| CK 37632 | 25 | | | ICATION | OF ASE | ESTOS | ABATEN | | | <u>^</u> | - /3 | | | |
|--|--------------------------------------|--|---------------------------------------|--------------------------|---|-------------------------------|---|--|----------------|--|------------|---------|---|------------------|
| Date of Notification (1) 1-10-13 | | | | Name of | f Building i | Owner/C | Operator | (2) | 2013 | JAN | -/1 | / for | | 10000000 Tabushi |
| Agencies Notified | Type Notification | | | Street A 4000 h | ddress Hadley | Road | | | # 47 PM | JAN 11 | PM | 2: | 58 | |
| EPA DEP DOL | Amended Amendmen | Secretarion and the second | | | ate, Zip C Plainfie | | w Jerse | y 07080 | હ | | Bly Her | Ţ'n,ţ | *************************************** | |
| DOH DCA | Emergency justification Cancellation |) | | Name of Rich H | f Contact Ioarle | | | | Te | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | olizer` | | | e As Assire |
| | | | | FACI | LITY INF | ORMATI | ON | | | | | | | |
| Name of Facility Where | | ng Place (| 3) | | | | | Type of Facility | | | | | | |
| McCarter Switching | | | | | | | | School (K | | N V 40 | w. | | | |
| Street Address 33 Littleton Avenue | | | | | | | | | | er than K-12 & commercia | | dings | , hom | es, |
| City (5) Newark, New Jerse | y 07107 | | | | | | | Square Feet 100,000 | # o | f Floors | 1 | ildg. / | - | |
| County (6) Essex | | ······································ | | | Code (7) USE ONLY |) | | Current Use (P Not in use | rior if be | ing demolish | ed) | | | |
| Name of Monitoring Firm CNS Management | Hired by Building | Owner (8) |) | ASCN | A No. | | 1 | of Abatement Co ercy Group I | | (9) | | | | |
| Street Address 208 Newtown Road | | | | | | | | Address Burns Avenu | ie | | | | | |
| City, State, Zip Code Plainview, NY 1180 | 3 | | | | | | 120000000000000000000000000000000000000 | ate, Zip Code agh NY 1179 | 93 | | | | | |
| Project Manager for Mon Michael Nolan | itoring Firm | | | Telephor | ne No. | | Telepho | one No. 176-0020 | | License No | ٥. | | | |
| Start Date (10) 1-14-13 | | Schedul 12-31- | | npletion I | Date (11) | | 200 | of OSHA Monito | | <u> </u> | | | | |
| Occupancy Status During | | | | | | | Street A | | | | | ÷ | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ed Outside of Norr | nal Facility | Hours | : | cy | | City, St | ate, Zip Code agh, NY 117 | 27/ | | | | | |
| Scope of Work (Check A | Il That Annivi | | | | | | yyanı | agn, Mr 117 | 30 | | | | | |
| ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf | | | Renova Demolit | | | | ×××× | Full Contains Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | ·e | |
| Location | | 10.000 | Locati | 95925 | | _ | | | | | | | ement /pe | ľ |
| Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) | Use Ma | d Sole intenar todial S (12) | ly by nce/ | | tos Cont thermal surfac | | aterial (ACM) insulation, , or | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| The state of the s | | Yes | No | N/A | | | | | | | | | Ф | |
| Please see a | uttached | | | X | *************************************** | See | Attach | ed | See Attached x | | | | | |
| | | - | | | | | | | | | | | | - |
| | | | - | | | | | | | | | | | |
| Name of Registered Was Horwith Trucks Inc. | Н | JDEP Waller ID | | Cubic of Was | | | | red Landfill | - | L | | | | |
| City, State Northampton, PA 186 | ne7 | | 10 | 16227 400 Disposal Date | | | | | te) | | | | | |
| Completed by Robert Lewin | JUI | Title Envir | onme | ental Co | ordinat | | ignature ' | | Sourg | Dat | e 10-13 | 3 | | |

CK #25088

| Date of Notification (1) | | Name | of Building | Owner/Operator | (2) Meg Micha | el 🤄 | 0 | 2 | 1 ⁴ 1 | 5 | | |
|---|--------------------------------------|--------------------|------------------------------------|--------------------|---------------------|---|---|---|------------------|--|-------------|------------------|
| Agencies Notified | 26/13 Type Notification | on | \dashv | Street | Address | 2 | 31 Armour Ro | nad S | | 3 | > | |
| EPA DEP COL | Initial Amended Amendment | | | City, St | ate, Zip C | ode | inceton, NJ 0 | - | V() | | 7% | 2 |
| DOH DCA | Emergency justification Cancellation |) | | Name | of Contact | | | Telephone Number | er 🚈 | 17 | | |
| | | | | FAC | ILITY INF | ORMATION | | | | - | | |
| Name of Facility Where | | | | | | | Type of Facility | | | 基罗 | | |
| Street Address | | mour R | | | | | School (K-12 Subchapter Other (i.e., p homes, etc. | 8 (Other than K-12) rivate & commercia | l build | ings, | | |
| City (5) | 31111 | mour re | oud | | | | Square Feet | # of Floors | Blo | lg. Ag | | |
| | Princet | on, NJ 0 | 854 | | | | 3500 | 2 | <u></u> | 60 |) | _ |
| County (6) | /lercer | | | | ty Code (7 ONLY) |) (STATE | | rior if being demolish Residence | nea) | | | _ |
| Name of Monitoring Firm | | g Owner | Τ. | ASCM I | No. | | nent Contractor (9 | ental Service | e In | c | | |
| (8) | MECS | | | | | Street Address | ens Environi | mental Service | 3, 111 | <u>. </u> | _ | \dashv |
| Street Address | PO Box 3 | 341 | | | | | | 30x 322 | | | | _ |
| City, State, Zip Code | | T 00515 | 20 | | | City, State, Zip C | Code Allentow | n, NJ 08501 | | | | |
| Project Manager for Mo | rosswicks, N | 1 06313 | | phone I | No. | Telephone No. | 7 HICHOW | License No. | | | | = |
| | eisgarber Jr. | | | | 3-4070 | | 59-9688 | 0 | 0493 | | | _ |
| Start Date (10) | | heduled Co | omple | tion Da | te (11) | Name of OSHA | | TECC. | | | | |
| 3/7/13 | | | 8/8/1 | 3 | | Ot Address | N | IECS | _ | | _ | $=$ \downarrow |
| Occupancy Status Duri | | | | ment | | Street Address | PO I | 341 Box 341 | | | | _ |
| ☐ Abatement Performe ☑ Other - Describe: | ed Outside of Nor | mal Facility | | | | | | | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | all that apply) | Re De | novati | | | Mini-Er | ag Procedure | egative Pressure on-Friable Procedur | e | | | |
| | - V | | ocatio | | | | | | | bate | | |
| Location Asbestos-Containing TO BE ABA IN Facili (13) | Material (ACM) ATED | Used Main Cu | tenar istodia staff? (12) | y by ace/ al | Asbes (i.e. | Description of tos Containing Ma, thermal systems surfacing, VAT other miscellane | iterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Typ. Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | m. | 10.41 | 1-4: | 30 sf | × | | | |
| Basement/Cr | rawlspace | _ | ★ Thermal Duct Insulation 30 sf ★ | | | | | | | | | |
| | | | | + | | | | | Т | | | |
| | | \dashv | 79 = 12 | | | | | | | | | |
| Name of Registered W | | | 1 | NJDEP 1 | | o. of Waste | | | | | | |
| Stevens Enviror | mental Serv | ices Inc. | | 182 | 292 | 1 CU_ | City, State/ | T.R.R.F., It | ıc. | | _ | _ |
| City, State | Allentowr | ı, NJ | | | | Disposal Date 3/8/13 | City, State | Tullytown, | PA | | | |
| Completed By | | Title | | 4 7 / | | Signature | 1/1/ | Date | 2/2 | 5/13 | | |
| Mahlon E. St | tevens | Pr | ojec | t Mai | | 4 / | | | | | _ | |

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature

Gordana Luna

02/25/2013

State of NJ

| B & G proj. #: | 2013-42 | | | 400000000000000000000000000000000000000 | | | os Abatement 7 and 12:120-7) | 1200 | | | | |
|---------------------------------|-----------------|-----------|-------------------------------|---|-----------------|----------|---|-------------------|--------------------------------|--------|-----------|----|
| | | is a | | 1250 | | | | 2012 Check | # 5782 | | | |
| Date of Notification | (1) | 1 | Name of B | uilding Owr | ner/Operator (2 | 2) | * | 2013 Check | | 6 | 7 | |
| 10 12 1/12 15 | J/ <u>1 13 </u> | | Jay Kro | 7.0 | 4.5 | 50 | | 7. CB , | 04, | | ` | |
| Agencies Notified | Type Notifica | ation | Street Add | ress | | | 317 | e 4/ ₀ | G: 5. | | | |
| ☐ EPA | X Initial | | 185 Qı | uakertowi | n Road | | | 1020 | C.S. | | | |
| DEP DEP | | | City, State | | | | | | 1.07 | | | |
| ₩ DOL | ☐ Amen | dment | | wn, NJ 08 | 3867 | | *************************************** | | | | | |
| ₩ DOH | ☐ Cance | llation | Name of C | 25,000,000 | | | | Telepho | ne Number | | | |
| ☐ DCA | | | Jay Kı | roner | | | | | Company of the company | , | _ | |
| | | | | FAC | ILITY INFORM | /IATIO | N | | | | | |
| Name of facility whe | ere abatement | is taking | place (3) | | | | | Type of Facility | | | U1.484U = | |
| Jay Kroner | | | | | | | | | ol (K - 12) napter 8 (Other | than | K_12\ | |
| Street Address | | | | | | | | District (1) | (Private/Comm | | | |
| 185 Quakertov | wn Road | | | | | | | | # of Floors | TE | Bldg. A | 70 |
| City (5) | | TC | ounty (6) | | | T Co | unty Code (7) | Square Feet | # 01 P1001S | " | nug. A | ge |
| Pittstown | | | | | | | ate use only) | Current Use (F | rior if being de | molish | ned) | |
| - 1- AN (| F: | | Hunterdon | | | Щ, | 111 | residential | | | | |
| Name of Monitoring | N/A | Blag. O | wner (8) | | ASCM No. | | Name of Abatemen | 50.5 | | | | |
| Street Address | | | | | | = | B & G Restora | ition, Inc. | | | | |
| | | | | | | | 105 Ryerson | Road | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Code | | | | * | |
| | | | | | | | Lincoln Park | NJ 07035 | | | | |
| Project Manager for N | Monitoring Firr | m | P | hone Numb | er | | Telephone Number (973)696-68 | | License Num 00378 | | | |
| Scheduled Start Date | (10) | Sch | ned. Complet | ion Date (1 | 1) | \dashv | Name of OSHA Mo | | | | | |
| 03/07/2013 | | 0: | 3/08/2013 | | | | B & G Restora | ition, inc. | | | | |
| Occupancy Status Du | uring Abateme | ent (Chec | k only one) | | | | 105 Ryerson F | Road | | | | |
| Facility closed/ | | | | | | | City, State, Zip Code | | | | | _ |
| Abatement perf Describe: | formed outside | e of norm | al facility hou | irs- | | | | | | | | |
| Other-Describe | | | | | | - | LincolnPark, N | IJ 07035 | | | | |
| Scope of Work (chec | | | | | | _ | | | | | | |
| <u> </u> | X | Renova | | | | | Full Containment w/ne | egative pressure | ✓ Glovebag p | | | |
| >3 sf or >3 lf | | 770 | or ≥260 lf | | | X | Viini-enclosure | l | Non-friable | · | | |
| Location of asbestos-conta | ining | by mair | tion normally ntenance/cus | | 20000 0000000 | | -htt-i-i | Amount | e | e R | n | E |
| material to be | | staff(12 | 2) | т | material (| | sbestos-containing | (Specify S | For m | p | c a | n |
| abated in facility | y (13) | Yes | No | N/A | | | | LF) | v e | i | p | L |
| basement | | | | X | pipe insul | ation | | 70 lf | X | 白 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | - | | | | | | | H | | 부 |
| Registered Waste Hau | | IL | DEP Hauler | D# C | ibic Yards of V | Vaste | Name of Registered | Landfill | | Ш | Ш, | Ц |
| B & G Restoratio | n, Inc. | | 19563 | | 1 yard | | Tullytown | Resource & Re | covery Cent | ter | | |
| City, State Lincoln Park, NJ | | | | Disposal Da 03/ | ate 08/2013 | | City, State Tullytown, | PA | | | :36.00 | |

B&G proj.#: 20

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

Check # 5783

|) | | | | | | | | <11 | 12. | - CONTRACTOR | 0.00 | - 3 | 73 | | |
|------------------------------|--|--------------------------|--------------------------|-------------------|--|-----------------------|-------------------------|---------------------------------|---------------|---------------------|-----------------------|--------------|---------|--------|----|
| Date of Notification | (1) | I I Na | me of B | uilding Owr | ner/C | Operator (2) | | | 158 Sp | | 1 | | 3 | | |
| 0 12 1/12 15 | | 1.1 | Rick Ho | | | | | | 13 FEB 28 | PM | 2. | | | | |
| Agencies Notified | Type Notification | on Str | eet Add | ress | | | | <u> </u> | 1180 0 | | (8) | | | | |
| ☐ EPA | Initial | | 10 Wo | odlawn D |)rive | 9 | | | 115 | | | | | 1 | |
| ☐ DEP | | | | , Zip Code | | | | | 1.82.000 | (4) | 4 | | | | |
| X DOL | Amendm | nent | Chath | am Town | ship | o, NJ 079 | 28 | | 1 706 | | Numbe | | - | | - |
| X DOH | П о | | me of C | ontact | 37.50 (VI) | | | | Tele | phone | Numbe | | | | |
| ☐ DCA | Cancella Cancella | tion | Rick H | lowie | | | | | | | | | _ | | |
| | | | | FAC | CILIT | TY INFORM | ATION | ı | 9 | | | | | | |
| Name of facility w | here abatement is | taking pla | ce (3) | | | | | | Type of Fa | cility (4 School | \$) (K - 12) | | | | |
| Rick Howie | | | | | | | | | | Subcha | pter 8 (C | Other th | | -12) | |
| Street Address | | | | | | | | | | | Private/C Homes, 6 | | rcial | | |
| 10 Woodlaw | n Drive | | | | | | | 22 | Square Fe | | # of Floo | | Ble | lg. Ag | je |
| City (5) | | Coun | ty (6) | | | | | inty Code (7) | | | | | - l'ala | -1\ | |
| Chatham To | wnship | Mor | ris | | | | (Sta | ite use only) | Current U | | or it beir | ng aem | OliSne | eu) | |
| Name of Monitorin | | Bldg. Owne | r (8) | | A | SCM No. | _ | Name of Abatement | | | | | | | |
| | N/A | | | | | | | B & G Restorat | ion, Inc. | | | | | | |
| Street Address | | | | | -1- | | | Street Address 105 Ryerson F | Road | | | | | | |
| | | | | | | | | City, State, Zip Code | | - | | | | - | - |
| City, State, Zip Coo | ae | | | | | | | Lincoln Park, | | | | | | | |
| Project Manager fo | or Monitoring Firm | j | | Phone Num | nber | | | Telephone Number (973)696-686 | :0 | | License | Numb 0378 | er | | |
| | | 9.10.0-9 VI | | | | | | Name of OSHA Mor | | | | 0370 | | | |
| Scheduled Start Da | ate (10) | Sched | . Comple | etion Date (| 11) | | | B & G Restora | | | | | | | |
| 03/08/2013 | | | 9/2013 | 3 | | | | Street Address | | | | | | | |
| Occupancy Status | | | | | | | | 105 Ryerson F | | | | | | _ | |
| Facility close | ed/vacated during performed outside | of normal | od of aba facility ho | itement. ours- | | | | City, State, Zip Code | | | | | | | |
| Describe: Other-Descri | | | | | | | _ | LincolnPark, N | J 07035 | | | | | | |
| Scope of Work (c | | y) | | | | | | | | | | | | | |
| ☐ Demolition | X | Renovatio | n | | | | | Full Containment w/ne | gative pressu | ıre [| | ebag pi | | | |
| ※ >3 sf or >3 l | f 🔲 | ≥160 sf or | ≥260 If | | | | X | Mini-enclosure | | | Non- | friable | | | |
| Location of | | Is location by mainte | normal | ly used sole | ely | - 101112 | | | A-m | ount | 1.0 | e | e R | n | E |
| asbestos-co material to b | | staff(12) | nance/c | | _ | Descripti material | | asbestos-containing | (Sp | ecify S | F or | m o | p | c | C |
| abated in fa | | Yes | No | N/A | | | | | LF) | | | v e | i | p | L |
| basement | | | | X | 寸 | pipe insu | latior | 1 | 106 | | | X | | | 早 |
| garage | | | | X | | pipe insu | lation | 1 | 23 | f | | X | 님 | 片 | ዙ |
| | | | | | 4 | | | | _ | | | 묶 | H | 片 | 片 |
| | | | | _ | ╬ | | - | | | | | 믐 | H | 旨 | 旨 |
| Registered Waste | Hauler | | P Haule | er ID# | 0.000 | oic Yards of | | Name of Registere | Landfill | 2.5 | | . 0 | | | |
| B & G Restora | ation, Inc. | | 19563 | Dienacal | _ | 1 1/2 yds | | City, State | Resource | & KE | covery | cen | ler_ | | |
| City, State Lincoln Park, | NJ | | | | osal Date City, State Tullytown, PA | | | PA | | | | | , | | |
| Completed by (Pri | nt or Type) | Title | | | Signature Gordana Suna Date 02/25/2013 | | | | | | | | | | |
| Gordana Lun | | Secreta | ry/Trea | surer | | | Gordana Suna 02/25/2013 | | | | - | | | | |



