CKH 5855

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

	Date of Notification (1)		1	Name	of Building Owner	Operato	nr (2)		11471	_			
	12/16/14			P.S.E		оролац	,, (<u>~</u>)		UEC 1	1 -	.14		2//
1	Agenciés Notified Type Notification				Address							_	1
2000000	EPA D Initial				HADLEY ROA	(D		ASE	دي. ا	- 7	HOL	-1 8	ĺ
	DEP Amended Amendmen	1			tate, Zip Code	5			-	્ય			ACCOUNTS NOT THE REAL PROPERTY.
	Emergency		-		TH PLAINFIEL	D, NJ	07080						
	DOH justification) DCA Cancellation			Name	of Contact	n.		Te	lephone N	umber		. 6	
Ì			1	FAC	HRIS I	DO.	D A						_E
ĺ	Name of Facility Where Abatement is Takir	ng Place (3)	1 AC	MEIT I INFORMAT	ION	Type of Facility	(4)					
-	PSEXC						School (K	100 50		0 11.000		201 200	-
	Street Address	-004 V-04-C3-1					Subchapte	er 8 (Oth	er than K-				
	333 LAKES: City (5) ORANGE County (6) ESSEX	4€	-/	-16	,		Other (i.e. etc.)	private	& commerce	cial bui	ildings	, hom	es,
-	City (5)		100				Square Feet		f Floors		Bldg.	Age	
Ī	County (6)			0	0-1-00		9270		2	6	MARC	60	YES
	FSSEX			(STATE	Code (7) USE ONLY)		Current Use (Pr				f. a.		ď
1	realise of Motificoning Firm Hirea by Building	Owner (8)		LASC	M No.	Namo	Sugar of Abatement Co		AT.O	<u></u>			
1	ENVIRONMENTAL TACTICS			00		UNI	QUE SYSTEM	IS OF	(9) AMERIC	Α			
ſ	Street Address				**		Address						
	64 BROAD-STREET					396	WHITEHEAD-	AVE:-					
	City, State, Zip Code MATAWAN, NJ 07747						State, Zip Code						
	Project Manager for Monitoring Firm					SOL	TH RIVER, N	J 0888	2				
	TOM GEIGER			Telepho 732-2	one No. 92-2217		none No. 432-8350		License N	10.			
İ	Start Date (10)	Scheduled	d Con		Date (11)		of OSHA Monitor		OTITI				
L	12/18/14	8-2	11	19.1		UNIC	QUE SYSTEM	SOF	AMERIC	Α			
	Occupancy Status During Abatement (Chec	010-1-1-1					Address						\neg
	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Harris	•			WHITEHEAD.	AVE.					
1	Other - Describe: Managakay (perso	<u>م</u> يرځ		ely!		tate, Zip Code ITH RIVER, N	1 0888	2				1
	Scope of Work (Check All That Apply)	·		-	£					-			
	≥3 sf or ≥3 If	⊠ Re	nova	tion			Full Containm	ent with	Negative I	Oraccii	ro.		
1	≥160 sf or ≥260 lf	☐ De	moliti	ion		-	Mini-Enclosure	е	regaire i	10000	, ,		
F		,				1	Glovebag Pro Non-Exempte		Non-Friat	le Pro	cedur	е	
		Is L	.ocati	on					-	1	788	ement	
	Location of Asbestos-Containing Material (ACM)	Used	Sole!		Des	scription	of				Ту	pe	_
	TO BE ABATED	Main	tenar	ice/	Asbestos Cont (i.e. thermal	aining M systems	laterial (ACM)		nount pecify	77		Ē	ш
	In Facility (13)	Custo	oiai S (12)	tan?	surfac	cing, VA	T, or		or LF)	Removal	Repair	caps	Enclosure
	(1.5)	V			otner m	niscellan	eous)			val	흑	Encapsulate	sure
	A	Yes	No	N/A			ű.					o	
1	CONTRA ROOM	1	X		TRANS!	75 7	ANGI	6	SF	X			
L													
										П			
L													
1.	Name of Registered Waste Hauler			IDEP W			Name of	Register	ed Landfill				\neg
L	VEOLIA		14		No. of Was 37369	le /	EQ.	-WA	INE	LA	NN	=:11	
	City, State	-		000	Dispos	al Date	City, State	/	1	LA	, Y D)	115	. /
	FLANDERS, NJ.				TE	30	3	Elle	EVELL	<u> </u>	M	10-	
	Completed by CAROL RAIMO	Title	C 5 4	00	Si	gnature	7	? .	Da	te /	. /	7760	
	TOL I VIIIIO	OFFIC	⊏ IVI	GK.		6	and Ke	200	20 /0	2/16	110	1	-

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

Date of Notification (1)		T. 61-	10		· ·				<u>/ L</u>	211
12/4/14		P.S.	of Building Owner E.G.	er/Operato	or (2)					
Agenciés Notified Type Notification	ı İ		Address				DEC 1	7 20	1 /	
EPA X Initial Amended			HADLEY RO	DAD	and the		No. 100 and a contract of the			
≥ DOL Amendmen			State, Zip Code ITH PLAINFIE	LD, NJ	07080 L	ASB	STOS C LICENS	ONTR	OL &	
DOH Emergency justification		60	of Contact			Teleph	one Numb		-	
DCA Cancellatio	n		HRis	Da.	DA	1 200			9	12.
Name of Facility Where Abatement is Taki	ng Place (3)	FA	CILITY INFORMA	MOITA	Type of Facility	(A)				
+ PSE+ C					School (K	13.5				
Street Address					Subchapte	er 8 (Other th	nan K-12)			100
333 LAKES.	<u>.0€</u>	AVE			Other (i.e.	private & co	mmercial b	uilding	s, hon	nes,
City (5) ORANGE					Square Feet	# of Flo	ors	Bldg.	Age	
County (6)		Count	/ Code (7)		9290		<u> </u>	GARE	. 60	y R
ESSEX			USE ONLY)		Current Use (P	nor it being d STAT				
Name of Monitoring Firm Hired by Building	Owner (8)	0.0000000	CM No.	Name	of Abatement Co	ontractor (9)				
ENVIRONMENTAL TACTICS Street Address		00	45	UNI	QUE SYSTEM	S OF AM	ERICA			
64 BROAD-STREET					Address	A > / =				
City, State, Zip Code					WHITEHEAD	AVE.				
MATAWAN, NJ 07747					ITH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER			one No.	Telepl	none No.		ense No.	-	-	
Start Date (10)	01		92-2217		432-8350	1	1111			
12/16/14	Scheduled (Completion	Date (11)		of OSHA Monitor QUE SYSTEM		EDICA			
Occupancy Status During Abatement (Chec	k Only Oné)	171	17-		Address	OF AMI	ERICA			
Facility Closed/Vacated During Entire	Period of Aba	tement			WHITEHEAD	AVE.				
Abatement Performed Outside of Norm Other – Describe:	nal Facility Ho	iurs	rle 1		tate, Zip Code	1				
Scope of Work (Check All That Apply)	/		7.	500	TH RIVER, N	J 08882				
≥3 sf or ≥3 If	Reno	vation		Г]					
≥160 sf or ≥260 If		olition			Full Containm Mini-Enclosur	ent with Neg e	ative Press	sure		
					Glovebag Pro Non-Exempte		n-Friable P	meadu	re.	
	Is Loc	ation				- (/	1 THUBIO I		ement	
Location of Asbestos-Containing Material (ACM)	Norn Used So		D	escription	of		-	Ty	/pe	
TO BE ABATED	Mainter Custodia		(i.e. therm	ntaining M al systems	aterial (ACM) insulation,	Amour (Specif		1_	Enc	0
In Facility (13)	(12			acing, VA miscellan		SF or L		Repair	Encapsulate	Enclosure
	Yes N	o N/A					Val	1=	ılate	ure
CONTRA ROOM	>	<	TANIS	· · · ·	Ø	6 -		.		
1-612 1-615	 '	1	TRANS	ilt 1	HUGI	63	FX	+	-	
	-	-						-		
	-									
Name of Registered Waste Hauler		NJDEP W	/aste Cubic	c Yards	Name of	Pagintoro 1	andell			
VEOLIA		Hauler ID	No. of W		100	Registered L	- /	•	- 1.	
City, State	West and the state of the state	0806		sal Date	City, State	-WAY N	E Lt	IND	till	,
FLANDERS, NJ.				81	City, State	=11=1	11/=	M	0	
Completed by	Title			Signature		-11 EV	Date	1.51	1	-
CAROL RAIMO	OFFICE	MGR.		<u></u>	and Ke	was	12/	4/1	4	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Dupont Nemours Company 12-15-14 Notification Type Street Address U Agencies Notified 1 7 2014 Rt 130 South **⊠** EPA ☐ Amended City, State, Zip Code **⊠** DEP ASBESTOS CONTROL & Deepwater, NJ 08023 DOL. ☐ Emergency (Including mane Number Name of Contact Justification) **⊠** DOH Chris Orange DCA ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, Rt 130 South homes, etc. # of Floors Bldg. Age Square Feet City (5) Deepwater County Code (7) (STATE Current Use (prior if being demolished) County (6) USE ONLY) Salem Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. County Environmental Harvard Environmental Street Address Street Address 461 New Churchmans Rd. 761 Pulaski Hwy City State, Zip Code City, State, Zip Code New Castle, DE 19720 Bear, De License Number Project Manager for Monitoring Firm Telephone No. Telephone Number 00578 302-326-2333 (302) 322-8946 Wesly Morrison Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) (15-003A)County Environmental 3-31-15 1-2-15 Street Address Occupancy Status During Abatement (Check only one) 461 New Churchmans Road □ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours -New Castle, DE 19720 Other − Describe: Unoccupied area. Scope of Work (Check all that apply) □ Renovation ☐ Mini-Enclosure ≥ 3 sf or ≥ 3 lf ☐ Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Asbestos Containing Material (ACM) Amount Used Solely by Encapsulate (i.e. thermal systems insulation, (Specify Maintenance/ Enclosure Location of Remova Repair SF or LF) surfacing, VAT, or Custodial Asbestos-Containing Material (ACM) other miscellaneous) Staff? TO BE ABATED (12)IN Facility (13) N/A Yes No 10.000LF X Thermal coverings throughout area Thermal Systems X 3,000SF XX Thermal coverings throughout area X Thermal Systems 2,300SF X Floor tile and mastic throughout area Х Floor Tile /Mastic Name of Reg. Landfill Cubic Yards of NJDEP Waste Hauler Name of Reg. Waste Hauler Waste Constoga ID No. S&J Transport. >30 03217 Disposal Date City, State City, State Morgantown, PA TBD Woodstown, NJ Signature Date Completed by Title 12-15-14 Evelyn Walsh Office Manager

