#### MO#21901440745

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

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5		

				V.									6.4
Date of Notification (1)					Name	of Building	Owner/Operator (2	)	-	· 6 6	رن ين		-
06	30 /	14			Rain I.	alwani			2674 1111				
Agencies Notified	Type Notifica	ition				Address			-014 11/1	AM (	11:	io	
<b>⊠</b> EPA	✓ Initial				105 W	estview A	A venue					G	
<b>⊠</b> DOLWD	Amended				7 7 7	tate, Zip C			, i i i i	11111	Tar	2.1	
⊠ DHSS	Amendme	-	dudina		Param	us, NJ 07	652		& LICE	NSINI	51.0	Ĺ	
DCA (NJAC 5:23-8)	justification		auunig		Committee of the later of the later of	of Contact	The second secon		Telephone Nun	nber	4	× ×	
	Cancellat	tion			Raiu L	alwani			,			-4	
							FORMATION			-			
Name of Facility Where A	Abatement is 1	Taking	Place	(3)				Type of Facility	(4)			- 11	$\neg$
Private home				1				School (K-12	2)				
Street Address				***************************************			-		3 (Other than K-1 rivate and comme		Idina		
105 Westview Avenue								homes, etc.)		ercial bu	noing	5,	
City (5)								Square Feet	# of Floors	Bio	ig. Ag	je	
Paramus, NJ 07652								2.0					
County (6)		-			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Bergen													
Name of Monitoring Firm	Hired by Buil	ding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
							Gr Tech LLC						
Street Address							Street Address					-	
							576 Valley Rd #	283					
City, State, Zip Code			7.50				City, State, Zip Co	ode					
							Wayne, NJ 0747	70					į
Project Manager for Mon	itoring Firm			Tei	ephone	No.	Telephone No.		License No.				
				İ			973-638-1777		01127				
Start Date (10)					etion Da		Name of OSHA M	1onitor					
07 / 11 /	14	0	17 /	_1	2	14	Envirovision Co	nsultants,Inc					
Occupancy Status During							Street Address						
Facility Closed/Vacat							20-21 Wagaraw	Road, Bldg .#	34A				
Abatement Performed	d Outside of N AM-	lormal 10	Facilit	y Hou PM	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement		'	A13			∪ini	Fair Lawn, NJ 0						
Scope of Work (Check al	I that apply)								nation with negati	ve press	шге		
			X R€	nova	ion		Mini-Enc	tainment with Ne losure					
>3 sf or >3 lf > 160 sf or >260 lf			De	emoliti	on		Gloveba	g Procedure	Tent with Negation	ve Press	ure		
			T				Non-Exe	empted (*) and Ni	on-Friable Proced		1		
Location	of			s Loca Norma			Description			Ab	atem	ent Ty	ype
Asbestos-Containing		vi)	Use	ed Sol	ely by	Asbe	Description of stos Containing Ma		Amount	Re	Re	Enc	Enc
TO BE ABA					ance/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	aps	Enclosure
N Facil (13)	ity			(12)			surfacing, VAT other miscellane		SIF or LF)	<u>a</u>		Encapsulate	lfe.
			Yes	No	N/A							е	
Basement			Ī	П	X	Pipe ins	ulation		70 LF	X	П	П	
					×	1			1	X			t=t
Basement			느			VAT flo	or tiles		300 SF	12	닏		
												Ш	
							eurek zouczał szimenike a libbat						
Name of Registered Wa	ste Hauler			N	JDEP Wast	e Hauler ID No	Cubic Yards of Was	te Name of Regi	stered Landfill				
Gr Tech LLC				1	00337		TBD	T.R.R.F. Inc					İ
City. State					70071	-	Disposal Date	City, State					
Wayne, NJ 07470							TBD	Tullytown, F	PA				
Completed By (Print or 1	(vpe)	Title	e			<u> </u>	Signature	18 . 1	1.	Date		-	-
S	15-1	8500					The.	the New	100	06/30/20	114		
N.Jevtic ASB-41		Ow	ner						IC	10/30/20	J14		
15.5					100/00/00/25	2020 5%		DE CONTRACTOR DE LA CON					

Check No.	1876
	60

Data of Matification (4.)					Name of Building Owner/Operator (2)										
Date of Notification (1)		Name of Building Owner/Operator (2)  James Malloy  Street Address													
June 26, 2014	1						oy	ZĒ	14 JUL -3	AM II:	73				
Agency Notified	Type No	tification			-,,,,	Address					c J				
□ EPA	☑ Initial	ik .					venue			7 LITE	<del>ai</del>		77.70		
Not required per State Reg. 10 2004	☐ Amen	7.7				tate, Zip			& LICEN	SINC	€F L.				
⊠ DOL	0 000000000	ndment # gency (includ	dina				07055				30	- 44			
<b>⊠</b> DOH		cation)	9	-			<u>ot i e de la la la la la la la la la la la la la </u>		Telephone Nu	mber					
☐ DCA	☐ Cance	ellation			Jame	s Mall	oy _								
7					FACI	LITY INF	ORMATION								
Name of Facility Where	Abatement	is Taking Pl	ace (3)					Type of Facility	(4)						
N/A								☐ School (K-12	2)						
Street Address		-						☐ Subchapter 8	Other than K-1	Other than K-1 2)					
221 Howe Avenue	<b>a</b>								ivate & commerc	ial buildin	gs,				
City (5)	-	+						homes, etc.) Square Feet	# of Floors Bldg. A					0-1702	
5- C125-041-042	-								2	50 +	200	,			
Passaic, NJ 0705	o , ,							1,500	1 -	1 7 7 7	-/-				
County (6)					County ONLY)		) (STATE USE	Current Use (Pr	rlor if being demo	olished)					
Passaic								Office							
Name of Monitoring Fire	m Hired by	Building Ow	ner	ASCN	No.		Name of Abaten	nent Contractor (9	9)						
PA of NY & NJ	AND THE PARTY STATE STATES						B&N&K Res	storation Co.,	Inc.						
Street Address							Street Address								
N/A							223 Randol	ph Avenue	si .						
City, State, Zip Code							City, State, Zip (	Code	100000						
	City, State, Zip Code						Clifton, NJ	07011							
Project Manager for Mo	nitoring Fire	m	T	elepho	ne No.		Telephone No.		License No.						
3 53							973-478-468	31	00120						
Start Date (10)		Scheduled (	Comple	tion Da	ate (11)		Name of OSHA	Monitor							
July 08, 2014		July 31,					McCabe En	vironmental S	Services, L.L	C.					
Occupancy Status Durin	na Abateme			)			Street Address								
							464 Valley F	Brook Avenue	9						
□ Facility Closed/Vacate     □ Abatement Performer					t		City, State, Zip					-			
Other - Describe:	u Outside o	i Normai i ac	inty ric	Juis			100 100 100 100 100 100 100 100 100 100	NJ 07071-199	98						
Scope of Work (Check a	all that appl	v)												-	
	ens senseration les	• /			Ø D	-vetion		Containment with	Negative Pressu	ıre					
☐ ≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 260 lf					□ Dem	ovation olition		-Enclosure rebag Procedure							
E 100 01 01 E 200 11					85.81		□ Non	-Exempted (*) and	d Non-Friable Pro	ocedure					
			ls ls	s Locat	ion						A	bate		nt	
			2000	Norma			Desembles				-	T y	ре		
Asbestos-Containi	ion of ing Material	(ACM)		ed Sole aintena		Asbe	Description stos Containing M		Amount	Ł			ш	_	
TO BE A	T-100 AVAIL		5.000	Custod			., thermal systems	insulation,	(Specify		Rei	Z.	nca	Enc	
IN Fa	icility			Staff			surfacing, VA other miscellan		SF or LF	)	Removal	Repair	Encapsulate	Enclosure	
Į (1	5)			(12)			other misochan	0003)			al	=	ate	-e	
			Yes	No	N/A										
Basement					IX	Pipe	Insulation		•	133 In ft	X	1			
			1		1	<u> </u>					ſ				
				+-	+										
											-	-		-	
Name of Desistered We	acta Haular		I N	IDED	Alasta L	laulor	Cubic Yards of	Name of Regis	tored   andfill		_	_		L	
Name of Registered Wa	aste Hauler		1 1000	No.	Waste H	lauler	Waste	Name of Regis	stereu Lanuini						
Two Brothers Co	ntracting	ı, Inc.	1 (882)	2695			1.5	GROWS N	orth Landfill						
City, State							Disposal Date	City, State			2011				
							07/09/14 - 07/15/14	Morrisville	E PA						
Clifton, NJ 07014						Signature		, , , ,	Date	_	-27.00				
Completed by Title  G. Roger Woodman Project M			/lanar									14			

#### NOTIFICATION OF ASBESTOS ABATEMENT



CK# 024488

		(Pursi	ant to	NJAC 8: 60-7 and 12: 120-7)		1 1 1	707	+ (		110
Date of Notification (1)  0 6 / 2	6 / 1 4			ne of Building Owner/Operat Dept. of Environmental Prote	2010 H. Barkel					ent
Agencies Notified Type of [X] EPA	Notification		10000000	eet Address 1 EAST STATE STRE	ET. 4TH FLOO		AHT.	• रे	4	
E 52	tial Notification			y, State, Zip Code				e n	19	-
[X] DOL [] An	nended Notification			RENTON, NJ 08626-04	20	& LICEN	SIH	) 2	' L	
	nendment ncellation		Nai	me of Contact	T	Telephone Num	per		-	
[X] DCA [] E	nergency		M	R. AL PAYNE						
			FACIL	ITY INFORMATION		<del></del>				-
Name of Facility Where Abatement is Taking	Place (3)			55 (14,71), 17 (1,774) (1,745) (1,745) (1,745) (1,745)	Type of Facility	(4)				
DR. JAMES STILL PROPERTY -	BRENDAN T.	BYRNE ST	ATE	FOREST	(1	School (K-12)				
Street Address					[X]	Subchapter 8 (Other tha				
209 CHURCH ROAD					[ ]	Other (i.e., private & cor buildings, homes, etc.)	nmercia	1		
City (5)	unty (6)		1	nty Code (7)	Square Feet	# of Floors	В	dg. A	ge	
			(STA	ATE USE ONLY)	Current Use (Pr	ior if being demolished)				
	URLINGTON	Lice	<u> </u>	The sure	16 1 (0)					
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M	Name of Abateme	nt Contractor (9)					
USA ENVIRONMENTAL MANAC	GEMENT INC.		0011		CTING & ENV	VIRONMENTAL CO	NSU	LTIN	G II	NC.
Street Address				Street Address	22					
344 WEST STATE STREET			-	City, State, Zip	23			-		-
TRENTON, NJ 08618				WAYNE, NJ	7470					
Project Manager for Monitoring Firm		Telephone	Numbe	Telephone Numbe	г	License Number	3			
WILLIAM WEISGARBER	Ta	609-656		973 628-9500		00408				
Scheduled State Date (10)  0 8 0 4 / 1	Scheduled Com	0 8	_1		ION CONSULT	TANTS, INC.				
Month / Day / Year Occupancy Status During Abatement (Check	Month only one)	/ Day	1	Year Street Address						
[X] Facility Closed/Vacated De				20-21 WAGAI	RAW ROAD, B	LDG. #34A				
of Abatement  [ ] Abatement Performed Ou	side of Normal Fac	ility		City, State, Zip Co		***				
[X] Hours - Describe:	Mon & Fri - 7 ies-Thurs 7:00 a.i				NJ 07410					
Scope of Work (Check all that apply)	113-111413 7.00 a.	m11.00 p.1	ii (Dou	iole burita						
		[] Den [X] Ren		[ X	Full Containme Mini-Enclosure	nt With Negative Pressure				
[ ] ≥3 sf or ≥3 lf		11		îi	Glovebag Proce					
[X] ≥ 160 sf or ≥ 260 lf		ı		[ ]	Non Exempted	(*) and Non-Friable Proce	_	batem	ent T	vne
		Is	2	D			R		E N	E N
Location of Asbestos - Containing		Location Normally Used		Description of Asbestos-Containing Material (ACM)		Amount (Specify	E	R E	C A	C
Material (ACM)		Solely by		(i.e., thermal system	ns	SF or LF)	O V	P	PS	0
TO BE ABATED in Facility (13)		Maintenar Custodia Staff (12	1	insulation, surfacing or other miscellan			A	A I R	Ü	S U R
		Yes No						, a	E	E
Living Room/101, Hallway/102, Clo			X	Drywall and Joint Co	mpound	1,941 SF	X			
Hallway to Bsmt/103, Bedroom/104 Closet/107 A, Bathroom/108 and B						-	+			
Bathroom 108	u ( 00/11/109		X	Floor Tile		30 SF	X			
			-			-	+			
9//			-							
97 L		4								
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic Yards of Waste	Name of	f Registered Landfill				
J.R. Contracting & Environmental	Consulting, Inc			40	G.R.0	.W.S			-2010	
City, State				Disposal Date	City, St.					
Wayne NJ 07470 Completed by (Print or Type)	Title			Signature	Morri	sville PA	-			
herea of (vinion 1)he)					1		2001.000		_	
Jerry Bijelonic	Project Man	iager					06/	26/14 G4667		
Jun-95										

MO#21901440870		NOT		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:16			300	-		
Date of Notification (1)							105					
	7	14			rd Bun	g Owner/Operator (	2)	there is been a state	- Lu			
Agencies Notified Type	Notificatio	on .			t Address		<i>21</i> 14 .	901 - 3 - 160 .				
☐ EPA 🛛 In		0.617				H		UL -3 AHII	: 25			
	mended				Troy Driv State, Zip							
	nendment	-	2	1 300			选	LICENSING Telephone Nur	R01			
	mergency stification)		g		gfield, N.			TIOLESING				
100-50	ancellation					A.		relephone Nur	nber	-		
		x. 			rd Bun			_	200			
Name of Facility Where Abatem	antin Tal	ine Dies	(0)	FA	CILITY	NFORMATION	T ==					
	ent is rak	ing Place	3 (3)				Type of Facility					
Private home Street Address							Subchanter	12) 8 (Other than K-1	21			
81 B Troy Drive							Other (i.e., homes, etc.	private and comme	ercial bu	uildin	gs.	
City (5)		2-11					Square Feet	# of Floors	IB	ldg. A	\ae	-
Springfield, NJ 07081										9	-	
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being demol	ished)	-		110011
Union								C				
Name of Monitoring Firm Hired	by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (	9)		-		
						Gr Tech LLC	Š	·				
Street Address		-				Street Address						-
						576 Valley Rd #	283					
City, State, Zip Code						City, State, Zip Ci						
						Wayne, NJ 0747						
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.	70	License No.			-	-
						973-638-1777		01127				
Start Date (10)	Sch	neduled C	comple	tion Da	ite (11)	Name of OSHA M	1onitor	01127				
07/09/14	_     _	07	10	) /	14	Envirovision Co	manitanta Inc					
Occupancy Status During Abate	ment (Che					Street Address	insultants, inc					_
X Facility Closed/Vacated Duri	ng Entire I	Period of	Abate	ment		20-21 Wagaraw	Poad Plda #	244				
Abatement Performed Outsic	e of Norm	nal Facilit	y Hour	s - Des	scribe	City, State, Zip Co	nde nde	34A				
Time of Abatement:A	IIVI-	_PM/	PM_		AM.	Fair Lawn, NJ 0						
Scope of Work (Check all that a	oply)					Clean up	and decontam	ination with negative	e nres	ATILE		1363 1269
▼ >3 ef or >3 if		N D				☐ Full Cont	tainment with Ne	egative Pressure	o pico.	Juic		
>3 sf or >3 if 2 160 sf or 2260 if			enovati emolitic			Mini-Enc		Tent with Negativ	a Prace	curo		
		broad .						on-Friable Procedu		Suic		
		2.33	s Locat						Ab	atem	ent T	vpe
Location of Asbestos-Containing Materia	LIACM		Norma ed Sole			Description o				_	T	T
TO BE ABATED	(AOM)	Ma	intena	ncel	Asbe (i.e	stos Containing Mar e., thermal systems i	terial (ACM)	Amount	ζeπ	Repair	nce	Enclosure
IN Facility		Cus	todial	Staff?	11.0	surfacing, VAT,		(Specify SIF or LF)	Remova	=	Encapsula	nso
(13)		-	(12)		-	other miscellane	ous)		<u>m</u>		ilate	0
		Yes	No	N/A							1	
Basement				$\boxtimes$	Pipe ins	ulation		100 LF	X			
Garage				$\boxtimes$	Pipe ins	ulation		100 LF	X	Ī	П	T
				П				100 B1				旨
						+1		-	لا	ᆜ	ᆣ	<u> </u>
Nome of Parists 1991							-					
Name of Registered Waste Haul	er		NJE	JEP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Reg	stered Landfill				
Gr Tech LLC			0	03378	35	TBD	T.R.R.F. Inc					
City. State		VI. 50				Disposal Date	City, State					to rees
Wayne, NJ 07470						TBD a	Tullytown, F	PA .				
Completed By (Print or Type)	T	itie	-			Signature	1 . 1		ate	_		

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

N.Jevtic

MAY 11

Date

06/30/2014

Date of Notification (1) 6/30/14						Building (		Operator		ا.،	بيوب	<u> </u>	_ \	,		7	
	Type Notif			11111	Street Ad 17 Elm	ddress Street			, 2	14 JUL	-3	AM II	: 25	j.			
EPA DEP DOL	Amer Amer	nded ndment #		- 1		te, Zip Co n, NJ 0				ă Lli	OF N	CHT	R9(				
DOH DCA	justifi	gency (ir cation) ellation	icluding	10	Name of Larry E					- 4,1	Tele	phone	Numb	205			
Name of Facility Where A	patement is	s Taking	Place (3)	1//	FACI	LITY INFO	RMAT	ION	_	of Facility (							
Street Address 17 Elm Street					3					School (K-1 Subchapter Other (i.e. p	8 (Othe			build	lings,	home	es,
City (5) Newton										etc.) e Feet	# of	Floors		B 6	ldg. A	ge	
County (6) Sussex					County C	Code (7) ISE ONLY)			Curre	nt Use (Prid	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm I	fired by Bu	uilding O	wner (8)		ASCM	No.				ement Cor onmenta			LC				
Street Address		7							Addres 30x 48	s 33, 4 E G	ate Dr	rive					
City, State, Zip Code										p Code NJ 074	18	1000					
Project Manager for Monit	oring Firm				Telephor			973-	one No 583-8	500	24	Licens 703	e No.				
Start Date (10)			7	-2	pletion (	Date (11)				IA Monitor		12			,	5	
Occupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe:	ed During	Entire Pe	eriod of A	batem					Addres	p Code							
Scope of Work (Check All	That Apply	/)				77.			7		70 000	272 10					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			percentage .	enova emolit				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure	<del>-</del>					
Location	.f			Locati			D-		44.	r Exemple	2 ( ) ain	14011-1	riabic		Abate	11000000	f
Asbestos-Containing M TO BE ABA In Facilit (13)	Material (A0 TED	CM)	Mai	d Sole ntenar odial S (12) No	nce/		tos Con thermal surfa	scription taining M I systems cing, VA miscellar	Material s insula T, or		(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
baseme	nt				x		pipe	insula	tion		2	0 LF		x			
1 0, 10 1 2535 1 1											- 104100 - 10410						
Name of Registered Wast	e Hauler			10.7	JDEP W auler ID		1800533	Yards		Name of	Registe	red Lan	dfill		10		
Freehold Cartage			0.		5939	INU.	of Wa 10	SIE		GROW					120	w <u>.</u> .	
City, State Freehold NJ							Dispo: TBD	sal Date		City, State Morrisv						U.	
Completed by Andrew Scott Higgins			Title Presid	dent			8	Signature	1		_		Date 6/3	9 0/14			

