CK 7512

	per 1
Print	FORM
- CARALA	I CALLET

Date of Notification (1) 12/29/2014					Owner/O PUBL		(2) HOOLS		J	AN 2	201	5		廾
Agencies Notified Type Notification EPA Initial		-			PLACE				ASB	STO: C) 		1	
DEP Amended Amendment					oae), NJ 07	451		L						
	nciuaing	- 3		Contact E TICHE	ENOR				Tek	ephone Nu	ımber			
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INF	ORMATIC	ON	Type of	Facility (4	}			_		
BEN FRANKLIN MIDDLE SCHOOL Street Address 335 N.VAN DIEM AVENUE					N.		X Sc Su	hool (K-12 bohapter t	2) 8 (Othe	er than K-		., dings.	home	es,
City (5) RIDGEWOOD					-		Square 50,000	Feet	# of	Floors	1	3ldg. <i>A</i>	lge	
County (6) BERGEN	- 11:110			Code (7) ISE ONLY)	_		Use (Prio		ng demolis	shed)			
Name of Monitoring Firm Hired by Building C ENVIROVISION CONSULTANTS I			ASCN 0007					nent Cont		(9) & RES	TORA	TIOIT	l, IN	C
Street Address 20-21 WAGARAW RD BLDG.35E							Address A ROUT	E 46 SL	JITE	3D				
City, State, Zip Code FAIR LAWN, NJ 07410							State, Zip (OWA, N	Code IJ 07512	2	·		•	•	
Project Manager for Monitoring Firm FRED LARSON		11 6	Telephor	ne No. 6-9145		2000	none No. 256-701	0		License I	No.			
Start Date (10) 12/30/2014	Scheduled 01/02/20		pletion [Date (11)			of OSHA O CONS		TION	& REST	TORA	TIOIT	I, IN	С
Occupancy Status During Abatement (Check	Only One))			an and a second	Street	Address					•		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Aba	atem lours	ent				tate, Zip (E 46 SL	JIIE:	3D		e 2.		
Other – Describe:								J 07512	2					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	processing	novati molitic				XXX	Mini-E Glove	inclosure bag Proce	edure	Negative			e	1
	\$17 PROSESSOR	ocatio	3.000									Abate	emeni	t
Location of Asbestos-Containing Material (ACM)	Used S		y by	Ashes		cription	of Material (A	CM	Δι	mount		13	pe	
TO BE ABATED In Facility (13)		dial St (12)	taff?		thermal s	systems ing, VA	s insulatio T, or		(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	Yes	No	N/A	The	rmal ev	etem	insulatio	ND) LF	x	-		
BOILLITTOON	1				amage			711		4 LF	1	X		H
						Topan		-						
				-							-			
Name of Registered Waste Hauler		1000	IDEP W	793795370407	Cubic \ of Was		1			red Landfi	II.			
BAKO CONSTRUCTION & REST. II	VC	10000	889		5			3.R.O.W	F35-0-793		21			
City, State Totowa, NJ					Disposi 01/05/			ity, State IORRIS		E, PA		,	,	
Completed by Damir Valjevac	Title PROJE	СТ	MANA	GER	Si	gnature TUN	er So	Strace	٥	1 2 2 2 2 2	ate 2/29/2	2014	ř	

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator First Energy

Check # 23/7

Date of Notification (1)	111 111			Building Owner / Oper	rator (2)				
12 / 1/31 / 14/15			First Energ						
			Street Add						
Agencies Notified Type of No			76 South S						
ASSESSED SUPRO	Initial		Akron, Ohi	e, Zip Code					
ASSEDENCE SOUTHOU	Amended		Name of C			Telephor	ne Numbe	er	
	Amendment _ Emergency w/	instification	Jim Halse		1	relepitor	ic realise		
DOL H	Cancellation	justilication	Onn naisc	,	1				
	Gariocitation	F.A	ACILITY IN	FORMATION					
Name of Facility Where Abatem	ent is Taking P	Place (3)		Type of Facility (4)					
				_					
				School (K	5.5				
Street Address					er 8 (Other				
25 JACOBSEN LANE					., private &	commerc	iai		
		2	(7)		# Of Floor		Building	a A ae	
City (5) County (6)		County Code	(1)	Square Feet	# 01 F1001	5	Danam	y nge	
NORMANDY BEACH OCEAN				Current Use (Prior if	heing dem	olished)	1		
				Telephone Pole	being dem	olistica			
Name of Monitoring Firm Hired	by Bldg Oums	ar (8)	ASCM NO						
INAME OF WOMEOTING FIRM HIFED	by Blug. Owne	51 (0)	ASCINI NO						
Environmental Health Investigation	ins			NORTHSTAR CONTI	RACTING G	ROUP. IN	IC.		
Street Address				Street Address					
655 West Shore Trail									
City, State, Zip Code				32 Williams Parkway					
Sparta, NJ 07871				City, State, Zip Code)			51	
Project Mngr. For Monitoring F	irm	Telephone Nu	mber	,,,					
Dino Nappi		212-682-9271		East Hanover, NJ 070	036				
	Sched. Compl	etetion Date (1	11)	Telephone Number		License	Number		
01 // 15 / 15_	01	/ 16 /	15						
///	/	/		973-884-8682			0	00860	
Occupancy Status During Abat	ement (Check	Only 1)		Name of OSHA Mon			_		
Facility Closed/Vaca	ted During Ent	ire Period of		NORTHSTAR CONT	RACTING G	ROUP. IN	1C.		
Abatement				Street Address					
☐ Abatement Performe				00 14500					
Hours - Describe:				32 Williams Parkway					
Other - Describe:				City, State, Zip Code					
				East Hanover, NJ 07	330				
Scope of Work (Check All That	Apply)								
☐ Demolition		Renovation	П	Full Containment wi	ith Negative	Pressur	е		
≥3sf or≥3lf		removation	Ħ	Mini - Enclosure	J				
>160 sf or >260 lf			ñ	Glovebag Procedure	е				
				Non-Exempted (*) a	nd Non-Fria	ble Proce	edure		
		Y/	20010	ACTIVITIES NAMED OF SECTION OF SEC					
Location of	ls		Descript			Abateme	ent Type	1-	1-
Asbestos Containing	Location	As	sbestos - C			R	B	E N	E
	Normally		Material		Amount	E M	R	C	C
TO BE ABATED	Used		.e., therma		(Specify SF or LF)	83,411	P	A	L
in Facility	Solely			facing, VAT,	SF OF LF)	l v	A	P	0
(13)	by Main-	or	other misc	cellaneous)		A	1î	s	s
-	tenance/ Custodial					l î	R	ľu	Ü
	Staff (12)					_		L	R
	YES NO N/A						1		
Exterior Telephone Pole	TESINGNIA	Transite Cond	uit		30 LF	V	TIT		
Exterior releptione i-ole	 	. randic condi			1	TH			
	HHHH								
	HHHH	i			1				
Name of Registered Waste Hau	iler	NJDEP Waste	Cubic	Name of Registered	Landfill	-			
NEWARK CARTING	35%	Hauler ID No.		I.E.S.I.					
		4509	of Waste						
City, State			Disposal	City. State	A-80000			A III I SCHOOL TO	
NEWARK, NJ			Date	BETHLEHEM, PA 18	3105				
								To :	
Completed by (Print or Type)	0.00	Title		Signatur		1 -		Date	
Ciarra Cilla		Project Manag	or	12/1	Ma	les	2	11	2/31/14
Steven Stiles		in lolect ivianad	ICI .	1570	1000			1.4	