| Date of Notification (1) | _ | | | Nai | me of Build | ing Owner/Operat | lor (2) | | | | | |
|---|------------------------------|---------|--------------------------|----------|----------------------|--------------------------------------|-----------------------------|---|-------------|-----------|-------------|---------------|
| 1-31 | | | | | | ISTIANS ! | | es Acado | eau a | 201 | ر عدا بر(| |
| Agency Notified | Type Notification | | 177.0 | Sile | eer Address | 5 | | | | 0 | NCI | 202 |
| 置EPA 質DEP | O Initial | | | | 850 | NEUMA | N SPRI | NGS. RD | 5 | 0 | 1 | 4 |
| O DOL | Amended Amendment # | 2 | | City | , State, Zip | Code | | | 13. | 7 | 3 | |
| № DOH | ☐ Emergency (inc | cluding | | Non | ne of Conta | CROFT | , NJ | 07738 | Ç. S | | ~ | 2 |
| 2 DCA | justification) Cancellation | | | IVal | | , | | Telephone Nu | mber . |) t | -6 | _ |
| | | | | J: | | RY HOE | | | | | | 3 |
| Name of Facility Where | Abalement is Taking | Place | (2) | FA | CILITY IN | FORMATION | | | | | | 7 |
| | | | | | | | Type of Faci | lity (4) | | 7 | | |
| Street Address | N BROS. AC | CAD | 0 | | | | ☐ School (K | -12) | | | | - |
| 850 NA | MAN SPAN | 10. | 00 | 13 | | | Subchapte Other (i.e. | er 8 (Other than K-1 private & commerc | 2) | ; | | |
| City (5) | THE STAN | 98 1 | CD. | | | | homes, el | lc.) | iai bulldin | gs, - | *** | |
| () \$200,000000 | - | | 5% | | | | Square Feet | | Bldg. | Age | | |
| County (6) | <i>LT</i> | | | T = - | | | 25000 | | 5 | 04 | | |
| MONMO | و وسد د د ۱ | | | ONL | nty Code (7 |) (STATE USE | Current Use | (Prior if being demo | lished) | | | |
| Name of Monitoring Firm | Hired by Building O | WDOr | TAC | M No. | | | RESIE | DENCE | | | | |
| (8) BIDASE | rl SERMOES | WITE | ASI | | | Name of Abates | | | | | | |
| Street Address | or services | CEN | | 017 | 7 | UNIPR Street Address | O, INC | | | | | |
| 65 JA | CKSEN DR. | | | | | | | | | 11/2/2010 | | |
| City, State, Zip Code | | | | | | 173 K City, State, Zip | ARKUS | AVE. | | | | |
| Project Manager for Mon | ORD. NJ | 0 | 2016 | | | | | 1000 DO 2000 D | 1- | | _ | |
| Project Manager for Mon | itoring Firm | T | Teleph | one No |). | Telephone No. | DICIDE | License No. | 0/0 | 175 | > | |
| Start Date (10) | Scheduled | | 908 | . 49 | 7.8908 | 732-7 | 76.3111 | 006 | | | | |
| 3 11 - 17 | Scheduled | Comp | letion [|)ate (11 |) | Name of OSHA | Monitor | 1 000 | 13 | | | - |
| 3-11-13 Occupancy Status During | 4-1 | - 19 |) | | | NA | | | | | | |
| | | | 100000 | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed | During Entire Period | d of Ab | ateme | nt | | | <u> </u> | S 9 | | | | |
| ■ Other - Describe: FA | diside of Normal Pe | is De | iours S <i>D Jail</i> | AR sa | The Pa ly | City, State, Zip C | Code | | | | | |
| Scope of Work (Check all | that apply) | | | Hisak | 44941 | | | | | | | |
| □ ≥ 3 sf or ≥ 3 lf | QT | | | ®°n | | ⊯Full (| Containment with | h Negative Pressure | | | - | |
| ₱≥ 160 sf or ≥ 260 lf | * | | | O Der | novation molition | C MINE | Enclosure ebag Procedure | | • | | | |
| | | _ | | | | □ Non-I | Exempted (°) an | d Non-Friable Proc | edure | | | |
| | | 1 | s Loca Norma | | | | | | | Abat | | ent |
| Location Asbestos-Containing | | Us | ed Sole | ely by | | Description o | ı I | 98 | - | _T | уре | $\overline{}$ |
| TO BE ABA | ATED | | aintena Custod | | Asbest | os Containing Ma | terial (ACM) | Amount | | | m | |
| IN Facili (13) | ity | | Staff | | (1.6., | thermal systems i surfacing, VAT, | or | (Specify SF or LF) | Cernova | R | Encapsulate | Enclosure |
| (1.5) | | | (12) | | | other miscellane | ous) | or or Ery | ÖV | pair | Sul | uso |
| | | Yes | No | N/A | 1 | | 1 | | - | | ate | 6 |
| 1ST. FLOOR | | | X | | PIPE | FIMAG | 100 6 | | | + | Н | \Box |
| | | | × | | E | B TILB | 1030 CHERY | the re | 1 | 4 | Ш | \Box |
| | | | | | , 000 | 1 1 1 68 | | 2 200 52 | 25 | \perp | | \dashv |
| | 1000000 2000 | | | | - | | | | | \perp | | \Box |
| lame of Registered Waste | Hauler | NJ | DEP V | aste H | | Cubic Yards of | Name of Regis | tered Landfill | | \perp | | \Box |
| MISTNADY CO | PRIMA INC | 1990000 | No. | | 1 | Waste | | ereo canomi | | | | |
| ity. State | WINDY, / NC | | 45 | 09 | | 50 + | GROWS. | INC. | | | | |
| NEGIADY | NI | | | | | Disposal Date | City, State | | | | | 7 |
| ompleted by | Title | - | | | - | Signature | MORRIS | VILLE PA | | | | |
| DAVIDT. TOLCH | IN PRES. | | | | " | Da 4 | - TD. | VILLE PA | ale | | | 7 |
| SB-41 | | use th | is form | for asb | estos licen | SIVE exempled | 10100 | | 2.27. | 13 | | |

| Date of Notification (1) | LD_ | | | (Purs | mant to M | ASBESTOS JAC 8:60 ar | nd 12:120) | | | | | | | |
|---|--|------------------|---------------------|-----------------|------------------------|--|-------------------|---|-----------|-----------------------|--------------------------|--------------------|-------------|-----------|
| Agency Notified | | | | | Name of B | uilding Owner/ | Operator (2) | | | | | | - | _ |
| | ype Notificat | ion | | | Street Addr | ess A | BROTHER | es Ac | -AO | FAY | OF C | - | 11 | n. |
| 置 EPA 買 DEP O DOL | Initial Amended Amendmen | 1 | , | - | 656 City, State, | ST/AN Ziess Newm Zip Code | AN SPA | 2/NGS | Ro | - 13 | (京) (京) (京) (京) | 100 | 5 | |
| B DOH (| Emergency justification | (includ | ding | 1 | LIN | CROFT, | WT | 0 | | | e in in | 4 | U.J | |
| Ø DCA C | Cancellation |) | | | | | | | Tele | phone N | umber | _ | 200 | |
| | | | | | FACILITY | Y No | | | | | | | | |
| Name of Facility Where Aba | lement is Tak | ing Pla | ace (3) | | | NFORMATIO | | | | - | | - | - | 7 |
| Street Address | BROTHE | RS | A | Ans | Z | • V 100 PO 100 V 1 | Type | of Facility | (4) | | 0. | * | _ | · |
| SSO NEWMA | N SPA | ZNO | <i>(</i> 5 <i>(</i> | es. | - 06 | - INCROF | □ Sub | ool (K-12 chapter t er (i.e. pr nes, etc.) | B (Other | r than K-1 commerc | (2) cial build | ling: | s, | |
| County (6) | | | | | | | Square | Feet | | loors | Pid | - 4 | _ | |
| 370.505 | | | - | 7 | Cupty C-1 | (7) (8 | 250 | | 2 | | Bldg | J. A ∀ O | | |
| Name of Monitoring Firm Hired (8) | | | | 0 | NLY) | (7) (STATE US | | Use (Pr | or if be | ing demo | lishod) | _ | | |
| (8) Representation of Monitoring Firm Hired | by Building | Owner | 1 | SCM N | lo. | Name of 41 | FAC | UITY | + GTA | e Re | Siden | Ice | ş | |
| Street Address | P | 51 | | | | | Servicint CONT | actor (9) | | - | | | | _ |
| 65 THEKSO | 1700 | | L. | | | Street Addr | PRO 11 | UC. | | | | | | |
| City, State, Zip Code | UR. | | | | | | | | Ki i - | | | | | |
| roject Manager for Monitoring | ルテ | 0 | 701 | | 10.00 | City, State, | KARKL Zip Code | 3 A | SVE | • | | | | |
| roject Manager for Monitoring | Firm | | Tele | phone I | No. | Telephone | DBRID | GE. | ٨ | JJ | 07 | 79 | - | |
| 16 2012 BUR 12 10 BUR 2-18-13 | ALS | | 737 | -38 | 0-1700 | 732 | ·726·3 | | | | | _1 | ۷ | _ |
| 2-18-13 | ocheduled | Com | pletion | Date (| 11) | Name of OSI | HA Monitor | 111 | | 006 | 15 | | | |
| cupancy Status During Abate | | | | | | | | | | | | | | - |
| Facility Closed Manner | - 1971 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1 | | | | | | GROV | | | | | | | |
| Other - Describe: | or nonnai Pa | d of Alacility (| batem Hours | ent | } | City, State, Zi | JACES, Code | en 2 | R. | | | | | |
| ope of Work (Check all that ap | oly) | | | | | CR | ANPORD. | NJ | - | 0701 | 4 | | | |
| ≥ 3 sf or ≥ 3 H ≥ 160 sf or ≥ 260 H | í. | | | ₽ Re | enovation emolition | O Fu O Mir | Il Containment | with Neg | | | | - | | |
| | · | Τ. | la / | | T | 留 No | vebag Proced | ure and No. | n. Fair L | la D | | | | |
| Location of | | 1 | S Loca Norma | ally | | | | 140 | riab | e Proced | | Ab= | teme | 951 |
| Asbestos-Containing Material TO BE ABATED | (ACM) | Ma | ed Sol | ely by ance/ | Asbesto | Description | of | 1 | | | F | 7 | уре | -111 |
| IN Facility | | | Custon | lial | (i.e., ti | s Containing N | including | | | Ount | 1_ | | E | |
| See ATTACHED | FOR | | (12) | | 1 | surfacing, VA | T 05 | 1 | SF o | ecify r LF) | Removal | Repair | Encapsulate | Enclosure |
| PCB/MERCURY / Flue | scent toba | Yes | No | N/A | 1 | | | | | | oval |) ai | sula | Juso |
| LLWAY @KITCHEN + | VARIOUS | | X | | 847 | - MASTIC | | + | | | | | 6 | 4 |
| FIRE DOORS | | _ | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 5 | 75% | - sf. | K | | \sqcap | ٦ |
| POURCY | 1 | | | | FIRE | Doors | | 1- | 2 40 | | | | | ٦ |
| OF Registered Waste Hauler | | T ALL | SEC. | | CANCE | NG | | 15 | 0% | sf. | K | | 7 | 7 |
| EWARY CAST | 20 10 | 100 | 10. | asle Ha | uler Cu | bic Yards of | Name of Reg | istered L | andfill | 4 | X | | | 7 |
| TOTALK CARTINO | 1. / NC | 4 | 45 | 09 | | 30+ | CPALLO | | | | | | | 7 |
| LEWARK, NJ | -, | | | | Dis | posal Date | City. State | · INC | <u> </u> | | | | | |
| ried by | le | | | | | 15.13 | MORRIS | 1//. / | Ξ | DA | | | - 0 | 1 |
| VIDT. TOLCHIN) | PRES. | | | | | nature | MORRIS T. Tot | AILL | 6 1 | Date . | | | | 1 |
| | | | | | stos licensur | | 77 | | | | | , | | 1 |

| D. C. CALLER (6) | | | | 115 | | | | | | - 4 | |
|---|-----------------------|--------------|------------|--|--------------------------------|--------|-------------------------------------|--|--------|---------|----------|
| Date of Notification (1) 02/26/13 | | | | Name of Building Owner/Operator (2) Princeton University | | | | | | | |
| Month/Day/Year | | | | Tinceton | Oniversity | | | | | erie (a | €0 |
| Agency Notified | Type Notificati | 0.75 | | Street Add | WAGG | - | | | | 0 | |
| EPA | Initi | | | P.O. box 21 | | | | | | 1 | |
| DEP | | tificat | ion | | , Zip Code | | | | | | 7 |
| DCA | x#1 Ame | nded | | Princeton ! | | | | | | | 197 |
| DOH | No | tificati | ion | Name of Co | ontact | | | Telephone Nu | mber | - | |
| | Can | cellati | on | Robert Ote | ego | | 1 | | | | |
| | | | | FACILIT | Y INFORMAT | ΓΙΟΝ | | | _ | | |
| Name of Facility Where Abates | nent is Taking I | Place | (3) | | | | Type of Facility | (4) | | | |
| Princeton University 130 U | niversity Place | | | | | | | (K12) | | | |
| Ctrust Address | | | | | | | | pter 8 (Other | | | |
| Street Address 130 University Place | | | | | | | | (i. e. Private & | | ercial | |
| 130 Oniversity Flace | | | | | | | Square Feet | mgs, homes, etc | Bldg. | Age | |
| City (5) | Cou | nty (6 |) | | County Code | (7) | 5000 | 2 | 50+ | age | |
| Princeton | | | | | (STATE USE ONL | | Current Use (Pr | | | 1) | |
| | | | | | | | University | | | | |
| Name of Monitoring Firm Hire | d by Building C | wner | (8) | | ASCM No. | | of Abatement Con | 1000 | | | |
| Pennoni Associates Inc | | | | | ĺ | Assoc | iated Specialty Cor | itracting | | | |
| Street Address | | | | | | Street | t Address . | | | | |
| 515 Grove Street Suite 1B | | | | | | 98 La | Crue Avenue | | | | |
| City, State, Zip Code | | | ,, | | | | State, Zip Code | | | | |
| Haddon Heights NJ | | 1.00 | | | | Glen ! | Mills, PA 19342 | | | | |
| Project Manager of Monitoring | g Firm | | | Telephone | | | hone Number | | Licen | e Numb | er |
| Alan Lloyd | | | | 856-547-05 | 05 | 610-3 | 64-9622 | | 1103 | 3 | |
| Scheduled Start Date (10) | | Sche | d. Con | pletion Date | (11) | Name | of OSHA Monitor | 7 | | - X | |
| 03/11/13 | | | | 05/31/13 | | Criter | rion Labs | | | | |
| Month/Day/Year | | <u> </u> | | onth/Day/Yea | <u>r</u> | | | | | - 0.0 | |
| Occupancy Status During Abat Facility Closed/Vacated | | | | atomont | | | Address | | | | |
| x Abatement Performed (| SAUCESTA DESCRIPTIONS | | | atement | | | Progresive Drive State, Zip Code | West of the Control o | - | | |
| Hours - Describe: | | | cinty | | | 11 | lem PA 19020 | | | | |
| Other - Describe: | | | | | | | 1 / 1 / 0 Z 0 | | | | |
| Scope of work (Check all that a | anly) | | | - | | 11x | Full Containmen | t with Nagative | Dracen | ra | |
| x Demolition | PP-J) | | | Renovation | i. | x | Mini - Enclosure | | 110354 | 10 | |
| >3 sf or >3 if | | | | | | 1000 | Glovebag Proceed | | | | |
| x >160 sf or >260 lf | | | | | | x | Non-Friable Pro | | | | |
| | | Is | | | | | Tron Arrabic 110 | | atemen | t Tyne | |
| Location of | Lo | cation | | Desci | ription of | | | | | E | E |
| Asbestos - Containing | | rmally | , | | s-Containing | | Amount | | | N | N |
| Material (ACM) | | sed | | | ial (ACM) | | (Specify | The state of the s | R | C | C |
| TO BE ABATED In Facility | | lely Main | | | rmal systems surfacing, VAT | | SFor | M | E P | A | L |
| (13) | | ance/ | | Control of the Contro | miscellaneous) | • | LF) | O V | A | S | 0 8 |
| | | stodia | | | , | | | A | I | U | U |
| | And the second second | ff (12) | _ | | | | | L | R | L | R |
| Bldg 130 -1st fl front entrance | Yes | No | N/A | ceiling plast | ha w | | 365 SF | | - | _ | E |
| Bldg 130 - 1st fl warehouse area | | X | \vdash | | | | | x | | - | <u> </u> |
| Bldg 130 - Exterior | \vdash | drywall com | • | | 225 SF | x | _ | | | | |
| | window glaz | zing | | 2300 LF | Х | | | | | | |
| Bldg 130 - 1st fl front office | | х | | floor tile | | | 1425 SF | | | | |
| Name of Registered Waste Hau | er | | NC280 AC | P Waste r ID No. | Cubic Yards of Waste | | Name of Register | red Landfill | | | |
| Horizon Disposal | | | Trause | i ib ito. | 20 | | GROWS | | | | |
| City, State | | | | Disposal Date City, State | | | | | | | |
| Frenton NJ | | | | Morrisville PA | 5 | | | | | | |
| Completed By (Print or Type) Mark Goshow | | | Title | ot Manager | | Signat | ure uf 1 | | | Date | |
| TIALK GUSHUW | | rroje | ct Manager | | 1/1 | which | un | | 0 | +777 | |