EA		
	1	45
Clerk	1200	19 0
	177	

Date of Notification (1) 6/30/14				Name of Judy C	Building ( omune	Owner/C	perator	(2)	201	4.111	2			0		
Agencies Notified  EPA	Type Notifica	ition		Street Ac 88 Ver	idress ona Cou	urt		M			-3	AM	]]:	ćξ.		
EPA DEP DOL	Amenda Amenda	ment #	_		te, Zip Co DE 19					& Li	CENS	SIN	TR	01.		
X DOH □ DCA	justifica Cancell			Name of Tim Ja					-		phone N			<u>.</u>		- 177
				FACIL	ITY INFO	RMATI	ON	./ 10			-			3086		
Name of Facility Where A Street Address 2232 Washington V		Taking Place (3	3)	10.5				×	of Facility (4 School (K-1: Subchapter Other (i.e. p	2) 8 (Othe			build	ings,	home	es,
City (5) : : : : : : : : : : : : : : : : : : :	•								etc.) re Feet )	# of	Floors		BI 60	dg. A	ge	
County (6) Somerset				County C	Code (7) ISE ONLY)			Curre	nt Use (Pric	or if bein	g demo	lishe	d)		1	
Name of Monitoring Firm	Hired by Buil	ding Owner (8)	)	ASCM	No.				tement Con			LC				
Street Address					in the second se	Westley-	7000	Addres	ss 33, 4 E G	ate Dr	ive			V-10-5		
City, State, Zip Code							La sa asserti		ip Code			-				-
and of									, NJ 074	18						
Project Manager for Mon	itoring Firm			Telephor	ne No.			none N 583-8			License 703	e No				
Start Date (10) 7/9/14		Schedul 7/23/1		mpletion [	Date (11)		Name	of OSI	HA Monitor	- L	<i>U</i>					
Occupancy Status During	g Abatement (	Check Only O	ne)				Street	Addres	SS							
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, Z	ip Code						-	
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		No.	Renova Demoli				>	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	P1282-12 197-1				•	
2.1			N //					<b>□</b> 1NO	n-Exempled	( ) and	NON-F	Habie		Abate	770.77	+
1.0			s Locat Norma					_							ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACI ATED lity	M) Use	ed Sole aintena stodial (12)	ely by ance/ Staff?		tos Con therma surfa	escription Itaining N I system acing, VA miscella	Materia s insula AT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
basem	ont	1.20	+ -			nine	e insula	ation		6	S LF		x			
basem	ent			X		pipe	iliSula	ition			) LI		^			
								******								
Name of Registered Was	ste Hauler		1.5	NJDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	red Lan	dfill			., .	i co
Freehold Cartage			1.35	Hauler ID 5939	No.	of Wa	-5		GROW						i.	
City, State Freehold NJ					1.181	TBD			City, Stat Morrisv							
Completed by Andrew Scott Higgin	ns	Title President				//•				Date 6/30/14						

	<b>a</b>
CK	4196

Print Form

Date of Notification (1) 7/1/14						wner/Operator a Private H				281	4 JUL	<u> </u>	٠.													
Agencies Notified	Type Notification		0.000	reet Add 466 Pa	dress aul Blvd						- VUL	-3	ĀM	11:												
EPA DEP DOL	Amended Amendment Emergency	-	. M	lanaha	e, Zip Code awkin NJ						ه ۱/(	EN.	SINI SINI	TAG												
DOH DCA	justification) Cancellation		1000000	ohn	Contact				Telepl	hone Nu	ımber															
Name of Facility Where John Cammarata F		g Place (3)		FACIL	ITY INFOR	RMATION		of Facility (4) School (K-12) Subchapter 8	(Other	than K 1	2)															
Street Address 1466 Paul Blvd							⊠ C e	other (i.e. privetc.)	rate & c	ommero	ial build			,												
City (5) Manahawkin NJ 08	050		recept strate				1000		# of F		35	dg. Ag 5+	je 													
County (6) Ocean			(S		SE ONLY)		Hom		-		shed)															
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		e of Abat naco In	ement Contra	actor (9	)		•														
Street Address							et Address Box 329																			
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091																			
Project Manager for Mo	nitoring Firm		Te	elephon	e No.		Felephone No.         License No.           856-753-9800         00727																			
Start Date (10) 7/2/14		Scheduled 7/3/14	Comp	letion D	ate (11)	Nam Sar		A Monitor																		
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Stree	et Addres	SS																		
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Non	Period of Ab mal Facility H	ateme lours	nt		City,	State, Z	ip Code																		
Scope of Work (Check	All That Apply)																									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	novati molitic				Mir Glo	Il Containmer ni-Enclosure ovebag Proce	edure																	
							NO.	n-Exempted	( ) and	NOH-FI	able Flu	"Walle and	ement													
Location	on of	No	ocatio rmally	,		Description						Ту	ре													
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED	Main Custo	Solely tenandial St (12)	ce/		thermal syste surfacing, \	ontaining Material (ACM) mal systems insulation, irfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)		(Specify		(Specify		(Specify		(Specify		(Specify		(Specify		Repair	Encapsulate	Enclosure
Exterior	Siding	100	110	X		Exterior S	Siding		90	0 SF	x															
Name of Registered W	aste Hauler		N.	JDEP W	/aste	Cubic Yards	3	Name of F	Register	ed Land	lfill															
United Containers	707		100000000	auler ID 2459	No.	of Waste 3		G.R.O.V																		
City, State Elm NJ						Disposal Da 7/3/14	ate	City, State Morrisvi		19607	7															
Completed by Anthony T Perna	lent			Signat	ure	Date 7/1/14																				





		(F	(Pursuant to NJAC 8:60 and 12:120)									0	
Date of Notification (1) 7/1/14				Building Clatural &					·				
Agencies Notified Type Notified			Street Ad 275 Fr	ddress eehold -	Englis	htown	Rd	2014 JUL	-3 A	MII	: 5,	1	
EPA Initial Amer				te, Zip Coontown No		6		3	- L	T	ROI		
DOH Emer	gency (includ cation) ellation	ing	Name of					Telephone N	UE NO lumber	HVG		- ".	
			FACII	LITY INFO	RMATIC	ON						_	
Name of Facility Where Abatement in Residence	s Taking Plac	e (3)					Type of Facility (4	ura. Siste					
Street Address 508 Route 347							Subchapter	8 (Other than K rivate & comme	-12) rcial build	iings,	home	s,	
City (5) Belleplain NJ 08270							Square Feet 1000+	# of Floors		ldg. A 5 +	ge		
County (6) Cumberland			County (	Code (7) JSE ONLY)			Current Use (Price house & Barn		lished)				
Name of Monitoring Firm Hired by B N/A	uilding Owner	(8)	ASCM	No.			of Abatement Coraco Inc.	tractor (9)					
Street Address						Street Address PO Box 329							
City, State, Zip Code	y, State, Zip Code						ate, Zip Code Berlin NJ 080	91		i i i i i i i i i i i i i i i i i i i			
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm						elephone No. License No. 00727						
Start Date (10) 7/14/14	Sche 7/23		mpletion	Date (11)			of OSHA Monitor						
Occupancy Status During Abatemer							Address			-			
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period	of Abate	ement			City, S	tate, Zip Code						
Scope of Work (Check All That Appl	ly)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Reno				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					re		
		Is Loca	ation							Abate			
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	(CIVI)	Norm Used So Mainter Custodia (12	lely by lance/ I Staff?		tos Cont thermal surfac		laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Y	es No	N/A								Ф		
Windows			x		Wind	ow Gla	zing	54 Units	x				
							,						
Name of Registered Waste Hauler United Containers		NJDEP V Hauler ID 22459		Cubic of Was 4		Name of G.R.O.	Registered Land	dfill					
City, State Elm NJ					sal Date		e ville PA 1960	 7		2000			
Completed by Anthony T Perna	<sup>tle</sup> resider	Signature- Date											

### State of New Jersey

		N			OF ASBI to NJAC						i t	٠	ine i		4
Date of Notification (1) 06/30/14					Building DEIGN		perator	(2)	*		2814 JU				
Agencies Notified  EPA	Type Notification	n	- 1	Street A	ddress D SPRI	NG LA	NE	1			a		,	1111	• 5
DEP DOL	Amended Amendme				te, Zip Co INGTON		1743				& L	.ICE	N3	NG	ir J
	justification  Cancellation		0.0		Contact DEIGN	AN				Tel	ephone Nur	nber			
				FACI	LITY INFO	DRMATI	ON		97	1					
Name of Facility Where	Abatement is Tak	ing Place (3)							of Facility (4) School (K-12	)					
Street Address 417 PIERCE STRE	ET							×	Subchapter 8 Other (i.e. pri etc.)				dings,	home	es,
City (5) SOUTH PLAINFIEL	.D			128				Squa 1800	re Feet O	# o 2	f Floors	В	ldg. A	ge	
County (6) MIDDLESEX				County (	Code (7) JSE ONLY	)		Curre	ent Use (Prior	if be	ing demolish	ned)			
Name of Monitoring Firm	Hired by Buildin	g Owner (8)		ASCM	No.		The State of the Court of		atement Control						
Street Address				1			Street 6 Wh		ss DOVE CO	URT					
City, State, Zip Code			City, State, Zip Code LAKEWOOD, NJ 0						701		20000000				
Project Manager for Mon	itoring Firm			Telephone No. License						License N	e No.				
Start Date (10) 07/10/14		Schedule 07/10/1		npletion I	Date (11)				HA Monitor	SSIC	NALS		attente en		
Occupancy Status Durin	a Abatement (Ch	passer hanner					Street						_		
10 A		(53)	S.0.	nent			100000000000000000000000000000000000000		DOVE CO	URT					
Facility Closed/Vac Abatement Perform Other – Describe:						_			ip Code OD, NJ 08	701					
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The second secon	enova emolit					Mi	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure	_			e	
		le	Locati	ion						7.5.		T	200	ement	
Location	of	N	ormal	ly.		Des	scription	of					Ту	ре	
Asbestos-Containing TO BE AB. In Facil (13)	Maii	d Sole ntenar odial S (12)	nce/		containing Material (ACM) mal systems insulation, irfacing, VAT, or er miscellaneous)			(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
DACEM	165		IWA		FLO	OR TII	LEC		2	E0 CE	77				
BASEM	EN I		X			FLO	OR III	LES			50 SF	X			
Name of Registered Was	ste Hauler		N	JDEP W	laste.	Cubic	Yards		Name of R	egiste	ered Landfill				
NEWARK CARTING			Н	lauler ID 4509		of Was			IESI	ogioti	orga caridilli				
City, State NEWARK, NJ			Disposal Date												

Signature

Date

06/30/14

Completed by

JOSEPH PERLSTEIN

Title

OWNER

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

D			***************************************	**************************************	No.
	4 %	· · · ·		· •.	8
201	42423	39		S Carl	

Date of Notification (1)					Name of Buil	ding Owr	ner/Operator (2)	JUL .	-3	AH I	1	,	
6/23/2014					FERON TH	OMSPS	ON				٠, ١٧	•	
Agencies Notified	Type Notifica	ation			Street Addres	ss		a					
□ EPA	☐ Initial				23 ARDSLE	YAVE	NUE	& Litt	- 43	1110	no!		
□ DEP	☐ Amende	ed Ame	ndmen	t #	City, State, Z	ip Code							
□ DOL	Emerge	ency (in	cluding		TRENTON,	NJ 086	18		No. of the last of				
□ DOH	justifica	tion)			Name of Cor	tact			Tele	phone	Numb	рег	
☐ DCA	☐ Cancell	ation			DAIVD D'A	NDREA					-		
				F	ACILITY IN	FORMA	TION						
Name of Facility Where At	atement is Ta	aking P	lace (3	)				Type of Facility (4)					
PRIVATE RESIDENCE								School (K-12)					
								Subchapter 8 (Other					
143-145 CENTER STRE	ET						A .	Other (i.e., private			and the same		
								Square Feet	# of	Floors	Bldg.	Age	
TRENTON, NJ											<u> </u>		
County					County Code	(7) (ST	ATE USE ONLY)	Current Use (Prior if be	ing de	molis	ned)		
MERCER													
Name of Monitoring Firm F	lired by Buildi	ng Owr	ner (8)		ASCM No.	Name o	ractor (9)						
N/A							CREAM RIDGE ENVIRONMENTAL INC.						
Street Address					Street A								
			-	15 BLACK FOREST ROAD City, State, Zip Code									
City, State, Zip Code													
		1= :					LTON, NJ 0869:	l	17:				
Project Manager for Monito	oring Firm	Telep	hone N	10.		Telepho				nse No	).		
0/ / D / //0		10.1			5.4.44		00676						
Start Date (10)		Service constant		omplet	ion Date (11)		of OSHA Monitor						
7/10/2014	A h =4===== h (O	7/10/2					ITECH						
Occupancy Status During						Street A		C TO B TE LED					
Facility Closed/Vacate					ant.		LAWRENCE A ate, Zip Code	VENUE		_			
Abatement Performed  Other - Describe	1 Outside of N	ioiiiai i	acility	Hours				II 007E1					
Scope of Work (Check all t	that apply)					SEASI	DE HEIGHTS, N	Full Containment w	rith Ne	native	Pres	SIIFE	
≥ 3 sf or ≥ 3 lf	mat apply)				TXT RENOV	MOLTA		Mini-Enclosure	1111111	galive	, , , , ,	3010	
2 160 sf or ≥ 260 lf					☐ Demolit			Glovebag Procedu	re.				
<u> </u>					☐ Demoir	1011		Non-Exempted (*)		-Friah	le Pro	cedure	
		I	Locat	ion	Γ						Туре		
Landing of Ashartan	S		mally (		Description	of Asbe	stos Containing						
Location of Asbestos-0 Material (ACM) TO BE			Solely I				thermal systems	Amount (Specify SF or	Re	, D	nca	Enc	
Facility (13)	ADATED III			/Custo		100	g, VAT, or other	LF)	Remova	epa	sde	Enclosure	
1 1		Yes	Staff? No	(12) N/A	'	miscellan	eous)		la la	7	Encapsulate	ure	
EXTERIOR		+	X		TRANSITE	SIDING	3	640 SQ. FT.	X	-	-		
EXTERIOR		+	/		TAGE	SIDING		0.0000.11.	28	$\vdash$			
		1										$\Box$	
		1					NAME:						
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill	<u> </u>	_		
( <u>=</u> ,					Hauler ID No.		Waste	-					
CLEAN EARTH OF NO	RTH JERSI	EY					2 YDS.	GROWS					
City, State							Disposal Date	City, State					
SOUTH KEARNEY, NJ		X.					7/11/2014	MORRISVILLE, PA					
Completed By		Title				Signatu	rg M	0/	Date	1	1.	/	
DAVID D'ANDREA PRESIDENT						RLA	wer to	1 Carres	10	123	114		
ASB-41	-					1	0			/	1		

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

			(Pu	rsuar	ON OF ASI	8:60 ar	nd 12:12	(0)	Т	Cl	X#	) '	3/	18	
Date of Notification (1)			1		of Building			WE002				<b>&gt;</b>		- 1	
Agencies Notified	Comp. No. 16 - 1				USO		213	501	+	22000000					
	Type Not ficat	ion	1 8	Street	Address	١ ١			$\sim$						
EPA	Initial		-	1			150	0	AU	٤_					
DEP	_ Amended Amendm		1	TY,S	tate, Zip C	ode	1 12	111	10	- 1-	,		٦.	1,	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Emergen	cy (including	_				110	200	7 7 5	عد	1100	ン :	10	4 (	0
DOH DCA	justification Cancella		1		of Contact					Te	ephone N	ımher			
	_ Caricella	0011					101								
Name of Facility Where Ab	atement is Ta	king Place (3	)	FAC	CILITY INF	ORMAI	ION	Typ	e of Facilit	v (4)					
( )	eside	30000000000000000000000000000000000000	•					17,5		5 80050					
Street Address		,00						H	School (K	(-12) for 8 (Oth	er than K-	12)			
1/2 modi	500 1	Jue						(4)	Other (i.e	. private	& commerc	cial bu	ildings	, hon	nes.
City (5)	Ja 1	70.0						-	etc.)				170	() 	
Clase	2								are Feet	# 0	f Floors		Bldg.		
County (6)	V		To	ounty	Code (7)			16		rior if ho	ing demolis	- In a al 1	7	7 6	
(him			(5	TATE	USE ONL	n		Cuit	Resi			inea)			
Name of Monitoring Firm H	ired by Buildin	ng Owner (8)	- 1	ASC	M No.		Name	of Ab	atement C	ontractor	(9)				
									lation Co		(3)				
Street Address							Street						-		
									ose Roa	ad					4
City, State, Zip Code					-		-		Zip Code			-			-6
									ck, N.J. C	7722			<u> </u>		-
Project Manager for Monitor	ing Firm		Te	elepho	one No.		Teleph				License N	Jo.	=		-
							732-2				00029	10.	1		E c
Start Date (10)		Schedule	d Comp	letion	Date (11)		Name	of OS	HA Monito	r	F 17		<u>:</u> ث	-	
+11614		1710	25/	14									-		
Occupancy Status During A							Street	Addre	SS			1			
Facility Closed/Vacated	During Entir	e Period of Al	batemer	nt							<b>5</b>		_	į	
Abatement Performed Other – Describe:	Outside of No	rmal Facility	Hours				City, St	tate, Z	ip Code			KG US	١٠		-
7	7: 1	1										utant name	<b>L</b> - !		4
Scope of Work (Check All Ti	nat Apply)	<u>_</u>											- 241 - 241		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio					Fu	II Containn	nent with	Negative F	ressu	re		
7 = 100 SI OI = 200 II		☐, De	molition	)			4	Mil	ni-Enclosu	re	,				- 1
							-	No	ovebag Pro	cedure ed (*) and	Non-Friab	le Pro	cedur		
		ls L	ocation	i i							0.	1	Abate		$\neg$
Location of			rmally			Des	scription (	of						ре	
Asbestos-Containing Ma TO BE ABATE			Solely better		Asbes	tos Conta	aining Ma	aterial	(ACM)	Ar	nount			m	
In Facility	_	1	dial Stat	ff?	(i.e.	tnermal surfac	systems cing, VAT	insula or	ation,		pecify	Re	Z.	nca	Enc
(13)			(12)				iscellane			Sr.	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No I	N/A								<u>a</u>	7	late	Te
basemen	1-		-	V	_		1			1	-,	1		11.576	
CALLID)	1			2	PIR	DR (	<u> 3000'</u>	Cir	7	153	(F	X			
					1 0			(	/						
												$\vdash$	-	-	-
Name of Registered Waste H	auler		75.10	EP W	C00-00-00-00-00-00-00-00-00-00-00-00-00-	Cubic Y	/ards		Name of	Register	ed Landfill				
Ace Insulation Co., Inc.			900000000000000000000000000000000000000	er ID	No.	of Wast	te 🗇	)	IESI	rtogiotor	co Landin				
City, State			1208	90			~								
Colts Neck, New Jersey						Disposa	al Date	,	City, Stat						
Completed by		Title				7/0	11/1/	1	Easton	, PA					
Bree McGuire		Secreta	arv Tre	225111	rer	Sig	eture	0 0	10	1	Dat	e l	. 1	6	
			,				IN	4	1	4		11	ì	14	