CK 1532

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

\mathcal{I}				(PURSUANT	TO NJAC 8	:60-7 AND	12:120-7	Γ		AF	η η/	FF
Date of Notification	(1)			N		lding Owne		tor (2))), [5	<u>U</u> 15	U W	
/	2014				treet Addre	92		11	1			
/	/]=	Castian			Urma Stree					IAN	2 201	5 IIL
Agencies Notified	Type of Noti				ity, State, Z		-	11	Link	UTATA T		
□ EPA		nitial			Clifton, NJ			İ				
☐ DEP		mended		and the same		CONTRACTOR OF THE PARTY OF THE		İT	elephone	Number	All the state of the state of	- C1 ()
☑ DOH		mendment			lame of Cor	ntact			CICDITOTIC			ULA
☑ DOL		mergency		stification	im Wood			1		LIVL	NUING	
		ancellation	1							and semicon a		
				FAG	CILITY INFO	ORMATION						
			-	(0)	IT	ype of Faci	lity (A)			THE RESERVE TO SHARE		
Name of Facility Wh	nere Abateme	nt is Taking	Plac	ce (3)	1.	ype or raci	iity (4)					
Wood						□ Se	chool (K-	12)				
								r 8 (Other th	oon K-12\			
Street Address								private & c				
6 Urma Street					-				IIIIICICIAI			
						THE RESERVE OF THE PERSON NAMED IN		mes, etc.) # Of Floors		Building	Ane	
City (5)	County (6)		C	ounty Code (7)	L	inear Feet		# OI FIOUIS		Dunumg	60 yrs	
Clifton	Passaic				-	100			linhod)		oo jio	
							(Prior if	being demo	instieu)			
						esidential			0)			
Name of Monitoring	Firm Hired b	y Bldg. Ow	ner (ASCM NO	lame of Ab	atement (Contractor (ສ)	In OBUIC	Abatama	nf
Steve Rich Environ	mental Contra	actors d/b/a	OPL	JS Abatement	18	Steve Rich B	Environm	ental Contr	actors d/b	ia UPUS	Apateme	:11
Street Address					5	Street Addre	ess					
222 Delawanna Ave	nue				2	222 Delawai	nna Aven	ue				
City, State, Zip Cod	A STATE OF THE PARTY OF THE PAR	and the same of th										
Clifton, NJ 07014						City, State,	Zip Code	8				
Project Mngr. For N	Assitoring Eir	222	IT	elephone Num	ber	Clifton, NJ	07014					
	Monntoning Fit	111		73-458-1188								
Warren Clendenny	(40)	Sahad Con	_	etion Date (11)	-	Telephone I	Number		License N	umber		
Sheduled Start Dat	- ',' h	Scried, Con	npier	24	Control of the contro	373-458-118		1	1219			
$\frac{1}{1}$ / $\frac{10}{10}$	2015		/	/								
	7 1 11-4-		V On	h, 1)		Name of OS	HA Mon	itor				
Occupancy Status	During Abate	ment (Chec	Entiro	Poriod of		Steve Rich E	Environme	ental Contrac	tors d/b/a	OPUS AL	oatement	
	Closed/Vacat	ed During E	Titule	e renou or	T _{or}	Street Addr	Married Married Street Company		allicate and a second			
Abatem				15-306		222 Delawa		ne				
	ent Performed				1	ZZZ DCIAWA	I II IG 7 TV OIT					
	Describe:				-	City, State,	7in Code	`				
☐ Other - I	Describe:					Clifton, NJ		•				
			none many miles			Cilitori, No	07014					
Scope of Work (Ch	neck All That /	Apply)										
		_				Eull Contair	nment wi	th Negative	Pressure			
☐ Demolit			F	Renovation		Mini - Enclo		ui negative				
≥3sf or _	≥3lf				_	Glovebag F						
☐ ≥160 sf	or ≥260 If				9	Glovebag F	rocedun	e nd Non-Fria	hle Proce	dure		
						Non-Exem	oteu () a	ilu ivoii-i ila	DIE I TOCC	uuro		
									Abateme	nt Type		
Location	of	İs		¥ :	Description				R	1	E	E
Asbestos Co	ntaining	Location		As	bestos - Co			Amount	E	R	N	N
		Normall	y		Material (M	E	C	C
TO BE AB	ATED	Used		(1.	e., thermal	systems		(Specify	320	P	A	L
in Facil		Solely				acing, VAT,		SF or LF)	V	A	P	0
(13)	10.70	by Main	1-	or	other misce	ellaneous)					S	s
(10)		tenance	2/						A	l l	lu lu	U
		Custodia	al						L	R	L	R
Name of the last o		Staff (12	2)		11					-		1
		YES NO	N/A							-		1-
basement .		The second secon		pipe insulation				100 lf	V			- -
Dasement .												
		The real Property lies, the last of								L-FL		
		in a la		NJDEP Waste	Cubic	Name of R	egistere	d Landfill				_
Name of Register	ed Waste Hau	lier		NJDEP Waste Hauler ID No.	Yards	IESI						
Newark Carting			100		of Waste	IL SI						
				4503	THE RESERVE OF THE PERSON NAMED IN	City. State					Control of the Contro	
City, State					Disposal	Bethlehem						
Newark, NJ					Date	CONTRACTOR SECURIOR	, 1 / 1					
					1/14/2015		Signatu	· a			Date	
Completed by (Pr	rint or Type)			Title	2		orginatul	C				
Tracey O'Connell				Office Manage	Г						The same of the sa	12/30
1			-				·	DOMESTIC NO.		SECTION SECTION	APPLICATION OF THE PERSON OF T	STREET, STREET, STREET,

NICE

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

lg. 1

Date of Notification (1) 01 / 15	,	14		The Face				er/Operator (2	2) of Design and (Construction	<u> </u>	<		
	-						THY CI.	only-Onloc v	or besign and v					
Agencies Notified Type No ☐ EPA ☐ Initial					0.000000000	Address Elm Dr.								
☑ DOLWD ☑ Amer			-		City, S	State, Zip C	Code						med	
 ☑ DHSS Amer ☐ DCA 12/29/1 		ent # <u>2</u>	5-		Prin	nceton, N	NJ 085	544						
(NJAC 5:23-8)	-	cy (inc	ludino	1	Name	of Contac	t			Telephone Numb	er			
justif					Rol	ert Orte	ga			417				
	4				FA	CILITY IN	IFORI	MATION					-	
Name of Facility Where Abatement	is T	aking	Place	(3)					Type of Facility (4)			-	
Princeton University-Firest	one	Libr	ary						School (K-12)					
Street Address	+	-								(Other than K-12)		Halla a		
Washington Rd									homes, etc.)	ivate and commercial	dai bu	liaing	S,	
City (5)	-		-						Square Feet	# of Floors	Blo	dg. Ag	ge	
Princeton													5(1) 	
County (6)					Cour	ity Code (7	7)(STAT	E USE ONLY)		or if being demolis	ned)			
MERCER				(0)	110011		Ter		Library					
Name of Monitoring Firm Hired by	Sulic	ing C	wner ((8)	ASCM	No.			ent Contractor (9)	INC				
ATC Associates Inc.	4				1		-		VIRONMENTAL	., INC.				
Street Address							0.50000000	et Address	CTDEET					
Three Terri Center				1 20.3 40			11.	23 BEAVER	a decimande a como esta esta esta esta esta esta esta esta					
City, State, Zip Code								State, Zip Co						
Burlington, NJ 08016 Project Manager for Monitoring Firm	-	-		TTO	lephone	No		RISTOL, PA phone No.	19007	License No.				
Michael Keehn	11.				609-386		1	5-788-6040		00509				
Start Date (10)	10	School	ulad C		letion Da			e of OSHA M		00303				
			ÓN.		HOL.	1			VIRONMENTAL	., INC.				
Occupancy Status During Abateme	nt (0	Check	only o	one)			Stree	et Address	-					
☐ Facility Closed/Vacated During							11	23 BEAVER	RSTREET					
Abatement Performed Outside of Time of Abatement:AM-						cribe		State, Zip Co						
Scope of Work (Check all that appl	y)						1							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re	enova emoli	ation tion			☐ Full Cont ☐ Mini-Enc ☐ Glovebag		ative Pressure				
					200000000000000000000000000000000000000					n-Friable Procedur	е			
					ation						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (CN				nally olely by	Asha		Description of containing Ma		Amount	Re	Re	En	E
TO BE ABATED	\CIV	')	Ma	inter	nance/			mal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facility			Cus	todia (12	al Staff?			urfacing, VAT, er miscellane		SF or LF)	'al		Encapsulate	ure
(13)			Yes	N	1		Ollie	ei miscenane	ous)				te	
Throughout Levels C, B and	4		\boxtimes			Floor ti	ile and	d mastic		1,465 SF				
Office A-7J			Windov	w Cau	ılk		96 LF							
Throughout Levels C, B and				Duct W	/ork			1775 SF						
1 st Floor Level 1						Pipe In:	sulati	on (Wrap 8	Cut)	72 LF				
Name of Registered Waste Hauler		7 7 7		1	NJDEP		4 C S S S S S S S S S S S S S S S S S S	c Yards of	Name of Regist	tered Landfill				
SERVICE TRANSPORT GRO	DUF	INC			Hauler II		Was	te	G.R.O.W.S.	NORTH LAND	FILL			
City, State							Disp	osal Date	City, State					
NEW CASTLE, DE									MORRISVII	LE, PA 19067				
Completed By (Print or Type)		Title						Signature	0 0 1	Da	te	,	/	1
Brian Scafiro													/	

ASB-41

BS 140 83 - B * Do not use this form for asbestos licensure exempted activities.

