

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Owner/Operator (2		IWEL				
	12		New	Jersey T	urnpike Author	TYL U L	II till the till				_
Agencies Notified Type Notification	n			Address	1100	account.	and the same				
⊠ EPA ☐ Initial			581	Main Stre	1.1	11 301 1	0 2012				_
□ DEP □ Amended	# 2		City, St	ate, Zip Co	ode i	EN OOF	E Letter the				
☑ DCA (NJAC 5:16)☑ DHSS☑ Emergency	220		Woo	dbridge,	NJ 08863	I was a superior of the same to be a superior	·				
☐ DCA justification)			Name	of Contact		ASBESTOS C LICENS	Telephone Num	har #	ř		
(NJAC 5:23-8)	1		Mar	k Connor	s L	LUCIE	3	entions:	Ĺ		\dashv
			FAC	ILITY INF	ORMATION	De la constitución de la constit	ot bulbovetor Min	00 (26+) P 1 = + 10	ļ.		
Name of Facility Where Abatement is Tak	ing Place	(3)			- Westpace	Type of Facility (4) **********************************	and the same of the			
Bridge Structure 56.38					2 ²	School (K-12)	Other than K 13	2)			
Street Address						☐ Subchapter 8 (☐ Other (i.e., priv	rate & commerci	ial buildir	ngs,		
Ward Avenue Bridge (over the N	J Turnpi	ke)				homes, etc.)					
City (5)						Square Feet	# of Floors	1	g. Age 0+	Э	
Chesterfield						30,000			U+		
County (6)	4		Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demoli	isnea)			
Burlington		- 27-29				Roadway					
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM	No.	Name of Abateme			4			
Envirovision Consultants, Inc.			0368	1		ntbach Constru	ction Corpora	ation			- 20
Street Address					Street Address	21 (2)					
20-21 Wagaraw Road, Bldg. 34A					500 East Luz						
City, State, Zip Code					City, State, Zip Co						
Fairlawn, NJ 07410					Philadelphia,	PA 19124	Tutana Ma				_
Project Manager for Monitoring Firm		1	ephone		Telephone No.		License No.				
Guillermo M. Morales			73-636	Market Carrier	215-739-8166	Š	00646			_	
	heduled C	(0).			Name of OSHA M						
07 / _10_ / _12_	08/		5_/	12	SAME AS AE	BOVE					_
Occupancy Status During Abatement (C					Street Address						
☐ Facility Closed/Vacated During Entire	Period of	Abat	ement								
Abatement Performed Outside of Nor Time of Abatement:AM	mai Facilit _PM/ <u>7:00</u>	y Hoi PM-	rs - Des 7:00AM	scribe	City, State, Zip C	ode					
Scope of Work (Check all that apply)					☐ Full Con	tainment with Neg	ative Pressure				
☐ >3 sf or >3 lf	□ Re	enova	ition		☐ Mini-End	closure					
≥160 sf or ≥260 lf	⊠ De	emoli	tion		☐ Gloveba	ng Procedure empted (*) and Nor	-Friable Proced	lure			
	T	s Loc	ation	T	□ IVOII-EXE	simpled () and itel	T Habit I Toos		ateme	ent T	ype
Location of		Norm	ally		Description	of			-	m	
Asbestos-Containing Material (ACM)			lely by nance/	Asbe	stos Containing Ma	aterial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		stodia	I Staff?	(i.e., the	ermal systems insul VAT, or	lation, surfacing,	SF or LF)	lova	air.	psu	unso
(13)	Yes	(12 N	Ta Pagalance		other miscellane	eous)		_		late	(O)
					o Duct Dica		2,400 LF		П	П	
Under Bridge Structure		×		Transit	te Duct Pipe		2,400 E	_			
22											
*.1	🗆				(t)		1.4		Ш.	Ш	Ш
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regis					
Freehold Cartage, Inc.			Hauler 1593		Waste 40 cv	GROWS N	orth Landfill				
City, State		1 (1)	1000	1.10	Disposal Date	City, State	Control of	Land			
Freehold, NJ					08/15/12	Morrisville	, PA				
Completed By (Print or Type)	Title			171717	Signature			Date			
Charles F. Imbimbo	Projec	t Ma	nager		Charle	es of Inch	tembo	7-6	-12	<u>-</u>	

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

0 101 115 11 115					1					C 34300 TU (F. P.S.)	#6545 (f) 563	estale.	(See 1)		
Date of Notification (1) 5 /	17 /	12			1,000,000,000			ner/Operator (rsity-Office	2) of Design and C	Constructio	nE	n	Section 1	* *	
Agencies Notified EPA	Type Notifica				7,000,000	t Address D Elm Dr.				Special del Sull	A CONTRACTOR OF THE PERSON OF		Transfer of the control of the contr	The state of the s	
□ DOLWD					City,	State, Zip	Code	3		1 2 2018			/-	2 1	
□ DHSS	Amendm	ACCOUNTS OF THE PARTY OF				nceton, I			11 4 300		ì		-	100	
DCA	☐ Emergen justificati	cy (inc	luding	}		of Contac			- Landaument	Telephone N	umber		- H	2 / K	
(NJAC 5:23-8)	Cancellat							Per Silver	ASBES	l'élabilione l'a	ujiibei		A-FORE	*	
	Cancella	lion			Ro	bert Orte	ga	75	-		***		100	3	
N			5 1	(0)	FA	CILITY IN	NFOF	RMATION						ij	
Name of Facility Where A				(3)					Type of Facility (4 ☐ School (K-12)			uu e i	englessense ^{ns}		
Street Address									Subchapter 8						
Washington Rd									Other (i.e., priv homes, etc.)	vate and com	mercial	Du	ilaing	js,	
City (5)	(2)		7(6)		0 8			31 0	Square Feet	# of Floors		Blo	ig. A	ge	
Princeton	90														
County (6)		=			Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Prio	r if being dem	nolished	i)			
MERCER									Library						
Name of Monitoring Firm	Hired by Build	ding Ov	wner ((8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)						
ATC Associates Inc	c.						E	BRISTOL EN	VIRONMENTAL	, INC.					
Street Address							Stre	eet Address						300000	53-7-1
Three Terri Center							1	123 BEAVE	R STREET						
City, State, Zip Code							City	y, State, Zip Co	ode						
Burlington, NJ 080					-11-00-00-0		В	BRISTOL, PA	19007		Fr= 10				
Project Manager for Mon	itoring Firm			Те	lephone	No.	Tel	ephone No.		License No	•22				
Michael Keehn					609-386		2	15-788-6040		00509					
Start Date (10) 6 / 8 /	90/00 CO-0	Schedu 7			letion Da 20 /		10.0000000	me of OSHA M BRISTOL EN	fonitor VIRONMENTAL	. INC.	FE 10.			312000 V	
Occupancy Status During		Check	-0/8	2				eet Address		The sales		_			
☐ Facility Closed/Vacate	-				ement			123 BEAVE	DETPET	1100 1000					
☐ Abatement Performed						scribe	13					_			
Time of Abatement: _								/, State, Zip Co SRISTOL, PA							
Scope of Work (Check al	I that apply)		3- 1-PS					M Full Cont	tainment with Nega	ativo Prossuro	¥(c				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De					☐ Mini-End		OB 525					
			ls	Loc	ation							Aba	atem	ent T	ype
Location	37.00			Norm				Description of			-				· -
Asbestos-Containing		1)			lely by			Containing Ma		Amount		Removal	Repair	nca	Enclosure
TO BE ABA					I Staff?	(1.6		rmal systems surfacing, VAT		(Specify SF or LF)		OVA	¥	psu	nso
(13)	,			(12	2)			ner miscellane		Or Or Ery		_		Encapsulate	ਰਿ
			Yes	No	-	-		11.				_	_	_	_
West Fan Room						Pipe In	sulat	tion and fitti	ngs	575 LF		XI.		Ц	Ш
West Fan Room		- 1	\boxtimes			Valve F	Packi	ing		60 SF		3			
West Fan Room						Pipe Sa	addle	es		30 Ea	0	X			
West Corridor A leve	ı	7				Floor ti	ile ar	nd mastic	10 mm 1 m	160 SF	0	\triangleleft			
Name of Registered Was	te Hauler		8.60	- 1	NJDEP		LO DESTRUCTION OF THE PARTY OF	oic Yards of	Name of Registe	ered Landfill					77
SERVICE TRANSPO	ORT GROUP	INC			Hauler I 1870		Was	ste	G.R.O.W.S.	NORTH LA	NDFIL	L			÷
City, State					.010	20.4	Disp	posal Date	City, State					-	
NEW CASTLE, DE					10.00				MORRISVIL	LE, PA 190	67				
Completed By (Print or Ty	ype)	Title						Signature			Date			-	
Brian Scafiro	**************************************		timat	or		**		Bai	Scolina	1.1		16	1/2	1	
			1967/11960000					Man	xuferi ,	17	_ / /	1	10		