OK 6843

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

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Date of Notification (1)						ng Owner/Operator (3 EUE		- 5 	,	
12/	15 / 1	4		Je	rsey City	y Housing Author	rity / Job #1404	4745/Check#	6843	10		
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification ☐ Initial ☐ Amended	1		Stree 56	et Address 3 Montg	omery Street	- 1		FIFE	12:	¢ 8	
☑ DHSS ☐ DCA	Amendment Emergency (- ig		State, Zip rsey City			& LICEN	SM	C K	JL	
(NJAC 5:23-8)	justification) Cancellation		_		e of Conta ke Collir	100		Telephone Num	har			
				FA	CILITY	NFORMATION		i e e e e e e e e e e e e e e e e e e e				
Name of Facility Where A	batement is Taki	ng Plac	e (3)				Type of Facility	(4)				
Catherine Todd/Mor	ntgomery Gard	lens					School (K-12					
Street Address								(Other than K-12				
563 Montgomery Str	reet						homes, etc.)	ivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	B	ldg. A	ae	
Jersey City								000.0		lug. i	igo	
County (6)				Cou	ntv Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			_
Hudson				0.000		(ing Residence				
Name of Monitoring Firm I	lired by Buildina	Owner	(8)	ASCM	No	Name of Abateme		mg reordene	**			_
A. Seine Lighthouse			(-)			AbateTech, I						
Street Address	00.000,000	-				Street Address	110.					
PO Box 354						30 Maple Ave	DO Poy 25					
City, State, Zip Code												
South Orange, NJ					. 38	City, State, Zip Co						
Project Manager for Monito	oring Eirm		Tol	anhana	N-	Lumberton, N	10040					
Sarah	oning Pilm			ephone		Telephone No.		License No.				
Start Date (10)	Cobo	dulad C	T 3.074		9-2666	609-265-2107		00529				
12 /29 / _					ate (11) 15	Name of OSHA M						
			A			EMSL Analyti	icai			-		
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed (During Entire Po	Facility	Abate	ment	ariba	200 Route 13						
Time of Abatement:	AMF	M/_	PM	- -	AM	City, State, Zip Co						
Scope of Work (Check all t						Cinnaminson	, NJ 08077					
	ilat apply)	SWINGTON SA				☐ Full Cont	ainment with Nega	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De	enovat emoliti			☐ Mini-Encl			re			
		ls	Loca	tion					- W. O. C.	atem	ent T	VDF
Location of			Norma	ally ely by		Description of			7// 50//	1		T
Asbestos-Containing M TO BE ABAT			intena			estos Containing Mat e., thermal systems i		Amount	Removal	Repair	Encapsulate	Filchoonia
IN Facility		Cus		Staff?	, vi.e	surfacing, VAT,		(Specify SF or LF)	ova	≒	psu	1000
(13)		1/	(12)	1	-	other miscellaned					late	q
		Yes	No	N/A					-			
Building #1 Exterior					Windo	w Caulk		7,200 LF				
												C
									П	П	П	Г
ame of Registered Waste AbateTech, Inc.	Hauler		1 93333	JDEP V	No.	Cubic Yards of Waste	Name of Register					
ity, State Lumberton, NJ				18750		Disposal Date 1/30/15	City, State Tullytown, F	PA				
completed By (Print or Type	e) Title	<u> </u>				Signature)	,		10			
Gwendolyn Trumbett	3 to 1 1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ons (Coordi	nator	Signature	mt	Da	7	15	114	+
B-41						11		3 272			100	_