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

Pq. 2

Data of Nationalia (4)				-	1	6 D 11 II							7.9	
Date of Notification (1) 01 /	15 /	14					Owner/Operator (2 niversity-Office		Construction					
Agencies Notified EPA	Type Notifica	ition			100000000000000000000000000000000000000	Address Elm Dr.								
☑ DOLWD			_		City, S	State, Zip C	ode							_
□ DHSS	Amendme 12/29/14	ent #25	5-			nceton, N								
DCA (NJAC 5:23-8)	☐ Emergend	ev (incl	ludina			of Contact			Telephone Nu	mber	_			
(justification		idding		Rob	ert Orte	ga							
					FAC	CILITY IN	FORMATION	×				- 1-1-		
Name of Facility Where				(3)				Type of Facility						
Princeton Universi	ty-Firestone	Libra	iry					School (K-12		12)				
Street Address								☐ Subchapter 8 ☐ Other (i.e., p	rivate and comm	nercial	bui	lding	S,	
Washington Rd								homes, etc.)						
City (5)								Square Feet	# of Floors		Bld	g. Ag	ge	
Princeton		***												
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demo	olished)			
MERCER								Library						
Name of Monitoring Firm	Hired by Build	ling Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
ATC Associates In	c.						BRISTOL EN	VIRONMENTA	L, INC.					
Street Address		00,000					Street Address							
Three Terri Center							1123 BEAVE	R STREET						
City, State, Zip Code		100					City, State, Zip Co	ode						
Burlington, NJ 080				W-			BRISTOL, PA	19007						
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.					
Michael Keehn				6	09-386	-8800	215-788-6040		00509					
Start Date (10) / /	2 (3	Schedu 	lled C		etion Da	te (11)	Name of OSHA M BRISTOL EN	lonitor VIRONMENTA	L, INC.					
Occupancy Status During	g Abatement (0	Check	only c	ne)			Street Address							
☐ Facility Closed/Vacate	ed During Entir	e Peri	od of	Abate	ment		1123 BEAVER	R STREET						
☐ Abatement Performed						cribe	City, State, Zip Co	ode						
Time of Abatement: _	AM	PM	/5:00	PM- <u>1</u>	:30AM		BRISTOL, PA	19007						
Scope of Work (Check a	Il that apply)						☐ Full Cont	ainment with Neg	native Pressure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De							dure				
			le	Loca	tion	T	⊠ Non-Exe	impled () and No	II-I Hable I Tocci		Δhs	tem	ent T	Vne
Location	of		١	Norma	ally		Description o	f		1000	- 1		90.90	
Asbestos-Containing)			ely by ance/		stos Containing Ma	terial (ACM)	Amount	1	Removal	Repair	nca	Enclosure
TO BE ABA					Staff?	(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	0	000	air	psu	nso
(13)	ity .			(12)			other miscellane		0, 0, 2,)	13.5	-		Encapsulate	e
			Yes	No	N/A					-	_			
B Level							le and mastic		40 SF	-		Ш	Ш	Ш
B Level				Pipe Ins	sulation (Wrap 8	Cut)	2 LF	2						
Delong Reading Leve	el		\boxtimes			Pipe Ins	sulation (Wrap 8	Cut)	30 LF	0	3			
C Level Near Vault			\boxtimes			Floor T	ile & Mastic		700 SF					
Name of Registered Was	ste Hauler			14.65	VJDEP V		Cubic Yards of	Name of Regis	stered Landfill					
SERVICE TRANSP	ORT GROUP	INC		ŀ	1auler II 20990		Waste	G.R.O.W.S	. NORTH LAN	IDFIL	L			
City, State							Disposal Date	City, State						
NEW CASTLE, DE								MORRISVI	LLE, PA 1906	57				
Completed By (Print or T	ype)	Title Signature 1								Date	1.	2/11	/	
Brian Scafiro		Es	tima	tor			Priar 7	Scofire / 1	K	12/	25	///	-	

ASB-41 MAY 11 B5 14003-B

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

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

Pq. 3

Data of Natification (4)			-		1.1			51		1	10000	-		
Date of Notification (1) 01 / 15	1	14					g Owner/Operator (2 niversity-Office		Constructio	n				
Agencies Notified Typ	e Notific	otion				Address					-			
	Initial	alion				Elm Dr.								
	Amende	d												
	Amendm		25-		100000000000000000000000000000000000000	State, Zip 0								
	29/14				Pri	nceton, N	IJ 08544							
	Emerger justificat		cluding	3		of Contact bert Orte	-		Telephone N	lumber				
							IFORMATION					93		
Name of Facility Where Abate	ement is	Taking	Place	(3)		OILIT III	ii oranarron	Type of Facility	(4)				7	
Princeton University-Fi				(-/				☐ School (K-12						
Street Address .								☐ Subchapter 8	Other than K					
Washington Rd								Other (i.e., proposed homes, etc.)	rivate and com	nmercia	l bu	ilding	s,	
City (5)		40									DI	I - A		
								Square Feet	# of Floors		BIC	lg. A	ge	
Princeton													0001501	postory.
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being den	nolishe	d)			
MERCER								Library						
Name of Monitoring Firm Hire	d by Buil	lding C	Owner	(8)	ASCM	No.	Name of Abateme							
ATC Associates Inc.							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address							
Three Terri Center							1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode			-			
Burlington, NJ 08016							BRISTOL, PA							
Project Manager for Monitorin	a Firm		0.0-000	Tele	ephone	No	Telephone No.		License No	1				
Michael Keehn	9 1 11111				09-386		215-788-6040		00509					
Start Date (10)		School	ulad C		etion Da		Name of OSHA M		00000					
/				HO				VIRONMENTA	L, INC.					
Occupancy Status During Aba	atement ((Check	conly	one)			Street Address							
☐ Facility Closed/Vacated Du	uring Ent	ire Pe	riod of	Abate	ment		1123 BEAVE	RSTREET						
Abatement Performed Out	side of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode						
Time of Abatement:	_AM	PI	и/ <u>5:00</u>	PM- <u>1</u>	:30 _{AM}		BRISTOL, PA							
Scope of Work (Check all that	apply)	Ī					_							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				enovat emoliti				ainment with Neg losure g Procedure mpted (*) and No						
			Is	Loca	tion						Aba	atem	ent T	ype
Location of				Norma			Description of	f		-	4707			
Asbestos-Containing Mate		VI)		ed Sol aintena	ely by		stos Containing Ma		Amount		Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility)		0.555.9		Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)		ova	Ŧ.	psu	nsc
(13)				(12)			other miscellane		0, 0, 2,		-		ilate	- G
8 10			Yes	No	N/A			80		1			CD	
B LEVEL NORTH CORRI	DOR					FLOOR	TILE/MASTIC		240 SF					
RMS B-9J & B-12J B LEV	EL 1					PIPE IN	ISULATION		30 LF					
	INTO B-30 & B-120 B ELVEL 1										П	П	П	П
	-			H					-		$\overline{\Box}$			
Name of Desirboard Monte II	- vila a		ш_		LDED!	10/	Outin Vanda of	I blance of Donie	tered Leadell				Ш.	
Name of Registered Waste Has SERVICE TRANSPORT		P INC		- 100	JDEP I	D No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	. NORTH LA	NDFIL	LL			
City, State		-			20990	0	Disposal Date	City, State						
NEW CASTLE, DE							Disposal Date		LLE, PA 190	067				
Completed By (Print or Type)		Title	2				Signature			Date			-	
Brian Scafiro		1 493	; stima	tor			Drun x	Icalia	fil		129	1/	4	
ASB-41 MAY 11 B5 /40037	3		De :	lune 1	hin fo	for sale		atad activities	0	/	- 7			
MAY 11 62/70027			וסח סט	use t	IIS TOTT	ror asbes	tos licensure exemp	nea activities.						