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BS12057

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

Pg. 2

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

Date of Notification (1) 5 /	17 /	12		Name Prin	of Building ceton U	g Owner/Operator (2 niversity-Office	of Design and	Construction	E		7	
Agencies Notified	Type Notification	on		Street	Address		Person	The same of the sa	1.203 ************************************			
⊠ EPA	⊠ Initial			200	Elm Dr.			rie i a com	- 4			
☑ DOLWD ☑ DHSS	Amended Amendmen	+ #5_7/9/1	2	City, S	tate, Zip C	Code	ten seen si	nr 13 03				
⊠ DHSS	☐ Emergency	-	_	Prin	ceton, N	IJ 08544	The same of the sa		1			
(NJAC 5:23-8)	justification			Name	of Contact	t	ı Aä	Telephone Numb	er-			
	☐ Cancellation	n		Rob	ert Orte	ga	Les announcements and the second	The Street Lab (Mary 18 - 1984) days		The second secon		
				FAC	CILITY IN	FORMATION		A. Series Series				
Name of Facility Where			(3)				Type of Facility			210	1,27	
Princeton Universi	ty-Firestone L	ibrary	- 11				School (K-12) 3 (Other than K-12)				
Street Address						77	Other (i.e., pr	rivate and commerc	ial bu	ilding	s,	
Washington Rd						- V.	homes, etc.)		T =:			
City (5)							Square Feet	# of Floors	Blo	ig. A	ge	
Princeton								<u> </u>				
County (6) MERCER	2/	20		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			- 77.5		
ATC Associates In						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					- AND AND	Street Address			-			
Three Terri Center						1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 080	16					BRISTOL, PA	19007					
Project Manager for Mon			Tele	phone	No.	Telephone No.		License No.		-	17.0	
Michael Keehn	g			09-386		215-788-6040)	00509				
Start Date (10)	Isc	heduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor			0250		
6_ / _8_ /		7 /				BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	g Abatement (Ch	neck only	one)			Street Address			-			
☐ Facility Closed/Vacat	N (N. 17 (2012) - 18 (177):					1123 BEAVE	R STREET	i i				2000
Abatement Performed						City, State, Zip C	ode					
Time of Abatement:		JPM/ <u>11:0</u>	UPIVI-	^	M	BRISTOL, PA	19007					
Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ll that apply)	⊠ Re	enovat emoliti			☐ Mini-End	g Procedure	gative Pressure on-Friable Procedur	e			
		15	Loca	tion	T					atem	ent T	ype
Locatior Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED	Use Ma	inten	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
,,,,,		Yes	No	N/A								
West Fan Room					Mastic	Coating on Inte	rior of Duct	13,200 SF				
									\boxtimes			
									\boxtimes			
Name of Registered War		INC		NJDEP Hauler II	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill S. NORTH LAND	FILL			
City, State NEW CASTLE, DE						Disposal Date	City, State MORRISV	ILLE, PA 19067	S 40		Ali-	
Completed By (Print or 1 Brian Scafiro	ype)	Title Estima	tor			Signature Drian	Scelin) il Da	'7/	9/1	2	
100 11							7/	9				

ASB-41 A < 1.1 (1.5.7

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

Pg 1 Ch# 23/6

Date of Notification (1)				Nan	ne of Buildi	ing Owner/Operator	(2)	active term of the			-	
5 / 1	7 / 1	2				University-Office		Construction				
	ype Notificatio	n		Stre	et Address	1	LE WE		A			
	Amended			City	State, Zip	111	7 7 8 8 8 8 8 8 8	7 7012 H	Ш			
⊠ DHSS	Amendment					NJ 08544	W JUL 1	Z (1016- 11				
DCA (NJAC 5:23-8)	Emergency (justification)	includii	ng		ne of Conta		1	Tolonhaus No				
	Cancellation				bert Ort		ASBESTOS LICE	Telephone Nui	mber			
				F	ACILITY I	NFORMATION	erioria de la companiona de la companion		orac Producedo			
Name of Facility Where Aba			e (3)				Type of Facility (:	-
Princeton University-	Firestone Lil	orary				# 35 C	School (K-12)					
Street Address							Subchapter 8	(Other than K-1	2)			
Washington Rd							Other (i.e., pri	vate and comm	ercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	B	ldg. A	lne.	
Princeton								0.1 10010		iug. /	ige	
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)		- 1	
MERCER					•		Library	or in being demo	iisi icu)			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCA	I No.	Name of Abatem					-	
ATC Associates Inc.						1	VIRONMENTAL	INC				
Street Address			_			Street Address	THE	, 110.			÷	
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C						¥0
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitori	ng Firm		Te	lephone	No.	Telephone No.		License No.	-			
Michael Keehn					6-8800	215-788-6040)	00509				
Start Date (10)	Sche	duled (Comp	letion D	ate (11)	Name of OSHA M	lonitor	1 00000				
6 / 8 / 1					_12		VIRONMENTAL	, INC.				
Occupancy Status During Ab	atement (Chec	k only	one)			Street Address			-			
☐ Facility Closed/Vacated D	uring Entire Pe	eriod of	Abat	ement		1123 BEAVE	RSTREET					
☐ Abatement Performed Ou	tside of Norma	I Facilit	у Но	urs - De	scribe	City, State, Zip Co						
Time of Abatement:	_AM- <u>3:00</u> PM	11:00	PM	A	M	BRISTOL, PA						
Scope of Work (Check all tha	t apply)					1						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Enc			IFA.			
		Is	Loca	ation	П		1	1 11200 1 100000		atem	ont T	1/00
Location of			Norm			Description of	F		_	_	_	
Asbestos-Containing Mate		1 30000		lely by ance/		stos Containing Mai		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	<u> </u>	0.000	todia	Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	lova	람	apso	uso
(13)		-	(12		-	other miscellaned		J. J. J.	-		late	6
		Yes	No	-	-				1			
West Fan Room						sulation and fittin	ngs .	575 LF	X			
West Fan Room				10	Valve P	acking		60 SF	Ø			
West Fan Room		×			Pipe Sa	ddles	= = = =	30 Ea	Ø.			
West Corridor A level						le and mastic		160 SF				
Name of Registered Waste Ha SERVICE TRANSPORT				NJDEP I Hauler II 18706	O No.	Cubic Yards of Waste	Name of Registe G.R.O.W.S.	red Landfill NORTH LAND	FILL			
City, State			1	10700		Disposal Date	City, State					
NEW CASTLE, DE					*		MORRISVILL	E, PA 19067				
Completed By (Print or Type)	Title					Signature		Da	te			
Brian Scafiro	E	stimat	or				Scalin	1:0	129	1/13	2	

