)	Endicate
Yes No N/A	a 0
an ground & Air Duct W/Back 5 LF X	4
Small Room behind Gazza to 919 Floor Tiles 140 55 x	
Namo of Registered Waste Hauler NUDEP Waste Hauler Cubic Yards of Name of Registered Landilli	لــــــــــــــــــــــــــــــــــــــ
EPC Technologies 1000 17000 Waste Management	
WE NJ Disposal Data City, State PA	
Completed by Thie Signature Date	7
Steve Schenker President Sleve Schenke 12:5-13	<u> </u>

			-	Mana	(D. IIdia a	Owner/Operator	/21		- See Ld			<u> </u>	1
Date of Notification (1)	4/12	5 7		Name 0		ADS CXC		29H 2aDDC	' '				
			4	Ciraci A	ddress	ODS CAC		THEFE	1- PH 12: 26		_	=	1
Agencies Notified	Type Notification			Ousel v		9 FULLI		. N.C.	RAAD.				1
DI BPA FI COP FI COL	Sainit Sainit		L						O COLUMN PREST	-	-	=	1
K OB	Amendment #	*:		City, Su	ile, Zip C	∞0¢	11	. & LJC	10 3 6825	-, '	•	4	
(25) COC	☐ Emergency (in	cluding) V	ICCRS	Telephone Number			_	1
□ DOH	justification)		Г		Contact				Letebrous voltoes	D			1
	Cancellation		. l_	7	3 En								er.
	L			FACU	שאו צדע	ORMATION							
Name of Facility Where	Abalement is Takim	Place (3					Ty	pe of Facility (4)				7
	TENCE		•					School (K-12)					
	1751000						1 2	Subchapter 8	(Other than K-12) vale & commercial	huilding	15		
Street Address	- ISTAN CT						12	homes, etc.)					J
2010	1 15THST			-			30	uare Feet	# of Floors.	BIGO.	1000		7
City'(5)	• .			100			1	000	2_	4	0+		-
NORTH	4 WILDE	1001	_	_	Codo 17	STATE	Cu	ment Use (Pric	or If being demolish	ed)			7
County (6)	000			USEC	WLY)	SINIE			DUT	*		or notes at	
LAPE	- MAY					Name of Abaten	ne ni						-
Name of Monitoring Firm	Hired by Building	MUSI	1	SCMN	0	Name of Adalen	C C	TW.	ci	128		15//:	
(8) N	/A												٦
Street Address						Sveet Address	3 .	SPRUC	E AVE.				.
Juccinio						City, State, Zip C							٦
City, State, Zip Code			X - 2 - 1			City, State, Lip C		SHAD	E. N.J.O	805	٢	1575	.
City, State. Dip occur								300	License No.				7
Project Manager for Mo	nitoring Firm	[.	Teles	shone N	lo.	Yelephone No.	79	-0472		4			.
Pideci manager ion	N 12-12-2												٦.
2 100 100	Scheo	duled Cor	nole	ion Dali	e (11)	Harne of OSHA	MON	71/204	M				
Stan Date (10)		2/29	1	12				HIEM					7
Occupancy Status Duni						Sueel Address		SPILUCE	-10=.				1
Occupancy Status Duni	ng Abatement (one	ded of A	hater	ment		3695	2/	PILUCE	2/1 001				긕
Facility ClosedVaca	led During Entire Pe	l Escilio	Hour	3		City, State, Zip	Code						1
Abatement Performs	d Outside of Horme	i r aceny	11001	•		MAP	تے ب	DHAD	E, N, 5:0	0000	2		_
Other . Describe:													
Scope of Work (Check	all that apply)					Full Co	ontail	nment with Ne	gative Pressure				
23 \$1 or 23 II		Ren	DEVO	ion .		Mini-E			Edable Brookly				
2160 si or 2260 H		Den Den	JOH 60	<i>y</i> 1		HONE	xem	bred (,) sug vi	on-Friable Procedu	TA	paten	en:	•
		I Is Lo	calk	on							Typ	•	
		No	mah	y N. by		Description	of		Amount		7	_	
Location	101	Used Maini	SOIn.	nce/	Asbe	une Containing M	lateri	al (ACM)	(Specify	ام	- n	Encapsulate	.2
Aspesios Containing	Malenal (ACM)	Cu	stodi	al	(i.e	, thermal system surfacing, VA	s ins	ulation,	SF or LF)	Remova	Repair	00	5
TO BE ABO	W.	-	tall?	8		other miscellar	10 OUS	5)		1 2	1	-	Enclosing
(13)		1	12)									3	
•		Yes	No	N/A					A	+		_	
		+-+		+	7	NAMEIT	E		2000 4	×	_	_	·
SIDING				1	-								- 0
							==						1
							-		-	+-	1		
		1		1					gistered Landfill				
	- United	<u>- </u>	1	NOEP	Msas	Cubic Yards		Name of Ke	, C, M, U	1. 6	e i	1	
Name of Registered V	Yaşıe naulei			Hauler I	D No.	of Waste	- 1	C,/M	,0,,,,		_		=
KLÉMC	O INC.		_	179	07_	Disposal Date		City, State		14	,		
City. State		5,0	en	57.				Wão	DBINE, 1	برر		==	==
MAPLESI	IDDE, N.	$\mathcal{I}_{I}_{\mathcal{I}_{I}}}}}}}}}}$	0 0			Signatur	<u> </u>	10	. 0010	1	1		
Completed By		ise				312	مم	4156	12	14	10	之	_
1056PH K	EMM -	00	7 1	ER			<u> </u>						
						atas haaaasiis a	x e m	nted activities		7.			
AS8-41		Do not u	ise li	his form	101 8 30 6	sios licensure e	~ 4.11		9				

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

Date of Notification (1)	1.		Nan	ne of B	ulding (Dwner/	Operator ((2)	^					\neg
12	14/12.		٠			<u> </u>	FEC	2017	DEPA F	110	TING		==	듸
Agencies Notified	Type Notification		Sve	et Add	1085	- A	7, 5	ن-	,	1 17	12. 54			ļ
□;&A	⊠ Jorgal .	ļ							157m	en.	T St. Se.			=
	Amended *		City	State.	JP CO	e	1=150	- h .	WIDES	8,3	13.0			_
_	Emergency (incl	uding	Alac	20 0/ 0	onlact			1		elep	one Number			\neg
□ oor	justification)		Nai			Bn	EU m	10	_					. .
			=		Y INFO									\neg
			F	ACILI	YIMPO	TOMATT		Type	of Facility (4)				
Name of Facility When	e Abatement is Taking I	Place (3)						m s	chool (K-12)					
255	ITENCE				==			m s	8 leloadodi	(Other	r (han K-12) commercial t	ulanas		i
Street Address	M- W-	RIV	7					h	omes, etc.)					_
297	W. ATLANTIC		_						re Feel	# of	Floors 2	Bldg A		
Ciry (5)	EAN CITY							10	00_	<u>.</u>				=-
0.00		====	TČ	ounty (∞de (7)	(STA	TÉ	Curr	eni Use (Prio	r il be	ing demolshe	2 (1)		
County (6) CAAE	= Mar		U	SE ÓN	LY)				VAC					=
UNAC	Want Daviding O	wner T	ASC	M No.	-1	Name	of roalen	nent C	ouragor (a)	2,				
	im Hired by Building O		The Room											
(8)	7/1			7.		Sveet	Address	<u> </u>	SPRUC	,Ē	AUE.			
Street Acoress	12						iale, Zip	~ .						1
						City. S	MAA	0, 1	CHAD	ė,	NJ.O	805		
City State. Zip Code		10				Y.100	none No.			Lic	anse No			
Project Manager for I	Montoning Firm	.Te	lepho	one No.		I WOR	6-7	79.	-0472		0044	7_		
Project marayer to		<u> </u>	4					Manie	0/					
S:an Daie (10)		uled Comp	delpr	n Date	(11)	7	DSE	1419	41.EM	M				
12/17/		124			=	Suee	I Address		di.	- 1	=			
	con Abalement (Chex	k only one)			-	3695	515	PILUCI	- /1	001		<u>:-</u>	
	alad Dunno Fnore FC	1100 01 1 00	3.00	mı		Ciry							,	
Abalement Perlo	rmed Outside of Norma	I Facility no				J,	MAR	تنے ۔ (ZHND	<u></u>	N. J.	0000		==-
Other . Describe	·		=		=				meni with Ne					
Scope of Work (Che	eck all that apply)						MINI-	nclos	ure	, 400				
23 51 01 23 11	§	Renov Oemo	vation	١ .			Glove	bag P	rocedure	on-Fr	able Procedu	re		
-160 st or 2260	H	M CAUS					☐ Non-	Examp	100 1		Marie 127	~	a em	
		Is Loc						- 04				-		
1		Used S	olely	by		- C.	escription ontaining	Malen.	al (ACM)		Amount	r	_	Fire opening
Loca	ning Material (ACM)	Mainte	nano	æ/	ASDO (i.6	15 - 00	1812V1 1ca	U2 11121	1001		SF & LF)	Removal	Rapu	
1000	ACATES	Sta	H3			*	taong. V	AI. VI				5	Ę.	European 3
IN F	actiny	(1	2)			0411							i	
,		Yes	но	NIA						+-	L500 #	X		1
		-	-	Х		TI	INNS	176		=\=		-		-
SIPIR	10		_										+	
		-			-					_			-	
													1	<u> </u>
					J	10.	ubic Yard	\$	Name of R	egiste	ered Landfill	, ,	,	
Name of Register	ed Wasie Hauler		1	JOEP Lauter	O No	01	Wasle		C,1	7,0	C, M.	J , 13		
Name of Register	400 INC.		. '	179	07		5	310						
			-			0	sposal D	915	Woo	DI	3/NE,	10,0		
Cin State	SHADE, N	5,08	30	52			T C. mai		1		00.	. /	1.	~
	714 - 7	7.4.2					Signal	200	upl 15	en		14	11	
Completed By	KEMM	00	N	ER			-1	\						
JOSEPH	12 00 11 11 11 11 11 11 11 11 11 11 11 11						licen sure	exem	pled sclinli	e 2				



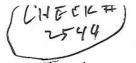
SINE OF NEW JOINGY HOTHERATION OF ASBESTOS ABATEMENT

, N	OTHICATION	OF ASBE	STOS ABATEMS 3:60 and 12:120	en DEVEL	VED.
	75		Owner/Operator (Ni TING
Date of Notification (1) /4/12		1. 1.3 14	FHFEC	ASIT MEG. W. T.C.	M2: 25
Agencies Notified Type Notification	1	155			
D By D Alberton	City.	State Zip C	∞e == ~ = 1 = 1 = 0	D & \$ 100 NO 8	230
T SOL Thereard (Individual	7 - Par	Tal Contac		10	echons Hamber
□ DOn □ Cancellation		Bruce	BUEUN	10 -	
0.00	FA	CILITY INF	ORMATION	Type of Facility (4)	
Name of Facility Where Abatement is Taking Pla	ce (3)			School (K-12)	ither than K-12)
01751711000				Out (re buse	10 & COMMINION
STEE ADDIES 8910 CIST SUEN	NE			Square Fool	of Floors Blog Age Yor
Ciry (5)				1000 .	X being demoished)
STORE NAMBOR	Co	SE ONLY	(T) (STATE	- VAC	1NT
COUNTY (6) CAPE MAY		IN No.	Name of Abate	ment Convegor (9) .	
Name of Marvioning Firm Hired by Building Own	er ~		Syeel Address	100	
[8]			369	5. 3 MOOC	E AVC.
Siree: Acoress			Cry. Suite. Zip	COO. CHAD	E NJ 08052
City State Zip Code			Tannone No		100 nse No
Project Manager for Montoning Firm	, Telepho	one No	856-7	179-0726	00
Project Manage	ed Completion	n Date (11)	Harne of OSH	a Mond LEM	M
Sian Date ; 101 - /	124/12		Sue el Addre	4.74	=105
16 / I'mark	only one)	ent	369		
Occupancy Status During Abatement Conservacions During Enter Pent	Facility Hours		Cry. State, X	PLE SHADE	E, N. J. 08052
Doner - Describe.				Containment with Ne	gative Pressure
Scope of Work (Check all that apply)		_			
	Cauchairea Cauchairea	n :	O No	Merse world (.) and M	AD a. eme
21 60 \$1 or 2760 II	Is Localio	0			
:	Normally Used Soleh	7 07	Description Contains	~ LI3 8 10 10 10 10	SFOLE STATE
Location of Aspessos Containing Material (ACM)	Maintenan Custodia	(5)(5)() (4)	(i.e. nounal s)	VAT. OF	SF OLF TOUR
TO BE ABATED	Staff? (12)		Other Wash	eliane oca i	
(13)	YES NO	NIA		-5	15000 X
	+	1-1-	TRAN	SIFE	
SIDIRO	+				-
	+				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		NOED Wa	se Cubic Y	- /	Registered Landill
Name of Registered Waste Hauler		House DN	5	- C121	., -
Kiemco INC.			06000	10ale WO	ODSINE
Cio State C . T N	J,080	52	- I Sig	sains 1/C	Jam 12/4/1
Marce SHADE	rice of the	NER		Jasep 1	
Compeleo By KUEMM	$\frac{\partial \omega}{\partial x}$	<u> </u>	- consticens	suic exempled activi	1105
450-1	· Do not use	this form fo	0/ 92063.04	100	

. .

Date of Notification (1)		Are		N			Owner/Operator	2)	1 1 8 1	A CHA CH				
/	26 /	12			Johr	and Su	zanne Clarke			_				
Agencies Notified	Type Notification	on		S		Address		20	IZ DEC	-7 PM 12: 21	ij	X 1 .A.63		
⊠ EPA ⊠ DOLWD	☐ Initial					9 th Stree	San	8.	534 354	77.74 17 18 18 18 18				
☐ DHSS	Amendmen	t#	1200	C		ate, Zip C	ode	(A)		OS CUMIRA	L			
DCA			g			Isle, NJ		-	€¢ L	CENSING	C			-
(NJAC 5:23-8)	justification)		N		of Contact				Telephone Number	SM 27			- 1
	☐ Cancellation	n			Johr	n and Su	zanne Clarke							
					FAC	ILITY IN	FORMATION							
Name of Facility Where	Abatement is Tal	king Plac	e (3)					P. 2503	Facility (
Residence							2002 200100-1-3012-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		ool (K-12)) (Other than K-12)				
Street Address								☑ Othe	r (i.e., pr	ivate and commerc	ial buil	dings	5,	
26 59 th Street									es, etc.)					
City (5)								Square	Feet	# of Floors		g. Ag		
Sea Isle								2200	Sq Ft	3 story	1	02 y	ears	
County (6)				T	Count	y Code (7)	(STATE USE ONLY)	Current	Use (Pri	or if being demolish	ned)			
Ocean								Resi	dent					
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	A	SCM N	No.	Name of Abatem	ent Contr	actor (9)					
Environmental Mar			. ,				Graham-Teo	h Enviro	nment	al Services, LLC				-
Street Address	9-	-					Street Address							
34E. Germantown	Pike #204						14 Read Dri	/e						
City, State, Zip Code							City, State, Zip (ode		100000000000000000000000000000000000000			(Vi)	
East Norriton , PA	19401						Sicklerville,		1					
Project Manager for Mor			T	elep	hone I	No.	Telephone No.			License No.				
Raymond J. Giorda						7-0405	856-318-134	1		01158				
Start Date (10)		cheduled	Comi	oletio	on Dat	te (11)	Name of OSHA	Monitor						
11 / 28 /			a francisco			12	Graham-Teo	h Envir	onment	al Service, LLC				
Occupancy Status Durin		heck only	one)	1			Street Address							
☐ Facility Closed/Vacat					ent		14 Read Dri	ve						
						cribe	City, State, Zip (Code						
Time of Abatement:	7:00AM-7:00Pf	VI/	PM		_AM		Sicklerville,		1					
Scope of Work (Check a	Il that anniv)		-									-		
Scope of Work (Officer a	in that apply)								with Neg	gative Pressure				
≥3 sf or ≥3 lf			Renov Demo				☐ Mini-Er		lure					
≥160 sf or ≥260 lf		LI.	Jemo	шоі			⊠ Non-Ex	empted () and No	n-Friable Procedur	e		3200-11	
		T	Is Lo	catio	on							atem	ent T	уре
Locatio	n of		Non				Description		00-1000-200	400000000000000000000000000000000000000	Z	Z)	щ	щ
Asbestos-Containing			sed S Nainte			Asbe	stos Containing N ., thermal system	laterial (A	CM)	Amount (Specify	Removal	Repair	car	응
TO BE AB			ustod			(1.6	surfacing, VA	T, or	11,	SF or LF)	\secondary	-	Encapsulate	Enclosure
(13)				12)			other miscellar	eous)					ate	"
		Ye	s h	No	N/A						-		_	
Basement						535 Sq	Ft Floor Tile			535 Sq Ft				
]										
				7										
		15	1	-								П	П	
Name of Registered Wa	ete Hauler			I N		Waste	Cubic Yards of	Name	e of Regi	stered Landfill				
Graham- Tech En		erv, LL	С	Ha	uler II 0034	D No.	Waste	100000000000000000000000000000000000000	5 7 973	ounty Utitities				
City, State				1	UUJ41		Disposal Date	City,	State		- 0000			
Egg Harbor , NJ								Eg	g Harbo	or				
Completed By (Print or	Tyne)	Title					Signature	- /	V		ate			
Vernice Graham	. , , , ,	Pres	ident	ŧ			Vous	N.J.	Ton	m: 1	16	K.	18)

