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City, State, Zip Code					us effect			state, Zip Code				
Burlington NJ 68016								Wille, FA 19342				
Project Manager of Montroring Firm				Telephone	Nu	mber	Telap	house Number			Numbe	7
dike Kechi			- 1	609-386-88	100		610-36	64-9622		1103		
Scheduled Start Date (10)	1	School	Com	pletten Dute	G (11	1)		of OSHA Monitor				
01/30/14	1	The section is a section in the section is a section in the section in the section is a section in the section in the section is a section in the section in	-	01/31/14		•	Crifet	lon Laba				
Month/Dey/Year			Mo	mth/Day/Ke	INC.							
Occupancy Status During Abatement (C	beck o	oly on	8)					Address				
Facility Closed/Vacated During I	Entire )	Portod	(AID	<del>facement</del>				Propresive Drive				
I Abatement Performed Outside o	P Norm	oi Fac	mily					State, Zip Codu				
Hours - Describe: 7:00 AM	- 5:00 1	M					Beban	lem PA 19020				
Other - Describes various s	hills						11			_		
Scope of work (Chrok all that apply)		~	_		_			Full Containment with	Negative	Pressu	re	
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Herizon Dispusi						Disposal Da	ita .	City, Brate				
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Herizoe Disposal City, State			Tries					Morrisville PA			Date /	-

Mar Hoher



Check# No. 7935 Jan. 28. 2014 2:36 PM State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pury want to NJAC 8:60-7 and 12:-120-7) Date of Notification (1) Name of Building Owner/Operator (2) 01/20/14 Princeton University Month Day Cyear Agency Notified Type Notificados Street Address EPA Initial P.O. box 2158 DEP Nedfication City, State, Zip Code DCA Amended WAIVER Princeton NJ 08543 DOR Notificados Name of Captact Colephone Number Cancellador Robert Otego FACILITY INFORMATION Name of Facility Where Abattement is Talding Place (3) Type of Fadilty (4) Princeton University .- Lewis Center for Arts School (K12) Subchapter 8 (Other than 1812) Street Address Other (I. c. Private & commercial buildings, homes, etc.) Princeton University 185 Nassau Street Square Peet of Plears Didg. Age County (E) County Code (7) 100000 Princeton (WAIKS SEU STATE) Current Use (Prior if biling demolished) Dairersty Name of Monitoring Firm Hired by Building Owner (f) ASCM No. Name of Abstament Contractor (9) ATC Associator. Inc Associated Specialty Contracting Street Address Street Address 3 Terri Lane 98 LaCrue Avenue City, Stare, Zh Code City, State, Zip Code Burlington NJ 08016 Gles Mills, FA 19342 Project Manager of Manttoring Firm Teleghons Number Telephone Number Licence Number Mike Keehn 609-386-8800 610-364-9622 1103 Scheduled Start Date (10) School. Completton Date (11) Name of OSHA Monitor 01/30/14 01/31/14 Criterion Labs Manth Day Year Month/Day/Kear Occupancy Status During Abalement (Check only one) Street Address Facility Clased/Vacased During Eatire Period of Abatement 3370 Progresive Drive I Abatement Performed Outside of Normal Facility Ciry, State, Zip Code Would - Describs: \_\_ 7:00 AM - 5:00 PM Bemalem PA 19020 Other - Describe: \_\_\_\_\_ various shifts Scope of work (Chrok all that apply) Full Commission with Regative Pressure DemoRdon Renovation Mini - Esclosure X >3 of or >3 if Glovebad Procedure E >160 of or >260 lf Neg-Friable Procedure Abetement Type Location Location of Description of Asbertos - Containing NC Normally Ashattos-Containing NOL Mareral (ACM) Pland Material (ACM) (Specilly E. RE TO WE ABATED Boldy (ic. Thermal systems SF or M A In Padlicy by Malainculation, surfacing, VAT. LP P P 0 0 (13) tenance/ or other miscellaneous) V S A 2 Custodial A U U Staff (12) R Yes No auditories pipe insulation 6LF Name of Registered Waste Hauler NJDEP Wasts Cubic Yarda Name of Recipiered Landfull Hewler ID No. of Warre Hortzon Disposal GROWS City, Atate Disposal Date City, Brate Treaton NJ As needed Morrisville PA

AB8-41 JUN 95

Mark Godhow

Completed By (Friat or Type)