Pg 2

Date of Notification (1)				Nar	ne of Buildi	ing Owner/Operator	(2)	· · · · · · · · ·	- 01		ř	_
5 / 1	7 / 1	2				University-Office		d Construction		1		
	ype Notification	1			et Address		11 111	1 1 7 6517				
The state of the s	Initial			1	00 Elm Di			4 4 6 6	1	e of		
	Amended			_	, State, Zip		1 1		<u> i</u>		N N	
☑ DHSS □ DCA □	Amendment					NJ 08544	830	ESTOS GONTRAL 8	1		j	
(NJAC 5:23-8)	Emergency (i justification)	nciuai	ng	_	ne of Conta		har some control of the state of	LiCERSANS			1	
100 000 000 000 000 000 000 000 000 000	Cancellation			1	obert Ort		and declarate the	Telephone Nu	mber	10.76		
	2005					NFORMATION				0.00	162.00	
Name of Facility Where Abat			æ (3)				Type of Facility	(4)			315	
Princeton University-F	irestone Lib	rary					School (K-1					
Street Address						**************************************		8 (Other than K-1	2)			
Washington Rd							homes, etc.	rivate and comm	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		Dida	۸۰۰	
Princeton							aquaio i cot	# 011 10015		Bldg.	Age	
County (6)			-	Co	unty Code (7)(STATE USE ONLY)	Current Use /Dr	ior if bains dome	الدحطوا			
MERCER						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Library	ioi ii beilig demoi	isneu)		
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASCI	/I No.	Name of Abateme						
ATC Associates Inc.							VIRONMENTA					
Street-Address						Street Address	VIICOMILIMIA	L, INC.		4 4		
Three Terri Center						1123 BEAVE	PSTDEET					
City, State, Zip Code						City, State, Zip Co						- 0
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitorin	g Firm		Tel	ephone	No.	Telephone No.	19007	711				
Michael Keehn	i ≡				6-8800	215-788-6040		License No.				
Start Date (10)	Sched	luled (1		ate (11)	Name of OSHA M		00509				
6 / 8 / 1:	rece Promote State Company				12		/IRONMENTAI	INC				
Occupancy Status During Aba							THO WILLIAM	_, IIVC.				
☐ Facility Closed/Vacated Du				ment		Street Address						
☐ Abatement Performed Outs	side of Normal	Facili	y Hou	rs - De	scribe	1123 BEAVER						
Time of Abatement:	_AM-3:00PM/	11:00	PM	A	M	City, State, Zip Co						- 055
Scope of Work (Check all that	apply)	-	,			BRISTOL, PA	19007					
	~PP-J/					☑ Full Conta	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novat				osure					
M 2100 31 01 2200 11		_ 0	HOILE	ж		☐ Glovebag	Procedure	n-Friable Procedu	70			
		Is	Locat	ion	T		1	· · · · · · · · · · · · · · · · · · ·				
Location of			Vorma			Description of	- 1			patem		_
Asbestos-Containing Mater TO BE ABATED		Ma	d Sole intena	nce/	Asbe	stos Containing Mat	erial (ACM)	Amount	Remova	Repair	Enc	Enclosure
IN Facility			todial		(i.e	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	VOL	ar	aps	losi
(13)			(12)	т	1	other miscellaneo		SF (I LF)	=		Encapsulate	лге
		Yes	No	N/A					-		O.	
West Fan Room					Mastic (Coating on Interi	or of Duct	13,200 SF	×			
	2				10.0	4_1	fipa		Ø			
									Ø	П	П	
						A A C					7	
lame of Registered Waste Hau	uler		N	JDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill	IM	الا	إلا	Ш
SERVICE TRANSPORT	GROUP INC		H	auler (C	No.	Waste		NORTH LAND	FILL			
ity, State		-	-1-	18706		Disposal Date	City, State	The Late of			;= ;	
NEW CASTLE, DE					3 -	- opoda Date		LE, PA 19067				
ompleted By (Print or Type)	Title	_				Cionatura	MONNIO VIL					
Brian Scafiro		timat	or			Signature	1. 1.	/ 'A Dat	e/oo	1		

Date of Notification (1) 5 / 17	_ / _ 1	2		N	ame of Bui	Iding Owner/Operate Number of the Control of the C	or (2) = ([1]			7/		_
⊠ EPA ⊠ DOLWD ⊠ A □ DHSS A	Notification nitial mended mendment a mergency (i	‡ <u>3-6/</u>	27/12	Ci	treet Addre 200 Elm I ity, State, Z	ss Dr.	Ne of Design and	2 2012	on white the same of the same			_
(NJAC 5:23-8) ju	stification)	nciua	ing		me of Con		20123928	CONTROL	1	THE PARTY OF THE P		
	ancellation				Robert O	rtega	The second	Telephone N	lumbe	r		
Name of Facility Where Abatem	ant in Table	- 50		1	FACILITY	INFORMATION	PERCENTAGE OF THE PROPERTY OF	L	- 4 - 10 - 10 - 10 -		<u> </u>	
Princeton University-Fire	estone I ih	g Pla	ce (3)				Type of Facility	(4)	Con Access	- WATE -	<u> </u>	
Street Address Washington Rd	otorie Elb	rary	_				School (K-12 Subchapter (i.e., p homes, etc.)	(Other than K	(-12) mercia	al bui	dings	,
City (5) Princeton							Square Feet	# of Floors	-	Bldg	J. Age	9
County (6)				C	ounty Code	(7)(STATE USE ONLY)	Current Hear (D.)	1,				
MERCER					•	, A OOL ONLY	Current Use (Pri	or if being dem	olishe	d)		
Name of Monitoring Firm Hired b	y Building C	wne	(8)	ASC	M No.	Name of Abatem	nent Contractor (9)					
ATC Associates Inc. Street Address							VIRONMENTAL			4		
Three Terri Center						Street Address		,				_
City, State, Zip Code						1123 BEAVE	R STREET					
Burlington, NJ 08016						City, State, Zip C				-		_
Project Manager for Monitoring Fi	rm		TTO	lonk		BRISTOL, PA	19007					
Michael Keehn				ephon	e No. 6-8800	Telephone No.		License No.			_	_
tart Date (10)	Schedu	iled C			ate (11)	215-788-6040		00509				
6/_8_/_12	7	neu c	/ citipi	enon L	12	Name of OSHA N						
ccupancy Status During Abatem	ent (Check	only	2001				VIRONMENTAL,	INC.				
Facility Closed/Vacated During	Entire Peri	od of	Ahata	ment		Street Address				_		
Abatement Performed Outside	of Normal F	acilit	v Hou	re . Do	scribe	1123 BEAVE						
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EW CASTLE, DE					1.	- oposal Date	City, State					
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Date of Notification (1) 5 / 17	/ 12			Name of Bu	uilding Owner/Ope	erator (2)			L	POLICE TO A	le de la companya de	
Agencies Notified Type N ⊠ EPA ⊠ Initis	otification	_	-	Street Addr		Office of			tion		13	
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Date of Notification (1)			Name of	Building	Owner/O	perator (2)	2 NE) -	E V		1 1		of Periopses or otherwise treasure for	
Agencies Notified Type Notification			Oucethe	101033		TSIDE I	111 111	.11)	L 1 2 2	012	An and state of the	IJ	-
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Name of Facility Where Abatement is Taking Mー 1ゃりは5アペルご、人とて	Place (3)		34				pe of Facility School (K-	12)	12				
Street Address 73.73 WESTSIDE AVE						X		er 8 (Oth private	er than K-12 & commercia) Il buil	dings	, hom	es,
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City, State Riverdale, New Jersey 07457						al Date	City, Sta Bethle		PA 18015	#1 (#1)			
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Date of Notification (1) 57/22//2		1	Name of	f Building - ブルの	Owner/0	Operator	(2)	4	E	GE	IW	16	17	11
Agencies Notified Type Notification Fig. 1. Initial Amended Amendment # Emergency (in the content of the cont		_	Street A 73 City, Sta	ddress	WES	TSIPE	Au		104	U!. 1 2 7	a.U.	2	The second secon	THE RESIDENCE OF THE PARTY OF T
DCA justification Cancellation			7.	FLOW					-	eprione Nu	inner	24		_ 1
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Oity (5) NO 271+ BERGEN				-			Squa	re Feet		Floors	E	Bldg. A		
County (6) HUBSON				Code (7) USE ONLY	,		Curre	ent Use (Pri	or if bei		ned)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	No.			of Aba	itement Cor	ntractor					
Street Address			1			Street	Addre					-		
City, State, Zip Code				-1.				ip Code k, N.J. 07	452					
Project Manager for Monitoring Firm		1	Telephor	ne No.	to 1	Teleph		0.		License N	0.	-		
Start Date (10)	Scheduled	Cor	pletion (Date (11)				HA Monitor nvironme	ntal S	ervices Ir	nc.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Only One	e) patem	ent			Street 280 I	Addres Huyle							-
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enoval emoliti				XXXX	Ful Mir Glo	I Containment- ni-Enclosure ovebag Production- n-Exempted	ent with	•			e	-
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solel Itenan	y by ice/		tos Cont thermal surfac	scription aining M systems cing, VA niscellan	aterial insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Rovic Transport		Ha	IDEP Water ID I 10785		Cubic of Was			IESI PA	A Beth	red Landfill lehern La		Cor	p.	
City, State Riverdale, New Jersey 07457	1, 50.4		4			al Date	6.0	City, State Bethleh		A 18015				
Completed by R. McDonald	lent				ignature /C-//		add (Da S	te /2	2/	12		