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



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

	8 60	(Pursu	a 111	1.0		20) (50	-Vini)	
e of Noufication (1)		N	ame o	(Bulldin	Owner/Operat	#12-n-A	A.TA	CTING	
12/	5/12	5	Veel A	ddross		CO - 1	PM 12:	24	
encies Novined	Type Holification			15					1.2
₽A ~T	Amended	7	City. St	210. Zip (ide GEN 1=1	ELD ITE	J-108	230	
200r D⊕	Emergency (including	10 L		of Conta		7		sphone Humber	
DOH	iusufication)	1	Marne (3 1	BREU	MIC			
ΩÇA ·	Cancellation			" TY IN	PORMATION			1	
	•		FAC				acility (4)		
me of Facility Where	Abatement is Taking Place	ce (3)				- Scho	Dapter 8 (O)	ner (han K-12)	anos
RES	DENCE.		===			L Oine	(I.e., phyan	1 4 00	sido Ace
ree Address	· 6-1.5.					Square	Fool	of Floors	40+
8910	1 AT A DU					100	0	being demolshed	
in (5) Ston	= HORBOR		1 000	an Code	(7) (STATE	Cunan	VACA	NT.	
			USE	ONLY			(actor (a)	<u> </u>	
OUNTY (5) CANE	MAY		ASCH	No.	Name of A	balement Con	TNC	/	
ame of Marvioning Fi	m Hired by Building Own	101			SVEEL ADD			= dur.	
81	7/1				36	9 7. 1	PRUC		
Street Aggress					Co State	Zip C∞00	CHAD	: NJ.08	25 -
			-0.51		1 ~	ABPLE	SHAV	License No	/)
City State Zo Code		- T Y.	lephon	ne No	THORON	779 -	0472	0044	<u> </u>
Project Manager lor	Monitoring Firm								
Project marry	T Cabadu	red Comy	naiek	Date (11	Name of	S E PKA	1/EM	<u>M</u>	
Sian Dale ; 101 -	, 12	124	115		SUBBLA	001855	PILUCE	105.	
117 /17 /	12	only on	6)		1 36				
Decupancy Status	Dunng Australia Entre Pen	ad of AD	atemer	nι	City, Sta	ie, Tip Code	CHAR	=, N.J.	08052
B Facily Closed	Ouring Abatement (Checaracted During Entire Pen amed Outside of Normal	Facility h	tours		\ \	VIDE			
Abatement Period						T Full Contains	neni win Ne	gative Pressure	
Oute Service (C)	neck all that apply)								ur e
· ·		Ren	ovation polition	,		Non-Exemp	190 (,) sug y	on Frable Proced	ADB. ETTE
1 = 23 51 01 23 11	0 11	-		-			50		
		No	cation maly			scaption of	(ACM)	(Specify	F F.
	- 01	Main	Soleh	25/	Asbesios Con	scription of winng Materia I systems insu	lalion.	SF & LF	Removal
C	cation of airning Material (ACM)	Cu	हाळांबा १३४१ र		surla	ang. VAT. 01 myschianeous)		1 2
	E ARATED		(12)		04/41	114300			
: (6	(13)	Yes	NO	AIA				18000	X
1 .	· .			1.	TR	ANSITE			
	10.60			4					
512	100	_	-	1				_	
			1	4			- TI	Registered Landfill	1.
			ــــــــــــــــــــــــــــــــــــــ	NOEP		Dic Yards	Name of	M, C, M	U, B.
	Waste Hauler			Unider [) No.	Nas18		10	
hame of Regis	Teres Waste Haulor			179	05	sposal Date	Ciry. Sta	ODBINE	, N.J.
Ki	émco INC.	,5,	1100	52			100	0	ale /-/
Cin State	= SHADE, N	17.	000			Signature	unle	sem -	12/5/1
MAPL		Time	(1)	VER		.			64.1
						T I			
Competed By	(LEMM		<u> </u>		n for a spesios	icensure exe	npled activ	11/8 5	2-

* Emergency X

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

(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 Street Address Agencies Notified Type Notification 150 Upland Way **EPA** Initial City, State, Zip Code Amended DEP Haddonfield NJ 08033 × DOL Amendment # Emergency (including Name of Contact Telephone Number justification) DOH Mark Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3)* 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) 35 +1000 +Haddonfield NJ 08033 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc N/A 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 Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, Remova (Specify Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 100 sf duct insulation paper X Basement Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste 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

President

11/8/12

Anthony T Perna

OK 1056

Date of Notification (1) 11-29-2012					Building Ov Doming	vner/Opera	ator (2))	REC		VED					
Agencies Notified	Type Notification		100	Street Add				201	2 DEC	-7	PM i2: i	G				
DEP DOL	X Initial Amended Amendment a				e, Zip Code NJ 0703						CONTRI			į.		
DOH DCA	Emergency (in justification) Cancellation	ncluding	1.	Name of C Karen D	Contact Comingu	ez					ohohe Num					
				FACIL	ITY INFOR	RMATION	- (~			-					\neg	
Name of Facility Where Residential	Abatement is Taking	Place (3)					1.	_	acility (4	•					- 1	
Street Address							 -	7 Sub		(Othe	r than K-12					
226 Hoyt St.							10	Oth etc.		ivate &	commercia	al buildi	ngs,	nomes	5,	
City (5)								Square F		100000000000000000000000000000000000000	Floors		ig. A	je		
Kearny NJ. 07032								1513		2		60)+			
County (6) Hudson			1	County C	ode (7) ISE ONLY)		10	Current	Use (Prio	r if Ibei	ng demolish	hed)				
Name of Monitoring Fir	em Uirod by Building	Owner (9)		ASCM			ame of	f Ahater	nent Con	tractor	(9)					
Name of Monitoring Fil	ini riiled by Building (Owner (o)		ASCIM	NO.				onment							
Street Address						S	treet A	Address								
						2	235 V	irginia	Ave.							
City, State, Zip Code								ate, Zip		0.4				15.00	-	
	roject Manager for Monitoring Firm								NJ 073	04						
Project Manager for M	lonitoring Firm			Telepho	ne No.	222		one No. 33-88	55		License I 01174	NO.				
Start Date (10)		Schedule 12-3-20		rnpletion	Date (11)				Monitor utions.							
12-3-2012	in Abstract (Cha		9977													
Occupancy Status Du								et Address O.Box 1224								
	facated During Entire ormed Outside of Nor e:						-	tate, Zip				-				
Scope of Work (Chec							OHIO	11 143 0	1003							
≥3 sf or ≥3 lf ≥160 sf or ≥260		-		ration lition			×	Mini- Glov	Endosur ebag Pro	re cedure	h Negative			re		
	***************************************	le	Loca	ation				1 11011	Lxompto	74.			***	emen	t	
Local	tion of	N	lorma	ally		Descr	ription	of				_	T	уре		
TO BE A	ing Material (ACM) ABATED acility 13)	Mai Cust	ntena odial (12)	1		tos Contain thermal sy surfacin other mis	ning M ystems ng, VA	laterial (insulati T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No		-					_	001.0	-	-	<u> </u>	-	
	ement		X			Pipe Ir					80Lf	x	1	1	1	
Base	ement		х			Boiler I	Insula	ation			60Sqf	x	-	-	-	
		-		-	-			-		-		+	-	+	+	
Name of Registered \	Waste Hauler		1	NJDEP V		Cubic Y			Name of	f Regis	lered Land	fill				
Tri-state Transfer	Associate		1	Hauler ID 2A456	No.	of Waste					erprise.					
City, State Bronx -NY	2.					Disposa 12-3-2			City, Sta Wynes		Ohio.					
Completed by Tiffany Nunez		Title Office	e Ma	anager		Sig	gnature	e				Date 11-28-	-201	2.		

RECEIVED

Sinte of Notification (1)		Minimir s	Outling Outling	Operator	L PERTIL	2812/800	BLE]
Appreciae Motified Type Notificenten		Street A	didiocs	-116-04		-120563-	7 PH	2:4	73		
El FPA El folisa	10	12	50 57	976	STREET &	海銀ESTO	R nau	Dye -			
Americas American	. d	Chy S	Die Zo Cade	24U	W> 0880	& LICE	MSINI		7 i.		
1 250 Emercence in		1.0	Contact	101, 1		Valendaria) ************************************	VA.	and the Control	
Denoticion		AR	SIT WAR	RAY		Uniconstruction	March Care		V /		
Have of Footily Where Abstraced a Velon		PAG	LITY INFORMAT	NON				•	*		
VOPIN TECHNIL	Lines (3)				Type of Facility		•				
Pirod Address					Strochopte Strochopte	reditor than	K-123				
1250 STATE ST		200000000			Signer (Co.	Column & Column				35	
PERH AMBRY					Siquero Paci	Sef Places		Edd 1	М		
County (II) for the Colonian		Gounty STATE	Code (7)		Coment Uso (Pri	का में डेप्स्टेंस) विकास ब्युटेंस्ट्रिस					
Nume of Manifestry Firm Mined by Building &		ASCI	i No	Bilterratio	of Abalanceri Co.	white the call	11 -	10	DA	Y	į
BIRDSALL SEELLED GRUS	P INC				toc Contracting	y line.			PARTIE WY		i
GS TACKSCH DRUG	•				rderes Lowell Resse	4	VOV 1	A			
Gly Sanie Zap Gode	,,				icie, Zip Costs				-		
CRAUFURE , L. J. 070	/ •	Takenno	DA NA		Rock, NJ 07	5		3			
PEGALEN BURGES		90 8-4	192 5700	201-	262-5841	WAR	ET A	H)	RC	V	
Start Onlo (10)	encount to	/ L	Ome (17)	Ome	of Carra Months Mak Environmo	intol Service			A	-54	
Occupancy States During Abeltoniam (Chesic		-		Street	Address (C) Huyler Street	FMFMQC	3 884				-
Feetby Classed Magazine During Entire Pe Abeterwent Ferfermed Outside of Normal Other - Ossether (form) 75 form	rad of Abett	THOUSE.	-	200	Huyler Gireer	- WEWOCL	1 - MA	LIN	HA	RA	JOPY
Other-Desember More . TE fave.	7.10	British J.	Alri	Had	kersensk, NJ ()	7605			:*	den	
Scope of Work (Check Atl 17rd Apply)				1			Patrick - milaneuro		-		
23 stored ti	Renov			E		oni with Alegan	va Pressi	ति		dericones	
BET STORES OF STORES	79 new	erbal 1		Ë	Wini-Engloous Cloupbog Pro						
		.	T	(SPE	Non-Enterplo	d (") and blam-f	Cacle Pro		ernani		
Leteration of	la Las Nonn	ଆଧ	n.	scripton	e1				Marie .		
Actorios Confesto Bilatiniai (ACM)	Unan Sa Mainler	buck!	Anhentos Com	dahrleg M	Interior (ACM)	Amount	1_		ığı	Drit.	
TO HE ANATED	Custodia	Proportion Page 1		sciny. VA	T. or	(Specify SP or LF)	Remosi	P	Cal	Enclass	
(12)	Yes No		alline*	minesiiaA.	@Octob)		Į į	Repar	2400	2	
	100			<i></i>		4	* 24	-			
OUTSITE UNION STORES		×	Pit	<u>r</u>		foru d	X X	-	}	-	
		-	-				-	_	<u> </u>		
	_	-					_	-			
Name of Registered Weste House to		NJOSO W	sels Cul-	Yarda	Mamo at	Registered Lor	utful	1		_	
NEWARK CARTING INC		CY50	NO. OF WAR		1	CYTOWN ,		FIL	C		
City State		UF3 [ed Done	City Rind						
NEWARK LIT			it fi	5/12.	- Mon	teisuice.	E, F	A.			
Completed by R. McDonald	Tota Presiden	ŧ	3	Signaturo (3)	m / di	7	12/	, 1	11	-1	
A A A A A A A A A A A A A A A A A A A				116	8 1 Healt		104	N		. 1	

Notification of appetics abatement (Purpose of mac cito she letter)

	ron	TPIGATE (Personal	H OF ACCESS	是 由衛山門	ENERT	900		37		64
Diales of Ned Microllon (1)	V4 " • 6" 1076					PFC AMPRES 4	4 C	/ pass	D.	
Apencies Notified FPA PARTICLE FPA Der Amended Amen	16 [Including	City S P. Name AP	TO COME TO COMBE OF COMBE RIL MUT	SOY, ZRAY	NJ OSS	61 & LICE	CO Noi	NTI	(O)	
VOPNE TECHNAL	19 Place (3)	PAG	PLITY DIFCHES	YHOW	Type of Facility	(4)				
19-50 57/976 57					School (K Schoologi Other (Lo.	v12) pr8 (Cijher(han K- . srivom & commer	12) CM bu	Odkryg:	s. Norr	News.
PERTH AMBOY					blepucito Post	e of Phone		Bidg	Age	
County (0) point (LES Ex.			Code (7) UNIC ONLY7		Current Ves (F	ion of topical demonstration	shod)	 }		
Name of Monitoling Firm Mind by Building & GIRD SALL SEFEL (6) GRASSING AND STREET AND SEFEL (6)		ASC	M No	A. N	of Abalamani Co lac Contraction	microchur (B) (1) (8)	_	10	D	14
GS VINCATSEL DRIJS				105	Address Lowell Read	NO	V 1	4	יייי זמני	
CRANFOCK , UT 070	3/6			Gler	Rock, NJ 0	7452		30	bes an enf	
FG J: M B: MC J. S Start Octob (10)			192 5700	1 201-	262-5841 g	WANG	PA	PP	RC	VIII
11/15/12 During Abstration (Chec		- Z	Dans (17)	biama Ome	of Capie Married Mar Environme	into Services	ne	ATT-1,011		**
Packly Clusted Abushed During Entire F Abelament Parlament Outside of Norm Other - Outsether: James , 75, John	F	more Para y	2017-S	280 Chy. 8	Huyler Street	EMEMREN -	MA	IL IA	LHA	ROC
Scoop of Work (Check Ad 1) at Apply) 23 of or 28 ti 23 at 60 st or 22 to 4	C Ráres	dina			Wini-Engloous Gloughous Pre	ini with hirpature i				
Leanner of	In Lond Norms	ille i	Dec	scription			T	Abol	amani rpo	
Astonius Confebrig Material (ACM) 10 66 ANATED IN PROMY (13)	Unani Bal Mainteru Custodial (12)	Rb#7	Anhentos Cont d o. Unormal curtos	alnier M	dierial (AGM) Impliation	Amount (Specify (SF or LF)	Remont	Repar	qqqedkar.=	ertopus
CHIDISE United France	Yes No	N/A Y	PIP	<u> </u>		1000 6	×	_	(1)	
			-							
NEWARK CARTING INC	. 1	LICEP W	NO. Of Was	ite.		Rogistared Landill		Su		-
WEWARK UT	10	2450	EVENOS		Gilly Shot	12 UNIOTY				-
Campleted by R. McDonald	The President			7/12 <u>.</u>	M-Juli	CHISUILLE IN	b			-

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

State of New Jersey

Date of Notification	n (1)	(Purs	Name	e of	Build	ling C	wner/Operator	(2)		κ.	i:			
12-3-12		1 1		Ado			程につ	EIVEL) (``				
Agencies Notified	Type Notific				Addres		Ave.	2012 DEC -	7 Du 10	,				
151 5	Notifie		Cit	v, s	tate,	Zip (ode							
[]DEP	[]Amended						NJ,07028	ASSESTO:	G CHAILE	ə				
[X]DOH	Notifi	cation	Nam	e of	Conta	act		Telephone	Number	91.				
[]DCA	[]EMERGEN	CY	100000000000000000000000000000000000000		Ado		on			VØ				
[]DOA	[]Cancella	ation					100,000			*29				
		i - mole	ing I	27 200	Age to Vindent a Control	ITY I	NFORMATION	Type of Facili	ty (4)		_			-
Name of Facility W		. is Tax	cing i	Lace	e (3)			[]School (
Same as above	=							[]Subchapt	er 8 (Othe	r than	K	-12)		
Street Addres		74						[X]Other (i	.e., priva ildings, h	te & c	et	mer-	60	
16 Sherman Ave												, A	70	_
			101	•			oter Codo (7)	Square Feet 2600	# of Floo	IS B)5	ge	
City (5 Glen Ridge		County	7 (6)1	esse	x		nty Code (7) ATE USE ONLY)	Current Use (F		ing de			ied)	
Name of Monitoring Owner (8)	Firm hired by	Build	ing	ASCM	No.			ment Contractor				5 all 5 -		222
N/A Street Address							Street Addres 86 Chris	s stopher St	• 2					
City, State, Zip C	ode						City, State, Montclai	Zip Code r, NJ 070	12					
Project Manager fo	r Monitoring	Firm F	Telep	hone	Numbe	er	Telephone Num	ber	1	Licens			er	
Project Manager 10	1 110111 0011119		N/A				(973) 744			003	71			illi Overes
Scheduled Start Da	te (10) Scl	hed. Co	mplet	ion	Date	(11)	Name of OSHA	Monitor						
12-13-12	1	L2-14					N/A							
Month Day Occupancy Status D	Year 1	Month nt (Che	ck on		Year		Street Addres	ıs						
[X] Facility C. of Abatem	losed/Vacated	During	Enti	re P	eriod				-					
[]Abatement : Hours - De	Performed Outs scribe: «OffHous scribe: «Other	irs Desc	cript	>>		Y	City, State,	Zip Code						
Scope of Work (Che									www.playsuprocupususcen					
[X]>3 sf		PPIII	U		vation lition		[]Mini [X]Glove	Containment wi -Enclosure ebag Procedure		e Pres	su	ce		
7				Is			[]Non-	Friable Procedu	I e	A	bat	eme	nt 1	
Locati			Loc	atio mall			Descripti Asbestos-Com		Amount		R	R	E N C	N
Asbestos-C Materia	Containing l (ACM)		So	sed lely			Material	(ACM)	(Specif	Y	M	P	A	I
	ABATED			Main ance			(i.e., therman sulation, sur	l systems	SF or LF)		V	A	S	1
	cility 3)		Cust	todi:		11	or other misc	ellaneous)			A L	Ř	T	1
		Ye	es	No	N/A	Dia	e insulat:	ion	165 I	LF X			•	1
Basement					X	Pip	e insulat.	LOII	100					T
										-	-			T
				an	1	h	bic Yards	Name of Regi	stered Lan	dfill		_	L	1
Name of Registered			Hau!		aste ID No.	4.598	Waste 1.5	G.R.O.W.	22					
City, State	•	-	1	0-20		D:	isposal Date	City, State				_		
Montclair, 1	NJ 07042						12-15-12	Morrisvi	lle, PA	A 19	06	7		
Completed By (Pri	nt or Type)	Title		_	-		Signatur	1	1/	Dat				
Constantine		Presi	.den	t			(0	nstanjan	Vien	12	/3/	12		