Princeton University - 120 Alexander Road Additional ACM Sections

| Location of ACM | Description of ACM | Amount | Abatement type |
|---------------------------------|------------------------|---------|----------------|
| Basement | drywall compound | 5186 SF | Removal |
| Thoughout bldg in wall cavities | pipe insulation | 1680 LF | Removal |
| stairwlls | light pads | 9 EA | Removal |
| stairwlls | fire doors | 5 EA | Removal |
| basement mech room | black mastic glue dots | 30 LF | Removal |
| | | | |

Mount

MAY 11

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

| Date of Notification (1) 2 / 27 / | Name of Building Owner/Operator (2) JC Penney Corporation Inc. Street Address 6501 Legacy Drive | | | | | | | | | | | |
|---|---|---------|---------------|----------------------|---------------|------------------------------------|--------------------|--|-------------|--------|-------------|-----------|
| | 13 | | | | | | | | in . | 8 | | |
| Agencies Notified Type Notifi | cation | | | | Address | | | CL" | 100 | 5 | 9 | |
| ☐ EPA ☐ Initial ☐ Amende | -4 | | | | 1 Legacy | | | Υ. | 1 . 3 | | 10 | ٥. |
| 1— | nent #2 | | - 1 | City, S | tate, Zip C | ode | | | | | - | 2 |
| ☑ DCA ☐ Emerge | | ludina | | PLa | no, TX 7 | 5024 | | | 17 | | | 1 |
| (NJAC 5:23-8) justifica | | 9 | Ī | Name | of Contact | | 100 | Telephone Numb | er | 100 | | |
| ☐ Cancell | ation | | | Soy | Thomas | | | 3: | | - 000 | - 1 | 2 |
| | | | | FAC | ILITY IN | FORMATION | | | | | (2) | |
| Name of Facility Where Abatement is | Taking | Place (| 3) | | | | Type of Facility | (4) | | | 147 | |
| Woodbridge Center-JC Penne | ey | | | | | | School (K-12 |) | | | | |
| Street Address | | | | 11000-11000 | | | | (Other than K-12) rivate and commer | | ldinas | | - 1 |
| 428 Woodbridge Center | | | | | | | homes, etc.) | | olul bul | 5 | • | |
| City (5) | | | | | 7.0 | | Square Feet | # of Floors | Bld | g. Ag | е | |
| Woodbridge NJ | | | | | | | 150000 | 2 | 7 | 5 | | |
| County (6) | | | | Coun | ty Code (7 | (STATE USE ONLY) | Current Use (Pr | or if being demolis | hed) | | | |
| Middlesex | | | | | 77 3897 | 35 (| 43 | | | | | |
| Name of Monitoring Firm Hired by Bu | ilding O | wner (8 |) [| ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Hillmann Consulting LLC | | | ' | 6225 | 2 | JVN Restorat | | | | | | |
| Street Address | | | | | | Street Address | | | | | _ | - |
| 1600 Route 22 East | | | | | | 47 Foster Ro | ad | | | | | |
| City, State, Zip Code | | | - 12-25 | | | City, State, Zip Co | | | | | 711 | |
| Union NJ 07083 | | | | | | Staten Island | | | | | | |
| Project Manager for Monitoring Firm | | Tele | phone | No | Telephone No. | | License No. | | | | | |
| Tom Rubino | | | | 8-956 | | 718-605-6256 | | 00774 | | | | |
| Start Date (10) | Schedu | iled Co | | | | Name of OSHA M | | | | | _ | |
| 2 / 28 / 13 | | | - 3 | 1 | 35 0.24 | Testor Tech | ionico. | | | | | |
| Occupancy Status During Abatement | | 1// | - | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During En | | | | ment | | 10 59 Jackso | n Avenue | | | | | |
| ☐ Abatement Performed Outside of | | | | | cribe | City, State, Zip Co | | | | - | | - |
| Time of Abatement:AM | | | | | | LIC, NY 1110 | | | | | | |
| Scope of Work (Check all that apply) | | | | | 1000000000 | lane. | | nativo Proceuro | | | | |
| ☐ ≥3 sf or ≥3 lf | | ☐ Rer | ovati | on | | ☐ Mini-End | tainment with Neg | gative Flessule | | | | |
| ⊠ ≥160 sf or ≥260 lf | | ☐ Der | | | | | g Procedure | | | | | |
| | | | | | | ⊠ Non-Exe | empted (*) and No | n-Friable Procedu | -1 | | | |
| 1 | | | Locat orma | | | Description of | | | Ab | ateme | ent Ty | ype |
| Location of Asbestos-Containing Material (AC | (MS | | | ely by | Asbe | stos Containing Ma | | Amount | Re | Repair | En | Ē |
| TO BE ABATED | , | | | ince/ Staff? | | ., thermal systems | insulation, | (Specify | Remova | pair | aps | Enclosure |
| IN Facility (13) | | Cust | (12) | | | surfacing, VAT other miscellane | | SF or LF) | <u> 83</u> | | Encapsulate | ure |
| (13) | | Yes | No | N/A | 1 | other misocharie | ,545) | | | | ō | |
| 2 nd . | | | \boxtimes | | VAT/MA | ASTIC | | 4670 | | | | |
| | | | | | | | | | | | | |
| | | | | | - | | | | | П | П | П |
| | | | _ | - | <u></u> | | | | += | = | = | |
| | | | Ц | | | 1277 | | <u> </u> | | Ш | Ш | Ш |
| Name of Registered Waste Hauler | | | 1100 | IJDEP I lauler II | | Cubic Yards of Waste | Name of Regi | | | | | e i |
| Global Waste Industries, Inc. | | | | NJ-80 | | 40 | G.R.O.W.S | S.,Inc | | | | |
| City, State | | | | | | Disposal Date | City, State |) | | | | |
| Hackettstown, NJ | | | | | | 3/28/2013 | Morrisville | PA | | | | |
| Completed By (Print or Type) | Title | | | | | Signature / | 11/ | // , D | ate 7 | / | 1. | , , |
| John Tardy | Se | nior l | Proje | ect Ma | nager | (/1 | a a | II I | 4 | 77 | 11/- | 5 |
| ACD 44 | | | | | | 7 | | /- | | | | |

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

Project ON HOLCH NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) | | | | | | AC 0.60 and 5:1 | | 20. | | | | |
|----------------------------|--------------------|----------------|-------------|--------------------|-------------------------|--------------------------------------|--------------------|--------------------------|----------------|--------------|-------------|-------------|
| | 1 / 1 | 3 | | | | ng Owner/Operator Corporation Inc | | S PED | | | | |
| Agencies Notified EPA | Type Notification | 1 | - | 7 | et Address 601 Legac | | | | 9 | | | - |
| ☑ DOLWD | | | | | State, Zip | | | (/ K) | 19 | 2 | | |
| ☑ DHSS | _ Amendment | | | 1000 | | | | 1 | | 10 | 0 | |
| DCA | ☐ Emergency (| includin | g | | ano, TX | | | | | | 7 | |
| (NJAC 5:23-8) | justification) | | | 100000 | e of Conta | | A1 | Telephone Num | ber | 1 | Deciment. | |
| | Cancellation | | | Sc | y Thoma | S | | | | | | |
| Name of Facility Where A | hatament is Taki | na Dian | - (2) | FA | CILITY | NFORMATION | | | V _D | | | |
| Woodbridge Center | | ig Place | € (3) | | | | Type of Facility | | . (1) | | | |
| Street Address | | | | | | | School (K-12 | 2) 8 (Other than K-12 | | | | |
| 428 Woodbridge Ce | enter | | | | | | Other (i.e., p | rivate and comme |) rcial b | uildin | gs, | |
| City (5) | - | | | | | | Square Feet | # of Floors | 15 | Lata A | | |
| Woodbridge NJ | | | | | | | 150000 | 2 | В | ldg. A 75 | ıge | |
| County (6) | | | | Cou | nty Code (| 7)(STATE USE ONLY) | Current Use (Pr | ior if being demolis | hed) | _ | | |
| Middlesex | | | | | | | 0 | | , | | | |
| Name of Monitoring Firm | Hired by Building | Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Hillmann Consulting | g LLC | | | 622 | 52 | JVN Restorat | | | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 1600 Route 22 East | | | | • | | 47 Foster Ro | ad | 9 | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| Union NJ 07083 | | | | | | Staten Island | | | | | | |
| Project Manager for Monit | toring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Tom Rubino | Ø. | | 1 | 08-956 | | 718-605-6256 | | 00774 | | | | |
| Start Date (10) | Schei | duled C | 22 | etion Da | | Name of OSHA M | | 00774 | | | | |
| 2/// | 1742 | | | 7/ | | Testor Tech | omitor | | | | | |
| Occupancy Status During | Abatement (Chec | k only o | ne) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated | d During Entire Pe | riod of | Abate | ement | | 10 59 Jackson | n Avenue | | | 50 | | |
| Abatement Performed | Outside of Norma | Facility | / Hou | rs - Des | cribe | City, State, Zip Co | de | | | | | |
| Time of Abatement: | AMP | M/ <u>10:0</u> | UPM- | 6:00A | <u>MAM</u> | LIC, NY 11101 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | ☐ Full Conta | ainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf | | Rè | | | | . ☐ Mini-Encl | osure | auve i lessure | | | | |
| ≥160 sf or ≥260 lf | | ☐ De | moliti | on | | Glovebag | | | | | | |
| | | l lo | Loca | tion | | Mon-Exer | npted (*) and Nor | n-Friable Procedur | | | | |
| Location of | of | | lorma | | | Description of | | | Ab | atem | ent T | - |
| Asbestos-Containing M | | | | ely by | Asbes | stos Containing Mat | | Amount | Re | Repair | Ē | Enclosure |
| TO BE ABAT | | | | ance/ Staff? | (i.e. | , thermal systems in | | (Specify | Remova | air | ape | los |
| IN Facility (13) | | | (12) | | | surfacing, VAT, other miscellaned | | SF or LF) | 20 | | Encapsulate | Te |
| | | Yes | No | N/A | | | | | | | | |
| 2 nd . | -, | | \boxtimes | | VAT/MA | STIC | | 4670 | × | | | |
| | | | | | | 4 | | | × | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | JDEP V | Vaste | Cubic Yards of | Name of Regist | ered Landfill | 1 | | | |
| Express Waste Servi | | | 1000 | lauler IE NJ-80 | No. | Waste 40 | | te Industries, Ir | ıc. | | | |
| City, State | | | | 110-00 | - | Disposal Date | City, State | | | 19 | | |
| Newark NJ | * | | | | | 3/7/13 | Hackettstov | wn, NJ | | | | |
| Completed By (Print or Typ | e) Title | | • | | | Signature D | | Dat | e | - | _ | |
| John Tardy | 250 | | roie | ct Mar | ager | 1.1.4 | mell | | 11 | 11: | 3, |))) |
| SR-41 | | | . 0,0 | . J. mai | | The Co | 1019 | | 1. | 11. |) | |

MAY 11

* Do not use this form for asbestos licensure exempted activities

ch2107

| Date of Notification (1) 02/22/2013 | Name of Building Owner/Operator (2) Individualized Shirts Street Address 591 Cortland Street | | | | | | | | | | | | |
|---|--|--------------|---------|----------------------|-----------------------------|--|--|---------------|----------------------------|-------------------|-----------------|-------------|-----------|
| Agencies Notified Type Notificatio | n | | | Address Cortland | Street | l | | 745 | 100 CB | PH | 2 | | 63 |
| DEP Amended Amendmen | | | | tate, Zip (Amboy | | | | 42 | 10. | | Si Ĉ | 7 | |
| DOH justification Cancellation | | | | of Contactor Gon: | | | | Te | elephone i | Number | | | |
| Name of Facility Where Abatement is Tak | na Diago (2) | | FAC | ILITY IN | FORMA | | | | | | × | | |
| Individualized Shirts | ng Place (3 |) | | | | | Type of Facility | | | | | | |
| Street Address 581 Cortland Street | | | | - | | | School (k Subchapt Other (i.e | er 8 (Otl | ner than K & comme | (-12) rcial bu | ildings | s, hon | nes, |
| City (5) Perth Amboy | | | • | | - | | etc.) Square Feet 10,000 | # 0 | of Floors | T | Bldg. | Age | |
| County (6) Middlesex | | | | Code (7) USE ONL | y) | | Current Use (F | rior if be | ing demo | lished) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCI | M No. | | | f Abatement C | | | | - | | |
| Street Address | | | * | 15 | | Street A | | | | | | | |
| City, State, Zip Code | - | | | | alika | City, Sta | ite, Zip Code Orange NJ (| | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Telepho | | | License | No. | | | |
| Start Date (10) 03/04/2013 | | | | | | | | r tories (| | | | | |
| Occupancy Status During Abatement (Che | ck Only One |) | | | | Street A | | 101103 | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nort | Period of Al | oater | ment | | | | W. Cary Stre | et | | | | | |
| Other – Describe: | mal Facility I | Hour | s | | _ | | te, Zip Code ond VA 232 | 20 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | nova moli | | | | × | Full Containn Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | | |
| | ls L | ocat | ion | | | | | 1 | 911011111 | JDIC I IC | | emen | t |
| Location of | No Used | rmal | | | De | scription of | f | | | | Ty | /ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Main Custo | tena | nce/ | Asbes (i.e. | tos Con thermal surfa | taining Mat systems in cing, VAT, niscellaned | terial (ACM) nsulation, or | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | = | | ate | G. |
| Roof | | X | | | Trans | site Pane | els | 8, | 600sf | x | \Box | | |
| Inside Flooring | | Х | | | VAT | and mas | tic | 2 | 60sf | x | | | |
| , | + | | - | | | | | | | | | | |
| Name of Registered Waste Hauler | | ΤN | JDEP W | asta | Cubic | Varda | Newsort | D: 4 | | | | | |
| Circle Rubbish Inc. | Hauler ID No. of Waste | | | | | red Landi Source F | | r | | | | | |
| City, State Linden NJ | | | | | Dispos | Disposal Date City, State Morisville, PA | | | | | | | |
| Completed by Slawomir Kielczewski President | | | | | S | ignature Kiell | | | D | ate 2/22/2 | 2013 | | |

State of New Jersey

| | | A 400 | , Maria | |
|------------|-------|-------------|-------------------------|--------|
| | 10) | , | | |
| | P. 1 | 200 | | |
| 01 | p | 1900 | 155 | 7 |
| CIU | C. A. | =1 0 | $I \propto \mathcal{I}$ | 6 |
| erator (2) | (/ | A) a | 17 | 053901 |

