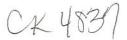
Form



Date of Notification (1) 7/13/16			ame of Building olgate Palmo		r (2)		JUL 1.	4 201	16		7
Agencies Notified Type Notificat  EPA Initial	ion		reet Address 09 River Roa	d			SEEST OS C	ONTE	iūL	1	
DEP Amende Amende	ent #		ty, State, Zip Co iscataway, N				- LIJEN	H.vQ			
DOH justificati		-	ame of Contact ruce Russell				Telephone Nu	umber			
			FACILITY INFO	DRMATION						-	
Name of Facility Where Abatement is Ta Colgate Palmolive	aking Place (3)					of Facility (4 School (K-1)	1.2				
Street Address 909 River Road					×		8 (Other than K- rivate & commerc		dings,	home	es,
City (5) Piscataway					Squa 800	re Feet ,000	# of Floors	1 2	ildg. A	ge	
County (6) Middlesex			ounty Code (7) TATE USE ONLY	)			or if being demolis	shed)			
Name of Monitoring Firm Hired by Build Accredited Environmental Tech			ASCM No.			atement Con es, LLC	tractor (9)				
Street Address 28 N. Pennell Road			T.		t Addre W. Li		nway, Suite 50	00			
City, State, Zip Code Media, PA 19063						Zip Code 19341					
Project Manager for Monitoring Firm Eric Houseknecht		100,000	elephone No. 10-891-0114		hone N -872-8		License 01161	No.			
Start Date (10) 7/23/16	Scheduled 7/23/16	Compl	letion Date (11)	Name		HA Monitor					
Occupancy Status During Abatement (C	at 0 4				t Addre	ss e 130 Nort	h				
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	lormal Facility F	Hours	ц			ip Code son, NJ 0	8077				
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molition			Mi Gl	ni-Enclosure ovebag Proc				3	
		ocation	0			III-Excilipted	( ) and Honer he	10101110	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmally Solely tenance dial Stat (12)	e/ Asbes	Description tos Containing I thermal system surfacing, VA other miscella	Materia is insul AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Hallway	Yes	No	N/A X	Elbow Incui	lation		1015			e	
Hallway			^	Elbow Insul	lation		10 LF	X			
Name of Registered Waste Hauler Freehold Cartage, Inc.		Hau	DEP Waste iler ID No.	Cubic Yards of Waste		11/2004/02/02/02/04/04	Registered Landfi				
City, State		NJD	0054126164	1 Disposal Date	;	City, State	ES Greentree	Lanut	Ш		
Freehold, NJ				TBD		Kersey,	PA				
Completed by Jack Bally	Title Sr. Pro	ject M	Manager	Signature	e K/	Ball	14000	ate 7/13/16	3		
ASB-41 (R-06-08)	I,	11		Don	ot use	this form for	asbestos licensu	re exen	npted	activi	ties.