Date of Notification (1)				Name	of Building	g Owner/Operator (2	2)		(-12-37-2			
	/ 14			Prin	nceton U	niversity-Office	of Design and	Construction				
[1] <u>11 11 11 11 11 11 11 1</u>	lotification	0			Address							
☐ EPA ☐ Initi					Elm Dr.							
	endment#	24			State, Zip C							
☐ DCA <u>12/23/</u>					nceton, N			Talashaa Noo	le e e			
	ergency (in ification)	cluding	3		of Contac oert Orte			Telephone Num	per			
7,000												-
Name of Facility Where Abateme	nt in Takin	- Dlans	/2\	FA(SILITY IN	IFORMATION	Tona of Facility (4)				
Princeton University-Fires		A. 1-7	: (3)				Type of Facility (School (K-12					
Street Address	tone Lib	aly					Subchapter 8	(Other than K-12				
Washington Rd							Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	IS,	
City (5)				2 17770			Square Feet	# of Floors	BI	dg. A	ae	
Princeton							oquaro r uur		-	-3	5-	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
MERCER					5		Library					
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc.						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address				×		Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code		-				City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone No.		License No.				
Michael Keehn			1000	9-386		215-788-6040		00509				
Start Date (10)2 /5 /14				tion Da		Name of OSHA M BRISTOL EN	lonitor VIRONMENTAI	_, INC.				
Occupancy Status During Abaten	nent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated Durin	g Entire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside					cribe	City, State, Zip Co	ode					
Time of Abatement:AN	/I- <u>3:00</u> PIVI/		PIVI-1	.30AM		BRISTOL, PA	19007					
Scope of Work (Check all that ap	ply)					Ппис		-ti D				
☐ >3 sf or >3 lf		⊠ Re	enovati	on		☐ Full Con	tainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf		☐ De	emolitio	on		Gloveba	g Procedure	- Fiele Beerd				
		T	Locat	ion	T	⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	_			
Location of			Norma			Description of	of			1	ent T	T see
Asbestos-Containing Material	(ACM)	100000	ed Sole	25 50		stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			todial		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	air.	nsde	osur
(13)		-	(12)		-	other miscellane					late	(i)
The such and I amala C. D. and		Yes	No	N/A	Flac: 6	lle and meetic		1 465 65		-		\vdash
Throughout Levels C, B and	1 A					ile and mastic		1,465 SF			片	H
Office A-7J						w Caulk		96 LF				片
Throughout Levels C, B and	I A			닏	Duct W		_	1775 SF	10	1	닏	
1 st Floor Level 1		Ш			A STATE OF THE STA	sulation (Wrap 8		72 LF				Ш
Name of Registered Waste Haule			1000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis		SEIL I			
SERVICE TRANSPORT G	KOUP INC	,		20990				. NORTH LAND) FILL			
City, State						Disposal Date	City, State					
NEW CASTLE, DE	1						WORKISVI	LLE, PA 19067				
Completed By (Print or Type) Brian Scafiro	Title	e stima	tor			Signature _	Seaky	(A)	ate 12 ₁	123	/14	
ASB-41	Louis John Or July									/		
MAY 11	*	Do no	use th	nis form	for asbes	tos licensure exemp	oted activities.					



Date of Notification (1)					Name	of Building	Owner/Operator (2	2)					
01 /	15 /	14			Prin	ceton Un	iversity-Office	of Design and (Construction				
Agencies Notified	Type Noti	fication	A =		Street	Address							
The state of the s	Initial				200	Elm Dr.							
☑ DOLWD	Ameno	ded				tate, Zip Co	ode						
☑ DHSS	Amend	iment #2	4-										
□ DCA	12/23/14					ceton, N.							
	_ Emerg		cluding			of Contact			Telephone Number	er			
	justific	ation)			Rob	ert Orteg	ja .						
					FAC	ILITY IN	FORMATION						
Name of Facility Where Ab	atement i	s Taking	Place	(3)				Type of Facility (4)				
Princeton University	-Firesto	ne Libr	ary					School (K-12					
Street Address								☐ Subchapter 8	(Other than K-12) ivate and commerc	ial bui	Idina		
Washington Rd								homes, etc.)	ivate and commerc	iui bui	ianig	*,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Princeton													
County (6)	2000111-1				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
MERCER					O Gair	ty 0000 (1)	(OTTILE GOL OTTET)	Library	· · · · · · · · · · · · · · · · · ·	100000			
	lisad by D	uildina C	Numar /	0)	ASCM I	VI.o.	Name of Abateme						_
Name of Monitoring Firm H	пеа ву в	unaing C	wher (0)	ASCIVI	VO.		VIRONMENTAL	INC				
ATC Associates Inc.								VIKORWENTA	-, 1140.				
Street Address							Street Address	CTREET					
Three Terri Center							1123 BEAVE						
City, State, Zip Code							City, State, Zip Co						
Burlington, NJ 08016	5						BRISTOL, PA	19007					
Project Manager for Monito	ring Firm			Tele	phone I	No.	Telephone No.		License No.				
Michael Keehn				60	09-386	-8800	215-788-6040		00509				
Start Date (10)		Sched	luled C	omple	tion Dat	te (11)	Name of OSHA N	1onitor					
2 / 5 /	14	1	2 /	_ 24	1_/_	15	BRISTOL EN	VIRONMENTA	_, INC.				
Occupancy Status During A	Abatemer	nt (Check	c only o	one)			Street Address						
☐ Facility Closed/Vacated	During E	ntire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed C						cribe	City, State, Zip Co	ode					
Time of Abatement:	AM-5	:00PM/		PM- <u>1</u>	:30AM		BRISTOL, PA						
Scope of Work (Check all t	hat apply)			-						772-1	SATI CON	
1		1.5	MARKET 13 10 10					tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			-	novat			Mini-End						
≥160 sf or ≥260 lf			□ D€	moliti	on			g Procedure moted (*) and No	n-Friable Procedure	9			
			Is	Loca	tion		_		<u></u>	-	atem	ent T	vpe
Location o	f		100	Norma			Description of	of					
Asbestos-Containing M		CM)			ely by		stos Containing Ma	aterial (ACM)	Amount	Remova	Repair	nca	Enclosure
TO BE ABAT				intena	ance/ Staff?	(i.e	., thermal systems		(Specify	NOV	air.	sde	OSL
IN Facility (13)	2		Cus	(12)			surfacing, VAT other miscellane		SF or LF)	<u> =</u>		Encapsulate	l e
(13)			Yes	No	N/A		other missenance	,000,				æ	
B Level					ĪП	Floor ti	le and mastic		40 SF			П	П
		-					sulation (Wrap &	2 (114)	2 LF		П		
B Level					+=	•				-	H		
Delong Reading Level						Pipe Ins	sulation (Wrap 8	& Cut)	30 LF		Ш	Ш	
C Level Near Vault			\boxtimes			1000	ile & Mastic		700 SF				Ш
Name of Registered Waste	Hauler			1.00	NJDEP N		Cubic Yards of	Name of Regis					
SERVICE TRANSPO	RT GRO	UP INC	:	- 1	1auler II 20990		Waste	G.R.O.W.S	. NORTH LAND	-ILL			
City, State					20000		Disposal Date	City, State					
NEW CASTLE, DE								MORRISV	LLE, PA 19067				
Completed By (Print or Type	ne)	Title	е				Signature .		⊃ Da	te	/	1.	
Brian Scafiro	, ,	100000	stima	tor			An.	Oud.		121	23	114	
			.5				1 y na	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan			/		
ASB-41 MAY 11		*	Do no	t use t	his form	for asbest	tos licensure exem	pted activities.					

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
01/15	14					niversity-Office		Construction				
Agencies Notified Type Not	ification			Street	Address							
☐ EPA ☐ Initial				200	Elm Dr.							
□ DOLWD □ Amen				City, S	state, Zip C	odė						
4010014	dment # <u>2</u>	4-			ceton, N							
□ DCA (NJAC 5:23-8) □ Emer	t gency (inc	hudina			of Contact			Telephone Num	ber			-
	cation)	Juding			ert Ortec			c				
					•	FORMATION						
Name of Facility Where Abatement	is Taking	Place	(3)	IA	JILITT IIV	TORMATION	Type of Facility (4)				
Princeton University-Firesto			(-)				School (K-12)					
Street Address	JIIC LIDI	u					Subchapter 8	(Other than K-12)			
Washington Rd								ivate and commer	rcial bui	ldings	5,	
							homes, etc.)	# of Floors	DIA	g. Ag	0	
City (5)							Square Feet	# 01 F10015	Diu	y. Ay	C	
Princeton				1.2								
County (6)				Coun	nty Code (7)(STATE USE ONLY)		or if being demolis	snea)			
MERCER		-					Library					
Name of Monitoring Firm Hired by E	Building C	wner (8)	ASCM	No.	Name of Abateme						
ATC Associates Inc.						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Fire	n		Tele	ephone	No.	Telephone No.		License No.				
Michael Keehn			6	09-386	-8800	215-788-6040)	00509				
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
_ 2 / _ 5 / _ 14	1	2_/	_ 24	1 /	14	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Abateme	nt (Check	only	one)			Street Address						
☐ Facility Closed/Vacated During				ment		1123 BEAVE	R STREET					
☐ Abatement Performed Outside of	of Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM-	5:00PM/		PM- <u>1</u>	:30AM		BRISTOL, PA	19007					
Scope of Work (Check all that appl	y)					_						
>3 sf or >3 lf		⊠ Re	novat	ion		☐ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
≥3 \$1 of ≥3 ff ≥160 \$f or ≥260 \$ff		De					g Procedure					
						Non-Exe	empted (*) and No	n-Friable Procedu	ıre		201	
		1/12/2	Loca				_		Aba	ateme	ent T	уре
Location of		0.000	Norma	ally ely by	- Company	Description of			Re	Re	E	m
Asbestos-Containing Material (A	ACM)		intena			stos Containing Ma		Amount (Specify	Remova	Repair	cap	clos
IN Facility		Cus		Staff?	(1.6	surfacing, VAT	, or	SF or LF)	val	_	Encapsulate	Enclosure
(13)			(12)	T	4	other miscellane	eous)				ate	
		Yes	No	N/A	B. 6			240.05				
B LEVEL NORTH CORRIDOR					FLOOR	TILE/MASTIC		240 SF				
RMS B-9J & B-12J B LEVEL 1				PIPE IN	ISULATION		30 LF	\boxtimes	Ш	Ш	Ш	
Name of Registered Waste Hauler			1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPORT GRO	OUP INC		H	Hauler II		Waste	G.R.O.W.S	. NORTH LAND	DFILL			
City, State				20990	0	Disposal Date	City, State					
NEW CASTLE, DE						_ iopoodi bato		LLE, PA 19067				
	7:0					Cignoture			ate /			
Completed By (Print or Type)	Title		60-			Signature	in South		12/	13	/14	4
Brian Scafiro		stima	LOT			IN	an capa		1041	1	///	
ASB-41 MAY 11	*	Do no	use t	his form	for asbes	tos licensure exem	pted activities.		/	V		