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Ope February 27, 2013 Princeton University Agencies Notified [X] EPA Type Notification Street Address PO Box 2158 [] Initial [] DEP Notification City, State, Zip Code Princeton NJ 08543 [X] DOL [] Emergency Notification w/Justification [X] DOH Name of Contact Telephone Number [] DCA [X] Amended Robert Ortega Notification #5 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)

| Hibben & Magie Apa | rtment Com | | [] Sub [X] Oth | chapter 8 (Other than er (i.e., private & coldings, homes, etc.) | | | |
|---|---|-------------------------------|--------------------|---|-----------------------------|-----------------------|-------------|
| Street Address | | | | | Square Feet | | Bldg. Age |
| 50 Faculty Road | | | | | 160,000 | 8 | 50 |
| City (5) Princeton | County (6) Mercer | | 3600000000 | ty Code (7) Use Only) | Current Use Student Hou | (Prior if being asing | demolished) |
| Name of Monitoring Firm Hired t Owner (8) | y Building | ASCM No. | | Name of Abatement | Contractor (9) | | |
| ATC Associates | | | | LVI Demolition Ser | rvices, Inc. | | |
| Street Address | | | | Street Address | | | |
| 3 Terri Lane Suite 4 | | | | 32 Williams Parky | way | | |
| City, State, Zip Code | 70 | | | City, State, Zip C | Code | | |
| Burlington NJ | | | | East Hanover, NJ | 07936 | | |
| Project Manager for Monitoring F | irm | Telephone Number | | Telephone Number | | icense Number | |
| Debbie Hines | | 609-409-0400 | | 973-884-8682 | | 0086 | 50 |
| Scheduled Start Date (10) 10/1/2012 Month / Day / Year | Sched. Comp 4/01/2013 Month / Day | oletion Date (11) y / Year | | Name of OSHA Mor | 557-57-61/-2 No. 194-194 | | |
| Occupancy Status During Abatem [X] Facility Closed/Vacant During [] Abatement Performed Outside [] Occupied | g Entire Period of | Abatement | | Street Address 32 Williams Parkwa | ay | | |
| [] Hours – Describe: [] Other – Describe: | | | | City, State, Zip Cod East Hanover NJ 0 | | | |
| Scope of Work (Check all that app | oly) | | | | | | |

| [X]Demolition [\geq 3 sf or \geq 3 lf [X] \geq 160 sf or \geq 260 lf | [] Renov | ation | | [] Full Containment with Negat [X] Mini-Enclosure [X] Glove Bag Procedure & "W [X] Non-Friable Procedure | | | | | |
|---|----------|---|--|---|------------------------------------|---------------------------------|----------------------------|--------------------------------------|-------------------|
| | 222 | s Loca | | | | | Abatem | ent Type | |
| Location of Asbestos-Containing Material (ACM) (13) | | Norm. Use Sole By Ma tenan Custoo Staff (| d ly ain- ce/ dial [12] | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R E |
| Building Exterior | | X | | Mastic | 20,000 SF | X | - | - | |
| Throughout Structure | | X | | Pipe Insulation | 2000 LF | X | | | |
| EXTERIOR PIPE TRENCH | | X | | PIPE INSULATION | 550 LF | X | | | |
| Name of Registered Waste Hauler LVI Demolition Services, Inc. | | | aste | Cubic Yards Of Waste | Name of Regis | | | nia | |
| City, State East Hanover, NJ 07936 | | | | Disposal Date 3/1/2012 | City, State Morrisville, P | a | | | |
| Completed By (Print or Type) | Title | e | | Signature / | Date | | | -1-12- | |

February 27, 2013

President

Ed King ASB-41 Jun 95

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) Sarah Ward Corp. 2-25-2013 Street Address Type Notification Agencies Notified 406 Sanford Ave. City, State, Zip Code Initial **EPA** Amended Newark, NJ 07103 DEP Telephone Number Amendment # × DOL Emergency (including Name of Contact iustification) × DOH Cancellation **FACILITY INFORMATION** DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Sarah Ward Corp. × Street Address etc.) Bldg. Age # of Floors 406 Sanford Ave. Square Feet 50+ 2 2000 City (5) Current Use (Prior if being demolished) Newark County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) **Fssex** ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Loznica Management Group n/a Street Address 22 Troy Lane Street Address City, State, Zip Code n/a Lincoln Park, NJ 07035 City, State, Zip Code License No. Telephone No. n/a Telephone No. 01193 Project Manager for Monitoring Firm 973-706-7950 n/a Name of OSHA Monitor Scheduled Completion Date (11) n/a Loznica Management Group Start Date (10) 3-7-2013 Street Address 3-6-2013 Occupancy Status During Abatement (Check Only One) 22 Troy Lane Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Lincoln Park, NJ 07035 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check All That Apply) Mini-Enclosure with negative air × Renovation ≥3 sf or ≥3 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Type Is Location Description of Encapsulate Normally Asbestos Containing Material (ACM) Amount Used Solely by Removal Location of (Specify (i.e. thermal systems insulation, Asbestos-Containing Material (ACM) Maintenance/ SF or LF) surfacing, VAT, or Custodial Staff? TO BE ABATED other miscellaneous) (12)In Facility (13)N/A No Yes 80 SF 9x9 VAT Boiler Room Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler **GROWS** Landfill of Waste Hauler ID No. TBD Loznica Management Corp 033137 City, State Disposal Date Morrisville, PA 19067 TBD City, State Date Lincoln Park, NJ 07035 Signature 2-25-2013 Title Completed by Secretary E. Cirovic

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

| State of New Jersey | 28 |
|---------------------------------|-------|
| NOTIFICATION OF ASSESTOS ABAT | EMENT |
| (Pursuant to NJAC 8:68 and 12:1 | 20) |

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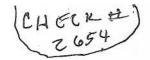
| | | NOT | FICATIO Pursuan | N OF ASE R to NUAC | SESTOS C 8:60 am | ABATE d 12-12 | MENT D) | | CK | 半 | Ö | 21 | 7 |
|--|-----------------|---|---|-------------------------|------------------------|---------------------|---|-------------|---------------------------|-------------|--------|-------------|-----------|
| Date of Notification (1) 2-22-2013 | | | Name | of Building nt Shind | Owner/C | perator | 1 7 7 | 65 | APPROV | E(1) | | 7 | |
| Agencies Notified Type Notificellor EPA Initial | , | | Street | Address Main S | 1315 | B 28 | PH 2 CO | ope of | lealth & S | - | Brvic | es | |
| X DOL Amendmen | | <u>. </u> | | ate, Zip C ar, NJ 0 | | 100 | Date | | Olan | me: | 42 | - | |
| DOH Emergency justification |) | 3 | Name | of Contact | | V-71 | · hig · or | Tel | M enariqu | umber | | | |
| N (5 5 %) | | | FAC | LITYIN | ORBITATION | OM | | | | | | | |
| Name of Facility Where Absternant is Take House for Derrio | ng Place | (3) | | •0 | | | Type of Facility | | | | | | |
| Street Address | | | | | mer in | | Subchapte | | ar than K. | (C) | | | |
| 2207Main Street | | | | | | | Other (Le. | | | | ldings | , hon | es, |
| City (5) Belmer | | | | | | | Square Feet | 1 | Floors | | Bldg. | Age | |
| County (6) | | | Paimh | Code (7) | | | 1,100 Current Use (Pr | 1 | A 10 | 1 | 50+ | | |
| Monmouth | | | | USE ONLY | ń | | House for D | | ng demp) | sned) | | | |
| Name of Monitoring Firm Hired by Building n/a | Owgrer (\$ | 1) | ASC n/a | M No. | | | of Abutement Co nice Managem | | | | | | |
| Street Address | | | | | | Street | Address | | - | | | | |
| City, State, Zip Code | | | | | | | roy Lane | | | | | | |
| n/a | | | | | | | oth Peric, NJ 0 | 7035 | | | | | |
| Project Manager for Monitoring Film | | | Telepho | me No. | | | one No. | | License | | | | |
| n/a , | AND AND COMPANY | ind Co | n/a | Date (11) | - | | 706-7950 of OSHA Monitor | | 01193 | | | | |
| 2-26-2013 | 3-1-20 | | authecont. | Case (11) | | | ica Managem | | cno | | | | |
| Occupancy Status During Abeternent (Che | k Only O | ne) | | | | Street. | Address | | | | | | • |
| Fiscility Closed/Vacated During Entire Abelement Performed Outside of North | Period of | Abate | ment | | 1 | 100 | roy Lane | | î | | | | |
| Other - Describe: | nes repair | y arou | | | | | inte. Zip Code olin Park, NJ 0 | 7035 | | | | | |
| Scope of Work (Check All That Apply) | | ~~~ | | | | b.41 tO | 2011 1011, 142 ¢ | | | | | | |
| □ 23 mf on 23 m □ 2180 sf on 2280 m | | Nome: | 100000000000000000000000000000000000000 | | | X | Full Containm Mini-Enclosur Glovebag Pro Non-Exemple | e cedure | | | | Ð | |
| | 4 2 | Local | 200000 | | | - | | | | | Abat | eneni Pe | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Fecility (13) | Use Me | Norma od Solo Interes todied (12) | ely by moel Staff? | Asbes (i.e. | ios Conta frennal s | systems ing, VA7 | eterial (ACM) insulation, F, or | (S | nount pecify or LF) | Remova | Repair | Encepsulate | Enclosure |
| | Yes | No | NA | | w | -0.1-2-2-22.00 | | | | | | 6 | |
| Roof | | | × | Asb | estos R | coffing | Material | 1,10 | 00 SF | X | | | |
| | | | - | | | | | | | + | | | |
| | | | 1-1 | | | | | | | + | | | |
| Name of Registered Waste Heuler | | | UDEP W | | Cubic Y | | Name of | Register | ed Landili | | | | |
| Loznica Menegement Corp | | leuler ID 13137 | No. | of Wast | | GROW | | din . | | | | | |
| City, State Lincoln Park, NJ 07035 | | | | | Disposa TBD | al Date | City, State Morriso | | 19067 | | | | |
| Completed by E. Cirovic | etary | | | | gailuge, | שתוניבט | | D | -22-21 | 013 | | \exists | |

| Date of Notification (1) 2/21/2013 Che | ck # 2373 | | | Building C | | | (2) OICAL CEN | ITER | | 820 | | | 4 |
|--|---|-------------------------|--------------------|--------------------------|----------------------------|------------------|--|-------------------|-------------------------------|---|---------|-------------|-----------|
| | Notification | | Street A | ddress illiamsor | n stree | et/Main | Building | G | 1/6 | 8 29 | Prof. |). | υ· |
| DEP DOL | nitiäl Amended Amendment # | _ | City, Sta | te, Zip Coo eth, NJ 0 | de | | | | Sign Sign | 947. | 1 200 | 18 | |
| □ DOH □ j | Emergency (including ustification) Cancellation | | Name of Brian A | Contact Akers | | | | Te | lephone N | lumber | i | | |
| | | | FACII | LITY INFO | RMAT | ION | | | | | | | |
| Name of Facility Where Abatem Trinitas Regional Medical | | | | | | | Type of Faci School | (K-12) | | | | | |
| Street Address 225 Williamson Street / N | Main Building | | | | | | | | her than K & comme | | ildings | , home | es, |
| City (5) Elizabeth, NJ 07202 | | | | | | | Square Feet 60,000 | 8 | of Floors | | Bldg. / | Age | |
| County (6) UNION | | | County C | Code (7) JSE ONLY) | | | Current Use Hospital | (Prior if be | eing demo | lished) | | | 2 |
| Name of Monitoring Firm Hired I Omega Environmental | by Building Owner (8) | | ASCM | l No. | | | of Abatement ervices Co | | | | | | |
| Street Address 280 Huyler Street | | | - | | | | Address 9th Street | | | | | | |
| City, State, Zip Code South Hackensack, NJ 07 | 7606 | | | | | | ate, Zip Code | | | | | | |
| Project Manager for Monitoring I | | | Telephor | ne No. | | Teleph | one No. 95-1700 | | License | 500000000000000000000000000000000000000 | - 22 | | |
| Start Date (10) 02/22/2013 | Schedule 02/25/2 | | mpletion [| Date (11) | | 10000 | of OSHA Mon | itor | | | | | |
| Occupancy Status During Abate | ment (Check Only One | 4) | | | | \$9557756770C3C3 | Address | | | | | | |
| Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: Starting | ring Entire Period of A side of Normal Facility | baten | | | _ | | ate, Zip Code | | | | | | |
| Scope of Work (Check All That A | Apply) | | | | | | | - | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | enova | | | | × | Full Conta Mini-Enclo Glovebag Non-Exem | sure Procedure | | | | 1 0 | |
| | T | | T | | | | 14011-EXCIT | T T | id Non-Th | abic i i | 1000 00 | ement | 1 |
| Location of | | _ocat ormal | | | Do | a arintian | o.f | | | | T | /ре | |
| Asbestos-Containing Materia TO BE ABATED In Facility (13) | Mair (ACM) Mair Custo | ntena dial S (12) | Staff? | | os Con thermal surfa | | aterial (ACM) insulation, r, or | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| Kitchen Area | Yes | No X | N/A | | Di | uct Tape | <u> </u> | | 30 SF | x | - | - | |
| Nitchen Alea | | ^ | | | | ист тар | . | | 50 SF | - x | - | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Haul | er | IN | JDEP W | aste T | Cubic | Yards | Name | of Regist | ered Land | Ifill | 1 | <u></u> | |
| Freehold Carting | Н | lauler ID I 5939 | | of Wa | | 0.00000 | . Committee | gement | | | | | |
| City, State PO Box 5010 | | | | | Dispos tbd | sal Date | City, S Tully | State rtown La | ndfill | 5 | | | |
| Completed by Gina Salvador | Title Office | Mar | nager | - | S | ignature | Blu | as- | | Date 2/21/2 | 013 | | |

| Date of Notification (1) | | Т | Name o | of Building | g Owner/O | perator | (2) | LR | 30 | ردور | 9/30 | _ | * | <u> </u> |
|--|--------------------------------|-------------------------|----------------|---------------------|--|-------------------|-----------------------|--|------------------|---------------------------|-------------------|-------------|-------------|-----------|
| 2/25/13 | | | Mark | Riddell | / Private | | | | | 93S | 1 | D: | 0.0 | |
| Agencies Notified Type Notification | 1 | | | Address est 20th | n St | | | | | (3) | | | P | 4 2 |
| EPA DEP DOL DOL Initial Amended Amendmen | | _ | City, St | ate, Zip C | | IJ 080 | 008 | | i | 6.5. | 4/00 | 4 | | <: (|
| X DOH DCA Emergency justification Cancellation |) | | Name o Mark | of Contact | t | | | | Tele | ephone. | Numbe | <u> </u> | 77G | 4 |
| Name of Facility Where Abatement is Taki | ng Place (3) | | FAC | ILITY INF | FORMATIC | N | Type | of Facility (4 | 1) | | | _ | | |
| Mark Riddell / Private Home | .9 (0) | | | | | | _ | School (K-12 | 552 | | | | | |
| Street Address 16 West 20th St | | | | | | | × | Subchapter Other (i.e. pretc.) | 8 (Othe | er than k comme | (-12) ercial b | uildin | gs, hor | nes, |
| City (5) North Beach Haven NJ 08008 | | | | | | | | re Feet | # of | Floors | | Bldg 35- | . Age | |
| County (6) Ocean | | | | Code (7) USE ONL | | _ | Curre | ent Use (Prio ne | r if beir | ng demo | lished) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASC | M No. | | Name Perna | | itement Cont | tractor (| (9) | | | | |
| Street Address | City, State, Zip Code | | | | | | | ss 29 | | | | | | |
| | | | | | | | ip Code in NJ 0809 | 91 | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | Teleph 856-7 | | | | License 00727 | | 7. | | | |
| Start Date (10) 3/7/13 | Scheduled 3/13/13 | | pletion | Date (11) | | Name o | | HA Monitor | | | | | | |
| Occupancy Status During Abatement (Che | 28 | | | | | Street / | Addres | SS | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: | Period of Al nal Facility I | oatem Hours | ent | | _ | City, St | ate, Zi | p Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | processor. | novat moliti | | | | × | Min Glo | Containmer i-Enclosure vebag Proce n-Exempted | edure | | | | uro | |
| | | ocatio | | | | | | | () and | 14011111 | dbic i i | Ab | atemer | nt |
| Location of Asbestos-Containing Material (ACM) | Used | | y by | Anhor | | ription | | | | | _ | Т | Гуре | |
| TO BE ABATED In Facility (13) | Custo | tenan dial S (12) | | (i.e. | stos Contai thermal sy surfacir other mis | ystems ng, VAT | insula 「, or | tion, | (Sp | nount pecify or LF) | Removal | Kepair | Encapsulate | Enclosure |
| F.4-2-011 | Yes | No | N/A | | | | | | | | | \perp | fe | () |
| Exterior Siding | - | | Х | | Exterio | or Sid | ing | | 150 | 0 SF | х | - | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l NI | JDEP W | acto | Cubic Ya | rda | | New | | | | | | |
| United Containers | Ha | auler ID 459 | 0.71517071 | of Waste | | | Name of Re G.R.O.W | | ed Land | fill | | | | |
| City, State Elm NJ | | | | | Disposal 3/13/13 | | | City, State Morrisvill | e PA | 19067 | | 1 | | |
| Completed by Anthony T Perna | ent | | 3 | Sign | nature | | _ | | | Date 2/25/1 | 3 | | | |