Tide

Project Manager

W#1957

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

Date of Notification (1)					Owner/Operator (2						
1 / 27 / 14			New	Jerse	ey Departr	ment of Tr	ansportati	on	001	A	
Agencies Notified Type Notification	n	-	Street A				NAU	7 9	ŹÚ	Ä	
■ EPA			P.0 E	30x 600	)		07.				
■ DOLWD ■ Amended		1	City, Sta	ate, Zip Co	ode						
■ DHSS Amendment			Trent	on, NJ	08625-0600				· est		
DCA Emergency justification)				f Contact			Telephone Numbe	-	•		
Cancellation			Andre	ew Yor	ke						
			FAC	ILITY INF	ORMATION						
Name of Facility Where Abatement is Tak	ing Place	(3)				Type of Facility (4	+)				
Parcel M-56 - Former Dynai	nic Tru	ıckir	g			School (K-12)	(Other than K 12)				
Street Address				754		Subchapter 8	vate and commerc	ial buil	dings	,	
125 Pennsylvania Avenue						homes, etc.)	*				
City (5)						Square Feet	# of Floors	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g. Age	9	
Kearny						38,400	2	30	+		_
County (6)			Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ea)			
Hudson		-				Industrial					-
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM N	10.		ent Contractor (9)					
Shaw Environmental, Inc.					Prism Resp	onse, inc.				_	
Street Address					Street Address	logy Lano					
128 S. Tryon Street - Interst	ate 10	wer			102 Techno City, State, Zip Co						-
City, State, Zip Code					Export, PA						
Charlotta, NC 28202		1		le .	Telephone No.	13032	License No.		-	_	
Project Manager for Monitoring Firm			phone N	)-3707	724-325-33	30	01121				
Gary Wywra	heduled (	-			Name of OSHA N		10.12.				
Start Date (10) So		21		2014		ironmental,	Inc				
			^ -		Street Address	iroriirioritai,		-		2017	
Occupancy Status During Abatement (Cl Facility Closed/Vacated During Entire	Period of	Abate	ment			Γryon Street,	Interstate T	owe	r	59	
☐ Abatement Performed Outside of Nor	mal Facili	y Hou	rs - Des	cribe	City, State, Zip C						
Time of Abatement:AM	_PM/	PM		AΜ	Charlotte, N						
Scope of Work (Check all that apply)											
					■ Full Cor Mini-End	ntainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf		enova emoliti			☐ Gloveba	a Procedure					
■ ≥160 St 01 ≥200 ft					☐ Non-Exe	empted (*) and No	n-Friable Procedur	2000			_
		s Loca				-		Ab	ateme	ent T	ype
Location of	1.16	Norm ed So	ally lely by	Ache	Description estos Containing M		Amount	Ren	Rep	Enc	Enc
Asbestos-Containing Material (ACM) TO BE ABATED	M	ainten	ance/		., thermal systems		(Specify	nov	air	aps	losu
IN Facility	Cu	stodia (12	Staff?	74.200	surfacing, VA <sup>-</sup> other miscellan		SF or LF)	1 =		ulat	Enclosure
(13)	Yes	1		1	Office misocilari	cousy				(D	
			. x		Floor Tile & N	Aastic	3800 SF	х			
Throughout	ᆜᆜ		_				27 SF	×			
Exterior of Structure			×		r Caulking & Ro			-			-
Along Elevated Loading Dock	s 🗆		×	Exteri	or Expansion	Joint Material	254 LF	x		Ш	
Name of Registered Waste Hauler		- 10	NJDEP		Cubic Yards of	Name of Regis					
Waste Management			Hauler I SW1724	D No.	Waste	Grows N	orth Landfi	11			
City, State	-		CH 1124		Disposal Date	City, State	C (0.223)	300			
Camden, New Jersey					2/14/14	Morrisvil	le, PA				
Completed By (Print or Type)	Title	-	-		Signature	\ /.	) D	ate			
Jessica Busch		nist	rative	Supp		NOR 19	110h. 1	/27/	201	4	176
Jessica Duscii	Aum	11131	. GLIVC			and pl					

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

#### 1543

## jState of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1)			1	Name	of Bu	ilding (	Owner / Operator	(2)						1 -	1	1
	1/19/2						/ellan	ki								- 17	!
Agencies Notified	Type I	Votifica	ation	10		Addre											· j
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	2000						June	tion					17.	1	N		<u>:</u>
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L DOX		Caric	enation	!			/ellan										
N						CILIT	Y INF	ORMATION						Ý.			
Name of Facility Wh	nere At	ateme	ent is Taking Pl	ace (3	3)			Type of Facility									
Residence Street Address								School (M		(Other th	V 4	12)					
00007								Subchap	200-100-11				wildings	hom		60 )	
2506 Columbia A	rve				3,02			Square Feet	priva	# of Flo		Jai L	~~~~	lg. Ag	-		
City (5)			County (6)	ICo	unty (	Code (	7)	2000		W 01110	2		Dic	ıy. Ay	100		
Ewing			Mercer	100	unity (	) spoc	.')	Current Use (	Prior i	if heing o	-	chor	n l		100	0	
Ewillig			INIGICEI	.				Residence	1 1101 1	ii beilig c	ici ioli	SHOO	4)				
Name of Monitoring	Firm H	lired b	v Building Own	er (8)		IASC	M No.		emen	t Contra	ctor (9	1)		150			
			y Dunaning Own	.01 (0)		1.00		ALPHA ENV	/IRO			,	- 8				
Street Address								Street Addres 2129 Rt 33	is .								
City, State & Zip Co	de							City, State & Z Hamilton, N		ode	11						
Project Manager for	Monito	oring F	irm	Telen	hone	Numb	ner	Telephone Nu				Lice	ense Nu	mber			
				·				215-295-100	)4					0109	)1		
Scheduled Start Date 1/29/201			Scheduled Con 2/1/2014	npletic	n Da	te (11)	1	Name of OSH EMSL Analy									
Occupancy Status I	During /	Abater	nent (Check or	nly one	e)			Street Addres								72	
			During Entire P			ateme	nt	107 Haddon	Ave	nue							
The second secon	Perform	ned Ou	utside of Norma	al Hou	urs –	7am to	3pm	City, State & 2	Zip Co	ode					GOT FAIR		
Describe:								Westmont,	NJ 08	3108							
Facility Occ											Q.						
Scope of Work (Che	eck all t	that ap	ply)							F. II C	-4-1	4	tala Ala.	4:	D		
≥3 sf or ≥3 h				<b>N</b>	Don	ovatio			H	Full Cor Mini-En			with Me	gauve	Pres	sure	
≥3 sf or ≥3 h ≥160 sf ≥26				씜	12 1 1 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1	nolitio	DC-TC		H	Glove E			furee				
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	BE ABA			Main				(i.e., thermal sy	stems				•	Rer	교	nca	nc
ir	n Facilit			Custo		Staff?	i	nsulation, surfac						Remova	Repair	Encapsulate	Enclsoure
	(13)			Van	(12) No	N/A		or other miscella	aneou	s)				00	_	late	re
Basement				Yes	NO	IN/A		Pipe Insula	tion		1801	F				П	П
Dasement						ш		ripe ilibula	LIOII		1001				ш	ш	ш
Name of Registered	Waste	Haule	er		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Cubic Yards	Nam	e of Reg	istere	d La	ndfill	-			
ALPHA ENVIRON	IMENT	ΓAL			0.00000	uler IE 33330		of Waste	Grov	ws Land	dfill						
City, State								Disposal Date		State				S.			
Trenton					in lin			Various	Mor	risville,	PA						
Completed By (Print	or Typ	e)			Titl			Signature			***		1	Date			
Rod Richardson					PI	W		Rod Richardson		65				1/19	/20	14	
								N SEE CAS ESC					- 1				