CK # 3846

Date of Notification (1)			Name	of Building	Owner/Operator	(2)	Particular de la companya del companya del companya de la companya	Miles and Administration of the Control	the state	Taraba Carlo
	2/2012					CO 3B	MATE	FI	W	TI.
gency Notified	Type Notification	•	Street	Address			ILKE	Britania wangering	U	15
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EPA DEP	☐ Amended		City, S	tate, Zip C	code .		7018	1 19	201	9
TOOL	Amendment#		EA	SE. 8	いろろんろう	, KJ.	1010		14-1234	
(DOH	☐ Emergency (including justification)				TO 100 CONT.		Telephone Nun	nper		
DCA	☐ Cancellation		/	4R C	000		I	LUCENSING		
			FACI	LITY INF	ORMATION		the state of the s	F-17-11-31110	Pulling page	Direction of
lame of Facility When	e Abatement is Taking Place	(3)				Type of Facility	(4)	with the same.		-Aug
	MR. COBB					School (K-12		eteriting, eye		-
treet Address						Subchapter 8	3 (Other than K-12 ivate & commerci	:) al buildings		
140 €	PRICE ST		,		٠,	homes, etc.)				
City (5)						Square Feet	# of Floors	Bldg. Ag		_
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County (6)			Count	y Code (7	(STATE USE	Current Use (P	rior if being demo	ished)		
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ame of Monitoring Fi	im Hired by Building Owner	ASC	M No.			ment Contractor (S				
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Project Manager for M	fenitoring Firm	Telepi	none No.		Telephone No.		License No.			
1.00-1/11	1					9-7444 -	00388)		
Start Date (10)	Scheduled Com)	Name of OSHA		n+61			
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☐ Facility Closed/Vac	ated During Entire Period of	Abateme	ent		City, State, Zip	-				
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DEST HEN	MONAC INC	i	1/10	09	307		THE WANTED !	- N	- ' '	_
City, State		2.			Disposal Date	City, State	LIDGIA	PA 1.	72	AZ
MACLUEN	SACK, NJ. O	160) [NEWE		Date	-	
Completed by	Title				Signature	Cowone	uQ.	7/9	1/1	2
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ASB-41	* Do not t	use this	form for a	asbestos l	icensure exempte	ed alcovines				

Date of Notification (1)			No	ame of	Building	Owner/Operator	(2)	E U E	U W	5		
7/9/2010	2			46	2.0	DE DEL	- Colle Co			- 17		200
gency Notified	Type Notification		St	reet Ac	dress			1011 1	o 2012	100		STATISTICS.
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DEP DOL	☐ Amended			T Charles		CA, SUAL	60	8		ě,		MEDITOR.
1 DOL	Amendment # D Emergency (including						. 0/07	Telephone Nu	mberiul /a	Carre		-
DOH	justification)	•	1		Contac		-	(elephone)			-	OF SERVICE
DCA .	☐ Cancellation					C GRECO		L -	seemale extreme			
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М	R. DEC GA		>_				Type of Facility School (K-12) Subchapter 8) (Other than K-1	2) .			
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County (6)	REN			MLY)) (3:11: 501		551000				
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Name of Monitoring Firm (8)	Hired by Building Owner	A		10.			emoval Ir					
		上			-	Street Address						
Street Address			٠,				ıth River	St	***			
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City, State, Zip Code						Hackens	sack , N.	J 0760	1		`	
		1 7.1	ephon	- Na		Telephone No.		License No.				
Project Manager for Mon	mad production	les	epnon	e No.			9-7444 -	0038	8			
	Scheduled Co	lotio	n Dot	(11)		Name of OSHA	Victoria (Victoria) (Victoria)					_
Start Date (10) 7/18/12	Scheduled Co	9/	1 Z	(11)			Environme	entál	٠.			
1/10/12	ng Abatement (Check only	. /			_	Street Address						_
						280 H	uyler St					000
☐ Facility Closed/Vacati	ed During Entire Period of d Outside of Normal Facili	f Abate	ment			City, State, Zip						
2 Other - Describe: 2	DU TO TO	ity i iou				Hacken:	sack, N.	J. 07606				
Scope of Work (Check a							Containment with					
☑ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf					ovation ofition	a Min	i-Enclosure vebag Procedure -Exempted (*) an					_
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			Location all					- 2		7	1700	Γ
Locati	ion of	Used	d Sole	y by	Ach	Description estos Containing l	Material (ACM)	Amour	nt	23	m	
Asbestos-Containin	NBATED		ntenat ustodi		(L	e., thermal system	ns insulation,	(Special SF or L	y E	Removal	Encapsulate	PIOTO
IN Fa	relity.	7	Staff?	20/200		surfacing, VA		SF ULL		OVA	Buin	Sino
(1	3)		(12)			Outot Harven	,				9	1
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Name of Registered Wa	aste Hauler	NJ	DEPV	Vaste I	lauler	Cubic Yards of	f Name of Reg	istered Landfill				
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BEST REMO	DIAL INC		1	710	7	307		124.40				
City, State		0 10				Disposal Date	City, State	egy, PA	17	27	2.	
City, State	and the second second		2 %			-101	a A FIALLIN	V F K -				
HACLENS	SACK. NJ. O	760	01			7/19/1	5 NEW OR	egn, 17	Date	- / 1		
HACLENS Completed by	inck. NJ. D. Title Esti	1				7/19/1 Signature	Maioro		Date	9/	12	

MO 8534491

Date of Notification (1) 07/06/12				Owner/Ope Jrban Re		Company,	ilc	EII	W_1		The second second	The second second	
Agencies Notified Type Notification			Street Ad 100 Wa	370 UNATA	on Blvd.,	Suite 2	200	113	1 15	4)1)	Cardina Control	Parkings.	and the second
EPA Initial DEP X DOL Amended Amendment #		_		e, Zip Co rd, CT (1111		n			The seculos
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding		Name of John D				i loon	Tel	ephone Nun	ber a	.codoo		
			FACIL	ITY INFO	ORMATIO	N		energy Named to the last	enhalie varianta	era Adhu	leginde		-
Name of Facility Where Abatement is Taking The Orpheum Building Street Address	Place (3)						ype of Facility School (K-	12)	er than K-12))	2"		
24 Beacon Way						E	Other (i.e.) etc.)	orivate 8	& commercia	al build	· ·		es,
City (5) Jersey City						1.00	quare Feet 50,000	22	f Floors		ldg. A 0+-	ge	
County (6) Hudson			County C	Code (7) ISE ONLY)			urrent Use (Pri acant	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			Abatement Co ark Contract			-			
Street Address	1		1			Street Ad	Idress all Drive				0.1		
City, State, Zip Code							e, Zip Code k, NJ 07461				u e		
Project Manager for Monitoring Firm			Telephor	ne No.		Telephon			License No	э.			
, ,	Schedule		npletion [Date (11)	- 1	Name of AmeriS	OSHA Monitor						
Occupancy Status During Abatement (Check	*1.*10.*10.*10.10.10.10.10.10.10.10.10.10.10.10.10.1					Street Ad	dress						
Facility Closed/Vacated During Entire Pe			nent			117 Ea	st 30th Stre	et					
Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours	3				e, Zip Code ork, NY 100	16					
Scope of Work (Check All That Apply)									2021M3201				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	THEORETT	enova emoli				×××	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
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Location of	100	orma	35.7		Desc	ription of				_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ((12)	nce/ Staff?	Asbes (i.e.	tos Contai	ining Mat ystems ir ng, VAT,	erial (ACM) sulation, or	(\$	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>			-
All Floors	Х			Windo				windows	x	_			
2nd & 19th Floors	Х				nsulatio			'5 L.F.	x			-	
17th Floor	Х			aper insu				0 S.F.	x				
throughout the building	100	X			I mastic			114	0 S.F.	x			
Name of Registered Waste Hauler Pro-Tech, LLC		F	IJDEP W fauler ID 90713		of Waste 110		Minerv		ered Landfill dfill				
City, State New Haven, CT			Disposal Date on completic				City, Sta Wayne		, OH		12.10		
Completed by Marko Stankovic	dent		7,472		nature CUA	o Hai	ille	Da 07	te '/06/1	12	55-56.61		