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

Date of Notification	n (1)		Name of Building Owner/Operator (2) Alexis Schmid										
12/4/12			Alexis Schmid RECEIVED										
Agencies Notified	Type Notifica	ation	Street Address	5			, no.	10 10					
[]EPA	[X]Initial		213 River	vale Rd.		2012 DE	C-7 PMI	2.10					
[]DEP	Notific	ation	City, State,	Zip Code			9 / [[]]	2. 45					
[X]DOL	[]Amended		Riverval	e, NJ 076	06	A TOWN O	TOS CON	Tipini					
[X] DOH	Notific	ation	Name of Contac	ot.		Telephor	ne Number	C TUBIL	-				
[]DCA	[]EMERGENC	Y	Alexis S	chmid		Ĉ			۰.				
	[]Cancella	tion											
				TY INFORMATION		6 1			4	n -			
Name of Facility Whi Residence	mere Abatement	is Taki	ng Place (3)			of Facil							
Residence						School Subchap	(K-12) ter 8 (Othe	er tha	n K	-12)			
Street Addres	20120-001			4.		Other (i.e., priva	ate &	COM	mer-			
153 Somerset	Rd.			1	.		uildings, l						
City (5		County	(6)	County Code (7)	-11-	Feet	# of Flo	ors		g. A 56	ge		
Norwood		Berge		(STATE USE ONLY	.		Prior if be	eina d			ed)		
						(e [®]		
Name of Monitoring	Firm hired by	Buildin	g ASCM No.	Name of Aba	tement Co	ntracto	r (9)					•	
Owner (8) N/A				AZTECH	MANAG	EMENT	, Inc.						
Street Address	21.1			Street Addr	ess								
				86 Chr.	istoph	er St	•						
City, State, Zip Co	ode			City, State	, Zip Coo	le			-	-	***	ं	
				Montcl	air, N	J 070	42						
Project Manager for	Monitoring Fi	irm Te	lephone Number	Telephone N	umber			Licens			er		
		N,	/A	(973) 7	44-880	0		003	71				
Scheduled Start Dat	te (10) Sche	ed. Comp	letion Date (1	1) Name of OSH	A Monitor	=							
12/14/12		12/17,	/12	N/A									
Month Day Occupancy Status Du			Day Year	Street Addr	066				_				
[X] Facility Cl	osed/Vacated D			Screet Addr	633								
of Abateme []Abatement P		de of No	ormal Facility	City, State	Zip Coc	le					-		
Hours - Des	cribe: «OffHour	s Descri	ipt»	City, State	, hip 000								
A Section of the Control of the Cont	cribe: «Other O		y Descript»										
Scope of Work (Chec	ck all that app	oly)		[]501	1 Contain	nment wi	th Negative	e Pres	sur	e			
[X]≥3 sf o	r ≥3 lf	Ι	X]Renovation		i-Enclos		. a. nogadan			-			
[] <u>≥</u> 160 sf	or ≥260 lf	[]Demolition	7. 7.	vebag Pro		re						
		T -	Is	[][[0]	TITUDIO	22000	Ī	Al	oat	emen			
Locatio			Location Normally	Descript Asbestos-C			Amount	F		R	E N	E	
Asbestos-Co Material			Used Solely	Materia:		•	(Specif	1 1		E	CA	C	
TO BE A			By Main- tenance/	(i.e., there	100		SF or	7		PA	PS	os	
In Faci		C	ustodial taff (12)	insulation, su or other mis			LF)	Į į	1	R	U	Ŭ	
(45)		Yes	No N/A						1	-	-	E	
Basement			X P	ipe Insulat	cion		160 LE	X					
Name of Registered			JDEP Waste auler ID No.	Cubic Yards of Waste 1.5	100000000000000000000000000000000000000		stered Land	dfill					
AZTECH MANA	SEMENT, IN		7040	02 114500 215	G.R	.o.w.	۵. 						
City, State				Disposal Date		State	/	400		,			
Montclair, No	J 07042			12/18/12	Mor	rısyi	lle, PA	190	6				
Completed By (Print	or Type) Fi	tle		Signatu	Signature / Date								
Constantine \	-11	ceside	ent	/- ;	TIL	111	1/1	12/		.2			
	-			1 /	1000	Yhill	Human	-1		_	-		
				("	- 1	1 1	500 kg						

* Emergency

		(F	ursuani	t to NJAC	8:60 an	d 12:12	0)	-,, 0	-2	874	,			
Date of Notification (1) 12/2/12			Name of Micke	of Building Harris /	Resid	Operato ence	r(2)* =	and V I was	j	75.				
Agencies Notified Type Notifica	tion		76 LV	Address nn Ann	21	IZ DE	C -7	PM 12:	43		0			
DEP Amende Amende	nent #		City, St. Mann	ate, Zip Co ahawkin	ode 🥼	050	TOS	CONTR VOING	<i>1</i> 9.1	4				
DOH justificati Cancella		9	Name o	of Contact	Y	er i	16 <u>E</u> 1	VâlNG	Je	lephone N	umber			
Name of Facility late.			FAC	ILITY INF	ORMAT	ION		*						
Name of Facility Where Abatement is T Micke Harris / Residence	aking Place ((3),		*			(percent)	of Facility (School (K-1	0.00					
Street Address 76 Lynn Ann								Subchapter Other (i.e. p etc.)	8 (Oth	er than K- & commer	12) cial bu	ilding	, hom	ies,
City (5) Mannahawkin NJ 08050								re Feet	# 0	f Floors	1.5	Bldg. 35	Age	
County (6) Ocean			County (STATE	Code (7) USE ONLY)			ent Use (Prid	or if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Build N/A	ing Owner (8)	ASC	M No.	de la cons		Mark Server	tement Con	tractor	(9)		-		
Street Address						Street	Addre	ss						
City, State, Zip Code					-	City, S		ip Code			-			
Project Manager for Monitoring Firm			Talauba	51-				in NJ 080	91					
			Telepho			45 STORESTON	none N 753-9			License 00727	No.			
Start Date (10) 12/3/12	12/4/1		npletion	Date (11)		Name Sam		HA Monitor						
Occupancy Status During Abatement (C	heck Only O	ne)			,	Street	Addres	SS	-					- 1
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of lormal Facilit	Abaten y Hour	nent s			City, S	State, Z	ip Code			- 1,			
Scope of Work (Check All That Apply)	1.00			- Inwester						******************		10000		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	programmy .	Renova Demolii			2	>	Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	edure	-			re	
	Is	s Locat	ion.								T	Aba	emen	t
Location of	1	Normal			De	scription	of						уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	aintena todial ((12)	nce/ Staff?	Asbes (i.e.	thermal surfa	taining N system cing, VA miscellar	s insula T, or	(ACM) ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										0	
Exterior Siding			X		Exte	rior Si	ding		10	000 Sf	x	-	-	
												+	-	
											1			
Name of Registered Waste Hauler United Containers		H	JDEP Wauler ID		of Was	Yards ste		Name of F		ered Landfi	II		-	
City, State			2459		2 Dispos	sal Date		City, State			05700000	-		
Elm NJ					12/4/			Morrisvi		19067				
Completed by Anthony T Perna	Title Presi	ident			S	ignature	,			1000	ate 2/2/1	2		

417.1

		54		a neterne	Jersey	MENTE -		76 30	10		1
WENER			Nicolf. Loom	asbe Jac 8	5 TOS ABATE :50 and 12:120	155	1-11	W' >	K.	7	1
W = 1.4.0	fr-ms-					561	Den J	of Hear	700		İ
		Nex		L'OI	1) / A NUO!	0 . /58	S Seption Service	d add			_
- 94 AVE		Star	et Ado			· / / /	S Lastin	The state of	3		
Die Martin Throns		14	22	PA	LISADE ,	AUF &	The Co	7 10	,•		-
		Ch	y, State	, Zp C	odo	07/	ZENS/NI	190L			
, Amendment #			306	0076	4, 10 1	0160	Tolombone Nignie	ept 67	A-2		
(mailiga gou) Ettierde uch (arcingan)		Na	Die of	Contact	142ml		,				
Canceleton		11-						V 18	S	6000	
		F	ACILI	LA MIEC	MASSIMITY INCOME	ives of Facility (4)				-
	h (3)			•							
VON							ATHRON MARIN IG-12)		119		
						C) College (Le. pri	refo & continueda	burang	ş.,		
40t AVE						Square Feat	# of Floors				
20			38 ·			1900	2	66	YR	25	
<u> </u>		16	ounty (2060 (7)	(STATE USE	Contract Use (Pr		shoot)			Ī
					'	RESIDE	<i>wce</i>	<u>'</u>			_
and by Iluining Carner	A	SCW N	lo.	- 1							
						moval I	nc			_	_
		-	28		Street Address						
											-
		29			Harkers	ack. N.	J. 07601				
- 1	1 =	lambers	M-			,	License No.			e control	=
and talk	1.01	MAN THE REAL PROPERTY.	TWO.			7444 -	00388				
. Scheduled Ca	mpleti	on Date	(11)		N- 40CHAN	Locitor	tol: Inc				
12 -	2-1	12			-	vironmen	ICAT THE				
Abatement (Check on)	A coust)					ler: St					
During Entire Period o	if Abada	sment							200		-
buttelide of Normal Facil	My Hou	22 ·	810		Courth H	ackensa(k. N.J.	0760	6		
											-
		1	d Renk	overellon.	Z MW-	Enclosure.					
		ı	CI Dem	office)	oden	Name Diversions	d New-Friedle Fre	CODUTO			
	r :				De (quair			000000000000000000000000000000000000000	A	30000	
	. 0	(ourself	Y		- '				П		T
				Anh	setos Caplainino Mi	dburbal (ACM)			-	_	1
ATED		untodi	el	. 63	Sheumal Systems Shellaland VAT	Michigan.			100	368	ŀ
	į.	(12)							=	1	A STATE OF THE PARTY AND ADDRESS OF THE PARTY
	Yes	No	N/A		,	200		,			-
	-	1	-	THE	TRUMBL INSUL	HION	8	O LF	X	_	1
	-	1	-	1112					1	_	1
	+	1	1						1-	-	+
	1								1_	L_	1
	1				Cubic Yards of	Name of Res	Island Landia				
to Hexist		JOEP V	Meste !	satist		i					
to Healer 1 Inc	(IC	No.		10that	Waste	Minerv		rise	9	6)	
1 Inc	1	710		toutor	3/4 YO		a Enterp	200	9	6)	
1 Inc	1	710		10kint	Waste			h	9		
	076	710 01			Whate 3/4 / 0 Disposal Dato		a Enterp	200		<u> </u>	- -
	po Notification Initial Amendment & Emergency (Incheding Justificat Born) Convenience is Tailing Place MOC AVE ADE AVE Anderent is Tailing Charter Initial Charter Scheduled Country Initial Charter Initial C	po Notification Initial Assumbled Assumbled Appendenced it Emergency (Incheding justified flore) I Conveil allon Manual allon ADE AVE Scheduled Complete 12 2 - Abelian set (Chuck only one) Daring Entire Period of Abelia Judge of Normal Facility Flore 8 Avy - 5 P/M that apply) In of Landing Manual I am of	per Neddiction Indicat Assumed Assum	Personalist to Member of Experiment to Member of Experiment of Experimen	Parsonant an NJAC 8 North of Building Post Address Hall Co. 1 Appendiction Institut Appendiction Appendiction Appendict form Appendict form Appendict form Control FACULITY INFO Temperal is Taiding Place (3) WOAD ADE AVE County Code (7) County C	Parsessant an MJAC 2:50 and 72:120 Parsessant an MJAC 2:50 and 72:120 Parsessant an MJAC 2:50 and 72:120 Parsessant an MJAC 2:50 and 72:120 Parsessant and Building Developed Color Street Address	North of Bullching Charactic press for 2 PALISADE AVE Street Address 422 PALISADE AVE September of Coly, State, 25 Code Representation of Representation of Representation of Representation of Contact Part o	Perpensisher an NJAC 250 and 12-120 Name of Building Owner(Operator (2) Septimber 5) Street Address 422 PALISADE AVE Septimber 5) Paragetided Aspendance 2 Faculty Reference of Contact Paragetided Appendance 3 Faculty Reference of Contact Paragetided Paragetide 3 Paragetide 3 Paragetided Scientific Paragetide 3 Paragetide 3 Paragetide 3 Paragetide 3 P	Page of Facility County Code (7) (STATE LISE Contract Use (Front Backs) Face (State State	Page Notification Notification Served Address: 427 PALSADE AVE Colly State, 2p Code Arrandonant & Exercision Colly State, 2p Code FACULTY PRECRIBATION Constitute Colly State USE Constitute Colly State USE Constitute USE Constitution USE Constitu	Page and the control of the control

DEC-03-2053 16:24 From: ASBESTOS 6096330664
1270372017 14:41 2013297440 BEST

	S KEMEMBER - MAII	T IIA LIWUN REAL
	Charles and the second	2 6.45 P to Mood HE
MERG COURSE	1	State of Mary

F	the best	2 0.40*2 52.764		LIME	· 17		Design - The State of the State
		State of M			- 1.	F . CNA	40
	NOTIFICA	THON OF AS	BESTOS	ABATE	BEENT.	1)(4)	- 74.
	(Purs	count to MA	0/0:60 39	d 12:12	©)	ļ	41
	qu um r		250 - 1	PMIC	20		/

