

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)	2042				Name of Building Owner/Operator (2)  New Jersey Turnpike Authority								
DCA Ame			al Notificed Certificency (incomme	cation cluding	Street Address 581 Main Street. PO City, State, Zip Code Woodbridge, NJ 0 Name of Contact Mark Connors/ C/O AECO	Box 5042 7095	111	27 2012					
				FACILITY INF	Type of Facility (4)	4	. Same	- Andrew Control of the Control of t					
Name of Facility Where Abatem NJTPK -Underside of Mile Post 62.0 to 63.4 Street Address NJTPK Sharon Road	the Sha	ing Place (3) Iron Road			School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: NA # of Floors: NA Bldg. Age: 60 years								
City (5) Township of Robbinsville		County C (State Us		Current Use (prior if being demolished):									
N/A-Visual Inspection	owner (8) ECOM	ASCM N	0.	Name of Contractor (9)  GREENWOOD ABATEMENT CONSULTANTS, INC.									
Inc. Street Address 30 Knightsbridge Roa	ıd, Suite	520			Street Address 268 MAIN STREET								
City, State, Zip Code Piscataway, NJ 0885	4				City State, ZipCode Butler, NJ 07405								
Project Manager for Monitoring Mark Connors	Telephone 732-672	Number -7519		<u>Telephone Number</u> 973-492-0477	License Number  00840								
Scheduled Start Date (10) February 6, 2012	Scheduled March 9	Completion, 2012	Date (11)	Name of OSHA Monitor  EMSL inc.									
Occupancy Status During Al Facility Closed/Vacate Abatement Performed Describe Work Hot During Lane Closure weather and traffic Co	ed During I I Outside o urs: 6pr es-Multi	Entire Period of Normal Fa <b>n-Midnig</b> l <b>ple shifts</b>	of Abaten cility Hours	3 -	Street Address  1056 Stelton Road  City, State, Zip Code  Piscataway, NJ 08	854							
Other - Describe;	A annha)												
Source of Work (Check all that ≥ 3 sf or ≥ 3 l □≥ 160 sf or ≥ 2	f 260		7 11	Renovation Demolition of A	1	Mini-Enclor Glovebag Wrap & C x Non-Exer Amou	osure Procedure ut mpted (*) a	th Negative Pressure  and Non-Friable Procedure  Abatement Type					
Location of Asbestos-Contain Material (ACM) in Facility (13	) Sol	ocation Nomely by Maint.  off? (12)	Custodial	(ACM) (i.e. the VAT, or other m	rmal systems insulation, surfactions surfactions in the surfaction of the surfaction	OI LF)		Remove Repair Encap Enclose					
Underside of the Sharon Road Bridge			X	Transite Co	onduit	260	X						
Name of Reg. Waste Hauler	NJTPK  Name of Reg. Waste Hauler See Hauler Below # 1 & 2  NJDEP Waste Hauler ID # See Below					20	GROW	of Registered Landfill VS Landfill City, State					
Hauler #1) Greenwood NJ DEP # 12 Hauler #2) MXI Expres 297 Zimmer	2561 s, Inc. M	aumee Exp	ress, Inc.		07405	Disposal D March 9	, 2012	Route 2, Box 68 Bridgeport, WVA 304-842-2784					
Completed by (Print or Type) Marin Graure  Title SENIOR PROJECT MANAGER					Signature Marin Graun	Date January 24, 2012							