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

(K 005758

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-508

D&S Proj. #: <u>2014-508</u>		(Pursu		8:60	Abatement and 12:120)	HA DOLL DE	17 AM	21)	SANGER AND A
Date of Notification (1)			er/Operator (2)			THE C	17 AM	•		
Agencies Notified Type Notification		lton Twp. Sc	hool District			A52	-41 [Z: 1	7	
☐ EPA ☐ Initial	On Street A	aaress				& Lin	ing Tagan			
DEP Amended		ırk Road				<16	ENSIN	ROI		
Amendment #:	City, Sta	ate, Zip Code							Y-11	
DOL Emergency	HAN	AILTON, NJ	08610					- 1		
DOH (including justification)	Name of	Contact				Telephone	e Number			
DCA Cancellation	Mic	hael Krisher				1	_	4		
		FAC	ILITY INFORM	IATION						
Name of facility where abatement is	s taking place (3)	No que				Type of Facility (4				
**************************************						School	(K - 12)			
Kuser Elementary School							apter 8 (Oth 3			2)
Street Address	133						Private/Comr Homes, etc.	nerci	al	
70 Newkirk Avenue							# of Floors	\top	Bldg.	Age
City (5)	County (6)			Cour	nty Code (7)	Oqua e i ect	# 011 10013		2.49.	90
Oity (5)	County (e)				e use only)	Current Use (Pr	ior if being de	_L _	shed)	
TRENTON	NJ					Current cos (i i	ioi ii boiiig oi		JJ.,	
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.	П	Name of Abatemen	t Contractor (9)				
WESTCHESTER ENVIRON	MENTAL II.C		00127		D & S RESTOR	RATION INC				
Street Address	VIENTAL LEC		00127		Street Address	diffort, five.		_		
307 NORTH WALNUT STRE	CET		2		20 California A	\ ve				
City, State, Zip Code	DE I				City, State, Zip Code			user, koo		TO THE LASE
WESTCHESTER, PA 19380					Paterson, NJ 0					
Project Manager for Monitoring Firm		Phone Numb	ner.		Telephone Number		License Nu	mber		
					973-345-8020		0116			
MATTHEW ABRAHAM		610-431-75			Name of OSHA Mo					
Start Date (10)	Sched. Com	pletion Date (1	1)		D & S Restora					
12/23/14	01/03/15				Street Address		=			
Occupancy Status During Abatemen	it (Check only on	e)		-	20 California A	venue				
					City, State, Zip Cod					
Abatement performed outside	of normal facility	hours-				*5				
Describe: NORMAL H	OURS			-11	Paterson, NJ (7503				
Scope of Work (check all that apply					N	Full Containment w	/negative pre	essur	e	
□ >3 sf or >3 lf	Renovation				ř	Mini-enclosure				
						Glovebag procedur				
≥160 sf or ≥260 if □	Demolition					Non-Exempted (*)	and Non-frial			
Location of	Is location norm by maintenance		1			Amount	e	- 1	R E	1 E
asbestos-containing material (acm) to be	staff(12)		Descripti material		sbestos-containing	Amount (Specify S	F or	113	p c	n c
abated in facility (13)	Yes N	o N/A	material	(ACIVI)		ĹF)	v o	- 1	a a	4 1
						70 (CO 777	e	_	-	-
ROOM 121 & CLOSET			FLOOR TILE	MASTIC	& WOOD FLOORING	786 SQ FT			井	닉닏
								ᆜᆜ	ᆛ上	114
				Triangle (Marson					_ _	
][[
] [[
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506	500 TO 1000 TO	Cubic Yards of 8 YDS	Waste	Name of Registere TULLYTOWN	ed Landfill I, RESOURCE RE	COVERY			
City, State		Disposal		at the state of	City, State					
PATERSON, NJ 07503		01/05/		3	TULLYTOW	N, PA				
Completed by (Print or Type)	Title		Signature				Date			
BOGDAN JOLDZIC	PRESIDENT	, , ,			1 - 1 - 1 - 1		12/12/20	14		
100 11	Lio not uco thic	torm for achon	toe liconeura as	ramatar	CONTINUE					

(K60575)

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

	('		C				Abatement		43					
D&S Proj.	#: 2014-			(Pursua	ant to NJAC	8:60	and 12:120)		7.5	COL	1.			
									A36.	hue	14	60		
Date of Notification	1 (1)	Na	ame of Bu	ilding Owne	er/Operator (2)				THE STATE OF THE S	617		~ ()		
1 12 1/1 12			nichael i	onacz					43/	A	A ID			
Agencies Notified			eet Addre					-	2	•;	.6	6		
L EPA	Initial		(21 DDC	AD STRI	COT			:F:	- 410	ENS	TP	0.		
☐ DEP	Amended Amendment #:	-	ty, State, 2		SEI,					0/1	5 11	H		
⊠ DOL	Emergency	-	-	N, NJ 070	112									
⋈ DOH	(including	Na	me of Cor)13	-			Telephone			-	-	BOT HOUSE
☐ DCA	justification)	1.1		•										
	Cancellation	1	michael	ignacz					1		_			
				FACI	LITY INFORM	ATION								
Name of facility w	here abatement	is taking plac	ce (3)					TT	Type of Facility (4					G V
michael ignacz									=	(K - 12)	2 22		102.20	
Street Address								=		pter 8 (Ot Private/Co			-12)	
Olicel Address										Homes, et		Ciai		
621 BROAD S	STREET,							-1 [Square Feet	# of Floors	;]	Blo	dg. A	ge
City (5)		Count	y (6)				nty Code (7)	7 [
CLIETON		DAG	CATO			(Sta	te use only)		Current Use (Pri	or if being	dem	olishe	ed)	
CLIFTON Name of Monitorin	a Firm Hired by		SAIC (8)		ASCM No.		Name of Abatem	ent C	ontractor (9)					
rame of Monton	ig i iiiii i iiica by	Diag. Owner	(0)		AGCIVI INO.									
Street Address							D & S RESTO	OKA	HON, INC.			_	_	
Oli Got Address							20 California	Δ ν ρ	2					
City, State, Zip Coo	de						City, State, Zip Co					-		
							Paterson, N.		13					
Project Manager fo	r Monitoring Firm	1	Ph	none Numb	er		Telephone Numb			License I	Numb	er		
							973-345-80)20		01	169			
Start Date (10)		Sched.	Completio	on Date (11)		Name of OSHA	Monito	or .					
				•			D & S Resto	ratio	n, Inc.					
12/22/14 Occupancy Status	During Abateme	12/31/			dust hares var		Street Address							
	d/vacated during			ement.			20 California City, State, Zip C		nue			_		
Abatement p	erformed outside						City, State, Zip C	ode						
Describe: Other-Descri	be: NORMAL F	IOURS	-			-	Paterson, N.	I 0750	03					
Scope of Work (ch									ıll Containment w	/negative	orace	ure		
\boxtimes >3 sf or >3 lf		Renovation	i					-	ini-enclosure	nogativo	prooc	uro		
≥160 sf or ≥2		Demolition						*********	lovebag procedur					
			normally	used solely				ЦΝ	on-Exempted (*) a	and Non-f	riable	Proce	edure E	1
Location of asbestos-cor	ntaining	by mainter			1	on of o	sbestos-containin	~	Amount		е	е	n	E
material (acr	n) to be	staff(12)			material (spesios-comanni	g	(Specify SI	F or	m o	p a	c a	c
abated in fac	olity (13)	Yes	No	N/A					LF)		٧	i	p	L
BASEMENT			X		PIPE INSU	LATI	ON		94 L FT		e		П	П
BASEMENT			X		BARE HEA				46 L FT		Ħ	百		盲
Registered Waste			P Hauler I		ubic Yards of V	Vaste	Name of Registe							
D & S RESTOR	ATION, INC.	1350)6		YDS			/N, R	ESOURCE RE	COVER	Y			
City, State • PATERSON, N	II 07503			Disposal D 12/23/1			City, State TULLYTOV	VNI T	ο Λ					
Completed by (Prin		Title		12/23/1	Signature		1 JULLI 10V	Y 1N, I	Λ	Date				
BOGDAN JOL		PRESIDE	ENT							12/12/	2014			
100 11		* Do not was	thin form	for anhant	a liannouse av	ometo	1 notivition							

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D&S Proj. #: 2014-506

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

RECEIVE

ASM. LICENSING ROL Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 1 2 / 1 4 MICHAEL SINCLAIR Agencies Notified Type Notification Street Address ☐ EPA Initial 78 2ND AVENUE Amended DEP City, State, Zip Code Amendment #: 図 DOL M Emergency GARWOOD, NJ 07027 \boxtimes DOH (including Telephone Number Name of Contact justification) ☐ DCA MICHAEL SINCLAIR Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) MICHAEL SINCLAIR Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 78 2ND AVENUE Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) GARWOOD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/16/14 12/31/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) Yes No N/A V p BASEMENT PIPE INSULATION 47 L FT X Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd Disposal Date City, State City, State PATERSON, NJ 07503 12/17/14 TULLYTOWN, PA Completed by (Print or Type) Signature Date Title BOGDAN JOLDZIC PRESIDENT 12/12/14 Do not use this form for asbestos licensure exempted activities. ASR-41

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

RECEIVED.