NO CK

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



69

Date of Notification (1)				- 11/2-3	Printer Property		Owner/Operator (2	2)		******		-	-	
6/	30 /	14					ustries Inc		2614 HUL	-3	fi fi	H:	21	_
Agencies Notified  EPA	Type Notifica	tion				Address airfield P	lace				0.000			
☑ DOLWD	☐ Amended				100,5112	tate, Zip Co	With the second		& LII	Ξ.	-	: [ ]	91.	$\neg$
☑ DHSS	Amendme						II, NJ 07006		de LI	JEN	1311	4G		
☐ DCA	☐ Emergend		cluding		2000	of Contact			Telephone Nu	mber			-	
(NJAC 5:23-8)	☐ Cancellati	100				Rowe								
					EAC	III ITY INI	ORMATION							
Name of Facility Where	Abatament is T	akino	Place	3)	IAC	, LII 1 1141	ORMATION	Type of Facility (	4)	_				
Merrimac Industrie		akiiig	g i lacc i	٥,				School (K-12	)					
Street Address	is inc.	-		- 17				Subchapter 8 Other (i.e., pr	(Other than K-	12) ercia	l buil	dinas		
41 Fairfield Place								homes, etc.)	ivate and comm	icidia	ı Dull		''.	
City (5)		-						Square Feet	# of Floors		0.37	g. Ag	е	
West Caldwell								70,000	2		5	0		
County (6)		_			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	olishe	d)			
Essex								Manufacturi	ng					
Name of Monitoring Firm	Hired by Build	ding (	Owner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Health and Safety					0001	17	Superior Aba	atement Inc					100	
Street Address			7.12.1				Street Address							
318 12th Street, Ha	ammonton N	J 08	037				2 Henderson	Drive					<u> </u>	
City, State, Zip Code				7			City, State, Zip C	ode		00	22			
Hammonton NJ 08	037						West Caldwell, NJ 07006							
Project Manager for Mor				Tel	ephone	No.	Telephone No.		License No.					
Jim Proctor				(	609) 70	4-8850	(973) 808-161							
Start Date (10)		Sche	duled Co	mpl	etion Da	ite (11)	Name of OSHA N							
06 / 28 /	14	_(	06_ /	_2	9_/	14	Superior Aba	atement Inc						
Occupancy Status Durin	ng Abatement (	Chec	k only o	ne)			Street Address							
☐ Facility Closed/Vaca					ement		2 Henderson	Drive						
Abatement Performe	d Outside of N	orma	I Facility	Hou	ırs - Des	scribe	City, State, Zip C	ode						
Time of Abatement:	7:00AM-4:00	PM/_	P	Λ- <u> </u>	AM		West Caldwe	ell, NJ 07006						
Scope of Work (Check a	all that apply)	F-5-72\L							ative Process					
[] - 0 - f 2 lf			⊠ Re	201/2	tion		⊠ Full Con	ntainment with Neg closure	galive Flessure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ De				☐ Gloveba	g Procedure	5 / - b l - D	d				
							☐ Non-Exe	empted (*) and No	n-Friable Proce	aure			-4 T	
			217.73	Loc: lorm	ation ally	G G	Description	of		-			ent Ty	
Location Asbestos-Containing		M)			lely by	Asbe	stos Containing Ma	aterial (ACM)	Amount		Removal	Repair	inc	Enclosure
TO BE AB	ATED	•••,			ance/ I Staff?	(i.e	., thermal systems	insulation,	(Specify SF or LF)		SVOL	air	apsu	nso
IN Fact			Cus	(12			surfacing, VAT other miscelland		Si Gi Li )		=		Encapsulate	6
(13)			Yes	No	N/A								· ·	
1 <sup>st</sup> Floor - New Core	Manufactur	ing				VAT/Ma	astic under CMI	J Block Wall			$\boxtimes$			
						(No Asi	bestos Material	s present)						
		-	1	П										
Name of Registered Wa	aste Hauler			T	NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill					
Service Transport					Hauler I SW2		Waste 10	Minerva L	andfill					
City, State					2447	111	Disposal Date	City, State						
New Castle, DE							6/29/2014	Waynesbu	urgh, OH					
Completed By (Print or	Type)	Tit	le				Signature	//	///	Date				
Nick Petrovski	. , , , , ,		 Presido	ent					Br	6	-3	30	-12	1
11101111 311 0 10111				editi (193)		200 200		will	-~					

### NOTIFICATION OF ASBESTOS ABATEMENT

v 1 − 1				a b		CA			
Date of Notification (1)  June 27, 2014		Name of Building	Owner/Opera Segal &	tor (2) Segal	"""ED	) <del> </del> [	59	(	
1 1	ation al Notification	Street Address		ith Street JUL -					
[x] DOL Ame	endment # rgency (including fication)	City, State, Zip Co		own, NJ 07962	elephone Number				
I I DCA I	cellation	네 이 아이에게 되었다. 그리고 그래요?	Kimak	1	elephone Ivalnoel				
		CILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Building C	g Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 754 Scotland Roa	nd	,		[x]	Other (i.e., private homes, etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 10,000 sf	# of Floors	Bldg.	Age 8	0	
Orange	Essex			Current Use (Prior if					
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.	Name of A	Storage Abatement Contractor Guardia		Inc			
Street Address	ing, me.	1	Street Add	iress					
1889 Rte. 9, Unit	61		City State		oute 9, Unit 61				
City, State, Zip Code Toms River, NJ (	08755		City, State	e, Zip Code Toms R	iver, New Jerse	ey 087	55-12	271	
Project Manager for Monitoring Firm	Telephone Number		Toms River, New Jersey 08755-1271 Telephone Number License Number 722, 240, 0022						
Nicholas Fernicola Scheduled Start Date (10)	7321-349-993 Scheduled Compl		732-349-9932 00624 Name of OSHA Monitor						
6/27/14	7/1/14	etion Date (11)	Name of OSHA Monitor E.M.S.L. Analytical						
	conly one) ed During Entire Period of A l Outside of Normal Facility		City, State	1056 Ste, Zip Code	telton Road way, New Jerse	y 088:	 54		
Scope of Work (Check all that apply) $\begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ If}$ $\begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ If}$	F 22 F	ovation solition	[ ] [x] [x]	Mini-Enclosure Glovebag Procedu	with Negative Pres are and Non-Friable I		re		
						Abate	ement	Type	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12)  YES NO N/A	al (i. in	Description sbestos-Con Material (A e., thermal s sulation, sur VAT, or her miscella	taining CM) systems facing,	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
Building C Storage Room	X	Asbestos pip	e insulation	1	170 lf	X			
						-	_	-	-
		_				-		-	+
Name of Registered Waste Hauler	NJDEP Waste Hau 20223		ards of Wast	e Name of Register	ered Landfill				
Guardian Contracting, Inc City, State Toms River, New Jersey	Dis	sposal Date 2/14	City, Sta		10				
Completed by (Print or Type) Nicholas Fernicola	Title · Project Manager	Signature .	chil		Ú	Date 6/27	7/201	4	
		form for asbestos lice	ensure exem	pted activities.					

### NOTIFICATION OF ASBESTOS ABATEMENT

						AD				an		
Date of Notification (1)  June 27, 2014				Name of Building		erator (2) & Segal	*	4	) (	4	)	
Agencies Notified Type of Notifica [ x ] EPA [ ] Initia	tion l Notifi	cation otification		Street Address	465 S	5-151 Park A <del>S</del> S (200)	1 JUL -3 A	<u>ズ</u>          :	27	, / 0		
[ X ] DOL Ame [ X ] DOH [ X ] Emer [ ] DCA justif	ndment	#including		City, State, Zip Co		istown, NJ 07962	Œ LIUFUSI elephone Number	HG HG	(6 <u>L</u>			
	ellation			Fred I	Kimak							
			FAC	CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Building L	Place (	3)				Type of Facility (4)	School (k-12)			Transcription		
Street Address 754 Scotland Road	d					[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,	
City	Cour	nty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 10,000 sf	# of Floors	Bldg	g. Age	30		
Orange	Esse	5200				Current Use (Prior if Storage	Room					
Name of Monitoring Firm Hired by Building Guardian Contract				ASCM No.	Name of	f Abatement Contractor ( Guardia						
Street Address 1889 Rte. 9, Unit	100000000000000000000000000000000000000				Street A	ress 1889 Route 9, Unit 61						
City, State, Zip Code					City, State, Zip Code							
Toms River, NJ 03 Project Manager for Monitoring Firm	6/33	Telephone N	umber	· · · · · · · · ·	Toms River, New Jersey 08755-1271 Telephone Number License Number							
Nicholas Fernicola Scheduled Start Date (10)		7321-349-		D : (11)	732-34	732-349-9932						
6/27/14		Scheduled Co 7/1/14	ompien	on Date (11)	Name of		. Analytical					
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacated	- 5	55	C 41		Street A	ddress						
X Facility Closed/Vacated Abatement Performed					- Ci - C		elton Road					
Other - Describe					City, Sta	ite, Zip Code Piscatav	vay, New Jerse	y 088	54			
Scope of Work (Check all that apply)					[ ]	CONTRACT PROPERTY U.S.	vith Negative Pres	sure				
$[X] >3 \text{ sf or } \ge 3 \text{ lf}$		[x] I	Renova	tion	[ x ]	Mini-Enclosure Glovebag Procedur	**					
[ ] ≥160 sf or ≥260 lf			Demoli	Court	[ ]	Non-Exempted (*)		rocedu	re			
				T				Abat	ement	Type		
		Is Location			Description						г	
Location of		Normally use	d	Asl	estos-Co	ntaining	Amount	E	R E	E N	E N	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	Solely by ntenance/Cust	todial		Material (A		(Specify SF or LF)	M	P A	C A	C	
in facility	.,,,,,,,	Staff	codiai		ılation, su		or Lr)	0	I	P	L	
(13)		(12)		1	VAT,	or		v	R	S	S	
YES NO N/A				oth	er miscell	aneous)		A L		U L E	U R E	
Building L Storage Room		X		Asbestos pipe	insulatio	on	130 lf	X		E	E	
Name of Registered Waste Hauler		NJDEP Waste	Hauler	ID No   Cubic Ve	rds of Was	te Name of Register	ed Landfill					
Guardian Contracting, Inc.		202	223	3		T.R.R.F.	or renatin					
City, State Toms River, New Jersey			Dispos 7/2/1	sal Date 4	City, St	ate own Pennsylvania						
Completed by (Print or Type)	Title			Signature	12	Z THE CHIEST VAILED		Date				
Nicholas Fernicola	Proi	ect Manager		1 \/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1201	+1		6/27	1/2014	1		

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

### NOTIFICATION OF ASBESTOS ABATEMENT

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Data Colored in the				49	migrate particip	•			
Date of Notification (1)  June 27, 2014		Name of Building	Segal	& Segal		2	15	90	2_
[ ] DEP [ ] Ame	ation al Notification ended Notification endment #	Street Address  City, State, Zip Co	de	outh Street JUL	116 1 (14	- 4			
	rgency (including		Morri	stown, NJ 07962	ICENSING				
	fication) cellation	Name of Contact Fred 1	Kimak		Telephone Number	2			
	FA	CILITY INFORM	IATION				V.		
Name of Facility Where Abatement is Taking Rental Office Bui				Type of Facility (4)	School (k-12)				
Street Address 754 Scotland Roa	d			[ ] [x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)				dings,
City	County (6)	County Code (7)	10	Square feet	# of Floors	Bld	g. Age		
Orange	Essex	(STATE USE ONL	Y)	10,000 sf	if being demolished			80	
	ESSEX			/ No. 201	ge Room	)			
Name of Monitoring Firm Hired by Building		ASCM No.	Name of	Abatement Contracto	r (9)				
Guardian Contract Street Address	ting, Inc.				ian Contracting,	Inc.			
1889 Rte. 9, Unit	61		Street Ad		Route 9, Unit 61				
City, State, Zip Code			City, Stat	e, Zip Code	Route 9, Offit 61				
Toms River, NJ 0				Toms	River, New Jers	ey 08	755-1	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 7321-349-9932			e Number	License N	Number			
Scheduled Start Date (10)	Scheduled Comple		732-34 Name of	OSHA Monitor	00624				
6/27/14	7/1/14		I manie of		.L. Analytical				
[ ] Abatement Performed	only one) d During Entire Period of Ab Outside of Normal Facility H		Street Ad	dress	Stelton Road				
Other – Describe			ony, one	E 100000	away, New Jerse	y 088	354		
Scope of Work (Check all that apply)			[ ]	Full Containmen Mini-Enclosure	t with Negative Pres	sure			
$[X] >3 \text{ sf or } \ge 3 \text{ lf}$	[x] Renov	ation	[x]	Glovebag Proced	lure				
[ ] ≥160 sf or ≥260 lf	[ ] Demol	lition	[ ]		*) and Non-Friable I	Procedi	ıre		
		1							==
	Is Location		Description	- of		Abat	ement	Гуре	
Location of	Normally used		estos-Con		Amount	R	R	E	E
Asbestos-Containing Material (ACM)	Solely by	N	Material (A	CM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custodial Staff	N-3-3	, thermal s		or LF)	O	A	A	L
(13)	(12)	Ilist	VAT, o			ľ	I R	PS	O S
	IS ST	oth	er miscella			Α	-	U	U
	YES NO N/A		33			L		L	R E
Rental Office Bld Storage Room	X	Asbestos pipe	insulation	i	110 lf	Х		D	
				77					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	ID No.   Cubic Ya	rds of Waste		ered Landfill				
City, State		osal Date	City, Sta	T.R.R.F.	1				
Toms River, New Jersey	7/2/1	14	Tullyto	wn, Pennsylvani	a //				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	-0-1	//	1	Date			
Thenolas Fermicola		1 1 10	Chol	te		6/27	7/2014	F	
	*Do not use this form	m for asbestos licen	sure exemp	oted activities.					

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Date of Notification (1) June 27, 2014						Public S					neck A			-	_	
	no Nothicalia	n			Address					- P	THE CIK IN		<del></del>	1	CA_	
国 EPA 国	Initial			331 l	ovis D	rive				1 1		-	7//	ad.	1	
E EPA MI	Amended Amendme				late, Zip					1	1	die	14	DI	M	
	Emergenc	(Includin	g.		of Conta	080 LM ,	90				IAAI	FF	A	171	100	
DOH DOH	juestication Cancellatio			7/2011/2012	Splice					/ Jakepho	NU NUE					
				FAR	ILITY IN	FORMAT	ON			<u> </u>			_	_		
Name of Facility Where Abuk Folwell Elementary Sch	ement is Tak vool	ng Place	(3)						e of Pacility (4				T			
817001 Address 435 Jacksonville Road						-			School (K-1) Subchapter Other (I.e., pr	6 (Other the	nmokie	) of bu	iki Ingr	, have	en ,	
City (5)  Mount Holly					1111			Squ	eis.) ere Feet 000	2 of Floo	OTES .		Bldg.	Ape		
County (8) Burlington			1		Code (7			Cur	rent Une (Prip		molen	- 1				
Name of Munitaring Firm Hire Management & Enviro.			8)	ABC	MNa			of Ab	element Control Vironment		- Carlotte		+			
Sireel Address PO Box 341							Street.	Addr			1		8	-		
City, Biets, Zip Code Chesterfield, NJ 08515					CHY. S	(ele,	Zip Code	1052								
Project Manager for Monitorin	g Firm			Maple Shade, NJ 08052 Telephone No. 609-298-4070 \$56-756-0099							inte No.					
Start Dale (10) July 1, 2014			ilea Cor		Date (1	1)	Nume	al 08	HA Monitor			67-1				
Occupancy Sistua During Aba	lement (Che	ck Only C	ina)				Street /					-		퓽		
Facility Closed/Vacated I Abelement Performed O Other - Describe:	During Entire Utilitie of Nor	Pariod of mai Facili	Abulma Ny Houri	1(401) 3			Chy. St	late, 2	9 130 North				-1	-		
Beapo of Work (Chock All The	( Annly)						Cinna	amin	Bon, NJ 08	1077						
23 stor 23 ft 2160 stor 2260 st	( леріў)		Removi Demoli					IM ID	II Containmen ni-Enclosure ovebeg Proce n-Exampled	dura				w.		
Lecation of		1	a Locati Normal	201.000			cristian							omen rpe		
Abbestos-Coeleining Mete TO BE AMAYED In Facility (13)	alntene	neity  olely by  nerces/ class?  Asbestos Cor  (1.0. (herms  2)			ining M	insul-	allon.	Amoun (Blecif) 8F or LF	1 1	Regarded	Rupai	Encapavate	Shirting			
		Yes	Ne	N/A								14.		3	8	
New Lab			XXX				Insulat			4 LF		×				
New Lab		+-	XXX		Pipo	Insulatio	n (Wre	sp ar	nd Cut)	15 LF		K				
		+	-				_	_	- +		-	-	+	$\vdash$		
Nama of Registered Waste He Freehold Cartage	uler		(-1	DEP W		Cuble Y			Western		7,12,	nity	Land	ifili	$\neg$	
Clly, State Freehold, NJ 07728						7/3/20			City, State Birdsboro	i, PA	-		i.		$\dashv$	
Campieled by Christina Lynch		ТИЮ Ора	rations	Mane	ger .	8	nature.	K	多人		6/27		114			

ABS-41 (R-06-08)

" Do not use this form for as bestes licensure exempted activities.