# jState of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1)		1	Vame	of Bui	ilding (	Owner / Operator	(2)				: [	-	1	
	1/19/2014					ellan/	ki	u Si		1 3		9 . 35			
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DCA		cellation				/elian	ki				1	Орто			
	l			FA	CILIT	Y INF	ORMATION								
Name of Facility Wh	here Abatem	ent is Taking Pl	ace (3		0,211		Type of Facilit	ty (4)						W-15	
Residence	4	_					School (K	(-12)							
Street Address								ter 8 (Other th						200	
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	-	Ta					Square Feet	# of Flo			Bld	g. Ag			
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Trenten		Mercer					Current Use (I	Prior if being	demoli	snea	)				
Name of Monitoring	Firm Hired h	y Building Own	ner (8)		TASC	M No.	Residence Name of Abat	ement Contra	ctor (9	1)				_	
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Street Address				- 10		****	Street Addres		31,000	- 19- 0-	_				
							2129 Rt 33		ă.						
City, State & Zip Co	ode						City, State & Z Hamilton, N								
Project Manager for	Monitoring F	≕irm	Telep	hone	Numb	er	Telephone Nu			Lice	nse Nur	nber			
							215-295-100	4				0109	1		
Scheduled Start Da		Scheduled Con	npletio	on Da	te (11)	()	Name of OSH								
1/29/201 Occupancy Status I		2/1/2014	alv on	2/		*******	EMSL Analy Street Addres								-2
		During Entire P			ateme	nt	107 Haddon								
		utside of Norma					City, State & Z			- 500,000					
Describe:						0.50	Westmont, I	NJ 08108							
	upied During			oseerins a see											
Scope of Work (Che	eck all that a	pply)					24	□ F.JI C.	-4-1		مالا طفت	- ativa	Dros		
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23 si di 23 i	-77		A		nolition		14	Glove I			ures				
			<b>—</b>								d Non-F	riable	Pro	cedu	ro
10	ocation of	*	ls	Locat	ion		Description	Local		Amo			-	ent T	
	tos-Containir	ng		nally l			Asbestos-Cont			(Spe	cify				,,,,
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	BE ABATED n Facility		CO. C		ce or Staff?		(i.e., thermal sy insulation, surfact					Remova	Repair	aps	cls
	(13)		Ousi	(12)	Jian :		or other miscella		1			oval	활	Encapsulate	Enclsoure
	•		Yes	No	N/A			•						te	
Basement				$\boxtimes$			Pipe Insula	tion	60lf						
Name of Registered	Waste Hau	ler		NJ	DEP V	Vaste	Cubic Yards	Name of Reg	gistere	d Lar	ndfill	1			
A   DUA END/100)				0.0007000	uler ID		of Waste	C 1							
ALPHA ENVIRON City, State	AMENIAL			00	33330	,	1cubic Disposal Date	Grows Lan	ann			)			
									<b>D</b> 4						
Trenton	t or Tues			Tit	10		Various Signature	Morrisville	, PA			Date			
Completed By (Pring Rod Richardson	(or rype)			PI			Rod Richardson					1/19	/20	14	
					08/9 [/										