Date of Notification (1	12/15/14				of Buildin	g Owner/Operator	r (2) Hall	DEC 17	7 844	<u>- </u>	1	
Agencies Notified	Type Notification			Stree	t Address	1	30 W. State S	Street	Ai?	2: (5	
DEP DOL	Arnended Arnendment #		_	City, S	State, Zip C	Code	Trenton, N	Street /	SING	RO	Į.	
DOH DCA	justification) Cancellation	iolaalii	9	Name	of Contac			Telephone Nur				
				FAC	CILITY INF	ORMATION			-	-		
Name of Facility When							Type of Facility	y (4)				
	Commerica	l Off	ice S	pace			School (K-1					
Street Address	130 West	State	e Stre	eet		TI .		8 (Other than K- private & commer :.)		dings	,	
City (5)	Trenton,	NI	0860	۶			Square Feet 3000	# of Floors	В	dg. A	ge)+/-	
County (6)		113	0000	Cour		7) (STATE		Prior if being demo	olished)	100	<i>J</i> 1/-	_
	Mercer		—.		ONLY)		<u> </u>					_
Name of Monitoring Fi (8)	rm Hired by Building of MECS	Jwner		ASCM	No.		ment Contractor (27.50	оо- т			
Street Address	MECS						vens Environ	mental Servi	ces, II	ıc.		
Street Address	PO Box 34	1				Street Address	PO I	Box 322				
City, State, Zip Code	Crosswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for M		0051		phone	No.	Telephone No.	Timonto	License No.				
	Veisgarber		1,120,000		8-4070		59-9688	10-10-0-0-10-0-0-0-10-0-0-10-0-0-0-10-0-0-0-10-	00493	3		
Start Date (10)		duled (-	tion Da		Name of OSHA						_
12/29/14		1	2/31	/14	100 76-014		N	IECS				
Occupancy Status Du	ring Abatement (Che	ck only	one)			Street Address						
Facility Closed/Vac								Box 341				
Abatement Perform Other - Describe:	ned Outside of Norma	l Facili	ty Hou	rs		City, State, Zip C		ks, NJ 08515				
Scope of Work (Chec	k all that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-En ☑ Gloveb	ntainment with Ne iclosure ag Procedure cempted (*) and N	egative Pressure on-Friable Proced	dure			
		Is	Location	on							ment	
Locatio	n of		iormally d Solel			Description o	of.			Тур	oe	V
Asbestos-Containing	g Material (ACM)	Mai	ntenar	ice/		tos Containing Ma	iterial (ACM)	Amount			Е	
TO BE AB		100	ustodia Staff?		(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Rer	Re	nca	Enclosure
(13)			(12)	0		other miscellane		J. S. 2. 7	Removal	Repair	Encapsulate	uso
		Yes	No	N/A					"		ate	re
Baser			×			ermal Pipe In		100 lf	×			
Crawl s	space				Th	ermal Pipe In	sulation	30 lf	. X			
Name of Registered V	Vaste Hauler			JDEP V	Naste 1	Cubic Yards	Name of Reg	istered Landfill	.]			
Stevens Environ		s, Inc	1 1	lauler ID	SECTION AND ADDRESS OF THE PARTY OF THE PART	of Waste 2 CU	/ Contraction of the grant of t	GROWS La	ındfill			
City, State				102		Disposal Date	City, State	/		-		
	Allentown, NJ					12/31/144,	1-01/	Morrisville	e, PA			
Completed By	Title			. 3.5		Signatúre	11/	Date	10/1	E / 4		
Mahlon E. S	tevens	P:	rojec	t Mar	ager	-1/1	<u> </u>		12/1	3/14	<u>+</u>	_

(K005753

Dao Proj. #: 2014-502

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

						=				Sec. 1			
Date of Notification (1)		me of Building (TM		2.4	DEC 1	7 E	目 9	: 51	5
Agencies Notified Type Notific Initial Amended	cation Str	eet Address 31 BERKLEY y, State, Zip Coo	ΥA		CITIE	1141		45,		_			
DOL Amendment ☐ Emergen (including justification ☐ DCA ☐ Cancellat	cy Nar	WESTWOOD me of Contact MATTHEW 8), N.		ÆTHI	EIM		Telephon	e Numbe	,			minizo de
	-	F	ACI	LITY INFORM	ATION								
Name of facility where abatement MATTHEW & BARBARA Street Address								Subcha Other (Bldgs./	l (K - 12) apter 8 (C Private/C Homes, e	omme tc.	rcial		
131 BERKLEY AVENUE City (5)	County	v (6)			Cou	nty Code (7)	1 1 5	Square Feet	# of Floor	rs	Blo	dg. A	ge
WESTWOOD	BER					te use only)	┟┝╸	Current Use (Pr	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired I			1	ASCM No.		Name of Abatement		7.					
Street Address			<u></u> L			Street Address 20 California							
City, State, Zip Code						City, State, Zip Cod Paterson, NJ (3					
Project Manager for Monitoring F	irm	Phone N	umb	er		773-345-802	0		License 0	Numb 1169	er		
Start Date (10) 12/22/14	Sched. 12/31/	Completion Date	e (11)		D & S Restora							
Occupancy Status During Abaten Facility closed/vacated duri Abatement performed outsi Describe: Other-Describe: NORMAI	nent (Check on ng entire period ide of normal fa	ly one) d of abatement.		1 5		20 California A City, State, Zip Coo Paterson, NJ (de						
Scope of Work (check all that ap	Renovation Demolition						Min Glo	Containment was containment was containment was contained as procedured (*)	re	friable	proce	edure	9
Location of asbestos-containing material (acm) to be abated in facility (13)		normally used s ance/custodial				sbestos-containing		Amount (Specify S LF)	F or	T e E o > e	Repair	Encap	EncL
BASEMENT		X		PIPE INSU	LATI	ON		60 l ft		×			
										口			
						-	nicol Samuel			님		부	붜
								 		#	Η	片	
Registered Waste Hauler D & S RESTORATION, INC.		P Hauler ID# 06		ubic Yards of \ yd	Waste	Name of Registere TULLYTOWN			COVER	Y Y		Ц	L
City, State PATERSON, NJ 07503		Dispos 12/2	sal D	ate		City, State TULLYTOW					-actus		Marine Nation of the
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT	100000000000000000000000000000000000000	Signature					Date 12/11	/14			
ASR-41	* Do not use	this form for ast	esto	s licensure ex	empte	d activities.							

CK1862

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

EHOLIVED

Date of Notification (1)				Name	of Buildir	ng Owner/Operator (2)	1000	Kam I ii	Si, ji,		_
	12 / 14	4		Но	ly Name	Medical Center		2814 DEC	7 P	M C	: 56	p.
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification Initial Amended			100,000,000	t Address 3 Teaned	k Road						
☑ DOLWD	Amended Amendment #	ŧ			State, Zip			ASL LIC	ENS	ING	1	
☐ DCA		ncludin	g		aneck, N							
(NJAC 5:23-8)	justification) Cancellation			5101010161555	of Contact of D'Ami	22.		Telephone Num	ber			
				FA	CILITY II	NFORMATION						
Name of Facility Where	Abatement is Takir	g Place	e (3)		10.000		Type of Facility	(4)				_
Commercial Buildi	ng						School (K-12	2)				
Street Address			-				Subchapter 8	(Other than K-12	?)			
722 Teaneck Road							homes, etc.)	rivate and comme	rcial bu	ııldıng	JS,	
City (5) .				-			Square Feet	# of Floors	BI	dg. A	ge	
Teaneck									-	-g	90	
County (6)		-		Cou	ntv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Bergen					.,	· /(o · · · · c ooc one · /	Carrent Coc (17	ioi ii being demois	311CU)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme	ant Contractor (0)					
Bio Terra Solution:	, ,	OWNER	(0)	AJCIVI	140.	그 그 그 아이들에 가지하였다.	NAGEMENT L					
Street Address	0						MAGEWENT	LC				
P.O. Box 1224						Street Address						
City, State, Zip Code						27 Outwater						
Union, NJ						City, State, Zip Co						
A STATE OF THE STA			1= .			Garfield, NJ						
Project Manager for Mon	litoring Firm		11000	ephone		Telephone No.		License No.				
Rick Eustaquio					-3762	973-928-4888		1188				
Start Date (10)			2000		ite (11)	Name of OSHA M						
//			-0.	_ /	14	ALL PRO MA	NAGEMENT L	LÇ				
Occupancy Status During Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate			Street Address 27 Outwater	Lane					
Abatement Performed				rs - Des	scribe	City, State, Zip Co	ode					_
Time of Abatement: 7		IVI	_AM			Garfield, NJ	07026					
Scope of Work (Check a	ll that apply)					_						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emolitic			Mini-Enc Glovebag	g Procedure	pative Pressure n-Friable Procedu	re			
		ls	Loca	tion	122					atem	ent T	vne
Location	817-418	He	Norma ed Sole	lly		Description o				,		
Asbestos-Containing TO BE ABA			intena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili		Cus		Staff?	(surfacing, VAT,		SF or LF)	ova	=	psu	usc
(13)		V	(12)	1 1/0	1	other miscellane	ous)	The second second	-		late	0
		Yes	No	N/A	-				-			l consum
Lunch Room				\boxtimes	Pipe In	sulation		20 LF	\boxtimes			\boxtimes
											П	
		1		1/17		= = = = = = = = = = = = = = = = = = = =						
							<u>,</u>					
Name of Registered Was			0.000	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis					
ALL PRO MANAGE	IVIEN I LLC			00348		As Needed	IESI Landfi	III				
City, State						Disposal Date	City, State	Name and American		10		- 178.8
Garfield, NJ						TBD	Bethlehem	, PA				
Completed By (Print or T	ype) Title	е				Signature	2 1.1	Da	ite ,		,	
Allen Monchik	P	roject	Man	ager		1000	~ Mm	,	1/1	2/	14	_
SB-41							1.()		-/1	4		
AN 13		Do not	use th	is form	for asbes	tos licensure exemp	ted activities.		•			