NOTIFICATION OF ASBESTOS ABATEMENT

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

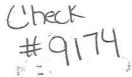
Date of Notification (1) December		Name of B	uilding O	wner/Opera Jim O'		19	2	5 9	9 <					
[X] EPA []		Notificat			Street Addr	ress	220 Oc	ean Bay	5 Mi -	2 FH 6: 54				
[] DEP [] [X] DOL [X]	Amend	led Notif iment #_ ency (inc		-	City, State,	Zip Cod				S CGNTROI ENGING				
[] DCA []	justific Cancel				Name of C	ontact Jim O'				elephone Number				
				FAC	ILITY IN	FORM	ATION							
Name of Facility Where Abatement is Residence	Taking P	Place (3)						Type of I	Facility (4)	School (k-12)				
Street Address 220 Ocean	Bay Blv	rd.							[] [x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City		County	(6)		County Cod (STATE US		7		00 sf	# of Floors	Bldg	. Age б	0	
Lavallette		Ocean	1				a	Current U		being demolished)				
Name of Monitoring Firm Hired by B N/A	uilding O	wner (8)		+	ASCM No.		Name of	Abatement	Residen Contractor (Inc			
Street Address							Street Ad	dress	Per 1900 (1900)		mc.			
City, State, Zip Code		 					City, Stat	e, Zip Code	2	oute 9, Unit 61 iver, New Jerse	av 087	155_1′	771	
Project Manager for Monitoring Firm								e Number 9-9932	I OHIS K	License N 00624		33-12	5/1	
Scheduled Start Date (10) 12/30/14								OSHA Mo		. Analytical			5	
Occupancy Status During Abatement [X] Facility Closed [] Abatement Per [] Other – Descri				Street Ad	dress e, Zip Cod	3	elton Road way, New Jerse	v 088	54	-				
Scope of Work (Check all that apply)							[]	Full C		with Negative Pres.	-			
$\begin{bmatrix} & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & & \\ & & & \\ & & & \\ & & & \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 26$	60 lf		[] [x]	Renova Demoli			[] [x]	Glove	Enclosure bag Procedu Exempted (*)	re) and Non-Friable I	rocedu	re		
		_									Alta		r	
			Is Locatio			i	Descriptio	n of			Abat	ement '	l ype	
Location of Asbestos-Containing Material (ASBEABATED) in facility (13)	ACM)	N	Solely by enance/C Staff (12)	ised y		Asb N (i.e. inst	Description destos-Con Material (A , thermal salation, su VAT, controlled variables	taining .CM) systems rfacing,		Amount (Specify SF or LF)	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		Asbesto	os sidin	g			1200 sf	X						
										-				
Name of Registered Waste Hauler Guardian Contractin	g, Inc.	N	JDEP Was	20223		Cubic Ya	rds of Wasi	T	e of Register	red Landfill				
City, State Toms River, New Je	rgev			Dispo	sal Date		City, St		nsylvania					
Completed by (Print or Type) Nicholas Fernicola	303	Title Proje	ct Manag		Signature	lic	hol	The	P		Date 12/2	29/14		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	ecember 29, 20	114			Name o	of Building (Owner/Operat	or (2) cola Enterprise		-	7 /5	59	Ci D	
Agencies Notified	Type of Notifica				Ct		TVICSSCIC			C	<i>y</i> –	10)4	
[X] EPA	[] Initia	tion I Notifica nded Noti			Street A	Address	РОВох		JAN -2					
[x] DOL	Ame	ndment # rgency (in			City, S	tate, Zip Coo	le Matawa	n, NJ 07747	ESTR	9 CON	IMO.	L		
[x] DOH	justif	ication)	ciuding	,	Name (of Contact			Telephone	Number	3			-
[] DCA	[] Cano	ellation				Fernar	ndo							
				FAC	CILITY	INFORM								
Name of Facility Where Ab	atement is Taking idence	Place (3)						Type of Facility (4	l) School	(k-12)				
Street Address	274 - 141223121				-			[] [x]		apter 8 (oth				,
16	Ward Drive							[x]	homes,	(i.e., privat , etc.)			iai bulio	iings,
Brick		County	(6)			Code (7) USE ONL		Square feet 1200 sf	# of F	Floors 1	Bldg	, Age	50	
Direk		Ocea	n		(002 0112		Current Use (Prio	r if being de	emolished)			0	
Name of Monitoring Firm I	Jired by Building	Oumar (8	\		ASCM 1	No.	Name of Al	Resident Contract						
N/A		Owner (o)		ASCIVI	NO.	Name of A		or (9) dian Cont	tracting,	Inc.			
Street Address							Street Addr	ress						
City, State, Zip Code							City, State,		Route 9,	Unit 61				
D.:								Toms	River, N			755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number			Telephone 1 732-349-			License N 00624	umber			
Scheduled Start Date (10) 12/29	/14		Scheduled 12/30		on Date (11)		SHA Monitor	S.L. Anal					
Occupancy Status During A	batement (Check						Street Addr	ress						
	ity Closed/Vacated ement Performed								Stelton R	Coad	2000 00			
	r – Describe						City, State,		taway, No	ew Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[]	Full Containme	ent with Neg	gative Press	sure	****		
r 1	0.10		r 1		11		[]	Mini-Enclosure						
1 1	for≥3 lf)sfor≥260 lf		[x]	Renova Demoli			[x]	Glovebag Proce Non-Exempted		n-Friable F	Procedu	re		
L			[]	20111011	1		["]	Troil Exchipted	T T T T T T T T T T T T T T T T T T T	ii-i i idoic i				
			Is Location	on			Description	of			Abat	ement	Гуре	
Location of		1	ormally u	50000			estos-Conta		An	nount	R E	R E	E N	E N
Asbestos-Containing M		Moint	Solely b				Material (AC	25	0.00	cify SF	M	P	С	C
TO BE ABA' in facility		Maini	enance/C Staff	ustodiai			, thermal sy: lation, surfa		or	·LF)	0	A	A P	L
(13)			(12)				VAT, or				V	R	S	S
		YES	NO	N/A		oth	er miscellan	eous)			A L		U	U R
Totalia.	1 1/2 1			84)		1100				Е	Е			
Exterior		Asbe	stos sidin	g		1100) st	X						
		+-	3											
					-				-					
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Haule 20223					ID No.	Cubic Ya	rds of Waste	Name of Regi	stered Land	fill		L		
City, State				Dispos	sal Date	1 3	City, State							
					1/14 Signa		Tullytov	vn, Pennsylvar	nia /		Det			
	ompleted by (Print or Type) Nicholas Fernicola Title Project Manager						chat	Vita.	1		Date 12/2	29/20	14	
		*D	o not use	this form	n for ast	estos licen	sure exempl	ted activities.						