Emergency

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

CK 3877

				COLUMN TO SHARE THE SHARE										
te of Notification (1) 26/14			Dei	nnis Be	ding Owner/O loff Private	perator ( e Home	(2)							-
encies Notified	Type Notification			et Addres Bonita						JAN 2 (	201	<u> </u>	1	
EPA DEP	Initial Amended		City	, State, Z	ip Code NJ 08758								0.00	
DOL	Amendment #_ Emergency (in	cluding	100000	ne of Cor					Telen	hone Numbe	ar		+	
DOH DCA	justification) Cancellation		De	ennis					1					
		DI (2)		FACILITY	INFORMAT	ION	Type of F	acility (4)						
ennis Beloff Priv	Abatement is Taking ate Home	Place (3)		85			Sub	ool (K-12) chapter 8	/Othor	than K-12) commercial	building	s, hor	mes,	
treet Address 30 Bonita							Oth etc.	.)		Floors	Bldg	Age		-
city (5) Waretown NJ 087	58						1000		2 if bein	g demolishe	35+ d)			
County (6) Ocean	· · · · · · · · · · · · · · · · · · ·		Co (S	ounty Cod	le (7) : ONLY)		Home							_
Name of Monitoring Fi	rm Hired by Building C	wner (8)	1	ASCM N	0.		of Abater naco Inc		ractor (	9)		•		_
N/A Street Address							t Address Box 329	)						
or Otala Zin Codo						City.	State, Zip	Code	24					
City, State, Zip Code			17	elephone	No	1,300,000	st Berlin		91	License No	).			-
Project Manager for N	lonitoring Firm			E.	,	856	-753-98	00		00727				
Start Date (10)		Scheduled 1/31/14	Comp	oletion Da	ate (11)	17.25	ne of OSHA me	4 MOUNTO						_
1/27/14 Occupancy Status Du	: Ab stamont (Char	ok Only One)				Stre	et Address	3						
CICCIDATION Status DI	iring Abatement (Chec	CK Offiny Offic)	)			00								
	/acated During Entire ormed Outside of Norr	Period of Ab	atem	ent			, State, Zip							
Facility Closed/\ Abatement Perf Other – Describ Scope of Work (Chec	/acated During Entire ormed Outside of Norr e: ck All That Apply)	Period of Abmal Facility F	atem	tion			, State, Zip	Containm	e	h Negative Ì				
Facility Closed/A Abatement Perf Other – Describ Scope of Work (Che	/acated During Entire ormed Outside of Norr e: ck All That Apply)	Period of Abmal Facility F	Hours	tion			, State, Zip	Containm	e		ble Proc	edure	ement	
Facility Closed/\ Abatement Perf Other – Describ Scope of Work (Chec	/acated During Entire ormed Outside of Norr e: ck All That Apply)	Period of Abmal Facility F	enovatemoliti	tion on		City	, State, Zip	Containm	e		ble Proc		ment	
Facility Closed/\ Abatement Perf Other – Describ  Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260  Loc Asbestos-Conta TO BE	/acated During Entire ormed Outside of Norr e: ck All That Apply)	Period of Abmal Facility F	enovatemoliti Locati lormal d Sole ntena odial (12)	tion on ly ly by nce/ Staff?	(i.e. the	Descrip Containir rmal syst	, State, Zip	Containm ii-Enclosur vebag Pro n-Exempte	re ocedure ed (*) a		ble Proc	edure Abate	ment	Γ
Facility Closed/\ Abatement Perf Other – Describ  Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260  Loc Asbestos-Conta TO BE	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  fation of fining Material (ACM) E ABATED Facility	Period of Abmal Facility H	enovatemoliti Locati lormal d Sole ntena	tion ion ly ly by nce/ Staff?	(i.e. the	Descrip Containir rmal syst surfacing her misco	Full Min Glo Nor Material teems insula, VAT, or ellaneous)	Containm ii-Enclosur vebag Pro n-Exempte	ed (*) a	Amount (Specify	ble Proc	Abate Ty	ment pe	Γ
Facility Closed/A Abatement Perf Other – Describ Scope of Work (Chec  ≥3 sf or ≥3 lf ≥160 sf or ≥260  Loc Asbestos-Conta TO BE	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  fation of fining Material (ACM) E ABATED Facility	Period of Abmal Facility F	enovatemoliti Locati lormal d Sole ntena odial (12)	tion on ly ly by nce/ Staff?	(i.e. the	Descrip Containir rmal syst	Full Min Glo Nor Material teems insula, VAT, or ellaneous)	Containm i-Enclosur vebag Pro n-Exempte (ACM) ation,	ed (*) a	Amount (Specify SF or LF)	Removal	Abate Ty	ment pe	
Facility Closed/A Abatement Perf Other – Describ Scope of Work (Chec  ≥3 sf or ≥3 lf ≥160 sf or ≥260  Loc Asbestos-Conta TO BE	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  fation of fining Material (ACM) E ABATED Facility (13)	Period of Abmal Facility F	enovatemoliti Locati lormal d Sole ntena odial (12)	tion ion ly ly by nce/ Staff?	(i.e. the	Descrip Containir rmal syst surfacing her misco	Full Min Glo Nor Material teems insula, VAT, or ellaneous)	Containm i-Enclosur vebag Pro n-Exempte (ACM) ation,	ed (*) a	Amount (Specify SF or LF)	Removal	Abate Ty	ment pe	Γ
Facility Closed/A Abatement Perf Other – Describ Scope of Work (Chec  ≥3 sf or ≥3 lf ≥160 sf or ≥260  Loc Asbestos-Conta TO BE	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  fation of fining Material (ACM) E ABATED Facility (13)	Period of Abmal Facility F	enovatemovat	on ly ly by nce/Staff?	(i.e. the	Descrip Containir rmal syst surfacing her mison	Full Min Glo Nor Hiton of Material tems insular, VAT, or ellaneous)	Containm i-Enclosur vebag Pron-Exempte (ACM) ation,	e cedure ed (*) a	Amount (Specify SF or LF)	Removal x	Abate Ty	ment pe	Γ
Facility Closed/\ Abatement Perf Other – Describ Scope of Work (Cher ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO BE In  Living	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  ation of ining Material (ACM) EABATED Facility (13)  room area	Period of Abmal Facility F	enovatemovatemolitii Locatii d Soletentena (12) No	on ly ly by nce/Staff?  N/A  X  NJDEP V Hauler IE	Vaste	Descrip Containir Containir Trimal syst surfacing her misor	Full Min Glo Nor High Material tems insula, VAT, or ellaneous)	Containm i-Enclosur vebag Pron-Exempte (ACM) ation,	e ccedure ed (*) a	Amount (Specify SF or LF)  400 Sf	Removal x	Abate Ty	ment pe	Γ
Facility Closed/N Abatement Perf Other – Describ Scope of Work (Cher  ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO BE In  Living  Name of Registere United Contains	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  ation of ining Material (ACM) EABATED Facility (13)  room area	Period of Abmal Facility F	enovatemovatemolitii Locatii d Soletentena (12) No	on ly by nce/Staff?	Vaste	Descrip Containir rmal syst surfacing her miso	Full Min Glo Nor High Material tems insular, VAT, or ellaneous)	Containmi-Enclosur vebag Pron-Exempte (ACM) ation,	of Reg	Amount (Specify SF or LF)  400 Sf	Removal x	Abate Ty	ment pe	Γ
Facility Closed/\ Abatement Perf Other – Describ Scope of Work (Cher ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO BE In  Living	/acated During Entire formed Outside of Norre e:  ck All That Apply)  If  ation of ining Material (ACM) EABATED Facility (13)  room area	Period of Abmal Facility F	enovatemovatemolitii Locatii d Soletentena (12) No	on ly ly by nce/Staff?  N/A  X  NJDEP V Hauler IE	Vaste	Descrip Containir rmal syst surfacing her misco Floor Cubic Ya of Waste 3 Disposal 1/31/14	Full Min Glo Nor tion of ng Material tems insula, VAT, or ellaneous)	Containmi-Enclosur vebag Pron-Exempte (ACM) ation,	of Reg	Amount (Specify SF or LF)  400 Sf	Removal x	Abate Ty	ment pe	Γ