\$ Energency

| Date of Notification (1) 2/24/13 | | | Nar Th | ne of Bu omas | ilding Owne Keller / P | er/Operator (rivate Hon | 2) ne | | 4. 3 | (B) | 1 | | *. *: |
|---|---|------------------|------------------------------------|------------------------------|---------------------------|--|----------------------------------|--|---------------------------------|-------------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | 20 | | Kansas | | | | \$ 1/2 | , | 1/1/ | ٥. | |
| EPA DEP DOL | Initial Amended Amendment | | City | y, State, ing Be | Zip Code ach Towr | Ship NJ | 8008 | n | , ,, | | | ં'ઠ |) |
| DOH DCA | Emergency (i justification) Cancellation | ncluding | | me of C | ontact | | | | Telephone Nur | nber | | | |
| | | | | FACILIT | Y INFORM | IATION | | Eilib./4 | | | | | - |
| Name of Facility Where A Thomas Keller / Priv Street Address | Abatement is Taking vate Home | Place (3) | | | | | Sc Su | Facility (4) hool (K-12 bchapter 8 | 2) 3 (Other than K-1) | 2) | naa 1 | omor | |
| 20 East Kansas | | | | | | | Square | :.) | ivate & commerci | | dg. Ag | | <u>'</u> |
| City (5) Long Beach Town S | Ship NJ 08008 | | | | | | 1000+ | 1 | 2 or if being demolis | 35 | + | | _ |
| County (6) Ocean | | | | ounty Co | de (7) E ONLY) _ | | Home | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM 1 | No. | | of Abate aco Inc | | tractor (9) | | × | | |
| Street Address | | | | | | 100 | Address Box 329 | | | | | | |
| City, State, Zip Code | 11 ₁₄₁ = 2 4 | | | | | | State, Zip t Berlin | Code NJ 080 | 91 | | | | |
| Project Manager for Mon | nitoring Firm | | Te | elephon | e No. | 0-40-30 N | hone No. 753-98 | | License 00727 | No. | | | |
| Start Date (10) | | Scheduled | Comp | oletion D | ate (11) | | of OSH | A Monitor | | | | | |
| 2/25/13 | | 2/27/13 | | | | | t Address | | | | | | |
| Occupancy Status Durin Facility Closed/Vac Abatement Perforr Other – Describe: | cated During Entire med Outside of Nor | Period of Ab | ateme | ent | | City, | State, Zip | Code | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | _ | | | 12 <u>11</u> 1111111111 | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Lane of the land | novati | | | | Min | i-Enclosur vebag Pro | | | | re | |
| | | | | | | | - NOI | PEXEMPLE | la () and (or) i. | | | emen | t |
| | | | ocatie | | | | | | | _ | Т | уре | _ |
| Locati Asbestos-Containir TO BE A In Fa (13 | ng Material (ACM) BATED cility | Used | Solel ntenan odial S (12) | y by nce/ staff? | (i.e. th | Descriptions Containing the containi | Material ms insula /AT, or | (ACM) ation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Oidi | Yes | No | N/A X | | Exterior S | Sidina | | 1800 SF | x | + | \vdash | + |
| Exterior | Siding | | | <u> </u> | | LAIGHOL | Jiding | | | | | | |
| | | | | | | | | | | | _ | - | - |
| The second | 1 4 | | -1. | | V4- 1 | Cubic Yards | | Name | of Registered Land | dfill | | | |
| Name of Registered V United Containers | | | H | IJDEP V lauler ID 2459 | | of Waste 3 | | G.R.C |).W.S. | | | | |
| City, State Elm NJ | | | | Disposal Da 2/27/13 | ate | City, St Morris | ate sville PA 1906 | 7 | | | | | |
| Completed by Anthony T Perna | | Title Presi | ident | | | Signat | ure | ~ | | Date 2/24/ | 13 | | |



| | 126/13. | 1 | Nam | | Owner/Operator | | ORT | NA | CTIBE | 7 | `` | | |
|--|--|--|--|--|--|---|--|--------------------|---|--|---------|----------------|---------------|
| | | | Cira | Address | | | | - 3 | | 2 | Y | - | - |
| gencies Nouhed | Type Notification | | 3001 | 15 | 5 RT, 5 | -o | | | 100 | 10 | _ | 4 " | |
| D & A € | Sinvial . | | -05 | State, Zip C | | | | | \$ J | 'ਠਾ. | • | 8- | 7 |
|] œ | Amendment # | | City. | State, 200 | -EN 1-15 | LD. | U, J. | 280 | 230 | | 0 | . 5 | |
|] 001 | Emergency (incli | uding | | | | -/ | | Teleo | none Number | | | | 7 |
| 1 00H | justification) | | Nam | e of Contac | 1 / | | | | | | | | i |
| j̃ ∝ | Cancellation | | | Bruce | BREUN | 1 (3 | $= \bot$ | _ | | | | 01 | - 1 |
| i i | | | EA | CII ITY INF | ORMATION | | | | (| 619 | | 0 | _ |
| - | | 761 | | | | Type | of Facility (| 4) | | 1 | | | 1 |
| ame of Facility Wher | e Abatement is Taking F | Place (3) | | | | I men | hool (K-12) | 1 | | | | | - 1 |
| 075 | IDENCE | | | | | A Ph c. | banter 8 | (Othe | r (han K-12) | | | | - 1 |
| | | 1 | | 2 | | 100 | her (l.e., pr | vale é | commercial control | pulan | 95. | | |
| Treel Address | ASBURY | BNE. | | | | SOUR | re Feel | 1 0 | Floors | Bidg | AQ | e | |
| | 700 | | | | | (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | 2 | 1 4 | 0 | - _ | _ |
| (iry (5) | AN CITY | | | | | 10 | 00 | 1-4- | ang demoist | ned) | | | - |
| 0 00 | 00011 | | T Co | unity Code | 7) (STATE | Cure | ini Use (Ph | or n oc | and demois | .007 | | | |
| ounty (6) | 1000 | | US | E ONLY) | | | VAC | | | | = | | =_ |
| County (6) CARE | 101714 | | 100 | O No | Name of Abate | ment Co | whador (a) | 1 | | | | | |
| Jame of Movingon Fi | im Hired by Building O. | wner | ASC | M No. | Name of Abate | 100 | LN | 01 | | | | | _ |
| 8) | N/A | | | | | | | | 1 | , | | | |
| | + | | | 3.572 | 7/-0 | 5 | SPRU | CE | AUE. | | | | |
| Street Address | | | | | 301 | | | | | | | 88 | |
| | | ==== | | | City. State, Zip | C006 | SHP. | DÉ | NJO | 1805 | L | | -> |
| City State Zp Code | | | | | | | SHA | | cense No | | | | |
| | | 1 7 | elepho | ne No. | Telephone No. | | A117 | - | 0044 | 14 | | | |
| Project Manager lox h | Monitoring Firm | } . 16 | م برواز | | 856-7 | 79- | 092 | - | 001 | | | | _ |
| rigeeimens | | <u> </u> | | - 4155 | 10011 | Alloode | v/ | | | | | | |
| | Sched | uled Comp | Melma | Dale (11) | 11012 | / | 11/1/ | M | | | | | |
| | | | . 1 | - | TOSE | 1/2/1 | 41-61 | 1 ' ' | | | | | = |
| Stan Date (10) | , , , | 118 | /13 | 3 | Jose | 10/4/ | VIEN | | | | | | = |
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| 3/11/ | 13 . 3 | 18 Shily one |) | | 369 | 5,5 | PILUC | =1 | υ Ξ , | | | | <u> </u> |
| Occupancy Status D | Juring Abatement (Chec | x tinly one |) alemer | | 369 | 5,5 | PILUC | =1 | υĒ: | 080 | | | _ |
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| Occupancy Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che 23 st or 23 tt 2160 st or 2260 Aspestos-Contain TO BE IN F | James Abatement (Check acated During Entire Permed Outside of Normal eck all that apply) Ill Intion of Inng Material (ACM) ABATED adiry 13) INNO EN Waste Hauler M C O INC. | Reno Demx Is Loo Norr Used S Mainte Cus SI (1) Yes | valion valion ours | NIA NIA NIA NIA NIA NIA NIA NIA | Description Surface Other myscole Transs Cubic Yar of Waste Desposal (| Contain. Enclose Price Enclose Price Price Contain. Senciose Price | PILUC SUND ment with A tire rocedure led (') and at (ACM) lation. Name of City. Sia Uo 1 C | Regis, | Pressure riable Proces Amount (Specify SF & LF) 2000 | aure Resident | 2000 | Rapour | 1 |

| | | ١. | | | | | Che | ck #7 | 499 | | |
|--|---|----------------------|--------------------------------------|-------------------------|--|--|---|---------|-------------------|-------------|-----------|
| Date of Notification (1 | | | | | vner / Operator (2 | 20/0 | A | | * | | |
| Agencies Notified EPA DEP | EMERGENCY | ı | Street A | | | ************************************** | 58 PH S. C. | Ö Çı | 63 | | i |
| ⊠dol ⊠doh ⊡dca | Initial Amended Amendment # | | Holmde | ate & Zip Coo | de | | 10 14 | ephone | Nun | nber | |
| | Cancellation | | | 'Amore | | | | - p | | | |
| | | | FAC | ILITY INF | ORMATION | | | | | | |
| Bayshore Commun | ere Abatement is Taking Pl ity Hospital | ace (3) | | | Type of Facili | K-12) | V 12) | | | 9 | 127 |
| Street Address 727 North Beers Str | reet | | | | Other (i | # of Floo | mmercial buildings | , hom | | c.) | |
| City (5) Holmdel | 7 | | | | Current Use (| OO Prior if being dem | 5 nolished) | _ | 60 | | |
| County (6) Monmouth | US | unty Code E ONLY_ | (7) | | | | (0) | | | | |
| Name of Monitoring I N/A Street Address | Firm Hired by Building Owr | ner (8) | | ASCM No. | Synatech, In Street Address | ss | r (9) | | | | - |
| City, State & Zip Coo | de | | | | | Zip Code arbor, NJ 08087 | II in and Niver | | | | |
| Project Manager for | | | lephone N | | Telephone N 609-296-691 | 6 | License Numb | 00817 | 7 | | |
| Scheduled Start Date February 26 | 5, 2013 | Marc | on Date (1 h 1, 2013 | | Name of OSI Synatech, In Street Addres | c. | | | | | |
| Facility Clos | uring Abatement (Check or sed/Vacated During Entire Performed Outside of Norm | Period of A | | t | 829 Radio R | oad | | | | | |
| Other – Des | | nai Tiours | | | Proceedings and the contract of the contract o | arbor, NJ 08087 | | | | | |
| Scope of Work (Che ≥3 sf or ≥ If ≥160 sf or ≥2 | | | Renovation Demolition | | | Mini-Enclosure Glovebag Proce | at with Negative Press dure (*) and Non-Friable Pr | | re | | |
| Asbestos-Cont | cation of aining Material (ACM) BE ABATED | Solely b | on Norma y Mainten odial Staff | ance or | Descript Asbestos-C Material | tion of containing (ACM) | Amount (Specify SF or LF) | | | ent 7 | Гуре |
| | Facility (13) | Yes | No | N/A | (i.e., therma insulation, sur or other miso | facing, VAT | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | | Х | | | Valve/Fitting | | 8 LF | Х | | | |
| Boiler Room - Gird | ers | Х | | | Spray-on Fi | reproofing | 50 SF | X | 70 20 20 10 | | |
| Name of Registered | Waste Hauler | NJDEP I | D No. | | is of Waste | Name of Regis | | | | | |
| Synatech, Inc. City, State | 7429 | Disposal D | ate | City, State | | | 6 | | | | |
| Little Egg Harbor, NJ 08087 Completed By | | | | March 4, 2 Signature | - 01 | Morrisville, PA | Date | | | 14. | 11 |
| Diane Aloia | Executiv | e Admini | istrator | N W | mallon | | February 25, 2013 | | _ | | |

* Emergency *

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 42:420)

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2/25/13 Fred Iacobucci / Private Home Agencies Notified Type Notification Street Address 32 George FPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Manahawkin NJ 08050 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Fred Iacobucci / Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) 32 George × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Manahawkin NJ 08050 1000 +35 +County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Ocean Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/26/13 2/28/13 same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location, Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Siding X Exterior Siding 1200 SF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Containers G.R.O.W.S. 22459 City, State Disposal Date City, State Elm NJ 2/28/13 Morrisville PA 19067

Anthony T Perna

Completed by

Title

President

Date

2/25/13

Signature

* Emergency *

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

| , | | | (Pu | rsuant t | o NJAC 8 | :60 and | 12:120 |)) | CK | . 3 | 049 | 7×. | ¥ | | |
|---|---|------------------------------|-----------------------------|--|----------------------|------------------|---|--|---|-----------|-------------------------------|----------|------------------|-------------|-----------|
| Date of Notification (1) 2/26/13 | | | | | Building C | | | | | ×0/ | FEB 20 | | | ۵, | O. |
| Agencies Notified | Type Notification | | 4 9 | Street Ad | | | | | *** | | <0 | PA | 7.38 | | |
| EPA DEP DOL | Initial Amended | | | | ermaid L | | | | | 3 | 10000 | -/ | ڪ. رڙ | 0 | - |
| × DOL | Amendment | | | | each To | | p NJ C | 0080 | 8 | , | 164.W. | | | ari | |
| DOH DCA | Emergency (justification) Cancellation | 1 | 8 | Name of Richero | | -/1 | | | 1 | Tele | phone Nun | ber | Ψ/ | | |
| | | | | FACIL | ITY INFO | RMATI | ON | | | ۲ | | | | and a | |
| Name of Facility Where . Richerd Shultz / Pri | | g Place (3) |) | | • | | 12 | Тур | e of Facility (4 | 55 | | | | | |
| Street Address | | | | | - | | | Н | School (K-12 Subchapter | B (Oth | | | 4000000 | | |
| 116 Mermaid Lane | | | | | | | | × | Other (i.e. pretc.) | ivate 8 | commercia | al build | ings, | home | s, |
| City (5) Long Beach Towns | hip NJ 08008 | | | | | | | | are Feet 000+ | # of 2 | Floors | 10000 | dg. A 5+ | ge | |
| County (6) Ocean | | | | County C | ode (7) ISE ONLY) | 1 | | Cur | rent Use (Prio | r if bei | ng demolish | ed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | No. | | Name | | natement Con | tractor | (9) | | | | |
| Street Address | | | | <u> </u> | | | Street PO I | | | - | | | | | |
| City, State, Zip Code | | | | | | | 100000000000000000000000000000000000000 | | Zip Code rlin NJ 080 | 91 | | | | | |
| Project Manager for Mon | nitoring Firm | | T | Telephor | ne No. | | Telep 856- | | No. -9800 | | License N | 0. | | | |
| Start Date (10) 2/27/13 | | Schedule 3/1/13 | ed Com | pletion (| Date (11) | | Name | 31-17-00 U (CT-1) | SHA Monitor | | Lancia | | | | |
| Occupancy Status Durin | g Abatement (Chec | ck Only On | e) | 10-11-11-11-11-11-11-11-11-11-11-11-11-1 | | | Street | Addı | ess | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire ned Outside of Norr | Period of A | Abatem Hours | ent | | | City, S | State, | Zip Code | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | | tenova emoliti | | | | | l N | Full Containme Mini-Enclosure Glovebag Proc Non-Exempted | edure | | | | a | |
| | | le | Locati | on | | | E | | VOII-EXEMPLE | 1 () ai | a Hon-i Hac | 1 | Abate | ement | |
| Locatio | | 1 | Normal d Sole | ly | | | scriptio | | | | | \vdash | Ту | ре | |
| Asbestos-Containing TO BE AB In Fact (13) | BATED lity | Ma | intenar todial S (12) | nce/ | | thermal surfa | | ns ins AT, o | | (| amount Specify F or LF) | Remova | Repair | Encapsulate | Enclosure |
| | 4- | Yes | No | N/A | | | | | | | | | | e e | |
| throughou | t house | | х | | floo | or tile o | only | | 12 | 200 SF | x | | | | |
| | | | | | | | | | | | | - | - | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wa United Containers | Н | IJDEP W lauler ID 2459 | | of Wa | Yards iste | | Name of G.R.O. | NAME OF THE OWNER O | ered Landfil | | | | | | |
| City, State Elm NJ | | | | | | sal Date | е | City, Stat Morrisv | | a 19067 | | | | | |
| Completed by | | Title | | | | | Signatu | re | | - | T Di | ate | | 7 | |