Ck# 2653

Data of Matificantina /41													
Date of Notification (1)		52750					g Owner/Operator (			0			
	15/	14			Prin	ceton U	Iniversity-Office	of Design and	Construction				
Agencies Notified	Type Notific	cation			Street	Address							
☐ EPA					200	Elm Dr.							
□ DOLWD		BR-5555		22.1	City, S	tate, Zip (	Code					- 1	
□ DHSS	Amenda				1	6 8	NJ 08544			r			
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding	]		of Contac			Telephone Num	ber			
(143AC 3.25-0)	☐ Cancella					ert Orte				5			
	100000						T				-		
N		T 1.	Di	(0)	FAC	JILITY IN	NFORMATION	T = 100 /					
Name of Facility Where			\$10 m/1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	(3)				Type of Facility (	4) [7].		2		
Princeton Univers	sity-Fireston	e Libr	ary					School (K-12)	)		> 		
Street Address								Other (i.e., pr	ivate and commer	cial by		s, ;	
Washington Rd								homes, etc.)			••	٠.	
City (5)								Square Feet	# of Floors	BI	ldg, Ag	ge	
Princeton									<u> </u>				
County (6)					Coun	ity Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
MERCER								Library					
Name of Monitoring Fir	m Hired by Bu	ilding C	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates I	nc.						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
Three Terri Cente	r						1123 BEAVE	R STREET					
City, State, Zip Code				10.00			City, State, Zip C	ode					
Burlington, NJ 08	016						BRISTOL, PA						
Project Manager for Mo				Tele	ephone	No.	Telephone No.	License No.					
Michael Keehn	J				09-386		215-788-6040						
	v	Sched	luled C		etion Da		Name of OSHA N	Monitor	00509				
Start Date (10)													
Start Date (10) 2 / 5	/ 14						BRISTOL EN	VIRONMENTAL	INC.				
2/5			7 /	1	1_/			VIRONMENTAL	., INC.	81			
2 / 5 Occupancy Status Duri	ing Abatement	(Check	7 / k only (		1_/_		Street Address		., INC.	\$1 		11-0-81	
	ing Abatement ated During En	(Check	7 / c only or riod of	1 one) Abate	1 / ement	14	Street Address 1123 BEAVE	R STREET	., INC.				
2 / 5 Occupancy Status Duri Facility Closed/Vaca Abatement Perform Time of Abatement:	ing Abatement ated During En ed Outside of I : 6:30AM-3:00	(Check tire Per Normal	7 / c only c riod of Facilit	one) Abate y Hou	ement	14	Street Address 1123 BEAVE City, State, Zip C	R STREET	., INC.	51			
2 / 5  Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Perform Time of Abatement:  o N SITE	ing Abatement ated During En ed Outside of N 6:30AM-3:00	(Check tire Per Normal	7 / c only c riod of Facilit	one) Abate y Hou	ement	14	Street Address 1123 BEAVE	R STREET	., INC.		-		
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2 / 5  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform Time of Abatement:  ON SITE  Scope of Work (Check  ≥3 sf or ≥3 lf	ing Abatement ated During En ed Outside of N 6:30AM-3:00	(Check tire Per Normal	7 / conly c		ement rs - Des AM	14	Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	R STREET ode A 19007 tainment with Neg					
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2 / 5  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform Time of Abatement:  ON SITE  Scope of Work (Check  ≥3 sf or ≥3 lf	ing Abatement ated During En ed Outside of N 6:30AM-3:00	(Check tire Per Normal	7 / c only c riod of Facilit P	Abate y Hou Menovate emoliti	ement ers - Des AM	14	Street Address 1123 BEAVE City, State, Zip Composition of the State of	R STREET ode A 19007 tainment with Neg	ative Pressure		natem	ant i	
2 / 5  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform Time of Abatement:  ON SITE  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ing Abatement ated During En ed Outside of It 6:30AM-3:00	(Check tire Per Normal	7 / c only c riod of Facilit P		ement ars - Des AM	14	Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe	R STREET ode A 19007 tainment with Neg closure g Procedure empted (*) and Nor	ative Pressure	At	pateme	-	
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2 / 5  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform Time of Abatement:  ON SITE  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Locatic  Asbestos-Containin TO BE Al	ing Abatement ated During En ed Outside of it 6:30AM-3:00   all that apply) on of ag Material (ACBATED	(Check tire Per Normal	7 / Conly of riod of Facility P	Abate y Hou M enovate emoliti s Loca Norma ed Sol aintena	ement urs - Des AM tion on ally ely by ance/	14 cribe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007  tainment with Neg closure g Procedure empted (*) and Nor of aterial (ACM) insulation,	ative Pressure n-Friable Procedu  Amount (Specify	At	paterne Repair	-	
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2 / 5  Occupancy Status Duri Facility Closed/Vaca Abatement Perform Time of Abatement: ON SITE Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locatic Asbestos-Containin TO BE Al IN Fac (13	ing Abatement ated During En ed Outside of it is 1.00 more of the control of the	(Check tire Per Normal	riod of Facility P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ement ars - Des AM ation on ally elely by ance/ Staff?	14 cribe	Street Address 1123 BEAVE City, State, Zip Composition of the composit	R STREET ode A 19007  tainment with Neg closure g Procedure empted (*) and Nor of aterial (ACM) insulation,	ative Pressure n-Friable Procedu  Amount (Specify	Removal	Repair	Encapsulate	
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2 / 5  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform Time of Abatement:  ON SITE  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Locatic  Asbestos-Containin TO BE Al IN Fac	ing Abatement ated During En ed Outside of it is 1.00 more of the control of the	(Check tire Per Normal	only or riod of Facility P	Abate y Hou M- enovat enovat s Loca Norma d Sol ainten ttodial (12) No	ement urs - Des AM tion on tition ally ely by ance/ Staff?  N/A	Asbe (i.e.	Street Address 1123 BEAVE City, State, Zip Composition of the composit	R STREET ode A 19007  tainment with Neg closure g Procedure empted (*) and Nor of aterial (ACM) insulation, c, or eous)	ative Pressure n-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
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Q# 2653 Pg 1

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

	200		222									$\overline{}$	
Date of Notification (1)  01 / 15	I	14			777774		Owner/Operator ( niversity-Office	80	Construction				
	e Notifi	cation			Street	Address							
	Initial	102			200	Elm Dr.							
[ Proceeding to 10 10 10 10 10 10 10 10 10 10 10 10 10	Amende Amendr	T071	12 7/4	14.4	City, S	State, Zip C	ode						
	Emerge			100000000000000000000000000000000000000	Prin	nceton, N	J 08544						
	justifica		Ciddin	9	Name	of Contact			Telephone Nun	nber			
	Cancell	ation			Rol	pert Orte	ga						
No. of Co. W. M. Alexandre		<b>-</b> 1.		(0)	FA	CILITY IN	FORMATION				*.		P.S
Name of Facility Where Abate				(3)	52			Type of Facility (	parti.	25	2		
Princeton University-F	restor	ie Libi	rary					☐ School (K-12) ☐ Subchapter 8					
Street Address								Other (i.e., pr			lding	s,	
Washington Rd								homes, etc.)	5	1	5335	ξ.	
City (5)								Square Feet	# of Floors	Ble	g. Ag	ge_	10
Princeton									<b>○</b>	1	=	C	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price			-	Γ.	**************************************
MERCER								Library	69 <del></del>		7.0	1	
Name of Monitoring Firm Hire	d by Bu	ilding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			:		
ATC Associates Inc.								VIRONMENTAL	INC.				0
Street Address							Street Address						-
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code			-				City, State, Zip Co						
Burlington, NJ 08016							BRISTOL, PA						
Project Manager for Monitorin	a Ciana		18800 - 10	TTO		Ma		19001	I Caraca Na				
Michael Keehn	g riiiii			77.00	ephone		Telephone No.		License No.				
The state of the s				3	09-386	ACTION AND ON	215-788-6040		00509				
Start Date (10)2 /5 /1	4_			1000	etion Da	22.55	Name of OSHA N BRISTOL EN	ionitor VIRONMENTAL	., INC.				
Occupancy Status During Aba	atement	(Checl	k only	one)			Street Address						
☐ Facility Closed/Vacated Di	uring En	tire Pe	riod of	Abate	ement		1123 BEAVE	R STREET					
☐ Abatement Performed Out	side of	Normal	Facilit	у Ноц	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement: 6:30	AM- <u>3:0(</u>	)PM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all that				-			2					7.5	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	. ~		⊠ Re				Mini-Enc     Gloveba	tainment with Neg- losure g Procedure mpted (*) and Nor		ure			
			10	Loca	tion	1	Z Non Exc	Tiptou ( ) una reoi	1111000		atom	ant T	wno
Location of				Norma			Description of	,f			ateme		T
Asbestos-Containing Mate	rial (AC	M)	MILL SOURCES		ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED	)		100000000	inten	ance/ Staff?	(i.e	., thermal systems		(Specify	VOL	air	aps	losi
IN Facility (13)				(12			surfacing, VAT other miscellane		SF or LF)	<u> 8</u>		ula	JE .
(,			Yes	No	N/A			/				Œ	
Throughout Levels C, B	and A		$\boxtimes$			Floor ti	le and mastic		1,465 SF	$\boxtimes$			
Office A-7J						Windov	v Caulk		96 LF	$\boxtimes$			
Throughout Levels C, B	and A		$\boxtimes$			Duct we	ork		1775 SF				
1 <sup>st</sup> Floor Level 1			$\boxtimes$			Pipe Ins	sulation (Wrap &		72 LF				
Name of Registered Waste Ha					NJDEP \		Cubic Yards of	Name of Regist					
SERVICE TRANSPORT	GROU	JP INC	:		dauler II 20990		Waste	G.R.O.W.S.	NORTH LAN	DFILL			
City, State					20331		Disposal Date	City, State	-			C-3W	
NEW CASTLE, DE									LE, PA 19067	7			
Completed By (Print or Type)		Title					Signature						
Brian Scafiro		100,000	e stima	tor			Signature	Serfino,	/il	7//	14	!	
ASB-41	5 0							- /	1	1 1			
MAY 11 BS1400.	5-5	*	Do no	use t	his form	for asbest	os licensure exemp	ted activities.					

Date of Notification (1)					Ivan	ie of Buildi	ng Owner/Operator	(2)					
/	15	/1	14				University-Office		d Constructi	on			
	Type No	tificatio	n			et Address							_
	☑ Initial				20	00 Elm Di							
	Amer     Amer				City	State, Zip	Code						
☑ DHSS ☐ DCA		dment			6 1		NJ 08544						
(NJAC 5:23-8)	☐ Emer	gency ( cation)		ing		e of Conta							
10 NO 10 NO	☐ Canc					bert Ort	177		Telephone	Number			
Name of Facility Where Ab	atement	ic Toki	na Dia	(2)	F/	CILITY	NFORMATION						
Princeton University								Type of Facility	(4)				
Street Address	-riiest	one Lii	prary					School (K-1	2)				
								Subchapter	8 (Other than	K-12)			
Washington Rd								homes, etc.	private and con	nmercial	buildi	ngs,	
City (5)								Square Feet	# of Floors		Dida	Λ	_
Princeton								oqualo i col	# 01 1 10015	*   '	Bldg.	Age	
County (6)					Cor	inty Code /	7)(STATE USE ONLY)	C					
MERCER					1000	inty Code (	I NOTATE USE UNLY)	,	rior if being der	nolished)	)		
Name of Monitoring Firm Hi	ired by E	uilding	Owne	r (0)	1000	I Na		Library					
ATC Associates Inc.	cu by E	anding	owne	(0)	ASCN	NO.	Name of Abateme	· · · · · · · · · · · · · · · · · · ·	N/			Zilli.	_
							BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						_
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	nde					_
Burlington, NJ 08016							BRISTOL, PA						
Project Manager for Monitor	ring Firm			Tel	ephone	No	Telephone No.	( 19007					
				1 2 2 2					License No	).			
Michael Keehn				1 6	1114 386		745 700 0040						
Michael Keehn	_	Sche	duled	- 19	09-386	AND THE PROPERTY OF	215-788-6040		00509	- 337			
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At	batemen	t (Chec	k only	one)	etion Da	ate (11)	215-788-6040  Name of OSHA M  BRISTOL ENV  Street Address  1123 BEAVER	lonitor VIRONMENTA					_
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At  Facility Closed/Vacated D  Abatement Performed Out  Time of Abatement: 6:30	batemen During E utside of DAM-3:0	t (Checontire Pe Norma 0PM/_	k only eriod o	one) f Abate	etion Da H 0 L ement	ate (11)	Name of OSHA M BRISTOL ENV Street Address	lonitor VIRONMENTA R STREET					_
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Michael Keehn  Start Date (10)  2 / 5 /  Decupancy Status During At I Start Date (10)  Facility Closed/Vacated Date of Abatement Performed Outon Time of Abatement: 6:30  Scope of Work (Check all that is 100 start of Asbestos-Containing Material In Facility (13)  Chroughout Levels C, B	batemeri During E utside of DAM-3:0 at apply)	t (Cheo ntire Pe Norma 0PM/_	A R D Us. Ma Cus	enovate emoliti s Loca Norma ed Sola intena stodial (12)	etion Da HOL  ement irs - Des AM  ion on  tion ally ely by ance/ Staff?	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo	R STREET  Ide  19007  ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Insulation, Insul	gative Pressure n-Friable Proce Amount (Specify SF or LF)	edure At Removal		Encapsulate	÷
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Michael Keehn  Start Date (10)  2 / 5 /  Doccupancy Status During At I Facility Closed/Vacated Date of Abatement Performed Outer Time of Abatement: 6:30  Scope of Work (Check all that I Section of Asbestos-Containing Matrix I Section of Asbestos-Containing Matrix I Section of Asbestos-Containing Matrix I Section of Asbestos-Containing Matrix I Section of I Section of Asbestos-Containing Matrix I Section I Sectio	batemen During E utside of DAM-3:0 at apply)  erial (ACD  and A  and A	t (Checontire Per Norma OPM/_	A R Cus	enovate emolitiis Loca Norma ed Sola intenastodial (12)	etion Da HOL  ement urs - Des AM  ion on  tion ally ely by ance/ Staff?	Asber (i.e.  Floor til  Window  Pipe Ins	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo  e and mastic  Caulk	lonitor VIRONMENTA R STREET Inde 19007  ainment with Negosure Procedure Inpted (*) and No Insulation, or Insulation, or Insulation I	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF	edure At Removal		Encapsulate	÷
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At In Facility Closed/Vacated In In Facility Closed/Vacated In In Facility Closed/Vacated In In Facility Closed In In Facility (13)  Location of Asbestos-Containing Matrix In Facility (13)  Chroughout Levels C, B of Floor Level 1  In Facility (13)	batemen During E utside of DAM-3:0 at apply)  erial (ACD  and A  and A	t (Checontire Per Norma OPM/_	A R Cus	enovate emolitiis s Loca Norma ed Sola intenastodial (12)	ement irs - Des AM  ion on  tion ally ely by ance/ Staff?  N/A	Asber (i.e.  Floor til  Window  Pipe Ins  Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneo   e and mastic   Caulk   ork	R STREET  Ide  19007  ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Insulation, or Insulation, or Insulation, or Insulation In	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF	Removal		Encapsulate	÷
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATET IN Facility (13)  Chroughout Levels C, B  office A-7J  hroughout Levels C, B  st Floor Level 1  ame of Registered Waste His SERVICE TRANSPORT	batemen During E utside of DAM-3:0 at apply)  erial (ACD  and A  and A	t (Checontire Per Norma OPM/_	A R Cus	enovate emolitiis s Loca Norma ed Sola intenastodial (12)	etion Da HOL  ement irs - Des AM  ion on  tion ally ely by ance/ Staff?	Asber (i.e.  Floor til  Window  Pipe Ins  Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo  e and mastic  Caulk  ork  culation (Wrap & Cubic Yards of Waste	R STREET  Ide  19007  ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Insulation, or Insulation, or Insulation, or Insulation Insulation, Or	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF	Removal		Encapsulate	÷
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At Incompanie    Facility Closed/Vacated Description    Abatement Performed Outer    Time of Abatement: 6:30  Scope of Work (Check all that    ≥3 sf or ≥3 lf    ≥160 sf or ≥260 lf    Location of    Asbestos-Containing Mater    TO BE ABATEI    IN Facility	batemen During E utside of DAM-3:0 at apply)  erial (ACD  and A  and A	t (Checontire Per Norma OPM/_	A R Cus	enovate emolitiis s Loca Norma ed Sola intenastodial (12)	ement irs - Des AM  ion on  tion ally ely by ance/ Staff?  N/A	Asber (i.e.  Floor til  Window  Pipe Ins  Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  e and mastic Caulk  Cubic Yards of	R STREET  Ide  19007  ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, Ins	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF	Removal    At   Removal		Encapsulate	-
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At I Facility Closed/Vacated During of Abatement Performed Outon Time of Abatement: 6:30  Scope of Work (Check all that I ≥ 3 sf or ≥ 3 lf I ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Matrice Abatement In Facility (13)  Throughout Levels C, But I Floor Level 1  ame of Registered Waste His SERVICE TRANSPORT (15), State  NEW CASTLE, DE	batemen During E utside of DAM-3:0 at apply)  erial (ACD  and A  and A	t (Checontire Per Norma OPM/_	A R Cus Yes	enovate emolitiis s Loca Norma ed Sola intenastodial (12)	ement irs - Des AM  ion on  tion ally ely by ance/ Staff?  N/A	Asber (i.e.  Floor til  Window  Pipe Ins  Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  e and mastic Caulk ork  ulation (Wrap & Cubic Yards of Waste  Disposal Date	R STREET  Ide  19007  ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, or Insulation, Ins	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF tered Landfill NORTH LAN	At Removal		Encapsulate	-
Michael Keehn  Start Date (10)  2 / 5 /  Occupancy Status During At  Facility Closed/Vacated D  Abatement Performed Out  Time of Abatement: 6:30  Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Mate  TO BE ABATET  IN Facility  (13)  Chroughout Levels C, B  office A-7J  hroughout Levels C, B  st Floor Level 1  ame of Registered Waste Hase  SERVICE TRANSPORT  ity, State	batemen During E utside of DAM-3:0 at apply)  erial (ACD  and A  and A	t (Checontire Per Norma OPM/	A R Cus Yes	enovate emoliti s Loca Norma ed Solo international (12) No	ement irs - Des AM  ion on  tion ally ely by ance/ Staff?  N/A	Asber (i.e.  Floor til  Window  Pipe Ins  Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo  e and mastic  Caulk  ork  culation (Wrap & Cubic Yards of Waste	Ionitor VIRONMENTA R STREET Ide 19007  ainment with Negosure Procedure Inpled (*) and No erial (ACM) Insulation, or IUS)  Cut)  Name of Regist G.R.O.W.S.  City, State MORRISVIL	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF tered Landfill NORTH LAN	Removal    At   Removal	Repair	Encapsulate	[YI]