\* Emergency \* No

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

A FIN J	(P	ursu	ant to NJ	IAC 8:60 a	and 12:	120)	CF	3	δ.	17	9. 0	F 1		7
ate of Notification (1)		Nan	ne of Build vin Jaco	ding Owne	er/Opera	ator (2 ome	2)							
gencies Notified Type Notification			et Addres						J	N 29	2014			
EPA Initial Amended Amendment #		City	, State, Z tle Egg	ip Code Harbor I	NJ 080	070								1
DOH Emergency (inclusion) DCA Cancellation	uding	Ke	me of Cor evin					1	Telep	hone Numbe	<u> </u>	_	12.48-10	_
			FACILITY	INFORM	IATION		Type of Fa	cility (4)						٦
ame of Facility Where Abatement is Taking Pl (evin Jacquel Private Home	ace (3)					_	Scho	ol (K-12)	Other	than K-12)	h ildina	e bo	mes	
Street Address 22 W Potomac			72	XI.			etc.)	V600		commercial		. Age	1103,	_
City (5)							Square Fe		# 01	/	35	- +		
Little Egg Harbor NJ 08070		Co	ounty Cod	le (7)			Current U	se (Prior i	f bein	g demolishe				
County (6) - Ocean		(S	TATE USE	ONLY) _		-	hous	se.		(0)		_		
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM N	0.	1	Perr	of Abatem aco Inc.	ent Contra	actor	(9)		•		_
Street Address							Address Box 329						5-50	
City, State, Zip Code		-				City, S	State, Zip C	ode NJ 0809	1					
Project Manager for Monitoring Firm		T	elephone	No.		Telep	hone No.			License No	).			
	Scheduled	Com	nletion Da	ate (11)	- 1	_	-753-980 e of OSHA			00727				
1/24/14	1/29/14					Street	ne et Address							
Occupancy Status During Abatement (Check	Only One)	)	E .			01100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Ab Il Facility H	atem	ent		_	City,	State, Zip	Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				•	Mini-	Enclosure	edur	th Negative F e nd Non-Frial			) 	ĵ.
							14011					Abate	ment	Á
		_ocat			Des		ion of	80	923			Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	i Sole ntena	ely by ince/ Staff?	Asbest (i.e.	tos Cont thermal surfa	tainin syste	g Material ( ems insulat VAT, or llaneous)	ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Lingidos
	Yes	No	N/A					- 3		400 SF	x	-	-	+
Beddroom			х		F	loor	Tile		_	400 SF	<del>- </del> -			+
	1		-			-								I
			-											
Name of Registered Waste Hauler			NJDEP V		U.S. 200 (1990)	c Yar	ds			istered Land	fill			
United Containers			Hauler ID 22459	) No.	of W		Data -	G.R.O		S. 				
City, State Elm NJ					1/29			Morris	ville	PA 19067	Date			_
Completed by Anthony T Perna	Title Pres	sider	nt			Sign (	ature			623	1/23/1	4		

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

CK 3878

Date of Notification (1) 1/26/14		N		Building C s Lape F				CI	J. 6	, 0		1	11.		I
Agencies Notified  Type Notification  Property Initial  DEP  DOL  Amended  Amendment		1				752			JA.	N 2	0 2	014		1	
DOH Emergency (ii justification)  Cancellation	ncluaing	1	James	Contact					Telen	hone N	lumbe	r	_		i
Name of Facility Where Abatement is Taking James Lape Private Home	Place (3)		FACIL	ITY INFO	RMAT	ION	PER IN	of Facility (4	5W						
Street Address 111 First Ave				•			×	Subchapter ( Other (i.e. prote.)	8 (Other			uild	ings,	home	s,
City (5) Seaside Park NJ 08752							1000		# of F			35	dg. A	ge	
County (6) . Ocean			STATE U	ode (7) ISE ONLY)			Hom				lished	)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.			of Abat aco In	ement Conf	tractor (9	))					
Street Address			•				Addres 3ox 32				200				
City, State, Zip Code				•			State, Zi t Berlin	p Code n NJ 0809	91	**************************************					
Project Manager for Monitoring Firm	13	7	Telephor	ne No.			753-98		- 1	icense					
Start Date (10) 1/27/14	Scheduled 1/31/14	Com	pletion [	Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Check						Street	Addres	S							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility b	oatem Hours	ent			City, S	State, Zi	p Code							
Scope of Work (Check All That Apply)											101				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1000	enovat emoliti	11071010				Min Glo	Containme i-Enclosure vebag Proc	edure					-	
3 0	ls l	ocatio	on				a Nor	n-Exempted	i (") and	NOTI-F	lable		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall Solel ntenan odial S (12)	y y by nce/	Asbesi (i.e.	tos Cor therma surfa	escription ntaining I al system acing, V/ miscella	Material ns insula AT, or	(ACM)	(Sp	ount ecify or LF)		Removal	Repair	e Encapsulate	Enclosure
through-out		*******	х		F	loor Ti	le	-	40	0 Sf	×				
				77											
Name of Registered Waste Hauler		LNI	JDEP W	lasta	Cubi	c Yards		Name of	Pogistor	nd Lan	4511				
United Containers		Н	auler ID 2459		of Wa			G.R.O.		Su Lan	uiii				
City, State Elm NJ					Dispo 1/31	osal Date /14	9	City, State Morrisv		1906	7				
Completed by Anthony T Perna	Title Presid	dent				Signatur	* e				Date 1/26		ı		

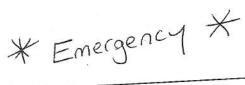
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## DEmergency X

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

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1 0 0								- 0	70			
Date of Notification (1)		Name of	Building O	wner/Op	perator (2	7. 110r					17	-
Agencies Notified Type Notification		Street A	ddress	<u> </u>	* )	10091	e :					
EPA Initial		19	81	2CF	150	der Dr	101	CIAN 2	9-2	014		
DEP Amended Amended Amendment	# .	City, Sta	te, Zip Cod	9 C	, (	A 95	12	4				
DOH Emergency (injustification)	including	Name of	Contact	٥٥٤			7-1-	<del>]</del>	•			
DCA Cancellation			17				'.		4	1		_!
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATIC		Type of Facility	(4)				-	
Taylor Duplex	,				l	School (K-	12)					
Street Address	110 10	01				Subchapter Other (i.e. i				lings.	home	es.
162-164 Fair	Hewer	1169				etc.) Square Feet		Floors				
City (5) Far Haun						2000	# 01	$\mathcal{Q}$		3n	gc	
County (6)		County	Code (7) USE ONLY)			Current Use (Pri			hed)	10		
monuth	Dunas (0)				Name	Rental  f Abatement Co						
Name of Monitoring Firm Hired by Building (	Jwner (8)	ASCN	i NO.			nsulation Co.		(9)				
Street Address					Street A							******
					(2000)	ontrose Road	 					
City, State, Zip Code						ate, Zip Code Neck, N.J. 0	7722					
Project Manager for Monitoring Firm		Telepho	ne No.		Telepho	ne No.		License N	No.		1000	
						94-1757		00029	<del></del>			
Start Date (10)	Scheduled Co	ompletion	Date (11)		Name c	f OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only One)	117			Street A	Address						
Facility Closed/Vacated During Entire F												
Abatement Performed Outside of Norm Other – Describe:	nal Facility Hou	) 		_	City, St	ate, Zip Code						
Scope of Work (Check All That Apply)		-										
≥3 sf or ≥3 if	Renov				X	Full Containm		Negative	Pressu	re		
\[ \sum_ \geq 160 sf or ≥260 lf	☐ Demo	ilition	32		H	Mini-Enclosur Glovebag Pro	cedure					
	T		1			Non-Exempte	d (*) an	d Non-Fria		3155 00	707	t
Location of	Is Loca Norm	ally		Des	cription	of						
Asbestos-Containing Material (ACM)	Used So Mainten			os Conta	aining M	aterial (ACM)	The state of the s	mount Specify	71		m	ш
TO BE ABATED In Facility	Custodia (12		(i.e.	surfac	ing, VA7			or LF)	emo	Repa	caps	Enclosure
(13)		1		other m	niscellan	eous)			val	#	ulate	sure
1 0 2	Yes No	N/A	1.0	1 >	~//		22	( )	-			-
basement		+~	duc	tw	U V		30	CF	X			-
	+	+	-						+	-		-
	+						-		+-		-	
Name of Registered Waste Hauler		NJDEP V		Cubic `		Name of	f Registe	ered Landfi	11			1
Ace Insulation Co., Inc.		Hauler ID 12086	No.	of Was	ste \prec	) Chrins	<b>i</b>					
City, State				- 9200000000000	al Date	City, Sta				buildings, home Bldg. Age GO ed)  ressure  e Procedure  Abatemen Type  Removal		
Colts Neck, New Jersey	Tarin	57		01	114	Eastor	n, Pa		nte			
Completed by George Wuest	Title Presider	nt		S	ignature	arultuer	1		ate	di	1	
					Jul.	Theres	1		40-3	4.		
ASB-41 (R-06-08)					* Do no	use this form fo	r asbes	tos licensu	re exen	npted	activi	ities.