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Date of Notification (1) 06/22/2012		Name of Building Owner/Operator (2) BR Orpheum Urban Renewal Company, LLC														
	pe Notification			Street A	Address		d., Suit		. And the second	The state of the s	, 8111	4			The Property	
EPA DEP DOL	Initial Amended Amendmen		11 14		ate, Zip C ord, CT		2				13131	1	£.	ZU F		
DOH DCA	Emergency justification) Cancellation		'	Name o	f Contact Dolan				L	Te	lephone	Nin	nber	D/M o		9
				FACI	ILITY INF	ORMAT	ION			ma _{halib}			-Farmanna	-	-	Pilinette
Name of Facility Where Abat The Orpheum Building		g Place (3)					☐ S	f Facility	12)		23			1940 m	re legan
Street Address 24 Beacon Way								X O	ubchapte ther (i.e. .c.)	r 8 (Oth private	er than & comm	K-12 erci	2) al buil	dings	, hon	nes,
City (5) Jersey City								Square 250,0	Feet	# o 22	f Floors		0.1	3ldg. /	Age	
County (6) Hudson					Code (7) USE ONL	y)		Curren	t Use (Pr nt	ior if be	ing dem	olish	ned)			
Name of Monitoring Firm Hire Lis Consulting Services		Owner (8))	ASCN	/ No.		1000000		ement Co Contract							17
Street Address 134 Bennington Pkwy							1	Address dsall D			W					
City, State, Zip Code Franklin Park, NJ 0882	3		-31,100	-			100000000000000000000000000000000000000	tate, Zip	Code 07461						-	
Project Manager for Monitorin Kris Lis	ng Firm			Telephor	ne No. 10-6207	7	Teleph	one No. 364-20			Licens		0.	- 3-35-27		
Start Date (10) 05/08/12		Schedul 07/08/		mpletion I				of OSHA	Monitor							
Occupancy Status During Ab	atement (Chec	k Only Or	ne)			+		Address				-			_	
Facility Closed/Vacated	During Entire	Period of	Abater	ment			117 E	East 30	th Stre	et						
Abatement Performed O Other – Describe:		nal Facility	y Hour	S			100 TO 100 CO	ate, Zip York, I	Code NY 100	16						
Scope of Work (Check All Tha	at Apply)	_					120	1								
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demoli				XXXX		Containm Enclosure bag Pro Exempte	e cedure						
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Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma	intena todial (12)	nce/ Staff?		. thermal surfa	taining Ma systems cing, VAT niscellane	insulation, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Pro-Tech, LLC				Hauler ID No. of Waste 190713 100				10.75	Minerva							
City, State New Haven, CT	- Commercial		No. 2 A				sal Date mpletio		City, State Waynes		ОН					
Completed by Marko Stankovic							ent Signature					Date 06/	e /22/2	012	-	



Date of Notification (1) 7/9/12		Name of Building Owner/Operator (2) Robert Glyn / Residence											
Agencies Notified	Type Notification Initial			Street Add 1604 S	dress West A	ve	di Antonio		WL 12	2012	S. Charmen	atraction of the state of the s	
× EPA × DEP × DOL	Amended Amendment				e, Zip Coo Haven N	te NJ 08008		l. AS	DESTAN CART		1000	CHARLES OF THE CHARLES	
DOH DCA	Emergency (justification) Cancellation	including	1	Name of 0 Robert					Telenhone	lumber	Telephone	enemal.	
		DI (0)		FACIL	ITY INFO	RMATION	T Time	of Facility (4)		n = nanaa			
Name of Facility Where A Robert Glyn / Resident Address		g Place (3)						School (K-12		(-12)		-1000	2
1604 S West Ave							×	Other (i.e. prietc.)	ivate & comme	ercial buil			es,
City (5) Beach Haven NJ 0	8008				-		100		# of Floors 2	3	lldg. A	ge	
County (6) Ocean				County C (STATE U	ode (7) SE ONLY)		Hou		r if being demo	olished)	e Book		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		ne of Aba rnaco I	atement Cont nc	ractor (9)		11		.ca
Street Address	and the second second			1		4	et Addre		7	7	77		
City, State, Zip Code		54 1.3						Zip Code Iin NJ 0809	91				
Project Manager for Mor	nitoring Firm		\neg	Telephon	e No.		ephone N 6-753-9		Licens				
Start Date (10) 7/23/12		Schedule		npletion D	ate (11)		ne of OS ernaco I	HA Monitor					
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)			Stre	eet Addre	ess			2.3		
Abatement Perform	cated During Entire ned Outside of Norm	Period of A	Abaten Hours	nent s		City		Zip Code					
Other – Describe:						- W	est Ber	lin NJ 080	91				
Scope of Work (Check A	All That Apply)	part					П.			_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		beautiful 1	enova emolit				M G	ini-Enclosure lovebag Proc				-0	
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Asbestos-Containing TO BE AF In Fac (13)	g Material (ACM) BATED ility	Ma	intena todial (12)	nce/		tos Containir thermal syst surfacing, other misce	ng Materia ems insu VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior	Extend diality					LATERIOR	Olding		1000 01	-	1		-
		-			-						+	-	-
											-		
Name of Registered Wa	aste Hauler			NJDEP W		Cubic Yard	ds	Name of	Registered Lar	ndfill	74 St 16	FR	
United Containers			Hauler ID No. of Waste 3					G.R.O.\					
City, State Elm NJ			Disposal Date 7/27/12				ate	City, State Morrisv	ille PA 1906	37			L.X
Completed by Anthony T Perna		ident			Signa	ture			Date 7/9/12				

MO# 20142485201 NOTIFICATION OF ASBES

### A11 Prospect Avenue City (5) County (6) Square Feet	ERET	W E	l P	7	9
Type Notification	I W E I	A E	3		1
March Mar			- 61	-	
DHSS	.111 1 9	2012		JJ	
Control Cancellation Cancellat	.1111 12	CUIL	bom	2	
Name of Contact J.Gorga			1	2000	
Cancellation J.Gorga FACILITY INFORMATION	ASSESTED CON	TROL &	and a		
Street Address Square Feet	Telephone I	Number			
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 411 Prospect A venue City (5) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State Zip Code City State Zip Code Fair Lawn, NJ 07410 City State Zip Code Fair Lawn, NJ 07410 City State Zip Code City State Zip Code Fair Lawn, NJ 07410 City State Zip Code City State Zip Code City State Zip Code Fair Lawn, NJ 07410 City State Zip Code City State Zip Code City State Zip Code Fair Lawn, NJ 07410 City State Zip Code Fair Lawn, NJ 07410 City State Zip Code Transite Siding Trans	Tennery Tennery	To Bourg Loads			
Private home Street Address 4.11 Prospect Avenue City (5) Oradell, NJ 07649 County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) O7 / 17 / 12 O7 / 23 / 12 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 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Abatement Performed Outside of Normal Facility Scale Solely by Scale Solely by Non-Exempted (*) and Normally Used Solely by Non-Exempted (*) and Non-Exempted (*) and Normally Used Solely by Non-Exempted (*) and Normally Used Solely by Non-Exempted (*) and Non-Exempted (*) and Normally Used Solely by Non-Exempted (*) and Normally Used Solely by Soletons Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT. or other miscellaneous) Abatemater Address School Used Normally Used Soletons Containing Material				1000	
Street Address 411 Prospect A venue City (5) County (6) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State,				- 1/2	
At 11 Prospect Avenue Other (i.e., nomes, at 200 SF County (5)	-12)				
City (5) Cradell, NJ 07649 County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) 07 / 17 / 12 Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM- PM PM AM Renovation Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Telephone No. Street Address S76 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 Telephone No. 973-638-1777 Telephone No. 973-638-1777 Street Address 20-21 Wagaraw Road, Bldg. # City, State, Zip Code Fair Lawn, NJ 07410 PM AM PM AM PM AM PM AM PM ABABESTOS-Containing Material (ACM) TO BE ABATED IN Facility (13) To BE ABATED IN Facility (13) Transite Siding	er 8 (Other than K	(-1 2)	F . 11 . 15		
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Owner Owner Ver	0	7/07/20	12		