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)			of Building			2) [F			0	13.00	-	11.00					
1-23-2012	T. DOMERSKI IDE GE VER																
Agencies Notified Type Notification			Street Address 146 SUMMIT STREET										7/11				
D EPA E Initial						r st	REET				1						
D DEP D Amended		City, State, Zip Code											1141				
	DOL Amendment #  □ Emergency (including							- NORWOOD, N.J. 07648									
DOH justification		9	Name	of Contact	220	•		Telephor		phor.							
DCA     Cancellation	n		T. Domerski														
			FA		ORMAT							ALC: UNK	outsipas.				
Name of Facility Where Abatement is Taki	ng Place	(3)					Type of Facility	(4)	,520,00		Charatra Can	Order (Krist)					
T. DOMERSKI						School (K	-12)	-	45000	0.000	The second	**************************************					
Street Address							Subchapte Other (i.e.	er 8 (Other tha	n K-12	2) al bra	Idina	. hom					
146 SUMMIT STRE	ET		2000-2000-000				etc.)	hisem a con	MINER CR	an oen	inche ilike	s, non	100				
City (5)							Square Feet	# of Floo	rs .			Age					
NoRWOOD					15		2200	2:			19	20	)				
County (6)			County Code (7)				Current Use (Prior if being demolished)										
BERGEN		٠.	(STATE USE ONLY)				RESIDENCE										
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			ame of Abatement Contractor (9)										
						Best	Remova	1 Inc	H								
Street Address						Street A	est Address										
		E.		450 South River St									1				
City, State, Zip Code	-			City, State, Zip Code									i				
						Hackensack , N.J. 07601											
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	ne No.	Lice	nse No		- 1						
Start Date (10)		-				329-744		038	38	2							
2-6-2012			1 Date (11)			osha Monitor a Envir		1 0	3 ~ ~		~~~	-					
Occupancy Status During Abatement (Cher	-2	012					опшента	1 5	bér	ATO	ces						
						Street A	Huyler	C+									
☐ Facility Closed/Vacated During Entire	Period of	Abates	ment .			L .		1									
Abatement Performed Outside of Norm	pm	y nous	5			City, Sta											
Scope of Work (Check All That Apply)						Sout	h Hacker	nsack,	N:J	· .	076	06	4				
A signal		_		•													
교 강당이강() □ ≥160 sior≥260 ki		Renova Demoli			•		Full Containm Mini-Enclosure	ent with Nega	tive Pr	essu	re ·						
	. 7						Glovebag Pro	cedure '		ole Procedure							
<del></del>	T -			<del></del>			Non-Exemple	d (") and Non-	Friable								
		Locat								Abatement Type							
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	scription of			-		TT		H				
TO BE ABATED		intena todial S		(i.e.	thermal	Systems in	erial (ACM)	Amount (Specify		æ	_	9					
In Facility (13)	Cus	(12)°	Stelli ?	1	surfac	ing, VAT,	or	SForLF		Removal	Repair	를	8				
(10)	-		_	4	omer n	niscellaneo	us)			PAC	1	Encapsulate	Enclosure				
	Yes	No.	N/A					• ,				9	T				
BASEMENT			X	THERE	MAL	in sur	ATION	55	LF			X					
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Name of Doctor and Market Market			<u>L</u>	Ŀ							1						
Name of Registered Waste Hauler			JOEP W		Cubic '		Name of I	Registered La	nd(iii)		9		-				
DJM Transport ,Inc			2393			y o	Cumbe	rland	Cou	nt	y L	and	L£i 1				
City, State					Dispos		City, State		-		-		+				
South Kearny N.J.	7032					-2012											
Completed by	Title				1 9	anothers.		415H	Dete		7.4		+				
R. VELDRAN	Est	ima	tor		. 6	2. Velde	lan				· +2	217					
					· Pormone				1-23-2012								