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

e of Notification (1) 27/14		F	rank (	Candio	Owner/Oper (Private l	ator (2) Home)	,					- 1	
encies Notified	Type Notification	S	treet A	ddress rexel A	W								4
ancies Notified	Initial							-	JA	T 2 9 ZU	14	Ø	
EPA DEP	Amended		City, Sta Shin F	ate, Zip	NJ 08008			(4) // (					+
DOL	Amendment #  Emergency (includi			of Conta					Teleph	none Number		3	1
DOH	iustification)		Frank		0.							, e-, a	+
DCA	Cancellation				NFORMATIO	N		acility (4)					
	At -temant is Taking Plac	e (3)	17.0										
ame of Facility Where rank Candio (Pri	Abatement is Taking Place						Sch	ool (K-12) ochapter 8	Other	than K-12)	ممطلات	home	20
	valo i i						× Oth	er (i.e. priv	ate &	commercial b	ullaings,	HOHIC	
reet Address 11 Drexel Av						1	Square		# of l	Floors	Bldg. A	ge	
							1000+		1.5		35+		
ity (5) Ship Bottom NJ 0	8008						Current	Use (Prior	if bein	ng demolished	i)		
			Count	y Code	(7) DNLY)	_	Home	(					
ounty (6) Ocean			100			Name		ment Conti	actor	(9)		8	
lame of Monitoring F	irm Hired by Building Own	er (8)	AS	CM No.	17	Pern	aco Inc	).					-
N/A	58% Santa - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988					Street	Address						
Street Address						PO	Box 329	9					
3						City,	State, Zip	Code	1				
City, State, Zip Code								NJ 080	91	License No			
			Tele	phone N	No.	Telep	hone No			00727	95		
Project Manager for	Monitoring Firm		10.0		*		-753-98			00.2			
		cheduled (	Comple	tion Dat	e (11)			A Monitor					
Start Date (10)		/31/14	11	- 100 (C)	A STATE OF THE STA	Sar							
1/28/14						Stre	et Addres	SS					
	During Abatement (Check	rind of An	atemen	t			Otata 7	in Code					
Facility Closed Abatement Pe	Nacated During Entire Performed Outside of Norma	I Facility H	ours	0.00		City	, State, Z	Th Core				7.88	
Abatement Pe Other – Descr	be:												
and the second s	eck All That Apply)					8.	Пг	ılı Containr	nent v	vith Negative	Pressure	•	
and the second s			novatio	n			M	ini-Enclosu	ire				
≥3 sf or ≥3 lf ≥160 sf or ≥26	60 If	× De	molition	n						ire and Non-Fria	ble Proc	edure	
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	eastion of	l N	ormally		Ashartne (	Descrip	ng Mater	ial (ACM)			D	-	ನ
L Ashestos-Con	ocation of taining Material (ACM)	Used Mai	ormally i Solely ntenan	by ce/	Asbestos (	Containi	ng Mater tems ins	ulation,		(Specify SF or LF)	Remo	Repa	ncaps
L Asbestos-Con	taining Material (ACM) BE ABATED	Used Mai	ormally Solely ntenand odial St	by ce/	(i.e. the	Containi mal sys	ng Mater items ins i. VAT, o	ulation,		(Specify	Removal	Repair	ncapsulate
L Asbestos-Con	taining Material (ACM)	Used Mai	ormally i Solely ntenan	by by ce/	(i.e. the	Containi mal sys	ng Mater tems ins	ulation,		(Specify	Removal	Repair	Encapsulate
L Asbestos-Con	taining Material (ACM) BE ABATED In Facility	Used Mai	ormally Solely ntenand odial St	by ce/	(i.e. thei s oti	Containi mal sys urfacing ner misc	ng Mater items ins j, VAT, or cellaneou	r is)		(Specify SF or LF)	Removal	Repair	ncapsulate
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L Asbestos-Con TO	taining Material (ACM) BE ABATED In Facility (13)	Used Mai Cust	ormally i Solely ntenand odial St (12)	y by ce/ taff?	(i.e. thei s oti	Containi mal sys urfacing ner misc	ng Mater items ins j, VAT, or cellaneou	ulation, r is)		(Specify SF or LF)		Repair	ncapsulate
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L Asbestos-Con TO	taining Material (ACM) BE ABATED In Facility (13)	Used Mai Cust	ormally d Solely ntenano odial St (12)	h by cell taff?	(i.e. thei	Containing and systems of the contai	ng Mater stems ins g, VAT, or cellaneou	g	e of R	(Specify SF or LF)	x	Repair	ncapsulate
Asbestos-Con TO	taining Material (ACM) BE ABATED In Facility (13) erior Siding	Used Mai Cust	ormally disolely ntenanodial St (12)	h by ce/ taff?	(i.e. their soft)	Containimal sysurfacing her misco	ng Mater terns ins g, VAT, or cellaneou	g Nam	e of R	(Specify SF or LF)	x	Repair	ncapsulate
Asbestos-Con TO  Ext	taining Material (ACM) BE ABATED In Facility (13) erior Siding ered Waste Hauler	Used Mai Cust	ormally a Solely ntenannodial St (12)	h by cell taff?	(i.e. their soft)	Containimal sysurfacing her miscontainimal sysurfacing her miscontaining her miscontaining the containing her miscontaining her miscontaining the containing her miscontaining	ng Mater terns ins 1, VAT, oi cellaneou or Siding ards e	Nam G.F	1.O.V	(Specify SF or LF) 1400 SF registered Lar	x	Repair	ncapsulate
Asbestos-Con TO  Ext  Name of Registr  United Conta	taining Material (ACM) BE ABATED In Facility (13) erior Siding ered Waste Hauler	Used Mai Cust	ormally a Solely ntenannodial St (12)	N/A X	(i.e. their soft)	Containimal sysurfacing her miscons Exterior  Cubic Yof Wasta	ng Mater tems ins j, VAT, oi cellaneou  or Siding  ards e	g Nam G.F	State	(Specify SF or LF) 1400 SF registered Lar	x	Repair	ncapsulate
Asbestos-Con TO  Ext	taining Material (ACM) BE ABATED In Facility (13) erior Siding ered Waste Hauler	Used Mai Cust	ormally a Solely ntenannodial St (12)	N/A X	(i.e. their soft)	Cubic Y of Wast 3 Dispose 1/31/1	ng Mater tems ins j, VAT, oi cellaneou  or Siding  ards e	g Nam G.F	State	(Specify SF or LF) 1400 SF registered Lar	x		ncapsulate