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

				(I ONSOAN		3 0.00-7 AND 12.120	Colonia de la constitución de la colonia de		774	11 15.73		1 /
Date of Notification ( 06 / 22	1) / 16					Building Owner / Op International	erator (2)	111-15		1 0		
-00 /-22	/				Street Add			P 1			-	1 11
Agencies Notified	Type of No	otificati	ion			e 208 North	4		1111 1	A 20	16	
☑ EPA	l '' 🗆	Initial				e, Zip Code	1 4	1 1	<del>105 +</del>	4-64		****
☐ DEP	V	Amen	ded		Fairlawn, I	New Jersey, 07410						l
☑ DOH			dment #		Name of 0		i	Telephor	e-Numbe	FONT	BOL	&
☑ DOL				justification	JANET CA	ARRETERO	1	I	Lavori	.SI 1G	100	
		Cance	llation	E/	ACILITY IN	FORMATION						
				17	ACILITY IIV	PORMATION						
Name of Facility Whe Mondelez Internationa		ent is	Taking F	Place (3)		Type of Facility (4)						
						School (	7.					
Street Address							oter 8 (Other		*			
2211 Route 208	-					bldgs., h	e., private & nomes, etc.)					
City (5)	County (6)	)		County Code (	(7)	Square Feet	# Of Floor	200	Building	g Age		
Fairlawn	Bergen					1,000,000 Current Use (Prior		olichod)		40 -		
						Bakery/WAREHOUS	( <del></del>	iolistieu)		40		
Name of Monitoring	Firm Hired	by Bld	g. Owne	er (8)	ASCM NO				-			
			-									
AET						NORTHSTAR CON	TRACTING C	ROUP, IN	C			
Street Address 907 Doolittle Drive						Street Address						
City, State, Zip Code						32 Williams Parkwa	,					
Bridgewater, NJ 0880						City, State, Zip Coo					-	
Project Mngr. For Mo		irm		Telephone Nu	mber	0.0,, 0.0.0, 2						
Eric Houseknecth	70			908-218-1108		East Hanover, NJ 07	936					
Sheduled Start Date	(10)	Sched	l. Comp	letetion Date (1	1)	Telephone Number		License I	Number			
07_ //29	/16		08_ /	05/	16	070 004 0000				2000		
Occupancy Status D	urina Abat		(Chook )	Only 1)		973-884-8682 Name of OSHA Mo	nitor		0	0860		
Occupancy Status D Facility CI				ire Period of		NORTHSTAR CON		ROUP IN	С			
Abatemen			9			Street Address						
Abatemen	t Performe	d Outs	ide of N	ormal Facility								
Hours - De		200000000000000000000000000000000000000				32 Williams Parkwa						
Other - De	scribe:	FRI - 3	3:30PM -	MON - 5:00PM		City, State, Zip Coo						
Scope of Work (Chec	ck All That	Apply)	***************************************			East Hanover, NJ 07	930					
☐ Demolition	n	Г	7	Renovation	7	Full Containment v	rith Negative	Pressure				
□ >3sf or >3		L		removation	П	Mini - Enclosure	nun noguure					
≥160 sf or						Glovebag Procedu	re					
					<u> </u>	Non-Exempted (*) a	and Non-Fria	ble Proce	dure			
			1-		D			TA 14	at Toma			
Location of Asbestos Conta			ls ation	٨٥	Descript bestos - C			Abateme R	i rype	ΙE	lΕ	
Asbestos conte	ining		mally		Material		Amount	E	R	N	N	01
TO BE ABAT	ED	9703195300	sed	(1.	e., thermal		(Specify	M	E	С	C	
in Facility		1	olely	insu	lation, surf	facing, VAT,	SF or LF)		Р	Α	L	
(13)			Main-	ord	other misc	ellaneous)		V	A	P	0	
		1522,000,000	ance/					A L	l R	S U	S	
			todial ff (12)						K	L	R	
			NO N/A				1			-	+	
BAKERY OVEN #5			<u> </u>	WIRING			3,000 LF	V				
N	M			N IDED V	0	International Control	d Law delli					
Name of Registered NEWARK CARTING	Waste Hau	ier		NJDEP Waste Hauler ID No.	A COLOR OF STREET	Name of Registere	a Landiiii					
				4509	of Waste							
City, State					Disposal	City. State	04.05					
NEWARK, NJ					Date	BETHLEHEM, PA 1	8105	17				
Completed by (Print	or Typel			Title		Signatur	'e	1/		Date	-	
- Simpleted by (Fillit	or ilbe			1.100		17		X1 1		Juice		
Steve Stiles				Project Manage	er	Oto	10 M X	ut		0	7/13/1	16
ASB-41			of the same				/		THE RESERVE		and the latest to the latest t	

#### State of New Jersey

NO CK

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

v.1 a.	1111	4 /	2010	
	JUL	1.4	2016	-1

Date of Notification (1)				Name of	Building Owne	er/Opera	tor (2)		207 0772		
01/18/16				HHG De	velopmnet Asso	ociates L	LC	JL	IL 1.	4 201	16
Agency Notified T	ype Notifica	tion					i				
X EPA		tial		Street A	ddress cer Street			ACDEC	TOO 6		201
X DEP		otific	ation		ate, Zip Code			ASBES		-	HUL
X DCA DEV	well the same of t	iende			NJ 08611			-	IUEIV.	DIVIG	
X DOH	N	otifica	ation	Name of			To	lasta N	T .		
	Ca	ncella	tion	David He			[16	lephone N	vumber		
				FACIL	ITY INFORMA	ATION					
Name of Facility Where Abateme Roebling Building	nt is Taking	g Plac	e (3)				Type of Facility (4)	)			-
Rocolling Building							School (I	K12)			
Street Address							Subchapte	r8 (Othe	er than	K12)	
Clark & Elmer streets (Block 3 B	uilding 101	)					x Other (i. e	. Private s, homes, e	& comm	nercial	
City (5)	Con	inty (	(()		Ta .	-		f Floors	1	Age	
Trenton		rcer	(0)		County Code		99,999	4	8	0	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					(STATE USE ON	LY)	Current Use (Prior library	if being de	emolishe	(b:	
Name of Monitoring Firm Hired   Environmental Connections Inc	by Building	Own	er (8)		ASCM No.	Name	of Abatement Contrac	ctor (9)	-		
						Assoc	ciated Specialty Contra	cting Inc			
Street Address 120 North Warren Street						Stree	t Address				
City, State, Zip Code							Crue Avenue		co Esta		
Trenton NJ 08608							State, Zip Code Mills, PA 19342				
Project Manager of Monitoring F Mike O'Brien	irm			Telephone		Telep	hone Number		Licen	ce Num	ber
Scheduled Start Date (10)				609-362-4		610-3	3				
02/02/16		Sch	ed. Co	mpletion Date		Name	Name of OSHA Monitor				
Month/Day/Year				10/31/16		Criter	ion Labs				
Occupancy Status During Abatem	ent (Check	only o	one)	Ionth/Day/Ye	ar	Ctures	Address				
Facility Closed/Vacated D	aring Entire	e Peri	od of A	batement		3429,000,000	Progress Dr				
x Abatement Performed Out	side of Nor	mal F	acility				State, Zip Code	A			
Hours - Describe: 7:00 Other - Describe:	0 AM to 3:3	0 PM					lem, PA 19020				
					_						
Scope of work (Check all that appl Demolition	y)						Full Containment wi	th Negativ	e Pressi	ıre	
>3 sf or >3 if			X	Renovation	n	x	Mini - Enclosure			7. T.	
x >160 sf or >260 lf							Glovebag Procedure				
200 51 01 200 11						х	Non-Friable Procedu	re			
Location of	1.0	Is catio						At	atemen	t Type	
Asbestos - Containing		rmall	77		cription of os-Containing					E	E
Material (ACM)		sed			rial (ACM)		Amount (Specify	R	n	N	N
TO BE ABATED	1 7	olely		(ie. Th	ermal systems		SF or	E M	R	CA	L
In Facility (13)	1.000000	Main		insulation.	surfacing, VA	т,	LF)	0	P	P	0
(13)	1/1 3/3/5	nance/ stodia		or other	miscellaneous)		Pastreto	v	A	S	S
	100000	ff (12						A	I	U	U
of 2nd 3nd 4st 51 0		No	N/A					L	R	L	R
st, 2nd, 3rd, 4th fls,& exterior		х		glazing			3000 LF	x			Е
ot fl Mezzaine		х		Roofing ma			28325 SF	x			
ee attached sheets		х		cement boa	rd		200 SF	х			
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -											
ame of Registered Waste Hauler			3.0	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered L	andfill			
ercer Group International			- Zuure	10.	or waste		Tulltown Resources R	ecovery E	acilie		
ity, State 19 Rev S Howard Woodson Jr W	av. frente N	VI 084	538		Disposal Date		City, State	ceovery P	actility		
ompleted By (Print or Type)	J, a chito I	.0 000	Title		As req.	C: 1	Tullytown PA				
ck Hoag			1,000,522,555	ct Manager		Signatu	h Long			Date 773	
BS-41 JN 95						, , , ,	7			1:1)	1
UN 95							0				