B & G proj. #:

2014-227

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) ******* NON Sub 8 ******

Check # 6994

Date of Notification (1)	IINa	me of Build	ding Owne	er/Operator (2)		-						
1 12 1/11 12 1	/1141	11	Manager Co.		lical Center		2	MA DEC 17 P	H 10: 8	1			
☐ EPA	Type Notification	1100	eet Addres 1 Clara N	0 00	rive		Ą	Si.	FJ	L			
DEP DOL	Amendm		ty, State, Z Belleville		109			with a see a feet was \$ 1 th.	1712	121			
X DOH	П		me of Cont	tact				Telephone	Number				
☐ DCA	Cancella	tion	Luis Cad	creres									
				FACI	LITY INFORM	ATION							
Name of facility whe	re abatement is	taking pla	ce (3)					Type of Facility (4					
Main Hospital,				T				School Subcha	(K - 12) pter 8 (Otl	her th	an K-	12)	
Street Address								Other (P			cial		
1 Franklin Ave	nue								omes, etc		Blo	g. A	ge
City (5)		Coun	ty (6)			Cour	nty Code (7)						
Belleville		Ess	ex				e use only)	Current Use (Prior Hospital NON			olishe	d)	
Name of Monitoring		3ldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
	N/A						B & G Restorat	tion, Inc.					
Street Address							Street Address 105 Ryerson F	Road					
City, State, Zip Code							City, State, Zip Code Lincoln Park,			Arm			
Project Manager for I	Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-686		License N		er		
Scheduled Start Date	(10)	Sched	Completio	n Date (11)		Name of OSHA Mon B & G Restora						
12/22/2014		12/2	4/2014			11	Street Address	tion, mc.					-
Occupancy Status Di	uring Abatemer	t (Check o	nly one)				105 Ryerson F	Road					
Facility closed/ Abatement per	vacated during	entire perio	d of abater				City, State, Zip Code			A			
Describe:Other-Describe	e: occupied	& start: 8	00am			-11	LincolnPark, N	IJ 07035					-
Scope of Work (che	ck all that apply	Renovatio	n			□ F	ull Containment w/ne	gative pressure	Gloveb	ag pro	ocedu	re	
>3 sf or >3 lf	X	≥160 sf or	≥260 If			X	lini-enclosure	×	Non-fri	able p	госе	lure	
Location of asbestos-contamaterial to be	aining		normally unance/cust		200 000		sbestos-containing	Amount (Specify SF	or	R e m o	Repa	E n c	Enc
abated in facili	ty (13)	Yes	No	N/A	material	(, (0,11)		LF)		v e	i r	a p	L
Ground fl closet,b				X	VAT			90 sf		X	무	ᆜ	#
Ground fl closet b				×	mastic			54 sf 15 fittings		X	片	믐	붐
Ground f) sprinkle				X	pipe fitting	-		15 fittings		X	H	무	ዙ
Ground fl mecha				X	VAT & ma			25 lf		X	屵	$\frac{\Box}{\Box}$	무
Ground fl mecha Registered Waste Ha		INJECT	P Hauler I	X 10	TSI cover		Name of Registered				<u> </u>	Ш,	1_
B & G Restoration			9563		5 yards	. 14510	Tullytown	Resource & Re	covery (Cent	er		
City, State Lincoln Park, N	J			Disposal D 12	ate /26/2014		City, State Tullytown,	PA					r
Completed by (Print Gordana Luna	or Type)	Title Secretar	y/Treasu	ırer	Signature	(Gordana Luna		Date 12/1	12/2)14		

		h	HOTIF (F	CATIO	N OF ASI	BESTOS ARATER C 8:60 and 9:16	1	DOP14 1	型	Y		·
P) netheoritoN to esta	2/11/14			Nami	e of Buildir	ng Ownel/Operator	(2)ASEESTO	S CONTROL &	1//	İ	+	_
Agencies Notified	Type Notification	ñ		Street	Address		775.50	1-10-	1	<u> </u>	+	_
EPA DEF	Invital -			_			artin Luther	King Band	14			
DOL	Amendment Entargency (=	City,	Slate, Zip	Code	Trentop,	MAINED VE	PRO	11/15	D	
DOH DOA	justification)	41CIUUR	-	Name	e of Conta	d ee Sequra - PR		Telephone Nu		I V	IJ.	=
<u>i</u>				J		PORMATION	CAUB	<u></u>		_		_
Name of Facility When					CILTIV IN	Postant Hold	Type of Facili	ly (4)		-		
Street Address	Ros	ident	ial				School (K	12) or 8 (Other than K-	(5)			
Oncor recursor	820 M	ILK	Byld	_	200		Other (i.e.,	private à commo	roial bui	lding	e,	
City (5)		2	0040				Square Feat	S of Floors	7 8	idg.		
County (5)	Trenton	ראז	0862	The Real Property lies and the least terms of the l	lain Pode	7. /5TATA	1200	Prior if being derne	_1_)+/.	,
	Mercer			USE	ONLY)	7) (STATE	Contain Des (Prior it being beind	ilishaq)	-		
Name of Montonng Fir	m Fired by Building MECS	Owner		ABCM	Na.	Name of Abatem				į		=
Street Address	MECS					Street Address	ens Environ	mental Servi	ces, 1	nc.		=
	PO Box 34	1						Box 322				
City, State, Zip Cods	Prosswicks, NJ	D851	5			City, State, Zip C		vn, NJ 08501				
Project Manager for M	onitoring Firm		Te	ephone		Telephone No.		License No.		_	==	-
Ster Data (10)	elsgarber	dulari /		(19) 29 (a) (10) D	8-4070	(609) 25 Name of OSHA N			0049	3		
12/12/14			2/13		sto (11)	THE OF COST PAR	100000000000000000000000000000000000000	ABCS				
Occupancy Status Dur						Street Address	700	Den 241				=
☐ Facility Disead/Vac						City, State, Zp C		Box 341			-	
Other - Describe:								ks. NJ 08515				_
Scope of Work (CRECK 23 af or >3 if >150 at or >250 if	an (yat apply)		enova			Mini-Enc	losure g Procedure	egative Pressure				
-			Locati			Non-Exe	mpted (°) and N	on-Friable Proced	-	bate		
Location Asbeatos-Containing	Material (ACM)	Used	iomal d Sole Avra	nce/	Asbesi	Description of les Comaining Mate	erial (ACM)	Amount	-	ועד		ī
TO BE AB			uetodi Slatt?		(1.0.,	Inermal systems in surfacing, VAT,	10	(Specify SF or LF)	Remova	Pepair	ncap	l
(13)		у.	(12)	Taux		other miscellanes	NB)		NA MA	当	Encapsulate	
Basem	ent	Yea	No	NIA	The	ermal Pipe Ins	ulation	70 lf	×			H
			-						1		-	t
Name of Registered VVI	ista Haular			UDEPV	Vasle 7	Cubic Yards	Name of Ren	Siered Landfill				L
Stevens Environ		s, Inc		fauler ID		of Weeks	7	GROWS La	ndfill			
City, Sinie	A.11	17				Disposal Date	City State			-		
Completed By	Allentown, N	47		-		12/15/14 F	1	Monisville.	PA		_	_