1/28/13

Anthony T Perna

President

* Emergency*

| Date of Notification (1) 2/25/13 | | | | | Building O | | | | 717 | 2013/5 | Ba | | `., | *** ₅ | e, |
|--|---------------------------------------|----------------------|-------------------|---------------|------------------------|---|----------------------------|----------------------------------|----------------------------|---------------------------------|--------------------|-------------|--------|------------------|----------------------------|
| | ype Notification | | S | treet Ad | | | | | | ¢, | - <0 | PA | ر, | | Manual Tanana Tanana |
| DEP DOL | Amended Amendment | | | | e, Zip Cod leach NJ | | | | | 4/4 | r Kolonia | | | िंक | |
| DOH DCA | Emergency justification) Cancellation | | . 1 | ame of | Contact | 20 | 2 - 3 2 | | • | Telephone | Numbe | 7 | 0/ | | |
| Name of Facility Where Ab O'mally / Private Hor | | g Place (3) | | FACIL | ITY INFO | RMATION | N | Type of F | acility (4) | | | - | | | |
| Street Address 6 East 67th Street | 110 | | | | 7 | | - | Sub Sub | er (i.e. priv | Other than I | K-12) ercial b | uildin | ıgs, I | nome | s, |
| City (5) Brant Beach NJ 0800 | 8 | | | | | | | Square F 1000 + | eet | # of Floors | | Bldg 35- | g. Ag | je | |
| County (6) Ocean | | | | ounty C | ode (7) SE ONLY) | | | Current U Home | Jse (Prior i | f being demo | olished) | | | | |
| Name of Monitoring Firm H | ired by Building | Owner (8) | | ASCM | No. | | | of Abatem aco Inc | nent Contra | ictor (9) | | | | | |
| Street Address | 7. | | | | | 1000 | | Address ox 329 | | | 107 | 11 | | | |
| City, State, Zip Code | | | | | | | | ate, Zip C Berlin I | ode NJ 08091 | | | | | | |
| Project Manager for Monito | oring Firm | | T | elephon | e No. | | | one No. 753-980 | 0 | Licens 0072 | | | | | |
| Start Date (10) 2/26/13 | | Scheduled 2/28/13 | Com | pletion D | ate (11) | | Name o | of OSHA | Monitor | | | | | | |
| Occupancy Status During | Abatement (Che | ck Only One |) | | | 5 | Street | Address | Ţ, | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: | ed During Entire I Outside of Norr | Period of Ab | ateme | ent | | | City, St | ate, Zip C | Code | | - | | | | _ |
| Scope of Work (Check All | That Apply) | | | | | | | | | | SSUH | | | OTHER SE | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | novati molitic | | | | × | Mini-E Glovel | nclosure bag Proced | with Negation | | | | ree. | |
| | | lal | ocatio | | | | | HOIFE | XCIIIpico (| j una recirr | Trable ! | | | ment | |
| Location of | nf. | No | rmally | <i>i</i> | | Desc | ription | of | - 1 | | _ | | Тур | е | |
| Asbestos-Containing M TO BE ABAT In Facility (13) | laterial (ACM) FED | Custo | tenan | ce/ | | es Contain thermal sy surfacir other mis | ning M ystems ng, VA | aterial (A insulatio T, or | | Amount (Specify SF or LF) | | Domoual | Repair | Encapsulate | Enclosure |
| Exterior Sig | ding | | | x | - | Exterio | or Sic | ling | | 1200 SF | x | | | | |
| | | | | | | | | | | | | + | | | |
| Name of Registered Waste | e Hauler | | N. | JDEP W | aste | Cubic Ya | ards | TN | Name of Re | gistered Lar | ndfill | | | | |
| United Containers | Ha | auler ID 459 | 1.0060000000 | of Waste 3 | е | (| G.R.O.W | | | | | | | | |
| City, State Elm NJ | | | | | | Disposal 3/18/13 | | | City, State Morrisville | e PA 1906 | 57 | | | | |
| Completed by Anthony T Perna | | Title Presid | ent | | | Sig | nature | 2 | | | Date 2/25 | 13 | | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | 0/05/0040 | | | | Name of Bui | lding Owner/Op | | - | | | | |
|-------------------------------|--|-------------|------------------|-----------|-----------------------------|---------------------------|------------------------|-----------------------------------|---------------------------|--|----------|------------|
| | 2/25/2013 | | | | | A to 2 | Z Site Contracto | rs, Inc. | | 215 | SIL | ļ |
| Agencies Notified | Type of Notific | | | | Street Addres | | | | 30, | × 1 = | | |
| [x] EPA | | ial Notific | | | | 940 P | ark Avenue | ×. | 1 | > | | |
| [] DEP | | ended No | | | City, State, Z | ip Code | · · | - 10 - 10 | | 8 | | 7, |
| [X] DOL | | ergency (i | | | | Lakev | wood, New Jerse | ey 08701 🤤 | | ಳ | 3 | |
| [x]DOH | | ification) | | | Name of Con | tact | - | Telephone Numb | er | | <u></u> | - 4 |
| [] DCA | [] Can | cellation | | | | ving Perlstein | n | Terephone I turns | The state of the state of | | ري. | |
| | | - | | FAC | CILITY INFO | PMATION | | _ | | - | | 5 |
| Name of Facility Where | Abatement is Takin | ng Place (| 3) | IA | CILITI INT | MINIATION | Type of Facility | (4) | - |) | | |
| Re | esidence | | | | | | [] | School (k-12) | | 1 | | |
| Street Address | | | | | | | [] | Subchapter 8 (| other th | ank-12 |) | |
| | 9 East County I | Line Ro | ad | | | | [x] | Other (i.e., pri- homes, etc.) | vate & | comme | rcial bu | ildings, |
| City | | County | y (6) | | County Code ((STATE USE | | Square feet 1500 sf | # of Floors | BI | dg. Age | 60 | |
| Lakewood | | Ocea | n | - | | | | or if being demolishe | ed) | | 00 | - |
| Name of Manitorine Fire | - Hidl D dr | 0 / | 0) | | | | | dence | | | | |
| Name of Monitoring Firm | | g Owner (| 8) | | ASCM No. | Name of | f Abatement Contrac | 5 | т. | | | |
| Street Address | 71 | | | | | Street A | | dian Contracting | g, Inc. | | | |
| | | | | | | | | Route 9, Unit 6 | 1 | | | |
| City, State, Zip Code | | | | | | City, Sta | nte, Zip Cade | Divor Nous Ion | O | 0755 1 | 271 | |
| Project Manager for Mon | itoring Firm | | Telephor | ne Number | | | ne Number | River, New Jer | | | 2/1 | |
| Scheduled Start Date (10) | 1000 | -+ | Schedule | d Complet | tion Date (11) | | 9-9932 OSHA Monitor | 00624 | | | | |
| 2/26/13 | | | 2/28 | | | 3,141.710 0.2 | | S.L. Analytical | | | | |
| Occupancy Status During X Fac | Abatement (Check ility Closed/Vacate | | | | | Street Ac | Y. | Ct. It. D. I | | 1 | | |
| | atement Performed | | | | | | | Stelton Road | | | | |
| | er – Describe | | | | iouis | City, Sta | te, Zip Code Pisca | taway, New Jers | ey 08 | 854 | | |
| Scope of Work (Check all | that apply) | | | | | | | ent with Negative P | | | | |
| | | | | | | į į | | | Casure | | | |
| | of or ≥3 lf | | [] | Renova | | [] | Glovebag Proc | edure | | | | |
| [X] ≥16 | 0 sf or ≥260 lf | | [x] | Demoli | tion | [x] | Non-Exempted | (*) and Non-Friable | Proced | lure | | |
| | | | | | | | | | Aba | tement | Type | |
| | |] | s Locati | on | 1 | Description | n of | | | T | Ť. | T - |
| Location | | | ormally | | | Asbestos-Con | taining | Amount | RE | R E | E | E |
| Asbestos-Containing M | | | Solely b | | 1 | Material (A | | (Specify SF | M | P | C | C |
| TO BE ABA in facility | | Mainte | nance/C Staff | Custodial | | (i.e., thermal s | | or LF) | 0 | A | A | L |
| (13) | , | | (12) | | 1. | insulation, sur VAT, o | | | ·V | I R | PS | O S |
| | -, - | | () | | | other miscella | | | Α | | U | U |
| | | YES | NO | N/A | | | | | L | | L E | R E |
| Exterior | | | X | 7 | Asbestos s | ding | | 1500 sf | X | - | Б | Е |
| | | | | | | | | | | | | |
| | | | He . | | | | | | | | | |
| | | | | | | | | | | 1 | | |
| | me of Registered Waste Hauler NJDEP Waste Hauler | | | | | | Name of Regis | tered Landfill | | | L | |
| City, State | Guardian Contracting, Inc. 20223 ty, State Dispos | | | | | | T.R.R.F. | | | | | |
| Toms River, | Toms River, New Jersey 3/01/ | | | | | | wn Pennsylvan | ia | | | | |
| Completed by (Print or Typ | | Title | | | Signature | 11.1 | / | 1 | Date | | | |
| Nicholas Fern | licola | 700000 | Manag | | [. X] | Mol | ter | -1 | 2/2: | 5/2013 | 3 | |
| | | *Do | not use | this form | for asbestos li | censure exemp | oted activities. | | | The state of the s | 3-90 | 470.450.00 |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | 2/25/2013 | | | | Name o | f Building | Owner/Ope A to Z | rator (2) Site Contractor | s, Inc. 20/3/20 | 02 | (2 | 9.2 | 5 |
|--|---|---------------------------------|--------------------|-------------------|-----------------------------|---------------------|---------------------|---|-------------------------------------|---|-------------------|----------|---------|
| Agencies Notified [x] EPA [] DEP [x] DOL | [] Ame | al Notific nded No ndment | tification | , a | Street A | ddress | de | ark Avenue | 7 08701 | ``` | PH 2. | · 30: | - |
| [x] DOH [] DCA | justi | fication) cellation | | | Name of | f Contact Irving | Perlstein | | Telephone Numbe | r | 1/1/07 | 4 | |
| | | | | FAC | CILITY I | NFORM | IATION | , 6 <u>— — — — — — — — — — — — — — — — — — </u> | | | 0000-000 | 200 | |
| | batement is Takin idence | g Place | (3) | | | | | Type of Facility (| School (k-12) Subchapter 8 (o | ther tha | ın k12) | | |
| Street Address 25 (| Garfield Avenu | dinie dita | | | | | | [x] | Other (i.e., priv | | 450 | cial bui | ldings, |
| City | 97 | Coun | ty (6) | | County C (STATE | ode (7) USE ONL | Y) | Square feet 1500 sf | # of Floors | | Bldg. Age 60 | | |
| Lakewood | | | | - | Current Use (Prior Resid | if being demolished | 1) | | | | | | |
| Name of Monitoring Firm N/A | | g Owner | (8) | | ASCM N | 0. | Name of | Abatement Contract | | Inc | | | |
| Street Address | | | | | | | Street Ad | dress | | | | | |
| City, State, Zip Code | | | | | | | City Stat | te, Zip Code | Route 9, Unit 61 | <u> </u> | | | |
| City, State, Zip Code | | | | | | | City, Stai | | River, New Jers | sey 08 | 755-1 | 271 | |
| Project Manager for Monite | Number | | | 732-349 | e Number 9-9932 | License 1 00624 | | | | | | | |
| Scheduled Start Date (10) 2/26/13 | · zistur | | Scheduled 2/28/ | | ion Date (1 | 11) | Name of | OSHA Monitor E.M.S | S.L. Analytical | | | | |
| [] Abat | \batement (Check ity Closed/Vacate ement Performed r – Describe | d During | g Entire Per | | | | Street Ad | 1056 e, Zip Code | Stelton Road | 000 | | | |
| Scope of Work (Check all t | | | | | | | [] | | away, New Jersont with Negative Pro | | 554 | | |
| | or≥3 lf | | r i | D | | | [] | Mini-Enclosure | | cssure | | | |
| | sf or ≥260 lf | | [x] | Renova Demolit | | | [x] | Glovebag Proce Non-Exempted | (*) and Non-Friable | Proced | ure | | |
| | | | | | | B | | | | Aba | ement | Туре | |
| Asbestos-Containing Ma TO BE ABAT | other miscellaneous) | | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E | | |
| Exterior | | 1 | X | | Asbes | tos sidin | g | 37.1 | 1500 sf | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | 1.1 | | | | | | |
| Name of Registered Waste I Guardian Con | | N | IJDEP Wasi | 0223 | | Cubic Yar | rds of Waste | T.R.R.F. | tered Landfill | | | | |
| City, State Toms River, 1 | New Jersev | | | Dispose 3/01/1 | | | City, Sta | te ∗yn, ∦ennsylvan | ia | | | | |
| Completed by (Print or Type Nicholas Fern | e) | Title Projec | ct Manag | | Signatur | Mic | hol | Te | 1 | Date 2/25 | 5/2013 | <u> </u> | |

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

Check # 8509

| Date of Notification (1) | | | Т | Nama | of Building | O | · · · · · · | (0) | | | | 0 | | 1 | |
|---|-----------------------------|-------------|----------|---------|--------------------|---------|----------------------|------------|----------------------|--------------|------------------|---------|------------|--------------|-----------|
| a | 1-96- | 13 | | ivanie | Esta | te | of | Wi | llian | Pa | o le | 2 | 1 | 1 . | > |
| | ype Notification | | | Street | | | | | | | | | 2) | F | |
| D EPA | Initial Amended | | tarib) | CH. C | tate, Zip Co | | 100 100 | | | 1 | Blvd | in a | 0 | | |
| DOL. | Amendment | # | | City, 3 | Late, Zip Co | lew | PRO | vid | ence | | NJ | 07 | 9 | LU | 6. |
| DOH | Emergency (i justification) | including | - 1 | Name | of Contact | | | | | Te | ephone | umber | | ÷. | V.s. |
| DCA □ | Cancellation | | | Ka | thleer | 1 / | MAN | nik | (<u> </u> | | | | | | |
| Name of Facility Where Aba | tement is Taking | Place (3 | 3) | 7 | ILITY INFO | ORMAT | ION | Type o | of Facility | (4) | | | 100 | | |
| Single fo | imily | Du | ell | ing | | | | | chool (K | | | | | | |
| Street Address | unray , | 11.11 | 1 2 | 2/- | / | | | ,D S | ubchapt | er 8 (Oth | er than K | 12) | :: | į. | |
| City (5) | | | | ive | | | 1 | e | tc.) | | | | | | ies, |
| New PR | Rovidence | e | N | T | 53 | | | Square | Feet | # 0 | f Floors | | Bldg. | Age 5 t | _ |
| County (6) | ~~ | | T | County | Code (7) | 1 | | Curren | t Use (P | rior if bei | ng demol | shed) | - | | |
| Name of Monitoring Firm Hi | red by Building C | wner (8) | | | M No. | | T Name | -f Ab -1 | | | | | | | |
| EPC Tee | B D | Sie | | 1 | NA | | Name | P | Contract of | ontractor | - 48 | 200 | æ | 7 | |
| Street Address | | | | | 4-10- | | | Address | 1 | | 7010 | 316 | 9 | 41 | 36 |
| City, State, Zip Code | ox J | <u> </u> | _ | | | | Y. | 0. | <u> </u> | 33 | * | | O . | | |
| New Eq. | tay | NJ | 5 | 08 | 53 | 3 | N S | tate, Zip | | 104 | ALT | 70 | 9 | 5.3 | 2 |
| Project Manager for Monit r | U 8.0 | | | Telepho | | | | one No. | J | | License | No. | 3.6 | 20 | |
| Start Date (10) | nen ken | Schodule | d Con | 900 | 758-3 Date (11) | 3365 | | 758 | - 33 | 65 | | 0, | 59 | 4 | |
| 3-8-13 | | 3 | |) — (| | | | | A Monito | | 2300 | - | | | |
| Occupancy Status During Al | atement (Check | Only On | e) | | | | Street | Address | iean | <u>volo.</u> | gies | 7 | nc | | |
| Facility Closed/Vacated Abatement Performed | During Entire Po | eriod of A | batem | ent | | | P.0 | 0,1 | 300 | 33 | 37 | | | 6 | |
| ☐ Other – Describe: | outside of Norma | ai Facility | , nouis | | | | | | | | NJ | 19 | ME. | 75 | , |
| Scope of Work (Check All Th | nat Apply) | - | | | | | 100 | <u> </u> | -51 | PT_ | 100 | 0 | | رو | 2 |
| ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | | | enovat | | | |)B |) Full (| Containn | nent with | Negative | Pressu | ire | | |
| LI 2160 St 0r 2260 IT | | | emoliti | on | | | | Mini- | Enclosus ebag Pro | re | | | | | |
| | | | | | T | | | Non- | Exempte | ed (*) and | Non-Fria | ble Pro | The latest | | |
| Location of | 18 7 | 1000 | Location | | 3 9 | | | | | | | | | ement /pe | : |
| Asbestos-Containing Mar | | | Solel | | | os Cont | scription aining Ma | aterial (A | | Ar | nount | | П | m | |
| TO BE ABATE In Facility | ū | 1 2022 | odial S | | (i.e. i | surfac | systems cing, VAT | , or | on, | | pecify or LF) | Remova | Re | ncap | Encl |
| (13) | | - | (12) | | | other m | niscellane | eous) | | | | loval | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | fe | |
| Garage | | X | | | Air D | uct | WRO | P | | 50 | 1 LF | X | | | |
| | | | | | 1 | | | | | - | | | _ | | |
| | | | | | | | | | | | | _ | | | |
| Name of Registered Waste H | lauler | | IN | DEP W | lasta | Cubic ' | Varde | | Nama af | Dominto | ad == dE | | | | |
| | | | | uler ID | No. | of Was | | 1 | | 70 | ed Landfi | | | | |
| City, State | nologies | • | | 700 | 00 | Disnos | al Date | 1 | City, Stat |)TC / | Nand | Jen | ne/ | ,7 | |
| New Egy | A ta | ZV | | | | Siopos | U. Date | | More | WS UI | 'lle | PA | - | | |
| Completed by | 100 | Title | ٠, ٨ | | | Si | gnature | | | 1 | D | ate | 7 / | 1. | 7 |
| Steve Schent | VENE | Pres | side | nT | | 1 | Dlee | 40) | 2CKe | oh. | | 2-3 | 46 | -13 |) |