### Roebling Bldg 110 and 107

Location of ACM	Description of ACM	Amount	Abatement
BLDG 107-roof	roof material	100.00	
BLDG 107- windows	glazing	180 SF	Removal
BLDG 107 windows	tar	20 LF	Removal
BLDG 110 roof		10 SF	Removal
	roof material	180 SF	Removal



	. /
NO	CK

## State of New Jersey

NOCK		N		ICATION	ate of New I OF ASB to NJAC	ESTOS	ABATEN		Г		EC	E			7 [	
Date of Notification (1) 07-08-16					f Building rds Tow				ıthority		Jl	JL 1	4	20	16	
Agencies Notified Ty	pe Notification		_	Street A	ddress											+
□ EPA □	Initial				yer Lane						ASBES	TOS	CC	TMC	ROL	. &
EPA DEP DOL	Amendment	1, (	_		ate, Zip Co ng Ridge		7920		1		L	LICE!	VSI	NG	·	
X DOH	justification) Cancellation				f Contact om Timk	o, P.E.				Te	lephone N	Numbe	r			
				FACI	LITY INFO	ORMAT	ON									
Name of Facility Where Aba	itement is Takin	g Place (3)						Тур	e of Facility (	4)						
Street Address North Maple Avenue &	& East Oak S	Street						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			uildi	ngs,	home	es,
City (5) Bernards Township								Squ	are Feet	# 0	of Floors		Blo	ig. A	ge	
County (6) Somerset					Code (7) USE ONLY	)			rent Use (Pri derground			lished)				
Name of Monitoring Firm Hir Hillmann Consulting, L		Owner (8)		ASCN	/ No.				eatement Cor Environm							
Street Address 1600 Route 22 E							Street	Addr								
City, State, Zip Code Union, NJ 07083				*			2000		Zip Code , NJ 07072	2						
Project Manager for Monitor Craig Abrams	ing Firm			Telepho	ne No. 477-301	4	Teleph 201-9	one l	No.		License					
Start Date (10) 07-11-16(1)Project Po	stnoned	Scheduled				0.00		of OS	SHA Monitor		00100					
Occupancy Status During A		200 miles (200 - 200	233				Street	1/2/25/5	5000000					-		
Facility Closed/Vacated Abatement Performed	Outside of Norm						1305200700		ckson Ave Zip Code	nue						
Other - Describe: Exte	erior non friable					-	Long	Isla	ind City, N	Y 11	101					
Scope of Work (Check All Ti	hat Apply)	2332														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			enova emolit				×	M G	ull Containme lini-Enclosure llovebag Prod	e cedure						
		16.1	!					1 N	on-Exempted	1 (*) ar	na Non-Fr	iable P		and the same of the same	ment	
Location of		N	_ocat ormal	lly		De	scription	of						Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Mair	ntena	ely by nce/ Staff?		tos Con thermal surfa		lateria insu T, or		(	Amount Specify F or LF)	Zemova		Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
Undergrour	nd			X	Tı	ransite	Sewag	ge P	ipe	2,	000LF	х				
										-		+	+			
Name of Registered Waste HATC, Inc. / JBT (50071			H	JDEP W lauler ID 4310		Cubic of Wa TBD	Yards ste		Name of Minerva							
City, State Shirley, NY / Bronx, NY	•						sal Date		City, State		, OH 44	688				
Completed by Joseph Patrick		Title Projec	et Ma	anager		5	ignature	Ĭ	9			Date 07-08	3-16	6		