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

te of Notification (1)		Name	of Build	ing Owner/Op	perator (2	2)		25						
1-28-14	eruyero	319 WINDSOR TR. 2014												
encies Notified Type Notification  EPA Initial		1.00	Winds State, Zi		31,	7 W 1 W								
DEP Amended Amendment #	d,NJ,0745	<u> </u>		Tī	elenhor	o Numbor								
DOH DOH Cancellation	ding	Jos		Peruyero									-	
DCA L		FA	ACILITY	INFORMATI	ON	Type of Fac	cility (4)	_						
ame of Facility Where Abatement is Taking Pla Peruyero Residence						Schoo Subch	I (K-12)	Other that	an K-12) nmercial b	uildings	s, hom	nes,		
treet Address 8\$9 Windsor Tr. 319 WiNDs	SOR	-16	R.			etc.) Square Fee	et :	# of Flo		Bldg. Age 88			1	
ity (5) Ridgewood			. 0.1	- (7)		3300 Current Us	1		emolished				1	
ounty (6) Bergen		(STA	nty Cod	ONLY)	Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9)								_	
Name of Monitoring Firm Hired by Building Own	ner (8)	A	SCM No	<b>D</b> .	Indi	an Arrow I								
Street Address					Stree 144	t Address Mill St		5.0						
City, State, Zip Code														
700 10	Tel	lephone	No.	Teler	terson, NJ, phone No. 3-653-965	icense No. 1183								
Project Manager for Monitoring Firm	Comple	etion Da	ite (11)	Name of OSHA Monitor										
01-30-14	1				Indian Arrow Industries  Street Address									
Occupancy Status During Abatement (Check	Only One)	atemer	nt		14	4 Mill St	`ada							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:	I Facility F	lours			Pa	, State, Zip C aterson, NJ	,07501							
Scope of Work (Check All That Apply)							ontainme	nt with !	Negative P	ressure	•			
>3 sf or ≥3 lf	Re De	novatio molitio	on in			Mini-E	nclosure	4						
≥160 sf or ≥260 lf						Non-E	xempted	empted (*) and		Abatement				
		Locatio	2000								Typ		_	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ormally Solely ntenan odial Si (12)	y by ce/	(i.e. the	rmal syst	otion of ng Material (A terns insulati , VAT, or ellaneous)	ACM) on,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Litologia	
	Yes	No	N/A	TS	I Pipe	Insulation			25 If	x				
Basement	-	X											-	
										+	-	-	+	
			NJDEP V	Maste 1	Cubic Ya	ırds	Name of	f Regist	ered Landi	fill	1	1	1	
Name of Registered Waste Hauler Atlantic Carting		H	Hauler III 26085	No.	of Waste TBD Disposal		City Sta	ate	agement	Inc.				
City, State Wayne, NJ				TBD	/isposal Date DA					Date 01-28-14				
wayne, wo	Completed by Goran Igev Title Sec					01-28-								

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

Harry	140	(Pur	suant to	NJAC 8:60	and 1	2:120)												
Date of Notification (1) 01-29-14			Name of Building Owner/Operator Moinian Group					r (2) West Gramercy Associates LLC										
Agencies Notified Type Notificat	ion	St 3	Street Address 3 Columbus Circle					33 East 20th St.						75				
EPA Initial Amende	nent # 1	Ci	ity, State New Yo	e, Zip Code ork,NY,100	019		New York,NY,10003											
DOH Emerger		Sakir	n	į.	Telen	hone N	ımber											
☐ DCA	idon			ITY INFORM					-									
Name of Facility Where Abatement is T Crawl Space/Basement	aking Place (3)		· //OIL					of Facility (4) School (K-12	)		10)	15.						
Street Address 756 Broad St.							7	Subchapter 8 Other (i.e. pri etc.)	vate & o	than K- commer	rcial bu							
City (5) Newark							Squa 300	are Feet 000	# of F	loors		Bld N/	g. Ag A	е				
County (6) Hudson		C	County Code (7) (STATE USE ONLY)					Current Use (Prior if being demo										
Name of Monitoring Firm Hired by Build HSS Enviro	ling Owner (8)	1	ASCM No. Nam					me of Abatement Contractor (9) Indian Arrow Industries Inc.										
Street Address 328 12th St.							eet Address 30 Broadway											
City, State, Zip Code Hammonton, NJ, 08037						City, S Pate	, State, Zip Code Iterson,NJ,07514					4						
Project Manager for Monitoring Firm						phone No. Licens 3-653-9652 1183					se No.							
HSS Enviro Start Date (10)		Completion Date (11) Nar					ne of OSHA Monitor m Proktor											
02-02-14 Occupancy Status During Abatement (	-	Street Address									$\dashv$							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours							328 12th St  City, State, Zip Code  Hammonton,NJ,08037											
Other – Describe:						Han	nmoi	nton,NJ,08	037			_						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				F		ull Containme lini-Enclosure Blovebag Prod lon-Exempted	edure					)				
	Location	on									/							
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	lormall d Sole intenar odial S (12)	ly ly by nce/	(i.e. th	Description of s Containing Material (ACM) nermal systems insulation, surfacing, VAT, or other miscellaneous)					Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A							N1/A		_			-			
Basement/Crawl Space	Х		-			TSI	N/A			N/A	+							
			-					-			$\dashv$							
			-						<u> </u>									
Name of Registered Waste Hauler Atlantic Carting		H	NJDEP V Hauler ID 26085		Cubic of Wa TBD	Yards ste		Name of Waste	Mana			). 	N.					
City, State Wayne,NJ	-				Dispo TBD	sal Dat	te	City, Sta Tullyto	te wn,PA					167				
Completed by Goran Igev	Title Secretary						Signature Date 01-2						e -29-14					