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Date of Notification (1)  1/13/12  Agencies Notified  Type Notification  Initial  Amended  Amendment #  Emergency (including justification)  Cancellation  Name of Facility Where Abatement is Taking Place (3)  Hudacko Pharmacy  Street Address  876 Broadway	1  -   1  -	Hudack Street Ad 876 Bro City, State Bayonn Name of	o Pharma	-	(2)	LE G		VE	Tr	77						
X	- I	876 Bro City, State Bayonn Name of	oadway e, Zip Code			1		THE SELVEN								
DEP Amended Amendment # Emergency (including justification) Cancellation  Name of Facility Where Abatement is Taking Place (3) Hudacko Pharmacy  Street Address	- 1	Bayonn Name of			ASBESTOS CONTROLAS Number											
DCA Cancellation  Name of Facility Where Abatement is Taking Place (3) Hudacko Pharmacy  Street Address	1		Contact													
Hudacko Pharmacy Street Address	Peter Halecky FACILITY INFORMATION															
Street Address		FACIL	ITY INFOR	MATION		of Facility (4)	)	and the second		-						
		1			School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Bayonne						are Feet # of Floors Bldg. Age					ge					
County (6)		County C	ode (7) SE ONLY)		Current Use (Prior if being demolished) Pharmacy											
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM	No.		me of Abatement Contractor (9) &S Abatement, Inc.											
Street Address		1			eet Address Rosengren Avenue											
City, State, Zip Code						p Code J 07512										
Project Manager for Monitoring Firm		Telephon	e No.		one No 345-8		0.000	cense N 00675	0.							
Start Date (10) Scheduled 1/24/12 1/25/12	Com	pletion D	ate (11)			IA Monitor ement, Inc	·.									
Occupancy Status During Abatement (Check Only One)					Addres	s gren Aveni	10		vi E							
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility H Other – Describe: Occupied				City, S	tate, Zi	p Code J 07512				: W - 20 Ce	50-00-0					
Scope of Work (Check All That Apply)	1-0-2004		10000					-								
	novat moliti			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
le l	ocatio	on			Non-Exempted			d (*) and Non-Friable			Abatement					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  No Used Main Custo	rmall Solel tenar	ly ly by nce/	(i.e. the	Descriptions Containing Nermal systems surfacing, VA	Material s insula T, or		(Spe	Amount (Specify SF or LF)		Repair	e Encapsulate	Enclosure				
Yes	No	N/A					450				e					
basement	X			pipe insual	tion		150	LF	Х							
Name of Registered Waste Hauler	10.000	JDEP W	76767550	Cubic Yards		Name of R	egistered	d Landfill								
D&S Abatement, Inc.		auler ID I 20996	T	of Waste BD		Waste M		ment o	PA							
City, State Totowa, NJ			100	Disposal Date		City, State Tullytow										
Completed by Deanna Brkusanin  Title Project	t ma	nager	1,-	Signature	MIII	on hilly	101 -	Da 1/	te 13/12	?						

Date: (23)(sign	ature) 1:354	-10		NOTI	FICA Purs	TON OF AS	New Jersey BBESTOS ABATE AC 8:80 and 5:18	3)	51	ervices Heck #	TI	S		65,765	
Date of voorkanol	_1/23/12				N.	me of Bulld	ling Owner/Operato	or (2)	I I						
Agencles Notified	Type Not	Mcallon			1	reet Addres		s of Pn	ncetox	Universit	YE		// [	CF	
E EPA	☐ Initial				E.A. MacMillan Building										
DEP TO DOL	Amen				CI	y. Siste, Zip			H	- 111			_	-#	
	Emerg	dment #_ jency (inc	ludle	10	1_	-	P	rinceton	NIO	8544 JAN	27	7 20	112	11	
DOH T DCA	justiffic	cation)	.3	Na	me of Conta			Telephone N		==		-			
	LI Cance			R	obert Macfarla	in !		A.	Girioot			i			
						FACILITY IN	FORMATION			Li	CENSIA	IG			
Name of Facility W								Type of	Facility	(4) - Lucion	Lis Black	. ,1	iers •		
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Street Address	L	Y		-		-		Subo	hapter t	(Olher than h	(-12)	ے اور اور	227	ı.,	
City (5)	between Iv	y Lane	& I	Pros	pect	Street		nom	68, e(c.)	ivere of commit	at cial b	urom	gs,		
City (5)		n .						Square F				Bldg.	Age		
County (d)		Princ	eto	n_				1	NA						
	Middlesex				C	SE ONLY	(7) (STATE	Current		or If being dem		1)			
Name of Monitoring	THEOLOGICAL	IIII A	WE C	==	1	reconstruction and the second				exterior tro	nch				
(8)	MECS	niang Ov	VI) OF	-	ASC	M No.	Name of Abatem								
Street Address	MECS						Stevens Environmental Services, Inc.								
Olioor Vodioms	PO Bo	× 341					Street Address PO Box 322								
City, State, Zip Code		X J 71	-				Ch. FG. W. O		FO B	0X 322				]	
	Crosswicks	, NJ 08	351	5			City, State, Zip C		ntown	NJ 08515		- 00-000 (15			
Project Manager for					ephor	e No.	Telephone No.	7110	1100 44 11	License No.			_		
William	Weisgarber	Jε.				98-4070	(609) 25	9-9688		LICEING NO.	0049	) 7			
Stan Date (10)			ed C			Date (11)	Name of OSHA N		<u> </u>	L===	0()-5;			$=$ $\downarrow$	
1/24/13	2			/27/			;		ME	CS					
Occupancy Stelus D	uring Abatemen	(Check	only	one)			Street Address						==	=	
] Facility Closed/Va								]	PO Bo	14E x				- 1	
Abatement Perfor			acilit	y Hou	ar5		City, State, Zip Co	ode				-	_	= $+$	
Other - Describe:								Cross	wicks	NJ 08515					
cope of Work (Che	ck all that apply)						Печа		:IL - 1				_	=	
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exterior	trench	1	+		×	-	pipe insulation	-	+	20 1 12	×		-		
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	290,000	inn.		1-1-10	Bulor H	J No.	of Waste	Marie of	- 1	red Landlik					
Stevens Enviro	ilmental Ser	vices li	ac.	.   _		292	1 CU	/_		T.R.R.F., 1	nc.				
y, State	Frank al 4	NIY .					Disposal Dale	City, Stat	/						
implated By	Freehold	•			δ. 		1/27/12	1		Tullytown.	PΛ			_	
עבו גיסונסעיווע		Tile					Signetism	1		Date					
Mahlon E. S	tevens !	8	Dro	Innt	NA	rager	/////	1/		1	1/23	120			