page z

LASC II 2014 U3:33FT INJ ASPESTOS CONTOL DU3:033.0004

1c#24692

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

EC 17 2014

Date of Notification (1)	2/11/14		T	Name	of Building	Owner/Operator	(2) Farmer					
Agencies Notified	Type Notification			Street	Address		LICEN	SING	 			-
EPA	initial -			01.001	71001000	820 Ma	artin Luther K					
☐ DEP	Amended		-	City, St	tate, Zip C	ode						_
⊠ DOL	Amendment #_ Emergency (inc	ludina					Trenton, N	J				_
⊠ DOH	justification)		r	Name	of Contac			Telephone Numb	per			_
☐ DCA	☐ Cancellation		_		Hayde	e Sequra - PR	RAB					_
	1			FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility	(4)			_	
	Resid	ential	<u> </u>				School (K-1					
Street Address								8 (Other than K-12		lines		
	820 ML	K Bv	ld.				homes, etc.	rivate & commerci)	ai build	ings,		
City (5)			-				Square Feet	# of Floors	Bi	dg. A	ge	
1	Trenton,	NJ 08	3625				1200	2	. _	90	+/-	_
County (6)	Mercer			Coun	ty Code (7	7) (STATE	Current Use (Pi	rior if being demoli	shed)			
Name of Monitoring Firm		wner	-	ASCM I	No. I	Name of Abaten	nent Contractor (9))				=
(8)	MECS		1				and the second s	mental Service	es, In	c.		
Street Address						Street Address						_
	PO Box 341						PO F	3ox 322				
City, State, Zip Code						City, State, Zip C	Code					=
	crosswicks, NJ 0	8515					Allentow	n, NJ 08501				
Project Manager for Mo	onitoring Firm		Telep	ohone I	No.	Telephone No.		License No.				
Bill W	eisgarber		(60	9) 298	3-4070	(609) 2:	59-9688	(0493	}		_
Start Date (10)	Sched	uled Co	mplet	ion Dat	te (11)	Name of OSHA	Monitor					
12/12/14		12	/13/	14			M	ECS				_
Occupancy Status Dur	ing Abatement (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vaca							PO E	30x 341				
☐ Abatement Performe		Facility	Hour	S		City, State, Zip C						
Other - Describe:	8am - 4pm	7-					Crosswicl	ks, NJ 08515				
Scope of Work (Check	all that apply)	Ø###	13.65	7555			-1-1	ti D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation			☐ Mini-En Gloveb	ntainment with Ne nclosure pag Procedure cempted (*) and No	on-Friable Procedu	re			
			ocatio		-				A	bate		
		Nor Used S	mally			Description of				Тур	е	
Location Asbestos-Containing		Maint			Asbes	tos Containing Ma		Amount			m	
TO BE ABA	ATED		stodia taff?	1	(i.e.,	thermal systems		(Specify	Re	Z.	Encapsulate	Enclosure
IN Facili (13)			12)			surfacing, VAT other miscellane		SF or LF)	Remova	Repair	psu	losu
(,		Yes	No	N/A			2/(a a		late	лe
		162	NO	INIA					1		_	
Basem	nent		X		Th	<u>ermal Pipe In</u>	sulation	70 lf	×			
							/	\				
Name of Registered W	aste Hauler		IN	JDEP V	Vaste	Cubic Yards	Name of Reg	stered Landfill				
Stevens Environ	mental Services	Inc	H	auler ID	No.	of Waste 2 CU	1 /	GROWS Lar	dfill			
City, State	michial Belvices	, 1110.	-1-	182	.74	Disposal Date	City, State	/ Dai				_
July, State	Allentown, N	J				12/15/14/	1	Morrisville,	PA			
Completed By	Title	_	-			Signat(/rie//		Date				
Mahlon E. St	200000	Pro	oject	Man	ager	/11/	4		12/1	1/14		
ASB-41						77	1					-

CK#2469/

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

Date of Notification (1)		4	,,,	Name	of Buildin	g Owner/Operator	(2)	D. D O				STATE OF THE PARTY	-		
12/11/14					Name of Building Owner/Operator (2) Gregor,DEC 17, 2014										
Agencies Notified	Type Notification			Street Address 136 Washingtons Ave Tos Corvincia											
EPA	☐ Initial ☐ Amended		1		V 1 7 6	136	Washingtor	SAMETOS C	ONT	101	â	- 11			
DOL DOL	Amendment #		-	City, S	State, Zip C	Runnemede, NJ 08078									
DOH DOH	justification)	Ciuuini	1	Name	of Contac			Telephone N	lumber	_			-		
□ DCA	☐ Cancellation				Ms. Camilla Gregory										
				FAC	FACILITY INFORMATION										
Name of Facility Where		3.0	330002				Type of Facility (4)								
Street Address	Resi	denti	ai				☐ School (K-12) ☐ Subchapter 8 (Other than K-12)								
	136 Wash	ingto	n Ay	/e			Other (i.e., phomes, etc.	rivate & comm)	ercial I		2.7000				
City (5)	Dunnas	mada	NI				Square Feet 1600	# of Floors		Blo	ig. A 80				
County (6)	Runner	nede	, INJ	Cour	nty Code (7) (STATE	Current Use (P	rior if being der	molishe	-4) 	80	T/-	=		
	amden				ONLY)	, (0,,,,,2	Odironi Ooo (i	Residen		<i>,</i>					
Name of Monitoring Firm	Hired by Building C	Owner		ASCM	No.	Name of Abatem	ent Contractor (9)					_		
	MECS					Stev	ens Environi	mental Serv	vices.	In,	c.		_		
Street Address	DO D 241	(iii		2 200		Street Address	DO I	222							
City, State, Zip Code	PO Box 341					PO Box 322									
	osswicks, NJ (0851:	5			City, State, Zip Code Allentown, NJ 08501									
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No. License No.									
	unocore		-	-	0-8408	(609) 25			004	493			_		
Start Date (10)	Sched			tion Da	te (11)	Name of OSHA M		TOC							
12/15/14 Occupancy Status Durin	Abstancet (Char		2/16	/14		Street Address	MECS								
☐ Facility Closed/Vacat			185	ment		Street Address	PO F	30x 341							
☐ Abatement Performed						City, State, Zip Co							=		
Other - Describe:	8am to 4pm					Crosswicks, NJ 08515									
Scope of Work (Check a	all that apply)					D Eull Con	tainment with Ne	antive Pressur	·o						
≥3 sf or ≥3 lf			enovat			Mini-Enc	losure	gative Flessui	C						
≥160 sf or ≥260 lf		☐ De	emolitic	n		Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
			Locatio								atement				
Location		Used	omally I Solel	y by		Description of				Туре		e .	_		
Asbestos-Containing N TO BE ABA		V	ntenan ustodia			os Containing Mate thermal systems in		Amount (Specify		71		四	m		
IN Facility	1		Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)		Remova	Repair	caps	Enclosure		
(13)		-	(12)			other miscellaneo	us)			oval	ar.	Encapsulate	sure		
		Yes	No	N/A								(D			
Dining ro	oom		×			ermal Duct Ins		8 lf		×					
2nd floor ba	throom				Th	ermal Duct Ins	sulation	3 lf		×					
						(Wrap and C	cut)								
								_							
Name of Registered Was	1	JDEP \ lauler ID	No.	Cubic Yards of Waste	Name of Reg		r 1	C11							
Stevens Environm	nental Services	s, inc		182	292	1/2 CU Disposal Date	City, State	GROWS I	Land	[111		_	-		
Oity, Otate	Allentown, N	IJ				12/16/14/	1 Oily, State	Morrisvi	lle. P	Α					
Completed By	Title			V		Signature	1	Date	е						
Mahlon E. Ste	evens	Pı	rojec	t Mar	ager	_////		-	12	2/1	1/14]		