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

Date of Notification (1) 7/8/16					e of Buildir idence	ng Owner/Operator	(2)	JUL. JU	L T	4 2	/U16	
Agencies Notified  EPA  DEP  DOL	Type Notification Initial Amended Amendment Emergence	Ī.	g	City,	et Address State, Zip aberton, l			ASBEST	OS C	ON Salu	TRC	)L &
DOH DCA	justificate Cancellati	on)			e of Cor sa Phillip			Telephone Nun	her			
				FA	CILITY IN	FORMATION						
Name of Facility Where Residence Street Address	Abatement is T	aking Place	(3)					, , ,		dings		
City (s)					-		Square Feet	# of Floors	В	ldg.	Age	
Pemberton, NJ 0806	58						2100	2 yrs		5 yr:	3	_
County (6) Burlington				USE	ONLY)	(7) (STATE	Residence	Prior if being demol	ished)			
Name of Monitoring Firm (8)	n Hired by Build	ling Owner		ASCM	No.	Name of Abaten AEi2, LLC	nent Contractor	(9)				
Street Address						Street Address 361 E. Flemir	ng Pike					
City, State, Zip Code						City, State, Zi Hammonton,						
Project Manager for M	Tel	ephone	No.	Telephone No. 609-481-212	2	License No. 00689						
Start Date (10) 7/18/16		Scheduled Completion Date (11) Name of OSHA Monitor										
Occupancy Status Durin			one)	-		AEi2, LLC Street Address						_
Facility Closed/Vaca		and the desired between the same	100	tement		361 E. Flemi						
Abatement Performed  Other - Describe: V					area	City, State, Zip C Hammonton,	ode			- 17-		
Scope of Work (Check a	all that apply)	⊠ Re De	enovat molitic	ion on		Mini-En Gloveba	closure ag Procedure	Negative Pressure	ure			
		N	ocati	y		D			1	Abate Typ	ment oe	
Location Asbestos-Containing N TO BE ABAT IN Facility (13)	faterial (ACM)	Mair Cu	I Sole ntenar ustodia Staff? (12)	nce <i>l</i> al		Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellane	erial (ACM) nsulation, or	Amount (Specify SF or LF)	R e m o v a	Repair		Еполомин
Basement		Yes	No	N/A X	Wranne	ed ducts		75 lf	X	F	a t	С
				Λ		od ddets		7511	A			
									+	_		
Name of Registered Was	ste Hauler			JDEP I		Cubic Yards of Waste	Name of Reg	stered Landfill		-		
AEi2, LLC		11	1 .5	1376	, NO.	1	TBD					
City, State			-			Disposal Date TBD /	City, State	· A				
Hammonton, NJ Completed By		Title				Signature	TBD	Date				_
Wm. Minnick		Program	ı Mg	r.			Hm					
							1					_

Check # 2943

### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16					Termina.	E A D	= 1 M E L
Date of Notification (1)  July 11, 20	16			Name of Building Owner/O	Dperator(2) ATE UNIV	ERSITY (	OF NJ
Agencies Notified  □EPA □DCA	Notification    Xi   Initial    American	Notifica ded Noti	fication#	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG 4 City, State, Zip Code	HEALTH 8	SAFETY	DEPT016
☑ DOL ☑ DEP- No Longer REQUIRED	justif	cation)	ncluding	PISCATAWAY, NJ (	08854	Telephone	S CONTROL &
☑ DOH	Cance	elled		MICHAEL SMITH, E		I Telebrione	Number 3
			FACILITY INF		•		
Name of Facility Where Abatement is VORHEES HALL, BLDG#		)	TAGILITTIN	Type of Facility (4)  School (K-12)	DODGE SALE		*
Street Address COLLEGE AVENUE CAMI	PUS	13		- □Subchapter 8 (other than ☑ Other (i.e. private & cor Sq. Feet: N/A #	nmercial build		etc.) <u>e:</u> <b>80+ years</b>
	nty (6) IIDDLESEX		/ Code (7) Use Only)	Current Use (prior if being	demolished)	: ACADEM	IC
Name of Monitoring Firm Hired by B	ldg. Owner (8)	ASCM 0098	Management of the Control of the Con	Name of Contractor (9)  GREENWOOD ABAT	EMENT C	ONSULTA	NTS. INC.
Street Address				Street Address			
3 TERRI LANE				268 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 080				City State, ZipCode BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone 609-38			<u>Telephone Number</u> 973-492-0477		License Nui	mber
Scheduled Start Date (10)	Scheduled	Completio	on Date (11)	Name of OSHA Monitor		00040	
07/22/16	07/25/1		Date (117)	ENVIROVISION, INC	<b>.</b>		
Occupancy Status During Abatem  SFacility Closed/Vacated During			nt	Street Address			
☐ Abatement Performed Outside of Describe				20-21 WARGARAW City, State, Zip Code	ROAD		
⊠Other – Describe:							
Schedule: 4PM - 5AM (24 HO	URS & WEEK	ENDS A	S NEEDED)	FAIRLAWN, NJ			
Scope of Work (Check all that apply	)				Full Contain	ment with Ne	egative Pressure
<b>⊠</b> ≥ 3 sf or ≥ 3 lf			<b>⊠</b> Renovation		Mini-Enclosu		
□ ≥ 160 sf or ≥ 260 lf	f		Demolition		Glovebag Pro		
Location of Ashartan Containing	la Lasatian Nam	allu I laad	Description of Asl	bestos Containing Material	Non-Exempte Amour		n-Friable Procedure tement Type
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norm Solely by Maint./ Staff? (12) YES NO			nal systems insulation, surfaci		fy SF	ove Repair Encap Enclose
Room 002D & 002F	X	Ţ	VAT		300 8	SF 🗵	
		-					
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP W See Belo	and the second s	r ID #	Cubic Yards of Waste:	10 CY		gistered Landfill S. North Landfill
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509			NJ 07405		Disposal Da 07/25/201		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	SENIOR MANAGE		СТ	Signature Raymand C. Per	dalino	Date July	11, 2016