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

Date of Notification (1)					o of Buildi	na Owner/Operate	25/2\	HUE	D E		14	L					
	1/23/12			Name of Building Owner/Operator (2)  Trustees of Princeton University													
Agencies Notified	Type Notific	ation		Stre	et Address		. MacMillan I		AN 2	7	201	2					
EPA DEP	☐ Initial ☐ Amended			City.	State, Zip		. Wacwillan I	Junuing			_						
DOL.	Amendm Emergen		10	4,	etete, mp		rinceton, NJ 0	8544 AS	BESTOS	CON	TROL	&					
DOH	justificat	ion)	.9	Nam	e of Conta	ct		Telephone N	umber	HZIM	G						
DCA	LI Cancella	uon			Ro	bert Macfarla	an	siedstülle.	-								
				FA	CILITY IN	FORMATION		· , · ·									
Name of Facility Where				T			Type of Facility	2543500									
Street Address	Exterior 7	rench- I	Rope	Lar	ie		School (K-1)	2) 8 (Other than K	-12)								
	etween Ivy	Lane & 1	Prosp	ect S	Street		Other (i.e., p	rivate & comme	ercial bu	ilding	s,						
City (5)		D	-				Square Feet										
County (6)		Princeto	n	I Car	onter Carla /	7) (07475	NA NA	<u> </u>	<del>,</del> J:								
	iddlesex				E ONLY)	7) (STATE	Current Use (Prior if being demolished)  exterior trench										
Name of Monitoring Fire		ding Owner		ASCN	l No.	Name of Abater	ement Contractor (9)										
(8)	MECS	ĺ					vens Environn		ices.	nc.							
Street Address						Street Address											
	PO Box	341					PO Box 322										
City, State, Zip Code	rosswicks,	NT 0851	5			City, State, Zip (		NII 00515									
Project Manager for Mo		NJ 0031.	And the second	phone	No	Telephone No.	Allelitowi	n, NJ 08515		-							
는 - O G G B I I I I I I I I I I I I I I I I I	eisgarber Ji	r.			8-4070		59-9688	License No.	0049	13							
Start Date (10)		Scheduled C	_			Name of OSHA			0012								
1/24/12			1/27/1				MI	ECS									
Occupancy Status Duri						Street Address		2002									
Facility Closed/Vaca								ox 341	-								
☐ Abatement Performs ☑ Other - Describe:			y Hour	S		City, State, Zip C		s, NJ 08515									
Scope of Work (Check																	
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-End Gloveba	ntainment with Neg closure ag Procedure empted (*) and Non		lure								
		1000000	ocation ormally	n					7								
Location Asbestos-Containing			Solely		Ashasti	Description of os Containing Mat		Amount	-	Тур		$\vdash$					
TO BE ABA	TED	Cı	ıstodial			thermal systems in	nsulation,	(Specify	Rer	Repair	Enc	Enclosure					
IN Facility (13)	/		Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Remova	air	Encapsulate	losu					
		Yes	No	N/A			/		=		ulate	ē					
exterior tr	ench	100		×		pipe insulati	on	80 LF	×		-	$\dashv$					
				_		pipo insulati	-	00 LI	1			$\dashv$					
Name of Registered Wa	ste Hauler		INJ	DEP V	Vaste	Cubic Yards	Name of Registe	ered Landfill				_					
Stevens Environ		ices Inc		uler ID	No.	of Waste 1 CU	//	T.R.R.F., I	nc								
City, State				102		Disposal Date	/City, State	1.10.10.1., 1	no.			=					
	Freehold,	NJ		£		1/27/30	V 1	Tullytown,	PA								
Completed By		Γitle P	188 00 000 0000			Sign du e	1	Date		10.5							
Mahlon E. Ste	vens .	Pro	oject .	Man	ager	14		l	1/23	/12							
SB-41						/ 1-											