Date of Notification (1) 7/1/12					Owner/Op			t Authorit	E C	E		V	E		The same of
Agencies Notified Type Notification			Street A	•				M	- Company				April 10 and 10		
EPA Initial Amended Amendment				ate, Zip C on N.J. (144	JU		2 2	012	Charles of Control		MCONTRIBUTION
DOH justification) DCA Cancellation)	Name o	f Contact /lock				on on the same of	STele	phone	Num	ber			and the same of th
			FACI	ILITY INF	ORMATIO	N			Andrews	m i.e.	Aug. T.		,	BALESTA	-
Name of Facility Where Abatement is Takin V.F.W.	g Place ((3)						of Facility (School (K-1	2)	- 10				5-21-0-7. 	-
Street Address 161 Ramsey Ave							×	Subchapter Other (i.e. p etc.)	8 (Othe rivate 8	er than comm	K-12) ercia	l buil	dings	hom	es,
City (5) Keansburg N.J.07734								re Feet	# of 2	Floors			3ldg. <i>A</i> 35+	\ge	
County (6) Monmouth				Code (7) USE ONLY				nt Use (Pri		ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building Hatch Mott Mac Donald	Owner (8)	0014					tement Cor erprises		(9)		10		ja ja	
Street Address 27 Bleeker St	1 2				1		Addres Beers	s Street	ii						
City, State, Zip Code Millburn N.J. 07401								p Code I.J. 0773	5				3.10-2		
Project Manager for Monitoring Firm Kevin Herrighty	7		Telepho 973-91	ne No. 12-2480			none No 739 12			Licens 0109					
Start Date (10) 6/2/12	Schedu 7/30/1		mpletion	Date (11)		Name N/A	of OSH	IA Monitor							
Occupancy Status During Abatement (Chec	k Only O	ne) .				Street	Addres	ss							
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:						City, S	itate, Zi	p Code	1/2	,					-
Scope of Work (Check All That Apply)											-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Indian which	Renov Demol					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure					e	
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Location of		Norma			Desc	ription	of				. }		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	(12)	ance/ Staff?	Asbes (i.e	stos Contai thermal s surfacir other mis	ystems	s insula T, or	(ACM) tion,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-			
On concrete slap of entrance	X	X			V.C.			- 1	0 SF	-	X	-			
Around perintinter of foundation		X	X		Expans	sion .	Joint	- 1	5	0 If	-	x			
		X	X								-	X			
Name of Registered Waste Hauler	Time	X	X	lanta	I Cubin V			Now C	Danist.	- 1 1 -		x		- *-	
Horizon Disposal services inc.		- 1	NJDEP Waste Hauler ID No. 22612 Cubic V of Was					Name of F				1010 141			
City, State 235 Gibbs Avenue Trenton, N.J. 08	611	7	Disposal Dat 7/26/12					City, State Morrisvi							. (4)
Completed by Scott Rubin	ect Ma	anager		Sig	nature					Date 7/10		2		1	

Nock

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

Date of Notification (1		Name	e of Buildir	ng Owner/Operato	r (2) akehurst Nav	al Basell. 1	2 20	112	00000	j		
Agencies Notified	5/24/12 Type Notificatio	n		Stree	et Address		Route 54	7	OMTD	ni &		
DEP DEP	Amended Amendment	#1_	_	City,	State, Zip (akehurst, NJ	LICEN	1.00	e progression	Ngline	
M DOH □ DCA	☐ Emergency (justification) ☐ Cancellation		g	Name	e of Contac		Electricismos (Control of Control	Telephone Nun	nber			الماليين
				FA		ORMATION			-			
Name of Facility Whe	re Abatement is Taki	ng Place	e (3)				Type of Facilit	y (4)				-1.55
	Lakehurs			ase			School (K-	12) r 8 (Other than K-1	2)			
Street Address	Ro	ute 54	7				Other (i.e., homes, etc	private & commerce.)	cial bu	*****		
City (5)	La	kehurs	st				Square Feet 400,000	# of Floors	_ _		Age 80	
County (6)	Ocean				inty Code (ONLY)	7) (STATE	Current Use (F	Prior if being demo naval base				
Name of Monitoring Fi		Owner	T	ASCM	l No.		ment Contractor (
(8)	MECS					-	vens Environ	mental Service	es, I	nc.		_
Street Address	P.O. Box 3	41				Street Address		Box 322				
City, State, Zip Code	Crosswick, NJ	08515	;			City, State, Zip C		vn, NJ 08501				
Project Manager for M	Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
	Weisgarber Jr.		-		8-4070		59-9688		0049	3		
Start Date (10)	Sch	eduled C			ate (11)	Name of OSHA		1ECS				
6/6/12 Occupancy Status Du	uring Abatement (Ch		7/31/ one)	12		Street Address		iles				
☐ Facility Closed/Vac	cated During Entire F	eriod of	Abate				P.O.	Box 341				
☐ Abatement Perform ☑ Other - Describe:			ty Hou	rs		City, State, Zip C		ck, NJ 08515				50
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	k all that apply)		enovat emolitic			☐ Mini-En ☑ Gloveba	ag Procedure	egative Pressure on-Friable Procedu	ıre			
	74		_ocatio							Abate Tyj		
Locatio Asbestos-Containing TO BE AB IN Faci (13)	g Material (ACM) ATED ility	Mair Cr	Solel ntenan ustodia Staff? (12)	ce/		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					_		ю	
Hanger #5 - various areas						VAT		960 SF	×			_
Hanger #5 - v	arious areas		×			pipe insulat	ion	990 LF	×		-	
									\vdash			
					Vaste	Cubic Yards	Name of Reg	istered Landfill	-	لـــا		
Carnevale Disposal				lauler ID 172	297	of Waste 30 CU		R.R.F., Inc. L	and	ĭll		
City, State Hamilton, NJ 08610						Disposal Date 7/31/12 /	City, State	Tullytown,	PA			17
Completed By Mahlon E. S	Titl	е	oject	Man	nager	Signature	1-/-	Date	6/29)/12		
Iviamon E. S	OJUUI	ivial	iugoi	-1///						_		

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.

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1/10-1				(Pursuant to N.			IKIT	property and the second	The state of the s		4
Date of Notification (1)					Name of Build	ling Owner/	Operator (2)	1111 1	2 2012		
7-9-12							七例				
Agencies Notified	T	Notification '	Туре		Street Addres		1 5	A-k	CONTROL &		
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() DCA					Name of Cont	act		Tel. Nu	mher		
					Name of Cont	PALL	imbo	L	_		
Name of Facility Where Abatem	cont is To	king Place /	2/	FACILITY IN	FORMATION Type of Facilit	ty (4)					
			<u> </u>		School (K-	12)					
Franklin 3- Street Address	Hoch				() Subchapte () Other (i.e.			as home	e etc		
Name of the Control o			_			•					
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			County C (State Us		Bldg. Age	125					
Summit U.	Nich	2	Totale 03	ie Omy)	Current Use (prior if being	g demolished)				
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM N	<u>o.</u>			Name of Co	ntractor (<u>9)</u>		
K+A ENvironm	E-To	١					15+A	ENUI	runner	TALLO	hot best
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City, State, Zip Code	(10)A.			City State, Zir	Code					
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Project Manager for Monitoring		Telephone Nu	ımber	1	License	Number					
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MIKE KANI Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH				7,0	`	
7-23-12		7-27	And the manufacture of the same				1				
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(Facility Closed/Vacated Dur	ring Entire	e Period of A	batement			-	0 -				
() Abatement Performed Outs	ide of No	rmal Facility	Hours -		⊋υ La City, State, Zi	n Code	KODO				
Describe Removal of	ASPE	-10- F1	cc-Til	e in Libra	City, State, 21	p Code					
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Other - Describe					mohn	TUN	i A	19	540		
Source of Work (Check all that	apply)		63								
() Demolition (Renovation	on										
(Large Proj. (>160 SF or >26							roj. (<25 SF or	<10 LF A	ACM)		
Location of Asbestos-		ssure () tion Normally	Mini-Enclo	Description of	ovebag Procedu ACM (i.e.		(Specify SF or	·LF)	Abatement	Туре	
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Name of Reg. Waste Hauler	1	NJDEP Wa	ste Hauler	ID#	Cubic Yards	of Waste		Name o	of Reg. Land	dfill	
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	Completed by (Print or Type) Title						0 0		2000		
2			404		7 1	11	Y ~ Y	1 /	7 3	17	