				1		-			2.2.2		
Date of Notification (1)	12-30-1	14	Name	of Building Ov	viner/Operator		nstill Jahre	2, 1	H 6	: 40)
- Agencies Notified	Type Notification		Street	Address P	0 P	30x 5	465	A 5.	eai T	THE	
□ EPA □ DEP	■ Initial □ Amended	1 1 1 1 7 7	City, S	State, Zip Cod		11	- 16416	E8	消費(1	-
DOL	Amendment #_ Emergency (inc	cluding	Name	of Contact	Rent	ion N.	Telenhone Num	bor O			
DOH DCA	justification) □ Cancellation		(Dary 1	linih						
Name of Facility Where A	Abatement is Taking F	Plage (3)	FA	CILITY INFO	MATION	Type of Facilit	y (4)				-
Dup	lex Res	dent	ial	Dus	elling	☐ School (F					
Street Address	z Reserv	laid	Sta	ee.t	<i>J</i>	Other (i.e etc.)	ter 8 (Other than K-12) private & commercia	l buildi	ngs, l	nomes	s,
City (5)	117	<u> </u>	2 f 1	0		Square Feet	# of Floors	Ble	dg. Ag	je .	
County (6) 00	1 1/7	0	Coun	ty Code (7)		Current Use (f	Prior if being demolish	ed)	15	77	
Merc	ier	8.	(STAT	E USE ONLY)			tial Duplex	Di	ue	1100	9
Name of Monitoring Firm	Hired by Building Ov	vner (8)	AS	CM No.	Name	of Abatement C	Contractor (9)	ies		En	
Street Address	2 2 :	7		9-80-6	Stree	t Address	797			30 4 4	
City, State, Zip Code	JOX JE	7 (-		City	State, Zip Code	* 35 t	A	A A	n 60 c	
New E	tove.	NJ	O	353,	5 N	ew Eq	ypt M	0	35	13.	5
Project Manager for Mo	then ken			hone No. 7<i>58-</i>3		758-33	License No	33	9	4	
Start Date (10)	5		completion	on Date (11)		of OSHA Monit	tor	_	F	-	
Occupancy Status Durin			o-13)	Stree	t Address	chnologies		nc		-
Facility Closed/Vac	ated During Entire Pe	riod of Aba	tement			P.O. Bo	x 337				
☐ Abatement Perform ☐ Other – Describe:		Facility Ho	ours .			State, Zip Code	+ NJ C	285	53	3	
Scope of Work (Check A	II That Apply)									S.	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		N -	ovation olition		>	Mini-Enclos				9.	e d
		Is Lo	cation			NOII-EXEM	Jied () and (on) mas		Abate	ement pe	
Location			mally solely by	Ashast	Descriptions Containing	on of Material (ACM)	Amount		. ,		
Asbestos-Containing TO BE AB	ATED	Mainte	enance/ ial Staff?	(i e		ns insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
In Faci		(1	12)		other miscella	300	3. 3. 2. 7	oval	pair	sulati	sure
	1	Yes N	io N	A		(()	0015	1			-
Basement	Claw Space	X		Pipe	Losu	lation	80 LF	X			
Kitchen			X	F10	OKING		120 50	1			
			+								
Name of Registered Wa	ste Hauler			P Waste	Cubic Yards of Waste		of Registered Landfil			_	7. A
EPC Tec	chnologies	•	100000000000000000000000000000000000000	000		1 Wa	iste Manage	nen	to	e t	H
City, State New E	3	NJ.	`	·	Disposal Da	te City, -15 Mo	enisville 1	PA			
Completed by	OYF.	Title Pres	مطاء	+	Signatu	Se Se	Rech Di	12	- 3	0-	14
10 TRUE WUTE	A I I POPUL	1110	1001				-	-			-

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Agencies Notified Type Notification Provided Type Notification Initial Amended Amendment #		Street Add			1				i	-	
DEP Amended				3rd FLoor		ASE	ESTOS CON	7541)	2		
X DOL Amendment #	S		e, Zip Code ir, NJ 07		Ĺ.		LICENSIN	G			
Emergency (including justification) DCA Emergency (including justification) Cancellation	ng	Name of C Laurie N	Contact Morrison			Т	elephone Numl	per			
	(0)	FACIL	ITY INFOR	MATION	Type of Fa	oility (A)					
Name of Facility Where Abatement is Taking Place House	: (3)				School	ol (K-12)	other than K-12)				
Street Address 44 Fairway Street		22			Other etc.)	(i.e. privat	e & commercia	buildi			١,
City (5) Bloomfield					Square Fe	١	f of Floors N/A	N/	ig. Ag A	je	
County (6) Essex		County C (STATE U	ode (7) SE ONLY)		Current Us House	se (Prior if t	being demolishe	ed)			
Name of Monitoring Firm Hired by Building Owner N/A	(8)	ASCM	No.		of Abateme Abateme		tor (9)				
Street Address		-			Address	Avenue		,			
City, State, Zip Code					State, Zip Co						± 1
Project Manager for Monitoring Firm		Telephon	e No.	1 - 50,000,000,000	hone No. 345-8685		License No),		•	
Start Date (10) Sche 1/05/15 1/07		mpletion D	Date (11)		of OSHA M Abateme						
Occupancy Status During Abatement (Check Only					Address						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac	of Abate	ment		A STATE OF THE STA	Rosengren State, Zip Co						
X Other – Describe: Occupied				– Tota	owa, NJ 07	7512					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Renov	ration			▼ Full Cor	ntainment v	with Negative P	ressur	e		
≥160 sf or ≥260 lf	Demol				Mini-En Gloveba	iclosure ag Procedu				е	
	Is Loca	ation			11011 22				Abate	ement	
Location of	Norma Used Sol	ally		Descriptio			Amount		Ту	pe _	
Aspestos-Containing Material (ACM)	Mainten Custodial (12)	ance/ Staff?	(i.e. t	os Containing hermal systen surfacing, V other miscella	ns insulation AT, or	,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ye	es No	N/A								ro .	
basement	X			pipe insul	ation		80 LF	X			
bedroom closet	X			floor ti	le		10 SF	X			
basement	X			floor ti	le		300 SF	X			
		N IDED II	lasts	Cubic Yards	l NI.	ame of Do	gistered Landfill				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP W Hauler ID #20996	500000	of Waste			inagement o				
City, State Totowa, NJ				Disposal Dat		ity, State ullytown,	, PA				
Completed by Ti	tle roject N	Manager		Signati	are	R. Ules	100	ate 2/23/	14		

CX 9859218664

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

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	U	AIN Z	2013			
	ASBE	STOS CO	ONTRO)L &		
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	Tele	phone Nur	nber			\dashv
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ype of Facility (4	4)					\neg
School (K-12 Subchapter Other (i.e. p etc.)	8 (Othe	er than K-12 commerci	2) al buildi	ngs, I	nome	s,
quare Feet	# of N/A	Floors	Blo N/	dg. Ag	ge	
urrent Use (Pric				, ,		
louse						
Abatement Con batement, In		(9)				
Idress	2110					
engren Aver	iue					
a, NJ 07512						
ne No. 5-8685		License N #00675	10.			
OSHA Monitor					*	\neg
batement, In	C.					
sengren Aver	nue					
te, Zip Code a, NJ 07512						
a, NO 07512				-,14		-
Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
					ement pe	
f terial (ACM) nsulation, , or ous)	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
on '	(60 LF	X			\Box
Name -	Docisi	orod I and	711			
		ered Landf agement				
City. Sta						

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

Date of Notification (1) 12/23/14		.=					vner/Operator k Pat Jenny			JA	W 2	20	15	L	/
Agencies Notified EPA DEP DOL	Type Notifi Initial Amer			1		iress istopher , Zip Code				ASBES	STOS CO LIČENSI		ROL 8		
X DOH	Amer Emer	ndment # gency (ir cation)		_ 1		ir, NJ 07				Telep	hone Nun	mber			
DCA		ellation		F	Pat Jen										
Name of Facility Where House	Abatement i	s Taking	Place (3)		FACIL	ITY INFOR	RMATION	Туре	of Facility (4)						
Street Address 166 Christopher S	treet						11	×	School (K-12) Subchapter 8 Other (i.e. pri	(Other	than K-12 commerci	2) ial bui	ldings,	home	3,
City (5) Montclair						95		Squa N/A	etc.) are Feet	# of I N/A	Floors		Bldg. A	ge	
County (6) Essex					County C	ode (7) SE ONLY)		Curr	ent Use (Prior use	if bein	g demolish	hed)			
Name of Monitoring Fir	m Hired by B	uilding O	wner (8)		ASCM	No.			atement Contr tement, Inc		9)				
Street Address				16			1 7 5 7 6 7 6	t Addre	ess ngren Aveni	ue					
City, State, Zip Code			1						Zip Code NJ 07512						
Project Manager for Mo	onitoring Firm				Telephon	e No.	4 3000000	hone I -345-	No. 8685		License N #00675				
Start Date (10) 1/08/15			Schedule		pletion D	ate (11)	1.5		SHA Monitor Itement, Inc).				1	
Occupancy Status Dur								t Addr	ess ngren Aven	ue					
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside	of Norm	al Facility	Hours	ient	E.			Zip Code NJ 07512						
Scope of Work (Check	All That App	y)		enova	tion			П.	ull Containme	nt with	Negative	Dress	ure		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				emolit	20 (T. 2) E.			Ľ M	Mini-Enclosure Glovebag Proc	edure				ro.	
	Υ		T	Locati	on.				Ion-Exempted	(*) and	Non-Fria	Die P	Abat	ement	
Locati Asbestos-Containii <u>TO BE A</u> In Fa (1	ng Material (A ABATED cility	(CM)	Use Ma	Normal d Sole intenar todial S (12)	ly ly by nce/		Descriptions Containing thermal syste surfacing, \ other miscell	Mater ms inso /AT, or	ulation,	(S	mount pecify or LF)	ZGIIOVA		e Encapsulate	Eliciosula
, , ,	7/		Yes	No	N/A									ate	q
				X			pipe insu	lation	*	6	0 LF	X			
base	ment														
base	ment														
base Name of Registered V					NJDEP W		Cubic Yards	3			red Landf				
Name of Registered V	Vaste Hauler			H	JDEP W Hauler ID 20996		of Waste TBD		Waste I	Mana	red Landfi gement (Α.		
Name of Registered V	Vaste Hauler			H	lauler ID		of Waste			Manaç e	gement (A		