Pato of Mobileation (1)										
	10.000	Magn	e of Buildin	g Owner/Operator (21 46	DEC = 3 2	012			1
12-3-12	į.		X	PRENTIN	10	OLU DE	MICH-	+		+
Agency Motified	Type Not Meatten	Stro	H K	JUST AWAG	al men	TANIA	Ullu	1		
⊒ EPA	Q Initial				JI/CCUL	11 13 11 11	KON	15		1-
DEP	CI Amended	GRY.	Stato, 20p (4 / - X	JUNA!	VILK APP	HU	٧E	()	1
SCOOL .	Amendment #	100	TLEY	1000	1110	Total District	ber			<u></u>
DOH -	jemilik satiom)	Laborated	e of Coribi						*	
DCA	Carnet Estion	5.	061				-			-
The state of the s			CILITY MF	ORMATION			<u> </u>		-	
Marina of Facility When	re Abatement is Tolking Pla	co (3)			Type of Facility	(4)				
C. SORRE				1	☐ School (K-12	3				
Stroot Address	NINC				THE STANDARD STANDARD	andmorther K-12		-		
SELOGE MERCHAN	ح=مسم مأنه ويست	Que -		1	EX Other (Lo. pr	Marie & commonsist	i Literature	gr.		
519 KINE	SLAND ST	ree!			Spano Foot	# of Floors	1300	Ago		-
Clay (55)				1		2	80	3 V	00	Ĺ
NUTLEY .					1960	for If both downship	epod)	-	4	-
County (C)		Cou	mity Code (7	CYATE USE	CITACALL ASS AL					
FSSEX			LT)		RESIDE	VC E				
Normo of Monitoring F	an Hired by Sudding Own	ARCH NO.		Nomo of Abatem						
(8)		1		Best Re	emoval I	nc .				
Street Address				Street Address						
Setter Language				450 8.1	River St					
City, Sizite, Zip Code				HILL SHIP ZINC	Ada					
Cità, smis, Sb. codo				Hacken	sack, N.	J. 07601				
Project Manager for B		Telephone R	MO.	Yelephone No.		Lipotte No.				
Project hannager for a	WOUNDWINE I. WILLIA) Companie to		201-329-	7444 -	00388	**************************************			A100000
·	- Cohambian C	omplesion Data (1	(4S	Marin of HELIA	American					
Estant Dates (10)	12-8-	- 17		Omega En	vironmen	ital Inc				
12-7-12	116-0									
	AT A WARMA AND A AND A ST	lumat.								
	sing Abstract (Chack on	ly one)	_	Street Address						
m course Classethine	uring Abut-Hintel (Chack on	dy one) of Abansinent		Street Address 280 Huy	ler St					
m course Classethine	uring Abut-Hintel (Chack on	dy one) of Abansinent	_	280 Huy	ler St		0760	6		nic Herri 30
CI Facility Cloned/Var CI Abstoment Perform [4] Other - Describe:	uring Abstract (Chack on moted During Entire Period ned Outside of Normal Fac 8 Avra 5 P	dy one) of Abansinent	A DOLLAR OF THE STATE OF THE ST	Street Address 280 Huy Chy. State. Zho South H	ler St em ackensac	:k, N.J.		6		
m course Classethine	uring Abstract (Chack on moted During Entire Period ned Outside of Normal Fac 8 Avra 5 P	of Abanement tiny Hours		Street Address 280 Huy Chy. State. Zho South H	ler St em ackensac	:k, N.J.		6		16 11
CI Fricilly Cloned/Vis CI Abstracent Perform CI Other - Describe: Scope of Work (Chec	uring Abstract (Chack on moted During Entire Period ned Outside of Normal Fac 8 Avra 5 P	dy one) of Alastrenent they Hours	Reversition	Street Address 280 Huy Chy, Store Zb C South H	ler St ods ackensac containment wer			6		1
CI Fricilly Clored/Visc CI Abelescent Perform CI Other - Describe: Scope of Work (Chec	uring Abusement (Chack on mated During Entire Period and Outside of Normal Fac Arra 5 P & all that apply)	dy one) of Alastrenent they Hours	Renovation Demokkan	Street Address 280 Huy Chy, State. Zp C South H	ler St ackensac	k, N.J.	10			
TI Frictilly Cloned/Vot CI Abstancent Perform COmer - Describe: Scope of Work (Chec Mile 3 of or 2 3 ff	uring Abusement (Chack on mated During Entire Period and Outside of Normal Fac Arra 5 P & all that apply)	of Abazzenent Mby Hours M1	Rendvation Demokkon	Street Address 280 Huy Chy, State. Zp C South H	ler St ackensac	:k, N.J.	10		bobe	
CI Frictiny Clamed/Vot CI Abstancent Perform [a] Other = Describe: Scope of Work (Chec 25.2 3 of or 2 3 ff	uring Abusement (Chack on mated During Entire Period and Outside of Normal Fac Arra 5 P & all that apply)	of Abusement into Hours M Location	Renovation	Street Address 280 Huy Chy, State. Zp C South H	ler St ackensac	k, N.J.	10		Typ	
CI Fairlity Clossed/Viol CI Abstracent Perform COMMOT = Describe: Scope of Work (Chec CILS 3 of or 2 3 f CILS 3 of or 2 3 f CILS 3 of or 2 2 co ii	uring Abult-White (Chack on mated During Entire Period and Outside of Normal Fac 8 Arra 5 P & all that apply)	of Abusement into Hours 11 12 12 13 14 15 15 16 16 16 16 16 16 16 16	Demolition	Street Address 280 Huy Chy, Store Zp C South H property of Christian C Non-	ler St. odda ackensac contribution Emplosing proposition Exempted (1) on	k, N.J. Negotire Procesur d New Friedly Proc	10	A	Typ	10
CA Facility Cloned/Vot CA Abstement Perform COMMON — Describe: Scope of Work (Chec CA 3 of or 2 3 ff CA 160 of or 2 260 ft	uring Abusement (Chack on mated During Entire Period and Outside of Normal Fac Arra 5 P & all that apply)	is one) of Abusement inly Hours yet in Location Normally Used Solely is Maintenance	Demolition by Acto	Street Address 280 Huy Chy, State. Zp C South H program Department Department of the contraction of the contracting Me	ler St. odda ackensac containment volt Emplesine brong Precadure Exempted (*) cm	k, N.J.	10	70	Typ	E E
CI Fairliny Cloned/Vot CI Abstancent Perform CONST = Describe: Scope of Work (Chec CI 2 3 of et 2 3 ff CI 2 160 of or 2 200 ff Authorities Conta	uring Abus-white (Chack on mitted During Entire Period need Outside of Normal Fac & all that apply) cation of initial Metarica (ACM) F ARATED	is considered to the constant of the constant	Demolition by Acto	Street Address 280 Huy Chy, Store Zp C South H property of Christian C Non-	ler St. ackensac containment your Employing Precedure Excepted (*) pre- professional (ACM) insulation,	ik, N.J. Negotive Procesur d West Friedly Proc	codure	70	Typ	E E
CI Fairlity Cloned/Vot CI Abstancent Perform CI Other = Describe: Scope of Work (Chec CILS 3 of et 2 3 ff CI 2 160 of or 2 200 ff Authorities Conta	uring Abus-white (Chack on mind During Entire Period ned Outside of Normal Fac Arra 50 chack all that apply) catton of inthe Methods (ACM) E APATED Facility	is one) of Abusement inly Hours yet in Location Normally Used Solely is Maintenance	Demolition by Acto	Street Address 280 Huy Chy, State. Zp C South H p. Fun C p. Mins- Description o	ler St. ackensac containment wc. Employer could Precedure Exempted (*) con of insulation, insulation, , cr.,	Amount (Specify	codure	70	Typ	E E
CI Fairling Cloned/Viole CI Abstancent Perform CI Other - Describe: Scope of Work (Chec CIL2 3 of et 2 3 ff CI 2 160 of or 2 200 ff Authorities Conta	uring Abus-white (Chack on mitted During Entire Period need Outside of Normal Fac & all that apply) cation of initial Metarica (ACM) F ARATED	to combine of Abunement the Hours of Abunement to Custodial Street (12)	Demolition by Asia	Street Address 280 Huy Chy, State. Zip C South H Japan C Japan Mins- Deportation of the contenting Me Contenting	ler St. ackensac containment wc. Employer could Precedure Exempted (*) con of insulation, insulation, , cr.,	Amount (Specify	codure	70	Typ	E E
CI Fairling Cloned/Vot CI Abstancent Perform (C) Chapter = Describe: Scope of Work (Chapter (C) 2 2 3 of ex 2 3 of C) 2 160 of or 2 200 if Authorities Contain (C) 8	uring Abus-white (Chack on mind During Entire Period ned Outside of Normal Fac Arra 50 chack all that apply) catton of inthe Methods (ACM) E APATED Facility	is one) of Abunement inly Hours yet is Location Normally Upod Sololy is Muhalentaro Custodial Street (12)	Demolition Demolition	Street Address 280 Huy Chy, State. Zp C South H Description Contesting Mrs. C	ler St. ackensac containment will Employing Employing Exempted (*) on of notice (ACM) incutation, or or	Amount (Specify SF or LF)	operation .	Removal	Typ	E E
CI Fairlity Cloned/Vot CI Abstement Perform COtton = Donaritor: Scope of Work (Chec CI S Sef or 2 3 ff CI 2 160 of or 2 200 ff Authoritor Conto	uring Abus-white (Chack on mind During Entire Period ned Outside of Normal Fac Arra 50 chack all that apply) catton of inthe Methods (ACM) E APATED Facility	ly One) of Abunement lifty Hours yet ls. Location Normally Upod Sololy b Mahdenbrood Custodial STEE Yes No p	Demolition Actor Actor	Street Address 280 Huy Chy, State. Zip C South H Description States Contening Ma Stat	ler St. ackensac containment wc. Employacadure Procedure Exempted (*) con of notice (ACM) insufation, or or or or or or or or or o	Amount (Specify SF of LF)	SF	Renows X	Typ	E E
CI Fairling Cloned/Vot CI Abstracent Perform CI Other = Describe: Scope of Work (Chec CILS 3 of ex 2 3 ff CI 2 160 of or 2 200 ff Amberting Conta IN BM-Sermou T	uring Abusement (Check on moted During Entire Period and Outside of Normal Factor of Arra 5 P. Station of Arra 6 Aparel (ACM) FARATED Facility.	ls Location Ricardly Liped Solely b Multiplenance (12)	Demolition Actor Actor	Street Address 280 Huy Chy, State. Zip C South H Description States Contening Ma Stat	ler St. ackensac containment wc. Employacadure Procedure Exempted (*) con of notice (ACM) insufation, or or or or or or or or or o	Amount (Specify SF or LF)	operation .	Renows X	Typ	E E
CI Fairlity Cloned/Vot CI Abstement Perform COtton = Donaritor: Scope of Work (Chec CI S Sef or 2 3 ff CI 2 160 of or 2 200 ff Authoritor Conto	uring Abusement (Check on moted During Entire Period and Outside of Normal Factor of Arra 5 P. Station of Arra 6 Aparel (ACM) FARATED Facility.	ls Location Ricardly Liped Solely b Multiplenance (12)	Demolition Actor Actor	Street Address 280 Huy Chy, State. Zp C South H Description Contesting Mrs. C	ler St. ackensac containment wc. Employacadure Procedure Exempted (*) con of notice (ACM) insufation, or or or or or or or or or o	Amount (Specify SF of LF)	SF	Renows X	Typ	E E
CI Fairling Cloned/Vision Abstracent Perform Compare Describe: Scope of Work (Check La 3 of or 2 3 ff 2 160 of or 2 200 ff Amberton Conta ID.R	uring Abusement (Check on moted During Entire Period and Outside of Normal Factor of Arra 5 P. Station of Arra 6 Aparel (ACM) FARATED Facility.	ls Location Ricardly Liped Solely b Multiplenation Custodia Street (12)	Demolition Actor Actor	Street Address 280 Huy Chy, State. Zip C South H Description States Contening Ma Stat	ler St. ackensac containment wc. Employacadure Procedure Exempted (*) con of notice (ACM) insufation, or or or or or or or or or o	Amount (Specify SF of LF)	SF	Renows X	Typ	E E
CA Facility Cloned/Vot CA Abstract Perform CONTROL Describe: Scope of Work (Check CAS Series 2 3 8 CAS Series 2 3 8 Local Series 2 3 8 Loca	ing Abstract (Chack on the During Puring Annual Puring Entire Puring and Outside of Normal Factor of Annual Entire State of the State o	is one) of Abanement inly Hours pri ls Location Negrolly Used Solely is Multiplement Custodial Street (12) Yes No P	Demolition Actor Acto	Street Address 280 Huy Chy, State. Zip C South H Description Contesting Ma Contesting	ler St. ackensac contribution Employer or o	Amount (Specify SF or LF)	SF	Renows X	Typ	E E
CA Fairling Cloned/Vot CA Absterment Perform COMPAT - Describer Scope of Work (Check La 3 of et 2 3 ff La 160 of or 2 260 ff Amberting Conta TO Fi	uning Absterment (Check on mind During Entire Portod need Outside of Normal Factor of Arra 5 Particle of Internation of Internation of Internation (ACM) E APATED Facility (13)	ls Location Ricardly Liped Solely b Multiplenation Custodia Street (12)	Demolition Actor Acto	Street Address 280 Huy Chy, State. Zip C South H ler St. ackensac containment with Employing proposition provinting (ACM) invulvillerit, contain contain ATTON Norms of Rogi	Amount (Specify SF or LF)	SF 1F	Removal XX	Typ	E E	
CA Facility Cloned/Vot CA Abstract Perform CONTROL Describe: Scope of Work (Check CAS Series 2 3 8 CAS Series 2 3 8 Local Series 2 3 8 Loca	uning Absterment (Check on mind During Entire Portod need Outside of Normal Factor of Arra 5 Particle of Internation of Internation of Internation (ACM) E APATED Facility (13)	is considered to the second se	Demolition Actor Acto	Street Address 280 Huy Chy, Store Zo C South H Description Store Description Store Contesting Mis- Contesting	ler St. ackensac containment wc. Employer or of the containment of	Amount (Specify SF or LF)	SF 1F	Removal XX	Typ	E E
CA Faculty Cloned/Vot CA Abelement Perform CONTENT - Donardon: Scope of Work (Check CAS Series 2 3 8 CAS CONTENT Loc Ambenton Conta TO R Name of Registered Best Remo	uning Absterment (Check on mind During Entire Portod need Outside of Normal Factor of Arra 5 Particle of Internation of Internation of Internation (ACM) E APATED Facility (13)	ly One) of Abunement ittly Hours yet is Location Recruptly Used Solely b Maintenance Custodian Street (12) Yes No P NJDEP Was ID No.	Demolition Actor Acto	Street Address 280 Huy Chy, State. Zip C South H ler St. ackensac containment were enclosure browned (*) on of recording (ACM) invulvillerit, or or Norms of Rogi Minery	Amount (Specify SF CF LF)	SF LF	Removal XX	Typ	E E	
CA Facility Cloned/Vot CA Abelement Perform COMMET = Describer: Scope of Work (Check CASS or 2 3 ff CASS or 2 3 ff CASS MOUT CASS MOUT Name of Registered Best Remo	ing Abstract (Chack on the desired During Entire Period and Outside of Normal Factor of Arra 5 Particle of A	ls Location Normally Upad Sololy be believed (12) Yes No p NULLEY WAS 13 No. 1 71 09	Demolition Actor Acto	Street Address 280 Huy Chy, Store Zp C South H Description Store Description Store Contesting Min- Contesting	ler St. ackensac containment were enclosure browned (*) on of recording (ACM) invulvillerit, or or Norms of Rogi Minery	Amount (Specify SF or LF)	SF LF	Removal XX	Typ	E E
CA Facility Cloned/Vot CA Absterment Perform COMPAT - Donardon: Scope of Work (Check La 3 of er 2 3 of D 2 160 of or 2 260 of Ambertion Conta TO R Name of Registered Best Remo City, Other Hack	ing Abstract (Check on the Check on the Chings Entire Period and Normal Factor of Arra 50 change of Ar	ls Location Normally Upad Sololy be believed (12) Yes No p NULLEY WAS 13 No. 1 71 09	Demolition Actor Acto	Street Address 280 Huy Chy, State. Zip C South H ler St. ackensac containment wcc Employer control (ACM) installint, cor containment of Rog Minery Cay, State Waynes	Amount (Specify SF CF LF)	SF LF	Removal XX	Repay .	e Engipulite	
El Fishing Cloned/Vot Abelement Perform Consor = Donarizor Scope of Work (Check El Ser er 2 3 fr D 2 160 ef or 2 260 fr Ambenton Conta TO R Name of Registered Best Remo	ing Abstract (Chack on mind During Entire Period need Outside of Normal Factor Africa 5 P. Arra 6 Ar	ls Location Normally Upad Sololy be believed (12) Yes No p NULLEY WAS 13 No. 1 71 09	Demolition Actor Acto	Street Address 280 Huy Chy, Store Zp C South H Description Store Description Store Contesting Min- Contesting	ler St. ackensac containment wcc Employer control (ACM) installint, cor containment of Rog Minery Cay, State Waynes	Amount (Specify SF CF LF)	SF LF	Removal XX	Repay .	e Engipulite

State of New Jersey

	NOTIF	CATIC	N OF A	AC 8:60 and	ABATEM	ENT	PC	OFIVE	-	V.		_
Date of Notification (1)		Name	of Build	ling Owner/C	perator (2	DARM.	§ 2012 DE(Espel			
Agencies Notified Type Notification		01	1 1 11-00			_						
- ST I-Wal		1	20	CARR	14.07.	<u> </u>	44423-	TOS CONTI				7
EPA Initial Amended Amendment # DOL Emergency (inclu		City.	State, Z	ip Code		T	0720	OF NEINO	TUI.			
DOL Amendment # Emergency (inclu	ding	50.0	e of Cor				Tel	epnone Number	6	'A		
Lineigone) (Nam	e of Cor ファク	ic Mc	car	74				192		
DOH justification) Cancellation		10/	ACILITY	INFORMAT	TON							\dashv
Name of Facility Where Abatement is Taking Pla	ice (3)		HOILITI	IIII OTT.		Type of Fa	cility (4)					
CUMBERLAND FARMS S	tonk					Scho	ol (K-12)	ner than K-12)				
Street Address						Othe	r (i.e. private	& commercial bu	ildings	s, ho	nes,	
120 CARR AVE						etc.)		of Floors	Bldg.			-
City (5)						Square Fe		/	- 22	J_		
KEANS DURL	1					Current II	se (Prior if be	eing demolished)				
County (6)		Cou	inty Cod	e (7) ONLY)		Current	STUR	£				
MAK MOUTH					Name	of Abatem	ent Contracto	or (9)		11.55		
Name of Monitoring Firm Hired by Building Own	ner (8)	P	SCM N	0.	A. N	lac Conti	racting Inc.					_
					Street	Address						
Street Address						Lowell F	V 1000 100 100 100 100 100 100 100 100 1					\dashv
7.040					City,	State, Zip C	ode					
City, State, Zip Code				- control summer	1		V.J. 07452	License No.				-
Project Manager for Monitoring Firm		Te	lephone	No.	Telep	hone No. -262-584	11	00156				
						e of OSHA						
Start Date (10)	cheduled	Compl	etion Da	ite (11)	Name	e or OSHA nega Env	ironmental	Services Inc.				
Start Date (10)		5/1			1	et Address						
Occupancy Status During Abatement (Check	Only One)				280	Huyler	Street				331	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab	atemer	nt		City,	State, Zip ockensac	Code k, NJ 0760	6				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf		novatio				Full C	Containment v Enclosure	with Negative Pre	essure	•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De	molitio	n			Clave	oboo Procedi	ure	Proc	edure	¥	
	1					≥ Non-	Exempted (*)	and Non-Friable	A	Abate	ment	ė
	Isl	Locatio	n							Ту	pe	
Location of		ormally Solely			Descript	ion of g Material (ACM)	Amount			Щ	m
Ashestos-Containing Material (ACM)	Mai	ntenan	ce/	(i.e. the	ermal syste	ems insulat	ion,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED In Facility	Custo	odial S (12)	taff?	A 4000000	surfacing.	VAT, or ellaneous)		SF OI LF)	SVOL	pair	sula	Jusc
(13)		(12)		0	liei misce	maricodo			=		te	(D)
	Yes	No	N/A			, , , , ,	-	173034	X	-		T
MAIN STURB AREA			مر	V.	AT	motor	. (19300	1	-	-	+
MAIN STURR HULL	1								-	_	-	+
	1-							1				1
	-		-	-								
		1	JUDEP V	Maste	Cubic Yar	rds	Name of R	egistered Landfill			-	
Name of Registered Waste Hauler		H	Hauler ID	100.0	of Waste		IESI PA	Bethlehem La	andfil	II Co	rp.	
Rovic Transport		2	20785		D:	Dáta	City State		100 10000			
City, State					Disposal	12-0:-	Bethleh	em, PA 18015	5	1	4	100
Riverdale, New Jersey 07457					Sign	aftire (11		ate /	30	1,	,
Completed by	Title	siden	t		1/	11/17	-1		1/	00	11	_
R. McDonald	FIE											

23	direc						
455	-	1	344	1			
9 7	1		7	1	11	1	Beer
		***	11.60	1	37	Jus	# 1

Date of Notification (1)		Nar	me of Bui	Iding Owner/O	perator (2) =/	2.29420	EC -	·7 PM 12.				
Agencies Notified Type Notification		Stre	eet Addre	ess	0.10		A		- 1112	05			
EPA Initial Amended Amendment #	é	City	// 6 y, State, 1 /-/ 16-1	Zip Code	SIN	J	09	310 11C	S CONTH SMSING	W.	/A_		
Emergency (incluing justification) Cancellation	ding	1	PATR	ntact ICK M	CHR	77		Telep	hone Number	. V		-	
Name of Facility Where Abatement is Taking Pla CUMBRILIAN FARMS	ce (3) & 7	C/////		TINFORMAT		Sch	Facility (4) nool (K-12) ochapter 8	(Other	than K-12)	حالدان			
Street Address 116 BAY AVE City (5) 1-11644AND)						Square	.) Feet		commercial bu	Bldg	J. Age	9	+
Inf (614 LAWD) County (6)		Co	ounty Co	de (7) E ONLY)		2 0 Current		if bein	g demolished)	h.,	55		
MONMONT! Name of Monitoring Firm Hired by Building Own	er (8)	(5	ASCM N		Name		ment Contracting I	actor (\neg
Street Address					Street	Address Lowell							
City, State, Zip Code	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 				City, S	State, Zip		52					
Project Manager for Monitoring Firm		T	elephone	No.		hone No. -262-58			License No. 00156	X - 1 1 1 - 2 1			100000
Start Date (10) So	heduled	Comp	oletion Da	ate (11)	Om	ega En		ital S	ervices Inc.				
Occupancy Status During Abatement (Check C	nly One)			280	t Address Huyler	Street						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility I	Hours			City,	State, Zip ckensac	Code ck, NJ 07	606					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat				Mini	-Enclosure	edure	n Negative Pre			•	
			$\overline{}$			INUIT	-Exempled	1) 41			Abate	ment	8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ocation of the control of the contro	ly by nce/	Asbestos C (i.e. them	Description ontaining mal system of the contraction	Material ms insula /AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	100	- / a	14570			150087	×			\vdash
MAIN ARRA STURE			8	VA	17/	10701			70	-			
													\vdash
Name of Registered Waste Hauler Rovic Transport		1	NJDEP W Hauler ID 20785	No. of	ubic Yards Waste	7	IESI P	A Be	tered Landfill thlehem La	ndfil	l Co	rp.	
City, State Riverdale, New Jersey 07457				Di	isposal De	1200	City, Sta Bethle	hem	PA 18015		<i>i</i> —	1	
Completed by R. McDonald	Title	siden	t		Signa	lure /	h- /-1	1	Da #	1/	30/	// 2	_

Check

12/3/2012			1000		uilding Owner/ am Novy	Operator	(2) 21	112 DEC	-7	PM 12: 3	2.5			
Agencies Notified	Type Notification		3.50	treet Add	ress sell Avenue		A.	mešr	ne r	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3	95	14	
EPA DEP X DOL	Initial Amended Amendment				Zip Code NJ 07481			& LI	EN:	ONTRO SING	1.			
DOH DCA	Emergency (justification) Cancellation	including	1,0003	ame of C Ar. Willia	ontact am Novy			- 5	Tele	phone Num	呼号 -	a		
			_	FACILI	TY INFORMAT	ION	T	f Capility //	1)			_		
Name of Facility Where Residence	e Abatement is Takin	g Place (3)					П s	f Facility (4 chool (K-12 ubchapter	2)	er than K-12)	3*		
Street Address 528 Russell Aven	ue	MAG					× et	ther (i.e. p	rivate 8	commercia	ıl buildi	ngs, l		s,
City (5) Wyckoff							Square 2,800		2	Floors	60		je.	10 1 2
County (6) Essex				County Co			Resid	lence		ng demolish	ed)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM N/A	No.	Name East	of Abate Coast	ement Con Haz Ma	tractor t Rem	⁽⁹⁾ noval, Inc.				
Street Address							Address E. 41st	s t Street						
City, State, Zip Code			68				State, Ziperson, N	Code NJ 07504	1					750000
Project Manager for M	lonitoring Firm		T	Telephone	No.		hone No -345-00			License N 00507	0.			
Start Date (10) December 4, 201	2	Scheduled Decembe			ate (11)	100000000000000000000000000000000000000	of OSH ne as a	A Monitor bove						
Occupancy Status Du		ck Only One))			Stree	t Addres	S						
Abatament Perfo	acated During Entire	Period of Ab	atem	ent			State 7i	- 0-4-						
	Unoccupied Basem	nai raciiity n ent	lours			City,	State, ZI	p Code						
	: Unoccupied Basem	ent	lours			City,	State, Zij	p Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l	: Unoccupied Basem	ent × Re	novat	tion			Full Min × Glo	Containm i-Enclosur	e cedure			-e		
Scope of Work (Check × ≥3 sf or ≥3 lf	: Unoccupied Basem	ent × Re	novat	tion			Full Min × Glo	Containm i-Enclosur	e cedure			-e	e	t
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE	: Unoccupied Basem	Is L No Used Main Custo	novat moliti ocatio ormall Solel	on ly by hce/	Asbestos C (i.e. therm	Descriptio	Full Min Glo Nor n of Material ns insula AT, or	Containm i-Enclosur vebag Pro n-Exempte	e cedure d (*) ar			re cedur Abate	e emen /pe	t
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE (** (**)	tion of has Material (ACM) ABATED acility	Is L No Used Main Custo	novatimoliti ocatio rmall Solel stenar dial S (12)	on ly by hce/	Asbestos C (i.e. therm su othe	Description on taining nal system facing, Ver miscella	Full Min Glo Nor n of Material ns insula AT, or aneous)	Containm i-Enclosur vebag Pro n-Exempte	e cedure d (*) ar	Amount Specify F or LF)	ole Pro	cedur Abate Ty	e emen Encapsulate	T
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE (** (**)	tion of Material (ACM) ABATED acility	Is L No Used Main Custo	novati moliti ocatio ormall Solel tenar dial S (12)	on ly ly by nce/	Asbestos C (i.e. therm su othe	Description on taining nal system facing, V	Full Min Glo Nor n of Material ns insula AT, or aneous)	Containm i-Enclosur vebag Pro n-Exempte	e cedure d (*) ar	nd Non-Friat Amount Specify	le Pro	cedur Abate Ty	e emen /pe	T
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE (** (**)	tion of has Material (ACM) ABATED acility	Is L No Used Main Custo	novatimoliti ocatio rmall Solel stenar dial S (12)	on ly ly by nce/	Asbestos C (i.e. therm su othe	Description on taining nal system facing, Ver miscella	Full Min Glo Nor n of Material ns insula AT, or aneous)	Containm i-Enclosur vebag Pro n-Exempte	e cedure d (*) ar	Amount Specify F or LF)	ole Pro	cedur Abate Ty	e emen Encapsulate	T
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE In F (** Base	tion of ing Material (ACM) ABATED acility 13) ement	Is L No Used Main Custo	novati moliti occati ormall Solel ttenar dial S (12) No	on ly ly by nce/	Asbestos C (i.e. therm su other	Description on taining nal system facing, Ver miscella	Full Min Glo Nor of Material ns insula AT, or aneous)	Containm i-Enclosur vebag Pro i-Exempte (ACM) tion,	e cedure d (*) ar	Amount Specify F or LF)	Removal X	cedur Abate Ty	e emen Encapsulate	I
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE (7) Base Name of Registered V East Coast Haz M	tion of ing Material (ACM) ABATED acility 13) ement	Is L No Used Main Custo	novatimoliti ocatiii soleli (12) No X	on ly ly by nce/Staff?	Asbestos Ci.e. therm su other	Description ontaining nal system fracing, Ver miscella pe Insulation Yards Waste 1	Full Min Glo Nor n of Material ns insula AT, or aneous)	Containm i-Enclosurivebag Pro n-Exempte (ACM) Ition,	e cedure d (*) ar	Amount Specify F or LF)	Removal X	cedur Abate Ty	e emenope Encapsulate	Enclosorie
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loca Asbestos-Contain TO BE In F (** Base	tion of ing Material (ACM) ABATED acility 13) ement Waste Hauler Mat Removal, Inc.	Is L No Used Main Custo	novatimoliti ocatiii soleli (12) No X	on ly ly by nce/Staff?	Asbestos Control (i.e. therm sunder s	Description ontaining nal system facing, Ver miscella pe Insulation Yards Waste	Full Min Glo Nor of Material ns insula AT, or aneous)	Containm i-Enclosur vebag Pro i-Exempte (ACM) tion,	e cedure d (*) ar	Amount Specify F or LF)	Removal X	cedur Abate Ty	e emen Encapsulate	Enclosure