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00



NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notified Type Notification Initial EPA Initial Type Notification Initial EPA Initi									CHECK#21909	pay tent o		a199	
Agencies Notified Type Notification Initial EPA Initial Type Notification Initial EPA Initi	Date of Notification (1)					Name of Build	ding Owne	er/Operator (2)	0 0 0 0 0	-			
Agencies Notified Type Notification Carp FA Carp						OCEAN TW	P. BD. C	F EDUCATIO	NGEIWE	17	1		
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☐ DEP ☐ Amended Amendment # 1 ☐ City, State, Zip Code ☐ DAL ☐ Emergency (including institication) ☐ Cancellation ☐ Data ☐ DAL						163 Monmo	uth Road	1117					
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CAFETERIA & STAIRWELL STOREFRONT Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste GROWS City, State HIGHTSTOWN Completed By DAVID D'ANDREA TES NO NAM TRANSITE PANELS 180 S.F. X NAM Cubic Yards of Waste Waste Cubic Yards of Waste Ubsposal Date 7/16/2012 MORRISVILLE, PA Date 7/19/2012		ABATED In							LF)	l B	epa	psu	losi
CAFETERIA & STAIRWELL STOREFRONT Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste GROWS City, State HIGHTSTOWN Completed By DAVID D'ANDREA TES NO NAM TRANSITE PANELS 180 S.F. X NAM Cubic Yards of Waste Waste Cubic Yards of Waste Ubsposal Date 7/16/2012 MORRISVILLE, PA Date 7/19/2012	Facility (13)						miscellane	eous)		<u>a</u>	=	late	Jre .
Name of Registered Waste Hauler Name of Registered Waste Hauler LUCAS DISPOSAL City, State HIGHTSTOWN Completed By DAVID D'ANDREA NJDEP Waste Hauler ID No. 22384. Cubic Yards of Waste Waste Cubic Yards of Waste Waste Carpos Page 1 City, State Disposal Date 7/16/2012 MORRISVILLE, PA Date 7/19/2012			res		INA	TOANGETE	DANIEL	\$	180 S F	X	1	+-	-
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Hauler ID No. Waste LUCAS DISPOSAL City, State HIGHTSTOWN Completed By David D'ANDREA Hauler ID No. Waste CROWS City, State Disposal Date 7/16/2012 MORRISVILLE, PA Date 7/9/2012	STOREFRONT		-		-					+	1	100	
Hauler ID No. Waste LUCAS DISPOSAL City, State HIGHTSTOWN Completed By David D'ANDREA Hauler ID No. Waste CROWS City, State Disposal Date 7/16/2012 MORRISVILLE, PA Date 7/9/2012			-		-					+-	+-	 	
Hauler ID No. Waste LUCAS DISPOSAL City, State HIGHTSTOWN Completed By David D'ANDREA Hauler ID No. Waste CROWS City, State Disposal Date 7/16/2012 MORRISVILLE, PA Date 7/9/2012			1			N IDEP Waste		Cubic Yards of	Name of Registered La	andfill			1
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City, State HIGHTSTOWN Completed By DAVID D'ANDREA Disposal Date 7/16/2012 MORRISVILLE, PA Date 7/9/2012	LUCAS DISPOSAL					22384		1	GROWS				
HIGHTSTOWN Completed By DAVID D'ANDREA Title PRESIDENT Title Signature Title Signature Title						1-2-01		Disposal Date	City, State				
Completed By DAVID D'ANDREA Title Signature Date 7/9/2012													
DAVID D'ANDREA PRESIDENT Lavel J. Lindea 7/9/2012			Title		77		Signatur		,				
DAVID D'ANDREA	Completed by					Maria 1984 - 1987	1/20	ms) 1 C	Vindea	7/9/	2012	1 7 2.00	
	ASB-41		TRES	IDEN	1		1 Acar	g-A					

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

1POF

Date of Notification (1)	44 /	40					ner/Operator (/ 15			1
		12		VIR	TUA HE	ALII	H MARLTON	171 [11					
Agencies Notified ⊠ EPA	Type Notifica ☑ Initial	tion		100000000000000000000000000000000000000	Address W. STOW	/ RO	AD	144 0	UL 12 20	12 1	IJ	and the second	
□ DOLWD	☐ Amended				State, Zip C			1 house		- 1	-	1	
☑ DHSS	Amendme	and the second s			RLTON,		18053	1 ASD	ESTOS CONTROL	8		4	
☑ DCA	⊠ Emergend		3		of Contac		00000	L	Telephone Nu				
(NJAC 5:23-8)	justificatio				TRICK A.		RDANO	STATE AND A	Telephone 140	mber		1	
			<u> </u>				RMATION	Control of the second	The same of the same too too	Qarmen.	energia.		
Name of Facility Where A	hatament is T	akina Place	(2)	ГА	SILIT IN	irur	RIVIATION	Type of Facility (4)				
VIRTUA HEALTH M			: (3)					☐ School (K-12)	40\			
Street Address - 90 BRICK ROAD		48					-	Subchapter 8 Other (i.e., pr homes, etc.)			uilding	js,	
City (5)	32							Square Feet	# of Floors	В	dg. A	ge	
EVESHAM TOWNS	HIP, NJ							>50,000	5		40		
County (6)				Cour	nty Code (7	')(STA	TE USE ONLY)	Current Use (Pri	or if being demo	olished)			0.050
BURLINGTON								HOSPITAL					
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
VERTEX	2 22					D	ELTA/BJDS	, INC					
Street Address					1 1 1	Stre	eet Address						
1102 BALTIMORE F	PIKE SUITE	107				1	345 INDUST	RIAL BLVD					
City, State, Zip Code						City	, State, Zip Co	ode					
GLEN MILLS, PA 19	342					S	OUTHAMPT	ON, PA 18966	i i				
Project Manager for Moni	toring Firm		Te	lephone	No.	Tele	ephone No.	50 A.II.Po 3	License No.				
DON HEIM				310 558			15 322-2900		00783		100		
Start Date (10)	The second secon	cheduled C				100000000000000000000000000000000000000	me of OSHA N	lonitor					
//				80 /	12_		HS						
Occupancy Status During	Approximately and the second of the second o	on and a supplemental property				100000000000000000000000000000000000000	eet Address						
☐ Facility Closed/Vacate					- 7			ATE COURT S	UITE E				
☐ Abatement Performed Time of Abatement: 7			y Hou -6AN		cribe		, State, Zip Co						
Scope of Work (Check all			\	e 1 -	3340	IV	IICKLETON,	NJ 08056					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re					☐ Mini-Enc ☐ Glovebag	g Procedure		· ·			
		le le	Loca	ation			M Mou-Exe	mpted (*) and Nor	1-Friable Proced				
Location	of		Norm		637		Description o	ıf		-	_	ent T	· ·
Asbestos-Containing		Use	ed So	lely by			Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABA				ance/ I Staff?	(i.e		rmal systems surfacing, VAT,		(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
(13)	.y		(12				ner miscellane		SF OI LF)	=		ulat	6
		Yes	No	N/A			8000					O	
GROUND FL. RADIOI	OGY SUITE		\boxtimes		FLOOR	TILI	E AND MAS	TIC	1,600 SF				
							2,4,10						
H					WE TO	-				П		П	
						-					H		
Name of Registered Was	to Hauler			NJDEP \	Nacto	Cub	oic Yards of	Name of Regist	torod Landfill	ᆜᆜ	ഥ	Ш	ш
SERVICE TRANSPO				Hauler II 20990	O No.	Was		MINERVA L			105 1_12		
City, State	Victoria del	September 1	0		Shirts and	Disp	posal Date	City, State	7.5		7.	E-12/4	38
58 PYLES LANE, N	EW CASTLE	, DE 1972	0	ind ada				WAYNESBURG, OH 44688					
Completed By (Print or Ty	/pe)	Title				Signature Date							
DAMIAN LAVELLE		PROJE	CT I	MGR.		44	Darry	in La	//2	7/1	1:)-	