Agencies Notified   Type Notification   Agencies Notified   PA   Princeton University-Office of Design and Construction   Agencies Notified   PA   Princeton   P	Name of Building Owner/Operator (2)						
Spread   S	Princeton University-Office of Design and Construction						
□PA							
City, State, Zip Code	16						
Cancellation   Cancellation   Princeton, NJ 08544   Name of Contact   Robert Ortega   Telephone Number   Robert Ortega   Princeton University-Firestone Library   Street Address   Street Address   County Code (7)/STATE USE ONLY   County (6)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other (i.e., private and commercial binomes, etc.)   Princeton University-Firestone Library   Street Address   Subchapter 6 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other (i.e., private and commercial binomes, etc.)   Princeton   County (6)   Square Feet   # of Floors   Binomes, etc.)   Princeton   County (6)   MERCER   Square Feet   # of Floors   Binomes, etc.)   Square Feet   # of Floors   Binomes, etc.)   Princeton   Square Feet   # of Floors   Binomes, etc.)   Square Feet   # of Floors   Binomes, etc.)   Princeton   Square Feet   # of Floors   Binomes, etc.   Princeton   Square Feet   # of Floors   Binomes, etc.   Princeton							
Name of Contact   Robert Ortega   Telephone Number   Robert Ortega   Telephone Number   Robert Ortega   Type of Facility (A)							
Cancellation   Robert Ortega   Telephone Number   Telephone Number   Type of Facility (4)							
FACILITY INFORMATION							
Name of Name of Pacility Where Abstement is Taking Place (3)							
Princeton University-Firestone Library   Street Address   School (K.12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Other than K-12)   Subchapter 9 (Other than K-12)   Subchapter 9 (Other th	300 300 300 300 300 300 300 300 300 300						
Street Address   Subchapter of (Other than K-12)   Subchapter of (Other							
Washington Rd							
City (5)   Princeton   County (Code (7)/STATE USE ONL 7)   Current Use (Prior if being demolished)   County Code (7)/STATE USE ONL 7)   Current Use (Prior if being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It being demolished)   Library   Current Use (Prior It Demolished)   Library   Current Use (Prior It Demolished)   Library   Current Use (Prior It Demolished)   Library   Current Use (Prior It Demolished)   Library   Current Use (Prior It Demolished)   Library   Current Use (	uildinas						
Princeton  County (6)  MERCER  Name of Monitoring Firm Hired by Building Owner (8)  ATC Associates Inc.  Street Address  Three Terri Center  City, State, Zip Code  Burlington, NJ 08016  Project Manager for Monitoring Firm  Michael Keehn  Steret Address  Telephone No.  609-386-8800  215-788-6040  215-788-6040  Street Address  1123 BEAVER STREET  City, State, Zip Code  Burlington, NJ 08016  Project Manager for Monitoring Firm  Michael Keehn  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Telephone No.  609-386-8800  215-788-6040  215-788-6040  20509  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement: 6:39AM-3:00PW  AM  AM  AM  ABABETED  IN Facility  (13)  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  City, State, Zip Code  BRISTOL, PA 19007  Full Containment with Negative Pressure  Glovebag Procedure  Non-Exempted (') and Non-Friable Procedure  Non-Exempted (') and Non-Friable Procedure  Abatement Facility  (13)  Abatement Facility  (13)  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Full Containment with Negative Pressure  Glovebag Procedure  Non-Exempted (') and Non-Friable Procedure  Non-Exempted (') and Non-Friable Procedure  Non-Exempted (') and Non-Friable Procedure  Abatemate Facility  (12)  Yes No N/A  Abatemate Facility  (13)  Floor Lier Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Abatement Facility  Glovebag Procedure  Non-Exempted (') and Non-Friable Procedure  Non-Exempted (') and Non-Friable Procedure  Non-Exempted (') and Non-Friable Procedure  Abatemate Facility  (i.e., th	unungs,						
County (6) MERCER Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Street Address Three Terri Center City, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm Michael Keehn Start Date (10) 2 / 5 / 14 Scheduled Completion Date (11) Pacific Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement £330.AM-3:00PM OF STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 00509 Start Date (10) 2 / 5 / 14 Scheduled Completion Date (11) Pacifity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement £330.AM-3:00PM OF STREET City, State, Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 215-788-6040 00509 Start Date (10) 2 / 5 / 14 Scheduled Completion Date (11) Pacifity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement £330.AM-3:00PM OF STREET City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (**) and Non-Friable Procedure  Abbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify and Non-Friable Procedure)  Absention of Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatement £300.AM Abatem	ldg. Age						
MERCER  Name of Monitoring Firm Hired by Building Owner (8) ASCM No.  ATC Associates Inc.  Street Address  1123 BEAVER STREET  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Start Date (10) 2 / 5 / 14 6 / 20 / 14 Coccupancy Status During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement   Demolition     Abatement Performed Outside of Normal Facility Hours - Describe   Jime of Abatement (Check all that apply)    ≥ 3 sf or ≥3 lf   Senovation   Demolition     Location of Asbestos-Containing Material (ACM) (13)    Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (12)   Yes   No   N/A     Normally Used Solely by Maintenance/ Cutsdial Staff? (13)   Yes							
Name of Monitoring Firm Hired by Building Owner (8)  ATC Associates Inc.  Street Address Three Terri Center  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Steet Address Taree (Company Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement (Check all that apply)  Associated Inc.  Bristol Environment with Negative Pressure Mini-Enclosure Min							
ATC Associates Inc.  Street Address Three Terri Center  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Steet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Telephone No. 609-386-8800 215-788-6040 00509  Start Date (10) 2 / 5 / 14							
Street Address Three Terri Center  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Stant Date (10) 2 / 5 / 14 6 / 20 / 14 Bracity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 6:30AM-3:00PW Asbestos-Containing Material (ACM) IN Facility (13)  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Street Address Telephone No. 215-788-6040 00509  Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address BRISTOL ENVIRONMENTAL, INC.  Street Address Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL PA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL PAGE City, State, Zip Code BRISTOL ENVIRONMENTAL PAGE City, State, Zip Code BRISTOL ENVIRONMENTAL PAGE City, State, Zip Code BRISTOL ENVIRONMENTAL PAGE City, State, Zip Code BRISTOL ENV							
Street Address   1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Scheduled Completion Date (11) 2 / 5 / 14 Scheduled Completion Date (11) Bracility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM Asbestos-Containing Material (ACM) IN Facility IN Facility IN Facility (13)  Capaciton of Asbestos-Containing Material (ACM) IN Facility (13)  Abatement Perioded Completion Date (11) Bracility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM PM-AM DFF SITE MON Completion  Renovation Demolition  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Full Containment with Negative Pressure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) IN Facility (13)  Location of Asbestos-Containing Material (ACM) Amount (Specify SF or LF)  Abatement Periomed Outside of Normally Used Solely by Maintenance/ Custofial Staff? (12) Yes No N/A  Floor tile and mastic 1,465 SF  Inflice A-7J Window Caulk 96 LF  Inflice A-7J Window Caulk 96 LF  Inflice A-7J Pipe Insulation (Wrap & Cut)  NDEP Waste  Supplementor Cube in the procedure Normally NDEP Waste Cubic Yards of Name of Positored Larger Cube in the procedure Cube in the procedure City, State, Zip Code BRISTOL, PA 19007  Telephone No. 215-788-6040 Name of Schalamintor Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Sufficion Staff? (i.e.) Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007  Abatement Perioded Normal Pacific State City, State, Zip Code BRISTOL, PA 19007  Abatement Perioded							
City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm  Michael Keehn  Start Date (10) 2 / 5 / 14  Scheduled Completion Date (11) 6 / 20 / 14  Docupancy Status During Abatement (Check only one)							
Bristol, NJ 08016   Bristol, PA 19007   Project Manager for Monitoring Firm   Telephone No.   609-386-8800   215-788-6040   00509							
Telephone No.   Stephone No.   St							
Michael Keehn   609-386-8800   215-788-6040   00509							
Scheduled Completion Date (11)  2							
2							
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 6:30AM-3:00PW ☐ F SITE							
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/PM-AM   PM-AM   City, State, Zip Code   BRISTOL, PA 19007   City, State, Zip Code   City,							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PW OFF SITE NON-6/16/14  Scope of Work (Check all that apply)  ⇒ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf    Second In Facility   Second In Second In Facility   Second In F							
Time of Abatement: 6:30AM-3:00PW PM- AM BRISTOL, PA 19007  Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ Renovation □ Demolition  □ Some of Work (Check all that apply)  □ ≥3 sf or ≥260 lf □ Renovation □ Demolition  □ Some of Work (Check all that apply)  □ Some of Some of Work (Check all that apply)  □ Some of Some of Work (Check all that apply)  □ Some of S							
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Description of Asbestos-Containing Material (ACM) □ Normally □ Used Solely by Maintenance/ □ Custodial Staff? □ (12) □ Yes No N/A □ □ Floor tile and mastic □ Secretary □ Custodial Staff? □ Secription of Asbestos Containing Material (ACM) □ Secription of Asbestos Containing Materi							
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Description of   Normally   Description of   Ababestos-Containing Material (ACM)   Security   Security   Custodial Staff? (12)   Yes   No   N/A     N/A   Proughout Levels C, B and A   Description of   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Security							
Demolition   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non							
Societion   Soci							
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Throughout Levels C, B and A  In Figure A-7J  Throughout Levels C, B and A  T							
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Waintenance/ Custodial Staff? (12)  Yes No N/A  Proughout Levels C, B and A  Floor tile and mastic  Window Caulk  Floor Level 1  Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor tile and mastic  1,465 SF  Window Caulk  Pipe Insulation (Wrap & Cut)  Pipe Insulation (Wrap & Cut)  NJDEP Waste  Cubic Yards of Name of Registered Level 1	tement Ty						
Custodial Staff? (12)  Yes No N/A  Chroughout Levels C, B and A  Ciffice A-7J  Chroughout Levels C, B and A  Ciffice A-7J  Ciffi							
Yes   No   N/A   N/A   N/A	Encaps						
Yes   No   N/A   N/A   N/A	ir psu						
hroughout Levels C, B and A	Encapsulate Repair						
iffice A-7J							
hroughout Levels C, B and A							
The state of Registered Waste Hauler    State							
ame of Registered Waste Hauler  NJDEP Waste   Cubic Yards of   Name of Registered Leads!!							
NJDEP Waste   Cubic Yards of   Name of Registered Lands							
	7171						
SERVICE TRANSPORT GROUP INC TRANSPORT GROUP INC. Waste							
v. State							
NEW CASTLE DE							
mpleted By (Print or Type) Title Signature MORRISVILLE, PA 19067							
Signature Signature Date	1 ,						
Brian Scafiro Estimator Suisa Scafero / il Date 6/16/	14						

NOCK

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



Date of Notification (1) 7-1-14			Name of Building Owner/Operator (2) * Dupont Nemours Company											
Agencies Notified		ation Type		Street Add			, il	IUL-3 FR	21.111		1000000			
☐ EPA☐ DEP☐ DOL	☐ Initi			City, State				LILENSI	. (28 <b>)</b> .					
⊠ DOH □ DCA	Jus	ergency (Includio stification) ncellation	ng -	Name of 0 Bryan M					Telepho	ne Num	her			
				FACIL	ITY IN	FORM	ATION		-					
Name of Facility Where A	Abateme	nt is Taking Place	e (3)					Type of Facilit	ty (4)					
Chamber Works Plant							1	School (K-						
Street Address Rt 130 South								☐ Subchapte ☐ Other (i.e. homes, etc.	private & co	an K-12 mmerci	2) al bu	ildir	igs,	í
City (5) Deepwater			PP-		-2.10			Square Feet	# of Floo	ors	Bl	dg. /	Age	lg.
County (6) Salem						unty Co	de (7) (STATE ')	Current Use (	prior if being	demoli	shed	)		
Name of Monitoring Firm Harvard Environmen		/ Bldg. Owner (8)		ASCM No	D.		of Contractor (9) ty Environmen	tal						
Street Address	Ilai					Street	Address							
761 Pulaski Hwy							lew Churchma	ns Rd.						
City, State, Zip Code Bear, De					on	New	ate, Zip Code Castle, DE 197	'20						
Project Manager for Mon Wesly Morrison	itoring Fi			one No. 326-2333			one Number 322-8946		License 00578	Numbe	er			
Scheduled Start Date (10	0)	Scheduled Con				Name	of OSHA Monitor			10.01102		A-10-1		
1-2-14		9-30-14					ty Environmen	tai (	14-003A)					
Occupancy Status During	g Abaten	nent (Check only	one)				Address New Churchma	ns Road						
☐ Facility Closed/Vacate	Outside	of Normal Facili				City, S	tate, Zip Code Castle, DE 197							
Scope of Work (Check al					900-95 F.E.	INCW						-		
<ul> <li>≥ 3 sf or ≥ 3 lf</li> <li>≥ 160 sf or ≥ 260 lf</li> </ul>				×		ovation olition	<ul><li>☐ Mini-Enclo</li><li>☑ Glovebag</li></ul>	Procedure						
							☐ Non-Exem	pted (*) and No	n-Friable Pr	ocedure	_	hata	eme	nt
				Is Location									ре	iii.
				Normally sed Solely	by		Description stos Containing M	aterial (ACM)	Amou					
Locat Asbestos-Contain	ion of ing Mate	rial (ACM)	V	Maintenand Custodial		(i.e	<ul> <li>thermal systems surfacing, VA<sup>-</sup></li> </ul>		(Spec SF or I		Rer	Re	Encapsulate	Enc
TO BE A				Staff? (12)			other miscellan	eous)			Removal	Repair	sula	Enclosure
	7,1-7		Yes		N/A	1							te	CD
Thermal Systems				x			nal coverings throu		10,000LF		X			
Thermal Systems				X			nal coverings throu		2,000SF 1,800SF		X	X	Χ	
Floor Tile /Mastic Name of Reg. Waste Har	uler		IN	JDEP Was	ste Ha		tile and mastic three	Name of R			1^		Ш	-
S&J Transport.			100	No. 3217			Waste >30	Constoga						
City, State Woodstown, NJ							Disposal Date TBD	City, State Morgantow	m, PA	W-12 - 22 - 2		10		
Completed by Evelyn Walsh	Title	ice Manager					Signature	10-		7-1-				

COURTESY NOTIFICATION NOT

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





Date of Notification (1)	***************************************				Name o	of Building	Owner/Operator (2	2) [7	Line Rev Land & T	Done to		
6 /	23 /	14	_		Fede	earl Avia	tion Admin. WJI					
Agencies Notified	Type Notifi	cation			Street	Address		£5.19	JUL - JUL	1 1		
⊠ EPA					Envi	ronemta	I & Safety Section	on ANG #332 A	CY Intl. Apt.			
⊠ DOLWD	☐ Amende	ed		1		ate, Zip C				1.1341		
☑ DHSS	Amend				\$11		, NJ 08405		& LIVENS	HG	2.	
	☐ Emerge		cluding	-		of Contact			Telephone Nun		-	
(NJAC 5:23-8)	justifica								releptione Null	ibei		
	☐ Cancel	ation					t, Program Mana	iger	L	_		
					FAC	ILITY IN	FORMATION					
Name of Facility Where Al	patement is	Taking	Place	(3)				Type of Facility (				
Flight Operation Bu	ilding							School (K-12)		0)		
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr			inas.	
B301 - ACY Intl. Apt								homes, etc.)			J-,	
City (5)								Square Feet	# of Floors	Bldg	Age	
Atlantic City								109408	4	46		
County (6)					Coun	v Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)		
Atlantic								Airport				
Name of Monitoring Firm I	dired by Ru	ilding C	wner /	R)	ASCM I	vio.	Name of Abateme					-
Horizon Environmen		iliding C	Wile! (	)	NOCIVI I	<b>4</b> 0.		d Mold Service	Corn			
	Itai							a word Service	s, corp.			
Street Address							Street Address					
PO Box 336							3859 Sylon B	The second secon				
City, State, Zip Code							City, State, Zip Co					
Thorofare, NJ 08086							Hainesport, N	NJ 08036				
Project Manager for Monit				Tele	phone I	No.	Telephone No.		License No.			
Dave or Steve Flanig	gan			85	6-848-	0800	609-702-0400		00862			
Start Date (10)		Sched	uled Co	omple	ion Dat	e (11)	Name of OSHA M	lonitor				
7 / 7 /	14		7 /	11	_ / _	14	EMSL Analyt	ical, Inc.				
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address					
☐ Facility Closed/Vacate	d During Er	ntire Per	riod of	Abater	nent		200 U.S. Rou	te 130 North				
☐ Abatement Performed							City, State, Zip Co	ode				
Time of Abatement:	AM	P	Λ/	_PM-		AM	Cinnaminsor					
Scope of Work (Check all	that apply)					-				-		
Name and the later of the later								tainment with Neg	ative Pressure			
☐ ≥3 sf or ≥3 lf			⊠ Re				☐ Mini-End					
≥160 sf or ≥260 lf			☐ De	molitic	in			g Procedure empted (*) and No	n-Friable Proced	ure		
			le	Locat	ion		Z HON ZX	mptod ( ) dila i to			ement 7	Type
Location	of		2000	lorma			Description of	of		1		
Asbestos-Containing N		CM)		d Sole		Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Encaps	Enclosure
TO BE ABA		ata		intena odial		(i.e	., thermal systems		(Specify	VOL	aps	losu
IN Facilit (13)	у		Cusi	(12)	Jian :		surfacing, VAT other miscellane		SF or LF)	<u>m</u>	Encapsulate Repair	l e
(13)			Yes	No	N/A		other miscenanc	.043)			e	
East Mechanical Room	m				$\boxtimes$	White N	Mastic on Fiberg	lass Pipe Ins		⊠ [		
East Mechanical Room	m		П	П	$\boxtimes$	Pipe In:	sulation on Elbo	ws/Fittings				
											7 0	
												븜
				Ц								
Name of Registered Wast				10000	JDEP V auler ID		Cubic Yards of Waste	Name of Regis				
Freehold Cartage, Ir	nc.				02265		5	GROWS La	andfill			
City, State							Disposal Date	City, State				
Freehold, NJ			¥3				7/12/14	Morrisville	, PA 19067			
Completed By (Print or Ty	rpe)	Title	)				Signatúre /	$\wedge$	1	Date	-E-	
Kimberly A. Trumbe	********	1,000		Coord	linato	•	ax I			1123	1-14	
ASB-41								<del>\</del>		0 00	- 1	