190	NO	TIFICAT		F ASBE NJAC 8:	STOS ABAT :60 and 12:12	EMENT 0)	可順	RATE OF	¥ 45	11	$\parallel$	
		Ninn	ne of Bu	ilding Ov	wner/Operator	(2)	T i		240	111	Ш	
ate of Notification (1)		Nan	le or bo	d Scl	hool Di	strict		JUL 1 4 2	016	1	71	
7_8_16							ш -			1	11	
gencies Notified	Type Notification	31	15 Ra	amapo	Valley	1	ASE	BESTOS CON	TROL	. &	1	
EPA DEP		Cit	ty, State. aklai	Zip Cod nd, N	J 07436	5		LICENSIN	G		T	
DEP DOL	□ Emergency (including	N:	ame of C	ontact			1					
X DOH	justification)	P	ache	1 Dec	Carlo						$\dashv$	
DCA	☐ Cancellation		FACIL	ITY IN	ORMATIO:	Type of Facilit	y (4)					
Name of Facility Where A Valley Middle	patement is Taking Place (3)					X School (	K-12)	than K-12) commercial buildir	igs, home	es, etc.	)	
Street Address						Square Feet		f Floors	3ldg, Ag	2		
71 Oak Street						E0 000	1	1	50yr	S.	_	
City (5)						Current Use	Prior if bein	ig demolished)				
Oakland			County	Code (7)	(V)	_ school					-	
County (6)			11.50 VIII.2 00 0	USE ON	/		Contractor (	9)	T			
Bergen	Duilding Owner (8)		ASC	M No.		Name of Abatement Plymouth I	nviror	mental Co.	, Inc	•		
Name of Monitoring Fin	n Hired by Building Owner (8) Environmental,	LLC				PIYMOUGI 2					1	
West Chester	THIVITOITH					Street Address 923 Haws	Avenue					1
Street Address	Inut Street											
307 North Wa	alnut Street					City, State, Zip Cod	- DA	19401				1
City, State, Zip Code	- DA 19380					Norristow	n, FA					1
West Cheste	L, IA 1900		Telep	hone No.		Telephone No. 610-239-9	920	00398				1
Project Manager for M	onitoring Firm		610	-431	_7545					Color.		1
Philip Cont	eh	duled Co	moletion	n Date (1	1)	Name of OSHA M	Fnvir	onmental C	0., I	nc.		1
Start Date (10)	Sche	3-9-16	6				Lillvir					
7 20 16	V					Street Address	Atten1	ie				
- Cratus Du	ing Abatement (Check Only O	ne)				923 Haws						
Facility Closed/	Vacated During Entire Period of ormed Outside of Normal Facil		ent			City, State, Zip C Norristo	ode Own, PA	19401				
Other - Descrit	е							VI M. antina Pras	STILE			
Scope of Work (Che	k All That Apply)	202 200				□ Full (	Containment -Enclosure	with Negative Pres				
- 6 >316		☐ Rer	novation molition			Ă Mini- Ă Glov	ebag Proced	ure Fiebla	Procedu	re		
≥3 st or ≥3 ti ≥160 sf or ≥26	0 lf	_ De-				□ Non-	Exempted (	ure *) and Non-Friable	Tioccoa	Abater	nent	
N=11 1 10										Typ		
			Location			Description of	ACM)	Amount	5-27-5			1.
1	ocation of	Used	d Solely	by	Asbestos	Containing Material ( I systems insulation, s	urfacing,	(Specify SF or LF)	Removal	Repair	Encapsulate	Elicioson
Asbestos-Cor	taining Material (ACM)	Ma	intenanc todial St	aff?		VAL. UI		SF OI LI	BAO	air	ula	200
10	BE ABATED In Facility	Cus	(12)			other miscellaneous)					G.	
	(13)			N/A				goo attach	ned		1	1
	page 20	Yes	No	INIA		ttached list	-	see attach		-	+-	+
	shod list		X		see a	LLacited 1150					1	1
see atta	ched list											1
		-	+-	1					-		1	1
			-		-					1		
						Cubic Yards	Name o	of Registered Landf	111			
	ttlse			NJDEP V	Waste No.		1	SI				
Name of Registe	red Waste Hauler			Hawler II	14	of Waste 15 cy						
Newark (	arting					Disposal Date	City. S	ethlehem, I	PA			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						8-9-16	Be	enteren, i	Date			
									-			
Cin: State	NJ	120				Signature			7_8	-16		
	NJ	Titl	e	Dwog	ident			s form for asbestos		3–16		