NOTIFICATION OF ASBESTOS ABATEMENT

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

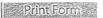
[X] DOH [X] Emergency (including justification) [] Cancellation Pauline Name of Contact Pauline Telephone Numb FACILITY INFORMATION Type of Facility (4) Residence Street Address Street Address Other (i.e., prohomes, etc.) City County (6) County Code (7) Square feet # of Floors	TOS CK LICENSI er	201 20.78	5	
[x] EPA	TOS CK LICENSI er	ŽUI JETR ING	DL &	ש
Amendment # Lakewood, NJ 08701 Amendment # Lakewood, NJ 08701 Emergency (including justification) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address 230 Shuster Avenue City, State, Zip Code Lakewood, NJ 08701 ASBES Lakewood, NJ 08701 Telephone Numb Type of Facility (4) [] School (k-12) Subchapter 8 [] Other (i.e., prohomes, etc.) City County Code (7) Square feet # of Floors	LICENSI er	JIJA ING	OL 8.	,
Cancellation Pauline FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence Street Address Subchapter 8 230 Shuster Avenue Other (i.e., prohomes, etc.) City County (6) County Code (7) Square feet # of Floors		.40		
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 230 Shuster Avenue City County (6) Type of Facility (4) [] School (k-12) [] Subchapter 8 [] Other (i.e., prohomes, etc.) Square feet # of Floors				
Residence [] School (k-12) Street Address [] Subchapter 8 [] Other (i.e., pr. homes, etc.) City [County (6)				
City County (6) County Code (7) Square feet # of Floors	other than	k-12)		
			ial build	lings,
(STATE USE ONLY) 1200 sf 1	Bldg	, Age	50	
Ortley Beach Ocean Current Use (Prior if being demolish Residence	ed)			
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Guardian Contractir	o Inc			
Street Address Street Address 1889 Route 9, Unit				
City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, New Je		755 1	271	
	Number	755-1	2/1	
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/30/14 12/31/14 E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement Street Address 1056 Stelton Road				
[] Abatement Performed Outside of Normal Facility Hours [] Other – Describe City, State, Zip Code Piscataway, New Je	rsey 088	54		
Scope of Work (Check all that apply) [] Full Containment with Negative F	ressure			
[X] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure				
[] ≥160 sf or ≥260 lf [X] Demolition [X] Non-Exempted (*) and Non-Friab	le Procedu	ire		
	Abat	tement	Туре	
Is Location - Description of Location of Normally used Asbestos-Containing Amount	R	R	E	E
Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify S	F E M	E P	N C	N C
TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) in facility Staff insulation, surfacing,	0	A	A P	L
in facility Staff insulation, surfacing, (13) (12) VAT, or	V	R	S	S
other miscellaneous)	A		U	UR
YES NO N/A	L		L E	E
Exterior X Asbestos siding 1000 sf	X			
		-		
		-	-	+
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Countracting, Inc. Name of Registered Landfill Countracting, Inc. Name of Registered Landfill T.R.R.F.				1

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

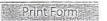
Date of Notification (1) December 29.	, 2014		Na	nme of Buildin	ng Owner/Oper Semine	ator (2) ole Cons	truction	13.	5	75	- 12-3 S	
[\	ification nitial Notifica			reet Address		artlett Av	enue/	VAN	2	2015		7
[x] DOL	Amendment # Emergency (ii			ity, State, Zip	West (Creek, N			JE CC ENSI	MIRE NG	1.8	
[x] DOH	ustification) Cancellation		N	ame of Conta Joy			1	Telephone Number				
			FACIL	ITY INFO	RMATION						-	
Name of Facility Where Abatement is Ta Residence	king Place (3)	(i)			Type of	Facility (4) [] []	School (k-12) Subchapter 8 (other	er than k	(-12)		
Street Address 255 Cypress I	Drive						[x]	Other (i.e., private homes, etc.)			building	gs,
City	Coun	ty (6)		ounty Code (7 TATE USE (Square 7	feet 00 sf	# of Floors	Bldg.	60 60		
Bayville	Oce	an				Current	Use (Prior i Reside					
Name of Monitoring Firm Hired by Buil	ding Owner ((8)	A	SCM No.	Name o	f Abatemer	nt Contractor Guard	r (9) ian Contracting,	Inc.			
N/A Street Address				1.1	Street A	ddress	1889 I	Route 9, Unit 61				
City, State, Zip Code					City, St	ate, Zip Co	ode Toms	River, New Jerse	y 087	55-12	71	
Project Manager for Monitoring Firm		Telephon	e Number			one Numbe 49-9932		License N 00624	umber			
Scheduled Start Date (10) 12/30/14		Schedule 12/31	d Completion	Date (11)	Name o	of OSHA N		S.L. Analytical		70		
Occupancy Status During Abatement (([X] Facility Closed/\	acated Durir ormed Outsid	ng Entire Per	riod of Abater Facility Hour	ment		Address tate, Zip Co	ode Piscat	Stelton Road taway, New Jerse		54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 $	1f	[] [x]	Renovati Demoliti		[[[x] Min	ni-Enclosure ovebag Proce			ıre		
[1	Aba	tement 7	Гуре	
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> in facility (13)	Ma	Is Loca Normally Solely aintenance Staf (12	used by /Custodial f		Descrip Asbestos-C Material (i.e., therm insulation, VAT other misc	Containing (ACM) al systems surfacing C, or	S	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	E N C L O S U R E
Exterior		X		Asbestos	siding			950 sf	X			
									+			-
Name of Registered Waste Hauler Guardian Contracting	Tnc.	NJDEP V	Waste Hauler 20223	ID No. C	ubic Yards of V 3		Name of Reg T.R.R.F	ristered Landfill				
City, State Toms River, New Jer			Dispos 12/3	sal Date 1/14	City Tul	, State llytown)	Pennsylva	nnia	Б	.		
Completed by (Print or Type) Nicholas Fernicola	Ti	tle roject Ma	nager	Signature	Mic	het	te	$\mathcal{A}_{}$	Da 12	te ./29/20	14	
A HOHOLOG I OHALOGIO				n for asbest	os licensure e	xempted a	activities.					



Emergen	29	N			o NJAC 8:				1104		575	\mathbb{V}		M	
Date of Notification (1) 12/30/14					Building Or ruso priv			(2)		.141.	1 2	2015	of the second to		
Agencies Notified Type	Notification		1 -	Street Ad	dress in lakes	Blvd.			ect wet			2013	1.		
DEP	Initial Amended				e, Zip Cod		2070		A	SBEST	OS COI	TROL	. &		
X	Amendment # Emergency (i			little E	gg Harbo	OF INJ U	8070			-	CENSIN				
	justification) Cancellation	*		Jeff											
Name of Facility Where Abater	nont is Taking	Place (3)		FACIL	ITY INFO	RMATIO	N	Type o	of Facility (4	1)					-
Jeff Caruso private hom		1 1400 (0)						S	chool (K-1	2)					
Street Address								S	ubchapter ther (i.e. p	8 (Othe rivate &	r than K-1 commerc	2) ial build	lings,	home	s,
447 Twin lakes Blvd.									tc.)		Floors		ldg. A		_
City (5) Little Egg Harbor NJ 080	70							1000-	+	1		3	5+		
County (6) Ocean				County C	ode (7) ISE ONLY)		_		nt Use (Pride & Shed		g demolis	shed)			
Name of Monitoring Firm Hired	by Building C	Owner (8)		ASCM	No.				ement Con	tractor	(9)				
N/A							3 3333	Address							-
Street Address								30x 32							
City, State, Zip Code								state, Zip t Berlir	o Code n NJ 080	91					
Project Manager for Monitoring	Firm		Τ.	Telephor	ne No.			none No		T	License	No.			
		0-1	100	- lotion [Data (11)			753-98	IA Monitor		00727				
Start Date (10) 12/31/14		Schedule 1/7/14	ea Con	ipieuon i	Jale (11)		Sam		A Monitor	1,27					
Occupancy Status During Aba	tement (Chec	k Only On	ie)	0			Street	Addres	S						
Facility Closed/Vacated D Abatement Performed Other – Describe:	Ouring Entire F utside of Norm	Period of A nal Facility	Abatem Hours	nent		_	City, S	State, Zi	p Code			55 C S 1854			
Scope of Work (Check All Tha	t Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure				e	
		le le	Locati	on				a NOI	FEXCHIPIC	u () um	4 14011 1 11	1	Abate	ement	
Location of		1	Normal ed Sole	ly	10 .07 .		cription		- 0.000 2000/0.000			-	13	rpe	
Asbestos-Containing Mate <u>TO BE ABATED</u> In Facility (13)		Ma	todial 8	nce/		tos Conta thermal s surfac other m	systeming, VA	ns insula AT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										CD	
Exterior Sidin	g			X		Exter	ior Si	iding		13	00 SF	х	-		
												-	-	-	
				ļ								+	-	-	-
Name of Registered Waste Ha	oulor			JDEP V	Vaste	Cubic `	Yards		Name of	Registe	ered Land	fill			
United Containers	aulei		H	Hauler ID 2459		of Was			G.R.O	.W.S.					
City, State Elm NJ						Dispos 1/7/14		е	City, Sta Morris		A 19067	•			
Completed by Anthony T Perna		Title Pres	ident			S	ignațui	re				Date 12/30/	14		