CKzylel

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

RECEIVED

Date of Notification (1)				Building Ow	vner/Op	erator (2	2)							
December 3, 2012				Sabol				2012 DE	C -	7 PM 2	: 34			_
Agencies Notified Type Notification			reet Add	dress emont Di	rive			E an other	D 11 13 2	3 0011	*****			
EPA Initial Amended Amendment		Ci	ty, State	e, Zip Code o, NJ 08)	i		&	LICE	S CONT ENSING		0		
Emergency (justification) DCA Emergency (justification) Cancellation	ncluding	- 10		Contact verner			****		Teler	hone Num	ber			
		.*	FACIL	ITY INFOR	RMATIO)N	Tuna of	Facility (4)						
Name of Facility Where Abatement is Taking Site of Demolished Home	Place (3)						Sc St	chool (K-12)	(Other	r than K-12)			
Street Address 1 Gladys Avenue			- 11				× 01	ther (i.e. pri c.)	vate &	commercia Floors	ıl buildi	ngs, h		s,
City (5) Manville								t Use (Prior				.g. / \s		
County (6) Somerset				SE ONLY)		_	Site o	of Demolis	shed	Home			a	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ž!	ASCM	No.		Kielcz	zewsk	ement Contr i Corpora		9)				
Street Address						Street / 235 V		s ung Aven	ue					
City, State, Zip Code						City, St West		Code ge, NJ 07	052		-30			
Project Manager for Monitoring Firm		T	elephor	ne No.			one No 243-98			License N 01171	0.			
Start Date (10) 12/04/2012	Scheduled 12/05/20		pletion [Date (11)		Name N/A	of OSH	A Monitor		<i>I</i> 0				
Occupancy Status During Abatement (Che	k Only One)				Street	Addres	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Site of Demolished	nal Facility	bateme Hours	ent		_	City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)							-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Min	Containme i-Enclosure vebag Proc n-Exempted	edure				Α.	
					-	×	Nor	n-Exempted	(°) an	u Non-Filat	DIE FIO		ement	t
Location of	N		у			escription		(ACM)	Δ	mount	-	Т	pe m	Chry
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solely by intenance/ todial Staff? Asbestos Co (i.e. thermal surf			therma surfa	Containing Material (ACM) Amour Firmal systems insulation, surfacing, VAT, or Cher miscellaneous) Amour (Specification) SF or L				Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									-	-	+-
Site of Demolished Home			X	Transite	e sidin	ng, add	itional	l cleanu	551	approx	X	-	-	-
		-									#			
		- 1.0	UDEDA	Masta	Cubic	c Yards		Name of	Regist	ered Landf	ill			
Name of Registered Waste Hauler Kielczewski Corporation		Н	IJDEP V lauler ID 03472	No.	of Wa			Conest	oga L		N			
City, State West Orange, NJ					10/2	osal Date 9/2012	2			, PA 195	43			
Completed by Slawomir Kielczewski	Title. Pres	ident				Signaty	illow	ndi.		100	Date 12/03/	2012	2	

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2012-233

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

Check # 5634

15 15 05 15 15 15 15 15 15 15 15 15 15 15 15 15							181 - 11							
Date of Notification	(1)	Name	of Building	Owner/	Operator (2)	281	מחבר ז מע		2020					
1 2 1/10 14	J/1 <u>12</u>		ıreen & Br	endan	Bowers	691	2 DEC -7 PM	2: ;	3		- invenies n			_
Agencies Notified	Type Notification	Street	Address			£.43	ers res co	LIT ID 6	57	Č				
☐ EPA			lbert Aven				& LICENSH	413 413						
☐ DEP	- Amandm	ont	State, Zip Co					- 0	CD					
⊠ DOL	Amendme	Co	nvent Stati	on, N.	07961	100			Telepho	ne Numbe	_		1776	
☑ DOH			of Contact						Telepho	no rrambe				
☐ DCA	Cancellat	ion M	aureen & E	Brenda	n Bowers	N-1				-				_
				FACIL	ITY INFORMA	ATION								
Name of facility wh	pere abatement is	taking place	(3)					Туре	of Facility	(4)	77			
Name of facility wi	lete abatement is	taking piece	(-)							ol (K - 12)		V	2)	
same										hapter 8 (0 (Private/0			2)	
Street Address										./Homes,				
9 Albert Avenu	ie.							Squ	are Feet	# of Floo	rs	Bld	g. Ag	е
City (5)	<u> </u>	County (6)				ty Code (7)	_				P. L.		
J., (J)						(State	use only)		rrent Use (idential	Prior if beir	ng dem	olisne	(د	
Convent Statio	on, NJ 07961	Morris	The same of the sa		ACCIANO	-111	Name of Abatement				_			- 12
Name of Monitorin	ng Firm Hired by E	Bldg. Owner (8	3)		ASCM No.	- 11	B & G Restorati							
n/a							Street Address	ion, m	·					
Street Address							105 Ryerson Ro	oad			to.			
						-	City, State, Zip Code							
City, State, Zip Coo	ae						Lincoln Park, N	NJ 070	35					ï
Project Manager fo	or Monitoring Firm		Phone	Numbe	er	— -	Telephone Number			1	e Numb	er	***	
Project Manager II	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						973-696-6869			0378				_
Scheduled Start D	ate (10)	ISched. C	ompletion D	ate (11)		Name of OSHA Mo							
	4.0 (1.0)					- 11	B & G Restorat	tion, ii	ic.					
12/14/2012 Occupancy Status	During Abatamar	12/14/2					. 105 Ryerson R	oad						
Occupancy Status	ed/vacated during	entire period	of abatemen	nt.		11	City, State, Zip Code							
Abatement	performed outside	of normal fac	ility hours-											
Describe: Other-Desc						=11	Lincoln Park, 1	NJ 070	35					
	check all that apply	v)												
Demolition		Renovation				☐ F	ull Containment w/n	egative	pressure	Glov	ebag pr	ocedu	re	
>3 sf or >3		≥160 sf or ≥2	60 If			X M	lini-enclosure	4.		☐ Non-	-friable	proce	dure	
			normally used	d solely	/			T			R	R	E	E
Location of asbestos-co		by maintena	ance/custodi	al	Descript		sbestos-containing		Amoun (Specif		m	p	n c	n
material to	be	staff(12)			material	(ACM)			LF)	y 01 01	O V	a	a p	L
abated in fa	acility (13)	Yes	No	N/A							e	1		-
basement				X	pipe				60 lf		ᆛ井	ዙ		누
											井	片	片	늗
					ļ						╅	片	片	1
							ALCONOMICS AND ADDRESS OF THE PARTY OF THE P				믐	Ħ	Ħ	Ē
No.	Haule-	INJUST	Hauler ID#	10	ubic Yards of	Waste	Name of Register	ed Lan	dfill					
Registered Waste B & G Restora	tion, Inc.	1956			l yard		Tullytown Res	ource	& Recove	ery Center				_
City, State	'AL			posal I			City, State		7					
Lincoln Park,		·		2/17/1	2 Signature		Tullytown, PA			Date				_
Completed by (P		Title Treasurer			Signature	1	Gordana Luna	z			/2012			
Gordana Luna	a	1 1 Casulol	2.0	Total Control	.1		1000					-	-	_

Date of Notification (1)				Name o	f Building	Owner/Operator (2 erzog - Executor	DEVEN.	· •				
12/	04 / 12	_		Rona	ald C. He	erzog - Executor	I have been by	LD				
Agencies Notified	Type Notification			Street A	ddress	201	2 DEC 7 5.					
⊠ EPA	Initial		- 1	64 H	emlock l	Road	2 DEC -7 PM	2:32				_
□ DEP	Amended		- 1	City, Sta	ate, Zip C	odo				ı		
DCA (NJAC 5:16)	Amendment #_ Emergency (inc	luding		Little	Falls, N	IJ 07424	BESTOS CO	WTRBL		0		
DCA DCA	justification)	adding.	- 1	Name o	f Contact		& LICENSII	retephone Numb	ber			
(NJAC 5:23-8)	Cancellation			Will	Damato			1				
	2			FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taking	Place (3	3)				Type of Facility (4)				
Estate of Frederic							School (K-12)	Other than K 12	· \			
Street Address			111				☐ Subchapter 8 (☐ Other (i.e., priv	ate & commercia	al buildir	ngs,		-
232 Somerset Stree	et						homes, etc.)	· · · · · · · · · · · · · · · · · · ·			_	
City (5)							Square Feet	# of Floors		g. Ag	е	
North Plainfield							12,000	3	5	0		_
County (6)				Count	y Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)			
Somerset						AND COLORS OF THE COLORS OF TH	Commercial		100 0			
Name of Monitoring Firm	Hired by Building C	wner (8	1	ASCM N	No.	Name of Abateme						
Health & Safety Se				0011	7	Superior Aba	tement Inc					
Street Address						Street Address						
318 12th Street,						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					
Hammonton NJ 08	037					West Caldwe	ell, NJ 07006					
Project Manager for Mor			Tel	ephone N	No.	Telephone No.		License No.				
Jim Proctor			(6	309) 704	4-8850	(973) 808-161	The state of the s	00411				
Start Date (10)	Sched	duled Co	mple	etion Dat	e (11)	Name of OSHA N						
12/08/	12	12 /	_1	0 . / _	12	Superior Aba	atement Inc		100			
Occupancy Status Durin		k only or	ne)			Street Address						
☐ Facility Closed/Vacat	ted During Entire Pe	riod of A	bate	ement		2 Henderson	Drive					
☐ Abatement Performe	d Outside of Norma	I Facility	Hou	ırs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	8:00_AM- <u>5:00_</u> PM/	P	M	AN	1	West Caldwe	ell, NJ 07006					
Scope of Work (Check a	all that apply)					T Full Con	ntainment with Neg	ative Pressure				
	£7	⊠ Rer	ova	tion		Mini-En		auve i resoure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Den					g Procedure	- Frieble Bresed	uro			
<u></u>				-6		∐ Non-Exe	empted (*) and Nor	1-Friable Proced		otom	ent Ty	vna.
		57.57		ation ally		Description	of		Auc	_		
Locatio Asbestos-Containing		Used	d So	lely by	Asbe	estos Containing M	aterial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE AB				ance/ I Staff?	(i.e., the	ermal systems insu VAT, or	lation, surfacing,	(Specify SF or LF)	nov	air	aps	losi
IN Fac		Oust	(12			other miscellan	eous)	O1 01 L1)	<u>a</u>		Encapsulate	īe
(13)		Yes	No	N/A							ë	
Basement					Pipe Ir	sulation		400 LF				
Buscinent						- Carrierin						
		-	_		 				П	П	П	
					<u> </u>					_		П
	and the state of t							fored 1 andfill		Ш	Ш	Ш
Name of Registered Wa	aste Hauler		T	NJDEP		Cubic Yards of Waste	Name of Regis					
Service Transport				Hauler I SW2		10	Minerva La	inatiii				
City, State				3112		Disposal Date	City, State					
New Castle, DE						12/10/12	Waynesbu	rgh, OH				
Completed By (Print or	Type) Ti	tle	_			Signature	7/////	1	Date			
Nick Petrovski	1,100/	o Preside	ent	1			W llshr	11.25	12-	4	-12	2
MICK LETIONSVI				7-		JUN 1	Malling Co		1-			-

NOTIFICATION (Pursuant

ate of New Jersey				
OF ASBESTOS ABATEME	NT	011	i	
to NJAC 8:60 and 12:120)	PE	6 ratio	# 6	1509
	1 1 to 1	111	11 14 19	

Date of Notification (1) 12-3-2012		74 688		Building O Manage		perator (2)	,	E Con	. 1.3					
Agencies Notified	Type Notification		-	treet Add	dress uth Livir	ngston	Ave.	DEC -7						
DEP DOL	Initial Amended Amendment				e, Zip Cod ton, NJ		ि है •	& LICEK	ONI	`RØL			i.	
Ŭ DOH DCA	Emergency (justification) Cancellation	including		lame of 0	Contact		-		Tele	ephon ur	nber			
	17			FACIL	ITY INFO	RMATIC							400	
Name of Facility Where Brandywyne East Street Address		g Place (3)					- $=$ $=$	School (K-12 Subchapter & Other (i.e. pr	?) B (Othe	er than K-12	2)	lingo	home	
Brandywyne East	Court						×	etc.)	ivate d	Commerci	ai Duiic	ıırıys,	HOME	15,
City (5) Brielle, NJ			14,000				Squ	are Feet	# of	Floors		ldg. A i0+	ge	
County (6) Monmouth			(County C	ode (7) SE ONLY)		2000	rent Use (Prio partment Un		ng demolish	ned)			
Name of Monitoring Fire	n Hired by Building	Owner (8)	-	ASCM	No.			batement Cont		(9)				
n/a				n/a			Jadar C	ontracting, l	LLC		31			
Street Address							Street Add							
n/a							22 Troy							
City, State, Zip Code n/a							City, State, Lincoln	Zip Code Park, NJ 07	035					
Project Manager for Mo	nitoring Firm		- 1	Telephon n/a	e No.		Telephone 973-706			License N 01088	lo.			
Start Date (10) 12-18-2012		Scheduled 12-20-2		pletion D	ate (11)			SHA Monitor ontracting,	LLC					
Occupancy Status Duri	ng Abatement (Ched	k Only One	2)				Street Add					3.537		
Facility Closed/Va	cated During Entire	Period of Al	batem	ent			22 Troy							
Abatement Perfor	med Outside of Norr	nal Facility	Hours			_	City, State Lincoln	, Zip Code Park, NJ 07	7035					
Scope of Work (Check	All That Apply)													J.
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re	
	- 10	Т.							1./	and the second		Aba	emen	t
	MATERIAL POPULATION AND ADMIT	1	Location or mall			Do	scription of					Т	ype	
Locati Asbestos-Containir TO BE A In Fa (13	ng Material (ACM) BATED cility	Used Mai	d Solel ntenar odial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfa	taining Mate systems ins cing, VAT, o miscellaneou	sulation, or	(-	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									0	
Main	Floor			×			VAT		4	50 SF	X	_	_	
Bathr	oom			X			VAT		;	50 SF	X	-	-	
				_							+	+-	-	
Name of Registered W	aste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	Regist	ered Landf	ill			<u> </u>
Jadar Contracting LLC				lauler ID 03313		of Wa				Landfill				
City, State Lincoln Park, NJ 07035						Dispo TBD	sal Date	City, Stat Morris		PA 19067	7			
Completed by		Title			X		Signature	0			ate		- 1100	
Lillie Lazarevich		Secr	etary		N.		Lilli	Vagn	<u>~~</u>	\$	12-3-	2012		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:420.7) (Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner / Operator DEC -7 PH 12: 29 Date of Notice 12/3/12 Type Notification Agencies Notified Street Address **Emergency Notification** X **EPA** 9 Grosvenor Road X DEP Initial Notification City, State & Zip Code X DOL Amended Notification Short Hills, NJ 07078 X DOH Name of Contact Cancellation 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) 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 Maintenance or TO BE ABATED (i.e., thermal systems or Enclosure) in Facility Custodial Staff? insulation, surfacing, VAT 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 Freehold, NJ 12/14/12 Tullytown, Pa Completed By (Print or Type) Title Signature Date Dominick Tringali **Project Manager** Dominick Tringali 12/3/12