### B & G proj. #: 2014-113

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

			10000	1	- 1
P*-	Ch	neck#	10	In	08

Васр.с.							F 3. 15					
Date of Notification (1)	Name	e of Build	ling Owner	/Operator (2)					0720			
0 16 1/12 16 1/114	Co	llege A	venue R	edevelopm	ent As	sociates LLC	4 11 - 3	lit.	-	-		-00
Agencies Notified   Type Notification	Stree	t Addres	s						15-553			
EPA Initial	12	20 Alba	ny Street	t				N 5 1 W 1	-1.			
□ DEP	City,	State, Zi	p Code				a Liut	Manne		2		
■ DOL	ent N	ew Bru	nswick, I	NJ 08901			LTelephon	e Number				
DOH On hold		e of Cont	tact				Telephon	e reamou				
☐ DCA ☐ Cancellat	ion     [	avid C	hristians	en ·						_		=
			FACIL	ITY INFORM	ATION							
		(0)	171011			— T	Type of Facility	(4)			APPEN.	
Name of facility where abatement is	taking place	(3)						ol (K - 12)		- 1/ 4	2/	
Vacant Building								apter 8 (Of (Private/Co			2)	
Street Address		1882						/Homes, et	C.			
17 Seminary Place							Square Feet	# of Floor	5	Bldg	, Age	3
	County	(6)				ty Code (7)				liabor	1)	
City (5)					(State	use only)	Current Use (F		g demo	listiec	,	
New Brunswick, NJ 08901	Midd				<u>l , , , , , , , , , , , , , , , , , , ,</u>	Name of Abatement		lousing				
Name of Monitoring Firm Hired by E	Bldg. Owner	(8)		ASCM No.	- 11	B & G Restorat						
The Louis Berger Group, I	nc.				<b>—</b>  -	Street Address	1011, 111C.					
Street Address						105 Ryerson F	Road					
412 Mount Kemble Avenu	ie					City, State, Zip Code						
City, State, Zip Code Morristown, NJ 07960						Lincoln Park,	NJ 07035		N			
Project Manager for Monitoring Firm			none Numb			Telephone Number (973)696-686	39	License 00	378	ÐI.		
Craig Napolitano		97	73-407-1	000		Name of OSHA Mor		-				
Scheduled Start Date (10)	Sched.	Completi	on Date (1	1)		B & G Restora						
07/11/2014	08/15	5/2014			- 11	Street Address	lipo ( )					
Occupancy Status During Abateme	nt (Check on	ly one)				105 Ryerson F					_	
The siliby closed was a ted during	entire period	d of abate	ement.			City, State, Zip Code	•					
Abatement performed outside	of normal fa	cility hou	1rs-		_	LincolnPark, N	J 07035					
Describe:												
Scope of Work (check all that appl					X F	ull Containment w/ne	enative pressure	Glove	bag pr	ocedu	ге	
▼ Demolition	Renovation					fini-enclosure	-g	Non-	friable į	oroce	dure	
	≥160 sf or ≥					MINI-ENGOSUTE			R	R	E	E
Location of	Is location by mainter	normally	used sole	ly		sbestos-containing	Amount		e m	e p	n	n
asbestos-containing	staff(12)	101100/00		- Descrip	otion of a	Spesios-containing	(Specify	y SF or	0	a	а	L
material to be abated in facility (13)	Yes	No	N/A				/		e	1	P	-
	-		X	small mu	dded e	lbows	225 sf		X	片	片	쓔
throughout boiler room boiler room			×	medium	& large	mudded elbows	60 sf &	20 sf	X	片	片	ዙ
			×	boiler &	water t	ank insulation	250 sf		X	片	片	計
corridors & board room	F		X	floor tile			1,900 s			片	片	十十
see next page********				see next	page '	Name of Register		xt page		1111	1-	
Registered Waste Hauler		P Haule 9563	r ID#	Cubic Yards of		Tulivtown	Resource & R	ecovery	Cente	<u>er</u>		_
B & G Restoration, Inc.		3003	Disposal	Date		City. State						
City, State Lincoln Park, NJ			7/1	1/14 - 8/15		Tullytown	ı, PA	Date				_
Completed by (Print or Type)	Title			Signature	1	Gordana Luna	,		/26/20	)14		
Gordana Luna	Secreta	ry/Trea	surer			0		1				

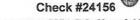
Re: One page attachment to 10-day notification dated 04/25/2014 for asbestos removal at: 17 Seminary Place, New Brunswick, NJ 08901

Project start date: 07/11/2014

The following materials shall be abated:

Location of asbestos- containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Asst Deans ofcs/Registrar	NO	Compound under carpet	30 SF	X	
kitchen	NO	Floor tile and mastic	600 SF	X	
Main lobby corridor	NO	Floor tile & mastic	2,900 SF	X	
Classrooms	NO	Floor tile & mastic	1,200 SF	X	
Throughout interior	NO	Interior window glazing white	450 LF	X	
Student lounge area	NO	Floor tile & mastic	260 SF	X	
Classroom 3 Platform	NO	Floor tile & mastic	500 SF	X	
Chapel, firewall above plenum in corridor adjacent to lobby	NO	Wall plaster, white coat	350 sf	X	
Classroom 103 Below window	NO	Transite panel	20 sf	X	
Chapel Windows	NO	Interior window glazing	1,000 lf	X	
Seminary Roof	NO	Roofing materials	21,000 SF	X	





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

-								24261				
Date of Notification (1)		- 1			er/Operator (2)	-3 FH 17: -						
7/1/2014					PRIVATE R	ESIDEN	ICE					
Agencies Notified	Type Notificat	ion			Street Addres	ss						
□ EPA	☐ Initial				1 WEST HA	RRING	TON ROAD	FROING -				
☐ DEP	Amende	d Amer	ndment	#	City, State, Z	ip Code	Like an 1					
□ DOL	Emerger	ncy (inc	luding		BEACH HA	VEN, N	J					
□ DOH	justificati				Name of Con				Telep	hone	Numb	er
DCA	☐ Cancella	tion			DAVID J. D	'ANDRE	A		,			
		****		F	ACILITY IN	FORMAT	TION					
Name of Facility Where A	Abatement is Ta	king Pl	ace (3)					Type of Facility (4)				
PRIVATE RESIDENC								School (K-12)				
Street Address	E							Subchapter 8 (Oth	er than	K-12	)	
	N DOAD							Other (i.e., private				dings)
1 WEST HARRINGTO	IN KUAD			_				Square Feet	# of F			
City (5)								oquare i cot	" "	10010	Diag.	, .90
BEACH HAVEN, NJ					Caushi Cada	(7) (CTA	TE LISE ONLY	Current Use (Prior if be	ing de	molish	ned)	
County					County Code	(1) (31)	TE USE ONLY)	Cullent Ose (Filor II De	ing uci	Oliol	.54)	
OCEAN						1				-		
Name of Monitoring Firm	Hired by Buildin	ng Own	er (8)		ASCM No.		Abatement Cont					
			-					RONMENTAL INC.				
Street Address						Street A					4	
							CK FOREST R	OAD				
						City, Sta	ite, Zip Code					
						HAMII	TON, NJ 0869					
Project Manager for Mon	itoring Firm	Telepl	none N	0.		Telepho	ne No.		Licen	ise No	).	
						609-890	-7110		0067	6		
Start Date (10)		Sched	uled C	ompleti	on Date (11)	Name of	f OSHA Monitor					
7/7/2014		7/8/20	14			N/A						
Occupancy Status During	g Abatement (Cl	neck or	nly one	)		Street A	ddress					
Facility Closed/Vac	ated During Enti	re Peri	od of A	bateme	ent							
Abatement performed of	utside of workin	g hour	s 5PM-	2 AM		City, Sta	ite, Zip Code					MEW)
ESSENTIAL PERSON												
Scope of Work (Check a	Il that apply)		-		- N. P. S.			Full Containment	with Ne	gative	Pres	sure
≥ 3 sf or ≥ 3 lf					Renova	tion		Mini-Enclosure				
∑ ≥ 160 sf or ≥ 260 lf					Demolit			Glovebag Procedu	ıre			
								☐ Non-Exempted (*)	& Non	-Friab	le Pro	cedur
		Is	Locati	on	r					- Contract	Туре	_
		1	mally l	7.50	Description	n of Asbe	stos Containing		-	Г	ш	
Location of Asbestos			Solely b				thermal systems	Amount (Specify SF o	r   20	R	nca	Enclosure
Material (ACM) TO BE Facility (13	(100)			/Custo			g, VAT, or other	LF)	Removal	Repair	psc	los
r acinty (1	3)		Staff?			miscellan	eous)		l a	5	Encapsulate	l e
		Yes	No	N/A	CONTRACTOR OF THE PARTY OF THE	CIDINIC	<del>,                                     </del>	2356 SQ. FT.	X	$\vdash$	1 0	
EXTERIOR (HOUSE	& GARAGE)	_	X	-	TRANSITE	SIDING		2550 SQ. F1.	+^	-	-	_
				-				<del> </del>	+	1-	-	-
								<del> </del>	+	+	-	$\vdash$
					N IDED West		Cubic Yards of	Name of Registered L	andfill			
Name of Registered Was	ste Hauler				NJDEP Waste Hauler ID No.		Waste	Name of Registered L	anum			
TIMETED TRUCKIN	C				Contraction of the Contraction o		The second second	GROWS				
TIMSTER TRUCKIN	<del>u</del>				21079		5 YD.					_
City, State							Disposal Date	City, State				
WEST CREEK, NJ						12.	6/23/2014	MORRISVILLE, PA				
Completed By Title						-/1	ri 27-Mar	( a. a.	Date			
DAVID D'ANDREA PRESIDENT						1 Jan	vil A. N	Cendres	7/1/2	2014		

ASB-41

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



DOLAND	Date of Notification (1)			1200		Name	of Building	Owner/Operator (2	2)	* 1200 m	4 /55				
Agendas Notified	The state of the s					Dou	glas & C	aroline Joyce						#361	3
DOLIND	Agencies Notified Type	Notific	cation			Street	Address		201	0000					
DHSS	⊠ EPA ⊠ In	itial				767	Golf View	w Road			100	17:12	01		
DCA						City, S	tate, Zip C	ode			h   1   1   1	10	•		
Date   Date			_				- 100 July - 500 July			& LIVE	13011	4 🕶			
Caroline Joyce   FACILITY INFORMATION				cluding	+					Telephone N	Numbe	г			-
Residential Property															
Residential Property		aricella				- 100	<u> </u>					100			
School (K-12)   Street Address   Stree						FAC	ILITY IN	FORMATION	T						
Street Address		nent is	Taking	Place	(3)										
Other (i.e., private and commercial buildings, homes, etc.)   Square Feet   Spoular	Residential Property										K-12)				
Square Feet   Square Square	Street Address								Other (i.e., pr	ivate and con	nmerci	al bui	lding	5,	
Moorestown	767 Golf View Road								homes, etc.)					-0.4	
Surflington	City (5)						10		Square Feet	# of Floors	3	Bld	g. Ag	е	
Burlington   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Asbestos and Mold Services, Corp.	Moorestown								5500	3		7	0		
Burlington   Residential	County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being de	molishe	ed)			1,1000
Name of Monitoring Firm Hired by Building Owner (8)									Residential						
Street Address Street Address Street Address 385 Sylon Boulevard City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Dave or Steve Flanigan Stat Date (10) T / 16		by Bu	ildina C	)wner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Street Address	in the state of th	J, D.	nung c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 100111		CONTRACTOR CONTRACTOR CONTRACTOR		s. Corp.					
City, State, Zip Code									a mora del vide	о, оогр.					
City, State, Zip Code Thorofare, NJ 08086 Thorofare, NJ 08086 Troject Manager for Monitoring Firm Dave or Steve Flanigan  Start Date (10) 7									Poulovard						
Thorofare, NJ 08086  Project Manager for Monitoring Firm Dave or Steve Flanigan  Scheduled Completion Date (11) T / 16 / 14 T / 23 / 14  Scheduled Completion Date (11) T / 16 / 14 T / 23 / 14  Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM  Scope of Work (Check all that apply) Scope of Work (Ch					W-04-1-										
Telephone No.   S56-848-8800   S69-702-0400   S69-702-0400   S65-848-8000   S69-702-0400   S6															
Dave or Steve Flanigan   S56-848-0800   609-702-0400   00862									NJ 08036	-1					
Start Date (10)  7	F	Firm				Kananan					0.				
To   16   14   To   23   14   EMSL Analytical, Inc.	Dave or Steve Flanigan				85	56-848	-0800			00862					
Street Address   Street Address   Street Address   200 U.S. Route 130 North	Start Date (10)		Sched	luled C	omple	tion Da	te (11)	Name of OSHA N	Monitor						
Security Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM   City, State, Zip Code   Cinnaminson, NJ 08077	7 /16 /14	_		7 /	23	3_/_	14	EMSL Analyt	tical, Inc.						
Security Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM   City, State, Zip Code   Cinnaminson, NJ 08077	Occupancy Status During Abat	ement	(Check	c only	one)			Street Address							0307
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/AM	Page 1985 - 1985 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 -					ment		200 U.S. Rou	ite 130 North						
Time of Abatement:AMPMPMAM	[ [ - 17] [ [ 12]	0.000					cribe	City State Zip C	ode				- 10/000-		
Scope of Work (Check all that apply)    State    Time of Abatement:	AM	P	VI/	PM-		AM									
Saf or ≥3 if   Saf or ≥260 if   Second   Seco	Coope of Work (Chook all that	annly)						Ommaninison	11, 110 00077						
33 sf or ≥3 if	Scope of Work (Check all that a	appiy)						☐ Full Con	tainment with Neg	ative Pressu	re				
Non-Exempted (*) and Non-Friable Procedure   Asbestos-Containing Material (ACM)   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A								Mini-End	closure	ii.					
Secretarion of Asbestos-Containing Material (ACM)   Secondarion of Normally   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A      Basement   Secondarion of Asbestos Containing Material (ACM)   Secrity of Asbestos Containing Material (ACM)   Secrity of Asbestos Containing Material (ACM)   Secrity of Asbestos Containing Material (ACM)   Secrity	≥160 sf or ≥260 lf			☐ De	emolitio	on				n-Eriable Pro	cedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Basement    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Discription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation (i.e., thermal systems insulation (i.e., thermal systems insulation (i.e., thermal				1.			T	☐ NOII-EX	empled ( ) and No	II-I Hable F 10	cedure		-t	nt T	100
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Basement    Season   I anation of							Description	of							
IN Facility (13)   Yes   No   N/A   Service   No   N/A   Service   Service   No   N/A   Service   Servic		ial (AC	(M)				Asbe	[17] PH [18] PH [18] PH [18] PH [18]	560	Amoun	t	Rer	Rep	Enc	inc
Yes   No   N/A	TO BE ABATED		,					., thermal systems	insulation,			No.	ai.	aps	losi
Yes   No   N/A				Cus						SF or LI	-)	<u> </u>		ula	ē
Basement  Pipe Insulation  340 LF  Pipe Insulation  Standard  Pipe Insulation  Pi	(13)			Yes	T		1	Other miscelland	cous)					æ	ļ.
Name of Registered Waste Hauler Freehold Cartage, Inc.    Name of Registered Landfill   Signature   Signature     Name of Registered Landfill   GROWS Landfill     City, State     Freehold, NJ     Completed By (Print or Type)     Kimberly A. Trumbetti     City   Signature     Cubic Yards of     Waste     Signature     Signature     City, State     Morrisville, PA 19067     Completed By (Print or Type)     Completed By (Print o		-			1		Disco La			240   5			П	П	
Name of Registered Waste Hauler Freehold Cartage, Inc.  City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  NJDEP Waste Hauler ID No. 02265  Disposal Date 7/24/14  Signature  Signature  Signature  Date	Basement			Ш	ш		Pipe in	sulation		340 LI			ш	ш	Ц
Name of Registered Waste Hauler Freehold Cartage, Inc.  City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  NJDEP Waste Hauler ID No. 02265  Disposal Date 7/24/14  Signature  Signature  Office Coordinator  Cubic Yards of Waste GROWS Landfill GROWS Landfill  City, State Morrisville, PA 19067															
Name of Registered Waste Hauler Freehold Cartage, Inc.  City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  NJDEP Waste Hauler ID No. 02265  Disposal Date 7/24/14  Signature  Signature  Office Coordinator  Cubic Yards of Waste GROWS Landfill GROWS Landfill  City, State Morrisville, PA 19067			2111000		П				14			П	П	П	П
Name of Registered Waste Hauler Freehold Cartage, Inc.  City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  NJDEP Waste Hauler ID No. 02265  Disposal Date 7/24/14  Signature  Cubic Yards of Waste GROWS Landfill  City, State  Title Signature  Date  Office Coordinator				-	1		-								=
Freehold Cartage, Inc.  City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  Disposal Date Title Office Coordinator  Hauler ID No. 02265  Disposal Date T/24/14  Morrisville, PA 19067  Signature  Date U-30-14												Ш		Ш	Ш
City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  City, State  Disposal Date 7/24/14  Morrisville, PA 19067  Signature  Signature  Date  U.30-14	Name of Registered Waste Ha	uler			1000				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I				
City, State Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  Disposal Date 7/24/14  Morrisville, PA 19067  Date  Date  Office Coordinator	Freehold Cartage, Inc.								GROWS L	andfill					
Freehold, NJ  Completed By (Print or Type) Kimberly A. Trumbetti  ASB-41  Title Office Coordinator  Title Office Coordinator	City, State		200			0220			City, State						
Completed By (Print or Type)  Kimberly A. Trumbetti  ASB-41  Title  Office Coordinator  Date  U:30-14	The Salar Course Section							L		, PA 19067					
Kimberly A. Trumbetti Office Coordinator	SUBSOCIATION DESCRIPTION OF		T:41						$\sim$			<u> </u>			
ASB-41			1		_			Signature	11				11 . 1	4	
ASB-41				тісе	Coor	uinato	r a		V/		1	10	V-1		
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**JAN 13** 

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



Date of Notification (1) Name of Building Owner/Operator (2) 14 30 Division of Property Management & Construction 06 Type Notification Agencies Notified Street Address **⊠** EPA Initial 33 West State Street **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH Trenton, NJ 08608 ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Rick Ferrera **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 39 Weber Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sayreville County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ALL PRO MANAGEMENT LLC Tiger Environmental, Inc. Street Address Street Address 16 West Elizabeth Avenue 27 Outwater Lane City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Helen Schwoerer 908-862-4301 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 01 / 14 07 / 31 / 14 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Renovation ☐ Mini-Enclosure □ Demolition ≥160 sf or >260 If ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate 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? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Exterior Foundation M Vapor Barrier/Tar Sealant 1,150 SF  $\boxtimes$ П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste **IESI Landfill Newark Carting** 04509 As Needed City, State City, State Disposal Date TBD Bethlehem, PA Newark, NJ Completed By (Print or Type) Title Signature Allen Monchik act Manager ASR-41

\* L n use this form for asbestos licensure exempted activities.