| Date of Notification (1) | <u> </u> | | N | ame of E | Building Owner/O | perator (2 | / 1 | | ~~~ | | | |
|------------------------------------|---|-------------------------|---------------------|--|-----------------------------|------------|----------------------------|---|---|----------|-------------|--|
| | 9-96-13 | 5 | | | Emm | ret | + Comp | eny In | C | | | |
| Agencies Notified | Type Notification | Carathar English (1977) | S | treet Ad | dress 12 | Pea | Dack | Road | NEW YORK | B04 . 44 | | 4 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| □ EPA □ DEP | □ Amended | | C | | e, Zip Code Fa | | | | 31 | . 43 | \$ 2-1 | A second |
| DOL. | Amendment #_ Emergency (inc | | 184 | OFFICE AND ADDRESS OF THE PARTY | Contact | CIC P | 1112 10 | Telephone Numb | 21 | 1 | 3 | |
| DOH DOA | justification) | | 10000 | ame of | Contact is Emn | ne t | | Telephone Numb | er i | | - 1 | |
| DCA | ☐ Cancellation | | | | ITY INFORMATI | | ''' | | 'OC | , . | | 7 |
| Name of Facility Where | | | ۸ | | | | Type of Facility (| 4) | | 0 | 65 4 | |
| single far | rily office | - BI | dq | | 1 | | School (K-1 | | = | | 1 | 4 |
| Street Address | ea pack | | \neg | | | | Subchapter Other (i.e. p | 8 (Other than K-12) rivate & commercial | build | rings, | nome | s, |
| Cib. (E) | Square Feet # of Floor | | | | | | | | BI | dg. A | je | |
| Far | Hills | NI | | 57° | | | Current Hea (Pri | or if being demolishe | -d) | 60 | 1 + - | |
| County (6) Son | nerset | | | county C | SE ONLY) | | Ourient Ose (Pili | A II Dellig delliolistie | , | | | |
| Name of Monitoring Firm | n Hired by Building Ov | vner (8) | | ASCM | No. | Name o | f Abatement Cor | tractor (9) | io S | , , | 7- | |
| Street Address | S 100 | 3003 |) | | 1-10-3 | | Address | 200 | 6 | , 4 | 711 | 6 |
| P.O. | Sox 33 | 3 8 | _ | - 4 | | City St | 0. Box ate, Zip Code | 337 | _ | | | _ |
| City, State, Zip Code | tave | N2 | | 380 | 533 | Ne | w Equ | DA 40 | 0 | 35 | 3 | 3 |
| Project Manager for Mo | eithri g Firm | | 1 12 | elephon | ne No. 7 58- 3365 | | one No. 3 7.58~ 334 | License No | 1.7 | 19 | 4 | |
| Start Date (10) | CHEN NEW | schedule | d Com | pletion [| Date (11) | Name o | of OSHA Monitor | | | | - | |
| 3-9-1 | | | | 9-1 | 3 | | | hnologies | <u>`</u> | | | |
| Occupancy Status Durin | | | | | | 1 - | Address Bo | 337 | | | | |
| Facility Closed/Vac | cated During Entire Per med Outside of Norma | eriod of A | batem Hours | ent | | - | ate, Zip Code | | | | | |
| Other - Describe: | | | • | | | | lew Eg | EVS + QV | (| 98 | 53 | 3 |
| Scope of Work (Check | All That Apply) | | | | 50 | | | TV | | | | |
| ≥ ≥3 sf or ≥3 lf | | 17/015 17/016 | enovat | | | | | ent with Negative Pr | essu | re | | |
| □ ≥160 sf or ≥260 lf | | | emoliti | UII | | 28 | □ Glovebag Pro □ | cedure | o Dec | nod | | |
| | | T | | | | | Non-Exempte | d (*) and Non-Friable | e Pro | Abate | | |
| 255 | | 100 | Location lormall | 225-00 | | oodat | of | | | | ре | |
| Location Asbestos-Containing | | Use | d Solel | y by | Asbestos Con | | aterial (ACM) | Amount | _ | | щ | m |
| TO BE A | BATED | | intenar odial S | 100 CONT | | I systems | insulation, T. or | (Specify SF or LF) | Remova | Repair | cap | nclo |
| In Fac (13 | | | (12) | | | miscellan | | @002 - 2000 jj. 2000 . 2 0 | oval | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | 6 | |
| Basement | | × | | | Pipe I | nsu | lation | 100 LF | X | | | - |
| | | | | | • | | | | - | - | - | |
| | | | | - | | | | | - | - | _ | - |
| Name of Registered W | aste Hauler | | IN | JDEP W | Vaste Cubic | c Yards | Name of | Registered Landfill | <u></u> | | | |
| 2002 | | | | auler ID | No. of Wa | | 2 W | aste Man | ase | m | ent | L |
| City State | chnologies | | | 1/0 | | osal Date | City Sta | te | P | | | |
| New E | -quot | NJ | | | | | | nisville | | 4 | | |
| New E Completed by Sheve Sch | Vac | Title | 1 | + | | Signature | 500 | Da | о О-с | 26 | -17 | 3 |
| Steve Joh | en nea | MKE | Sid | ent | | U | The property | or (| <u>, , , , , , , , , , , , , , , , , , , </u> | _ | | |

GAC Project # 060-12

| Cheft Froject # | | 0.00 | | | | | | | | | | | |
|---|--------------------------------|---|----------------|---|--|------------------|------------------|----------------|---------------|--|------------------------|---------|--|
| Date of Notification (1) | 25 20 | 40 | | | Name of Building Owner/Operator (2) | | | | | | | | |
| February | | | | | RUTGERS, THE | STATE | EUNI | VER: | SITY C | FAJ | • | ł. | |
| Agencies Notified EPA DCA | 0 | | Notificated No | tification #3 add | Street Address ENVIRONMENTA 27 ROAD 1, BLDG | L HEA 3 4086 | LTH | & SA | FETY TON (| DEPT | JS' | 1 | |
| ☑ DOL ☑ DEP- No Longer REQUIRED | | naterials completion | | ations & extend | City, State, Zip Code PISCATAWAY, N. | | | | 4 | 00 | -2 | | |
| ⊠ DOH | | justifi | cation) | (including) | Name of Contact MICHAEL SMITH, | ENV. | | Tele | phone 1 | Number | 7 | G | |
| | | ☐ Cance | elled | | HEALTH & SAFET | I Y | | 1 | | .0. | 1 50 | O' | |
| Name of Facility Where Abatemen TILLET HALL, BLDG# 41 | t is Taking | Place (3) | | FACILITY IN | FORMATION Type of Facility (4) School (K-12) | | | | | | S. | | |
| Street Address LIVINGSTON CAMPUS | | | | | Subchapter 8 (other Other (i.e. private & c | commerc | cial buil | dings, l | nomes, e | etc.) | | | |
| City (5) | unty (6) | | Coun | ty Code (7) | Sq. Feet: N/A | # of Flo | oors: | Bld | g. Age: | 60+ y | ears | | |
| PISCATAWAY | MIDDLE | 1994 - 1994 | | Use Only) | Current Use (prior if being | ng demo | olished |): AC | ADEMIC | C | | | |
| Name of Monitoring Firm Hired by ATC ASSOCIATES | 4 No. 8 | Name of Contractor (9) | | | | | | | | | | | |
| Street Address | | | 1 | | GREENWOOD ABA | TEME | NT C | ONSL | JLTAN | TS, IN | C. | | |
| 3 TERRI LANE | | | | | Street Address 268 MAIN STREET | | | | | | | | |
| City, State, Zip Code BURLINGTON, NJ 0801 | | City State, ZipCode BUTLER, NJ 07405 | | _ | 1100 - 300 - | | | | | | | | |
| Project Manager for Monitoring Fire BRIAN KEARNY | | Telephone Number | | | | se Numi | ber | | | | | | |
| Scheduled Start Date (10) | S | cheduled (| ompletic | on Date (11) | 973-492-0477 | | | 0084 | 40 | | | | |
| 01/02/13 | 0. | 4/01/13 | | on Date (11) | Name of OSHA Monitor 1 ENVIROVISION, IN | C. | | | | ř. | | | |
| Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside | Entire P | eriod of A | bateme | nt | Street Address 20-21 WARGARAW | | , | | | | | | |
| Describe Other – Describe: Shift Hou | | 84 | | M (Phased) | City, State, Zip Code | | | | | | | | |
| Scope of Work (Check all that apply | 4) | | | | FAIRLAWN, NJ | 0 | | | | | | | |
| ocope of work (offects all that apply | Δ | | | | _ | Eull C | ontoin | mont | ith Name | - M D. | | | |
| \geq 3 sf or \geq 3 lf \geq 160 sf or \geq 260 |) | | | ▼Renovation □ Demolition | | Mini-E Glove | Enclos ebag F | ure Procedu | ıre | ative Pre | | | |
| Location of Asbestos-Containing | Is Location | on Normal | y Used | Description of Ash | estos Containing Material | Non-Ex | Amoun | | | riable in | | ure | |
| Material (ACM) in Facility (13) | Solely by Staff? (12 YES | / Maint./Cu | stodial | (ACM) (i.e. therm VAT, or other miss | al systems insulation, surfac | ing, (| Specif or LF) | | | Repair | - | Enclose | |
| Basement, 1 st , 2 nd , 3 rd Floors | | X | | TSI - Fittings | | - | <9 LF | - | X | | | _ | |
| 1 st Fl. Mens & Ladies Rooms | | X | - | VAT | | _ | 140SF | _ | X | - | - | | |
| Rooms 108 & 103B | | X | | VAT | | | 500 S | | X | + | | | |
| Rooms 201 Suite | | X | | VAT | the second second | _ | 700 S | _ | X | - | - | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | DEP Wast | | | Cubic Yards of Waste: | 25 CY | | Name | of Regis | tered Lar North I | | | |
| Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Horizon Disposal Servic NJ DEP # 22612 | es, Inc., | | | | | Disposi 04/01 | Mark Control | | 1 F | Dity, State 00 New Rd. Morri 19067 215-736-1 | e Ford M sville, | lill | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | IIOR PR | OJEC | т | Signature Raymand C. Ped | dalino | , | Date F | | ry 25, | | 2 | |

GAC Project # 060-12

| Client Project # | | | | | Name of Building Owner/Op | erator (2) | | 7 | 3 | - CA | | | | |
|---|--|------------------|------------|--------------------------------|---------------------------------------|---------------------------------------|-----------------|-----------|-----------------------|----------|----------|--|--|--|
| Date of Notification (1) | ry 31, 20 |)13 | | | RUTGERS, THE STATE UNIVERSITY OF NJ | | | | | | | | | |
| Agencies Notified | y 01, 20 | Notification | Туре | | Street Address | | | | | | | | | |
| □ EPA | | ☐ Initial N | | on | ENVIRONMENTAL H | EALTH 8 | SAF | ETY D | EGI. | - 3 | | | | |
| □ DCA | | | | cation #2 add | | | | | | | | | | |
| X DOL | | materials & | & locatio | ons & extend | City, State, Zip Code | | | | | | | | | |
| DEP- No Longer REQUI | RED | completion | | | PISCATAWAY, NJ 08 | 854 | | 1, | -70 | ę: L | 1 | | | |
| ☑ DOH | | □ Emerg | | cluding | Name of Contact | | Teleph | none Nu | mher | , | 1 | | | |
| | | justific | | | MICHAEL SMITH, EN | <u>V.</u> | | | - | | | | | |
| = | | □ Cance | | | HEALTH & SAFETY | 1 | | 67 | - 9 | 3 | (| | | |
| | | _ Canco | | FACILITY INF | | | | | - | 8 | | | | |
| Name of Facility Where Abate | ment is Ta | king Place (3) | | | Type of Facility (4) | | | | | | | | | |
| TILLET HALL, BLDG | # 4146 | | | | School (K-12) | 14 40) | | | | | | | | |
| Street Address | | | | | Subchapter 8 (other than | | b. | | | | | | | |
| LIVINGSTON CAMPU | IS | | | | Other (i.e. private & com | mercial build f Floors: 6 | ngs, no Blda | Age: | 60+ ve: | ars | | | | |
| | | 21 | Country | Code (7) | Sq. Feet: N/A # o | 1110015. | Diug. | ngo. | 50. you | | | | | |
| City (5) | County (6 | | | Use Only) | Current Use (prior if being of | lemolished) | : ACA | DEMIC | | | | | | |
| PISCATAWAY | MIDE | DLESEX | 10,000 | | | near a | | | | | | | | |
| Name of Monitoring Firm Hire | d by Blda | Owner (8) | ASCM N | Vo. | Name of Contractor (9) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| ATC ASSOCIATES | a by blug. | CHILCI (U) | 0098 | | | | | | | | | | | |
| ATO ASSOCIATES | | | | GREENWOOD ABATE Street Address | MENT C | DNSU | LTANT | S, INC. | | | | | | |
| Street Address | | | | | | | | | | | | | | |
| 3 TERRI LANE | TERRI LANE | | | | 268 MAIN STREET | | | | | | | | | |
| | | | | | | | | orth same | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | | |
| BURLINGTON, NJ 08016 | | | | | BUTLER, NJ 07405 Telephone Number | | Licens | se Numb | er | | | | | |
| Project Manager for Monitorin | Telephone 1 609-386 | | | Telephone Number | | 2.00.10 | 7 1 101111 | | | | | | | |
| BRIAN KEARNY | BRIAN KEARNY 609-386 | | | | 973-492-0477 | | 0084 | 0 | | | | | | |
| Scheduled Start Date (10) | Til. | Scheduled (| Completion | n Date (11) | Name of OSHA Monitor | | | | | | | | | |
| 01/02/13 | 10. | 03/04/13 | | 1 | 1 INC | | | | - F | | | | | |
| | | 1 | | | ENVIROVISION, INC. Street Address | | - | | _ | | | | | |
| Occupancy Status During A | batement | (Check only o | ne) | | Street Address | | | | | | | | | |
| □ Facility Closed/Vacated I | Juring Ent | tire Period of F | Datemen | t . | 20-21 WARGARAW R | OAD | | | | | | | | |
| Abatement Performed O | utside of N | normal Facility | nours - | | City, State, Zip Code | | | | | | | | | |
| Describe Other – Describe: Shift | Hours. | 3:00 PM - | 5:00 A | M (Phased) | | | | | | | | | | |
| Mother - Describe. Silili | i ilouis. | 3.00 1 101 | 0.0071 | () | FAIRLAWN, NJ | | | | | | | | | |
| | | | | | 1 AIREATTI, III | | | | | | | | | |
| Scope of Work (Check all that | t apply) | | | | п | Full Contain | ment w | ith Nea: | ative Pre | ssure | | | | |
| - 1 <u>2.</u> | | | | Din " | 80024 | Mini-Enclo | | nui iveg | auve i ic. | 33010 | | | | |
| ≥ 3 sf or 3 | | | | Renovation | · · · · · · · · · · · · · · · · · · · | Glovebag I | | ire | | | | | | |
| ≥ 160 sf or | ≥ 260 | | | Demolition | | Non-Exemp | | | -Friable F | rocedi | ure | | | |
| | J. 11 | Leasting Marris | dly Lland | Description of As | sbestos Containing Material | Amou | | | nent Type | | | | | |
| Location of Asbestos-Contain Material (ACM) in Facility (13 | | Location Norma | Custodial | (ACM) (i.e. therr | mal systems insulation, surfacin | g, (Spec | fy SF | Domour | e Repair_l | Encan F | Enclose | | | |
| waterial (ACM) in Facility (10 | | aff? (12) | | VAT, or other mis | scell.) | or LF) | | Kemove | e Repair_l | Litedp [| _1101056 | | | |
| | The second secon | ES NO | NA | | | <9 L | E | X | | | | | | |
| Basement, 1 st , 2 nd , 3 rd Flo | | X | | TSI - Fitting | S | | | X | | - | - | | | |
| 1st Fl. Mens & Ladies Ro | oms | X | | VAT | | 1405 | | X | - | - | - | | | |
| Rooms 108 & 103B | | X | | VAT | | 500 | | - | stered La | ndfill | | | | |
| Name of Reg. Waste Hauler | | NJDEP Wa | | r ID# | Cubic Yards of Waste: | 20 CY | GR | O.W.S | North | Landfi | iII | | | |
| See Hauler Below #1 & | | See Belo | | - <u> </u> | | | 07.00.00 | | | | | | | |
| Hauler #1) Greenwood Aba | tement Co | nsultants, Inc. | - Butler, | NJ 07405 | | Disposal D | 777700 | | City, Stat 100 New | | Aill | | | |
| NJDEP # 12561 | | | | | | 03/04/13 | | - | Rd. Morr | | | | | |
| Hauler #2) Horizon Disposa NJ DEP # 226 | l Services, | Inc., Trenton | , NJ U8611 | 10.00 | | | | | 19067 | | | | | |
| NJ DEF# 220 | 14 | | 34 | 100 | 10: | | Data | | 215-736- | 1700 | | | | |
| Completed by (Print or Type | | Title | 200 15 | OT. | Signature | | Date | Janua | ry 31, 2 | 2013 | | | | |
| RAYMOND C. PEDA | LINO | SENIOR | | . 1 | Raymand C. Pea | alino | | Janua | . , 0 . , 2 | | | | | |
| | | MANAGE | K | | | | | | | | | | | |