ASB-41 JUN 95 G4667

			(Pt	ursuant 1	to NJAC	8:60 and	d 12:120	•	PEN	F 12		ν.			
Date of Notification (1) December 4,2012					Building air Corp			(2) 2 9 1	Check 2 DEC -	# 551	ED	`			
Agencies Notified EPA	Type Notification		- 1	Street Ad 95 Lou	ddress iise Driv	re			LUEC -	7 Ph	112:28				
EPA DEP DOL	Amended Amendment				te, Zip Co			**************************************	ESTOS LICE	CON	TRaj	Y			
DOH DCA	Emergency justification) Cancellation		71.5	Name of Bob M	Contact cNeill				01	Tel	éphone Nu	mber			
				FACI	LITY INFO	ORMATI	ON								
Name of Facility Where A Hamilton Rent a Ca		ig Place (3)							of Facility (School (K-1	2)					
Street Address 350 South Broad St	treet							×	Subchapter Other (i.e. p etc.)				dings	, hom	es,
City (5) Trenton								1800		3	Floors	7	3ldg. <i>i</i> '5	Age	
County (6) Mercer				County C	Code (7) ISE ONLY				ent Use (Pri ail Space	or if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				tement Cor vironmen						
Street Address							100000000000000000000000000000000000000	Addre: Cutler	767				11		
City, State, Zip Code									ip Code ade, NJ (08052					
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		50000000000000000000000000000000000000	none N 755-0			License N 00842	lo.			
Start Date (10) December 17, 2012	2	Schedule Decemb					Name EMS		HA Monitor						
Occupancy Status During	g Abatement (Che	k Only One	9)					Addres	347		W			- 6	
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility					City, S	State, Z	0 North ip Code		<u> </u>				
_		iside					Cinn	amins	son, NJ (08077					
Scope of Work (Check A ≥3 sf or ≥3 lf	II That Apply)	X D	enova	tion			Г	7	I Containm	ont with	Nogativo I)room			
≥160 sf or ≥260 lf			emoliti					Mir Glo	ni-Enclosure ovebag Prod n-Exempted	e cedure					
		T 1-						M INO	II-Exemple	1 () and	i Non-Filai	T PIC	1 9241 1 1	e ement	
Location	of	N	_ocati	y		De	scription	of					Ty	/pe	
Asbestos-Containing TO BE ABA In Facil (13)	ATED	Mai	Soleintenar dial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	taining N	Material s insula T, or	(ACM) ation,	(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer	inocciai	icous				/al	=	ılate	ire
Outside Bu	uilding			XXX		Asbes	tos Ro	ofing		10	00 SF	XXX			
								465-246				-			
Name of Registered Was Jack Robinson Wast			Н	JDEP W auler ID		of Was	Yards ste		Name of Grows	1000	red Landfil II				
			17	7304		20 Diana	nal Dat-						-		
City, State Bellmawr, NJ							sal Date 3-2012		City, Stat Tullytov		١.				
Completed by William Lynch		Title Owne	r				ignature		2. L	,	11/1/2005	ec. 4	201	2	
	*					44	- Comment			100				-	

							Pr.	٠ سما ۾	, Chec	k#7	042	i Baran	
Date of Notification ((1) December 4, 2	2012			of Building	Owner / Operator	(2)	CIVED	1 1				
Agencies Notified	Type Notific			-	Address	123	12 DEC -	7 -					
□EPA □DEP				322 H	igh Street	A a	JESTO:	7 PM 12: 2 CONTROL NO ING	8				
⊠DOL	☑ Initi				State & Zip	Code	& LICE	NOW RELEASE					
⊠DOH	55,777,275	ended endment :	#	Burlin	ngton, NJ	08016		WOING .	7a				
DCA		ncellation	::- 		of Contact Nappi		23		Te	lephor	ne Nu	mbe	er .
				FA	CILITY II	NFORMATION							
Name of Facility Wh Bank of America	ere Abatemen	t is Taking	g Place (3)			Type of Fac	cility (4) ol (K-12)						
Street Address								ther than K-12)					
322 High Street						Other	(i.e., priv	ate & comme	cial building	s, hon	ne, e	tc.)	
City (5)						Square Fee		# of Floors 2 + baser	The second second	g. Age	112		
Burlington								eing demolishe				12	
County (6) Burlington			County Code	e (7)									
Name of Monitoring Environmental Test			Owner (8)	di non	ASCM N	o. Name of At		ontractor (9)	***************************************				
Street Address						Street Addr	ess				1		
One Mall Drive, Sui City, State & Zip Coo						829 Radio City, State							
Cherry Hill, NJ 080	02					Little Egg I							
Project Manager for I Howard Zenobi	Monitoring Firr	n	1000000	lephone 6-482-13		Telephone 609-296-69			License Num	ber 0081	7		
Scheduled Start Date		Schedul	ed Completi	on Date (11)	Name of O	SHA Monito	or					
December 15 Occupancy Status D	uring Abateme		conly one)	ber 23, 2		Synatech, Street Addr							-
	ed/Vacated De Performed Out	ion con si on tendenti			nt	829 Radio	707775550						
Other – Des	cribe: upied During A	hatemen				Little Egg I	•						
Scope of Work (Che													
≥3 sf or ≥ 50 lf		,,		Renovati	on		Full Con	tainment with N	legative Press	ure			
≥160 sf or ≥26	60 If			Demolitic	n	أِ	Gloveba	g Procedure					
Loc	cation of		la Laggi	N	Un Hand	December 1		empted(*) and f	Non-Friable Pr	-	-	47	-
Asbestos-Conta		(ACM)		Mainter Mainter Mainter	ance or	Asbestos-	ption of Containing I (ACM)		ount (Specify SF or LF)	Abi	atem	enti	ype
	Facility (13)					(i.e., therm insulation, su or other mis		AT		Re	20	Enca	Ē
			Yes	No	N/A	or ourer mis	ociiai icous	'		Removal	Repair	Encapsulate	Enclosure
Teller Line; 1 st & 2 nd	Floor Stairwe	ell	-		х	Floor	r Tile		1,400 SF	\vdash			\vdash
anding										×			
lame of Registered V	Naste Hauler		NJDEP V Hauler ID	No.		rds of Waste		f Registered La	ndfill				
synatech, Inc. City, State			274	129	70 Disposal	Data		Landfill					
					Disposal		City, Sta						
.ittle Egg Harbor, N. Completed By	J U8U87	Title			December Signature	er 26, 2012	Morrisv	rille, PA					9
iane Aloia	3		ive Adminis	trator	100	ani F. a	lora	• ,	ner 3 2012				

Check # 6466 IT Emengency.

Date of Notification (1)			N	ame of E	Building Own	er/Operator (2)) Croundo	· · · · · · · · · · · · · · · · · · ·				
	12	_		Merce	r County B	uilding and	Grounds CITZ DEC -7	DM In				_
Agencies Notified T	ype Notification		S		4					į.		
⊠ EPA	Initial			300 Sc	cotch Road		ASSECTO	Carre				\dashv
☑ DOLWD □] Amended		C	ity, State	e, Zip Code		& LICEI	LONING!				
☑ DHSS	Amendment #	ıdina		W. Tre	enton NJ. 0	8628	W LIGHT	VOING P	A			_
DCA (NJAC 5:23-8)	Emergency (incluing justification)	Juliy	N	ame of	Contact			Telephone Nu	per			
(NJAC 5.25-6)	Cancellation			Alan L	_loyd				-			\dashv
				FACIL	LITY INFOR	MATION				_		_
Name of Facility Where Aba	atement is Taking F	Place (3))				Type of Facility (4)				
Mercer County Admir	nistration Buildi	ing					☐ School (K-12) ☐ Subchapter 8 (Other than K-12	2)			
Street Address							Other (i.e., priv	ate and comme	rcial build	lings	i.	
640 S. Broad St.							homes, etc.)					_
City (5)					***		Square Feet	# of Floors	50	. Age	; 	
Trenton					X		1,200	1				_
County (6)				County	Code (7)(STA	TE USE ONLY)	Current Use (Prio		snea)			
Mercer County							Administration	on Building			_	\dashv
Name of Monitoring Firm H	lired by Building O	wner (8)	A	SCM No			ent Contractor (9)					
Pennoni Associates				00102		uzon Inc.					_	
Street Address				1.0		eet Address						
550 Grove St.						451 Executi						
City, State, Zip Code					100000	y, State, Zip C						
Haddonfield NJ. 080	35					Philadelphia	, Pa. 19153	License No.				
Project Manager for Monit	oring Firm		00000000	hone N		lephone No.	•	01109				
Alan Lloyd				6-547-0		267-284-1050 me of OSHA		01103	_		-	-
Start Date (10)	II, ATTACAGE			ion Date	(,	me of OSHA I Joseph Mare						
12 / 5 /				_ / _			JIISKI			_		
Occupancy Status During	Abatement (Check	only or	ne)		1	reet Address	the Assemble					
☐ Facility Closed/Vacate	d During Entire Per	riod of A	bater	nent		8451 Execut						_
Abatement Performed Time of Abatement: 8	Outside of Normal :00AM-4:00PM/_	Facility PN	Hours	AM	cribe Cit	ty, State, Zip C Philadelphia		1				
Scope of Work (Check all	that apply)	-						estivo Proceure				
		⊠ Rer	ovoti	on		☐ Full Co	ntainment with Neg oclosure	Jalive Flessuic				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Der	nolitic	n		☑ Gloveh	an Procedure	- Eriable Proces	dure			
≥ 100 St 01 ≥ 200 II						☐ Non-Ex	cempted (*) and No	n-Friable Froces		otam	ent Ty	vne.
			Locat Iorma			Description	of			_		
Location				ely by	Asbesto	s Containing N	Naterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing TO BE ABA	ATED		intena	ince/ Staff?	(i.e., th	nermal system	s insulation,	(Specify SF or LF)	ova	#	psu	Sur
IN Facili		Cust	(12)			surfacing, VA other miscellar	neous)	0, 0, 1,	-		ate	Ф
(13)		Yes	No	N/A								
		\boxtimes			Pipe Fittir	nas		8 LF				
Boiler Room		-	-		1.190	-						
										=	П	
											ш	닏
			П	П								
CD Started W/o	ete Hauler	10-	_	NJDEP	Waste C	Cubic Yards of	Name of Reg	stered Landfill				
Name of Registered Wa Service Transport				Hauler II	D No. V	Vaste 10 CYS.	Minerva L	andfill				
City, State	···					Disposal Date 9-12-12	City, State Waynesb	urg, OH				
New Castle, DE.		tle				Signature		1	Date			2
Completed By (Print or Piyush Patel	1,700)		ım M	anager	r	r.	r. rat	<u>u</u>	12	3	1).	

Date of Notification (1) 11/30/12	2			Morris	Building C County)wner/O	200		PM 12: 54		\$		
Agencies Notified	Type Notification			Street A	ddress urt Stree	t							i
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ite, Zip Coo town, NJ	de	3	& LICE	CORTROL NSING				
X DOH	Emergency (i justification)	ncluding			Contact Abline				Telephone Nu	nber			
x DCA	Cancellation				LITY INFO	RMATI	ON		1-				
Name of Facility Where Morris County Cou Street Address		Place (3)						ype of Facility (4 School (K-1) Subchapter	2) 8 (Other than K-12	2)			1100
Washington Street								etc.)	rivate & commerci		-		2 S,
City (5) Morristown								Square Feet 50,000+	# of Floors	107793	ldg. A 0+	ge	
County (6)			П		Code (7) USE ONLY)			Current Use (Pric	or if being demolish	ned)			
Morris Name of Monitoring Fin		Owner (8)		ASCN			Name of	Abatement Con					
Birdsall Services C	Group						Pyram Street A	id Contractin	g Corp.				
Street Address 65 Jackson Drive								argeant Aven	ue				
City, State, Zip Code Cranford, NJ 0701	6						Clifton	te, Zip Code , NJ 07013					
Project Manager for Mo Mr. Kevin Burns	onitoring Firm	4		Telepho 908-49	ne No. 97-8900		Telephor 973-68	ne No. 39-6281	License N 01099	lo.			11000000
Start Date (10) 12/10/12		Schedule 02/10/1		mpletion	Date (11)		The state of the s	OSHA Monitor nvironmental	Laboratories l	LC			
Occupancy Status Duri	ng Abatement (Chec	k Only One	e)				Street A	ddress Route 22 Wes	ot .				
Abatement Perfor	cated During Entire F med Outside of Norm Occupied Building	Period of A nal Facility	bater Hour	ment 's			City, Sta	te, Zip Code , NJ 07081).				
Scope of Work (Check													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enov				×	Mini-Enclosure Glovebag Prod					
-		1.00	Loca						() and Non-i had		Abate		t
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	ng Material (ACM) BATED cility	Use Mai	d Sol intena	ely by ance/ Staff?		tos Con therma surfa	escription on taining Ma I systems in acing, VAT, miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	=	Yes	No	N/A	<u> </u>		oiling Tile		7,800 SF	x			-
Ground /	1st Floor		X	-	Cor		eiling Tile	proofing	8,100 SF	x			⊢
		4-4	X	-	Spre	,	Insulati		1,050 LF	×	-		-
			X	-	Duct Ir			SF of VAT	2,550 SF	x	-		-
Name of Registered W	laste Hauler		×	NJDEP V	- Commence of the		Yards		Registered Landfil	2.7		L	
Pyramid Contracting			- C (c)	Hauler ID 32613	No.	of Wa	aste	G.R.O.	W.S., Inc.				
City, State Clifton, New Jerse	у				EG S		sal Date ughout	City, Stat	e ill e , Pennsylva	nia			
Completed by Dimo Golcev	· ·	Title	eral l	Manger			Signature	in C	U A /I	ate 1/30/	12		
ASB-41 (R-06-08)					,		Do not	use this form for	asbestos licensu	re exer	npted	activ	ities

e of Notification (1) /30/2012	Check#2330		SAN	of Buildi DVIK, Address	INC .	perator (2			PH 12: 53				
encies Notified	Type Notification		Street 1702	Nevin	s Road		e Jije S	ICEN	CONTROL		1		1
EPA DEP	Initial Amended		0:4.	State Zir		ey, 074			UB				-
DOL	Amendment #_ Emergency (inc	luding	Name	of Cont	act			1	Lelephone Number	er er			1
DOH	justification) Cancellation		Albe	ert Mips	3							_	
DCA			FA	CILITY	INFORMAT	ION	Type of Fa	cility (4)					
andvik, Inc	Abatement is Taking F	Place (3)					School	ol (K-12)	Other than K-12) ate & commercial	buildings	s, hon	nes,	
treet Address 702 Nevins Road	l						etc.) Square Fe	et	# of Floors	Bldg. 50+		7	
ity (5) air Lawn, NJ 074	10-0428						160,000	ee (Prior i	f being demolishe	d)	-		
County (6)			Cou (STA	nty Code	e (7) ONLY)		Wareho	use					
BERGEN COUNT	rm Hired by Building O	wner (8)	A	SCM No).	Name	e of Abateme Services (Corpora	tion				
lame of Monitoring Fi	IIII Filica by Balleti S	145					et Address						
Street Address						426	69th Stre	et					_
				-		City,	State, Zip C	ode					
City, State, Zip Code							ttenberg, I	/J	License No				
Project Manager for N	Monitoring Firm		Tel	ephone	No.	201	phone No. 1-295-170		01074	J.			_
		Scheduled	Compl	etion Da	te (11)	Nam	ne of OSHA	Monitor	ation				
Start Date (10) 12/3/2012		12/21/20	12				Services	Corpora	ation	- 1			
12/3/2012	uring Abatement (Chec	k Only One)				Stre	et Address						
						sai	me as abo	ove					
Facility Closed/	Vacated During Entire	Period of Ab	atemer	nt	<u> </u>	50,000	me as abo		11				
Facility Closed/ Abatement Perl Other – Describ	Vacated During Entire formed Outside of Norr pe: 7:00 AM to 11:00 Pl	Period of Ab	atemer	nt		50,000	, State, Zip	Code					
Facility Closed/ Abatement Per	Vacated During Entire formed Outside of Norr pe: 7:00 AM to 11:00 Pl	Period of Ab mal Facility F M	lours			50,000	, State, Zip	Code	ent with Negative	Pressure	9		
Facility Closed/ Abatement Perl 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 F M	atemer	on		50,000	Full C	Code Containme	eodure				
Facility Closed/ Abatement Perl 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 F M	atemer	on		50,000	Full C	Code Containme	9	ble Proc	edure	ement	
Facility Closed/ Abatement Perl 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 Abmal Facility H	enovation	on on		50,000	Full C	Code Containme	eodure	ble Proc	edure Abate	e ement	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta	Vacated During Entire formed Outside of Norroe: 7:00 AM to 11:00 Plock All That Apply) Olf cation of saining Material (ACM) E ABATED Facility	Period of Abnal Facility FM Representation Definition Control of Abnal Facility FM Representation Definition Control of Abnal Facility FM Representation	atemer	on on y y by	(i.e. th	Descript Contains	Full (Mini- Glov Non-	Containme Enclosure ebag Prod Exempte	eodure	ble Proc	edure Abate	ement	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta	Vacated During Entire formed Outside of Norroe: 7:00 AM to 11:00 Plock All That Apply) Olf cation of aining Material (ACM) E ABATED	Period of Abnal Facility FM Representation Definition Control of Abnal Facility FM Representation Definition Control of Abnal Facility FM Representation	enovation contains a solution contains a solut	on on y y by	(i.e. th	Descrip Containing From Syssurfacing System Syssurfacing	Full (Mini-Glow Non-otion of Ing Material Items insulated Inventor of Ing Material Items Inventor of Ing Material It	Containme Enclosure ebag Prod Exempte	Amount (Specify SF or LF)	ble Proc	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In	Vacated During Entire formed Outside of Norr pe: 7:00 AM to 11:00 Plock All That Apply) Olf cation of aining Material (ACM) E ABATED Facility (13)	Period of Abnal Facility FM Report Is In Number Cust	enovation ormally Solely ntenanodial Solely (12)	on on y y by cce! ttaff?	(i.e. th	Descrip Containing Con	Full (Mini-Glov Non-otion of ng Material I, VAT, or cellaneous)	Containme Enclosure ebag Prod Exempte	Amount (Specify SF or LF)	Removal x	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In	Vacated During Entire formed Outside of Norroe: 7:00 AM to 11:00 Plock All That Apply) Olf cation of saining Material (ACM) E ABATED Facility	Period of Abnal Facility FM Report Is In Number Cust	enovation ormally Solely ntenan odial S (12)	on on y y by cce! ttaff?	(i.e. th	Descrip Containing Con	Full (Mini-Glow Non-otion of Ing Material Items insulated Inventor of Ing Material Items Inventor of Ing Material It	Containme Enclosure ebag Prod Exempte	Amount (Specify SF or LF)	ble Proc	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In	Vacated During Entire formed Outside of Norr pe: 7:00 AM to 11:00 Pluck All That Apply) Olf cation of aining Material (ACM) E ABATED Facility (13) und Floor	Period of Abnal Facility FM Report Is In Number Cust	enovation occation oc	on on y y by cce! ttaff?	(i.e. th	Descrip Containing Con	Full (Mini-Glov Non-otion of ng Material I, VAT, or cellaneous)	Containme Enclosure ebag Prod Exempte	Amount (Specify SF or LF)	Removal x	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In	Vacated During Entire formed Outside of Norr pe: 7:00 AM to 11:00 Pluck All That Apply) Olf cation of aining Material (ACM) E ABATED Facility (13) und Floor	Period of Abnal Facility FM Report Is In Number Cust	enovation of the control of the cont	on on y y by oce/ taff?	(i.e. th	Descrip Containing ermal sys surfacing other misco	Full (Mini-Glow Non-otton of Ing Material Items insulation vellaneous)	Code Containme Enclosure ebag Proo Exempted (ACM) tion,	Amount (Specify SF or LF) 880 LF 123 LF	Removal x	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In Gro Gro	Vacated During Entire formed Outside of Norr De: 7:00 AM to 11:00 Plus All That Apply) Olf cation of Saining Material (ACM) E ABATED (Tacility (13)) und Floor und Floor	Period of Abnal Facility FM Report Is In Number Cust	enovation ormally a Solely ntenanodial S (12)	on on / y by oce/ taff?	(i.e. th	Description Containing Pipe In Elb	Full (Mini-Glow Non-otion of ng Material Istems insulat, VAT, or cellaneous)	Code Containme Enclosure ebag Proc Exempte (ACM) ion,	Amount (Specify SF or LF) 880 LF 123 LF	Removal x	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In	Vacated During Entire formed Outside of Norr De: 7:00 AM to 11:00 Pluck All That Apply) Olf Cation of Lining Material (ACM) E ABATED Facility (13) und Floor Lind Floor Lind Floor Lind Game All That Apply)	Period of Abnal Facility FM Report Is In Number Cust	enovation of the control of the cont	on on y y by oce/ taff?	(i.e. th	Descript Containing The Containing Surfacing Surfacing Other miscont Elb	Full (Mini-Glow Non-otion of Ing Material Istems insulated), VAT, or wellaneous) sulation oows	Code Containme Enclosure ebag Proo Exempted (ACM) tion, Name of Waste	Amount (Specify SF or LF) 880 LF 123 LF of Registered Lance Management atte	Removal x	edure Abate Ty	pe	
Facility Closed/ Abatement Perl Other – Describ Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO B In Gro Gro Name of Registers	Vacated During Entire formed Outside of Norr De: 7:00 AM to 11:00 Pluck All That Apply) Olf Cation of Lining Material (ACM) E ABATED Facility (13) und Floor Lind Floor Lind Floor Lind Game All That Apply)	Period of Abnal Facility FM Report Is In Number Cust	enovation of the control of the cont	on on y y by oce/ taff? N/A	(i.e. th	Description of Waste the Cubic Ya of Waste the Disposa the City City City City City City City City	Full (Mini-Glow Non-otion of ng Material stems insulat, VAT, or cellaneous) Sulation OWS I Date	Code Containme Enclosure ebag Proo Exempted (ACM) tion, Name of Waste	Amount (Specify SF or LF) 880 LF 123 LF of Registered Lance Management late own Landfill	Removal x	Repair Repair	pe Encapsulate	