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





Date of Notification (1)	14			100000000000000000000000000000000000000		g Owner/Operator (: Property Manage	ment & Const	ruction 리キ こしょう ド	) is 1	1 °v		
Agencies Notified Type Not  ☑ EPA ☑ Initial	ification			0 399800	Address West Sta	te Street	L	SIT COL O 1				
☑ DOLWD ☐ Amen				City, S	State, Zip C	Code	are where the	& LICEN.	SIMO			
DOH Amen	dment #_			Tre	nton, NJ	08608		& LIULII.	0114C	1		
	ation)	Guain	3	Name	of Contac	t		Telephone Numb	per		200	
☐ Cance	100			Ric	k Ferrera	1						
·	/ <u>51</u>		1.5	FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility	(4)			1357	
Residential House							School (K-12	)				
Street Address								(Other than K-12)		ildino	IS.	
67 Weber Avenue						- 16	homes, etc.)		J. G. G.			
City (5)	-						Square Feet	# of Floors	Blo	dg. A	ge	
Sayreville												
County (6)				Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex												
Name of Monitoring Firm Hired by E	Building C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Tiger Environmental, Inc.						ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address						
16 West Elizabeth Avenue						27 Outwater	Lane					
City, State, Zip Code					723	City, State, Zip Co	ode					
Linden, NJ 07036						Garfield, NJ	07026					
Project Manager for Monitoring Firm	ı		Tele	phone	No.	Telephone No.		License No.				
Helen Schwoerer			90	08-862	-4301	973-928-4888		1188				
Start Date (10) 07 / 01 / 14	100000000000000000000000000000000000000		COUNTY OF STREET	tion Da		Name of OSHA M	lonitor NAGEMENT L	LC				
Occupancy Status During Abatemer						Street Address						-
☑ Facility Closed/Vacated During E	ntire Pe	riod of	Abate		025	27 Outwater	Lane					
☐ Abatement Performed Outside o Time of Abatement:AM						City, State, Zip Co						
A second to the						Garfield, NJ	0/026					
Scope of Work (Check all that apply	)					☐ Full Conf	ainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovati emolitic			☐ Mini-Enc ☐ <b>Gloveba</b>	losure g Procedure	n-Friable Procedur	Φ.			
	-	19	Locat	ion	1	NOTELAC	inpled ( ) and 140	11-1 Hable 1 Tocedul	_	atem	ont T	vno.
Location of			Norma	lly		Description of	f		-			
Asbestos-Containing Material (A	CM)		ed Sole aintena			stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		1127000	todial		(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	8VO	=	psu	l so
(13)			(12)	т	-	other miscellane		11	-		late	9
		Yes	No	N/A						_	_	_
Exterior Foundation				Ø	Chimne	ey Black Flashin	g	6 SF	$\boxtimes$			Ш
									П	П	П	П
***************************************				100000			-		+=			
										Ш	Ш	
Name of Registered Waste Hauler			100	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis					
Newark Carting				04509		As Needed	IESI Landf	iii				
City, State					2.009	Disposal Date	City, State	84796				
Newark, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Type)	Title	9				Signatura	11	Da	te [		f	
Allen Monchik	Р	rojec	t Man	ager		Lo(0)	Monl		id	30	11/2	1
ASB-41 JAN 13		Do no	tuse th	nis form	for ashes	tos licensure exemp	oted activities		, (		1	

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



Date of Notification (1)  06 / 30	/ 14	ı				g Owner/Operator (: Property Manage		truction		r		
Agencies Notified Type	Notification				t Address		F- 3-	14 CHIZ -3 FE	i j •	1		
⊠ EPA				500,000,00	55788 NO 10750	ite Street			T	: O4		
	nended			1000	State, Zip (			& LICENSI	HT!			
	nendment#	10000			enton, NJ			& LIGERAL	NO			
	nergency (in	ncludin	g	19.0000	of Contac			Telephone Numb	or			_
	ncellation)			No. are one of	k Ferrer	520		relephone Numb	eı			
						NFORMATION						-
Name of Facility Where Abatem	ent is Takin	g Place	e (3)	- 1 ~	CILITI	ALOKIMATION.	Type of Facility	(4)	-		1	).180±.c=
Residential House	oricio raidi	9 1 140	3 (0)				School (K-12					
Street Address							☐ Subchapter 8	8 (Other than K-12)				
68 Weber Avenue							Other (i.e., p homes, etc.)	rivate and commerc	ial bu	ilding	s,	
City (5)	_						Square Feet	# of Floors	RI	dg. A	ne en	_
Sayreville							Oquale 1 cct	# 01 1 10013	0.0	<b>49.</b> / N	go	
County (6)		-		Cour	nty Code (	7)(STATE USE ONLY)	Current Use /Pr	ior if being demolish	(her	-		
Middlesex				000	ny oodo (	MOTATE GOE GNET	Guirent God (i i	ioi ii buing dumonoi	icu)			
Name of Monitoring Firm Hired I	v Building	Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)					_
Tiger Environmental, Inc		0111101	(0)	7100III	110.	그 보다 하시겠다면 그 아니라 없어 없다면 되었다.	NAGEMENT L					
Street Address						Street Address	INTACEMENT E	.LO		-		_
16 West Elizabeth Avenu	9					27 Outwater	lane					
City, State, Zip Code	-					City, State, Zip Co					16	
Linden, NJ 07036	74					Garfield, NJ						
Project Manager for Monitoring	irm		Tele	ephone	No	Telephone No.	0.020	License No.				
Helen Schwoerer			14	08-862		973-928-4888		1188				
Start Date (10)	Sche	duled (	- 7		ate (11)	Name of OSHA M		1	10			_
_07 / 01 / 14	1,000				14		NAGEMENT L	LC				
Occupancy Status During Abate	ment (Ched	k only	one)			Street Address						
☑ Facility Closed/Vacated During				ment		27 Outwater	Lane					
☐ Abatement Performed Outside						City, State, Zip Co	ode			7		
Time of Abatement:A	MP	M/	PM		_AM	Garfield, NJ						
Scope of Work (Check all that a	ply)											
П > 0 - f > 0 К							tainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	17		enovat <b>emoliti</b>			☐ Mini-Enc	osure Procedure					
						Non-Exe	mpted (*) and No	n-Friable Procedure	9			
S 10 Mg	D-0042011- 04000	535	s Loca			MS-011 1 022-840 0			Ab	atem	ent T	ype
Location of Asbestos-Containing Materia	L (ACM)		Norma ed Sol		Ache	Description o estos Containing Ma		Amount	Re	R	m	m
TO BE ABATED	(ACIVI)	Ma	aintena	ance/		e., thermal systems		(Specify	Remova	Repair	Cap	Clos
IN Facility		Cus	(12)	Staff?		surfacing, VAT		SF or LF)	Va.		Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)				6	
Interior			П	×	Drywal	11		1,264 SF	×		×	
Interior					Door C		_	42 LF				
Exterior				×		w Caulk		73 LF		П		
Exterior		-					a mate	650 SF				
			Щ,	NJDEP		Barrier/Tar Seala Cubic Yards of	Name of Regis			ш	ш	
Name of Registered Waste Hau	er ,		1 020	Hauler I		Waste	IESI Landf					
Newark Carting				04509	9	As Needed						
City, State						Disposal Date	City, State	. DA				
Newark, NJ						TBD	Bethlehem	**************************************				
Completed By (Print or Type)	Titl					signature	1/1	n Dat	e e	1	, ,	L.
Allen Monchik	F	Projec	t Man	ager		( the	- Non	4	43	20	11	1
ASB-41 JAN 13		Do no	t use t	his form	for ashes	stos licensure exemp	oted activities					

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



Date of Notification (1)							Owner/Operator (2	Table 1 Control Control 1		20.000			
	30 /	14			Divi	sion of F	Property Manage	ment & Const	ruction3 Fit	: *:	T.		
Agencies Notified	Type Notifi	cation				Address							
					33 V	West Sta	te Street		1.7	rad	1		
The state of the s	☐ Amende				City, S	tate, Zip C	Code		& LILEMOIN	3	21		= 1
☑ DOH	Amendr				Tre	nton, NJ	08608		<b>~</b> 2		-		
	Emerge justifica		cluding			of Contac			Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancell				Contention	k Ferrera			- Copilotte Hamb	<b>.</b>			
	cancon	40011							<u> </u>				
Name of Facility Where Ab	atamant in	Takina	Dlago	/2\	FAC	JILIIY IN	IFORMATION	Type of Facility	(4)				
Residential House	atementis	raking	Place	(3)				Type of Facility ( ☐ School (K-12					
									(Other than K-12)				
Street Address								Other (i.e., pr	ivate and commerc	ial bu	ilding	s,	
70 Weber Avenue								homes, etc.)		15.		rat Tex	
City (5)								Square Feet	# of Floors	Bio	dg. Aq	ge	
Sayreville													
County (6)					Coun	ity Code (7	()(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Middlesex											5-6/		
Name of Monitoring Firm F	fired by Bu	ilding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Tiger Environmental	, Inc.						ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
16 West Elizabeth Av	venue						27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Linden, NJ 07036							Garfield, NJ	07026					
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.	303-1-10	F-25		-
Helen Schwoerer				90	8-862	-4301	973-928-4888		1188				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
_07_ / _01_ /	14	_ 0	7 /	31	/	14	ALL PRO MA	NAGEMENT LI	LC				
Occupancy Status During	Abatement	(Check	conly c	ne)			Street Address				_		
☑ Facility Closed/Vacated					ment		27 Outwater	Lane					
☐ Abatement Performed (						cribe	City, State, Zip Co						-
Time of Abatement:	AM	PN	Λ/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all t	hat apply)						33					-	
			VC-2Vb-103					ainment with Neg	gative Pressure				
<ul><li> ≥3 sf or ≥3 lf</li><li> ≥160 sf or ≥260 lf</li></ul>			☐ Re				☐ Mini-End	losure g Procedure					
2 ≥ 100 SI OI ≥200 II				HOME	<i>y</i> s :		☑ Non-Exe	mpted (*) and No	n-Friable Procedure	е			
			140000	Locat						Ab	atem	ent T	уре
Location o				Norma			Description of		•	Z	20	m	ш
Asbestos-Containing M TO BE ABAT		M)	170000000	intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	CB	nolo
IN Facility			Cus		Staff?	(1.0	surfacing, VAT	, or	SF or LF)	Va.	-	Encapsulate	Enclosure
(13)				(12)	N.1/A	1	other miscellane	ous)				ate	
			Yes	No	N/A				Accepted the Company of the		_	_	-
Interior					×	Drywal	l		4,990 SF		Ш	×	
Exterior						Chimne	ey Black Flashin	g	6 SF	M			
,			П				70.0						
										Ī	П	П	
Name of Registered Waste	Louis		Ш		JDEP \	Masta	Cubic Yards of	Name of Regis	tered Landfill			ш	T_
E 176 v	auler			1.75%	lauler II		Waste	IESI Landf					
Newark Carting					04509		As Needed						
City, State							Disposal Date	City, State	200				
Newark, NJ							TBD	Bethlehem	ı, PA				
Completed By (Print or Typ	oe)	Title	)				Signature	11	Dat	te r		1	
Allen Monchik		P	roject	Man	ager		I all.	Mout	1	1 -		111	4
ACR 41			- 386					- V/ V	-	Sto	<u>.</u> -	4 4	

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



Date of Notification (1)	0 /14	<u> </u>				Owner/Operator (2 Property Manage	ment & Constr		-					
⊠ EPA ⊠ DOLWD	pe Notification Initial Amended			33 V	Address <b>Vest Sta</b> t tate, Zip C	te Street	2314 33	LICENSING						
(NJAC 5:23-8)	Amendment #  I Emergency (in justification)  Cancellation		8	Name	of Contact		Telephone Number							
	Cancellation			, and								-		
			(0)	FAC	ILITY IN	FORMATION	Type of Facility (	4)				-		
Name of Facility Where Aba Residential House	tement is Takin	ig Place	(3)	School (K-12) Subchapter 8 (Other than K-12)										
Street Address 101 Weber Avenue				Other (i.e., private and commercial behomes, etc.)										
City (5)							Square Feet	# of Floors	Bio	lg. Ag	je			
Sayreville				,										
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)					
Middlesex			il Describes											
Name of Monitoring Firm Hir	ed by Building	Owner (	8)	ASCM I	No.	Name of Abateme								
Tiger Environmental,	Inc.					ALL PRO MA	NAGEMENT LI	LC						
Street Address						Street Address								
16 West Elizabeth Ave	enue					27 Outwater	Lane							
City, State, Zip Code			- 100	City, State, Zip Code										
Linden, NJ 07036						Garfield, NJ	07026							
Project Manager for Monitor	ing Firm	-	Tele	phone I	No.	Telephone No.		License No.						
Helen Schwoerer			90	8-862	-4301	973-928-4888		1188						
Start Date (10)	duled C	omple	tion Da	te (11)	Name of OSHA M	Ionitor								
07/01/	14	07 /	31	/	14	ALL PRO MA	NAGEMENT LI	LC						
Occupancy Status During Al	batement (Che	ck only o	ne)			Street Address								
☑ Facility Closed/Vacated [				ment		27 Outwater	Lane							
Abatement Performed Of Time of Abatement:	utside of Norma	al Facility	y Hour											
Scope of Work (Check all th	at apply)						Jesus							
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		☐ Re				☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure n-Friable Procedure	Э					
			Locat						Ab	atem	ent T	ype		
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Use Ma	Norma ed Sole intena todial (12)	ely by ince/		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Interior					Drywal	l .		4,390 SF			M			
Interior			П	Ø	Wall A	dhesive		6 SF	×					
Concrete Floors Kitche	n & Halls				Vapor	Barrier		108 SF	×					
Bathroom				Ø	VAT &	Mastic		28 SF	×		×			
Name of Registered Waste Newark Carting	Hauler		1 1/52	JDEP V lauler II 04509	D No.	Cubic Yards of Waste As Needed	Name of Regis							
City, State Newark, NJ						Disposal Date TBD	City, State Bethlehem	n, PA						
Completed By (Print or Type Allen Monchik	t Man	ager		Signature	Monc	Da	te 3	6	11	-				

ASB-41 JAN 13

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

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET for 101 Weber

					Abatement Type								
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Maint	rmally Used Solely by tenance/Cust		Is Location Normally Used Solely by Maintenance/Cust odial Staff (12)		ormally Used Description of Asbestos- Solely by (ACM) (i.e. thermal sy intenance/Cust surfacing, VAT, or oth		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i r	Encapsul	E n c l o s u r e
	Yes	No	N/A										
Exterior			Х	Window Caulk	28 LF	Х							
Exterior Roof			Х	Chimney Black Flashing	60 SF	Х							
Exterior Foundation			Х	Vapor Barrier Tar Sealant	900 SF	Х							
-													
					<u> </u>				- 1				
	-	-	-				-						
	$\vdash$	-	-		<del>                                     </del>	-							
	-	-	-		_	-							
	-	-	-		-	-	-						
	-	-	-			-							
		_	_										
		_											
					1								
	-				<u> </u>	<b>—</b>							
	-	_	_										
		-	-		<del>                                     </del>								
	-	-	-		-	-							
	-	-	-		-	-							
				L									

Completed by: Allen Monchik	Title: Project Manager	Signature:	1 10 30 14
	-	M	

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



Date of Notification (1)  06 / 3	30 /	14				g Owner/Operator (2 Property Manage	5 <b>5</b>	ruction	to discount			
Agencies Notified T	ype Notific	ation			Address			٢ د- الله	rt I:			
1 - T	ype Notilica <b>√ Initial</b>	auon				te Street				Decorate de la constantina della constantina del		
	Amende	d						1000	HTRI	1	_	
⊠ DOH	Amendm				state, Zip C			à LILENS	146			
□ DCA [5	Emergen	cy (includin	9		nton, NJ					7.2		
(NJAC 5:23-8)	justificati Cancella				of Contac k Ferrera	844		Telephone Nu	mber			
824				FAC	CILITY IN	FORMATION			11111111			
Name of Facility Where Aba	atement is	Taking Place	(3)				Type of Facility	(4)				
Residential House		J	1-7				School (K-12					
Street Address				320				8 (Other than K-				
104 Weber Avenue						*	Other (i.e., p     homes, etc.)	rivate and comm	iercial bu	ilding	s,	
							Square Feet	# of Floors	RI	dg. Ag	10	
City (5)							Square Feet	# 01 110015	DI.	ig. A	je	
Sayreville				10		TVOTATE LIGE ON VA	0 11 /D-	1	liabad\			
County (6)				Coun	ity Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olisnea)			
Middlesex												
Name of Monitoring Firm H		ding Owner	(8)	ASCM	No.	Name of Abateme						
Tiger Environmental,	inc.					ALL PRO MA	NAGEMENT L	.LC				
Street Address	treet Address					Street Address			13			
16 West Elizabeth Av	enue			27 Outwater Lane								
City, State, Zip Code												
Linden, NJ 07036						Garfield, NJ	07026					
Project Manager for Monito	ring Firm		Tele	ephone	No.	Telephone No.		License No.				
Helen Schwoerer	Helen Schwoerer					973-928-4888		1188				
Start Date (10)		Scheduled (	Comple	etion Da	te (11)	Name of OSHA M	onitor					
07/01/		1 /		ALL PRO MA	NAGEMENT L	.LC						
Occupancy Status During A			-			Street Address						
☑ Facility Closed/Vacated		함께 보다면 없는 그리는 그렇게 되었다.		mont		27 Outwater	Lane					
☐ Abatement Performed C					cribe							
Time of Abatement:						City, State, Zip Co						
Scope of Work (Check all the	nat apply)					Garnola, No	***************************************					
		_	2	4			tainment with Ne	gative Pressure				
<ul><li> ≥3 sf or ≥3 lf</li><li> ≥160 sf or ≥260 lf</li></ul>		20 <del>100 1</del> 0 100	enovat <b>emoliti</b>			☐ Mini-End	iosure g Procedure					
△ ≥ 160 SI OI ≥200 II		М	CHIONU	OII		⊠ Non-Exe	mpted (*) and No	on-Friable Proce	dure			
			s Loca	tion	T					atem	ent T	vpe
Location of			Norma	00.00		Description of	of		-			_
Asbestos-Containing Ma			ed Sol			estos Containing Ma		Amount	Removal	Repair	nce	Enclosure
TO BE ABAT	<u>ED</u>			Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	N N	=	psc	มลด
(13)			(12)	The same of the	-	other miscellane			_		Encapsulate	0
S 0		Yes	No	N/A						_	_	
Interior					Drywa	ll .		4,850 SF		Ш	×	
Exterior Foundation				×	Vapor	Barrier Tar Seala	ant	530 SF	×			
				×		*						
Name of Registered Waste	Hauler		14.00	NJDEP		Cubic Yards of	Name of Regi	stered Landfill		*H-0000*		
Newark Carting			1	Hauler II		Waste	IESI Land	fill				
City, State				04509	9	As Needed Disposal Date	City, State					
Newark, NJ						TBD	Bethleher	n. PA				
		T							Data			
Completed By (Print or Typ	e)	Title				TAV 19		$\wedge$	Date.	. 1		ě
Allen Monchik		Project Manager					Mone		613	اصر	1h	
ACR /1							V		, -		1	