### Oakland School District - Valley Middle School

Location of	Location used soley by	Description of Asbestos	Amount	Abatement Type
Asbestos (13)	Maintenance Custodial Staff (12)	Containing Materials	of Material	
by stage	NO	Roof Drain/Pipe Fittings	5LF	Removal
stage	YES	Roof Drain/Pipe Fittings	6LF	Removal
custodial	NO	Roof Drain/Pipe Fittings	10LF	Removal
café	NO	Roof Drain/Pipe Fittings	4LF	Removal
café	NO	Roof Drain/Pipe Fittings	5LF	Removal
café	NO	Roof Drain/Pipe Fittings	5LF	Removal
kitchen	NO	Roof Drain/Pipe Fittings	4LF	Removal
library	NO ·	Roof Drain/Pipe Fittings	3LF	Removal
gym storage	NO	Roof Drain/Pipe Fittings	7LF	Removal
gym	NO	Roof Drain/Pipe Fittings	7LF	Removal
gym	NO	Roof Drain/Pipe Fittings	20LF	Removal
gym	NO	Roof Drain/Pipe Fittings	10LF	Removal
attic	YES	Roof Drain/Pipe Fittings	12LF	Removal
attic	YES	Roof Drain/Pipe Fittings	6LF	Removal
attic	YES	Roof Drain/Pipe Fittings	6LF	Removal
gym	NO	Roof Drain/Pipe Fittings	6LF	Removal
gym	NO	Roof Drain/Pipe Fittings	6LF	Removal

JUL 1 4 2016

ASBESTOS CONTROL & LICENSING

K 5557		1		CATION	OF ASBE to NJAC 8	STO	SABATE		" D-	EC	E					
Date of Notification (1) 7/11/16		(4			Building (					JU	L 1 4	1 2	016		الا	
Agencies Notified	Type Notification			Street A	ddress	<u></u>						MON	TDC	I R		
EPA DEP DOL	Initial Amended Amendment #				ite, Zip Co ngton Tv		J 08080	)	^	SBES	TOS C JCENS	SIN	G			
DOH DCA	Emergency (ir justification) Cancellation	ncluding	100	Name of Tom	Contact		- 4			Tel	ephone	Num	ber			
				FACI	LITY INFO	RMA	TION									
Name of Facility Where Tom Hedenberg Pr	[18] [18] 이번 이번 시작하다 하면 이번 시간 [18] [18] [18] [18] [18] [18] [18] [18]	Place (3	3)					Ту	pe of Facility School (K-	12)						
Street Address								×	Subchapte Other (i.e. etc.)					lings,	home	es,
City (5) Washington Twp N	J 08080							0.000	uare Feet 000+	# 0	f Floors			ldg. A 5+	ge	
County (6)					Code (7) USE ONLY)	_			irrent Use (Pr ome	ior if bei	ng demo	olishe	ed)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.		707		batement Co Inc.	ntractor	(9)					
Street Address				1			Street PO E	2000								
City, State, Zip Code							7503335777		, Zip Code erlin NJ 08	091						
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph 856-		No. 3-9800		Licens					
Start Date (10) 7/22/16		Schedul 7/28/1		pletion l	Date (11)		Name Sam		SHA Monitor	•						
Occupancy Status Durin		27 - 10 T T T T T					Street	Add	Iress							
Facility Closed/Vac Abatement Perforn Other – Describe:	ated During Entire Poned Outside of Norma	eriod of all Facility	Abatem / Hours	ent		_	City, S	State	, Zip Code							
Scope of Work (Check A	All That Apply)							-			1/5		62.55			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti		(9		>	Υ	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					e	
Locatio	n of	1	Locati Normali			r	Description	n of							ement pe	
Asbestos-Containing TO BE AB In Fact (13)	Material (ACM) ATED lity	Cus	ed Solei intenar todial S (12)	ice/ staff?		tos Co therm sur		Mate is ins AT, o	or	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Victoria P.	Yes	No.	N/A												
Basem	ent			X		Pip	e insula	ation	n	1;	30 LF		X			
Nome of Desistered 141	oto Unular		N	JDEP W	lasts	C.,L	ic Yards		Name of	Dogist	arod I a-	46II				
Name of Registered Wa United Containers	ste naulei		H	auler ID 2459		100000000000000000000000000000000000000	vaste		G.R.O		ereu Lari	IUIIII				
City, State Elm NJ							oosal Date 3/16	)	City, Sta Morris		A 1960	7				
Completed by Anthony T Perna		Title Pres	ident		11		Signatur	e			,	Dat 7/1	e 1/16	6		