State of New Jersey RECEIVED Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (2)
Name of Building Owner Operator (3)
Name of Building Owner Operato Date of Notification (1) November 28, 2012 Street Address Type Notification Agencies Notified PO Box 2158 [X] EPA [] Initial City, State, Zip Code Princeton NJ 08543 Notification [] DEP & LICENSING [] Emergency Notification [X] DOL Telephone Number Name of Contact w/Justification [X] DOH Robert Ortega Amended [] DCA Notification #2 Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3)] School (K-12)] Subchapter 8 (Other than K-12) Hibben & Magie Apartment Complex [X] Other (i.e., private & commercial, buildings, homes, etc.) Bldg. Age # of Floors Square Feet Street Address 50 160,000 50 Faculty Road Current Use (Prior if being demolished) County Code (7) County (6) City (5) (State Use Only) Mercer Student Housing Princeton Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building LVI Demolition Services, Inc. ATC Associates Street Address Street Address 32 Williams Parkway 3 Terri Lane Suite 4 City, State, Zip Code City, State, Zip Code East Hanover, NJ 07936 Burlington NJ License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00860 973-884-8682 609-409-0400 Debbie Hines Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) 2/15/2013 Zibby Dolanski 10/1/2012 Month / Day / Year Month / Day / Year Street Address Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacant During Entire Period of Abatement 32 Williams Parkway Abatement Performed Outside of Normal Facility City, State, Zip Code] Occupied [] Hours - Describe: East Hanover NJ 07936 [] Other - Describe: Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Renovation [X]Demolition [] Glove Bag Procedure & "Wrap & Cut" []≥3 sf or ≥ 3 lf [X] Non-Friable Procedure $|X| \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Abatement Type Is Location Normally REMOV Description of Asbestos-Containing Used Location of Amount 0 Solely Asbestos-Containing (Specify SF Material (ACM) By Main-Material (ACM) (i.e., thermal systems, insulation, or tenance/ (13) LF) surfacing, VAT, or other miscellaneous) Custodial Staff (12) No N/A 20,000 SF Mastic X X **Building Exterior** 2000 LF X Pipe Insulation Throughout Structure Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Of Waste Waste Management of Pennsylvania 20859 LVI Demolition Services, Inc.

Disposal Date

3/1/2012

Title

President

City, State

Morrisville, Pa

November 28, 2012

Ed King ASB-41 Jun 95

City, State

East Hanover, NJ 07936

Completed By (Print or Type)

Print Form

Date of Notification (1) 11/29/12			Name of Archdi	Building Ovocese of	wner/Opera	ator	DEC -7 PH	الما سا	40					
Agencies Notified	Type Notification			Street A	ddress ifton Ave.		IZ L	JEC -7 PA	112: 5	0		ě		
EPA DEP DOL	Initial Amended Amendment	# <u>1</u>			te, Zip Code k NJ 071	e *3 04	要是	STOS CO LICENSTI	HTRE	L				
▼ DOH DCA	Emergency justification) Cancellation			Name of Sharor	Contact Ertz	S. 9		TIOFWAIL	(C) Tel	e s ne Ni	ımher			
				FACII	LITY INFOR	RMATION								
Name of Facility Where A St. Teresa's Memo		g Place (3))					Type of Facility School (K			2.00			
Street Address 306 Morris Ave.								Subchapte Other (i.e. etc.)				dings	, hom	es,
City (5) Summit		-						Square Feet 8000	# o	f Floors		3ldg. /	Age	
County (6) Union		-		County (Code (7) ISE ONLY)			Current Use (P Church	rior if be	ing demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.	00000		of Abatement Co Services In		(9)			4 1	
Street Address						100		Address Maple Ave.				00168 12		
City, State, Zip Code						Cit	y, St	ate, Zip Code	57					
Project Manager for Mor	nitoring Firm	<u> </u>	T	Telephor	ne No.	Tel	leph	one No.		License 01107	No.			
Start Date (10) 11/28/12		Schedule 11/30/1		pletion [Date (11)	Na	me d	of OSHA Monito w Nalodka	г	01.01				
Occupancy Status During	a Abatement (Chec	37 (100 (CO TO C)	1			3,5355		Address					-	
		2500		ont				laple Ave.						
Facility Closed/Vac X Abatement Perform Other – Describe:						10000		ate, Zip Code ngton NJ 070)57					
Scope of Work (Check A	II That Apply)									***************************************				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
								Non-Exemple	eu () an	u Non-File	ble Fit	23.27	emen	
		100000	Locati ormal										ре	X
Location Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Used Maii Custo	d Sole ntenar odial S (12)	ly by nce/ Staff?	(i.e. th		ng Ma tems VAT	aterial (ACM) insulation, Γ, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
ballar sa		Yes	No	N/A *		nina ina	ulat	lon		1 E I F	*	-		
boiler ro		-		*		pipe insi				15lf. 30lf.	*	-		-
storage re	001115					pipe irisi	uiat	1011						
			1.	IDED	T	O. bis Vs-d		Nama	Daniet	and I and E				
Nowark Carting Inc				JDEP W auler ID 5409	No.	Cubic Yard of Waste 1	12	GROV		ered Landfi				
City, State Newark NJ.						Disposal D 11/30/12		City, Sta Morris		Α.				
Completed by Leslaw Nalodka Title Presidel				1/		Signa	ture	_ Na	1		ate 1/29/	12		

* Emergency *

						10	((0)	OR	- ^4	HE	13	Ç, 、		
Date of Notification (1) 12/2/12			1	lame of the Hoboke	n Hous	ing Autho	ority / C	Office Buildin	g	-7	U			
Agencies Notified EPA	Type Notification	2	5	Street Add 100 Ma	^{dress} rshall D	rive		,	-/	PH 12	: 43			
EPA DEP DOL	Amended Amendment				e, Zip Coo en NJ 07			* JUL 3	OS ICE	CONTA	₹Ø1.	,		
DOH DCA	justification) Cancellation			lame of 0	Contact					phone Nu				
	1	<u> </u>		FACIL	ITY INFO	RMATION								
Name of Facility Where Hoboken Housing	Abatement is Takin Authority / Offic	g Place (3) e Building]				Ту	pe of Facility (4 School (K-12	\$111 604	E				
Street Address 400 Marshall Drive		978		20	,		×	Subchapter 8 Other (i.e. pr etc.)				ings,	home	s,
City (5) Hoboken NJ 07030)		-				-255	uare Feet 00+	# of	Floors	1.32	dg. A	ge	
County (6) Hudson			0	County C	ode (7) SE ONLY)		Cu	rrent Use (Prio	r if beir	ng demolis	hed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.	9200	me of A	batement Cont	ractor	(9)				
Street Address	+			1	'	1000	reet Add o Box							
City, State, Zip Code		W550 W555					, Zip Code erlin NJ 0809	 91						
Project Manager for Mo	T	Telephon	e No.	1 1636	elephone 56-753	No. 3-9800		License 1	No.					
Start Date (10) 12/4/12		Schedule 12/7/12		pletion D) Date (11)	1 1	ame of C	OSHA Monitor						
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)			St	reet Add	fress						
Facility Closed/Va	cated During Entire med Outside of Nor	Period of A	batem	ent		Ci	ty, State	, Zip Code						
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
		T					- Local	Non-Exemples	() and	<u>a mon me</u>	1	1000	ement	
			Locati Iormali			Dogari	ption of	80				Ту	ре	
Location of N Asbestos-Containing Material (ACM) TO BE ABATED Mai				ly by nce/ Staff?	Asbes (i.e.	tos Containi thermal sys surfacing other misc	ing Mate stems in: g, VAT, o	sulation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Storage Area	& File room	Yes	No	N/A X	oernie violeen	Floor Tile	e / Mas	stic	70	00 SF	x			
Clorage / wou														
											1		_	
Name of Registered W	/aste Hauler		IN	IJDEP W	/aste	Cubic Ya	rds	Name of	Registe	ered Landi	FILL			
United Containers				lauler ID 2459	No.	of Waste 2		G.R.O.						
City, State Elm NJ						Disposal 12/4/12		City, State Morrisv		A 19067			5.1200 5000	
Completed by Title Anthony T Perna Presid						Sign	ature				Date 12/2/12	2		

	0.1	
	19 -	
200	RECENTER	1

No sheck	(Pursuant to NJAC 8:60 and 5:16)															
Date of Notification (1)				Name	of Building	g Owner/Operator (2	2)		200							
7 /	6 / _	12		Prin	ceton U	niversity-Office	of Design and	Construction	·0	2000		-				
Agencies Notified	Type Notificat	tion		Street	Address		niversity-Office of Design and Construction									
□ EPA	☐ Initial		i	200	Elm Dr		fs.	-rornham								
□ DOLWD				City, S	tate, Zip C	Code		& LICENSIA	TIN							
☑ DHSS		nt #3 - 12/4		Prin	ceton. N	IJ 08544		a LILENSIN	G	40	es.					
DCA	☐ Emergenc justification				of Contac			Telephone Number	er	6	-	\neg				
(NJAC 5:23-8)	☐ Cancellation			11 100000 0000	ert Orte											
				FAC	IFORMATION											
Name of Facility Where A	Abatement is Ta	aking Place	(3)				Type of Facility ((4)								
Princeton Universit	ty- Jadwin H	all					School (K-12									
Street Address			-105				☐ Subchapter 8	(Other than K-12) rivate and commerce	ial hui	ildina						
Washington Rd							homes, etc.)		iai bu	ildiilig	٥,					
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je					
Princeton																
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	red)							
MERCER																
Name of Monitoring Firm	Hired by Build	ing Owner ((8)	ASCM	No.		ent Contractor (9)									
ATC Associates Inc	C		DOLLINOVA.			BRISTOL EN	VIRONMENTA	L, INC.								
Street Address						Street Address										
Bromley Corporate	Center-Three	ee Terri La	ine			1123 BEAVE		100								
City, State, Zip Code					City, State, Zip Code											
Burlington, NJ 080					BRISTOL, PA 19007											
Project Manager for Mon	itoring Firm		100000	ephone		Telephone No.	1000	License No.								
Michael Keehn				09-386		215-788-6040		00509								
Start Date (10)		cheduled C			20 DV											
4/_14_/				8 /	/ 12 BRISTOL ENVIRONMENTAL, INC.											
Occupancy Status During						Street Address										
☐ Facility Closed/Vacate					:t	1123 BEAVE										
Abatement Performed Time of Abatement: 7					cribe	City, State, Zip Co										
_						BRISTOL, PA	19007					_				
Scope of Work (Check a	ll that apply)					☐ Full Con	tainment with Neg	ative Pressure								
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-End	closure									
≥160 sf or ≥260 lf		☐ De	molit	ion		☐ Gloveba	g Procedure	n-Friable Procedure	e			- 1				
		lo	Loca	ation	Γ -	M 14011-EXC	mpted () and 140	iii iiddid i idddai	1	atem	ent T	vpe				
Location	of		Norm			Description of	of			_		_				
Asbestos-Containing				lely by ance/		estos Containing Ma	aterial (ACM)	Amount	em	Repair	nca	C				
TO BE ABA		5.000		I Staff?	(i.€	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	=	ıpsı	Enclosure				
IN Facil (13)	ity		(12			other miscellane		Or Or Er)	-		Encapsulate	G)				
()		Yes	No	N/A												
B-Level					Floor t	ile and mastic		12,212 SF	\boxtimes							
Stair towers #2, #3, #	44 & #5		\boxtimes		Floor t	ile and mastic		1,755 SF	\boxtimes							
Stair towers #2, #3, #	[‡] 4 & #5		\boxtimes		Windo	w caulk and glaz	zing	1,094 LF	\boxtimes							
Throughout 1 St Floor	r				Window	w caulk and glaz	ing	2,548 LF	\boxtimes							
Name of Registered Was	ste Hauler		- 1	NJDEP		Cubic Yards of	Name of Regis									
SERVICE TRANSP	ORT GROUP	INC		Hauler II 20990		Waste	G.R.O.W.S	. NORTH LAND	FILL							
City, State				20330		Disposal Date	City, State									
NEW CASTLE, DE							MORRISVI	LLE, PA 19067								
Completed By (Print or T	vpe)	Title	en le			Signature	0 0-	Da	te /	.1						
Brian Scafiro	,,,,,	Estima	tor			Briga	Scafer	11	2/4	41	2					
Ditail Coulifo						ruan	- Lugica	1	,							

ASB-41 B512034 **MAY 11**

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

Pg 2

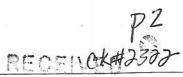
Name of Building Owner/Operator (2) Date of Notification (1) Princeton University-Office of Designand Constru 6 / 12 7 Type Notification Street Address Agencies Notified ☐ EPA ☐ Initial 200 Elm Dr **⊠** DOLWD City, State, Zip Code Amendment #3-12/4/12 **⊠** DHSS Princeton, NJ 08544 ☐ Emergency (including □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Robert Ortega FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Princeton University- Jadwin Hall ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Washington Rd homes, etc.) # of Floors Bldg. Age Square Feet City (5) Princeton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Bromley Corporate Center-Three Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Burlington, NJ 08016 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00509 215-788-6040 Michael Keehn 609-386-8800 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 12 / 28 / 12 BRISTOL ENVIRONMENTAL, INC. 4 / 14 / 12 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure ≥3 sf or ≥3 lf ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Enclosure Encapsulate Remova Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X 47 SF X Floor tile and mastic Corridor intersection \boxtimes 230 SF Floor tile and mastic Outside room # 107 X П X Floor tile and mastic 110 SF X Outside room # J11 M X П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste G.R.O.W.S. NORTH LANDFILL SERVICE TRANSPORT GROUP INC 20990 City, State Disposal Date City. State MORRISVILLE, PA 19067 NEW CASTLE, DE Signature Title Completed By (Print or Type) 12/4/12 Estimator **Brian Scafiro**

ASB-41 MAY 11 B 512034

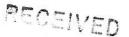
- 19	(8)			P	1	
	_	 0	k#	10	, 21	~
?E	C	141		d.	700	7

Date of Notification (1)					Name	of Building	Owner/Operator ((2)	*\ \.	. WEIVEL	-1			_
	6 /	12							esign and	Construction	i E			
Agencies Notified	Type Notific	ation		į	Street	Address Elm Dr	i			TOS CONTR	. •			
□ DOLWD			=10		City, S	tate, Zip C	Code		A. South and the second of	LICENSING				
☑ DHSS	Amendm	_			353	ceton, N			Œ	LICENSING	6)		
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		luaing	l	Name	of Contact	1			Telephone Number				
(110/10 0.20 0)	☐ Cancella				Rob	ert Orte	ga				-			
			05		FAC	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is	Taking	Place	(3)				Тур	oe of Facility	(4)				
Princeton Universit									School (K-12					
Street Address					2.003					3 (Other than K-12) rivate and commerc	ial hui	lding	9	
Washington Rd									homes, etc.)		iai bui	iui ig	٥,	
City (5)								Sq	uare Feet	# of Floors	Blo	lg. Ag	je	
Princeton														
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Cu	rrent Use (Pr	or if being demolish	ned)			
MERCER														
Name of Monitoring Firm	Hired by Buil	Iding O	wner	(8)	ASCM	No.	Name of Abatem	nent C	Contractor (9)					
ATC Associates Inc							BRISTOL EN	NVIR	ONMENTA	L, INC.				
Street Address							Street Address							
Bromley Corporate	Center-Th	ree Te	rri La	ane			1123 BEAVE	ER S	TREET					
City, State, Zip Code				***			City, State, Zip C	Code						
Burlington, NJ 080	16						BRISTOL, PA 19007							
Project Manager for Mon	itoring Firm			Tele	ephone No. Telephone No.					License No.				
Michael Keehn			ī	60	09-386	-8800	215-788-604			00509				
Start Date (10)		Schedu	uled C	omple	tion Da	te (11)	Name of OSHA							
4 / 14 /	_12_	1;	2_ /	4	/ _	12_	BRISTOL EN	NVIR	ONMENTA	L, INC.				
Occupancy Status During	g Abatement	(Check	only	one)			Street Address							
☐ Facility Closed/Vacate							1123 BEAVE	ER S	TREET					
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip C		007					
							BRISTOL, P	A 19	007					_
Scope of Work (Check al	II that apply)						☐ Full Cor	ntain	ment with Ne	gative Pressure				
≥3 sf or ≥3 lf			_	enovat			☐ Mini-En	nclosu	ire					
≥160 sf or ≥260 lf			☐ De	emolitic	on		☐ Gloveba	ag Pr	ocedure ed (*) and No	n-Friable Procedur	e			
			le	Loca	tion	T	Z NOI-EX	Citipe	ou () und rec	in i nabio i roossa.	_	atem	ent Ty	vne
Location	of		389	Norma			Description	of				1 1 1		
Asbestos-Containing	Material (ACI	M)		ed Sole aintena			stos Containing M	/lateria		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	ncic
TO BE ABA					Staff?	(i.e	e., thermal systems surfacing, VA		ilation,			=	psu	Enclosure
(13)	ity			(12)			other miscellan)				late	Ф
			Yes	No	N/A						-	_		-
B-Level						Floor ti	ile and mastic			12,212 SF				L
Stair towers #2, #3, #	4 & #5					Floor ti	ile and mastic			1,755 SF				-
Stair towers #2, #3, #						-	w caulk and gla			1,094 LF				
Throughout 1 St Floor							w caulk and gla		·	2,548 LF stered Landfill	\boxtimes			
Name of Registered Was BRISTOL ENVIRON		INC.			NJDEP N Hauler II 1870	D No.	Cubic Yards of Waste	,	The state of the s	S. NORTH LAND	FILL			
City, State					.0700		Disposal Date	(City, State					
BRISTOL, PA 1900	7		1				1		MORRISV	ILLE, PA 19067	to			
Completed By (Print or Type) Brian Scafiro Estimator							10'			- Da	160	1740		
Completed By (Print or T Brian Scafiro	ype)	100000000000000000000000000000000000000		tor			Signature .		cafer	00) I	7/6	112		