GAC Project # 060-12

| lient Project # | | | | (D. 11.11 - O 10 | -ata- (2) | | | | | | | |
|---|--|----------------------------------|---------------------|--|-------------------------|----------|--------|--|-----------------------------------|--|--|--|
| Date of Notification (1) | | | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | | | | | | | | |
| January 2, Agencies Notified | Notification | | | Street Address (-2 | | | | | | | | |
| □ EPA | □ Initial | Notificat | ion | ENVIRONMENTAL HE | ALIH | SAF | EIYL | JEP 155 | | | | |
| D DCA | XAmen | led Notif | ication #1 | 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPOS | | | | | | | | |
| X DOL | additiona | 1 material | ls & location | City, State, Zip Code | | | 6 | 00 | 1 | | | |
| ☑ DEP- No Longer REQUIRED | | gency (ir | | PISCATAWAY, NJ 08854 | | | | | | | | |
| DOH | | cation) | ioidag | Name of Contact Telephone Number | | | | | | | | |
| E DON | □ Cano | | | MICHAEL SMITH, EN | 1. | | | | - T | | | |
| | L Cano | elled | | HEALTH & SAFETY | _ \ | | | | - 1 | | | |
| | | 777 | FACILITY INF | | | | | se tile i | 5 1 | | | |
| Name of Facility Where Abatement is | Taking Place (3 | 1 | 77.0.2 | Type of Facility (4) | | | | G2 | G Ø | | | |
| TILLET HALL, BLDG# 414 | S Taking Tidoo to | L | | ☐ School (K-12) | | | | | 60 | | | |
| TILLET HALL, BLDG# 414 | | | U 2500 - 1000 | Subchapter 8 (other than | (-12) | | | No. | | | | |
| Street Address | | | | Other (i.e. private & comm | | inas, ho | mes. e | c.) | | | | |
| LIVINGSTON CAMPUS | | | | Sq. Feet: N/A # of | Floors: 6 | Blda. | Age: | 60+ ve | ars | | | |
| | 1. (0) | County | Code (7) | Sq. r ccc rvA | 1 100101 | | | | | | | |
| | ty (6) IDDLESEX | | Jse Only) | Current Use (prior if being demolished): ACADEMIC | | | | | | | | |
| V (14 % to Firm Hindley B | da Oumor (9) | ASCM | No | Name of Contractor (9) | | | | 30 | | | | |
| Name of Monitoring Firm Hired by B | ag. Owner (o) | 0098 | | Alexander de la | | | | | | | | |
| ATC ASSOCIATES | | 0030 | 10 | GREENWOOD ABATEI | WENT CO | USNC | LTAN | TS, INC | | | | |
| Street Address | | | | Street Address | 3 - 3 | | | | | | | |
| Street Address 3 TERRI LANE | | | | 268 MAIN STREET | | | | | | | | |
| City State 7in Code | | | City State, ZipCode | 1 | | | | | | | | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | | | BUTLER, NJ 07405 | | | | | Hell Services | | | |
| BUKLINGTON, NJ 00016 | Telephone | Number | | Telephone Number | | Licens | se Num | ber | | | | |
| Project Manager for Monitoring Firm | 609-38 | | Total Talling | X 10 | | | | | | | | |
| BRIAN KEARNY | 009-38 | 0-0000 | | 973-492-0477 | | 0084 | 0 | | | | | |
| Sahadalad Start Data (40) | Scheduler | Completio | n Date (11) | Name of OSHA Monitor | | | | | | | | |
| Scheduled Start Date (10) | 02/04/1 | | T Date (TI) | 1 | | | | 12 | | | | |
| 01/02/13 | 02/04/1 | , | -8 | ENVIROVISION, INC. | | | | - | | | | |
| Occupancy Status During Abatem | ent (Check only | one) | 70.0 | Street Address | | | | | 188 | | | |
| □ Facility Closed/Vacated During | Entire Period of | Abatemer | ıt | | 20120-020 | | | | | | | |
| ☐ Abatement Performed Outside | of Normal Facili | v Hours - | | 20-21 WARGARAW RO | DAD | | | | | | | |
| Describe | or Normal Lacin | , 1.0u10 - | | City, State, Zip Code | | | | | | | | |
| ☑Other – Describe: Shift Hou | rs: 3:00 PM | - 5:00 A | M (Phased) | | | | | | | | | |
| Elother - Describe. Stifft Hot | | 0.507 | () | FAIRLAWN, NJ | | | | | | | | |
| | | | | LAILTHAAIA' IA2 | ES 10.5 | | | | | | | |
| Scope of Work (Check all that apply |) | | | | | 7 | | 0 | | | | |
| Googe of Work Torreck all trial appro | 4 | | | - F | ull Contair | ment w | ith Ne | gative Pre | ssure | | | |
| ▽ - 0 - f 0 f | | | ⊠ Renovatio | | Mini-Enclo | sure | | | | | | |
| ≥ 3 sf or ≥ 3 lf | | | □ Demolition | 9,000 | Glovebag F | | ire | | | | | |
| | | | L Demonuon | | on-Exempl | | | -Friable F | Procedure | | | |
| 21 21 22 22 | | | Tp (. | A CONTRACTOR OF THE CONTRACTOR | Amoui | | | ment Type | | | | |
| Location of Asbestos-Containing | Is Location Norr | nally Used | Description of A | sbestos Containing Material mal systems insulation, surfacing | | fy SF | 1.00 | | 7 | | | |
| Material (ACM) in Facility (13) | Solely by Maint. Staff? (12) | Custodial | VAT, or other m | scell.) | or LF) | | Remo | ve Repair | Encap Enclose | | | |
| | YES NO | NA | , 5. 5.116. 111 | | | | | 10 | | | | |
| et and ard | IX | | TSI - Fitting | \$ | <9 L | F | X | | | | | |
| Decement 4st 2nd 2nd Electe | | | | | 1408 | | X | | | | | |
| Basement, 1 st , 2 nd , 3 rd Floors | X | | VAT | | 1400 | • | 1 | | + | | | |
| 1st Fl. Mens & Ladies Rooms | | | | | | T.V. | | | 1611 | | | |
| | C | | r ID# | Cubic Yards of Waste: 1 | 0 CY | Name | of Rec | istered La | natili Landell | | | |
| 1 st Fl. Mens & Ladies Rooms | NJDEP V | laste Haule | 1011 | West Control of the C | | G.R. | U.W.S | . North | Lanofili | | | |
| 1 st FI. Mens & Ladies Rooms Name of Reg. Waste Hauler | NJDEP V See Bel | | | | | | | | | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | See Bel | ow | | Ir | Disposal Da | ate | | City, Stat | te | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen | See Bel | ow | | | Disposal Da | | | 100 New | Ford Mill | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 | See Bel | ow c. – Butler, | NJ 07405 | | 0isposal Da 02/04/13 | | | 100 New Rd. Morr | | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Horizon Disposal Servi | See Bel | ow c. – Butler, | NJ 07405 | | | | | 100 New Rd. Morr 19067 | Ford Mill risville, Pa | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 | See Bel | ow c. – Butler, | NJ 07405 | | | | | 100 New Rd. Morr | Ford Mill risville, Pa | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Horizon Disposal Serv NJ DEP # 22612 | See Bel | ow c. – Butler, | NJ 07405 | Signature | 2/04/13 | Date | | 100 New Rd. Mori 19067 215-736- | Ford Mill risville, Pa 1700 | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Horizon Disposal Servi | See Bel Consultants, Inces, Inc., Trento | ow c. – Butler, n, NJ 0861 | NJ 07405 | | 2/04/13 | Date | Janua | 100 New Rd. Morr 19067 | Ford Mill risville, Pa 1700 | | | |

GAC Project # 060-12

Client Project # Date of Notification (1) Name of Building Owner/Operator (2) December 21, 2012 RUTGERS, THE STATE UNIVERSITY OF MJ Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ EPA ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐ Amended Notification X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Telephone Nimbor X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. 4 . **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TILLET HALL, BLDG# 4146 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) (State Use Only) **PISCATAWAY MIDDLESEX** Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 01/02/13 02/04/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **X**Renovation Mini-Enclosure □ > 160 sf or > 260 Demolition ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO Basement, 1st, 2nd, 3rd Floors X TSI - Fittings <9 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 02/04/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Completed by (Print or Type) Title Date RAYMOND C. PEDALINO SENIOR PROJECT December 21, 2012 Raymand C. Pedalino MANAGER

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ February 25, 2013 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. I Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification □ DCA City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Telephone Number Name of Contact X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) PHARMACY, BLDG# 3750 ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years County Code (7) City (5) County (6) Current Use (prior if being demolished): ACADEMIC (State Use Only) **MIDDLESEX PISCATAWAY** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code **BUTLER, NJ 07405** BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 03/11/13 03/07/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure Mini-Enclosure ≥ 3 sf or ≥ 3 lf **⊠**Renovation X Glovebag Procedure ≥ 160 sf or ≥ 260 Demolition ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA **BENCHTOPS** 500 SF X 404 X <9 LF X TSI (Breeching Insulation) 404 X Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 10 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 03/11/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Signature Completed by (Print or Type) Raymand C. Pedalino February 25, 2013 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

| Date of Notification (1) | e I Me | omo of Puildia | - 0 10 | | | | 100 |
|---|--|------------------|--------------------------------------|------------------------------|---------------------|----------------|--------------------------|
| 02/17/2 | 013 | arrie or Buildin | Owner/Operator | ielour | ` | UI3FED | <i>}</i> , |
| Agencies Notified Type Notificat EPA [Initial] DOLWD | ion St | reet Address | Tuldu | strial | DC . | ,0,2 | Ph |
| | Ci | ty, State, Zip | Code | JIII | <i>D</i> 1. * | | <u>-'/ २.</u> |
| ☐ DCA ☐ Emergency | 11.11 | NON | naville | | | · () | |
| (NJAC 5:23-8) Justification | (including Na | me of Contac | TOTITIC | | 17-1-1 | - 1 | |
| Cancellation | A STATE OF S | im | Timplan | \wedge | Te 3 | | |
| | | EACH ITY IS | FORMATION | li I | | | |
| Name of Facility Where Abatement is Ta | king Place (3) | -ACILIT II | PORIVIATION | Time of Facility | 70 | | |
| Diegtried 1 | 194 7 | 10 | | Type of Facility School (K- | | | |
| Street Address | 1 1 | ٠. | | ☐ Subchapter | 8 (Other than K-1 | 2) | |
| 33 Indus | strial | \ <u>\</u> | | Ly Other (i.e., | private and comm | ercial buildin | gs, |
| City (5) | 111111 | <i>)</i> l | | homes, etc | | | |
| County (6) Pennsville | | | | 2000 | # of Floors | Bldg. A | ige v. 57 |
| 5010m | C | ounty Code (7 |)(STATE USE ONLY) | Current Use (F | rior if being demol | ished) | ال مرر |
| Name of Monitoring Firm Hired by Buildin | g Owner (8) ASC | CM No. | Name of Abateme | ant Contractor (C | | | |
| Hero Tech - | Trici | | Back | on Contractor (s | | ' | alak |
| Street Address | ^ . | | Street Address | VI- TEL | n Envir | come | MUI. |
| 1879-1 010 | Cistabe | ch col | 111 201 | 201 | | | |
| City State, Zip Code | | | City, State, Zip Co | ode | <u> </u> | | |
| Chearanal | (11. 080) | 34 | 5.0 | Klervil | 10 ITT | 0808 | - / |
| Project Manager for Monitoring Firm | Telephor | ne No. | Telephone No. | 11CVIII | License No. | 0000 | 1 |
| Buncan Assnic | Ph 1) 856- | 429-560 | | 8-1341 | License No: | | |
| Start Date (10) 1G Sch | neduled Completion | | Name of OSHA M | | | - | |
| 00/20/10 | 17 | 13 | 120000 | | T. Guine | | 160 |
| Occupancy Status During Abatement (Ch | eck only one) | | Street Address | 1- 180/1 | ENVICE | imenic | 11 JU |
| ☐ Facility Closed/Vacated During Entire | Period of Abatemont | | 111 2 | pool | 10 | | |
| Abatement Performed Outside of Nom Time of Abatement: 7:05AM-3:30 | nal Facility Hours - D | escribe | City, State, Zip Co | ide | 7. | | |
| | PWPM | AM | SICKL | erville | ITT | 08081 | |
| Scope of Work (Check all that apply) | | | 0.011 | aviiic | <u> </u> | 00000 | |
|] ≥3 sf or ≥3 If | Renovation | | Full Conta | ainment with Ne | gative Pressure | | |
| ≥160 sf or ≥260 lf | Demolition | | ☐ Mini-Encl | Procedure | | | |
| | | | Non-Exer | npted (*) and No | n-Friable Procedu | ire | |
| Location of | Is Location Normally | | | | | Abateme | ent Type |
| Asbestos-Containing Material (ACM) | Used Solely by | Achec | Description of tos Containing Mat | | | | |
| TO BE ABATED IN Facility | Maintenance/ Custodial Staff | /i a | thermal systems in | nsulation, | Amount (Specify | Repair | nclo |
| (13) | (12) | | surfacing, VAT, other miscellaneo | or | SF or LF) | va T | Enclosure Encapsulate |
| \cap | Yes No N// | A | Other miscellaneo | 10 | | | ate |
| 3 tume Horris | /- | 1 | 1141 | DITC | A A | 1 | - |
| Tarric Hours | | HODE | DHO Hai | 1125 | 253F | | |
| | | | | | | | |
| | | | | 4 | | | |
| | 000 | 1 | | | | | 금님 |
| ame of Registered Waste Hauler | NJDEP | Waste | Cubic Yards of | Name of Regis | tered Lander | 10101 | 니니 |
| traham - Tern En | TOTICOUMERS | ID No. | Waste | /1 - | A Langilli | | |
| ty, State | | | Disposal Date | Graw | 2 | 2 (5) | |
| 14 Appel or girl | slerville 1 | J-1. C8C8 | | City, State | lacilla | | GC |
| empleted By (Print or Type) | | 7.0000 | | 1) J. Ch | lerville | 19. | 08081 |
| - A |) - ; | | Signature | , 0 | Da | te) | _ |
| ernice Graham | resid | ent. | Vound | MEAN | m. | d-17. | 13 |
| 7.2.2 | * Do not use this for | m for anheate | o liana anno i | | | | |