Print Form

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> Emergence 1	NOT	(Pursi	ION OF	of New Jer ASBESTO NJAC 8:60	os ABAT and 12:1	120)	C	(R) 5	35	7	<u>\\</u>	5.!		_
Date of Notification (1) 7/11/16		Nar	ne of Bu eater I	iilding Own Egg Harb	er/Operat or Regi	tor (2	2) al High S	School D	)istrict	_ 1 4	2016		ال	
Agencies Notified Type Notification		Stre 18	eet Addr 24 Dr.	ess Dennis F	orema	n D	rive		OBECT	-08.00	NTRO	)Lâ		
EPA Initial Amended Amendment #		Cit	y, State, ays Iar	Zip Code nding NJ	08330					IOENS!				
Emergency (includ justification)  DCA  Emergency (includ justification)  Cancellation	ing	100	me of C nomas	ontact Grossi					Telepho	one Numb	per			
L BOA			FACILI	TY INFORM	MATION									$\dashv$
Name of Facility Where Abatement is Taking Plac Oakcrest High School	e (3)						X Sch	acility (4) ool (K-12) chapter 8	(Other th	nan K-12)				
Street Address 1824 Dr. Dennis Foreman Drive							Other etc.	er (i.e. priv )	rate & co	ommercia	l buildin	gs, h		
City (5) Mays landing NJ 08330							Square F 1000+		# of Flo		35=			
County (6) Atlantic			ounty Co	ode (7) SE ONLY) _				Jse (Prior		92	ea)			
Name of Monitoring Firm Hired by Building Owne Coastal Environmental Compliance	r (8)		ASCM	No.			of Abaten aco Inc.	nent Contr	actor (9)					
Street Address PO Box 167					P	OE	Address Box 329							
City, State, Zip Code Hammonton NJ 08037					Ci V	ity, S Ves	State, Zip ( t Berlin	Code NJ 0809	91					
Project Manager for Monitoring Firm Cathy Ledden			elephon 09-820	e No. 0-9312	8	356-	none No. 753-980			icense N 0727	0.			
Start Date (10) Sch	eduled 4/16	Comp	oletion D	ate (11)	18	ame	of OSHA e	Monitor						
Occupancy Status During Abatement (Check Or					S	tree	t Address							
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Other – Describe: Construction workers occ	acility	Hours			- 0	ity,	State, Zip							
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti		==0. FG			Full ( Mini-	Containme Enclosure ebag Prod Exempted	ent with r edure	vegative				
	Is	Location	on			- 1	NOIF	Zemptee	( ) a				ment	8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Cust	lormall d Solel intenar odial S (12)	y by nce/	(i.e. t	Description Descri	ning yster ng, V	Material ( ns insulat /AT, or	ACM) ion,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Room 311	Yes	NO	INIA		Floor til	e &	Mastic		900	O SF	x			
Bathroom 300 wing					pipe jo	int e	elbows		20 €	elbows	x			
Bathroom 200 wing					pipe jo	int (	elbows		20 €	elbows	х			
							& cut		Desista	red Lond	611			
Name of Registered Waste Hauler Pernaco Inc.		H	IJDEP V lauler ID 1787		Cubic Y of Wast 4	te		ACUA		red Land	ım			
City, State West Berlin NJ					Disposa 7/14/1	6		City, Sta Egg Ha	arbor T	WP NJ		4		
Completed by Anthony T Perna	Title Pres	ident	8.		Si	gnet	ure			1	Date 7/11/1	6	1	

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New Check

Print Form

Amended	NO	(Purs	TION Count to	e of New J OF ASBES NJAC 8:6	TOS A 60 and	12:120	) A	555 dd +i	8 not	GuE				7
Date of Notification (1) 6/28/16				Building Ov ondonov						1111 1	A 20	116		
Agencies Notified Type Notification		St	reet Add	dress					t.	001	4 - 21	710	-	
EPA Initial DEP Amended DOL Amendment #	1			e, Zip Code awkin NJ		50			ASB	ESTOS LICEI	CONT	ROL	. &	
DOH justification)  Cancellation	uding		ame of 0	Contact					Tele	phone Nu	mber			
			FACIL	ITY INFOR	ITAM	ON	T	f Facility (A	1					
Name of Facility Where Abatement is Taking Planing Mirek Bondonovich Private Home	ace (3)						Property .	f Facility (4 chool (K-12						
Street Address							S	ubchapter ther (i.e. pr	8 (Othe			ngs, h	nomes	5,
City (5)							Square	c.) Feet	# of	Floors	Ble	dg. Ag	je	-
Manahawkin NJ 08050							1000	+	1		35	+		
County (6) Ocean			ounty C	ode (7) SE ONLY)			Home	t Use (Price	r if beir	ng demolis	ined)			
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)				
N/A Street Address							Address							-
,							Box 32							_
City, State, Zip Code							State, Zip t Berlir	NJ 080	91					
Project Manager for Monitoring Firm		T	elephon	ne No.		856-	hone No 753-98	300		License 00727	No.			
	hedule 13/16		oletion D	Date (11)		Name Sam		A Monitor						
Occupancy Status During Abatement (Check C	nly On	e)				Stree	t Addres	S						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of A Facility	bateme Hours	ent		_	City,	State, Zi	p Code	•					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio					Min Glo	Containmoi-Enclosure vebag Pro- n-Exempte	e cedure	3			e	
	ls	Locatio	on									Abate	ment pe	
Location of		lormally d Solely		Ashost		escriptio	n of Material	(ACM)	_	Amount		.,		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)		intenan odial S (12)			therma surfa	l syster acing, V	ns insula		(	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							100.05		_		
Exterior Siding			X	-		erior S	25%			100 SF	x			
Thraghout			X		1001	Til	e		80	0 5 F	1			
Name of Registered Waste Hauler		Н	JDEP V auler ID		of W	c Yards aste		Name of		ered Land	fill			
United Containers  City, State		22	2459			osal Da	te	City, Sta	te					
Elm NJ					7/13			Morris	ville P	A 19067	Date			
Completed by Anthony T Perna	Title Pres	ident				Signate	le le				6/28/1	6		