ASB-41 JAN 13

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

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

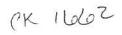


Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		winet .				
	30 / _	14	_		Divi	sion of F	Property Manage	ement & Constr	ruction					
Agencies Notified  EPA	Type Notifica	tion	- 60000			Address	te Street	2014 0	CL 0 1:					
☑ DOLWD	☐ Amended			1		tate, Zip C								
☑ DOH	Amendme	nt #						& LICENSING						
☐ DCA			uding			nton, NJ					`			
(NJAC 5:23-8)	justificatio	500				of Contact	T.		Telephone Nun	nber				
	☐ Cancellati	on				Ferrera								
					FAC	ILITY IN	IFORMATION	Type of Facility (						
Name of Facility Where A	batement is T	aking F	Place	(3)										
Residential House								☐ School (K-12 ☐ Subchapter 8		or than K 12)				
Street Address										nan K-12) I commercial buildings,				
25 MacArthur Avenu	ie e	32-17						homes, etc.)			77500			
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je		
Sayreville				V2										
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)				
Middlesex														
Name of Monitoring Firm	Hired by Build	ling Ov	wner (	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Tiger Environmenta	l, Inc.						ALL PRO MA	NAGEMENT L	LC					
Street Address							Street Address							
16 West Elizabeth A	venue					27 Outwater Lane								
City, State, Zip Code										35-5500				
Linden, NJ 07036							Garfield, NJ	07026						
Project Manager for Monit	toring Firm			Tele	phone l	No.	Telephone No.		License No.			1200012		
Helen Schwoerer				90	08-862	-4301	973-928-4888	3	1188					
Start Date (10)	Start Date (10) Scheduled Com						Name of OSHA N							
07 / 01 /	14	07	/	31	/ _	14	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address							
☑ Facility Closed/Vacate							27 Outwater	Lane						
☐ Abatement Performed Time of Abatement:	Outside of No	ormal F	-acility	Hou	s - Des	cribe	City, State, Zip C							
						AIVI	Garfield, NJ	07026						
Scope of Work (Check all	that apply)							tainment with Neg	ative Pressure					
≥3 sf or ≥3 If			Re				☐ Mini-End	closure						
≥160 sf or ≥260 lf		1	☑ De	molitie	on			g Procedure empted (*) and No	n-Eriable Proced	ure				
		Т	Is	Loca	tion		23 Horr Exc	inploa ( ) and the			atem	ent T	vpe	
Location	of			lorma			Description of	of		70000	_	1	T	
Asbestos-Containing I		1)		d Sole intens	ely by		estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABA IN Facilit					Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	OVA	=	psu	Sur.	
(13)	.,	-	-	(12)		-	other miscellane			-		late	0	
		-	Yes	No	N/A	M	Dawies Tee Saak		650 SF	$\boxtimes$				
Exterior						-	Barrier Tar Seal	ant		_	片		1	
Exterior						7	te Siding		1,820 SF				屵	
Exterior					$\boxtimes$	White		1000	20 LF		닏			
Interior						Sheetr	rock		4,000 SF		Ш	×		
Name of Registered Was	te Hauler			100	NJDEP !	J. Harrison	Cubic Yards of	Name of Regis						
Newark Carting				1	lauler II 04509		Waste As Needed	IESI Landi	ill					
City, State					0400		Disposal Date	City, State						
Newark, NJ							TBD	Bethlehen	ı, PA					
Completed By (Print or Type) Title							Signature.	100		Date ,	i	R.	700	
Allen Monchik	,			Man	ager		(0)110	- Was	1	1.10		11	P	
Allen Monchik Project Manager							- Cur	- HIMC		cot?	N	LL	L	

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



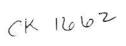
Date of Notification (1)				Name o	of Building	Owner/Operator (2	2) 8 2					.
06 / 30	14			Divis	sion of P	roperty Manage						
Agencies Notified Type No	ification	-		Street A	Address		LUIA JUL -	o til li				
⊠ EPA ☑ Initial				33 W	lest Stat	e Street						
☑ DOLWD ☐ Amer	ded			City, St	ate, Zip C	ode						-
Z 5011	dment #_	1 737		•	ton, NJ		& LIVENSING					
	gency (inco cation)	duding			of Contact		Telephone Number					
(NJAC 5:23-8) justifi ☐ Canc					Ferrera		Tolopholio Hambol					
Cario	Chation			14/14/15/05		FORMATION		L				
No. of Facility (Albarra Abataman)	ie Takina	Dlago	2)	FAC	ILITIN	FURIVIATION	Type of Facility	(4)				-
Name of Facility Where Abatement	is raking	Place	3)				School (K-12					
Residential House								(Other than K-12)				
Street Address								rivate and commerc	cial bui	dings	5,	
62 MacArthur Avenue							homes, etc.)		DIA	a Aa		
City (5)							Square Feet	# of Floors	Biu	g. Ag	E	
Sayreville					)(STATE USE ONLY)							
County (6)							Current Use (Pr	ior if being demolisl	nea)			
Middlesex												
Name of Monitoring Firm Hired by	wner (	3) /	ASCM N	<b>V</b> 0.	Name of Abateme							
Tiger Environmental, Inc.						ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address						
16 West Elizabeth Avenue						27 Outwater	Lane					
City, State, Zip Code				City, State, Zip Code								
Linden, NJ 07036						Garfield, NJ	07026					
Project Manager for Monitoring Fir	m	+	Tele	phone I	Vo.	Telephone No.		License No.				
Helen Schwoerer		90	8-862-	4301	973-928-4888	3	1188					
Start Date (10)	uled Co	mple	tion Dat	e (11)	Name of OSHA N	/lonitor						
07 / 01 / 14	0	7 /	31	_ / _	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatem	ent (Check	only o	ne)			Street Address						
□ Facility Closed/Vacated During				nent		27 Outwater	Lane					
☐ Abatement Performed Outside					cribe	City, State, Zip C	ode				-	
Time of Abatement:AM	P	Λ/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all that app	(v)											
	,						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf     □ ≥400 sf or ≥300 lf		☐ Re ☑ De				☐ Mini-End	closure or Procedure					
☐ ≥160 sf or ≥260 lf		M DC	TORUC			☑ Non-Exe	empted (*) and No	on-Friable Procedu	re			
		ls	Locat	ion					Aba	ateme	ent T	ype
Location of			lorma			Description		20 00	Z)	70	ш	III
Asbestos-Containing Material (	ACM)		d Sole intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Ca	9
TO BE ABATED IN Facility		1.0000000000000000000000000000000000000	odial		(1.0	surfacing, VAT		SF or LF)	<u>ss</u>	-	Encapsulate	Enclosure
(13)			(12)	N1/A	1	other miscellane	eous)				ate	_
		Yes	No.	N/A				0.05	<b>N</b>			
Exterior Roof					Chimn	ey Black Flashir	ng	6 SF	M	Ш	Ц	Ш
			П	ĪП					П			
				-				-	1			
			Ш			1 = 17	-1,1			Ш	Ц	
Name of Registered Waste Haule			12.77	IJDEP \ lauler II		Cubic Yards of Waste	The state of the s	istered Landfill				
Newark Carting			.   -	04509		As Needed	IESI Land	Till				
City, State						Disposal Date	City, State	0.2	-			
Newark, NJ						TBD	Bethlehei	n, PA				
Completed By (Print or Type)	Titi	e				Signature	111	Da	atę	A		
Allen Monchik	11/2/1953	roject	Man	ager		IMI	11110	\	12	1	M	
ASB-41							NY -	7	212	-	-	-



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



Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	241				
/30	14	_		Divi	Division of Property Management & Construction							
Agencies Notified Type No	ification			Street	Address	5	1.11					
⊠ EPA				33 V	Vest Stat	te Street			P 01			
☑ DOLWD ☐ Amer			İ	City, S	tate, Zip C	Code & LICENSING						
	dment #_		7	Trer	nton, NJ	08608	0	ELICENCING	4	'		
	gency (incomo	auding	ı	Name	of Contact			Telephone Number				
Canc	3			Rick	k Ferrera	1						
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility (	4)				
Residential House	30 20 32		4				School (K-12)					
Street Address								(Other than K-12)	نبطامك	Idina	•	
74 MacArthur Avenue							homes, etc.)	ivate and commerc	iai bui	iaing	5,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	
Sayreville												
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)			-
Middlesex				Joodin	ity code (i	)(OTTILE OOL OTTLI)	Current Good (i. i.	o, 20g	,			
Name of Monitoring Firm Hired by	Quilding C	harnor (	9)	ASCM	No	Name of Abateme	ent Contractor (9)					
	building C	wilei (	0)	ASCIVI	NO.	Language of Language Street	NAGEMENT LI	C				
Tiger Environmental, Inc.				Sauce			MAGENIENT LI					- 1
Street Address						Street Address	Lana					
16 West Elizabeth Avenue						27 Outwater						
City, State, Zip Code						City, State, Zip Co						
Linden, NJ 07036						Garfield, NJ	07026					
Project Manager for Monitoring Fire	n		1	phone		Telephone No.		License No.				
Helen Schwoerer				08-862		973-928-4888		1188				
Start Date (10) 07 / 01 / 14		55	tion Da		Name of OSHA M	Monitor NAGEMENT LI	LC					
						Street Address						
Occupancy Status During Abatemed  Facility Closed/Vacated During				ment		27 Outwater	l ane					
Abatement Performed Outside					cribe	City, State, Zip C						_
Time of Abatement:AM-	PI	W/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all that app	у)											
П. о. f > 0 If		Пр		ion		☑ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		☑ De	novat moliti			Gloveba						
23 _ 100 01 01 _ 200 11								n-Friable Procedur	е			
		1 3333	Loca						Ab	atem	ent T	уре
Location of			Norma	illy ely by		Description of		Amount	ZD	ZD.	ш	m m
Asbestos-Containing Material ( TO BE ABATED	ACM)		intena			estos Containing Ma e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	,,,,	surfacing, VAT	, or	SF or LF)	×a	7	lu 8	sure
(13)		\/	(12)	11	-	other miscellane	eous)				80	-
Interior Kithchen & Dining R		Yes	No	N/A	Floor T	Tile		38 SF				
Exterior Roof	JOH					Flashing Chimne	av Ve	4 SF				
		100000			Roof S		- y	120 SF				
Exterior Front Porch			E	-	+	Barrier Tar Seals	a má	350 SF				
Exterior Foundation				⊠			Name of Regis			Ш	ĻĽ.	ш
Name of Registered Waste Hauler				NJDEP I		Cubic Yards of Waste	IESI Landf					ř
Newark Carting				04509		As Needed		111				
City, State		142 7		83		Disposal Date	City, State					
Newark, NJ						TBD	Bethlehem	ı, PA			9	
Completed By (Print or Type)	Title	e	-	signature 6				Da	ite f		1	
Allen Monchik	P	rojec	t Man	ager		III	NIM		<u>. Je</u>	30	/10	1
ASB-41 JAN 13	*	Do no	t use t	his form	for asbes	stos licensure exem	pted activities.		· · · · · · · · · · · · · · · · · · ·			





Date of Notification (1)			- 377	Name	of Building	g Owner/Operator (2	2) * * * * * * * *	-2 4 12					
	14	_				Property Manage	ement & Const						
Agencies Notified Type Not	fication			Street	Address		- 1014 JUL -	<del>J                                      </del>					
☑ EPA ☑ Initial				33 \	Nest Sta	te Street							
☑ DOLWD ☐ Amen	70 F T T T T T T T T T T T T T T T T T T		1	City, S	tate, Zip (	Code		3 66 15 7 61 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-				
	dment #_				nton, NJ		& LICENSING						
DCA Emerging justified		cluding			of Contac		Telephone Number						
(NJAC 5:23-8) justific					k Ferrera	70		reseptione ruttio	Ci				
				FAC	II ITY IN	IFORMATION							
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility	(4)					
Residential House	,	,	(-)				School (K-12	5. 76					
Street Address				.=			☐ Subchapter 8	(Other than K-12)					
131 MacArthur Avenue							Other (i.e., property homes, etc.)	rivate and commerc	cial bu	buildings,			
City (5)							Square Feet	# of Floors	Ble	dg. A	ge		
Sayreville													
County (6)				Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Middlesex						••	•	_	000000- <b>3</b> 0				
Name of Monitoring Firm Hired by E	uildina C	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_	
Tiger Environmental, Inc.						10-100 TOR - 100-240 Sept. 1-10-100-100	NAGEMENT L						
Street Address						Street Address	TO COLUMNICATION OF THE PARTY O						
16 West Elizabeth Avenue						27 Outwater	lano						
City, State, Zip Code		-		_		City, State, Zip Co							
Linden, NJ 07036													
Project Manager for Monitoring Firm			Tolo	nhono	hone No. Telephone No. License No.							_	
Helen Schwoerer			1023	8-862		973-928-4888		1188					
Start Date (10)	Cohoo	lulod C	1	ve.we.		Name of OSHA M	3	1100					
Start Date (10)   Scheduled Complete   07					1050 Mil	W. 1843 (MOR)   MARKATAN AND MICHAEL MARKET   MARKATAN AND MARKATAN AN	NAGEMENT L	LC					
Occupancy Status During Abatemer	nt (Checl	k only o	one)			Street Address	1						
☑ Facility Closed/Vacated During E				ment		27 Outwater	lane						
☐ Abatement Performed Outside o					cribe	City, State, Zip Co							
Time of Abatement:AM-	PI	W/	_PM-	AM Garfield, NJ 07026									
Scope of Work (Check all that apply	)					1							
☐ >3 sf or >3 lf		ПВ	novati	on		☑ Full Cont ☐ Mini-Enc	tainment with Neg	gative Pressure					
≥160 sf or ≥260 lf			molitic			☐ Gloveba	g Procedure						
		2				Non-Exe	mpted (*) and No	n-Friable Procedure	е				
96			Locat				0.002		Ab	atem	ent T	уре	
Location of	CNA)		Norma ed Sole		Acho	Description o estos Containing Ma		Amount	Z	Z	m	ш	
Asbestos-Containing Material (A TO BE ABATED	Civi)	Ma	intena	nce/		e., thermal systems		(Specify	Removal	Repair	Car	당	
IN Facility		Cus	todial ( (12)	Staff?		surfacing, VAT	, or	SF or LF)	š	~	Encapsulate	Enclosure	
(13)		Yes	No	N/A		other miscellane	ous)				ate		
Basement & Garage					Grey C	ementitious Pan	els	990 SF	M		×		
Garage					White (	Cementitouse Mi	iddle Layer	900 SF	×		$\boxtimes$		
Exterior Foundation				×	Vapor	Barrier Tar Seala	int	970 SF					
				$\Box$									
Name of Registered Waste Hauler			N	JDEP \	Vaste Vaste	Cubic Yards of	Name of Regis	tered Landfill					
Newark Carting		8	Н	auler II		Waste	IESI Landf						
City, State				04509		As Needed Disposal Date	City, State						
Newark, NJ						TBD	Bethlehem	РΔ					
5.245300000000000000000							Loculienen	**************************************					
Completed By (Print or Type)	Title					3ignature	10	Dat	ie.		.,.		
Allen Monchik	Project Manager					- Wyl	$\sim 1$		2/3	2	14	<u> </u>	

ASB-41 JAN 13

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

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



Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	a Con C		1120000			-110000
	14	_		Divi	sion of F	ement & Constr	ruction	j: '\ -					
Agencies Notified Type No	ification			Street	Address		COLL CA-					250	
☑ EPA ☑ Initial				33 ⅓	West Stat	te Street		1401	TEA				
☑ DOLWD ☐ Amer				City, S	tate, Zip C	ode							
	dment #_			Tre	nton, NJ	08608	Œ L	ICENSI					
	gency (inc cation)	auding		Name	of Contact	Ē		Telephone	ne Number				
☐ Cano				Ricl	k Ferrera	i.		~~					
2				FAC	CILITY IN	FORMATION							
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility (	4)					
Residential House					)								
Street Address							☐ Subchapter 8 ☑ Other (i.e., pr	(Other than	K-12)	al bui	Idina	•	
143 MacArthur Avenue							homes, etc.)	ivate and co	Hilliercia	ai bui	idirig	э,	
City (5)							Square Feet	# of Floor	s	Bld	g. Ag	ge	
Sayreville													
County (6)				Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being de	emolishe	ed)		2000	
Middlesex				e e									
Name of Monitoring Firm Hired by	Building C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Tiger Environmental, Inc.						ALL PRO MA	NAGEMENT LI	_C					
Street Address						Street Address							
16 West Elizabeth Avenue	- 100 AND AND AND AND AND AND AND AND AND AND						Lane						
City, State, Zip Code			City, State, Zip Code										
Linden, NJ 07036					Garfield, NJ	07026							
Project Manager for Monitoring Fire		Tele	ephone	No.	Telephone No.		License N	Vo.			***************************************	-	
Helen Schwoerer		90	08-862	-4301	973-928-4888	ii ii	1188						
Start Date (10) Scheduled Com					te (11)	Name of OSHA M	1onitor						52.3-45
<u>07 / 01 / 14</u> <u>07 / </u>					14	ALL PRO MA	NAGEMENT LI	LC					
Occupancy Status During Abateme	nt (Check	only o	ne)		(a)	Street Address							
□ Facility Closed/Vacated During						27 Outwater	Lane						
Abatement Performed Outside						City, State, Zip Co	ode						
Time of Abatement:AM-	PI	///	_PIM	AM Garfield, NJ 07026									
Scope of Work (Check all that appl	y)					57.5.00		-" D					
☐ >3 sf or >3 lf		□Re	novat	ion		Mini-End	tainment with Neg	ative Pressi	ıre				
⊠ ≥160 sf or ≥260 lf		⊠ De				☐ Gloveba	g Procedure						
Christophia Steller					-	☑ Non-Exe	mpted (*) and No	n-Friable Pro	ocedure				
		1822	Loca			D			1	Aba		ent T	уре
Location of Asbestos-Containing Material (	ACM)			ely by	Asbe	Description of stos Containing Ma		Amour	nt	20	Repair	E	5
TO BE ABATED			intena	ance/ Staff?	(i.e	e., thermal systems	insulation,	(Speci		Removal	oair	ap	Enclosure
IN Facility (13)		Cus	(12)			surfacing, VAT other miscellane		SF or L	.F)	20		Encapsulate	F 6
(13)		Yes	No	N/A		Other miscellane	.003)					6	
Interior					Black P	Mastic	1	200 S	F	$\boxtimes$		$\boxtimes$	
Exterior Foundation					Vapor	Barrier Tar Seala	ant	700 S	F	$\boxtimes$			
		П	П	$\vdash \Box$		9							
Name of Registered Waste Hauler	1		1	NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfi	II .	0.1 - 0.001			
Newark Carting			H	Hauler II		Waste	IESI Landf	ill					
City, State				04509	1	As Needed Disposal Date	City, State						
Newark, NJ						TBD	Bethlehem	, PA					
Completed By (Print or Type)	Title					Signature	11		Date	,		ħ	
Allen Monchik	Project Manager					Ole	Non		-6	1	50	11	1