Dec 11 2014 11:2

P001/001 CF#2469/

			NOTIF	CATION OF A	SEESTOS ABAT	EMENTA		Wkala	ROY	EID			
Date of Notification (1)	1					1	V Dept.	f Healt	h &n S	enio	ır Se		
	2/11/14			Name of Bull	ding Owner/Opera			1	TIME	1-1	1		
Agencies Notified		otification		000001	ASBESTOS (CONTROTESOR			กลใน้าย)	,		
EPA DEP	Initia			Street Addres		Olivo	Date:	11/15	T	me:	1-2		
	Ame				1	36 Washingto	n Ave.						
DOL.	Ame	ndment#		City, State, Zij					_	_	_		
₩ DOH	Line	rgency (includition)	ding		R	unnemede, NJ	08078						
□ DOA	Cenc	ellation		Name of Cont	act		Telephone Number						
				Ms	. Camilla Gre	goty	1 - 14-110/12	الها ا					
N				FACILITY II	NFORMATION			=_	_	_	_		
Name of Facility Where	Abatemen					Type of Facilit	0.720						
		Rosiden	tial										
Street Address			-			School (K-	12) . 18 (Other than I	e del					
	136	Washing	ton A	Ve.		Other (I.e.,	private & comm	Arcial b	بطاطانه	~~	**		
City (5)	-					nones, etc)	O) Glat D	unun e	ju,			
		Runnemed	le NI			Square Feet	# of Floors		Blog.	Age	1		
County (6)			143	I County & I	74	1600	_ 2		8	0+/	-		
C	amden			USE ONLY	(7) (STATE	Current Use (Prior if being demolished)					_		
Name of Monitoring Firm	Hired by F	Ullaina Ouan	=			<u> </u>	Resident	ial					
(8)	MECS	Alle Citions	'	ASCM No.	Name of Abate	ment Contractor (8	9)						
Street Address	TVILLOD		L		Stevens Environmental Services, Inc.								
The state of the s	DO D	244	89		Street Address	is							
City, State, Zip Code	FUB	ox 341				Box 322							
		>***	_		City, State, Zip (Code	OK DEE	==		_			
Droine II to	OSSWICK	s, NJ 0851	5				n, NJ 08501						
Project Manager for Mon	itoring Firm		Tele	phone No.	Telephone No.				_				
Dave Br	unocore		(73:	2) 740-8408		59-9688	License No.						
Start Date (10)		Scheduled (Complet	ion Date (11)	Name of OSHA			0049	13_				
12/15/14		1	2/16/	11.70	Maine of COMM					88.6			
Occupancy Status During	g Abatemer	of (Chack only	(ana)	-	Et d'III	M	ECS						
☐ Facility Closed/Vacate	d During P	ntire Period of	d upoton	2001	Street Address		13						
T upprenter Leutoumed	Outside of	Normal Facili	ity Hours	i ci ii		POB	ox 341						
Other - Describe: 8	Sam to 4	ממכ	-y , 100110	•	City, State, Zip C								
Scope of Work (Check all	I that about					Crosswick	s, NJ 08515	i					
	a una, opposy,				r=	NA PROPERTY AND AND AND AND AND AND AND AND AND AND		_	_				
1 ≥3 af or ≥3 if 2 ≥160 af or ≥260 if		K Re	enovatio	n	Mini-End	tainment with Neg	rative Pressure						
7 - 100 21 01 5200 11		De	molition		Gloveha	an Procedure							
		I las I	Location		Non-Exe	smpted (*) and Nor	-Friable Proced	dure .					
- Processon and the control of the c		l No	vlamo					Abateme					
Location of Asbestos Containing Me	f olasiai (A Obi	Used	Solely		Description of				Турв				
TO BE ABATE	ED		nenance Istodial	7 10000	os Containing Mate	erial (ACM)	Amount						
IN Facility			itaff?	(i.e.,	thermal systems in surfacing, VAT,	sulation,	(Specify	1 20		Encapsulate	I		
(13)			(12)		other miscellaneo	US)	SF or LF)	Remova	Repair	49	Enclosure		
		Yes	Na	N/A		43)		DVa	4	Sur	ILLS		
12: :	73.4		140	IVA		1		-		Tu	10		
	Dining room			_ The	rmal Duct Ins	ulation	8 lf	-	-	-			
2nd floor bath	room				rmal Duct Ins			×					
							3 Lf	X		_			
					(Wrap and C	ut)			1	1			
ame of Registered Waste	Hauler												
			Harr	EP Waste	Cubic Yards of Waste	Name of Registe	ered Landtill			1			
stevens Environme	men Scr	vices, Inc.	- _	ler ID No 18292	1/2 CU		ROWS La	nd@lt					
P. C. Control of Contr		50640/24/2015			Disposal Date	City, State	ALC MOTA	ndititi					
	Allentou	n, NJ		.	12/16/14/	1 / /	Mamiles 111	D :					
Impleted By		Title			Signators	V)	Morrisville,	PA			_		
Mahlon E. Steve	3115	Pro	ject N	fanager	////	//	Date	1011	11 .				

UK # 2143

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

Date of Notification (1) 01 /	15 /	14				155	Owner/Operator (2	2) 11-2/1	Construction	1180	╫	\parallel		
	Type Notif	ication			Street	Address Elm Dr.		DEC 17 2)14	1-	1			
	Amend	ed					· ada		BESTOS CUNT	BOL		+		
☑ DHSS		ment #2	22-			tate, Zip C		AS	LICENSING	i				
	12/12/14					of Contact								
(NJAC 5:23-8)	(NJAC 5:23-8)						ga .		Telephone Num	nar				
			- 9		FAC	CILITY IN	FORMATION					100		
Name of Facility Where Ab	atement is	Taking	Place	(3)				Type of Facility	(4)			.71	-	
Princeton University	-Firestor	ne Libr	ary					School (K-12	2)					
Street Address			-						Other than K-12		ч г			
Washington Rd			**					homes, etc.)	rivate and commer	cial bu	ilaing	s,		
City (5)			-	-			-V	Square Feet	# of Floors	Bio	ig. A	10	_	
Princeton								Oquale i cet	# 01110013		.y. / \	30		
				2000	Cour	tu Cada /7	VOTATE LISE ONLY	Current Hee /Dr	ior if being demolis	hod)				
County (6)					Cour	ity Code (/)(STATE USE ONLY)		ior ii being demois	nea)				
MERCER								Library						
Name of Monitoring Firm H	lired by Bu	uilding C	wner	(8)	ASCM	No.	Name of Abateme							
ATC Associates Inc.							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address							
Three Terri Center							1123 BEAVE	ER STREET						
City, State, Zip Code				1.72.713			City, State, Zip Co	Code						
Burlington, NJ 08016	6						BRISTOL, PA	A 19007						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.					
						-8800	215-788-6040		00509					
Start Date (10) Scheduled Comple							Name of OSHA M		LINC					
		TOWNS CO.	- XV-2	,	- 10	101/1		VIRONMENTA	L, INC.					
Occupancy Status During / Facility Closed/Vacated		200			ment		Street Address 1123 BEAVE	R STREET						
Abatement Performed C Time of Abatement: 6:3						cribe	City, State, Zip Co							
Scope of Work (Check all t	hat apply)		_								-			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	nat apply)			enovat emolitic			Mini-Enc □ Glovebag	g Procedure	gative Pressure	re				
	Is	Loca	ion	T		. ,,,		Ab	atem	ent T	vpe			
Location o	f			Norma	lly		Description of	of		-			-	
Asbestos-Containing M	aterial (AC	CM)	20000	d Sole			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABAT				intena todial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	≌.	squ	uso	
IN Facility (13)				(12)			other miscellane		31 01 11)	=		lat	ē	
12			Yes	No	N/A							Ф		
B LEVEL NORTH COR	RIDOR		\boxtimes			FLOOR	TILE/MASTIC		240 SF	\boxtimes				
RMS B-9J & B-12J B L	EVEL 1		\boxtimes			PIPE IN	SULATION		30 LF					
				П							П	П		
				ᆜ	-					-	=		-	
											Ш	Ш		
Name of Registered Waste SERVICE TRANSPOR		UP INC		1000	JDEP V	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill 5. NORTH LAND	FILL				
City, State					20990	,	Disposal Date	City, State	LLE, PA 19067					
NEW CASTLE, DE		1						MORRISV						
Completed By (Print or Type Brian Scafiro	pe)	Title	e stima	tor			Signature	Scofino	I'll Di	12/1	2/	14		
ASB-41 MAY 11 BS/4003	B	*	Do no	use ti	his form	for ashes	tos licensure exemp	//	10					