ASB-41 MAR 00

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

24/08

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

VIA O.S. MAIL

				Wiles in		Section 1	and the second of the second o						
Date of Notification (1)2412			Name	of Buildin	og Owner/Operator	(2) CAG	SANSIL	A	54	0			
Agencies Notified   Type Notification	n T	_		Address	F -	15		11	1	<u>-</u>	-		
DEP A INTERIOR			31		101 51		<u> </u>	4	Щ.				
DOL Amendment		-	61-	State, Zip		57001 1	N 27 2012		///:				
DCA justification		9	Name	of Contac	ci i	1	Tplantona Nomb	1	4	-	=		
			TR		NAE!		The state of the s				-		
Name of Facility Where Abatement is Takin	ng Place	a (3)	FA	CHARGE BORG	-UKRIA HUM	Type of Facility	(4) (54)	est sint,			_		
Street Address					Erman .	School (K-1	2) 8 (Other than K-12)	PWY-2-					
59 CALLWELL PL		V. 20					private & commercia						
Springfield N	C'7					Square Feet	# of Floors	Bldg. Age					
County (6) UNION			Cou	nty Code (	T) (STATE		rior if being demolish	ned)	<u> </u>		=		
Name of Monitoring Firm Hired by Building	Owner		ASCM	No.		ement Contractor (9)							
(8) Street Address					NOVATE	ch noc							
					Street Address P.O. 150X	214							
City, State, Zip Code					City, State, Zip C	SIDGE 1012, 0885+							
Project Manager for Monitoring Firm		Tek	phone	No.	Telephone No.	38x7500 License No00806							
Start Date (10) Sche	2/3	omple	tion Da	te (11)	Name of OSHALI	Monitor "	)(:				=		
Occupancy Status During Abatement (Che	ck only	one)			Street Address	214					=		
Facility Closed/Vacated During Entire Polyage Abatement Performed Outside of Normal	eriod of	Abate v Hou	ment		City, State, Zip C		·						
Other - Describe:					010 30	BGE N	J. 08857				<u></u>		
Scope of Work (Check all that apply)				-	☐ Fut Cor	ntainment with Ne	cative Pressure						
≥3 sf or ≥3 if N_≥160 sf or ≥260 if	Re	enovat emošše			Mini-En	closure ag Procedure	on-Friable Procedure	a	ti.				
		.ocatio	Action 1		- X		-		bates				
Location of Asbestos-Containing Material (ACM)	Matr	Solei Itenar	ice/		Description of tos Containing Mar	terial (ACM)	Amount			EE			
TO BE ABATED IN Facility	5	ustodia Staff?		(i.e.	thermal systems i surfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	Repair	ncap	Encla		
(13)		(12)			other miscellaned	ous)		oval	쁙	Encapsulate	Enclosura		
	Yes	No	NVA										
FXIERION			7	- Gil	DING		1,800 Si	X	-		-		
RASEMENT	$\vdash \vdash \vdash$		7	Pide	- INSULAT	101	1300 S	文			_		
151 HOOR & A' HOOR			X	F100	RINE	129	1,000 =	X			_		
Name of Registered Waste Hauter NOVA LECV NOC			IDEP I	0.000000	Oubic Yards of Wasta		stered Landfill	-		9			
City, State			100		3117	City, State	7- 01			-	=		
OID BRIDGE NO C	388	57	Alson 1880	ا ــــــــــــــــــــــــــــــــــــ		Marison	IL LA		<del>i =</del>		=		
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