AS12034



Date of Notification (1) 7 / 6 / 1.		Name o	f Building ceton Un	Owner/Operator (2 niversity-Office of	2) of Designand	Construction	?: i £				
Agencies Notified	1	ı	Street A		Î		FATOS CÓN				
☑ DOLWD☑ Amended☑ DHSSAmendment		12	[14명 11] (14명 11명 11명 11명 11명 11명 11명 11명 11명 11명	ate, Zip Co			LICENSING				
DCA Emergency (in justification)	ncluding		Name o	of Contact			Telephone Numb		443 .		
☐ Cancellation				ert Orteg							
			FAC	ILITY IN	FORMATION					0011766	
Name of Facility Where Abatement is Taki Princeton University- Jadwin Hall		(3)				Type of Facility School (K-12) Subchapter 8) 3 (Other than K-12	j			
Street Address							rivate and commer	cial bui	ldings	5,	
Washington Rd						homes, etc.) Square Feet	# of Floors	Bld	g. Ag	e	
City (5)						Square Feet	# 01110013		9. 7.9		
Princeton	4		Ta	0 1 (7)	VOTATE LIGE ONLY	Current Hee /Dr	ior if being demolis	hed)			
County (6) MERCER			Count	y Code (/))(STATE USE ONLY)					200011	
Name of Monitoring Firm Hired by Building	Owner ((8)	ASCM N	No.	Name of Abateme						
ATC Associates Inc					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					Street Address						
Bromley Corporate Center-Three	Terri La	ane			1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C	ode					
Burlington, NJ 08016					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Tele	phone N	No.	Telephone No.		License No.				
Michael Keehn	76	60	9-386-	8800	215-788-6040 00509						
	eduled C	omple	tion Dat	e (11)							
O	12 /			0.500	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement (Che	ck only	one)			Street Address				- 3		
Facility Closed/Vacated During Entire F			ment		1123 BEAVE	R STREET					
Abatement Performed Outside of Norm	al Facilit	y Hour	rs - Desc	cribe	City, State, Zip C						
Time of Abatement: 7:00AM-3:30PM/					BRISTOL, PA						
Scope of Work (Check all that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovati emolitio			☐ Mini-End	a Procedure	gative Pressure on-Friable Procedu	ıre			
	1	Local	tion		23 11011 2111				atem	ent T	ype
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Us Ma	Norma ed Sole aintena stodial (12)	ally ely by ance/ Staff?	Asbe (i.e	Description estos Containing Manager, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No.	N/A	Elear ti	ile and mastic		47 SF				E
Corridor intersection	42						230 SF				
Outside room # 107					ile and mastic		110 SF			믐	
Outside room # J11	10			Floor ti	ile and mastic		110 31		H		
<u> </u>					To Li Wards of	Name of Pag	istered Landfill			1-	1-
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC		100	NJDEP \ Hauler II 18706	No.	Cubic Yards of Waste		S. NORTH LANI	DFILL		(Ac-	
City, State BRISTOL, PA 19007		74			Disposal Date		/ILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro	itle Estima	tor			Signature .	in Staf	,)ate	61	12	



4 / 4	/ 4				incoton I								
	- ''	2		Pr	inceton (ng Owner/Operator University-Office	of Design and	Construction	PΜ	12:	i 7		
Agencies Notified Type			et Address			人は説信でする。							
☐ EPA ☐ Init		Street Address 200 Elm Dr & LICENSINO											
	nended	44 410	4440	200 Elm Dr & LICENSING									
724.22	nendment					NJ 08544				~	6		
	nergency (stification)		ng		e of Conta			Talanka N			a		
	ncellation				bert Orte			Telephone Nur					
		A. C.	- 20.44					XX	Ma				
Name of Facility Where Abateme	ant is Taki	na Dla	20 (3)		ACILITY I	NFORMATION							
Princeton University- Jad			GE (3)				Type of Facility				:50		
Street Address	MIII LIGII						School (K-1	2) 8 (Other than K-1	٥١				
							Other (i.e., p	private and comm	∠) ercial b	ouildir	าตร		
Washington Rd							homes, etc.)			.90,		
City (5)							Square Feet	# of Floors	E	3ldg.	Age		
Princeton													
County (6)			F.W	Cou	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demol	lished)		_		
MERCER													
Name of Monitoring Firm Hired b	y Building	Owner	r (8)	ASCN	l No.	Name of Abateme	ent Contractor (9)	1					
ATC Associates Inc			93/8		100 miles (100 miles)		VIRONMENTA						
Street Address					-	Street Address		L, 1110.					
Bromley Corporate Cente	r-Three	Terri I	ane			1123 BEAVE	DETREET						
City, State, Zip Code		. 5111 6									W9		
Burlington, NJ 08016						City, State, Zip Co							
Project Manager for Monitoring F	iem		17.			BRISTOL, PA							
Michael Keehn	шТ			ephone		Telephone No.		License No.					
					6-8800	215-788-6040		00509					
Start Date (10)					ate (11)	Name of OSHA M	lonitor						
4 / 14 / 12		12	, a	. 1	12	DOIOTOL TAN	MOCABLEAUTA						
40	_	12	1 _4	_ ′	12	BRISTOL EN	AIRONMENIA	L, INC.					
Occupancy Status During Abatem	_				12	A CONTRACTOR OF CONTRACTOR	VIRONIMENTA	L, INC.					
☐ Facility Closed/Vacated During	nent (Chec	ck only eriod of	one) f Abate	ment		Street Address		L, INC.					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	nent (Chec Entire Pe	ck only eriod of al Facili	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVER	RSTREET	L, INC.					
☐ Facility Closed/Vacated During	nent (Chec Entire Pe	ck only eriod of al Facili	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET	L, INC.					
☐ Facility Closed/Vacated During ☑ Abatement Performed Outside Time of Abatement: 7:00AM-	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVER	R STREET	L, INC.		-	-		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET ide 19007						
 ☐ Facility Closed/Vacated During ☑ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf 	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili	one) f Abate ity Hou PM	ment rs - Des AM	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET de 19007 ainment with Negosure			-			
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili	one) f Abate ity Hou PM	ment rs - Des AM	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET Ide 19007 ainment with Negosure I Procedure	gative Pressure					
 ☐ Facility Closed/Vacated During ☑ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf 	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facilii F	one) f Abate ty Hou M enovati	ment rs - DesAM ion	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET Ide 19007 ainment with Negosure I Procedure		-	-			
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM-3 Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of all Facility F	one) f Abate ity Hou PM	ment rs - DesAM ion on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl. Glovebag Non-Exer	R STREET Inde 19007 ainment with Negosure Procedure procedure procedure proc	gative Pressure	-	patem	nent T		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili Re Re De	one) f Abate ity Hou PM enovati emolitic s Local Norma ed Sole	ment rs - DesAM ion on lly ely by	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer	R STREET Inde 19007 ainment with Negosure I Procedure Inpled (*) and No	gative Pressure n-Friable Procedu	At	-	T		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili F R D Use	one) f Abate ty Hou PM enovati emolitic s Local Norma ed Sole aintena	ion ion illy elly by ince/	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat	R STREET ade 19007 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation,	gative Pressure	At	-	T		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material ☐ BE ABATED ☐ IN Facility	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of al Facili F R D Use	one) f Abate ity Hou PM enovati emolitic s Local Norma ed Sole	ion on lly ely by nce/	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mates, thermal systems in surfacing, VAT,	ainment with Negosure I Procedure Inpted (*) and No erial (ACM) Insulation, or	pative Pressure n-Friable Procedu Amount	-	Repair	T		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside ☐ Time of Abatement: 7:00AM- ☐ Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Material ☐ TO BE ABATED	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of l Facili Re De Use Ma	one) f Abate ty Hou M- enovati emolitic s Local Norma ed Sole aintena stodial (12)	ion on lly ely by ince/	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat	ainment with Negosure I Procedure Inpted (*) and No erial (ACM) Insulation, or	pative Pressure n-Friable Procedu Amount (Specify	At	-	en Encapsulate		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside ☐ Time of Abatement: 7:00AM-3 Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material ☐ TO BE ABATED ☐ IN Facility ☐ (13)	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of la Facili Re De Use MacCus Yes	enovatiemolitics Local Normal (12)	ion on lly ely by nice/	Asbe (i.e	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl. Glovebag Non-Exer Description of stos Containing Mat surfacing, VAT, other miscellaneo	ainment with Negosure I Procedure Inpted (*) and No erial (ACM) Insulation, or	gative Pressure n-Friable Procedu Amount (Specify SF or LF)	At	-	T		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) B-Level	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of all Facility F	enovatiemolitics s Local Norma ed Sole aintena stodial (12)	ion on lly ely by ince/	Asbe (i.e	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mates, thermal systems in surfacing, VAT,	ainment with Negosure I Procedure Inpted (*) and No erial (ACM) Insulation, or	pative Pressure n-Friable Procedu Amount (Specify	At	-	T		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM-3 Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of la Facili Re De Use MacCus Yes	enovatiemolitics Local Normal (12)	ion on lly ely by nice/	Asbe (i.e	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl. Glovebag Non-Exer Description of stos Containing Mat surfacing, VAT, other miscellaneo	ainment with Negosure I Procedure Inpted (*) and No erial (ACM) Insulation, or	gative Pressure n-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) B-Level	nent (Chec g Entire Pe e of Norma 3:30PM/_	ck only eriod of all Facility F	enovatiemolitics s Local Norma ed Sole aintena stodial (12)	ion on lly ly	Asbe (i.e	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaned	ainment with Negosure Procedure Inpled (*) and No erial (ACM) Insulation, or ous)	Amount (Specify SF or LF)	Removal 🛛 🖂	Repair	Encapsulate		
□ Facility Closed/Vacated During □ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) B-Level Stair towers #2, #3, #4 & #5	nent (Chec g Entire Pe e of Norma 3:30PM/_	Ck only eriod of all Facilia F	enovatiemolitics Local Norma ed Sole aintena stodial (12) No	ion on lly ely by ince/Staff?	Asbe (i.e	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned le and mastic le and mastic	ainment with Negosure Procedure Inpled (*) and No erial (ACM) Insulation, or ous)	Amount (Specify SF or LF)	At Removal	Repair	Encapsulate		
□ Facility Closed/Vacated During □ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf 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	nent (Chec g Entire Pe e of Norma 3:30PM/_ oly)	eriod of all Facilia F	enovati emolitic s Local Norma ed Sole aintena stodial (12) No	ion on lition lly ely by nce/ Staff?	Asbe (i.e	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned le and mastic Le and	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or ous)	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Removal 🛛 🖂	Repair	Encapsulate		
□ Facility Closed/Vacated During □ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app □ ≥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 □ Name of Registered Waste Hauler	nent (Chec g Entire Pe e of Norma 3:30PM/_ Diy)	Ck only eriod of all Facilia F	enovatiemolitic s Local Normaled Soleaintenastodial (12) No	ion on lly ely by ince/Staff?	Asbe (i.e Floor til Window	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned le and mastic le and mastic le and mastic v caulk and glazin Cubic Yards of	ainment with Negosure Procedure Inpted (*) and No serial (ACM) Insulation, or ous) Name of Regis	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	At Removal	Repair	Encapsulate		
□ Facility Closed/Vacated During □ Abatement Performed Outside Time of Abatement: 7:00AM-3 Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf 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 Name of Registered Waste Hauler BRISTOL ENVIRONMENTA	nent (Chec g Entire Pe e of Norma 3:30PM/_ Diy)	Ck only eriod of all Facilia F	enovatiemolitic s Local Normaled Soleaintenastodial (12) No	ion on lition lly ely by ince/ Staff?	Asbe (i.e Floor til Window	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned le and mastic Le and	ainment with Negosure Procedure Inpted (*) and No serial (ACM) Insulation, or ous) Name of Regis	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	At Removal	Repair	Encapsulate		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Material ☐ IN Facility ☐ (13) ☐ B-Level ☐ Stair towers #2, #3, #4 & #5 ☐ Stair towers #2, #3, #4 & #5 ☐ Name of Registered Waste Hauler ☐ BRISTOL ENVIRONMENTA ☐ Stair, State	nent (Chec g Entire Pe e of Norma 3:30PM/_ Diy)	Ck only eriod of all Facilia F	enovatiemolitic s Local Norma ed Sole aintena stodial (12) No	ion on lion liy ely by nce/ Staff?	Asbe (i.e Floor til Window	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned le and mastic le and mastic le and mastic v caulk and glazin Cubic Yards of	ainment with Negosure Procedure Inpted (*) and No serial (ACM) Insulation, or ous) Name of Regis	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	At Removal	Repair	Encapsulate		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM-3 Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf 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 Name of Registered Waste Hauler BRISTOL ENVIRONMENTA	nent (Chec g Entire Pe e of Norma 3:30PM/_ Diy)	Ck only eriod of all Facilia F	enovatiemolitic s Local Norma ed Sole aintena stodial (12) No	ion on lion liy ely by nce/ Staff?	Asbe (i.e Floor til Window	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaned le and mastic le and mastic v caulk and glazin Cubic Yards of Waste	R STREET Inde 19007 ainment with Negosure I Procedure Inpled (*) and No erial (ACM) Insulation, or ous) Name of Regist G.R.O.W.S. City, State	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	At Removal	Repair	Encapsulate		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM- Scope of Work (Check all that app ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Material ☐ IN Facility ☐ (13) ☐ B-Level ☐ Stair towers #2, #3, #4 & #5 ☐ Stair towers #2, #3, #4 & #5 ☐ Name of Registered Waste Hauler ☐ BRISTOL ENVIRONMENTA ☐ Stair, State	nent (Chec g Entire Pe e of Norma 3:30PM/_ Diy)	Ck only eriod of all Facilia F	enovatiemolitic s Local Norma ed Sole aintena stodial (12) No	ion on lion liy ely by nce/ Staff?	Asbe (i.e Floor til Window	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaned le and mastic le and mastic v caulk and glazin Cubic Yards of Waste	R STREET Inde 19007 ainment with Negosure I Procedure Inpled (*) and No erial (ACM) Insulation, or ous) Name of Regist G.R.O.W.S. City, State	Amount (Specify SF or LF) 12,212 SF 1,755 SF 1,094 SF	Removal 🛭 🖺	Repair	Encapsulate		

Date of Notification (1)				I Manua	(D. 1) (1)		MEGE	IVED								
	4 /	12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction												
Agencies Notified	Type Notific	cation		Stree	t Address		<u> 2012 DEC - 7</u>	PH 12: 17								
□ EPA	☑ Initial			200 Elm Dr 65 = STOS CONTROL												
☑ DOLWD 3276	Amende	Name of the last o		City, State, Zip Code & LICENSING												
☑ DHSS5269	Amenda	nent # ncy (includin	-	Pri	nceton, l	NJ 08544	& LIUCI	ADIMR WD								
(NJAC 5:23-8)	justificat		y	Name	of Contac	1		Telephone Numl	ber							
	☐ Cancella	ation		Ro	bert Orte	ga										
	(6)			FA	CILITY IN	FORMATION				100						
Name of Facility Where		350	e (3)				Type of Facility	, ,								
Princeton Universi	ty- Jadwin	Hall	44.04.30				School (K-12	2) 8 (Other than K-12)								
Street Address							Other (i.e., p	rivate and commer) cial b	uildin	as.					
Washington Rd							homes, etc.)				-					
City (5)							Square Feet	# of Floors	В	ldg. A	\ge					
Princeton																
County (6)				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)							
MERCER	10		(0)	10011					- Al							
Name of Monitoring Firm ATC Associates Inc		iding Owner	(8)	ASCM	No.	Name of Abateme										
Street Address	; 						VIRONMENTA	L, INC.								
	Conton The	roo Torri I				Street Address	OTDEET									
Bromley Corporate	Center-111	ree Terri L	ane			1123 BEAVER										
City, State, Zip Code Burlington, NJ 080	16					City, State, Zip Code										
Project Manager for Mon			Tol	nhana	BRISTOL, PA 19007 hone No. Telephone No. License No.											
Michael Keehn	itoring Firm			epnone 09-386		Telephone No. 215-788-6040		License No. 00509								
Start Date (10)		Scheduled C				Name of OSHA M		00509		-						
4 /14 /		6 /			the contract of the contract o		VIRONMENTAI	'AL. INC.								
Occupancy Status During			A STATE OF			Street Address	- TOTAL TAI	-, 1140.								
☐ Facility Closed/Vacate		177		ment		1123 BEAVER	PETPET									
□ Pacifity Closed/Vacate □ Abatement Performed □ Abat					scribe	City, State, Zip Co				101.00						
Time of Abatement: 7						BRISTOL, PA										
Scope of Work (Check all	that annly)					DIGITOL, FA	13007									
— Coope of Fronk (official and	tilat apply)						ainment with Neg	ative Pressure								
☐ ≥3 sf or ≥3 if		⊠ Re □ De		2/00/2009		☐ Mini-Encl										
≥160 sf or ≥260 lf			HIOHU	UII		☐ Glovebag ☒ Non-Exer	npted (*) and No	n-Friable Procedure	е							
			Loca				1		Ab	atem	ent T	vpe				
Location	77.53	11-	Norma	illy ely by		Description of			_	_	1	-				
Asbestos-Containing I TO BE ABA			intena		Asbe	stos Containing Mat ., thermal systems in	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure				
IN Facilit		Cus		Staff?	(surfacing, VAT,	surfacing, VAT, or			7	bsul	Sun				
(13)		Yes	(12) No	N/A	-	other miscellaned	ous)				ate	100				
B-Level		l les	N ₀		Floor til	le and mastic		12,212 SF	Ø		П					
Stair towers #2, #3, #4	1 2 #5			1		e and mastic		1.755 SF		-	12					
			_	-					-	브	-	-				
Stair towers #2, #3, #4	1 & #5		Ø		Window	caulk and glazi	ng	1,094 SF	×							
Name of Registered Wast		2000	111 77 52	IJDEP \ lauler ID		Cubic Yards of Waste	Name of Regist				Ţ.	7-7676				
BRISTOL ENVIRON	MENTAL, II	NC.	1.	18706		VVasie	G.R.O.W.S.	NORTH LANDF	ILL							
City, State						Disposal Date	City, State									
BRISTOL, PA 19007							MORRISVII	LE, PA 19067								
Completed By (Print or Ty	pe)	Title				Signature	0 -	Date	°4/4	1.0						
Brian Scafiro	-	Estimat	for		5	1 B.	lo o.	1 4	4/4	112	-					

ASB-41 MAY 11 B 5 1 2 0 3 4

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