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NO	TIFICA	MOT	OF AS	BESIUS	nd 12:120)	-										
AV # .000		(Purst	ant to	o NJA	8:00 2	nd 12:120)							1				
N# 1381		Ti	(3)														
Date of Notification (1)	Date of Notification (1) $j - 19 - 14$					KE114 24 2014											
	-	Street Address 689 HARBOR RD															
Agencies Notified	Agencies Notified Type Notification																
☐ EPA	回 Initial	-	City S	tate 71	Code	O. a.V	N.,	Ι, .			100						
DEP	Amended  Amendment #	- 1	City, C	, —,	13	Tolophana Alisahar											
☐ DOL	IST Emergency (including	9	=	-f Con	tact	0.	204		00								
DOH	inistification)	ERI	c PLI	HLA	> h				_	7							
DCA	☐ Cancellation	1						- /					-				
			FA	CILITY	NFORM	AHON	Type of	Facility (4)					-	-			
	e Abatement is Taking Place	æ (3)		W207						42\			1	1.4			
Name of Facility When	e Abatement 5 . Lang			Sub	chapter 8 (O	ther than K-	rcial build	lings,		1	10						
				Oth	er (i.e., privali	RIVATE	HOM	E		4							
Street Address /	39 HARBUR	. K	P				Rot	Feet 1	of Floors	В	dg. Ag	5	1				
							1 375	Feet 4		_  _			=				
City (5)	RICK, M	1),				(Dates if being demolished) , /											
	1	=	TCo	unty Co	de (7) (	STATE	Cuild	MIPTY	OHE 1	AM,	HUI	76	=	\$4 E			
County (6) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FAN		US	SE ONL													
1/(	- / / / Our		ASC	M No.	IN	ame of Abate	terment Contractor (9)										
Name of Monitoring F	irm Hired by Building Own	EI	/			BRICK INDUSTRIE											
(8)			_		-   5	treet Address											
Street Address					1					-/							
Sueceria	Street Address					City, State, Zip Code NJ . 08724											
City, State, Zip Code						BRIG	CK.	110.	License N					1			
City, State, 24 occ.				- 11	=+:	Telephone NO.											
Project Manager for	Monitoring Firm	_   1	elepho	one No.		132 899-1977 J											
Project Manager to		_ -			= 1	Name of OSHA Monitor											
(40) 6	/ Schedul	ed Con	pletio	Date (	11) //	Marie of											
Start Date (10)	18-14 1	- 1	4-	14		Street Addre	es							1			
	- A batament (Check	only or	ne)		.	Street Addition											
Occupancy Status	Vacated During Entire Period	od of Al	pateme	ent	L	City, State, Zip Code											
Facility Closed	Vacated During Entire Port formed Outside of Normal F	acility	Hours		1	City, State, Zip Good											
Abatement Pen	omied Odiside or				- 1									1			
Other - Describ	e:					□Full	Contains	ment with Ne	gative Press	sure							
Scope of Work (C	heck all that apply)					T A Air	i-Enclosu	re									
≥3 sf or ≥3 lf		Ren	ovatio	n.		Gle	vebag Pi	rocedure ted (*) and No	on-Friable P	rocedure		ateme	nt.	7			
≥160 sf or ≥26	iO If					1110	ar Louis				AL	Type		1			
		IsL	ocatio	n						-							
		No	mally Solely	, by	2	Descript	tion of	I (ACM)	Amou		_	-	밀	四			
Lo	cation of	Used	itenani	ce/	Asbes	beschpi stos Containin thermal syst	ng Materia	lation.	(Spec		Remova	Repair	Encapsulate	Enclosure			
Asbestos-Cont	aining Material (ACM)	Ct	ıstodia	d	(i.e.				SF or	§	Par	8	SE				
I TO E	N Facility	1 5	Staff?	1		other miscr	ellaneous	) ,			1 = 1		6				
	(13)		(12)	-		*		/			1_	$\vdash$	-+	$\dashv$			
1	1	Yes	No	NIA				MINET	Uni	OST	1		_	$\dashv$			
1		+	-	1/	FL	00 R ]	ILE	MHSTI	4-76		1	$\Gamma$	1				
400	SF FLOOR		-	14							+	$\vdash$					
T	ILE + MASTIC			-	-						+-	+-	$\vdash$				
		.			-							_	_	Н			
		1	7		I	Cubic Ya	rde	Name of R	egistered L	andfill							
	- Jacob Hauler		T	NUDEP	Waste	of Waste	1	GR	0, W	, S				_			
Name of Regis	tered Waste Hauler		1	Hauter I	602		/							1			
DRICK	7. (1) 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.					Disposal	Date /	City, State	PH.								
City, State	M/1.				3,059			<u> </u>		Date	7		1%				
BRIC	K. 143.					Şiği	nature			1	12.	3/	15	$\leq$			
		itle P	RE	٤.		12				1-/-							
ERIC	PLACKIS		_					nted activitie				1					
							AMOUNT	THE PERSON NAMED IN COLUMN	-								