State of New Jersey MENT

(3 g	NOTIFICATION OF ASBESTOS ABATEM
7/1	(Pursuant to NJAC 8:60 and 5:16)

101				(Pt	ırsuar	nt to NJA	AC 8:	60 and 5:1	6) DEC	BIW	ß	F	10		
Date of Notification (1)					Name of Building Owner/Operator (2) VIRTUA HEALTH MARLTON HOSPITAL										
Agencies Notified	Type Notifica	ation	ion Street Address						10 10	. 1 2 2012	- 1	Tomas of the last	7		
⊠ EPA	☑ Initial							AD			į.				
⊠ DOLWD	Amended		City, State, Zip Cod						ASBES	TOS CONTROL	C.		***************************************		
☑ DHSS	The state of the s	ndment #						i tionsolog continus a							
(NJAC 5:23-8)	X DCA						ct		Check the St	Telephone Nu	mber	Call-one	and the last		
Cancellation					PATRICK A. GIORDANO				V 25 (13-2) 12-10-1				لايونون	Sales .	
					FA	CILITY IN	NFOR	MATION							
Name of Facility Where	Abatement is T	aking Pla	ace (3)					Type of Facility (4	4)	-				
VIRTUA HEALTH N	ARLTON H	OSPITA	L						School (K-12)						
Street Address				-			☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)								
90 BRICK ROAD															
City (5)								-	Square Feet	# of Floors	Т	Blo	lg. A	ae	
EVESHAM TOWNS	HIP, NJ								>50,000 5 40				J		
						unty Code (7)(STATE USE ONLY)			Current Use (Price	or if being demo	lished	1)			
BURLINGTON									HOSPITAL	59					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	ASCM	No.	Nam	ne of Abatem	ent Contractor (9)						
VERTEX					DELTA/BJDS				S, INC						
Street Address		- , 1	7.7				Stre	et Address							
1102 BALTIMORE I	PIKE SUITE	107					13	345 INDUST	TRIAL BLVD						
City, State, Zip Code							City, State, Zip Code								
GLEN MILLS, PA 1	9342						SOUTHAMPTON, PA 18966								
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No. License No.								
DON HEIM 610 558						-8902 215 322-2900)	00783					
Start Date (10) Scheduled Completion Date (1						te (11)									
<u>07</u> / <u>25</u> / <u>12</u> <u>09</u> / <u>30</u> / <u>12</u>							EHS								
Occupancy Status During	g Abatement (0	Check on	ly or	ne)			Street Address								
☐ Facility Closed/Vacate							411 SOUTHGATE COURT SUITE E								
☐ Abatement Performed						cribe	City, State, Zip Code								
Time of Abatement: 7	AMPN	/i/	M- <u>E</u>	AM			M	ICKLETON	, NJ 08056						
Scope of Work (Check al	Il that apply)					100000000000000000000000000000000000000						-			
≥3 sf or ≥3 lf		M	Ron	ovat	ion				tainment with Nega	ative Pressure					
□ ≥3 sf or ≥3 lf ☒ Renova ☒ ≥160 sf or ≥260 lf ☐ Demoli					ion Gloveba				g Procedure			1			
		Water and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			⊠ Non-Exe	empted (*) and Non	-Friable Proced	lure				
			2-20	oca orma								Aba		ent T	уре
LUCATION O					ely by	Ashe		Description of	aterial (ACM)	Amount	1	D O	Repair	En	ᄧ
TO BE ABATED Maint							e., ther	mal systems	insulation.	(Specify	1 3	00	pair	Encapsulate	Enclosure
IN Facility				(12)	Staff?			urfacing, VAT er miscellane		SF or LF)		Repair		sula	ure
(13)		Ye	T	No	N/A		Out	er miscellane	eous)					ite	
CARDIOLOGY/CATH	I AD DUACE		-			ļ					1	7		П	
	LAD PHASI		-			FI 00F	. TIL F	AND MAG	TIO	0.450	-				
HALLWAY			-				TILE AND MASTIC			2,150		4			
CARDIOLOGY/CATH LAB PHASE3			-	\boxtimes				AND MAS	TIC	1,800	12		Ц	Ц	빋
	15.00						i de la compa								
Name of Registered Waste Hauler NJDEP Waste						1.0000000000000000000000000000000000000	ic Yards of	Name of Regist							
SERVICE TRANSPORT GRP. Hauler ID N. 20990						Was	ie	MINERVA L	ANDFILL						
City, State						Disp	osal Date	City, State				00.000			
58 PYLES LANE, N	EW CASTLE	, DE 19	720				1		WAYNESBU	JRG, OH 446	88				
Completed By (Print or T	ype)	Title	e .				1	Signature	jedine -	/ [Date	-		,	
DAMIAN LAVELLE	S207 301	PROJECT MGR.						Dan	niarL	quello	7		11-	-15	/

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) / 11 /	12				ng Owner/Operator (OPERTY GROUP	11111		A devia			The Part of the Control of the Contr			
Agencies Notified Type Notific ☐ Initial	cation	32	100000000000000000000000000000000000000	et Address		ENTED CUIT		7/11/1			-			
☑ DOLWD ☐ Amende	ed			City, State, Zip Code ASBESTUS CONTROL &										
□ DHSS Amendr	nent #			KING OF PRUSSIA PA 19406										
□ DCA		ing		Name of Contact Telephone Number										
Cancella		LAN W.		A comp	receptione real	Hocken								
	-				NFORMATION			V-TO-BOOK		1.00	and the			
Name of Facility Where Abatement is	Taking Pla	ce (3)		CILITI	NFORMATION	Type of Facility	(4)							
QUAKER BRIDGE MALL		School (K-12												
Street Address						Subchapter	8 (Other than K-1							
150 QUAKER BRIDGE MALL I	ROAD					homes, etc.)	rivate and commo	ercial bu	uilding	js,				
City (5)		***		30 10 10		Square Feet	# of Floors	ВІ	dg. A	ge	-			
LAWRENCE TOWNSHIP, NJ						>50,000	2		50	•				
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)						
MERCER						MALL								
Name of Monitoring Firm Hired by Bui	Iding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-			
VERTEX					DELTA/BJDS	, INC								
Street Address					Street Address									
1102 BALTIMORE PIKE SUITE	107				1345 INDUSTRIAL BLVD									
City, State, Zip Code					City, State, Zip Code									
GLEN MILLS, PA 19342					SOUTHAMPTON, PA 18966									
Project Manager for Monitoring Firm		T	elephone		Telephone No. License No.									
DON HEIM			610 558		215 322-2900									
1	Scheduled													
07 /13 /12			30 /	12	EHS									
Occupancy Status During Abatement	N				Street Address									
☐ Facility Closed/Vacated During Ent☐ Abatement Performed Outside of N				cariba		ATE COURT S	UITE E							
Time of Abatement: 7AMP				scribe	City, State, Zip Code MICKLETON, NJ 08056									
Scope of Work (Check all that apply)		-	V					ALC:						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renov Demol			☐ Mini-Enc	g Procedure	gative Pressure in-Friable Proced	ure						
			cation					Abatement Type						
Location of Norm Asbestos-Containing Material (ACM) Used So TO BE ABATED Mainter					Description o			Z	Z,	ш	ш			
					estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure			
IN Facility	al Staff? 2)		surfacing, VAT,	, or	SF or LF)	val	~	Sul	Sure					
(13)	Ye		lo N/A		other miscellane	ous)				ate				
TENNANT SPACE				TILE M	ASTIC		30 SF							
TENNANT SPACE				PANEL	ING MASTIC	1 72724	35 SF							
				History.		1-10-11								
						×								
Name of Registered Waste Hauler				Waste	Cubic Yards of	Name of Regis	tered Landfill							
SERVICE TRANSPORT GRP.				D No.	Waste	MINERVA	LANDFILL							
City, State				0	Disposal Date	City, State								
58 PYLES LANE, NEW CASTLE, DE 19720						WAYNESBURG, OH 44688								
Completed By (Print or Type)	Title				Signature	1		ate						
DAMIAN LAVELLE	I contains	ECT	MGR.		Dunani (milli				1	1:	2			