CK# 2143

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

					one and one		Manager and the second		بالرنسيا ال				111	11		
Date of Notifica 01		15	/ 14				_	Owner/Operator (niversity-Office	111 111	Construction	2014		U			
Agencies Notific	ed	Type Notification ☑ Initial					Street Address									
⊠ DOLWD		⊠ Ame	nded			ASBESTOS CONTROL &										
☑ DHSS			ndment #2	22-					LICENSING							
DCA	4	12/12/1		0.725			of Contact			Tolophone Numb	205					
(NJAC 5:23-8) Emergency (including justification)							or Contact			Telephone Numb	per					
						FAC	CILITY IN	FORMATION								
Name of Facilit	y Where	Abatemen	t is Taking	Place	(3)				Type of Facility (4)		12.				
Princeton l			and a second						School (K-12)							
Street Address			-	-	-					(Other than K-12)						
Washingto	n Rd								homes, etc.)	ivate and commer						
City (5)									Square Feet	# of Floors	Bio	dg. A	ge			
Princeton																
County (6)						Coun	ity Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)					
MERCER									Library							
Name of Monito	oring Firn	Hired by	Building C	Owner (B)	ASCM	No.	Name of Abateme	ent Contractor (9)				ourse.			
ATC Assoc	ciates In	c.						BRISTOL EN	VIRONMENTAL	., INC.	8					
Street Address								Street Address								
Three Terri	Center							1123 BEAVE	R STREET							
City, State, Zip	Code			2				City, State, Zip Co	ode							
Burlington								BRISTOL, PA	Hart Control C							
Project Manager for Monitoring Firm Tele					phone	No.	Telephone No.		License No.							
					09-386		215-788-6040									
Start Date (10) Scheduled Comple 2								Name of OSHA N BRISTOL EN	Monitor VIRONMENTAL	, INC.						
Occupancy Sta			and the second			-	77	Street Address								
☐ Facility Clos						ment		1123 BEAVE	R STREET							
Abatement I	Performe	d Outside	of Normal	Facility	Hou	rs - Des	cribe	City, State, Zip Co	ode							
Scope of Work					334			BRISTOL, PA	19007							
≥3 sf or ≥3 l ⊠ ≥160 sf or ≥	if 260 If			⊠ Re				Mini-End Gloveba	g Procedure							
							⊠ Non-Exe	xempted (*) and Non-Friable Procedure								
				35	Loca Iorma			Daniel III.					Abatement Type			
	Location of Asbestos-Containing Material (TO BE ABATED IN Facility		11 0-			ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	(13)			Yes	No	N/A		0,10,1110					Ф			
B Level							Floor ti	le and mastic		40 SF	Ø					
B Level							Pipe In:	sulation (Wrap &	& Cut)	2 LF						
Delong Read	ling Lev	el		\boxtimes			Pipe In:	sulation (Wrap &	& Cut)	30 LF						
C Level Near Vault						Floor T	ile & Mastic		700 SF							
Name of Registered Waste Hauler				10.7	NJDEP N Hauler II 2099(D No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill . NORTH LAND	FILL						
City, State NEW CAST	LE, DE							Disposal Date	City, State MORRISVI	LLE, PA 19067						
Completed By (Brian Scafi	5.0	Гуре)	Title	stima	tor			Signature Dria	a Scefire	fil Da	12/1	2/	14			
ASB-41				-	1111111111111			7	1	, /						

CL# 2743

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

Date of Notification (1)				Name	of Building	a Own	er/Operator (2	2)		L U L	=>) !)	U		111	
						500	sity-Office		and C	onstructio		11 #		\prod	
Agencies Notified EPA	Type Notification	ation			Address Elm Dr.			attrice a	had bad	DE0	1/2)14	1		
☑ DOLWD ☑ DHSS	Amended Amendm		State, Zip C		E44	ASBESTOS CONTROL & LICENSING									
☐ DCA (NJAC 5:23-8)	12/12/14	au (in aluatio			of Contac	TOTAL STREET	J44	<u> </u>		Telephone N			-		
(NJAC 5.23-6)	☐ Emergen justificati		g	1 6 6	pert Orte				- 1	relephone re	diriboi				
	L				CILITY IN		MATION								
Name of Facility Where A	Abatement is 1	Taking Plac	e (3)		OILITT III	. 010	MATION	Type of Fa	cility (4	1)					
Princeton Universi			- (-)					☐ School		7					
Street Address	•									(Other than K		المانيما			
Washington Rd								homes,		vate and com	merciai	Dullul	ngs,		
City (5)				-				Square Fe	et	# of Floors		Bldg.	Age		
Princeton				10	-t : O - d - 77	7\/OTAT	F 1105 011 10	0	- (D-)-	16 h - i 1		,	311-00-00-00		
County (6) MERCER				Cour	ity Code (/	(STAT	E USE ONLY)	Library	- 35	r if being den	nolished)			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Nam	ne of Abateme	ent Contract	or (9)		2				
ATC Associates Inc	c.					BI	RISTOL EN	VIRONME	NTAL,	, INC.					
Street Address						Stre	et Address								
Three Terri Center							123 BEAVE	R STREET							
City, State, Zip Code							, State, Zip Co								
Burlington, NJ 080		<u> </u>	-					TOL, PA 19007							
Project Manager for Mon	itoring Firm		1	elephone		100000	phone No.	and the same and t							
Michael Keehn	609-386		3525	15-788-6040			00509								
Start Date (10) / 5 /		Scheduled ON SITE			Name of OSHA Monitor 5-1419/14 BRISTOL ENVIRONMENTAL, INC.										
Occupancy Status During	Abatement (Check only	one)		*********	Stree	et Address	ISS							
☐ Facility Closed/Vacate						11	23 BEAVE	EAVER STREET							
Abatement Performed Time of Abatement: 6						City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check al	Il that apply)			***		1			-				-MC-ARE-CI		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emoli				Mini-Enc Glovebage Glovebag	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
			s Loc	ation							Abatemen				
Location Asbestos-Containing	Material (ACM			nally olely by nance/		estos C	Description of Containing Ma	terial (ACM))	Amount		Removal	Enc	Enc	
TO BE ABA		1000		al Staff?	(i.e	SL	mal systems urfacing, VAT	, or		(Specify SF or LF))		Encapsulate	Enclosure	
(13)		Yes				oth	er miscellane	ous)					te		
Throughout Levels C	, B and A				Floor ti	ile an	d mastic			1,465 SF	= [3 0			
Office A-7J		\boxtimes			Windov	w Cau	ılk			96 LF		3 [
Throughout Levels C	, B and A				Duct W	/ork		7		1775 SF	: [
1 st Floor Level 1					Pipe Ins	sulati	ion (Wrap 8	Cut)		72 LF					
The state of the s					Waste D No.	Cubi	ic Yards of ite	ards of Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL							
City, State				2099)	Disp	neal Date								
NEW CASTLE, DE						Disposal Date City, State MORRISVILLE, PA 19067									
Completed By (Print or T	ype)	Title	7-36		Signature				a Scaling / d 12/12/14						
Brian Scafiro				Drian	Scof	iro	/gl	12	112	//9					

ASB-41 MAY 11