& Emergeny X

X E	nergenel r	NOT			F ASBES				OK	e age	(J)	V		M	
Date of Notification (1) 12/30/14					uilding O ahenzli				K	I A N	2.2	015			
Agencies Notified	Type Notification		1000000	reet Add 02 Lak	iress e Supe	rior Dr	:			0/111	L L	013	1		
EPA DEP DOL	Initial Amended Amendment #		Ci	ty, State	, Zip Cod g Harbo	e or NJ	08070		A	SBESTOS LICEN			. &		
⊠ DOH	Emergency (in justification) Cancellation	cluding		ame of C	Contact				90.	Telephone	Numb	er			
DCA	Cancellation				TY INFO	RMATI	ON			-			_		
Name of Facility Where A		Place (3)						Пѕ	f Facility (4) chool (K-12)					
Street Address 102 Lake Superior	Dr.			20.5				×	ubchapter 8 ther (i.e. pri tc.)	(Other than vate & comm	K-12) ercial	buildi	ngs, h	omes	à,
City (5) Little Egg Harbor N								Square 1000-	e Feet	# of Floors		35	ig. Ag +	е	
County (6) Ocean				ounty C	ode (7) SE ONLY)	· <u>····</u>		Hom	e & garag		olishe	d)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.			of Abat aco In	ement Cont C.	ractor (9)			•		
Street Address								Addres Box 32							
City, State, Zip Code								State, Zi t Berlii	p Code n NJ 0809	91					
Project Manager for Mo	nitoring Firm		Т	elephon	e No.		1900000000000	753-9		Licen 0072	ise No. 27	8			
Start Date (10) 12/31/14		Scheduled	Comp	pletion D	ate (11)		Name Sam		IA Monitor						
Occupancy Status Durin	ng Abatement (Check	Only One)				Stree	t Addres	S						
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire P med Outside of Norm	eriod of Ab al Facility b	ateme	ent		_	City,	State, Zi	p Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novat					Mir	ni-Enclosure	ent with Nega e edure i (*) and Non-		e Proc	cedure		
	E3	10077000	ocatio	2002	81	5	!	- of					Abate Ty		
Location Asbestos-Containin TO BE A In Fac (13	g Material (ACM) BATED cility	Used Mair	Solelintenan odial S (12)	y by ice/	Asbes (i.e.	tos Cor therma	al syster acing, V	Materia ns insula	(ACM) ation,	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
Exterior	Siding	165	140	X		Ext	erior S	iding		1300 S	F	x			
Exterior	Olding	+												111	
						1			Name of	Registered L	andfill				
Name of Registered W United Containers	aste Hauler		H	JDEP Wauler ID 2459		of W	ic Yards aste		G.R.O.		ariaiiii				
City, State Elm NJ	=					Disp 1/7/	osal Da 14	te	City, Star Morrisv	te rille PA 190	067				
Completed by Anthony T Perna		Title Presid	dent		2		Signati	re			Da 12	te 2/30/	14		



Emergency

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Date of 12/30	f Notification (1) 0/14						Building (R Miko				me	.10	N '	2 2	015			
	es Notified PA	Type No			71 6	Street Ad 119 S	ddress Commo	dore	Dr					-				
D	EP OL	Am Am	ended endment		- 3		te, Zip Co gg Harb		J 08070			ASBE	STOS C	SIN	THU	11.8		
	OH CA	just	ergency (i ification) ncellation	ncluding	1.2	Name of Steve	Contact					Tele	phone N	lumb	er			
						FACIL	LITY INFO	RMAT	TION									
	of Facility Where A en R Mikolajcza)					-	of Facility (School (K-1							
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Name N/A	of Monitoring Firm	Hired by	Building (Owner (8)		ASCM	1 No.			of Aba	tement Cor	ntractor ((9)					
Street	Address									Addres							12	
City, S	tate, Zip Code	10									ip Code in NJ 080	91						
Project	Manager for Mon	itoring Fir	m			Telephor	ne No.			hone N 753-9			License 00727					
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	eted by ny T Perna			Title Pres	ident				Signatur	e		>		Date 12/	30/1	4		

NOTIFICATION OF ASBESTOS ABATEMENT MO#22302819922 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 29 14 12 / JAN 2015 Esther Villaronga Street Address Type Notification Agencies Notified □ EPA X Initial 69 Monticello Avenue ASBESTOS CONTROL & Amended X DOLWD City, State, Zip Code LICENSING Amendment # X DHSS Newark, NJ 07106 DCA Emergency (including Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Charles Holmes FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) 69 Monticello Avenue Square Feet # of Floors Bidg. Age City (5) Newark, NJ 07106 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 01 / 07 / 15 01 / 08 / 15 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM___AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X 100 LF Pipe insulation Basement NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc 0033785 TBD Gr Tech LLC City, State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Completed By (Print or Type) Title Signature Inc Werras 12/29/2014 N levtic Owner ASB-41 * Do not use this form for asbestos licensure exempted activities. MAY 11

State of New Jersey

		(Pur	suant to	o NJAC 8:60 and	12:120)		1100	10		U	15
Date of Notification (1)	ΙÜ	N	ame of	Building Owner/Op		Consti	24 Plan IA	1.1	6	0015	
Agencies Notified Type Notification	1	S	treet Ad		ine	0 11	1 0 0	V	7_	2015	
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DOL Amendment #		- N	ame of	Contact .	Ch	Plains	Telephone Numb	ACE	(Bly	6	_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

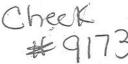
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		Name of Building	Owner/Operator	(2)			
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(Pursuant to NJAC 8:00 and 12.	2013
Date of Notification (1) 10 20 14 Name of Building Owner/Operation	LLC ASBESTOS COLUMNIA
Street Aritiess	L :LICEICENSING
Agency Notified Type Wallacine 137 LIDERLY F	AUE :
DDEP Amended City, State, Zip Code Amended EU 2A SETV	VD.
DEDOL DEmergency (including Name of Contact	Telephone Number
DEPOH JUSTIFICATION HO SAI GARC	JA 1
FACILITY INFORMATION	Type of Facility (4)
Name of Facility Where Abatement is Taking Place (3)	© School (K-12) © Subchapter 8 (Other from K-12)
Street Address	O'Other (i.e. private & commercial business,
137 LIDERIY AUE	/ homes, etc.) Square Feet # of Floors Bidg. Age
Cay (5).	Ourrent Use (Prior II being demolished)
County Code (7) (STATE CODE	Centent USE (STEN I DESIGNATION OF THE PERSON
UNIGH	ement Contractor (9)
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Street Address :. P.O. 15	118 xoc
City, State, Zip Code	30106F NO. 08857
Telephone No	71(100)
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Start Date (10) 015 Schedules Continued to 1000 P	ALECT THE
Occupancy Status During Abstancest (Check only one) Street Address	Gox 814:
- Purch Down of Abote Tests 7	Top Code / (N.) 08857
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Scope of Work (Check all Sust apply)	Full Containment with Negative Pressure Vini-Endosuse
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Date of Notification (1)	Name of Building Owner/Operator (2) Barbara Seif											
Agencies Notified Type Notification	27.0	Street Address 204 Gold-Street										
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EPC Technologies City, State	>		70		osal Date	Cit	y, State	Manag		F 0	1 1	V.
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CK 11438

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

Date of Notification (1)	200		Building Owner/Op	perator (2	2)	J LI DAN	2	ZU	15	TH)
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Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (4)				
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St. Albans . N 9 Project Manager for Monitoring Firm	11 11 6	Telepho	ne No.	Telepho	one No.	License No	٥.			
Paul Olisah			282-4144	1021-	UC-7-10(0	012	20			
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