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-		壮	- [	7	10	4	
	_15_	0	E	111,	V		

							Henry					11
Date of Notification (1)	1		Name o	of Building Own	ner/Operator	(2) Va a	rod+	UL 1	4	201	6	
Agencies Notified Type Notification	0	-	Street A	Address	C 111	achen	KUQ I					+
□ EPA 🐹 Initial								TOS	CC	NTE	ROL	_ &
□ DEP □ Amended	# E	J	City, St	ate, Zip Code	· 1.	$\bigcap_{n=1}^{\infty}$		LICE	ISI	NG.	9	
DOL Amendment :		-	NI	1011	Nest	CReel		(	7	7	14	2
DOH justification)			/	of Contact	no a Ka	nRodt	Telephone	Numb	er '			
- Cancellation				YNC /		TINOUT					-	_
Name of Facility Where Abatement is Taking	1.6		1.1			Type of Facilit	y (4)					
	Rail	er	H	ome		☐ School (F						
Street Address					8		ter 8 (Other than e. private & comm		ouildi	ings.	home	es.
City (5)						retc.)	# of Floors					
West Creek	Λ	CL	- (	18092		Square Feet	# OT FIGORS		BK	dg. Ag	je . ~	
County (6)	1			Code (7)		Current Use (F	Prior if being dem	olished	1)	/ '		_
Ocean			(STATE	USE ONLY) _		TRaile						
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	M No.	Name	of Abatement C	Contractor (9)				_	
Erc lechnolo	316	5		MA		- PC 18	ehnol	091	25	-	<u>En</u>	6
Street Address Box 3	37					O. Box	.337	9				
City, State, Zip Code	345		00	£22	City S	State, Zip Code		-	m 6	3 /	9	_
New Equat	N	3	80	295	N	Equ Eq	VAT N	<b>J</b> (	0		3	3
Project Manager for Monit ri .gv-irm		1	Telepho			none No.	•	se No.	2	a	Ы	
Steve Schenken	Cale a ded			758-33	25 609	758~33 of OSHA Monito	( Cax	O	J		7	
Start Date (10) 7-21-16	Scriedui		29 -	Date (11)	110		chnologi	06	7	_		
Occupancy Status During Abatement (Check	Only Or		04 /	10	Street	Address	C1 1010 9(1	<u></u>		ıC		-
Facility Closed/Vacated During Entire P	eriod of	Abatem	nent			0. Bo	x 337					
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility	y Hours	· .			tate, Zip Code						
Scope of Work (Check All That Apply)						ew Egypt	F ///	08	35	3	3	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf			tion		-	Tull Cantain	mant with Noneti	D==		P01		
2 ≥ 160 sf or ≥260 lf	-	Renova Demolit				Mini-Enclose		ve Fres	ssure	3		
	2				2	Glovebag Pi	rocedure ted (*) and Non-F	riable l	Proce	edure		
-	Is	Locati	on				1			bate	nent	
Location of	1	Normal	ly		Description	of		-	_	Тур	e	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole intenar			Containing N	Material (ACM)	Amount (Specify		ת		En	ш
In Facility	Cus	todial S (12)	Staff?	s	urfacing, VA	T, or	SF or LF)		Remova	Repair	caps	Enclosure
(13)	-	(12)		oth	ner miscellar	neous)			va	air	Encapsulate	sure
	Yes	No	N/A						_	_	ω	
Roof			X	Tar So	Ralant		500 5	F	X			
30			-									
Name of Registered Waste Hauler			JDEP W		ubic Yards Waste	Name o	of Registered Lar	ndfill		1 1 N		
EPC Technologies	5	17	1.70		114500 /	1 Was	ste Manaa	jeno	int	o F	P	A
City, State			-,-	Di	sposal Date	City, St	ate					
New Egypt 1	NJ	``		07	7-29-	-	nisville	PF	+			
Steve Schenker	Title	آلده م	ent		Signature	SAU	1	Date 7	- 1	1-1	6	
OTHE SCHOOLING	LIKE	210h	(n)		Le	ESE IN COM	WA.	,			_	

### MO#23456168504

**MAY 11** 

											n n/	r=0	,
Date of Notification (1)				Name	of Building	Owner/C	perator (2	2)	In E C	E	W	E	T
	11 / 16		40	Thom	as Hunt								L
Agencies Notified	Type Notification				Address				1.1				- 1
☐ EPA									JUI	_ 1 4	. 20	16	
□ DOLWD	Amended			City, S	State, Zip C	ode			1 1				-
⊠ DHSS	Amendment #			See see	n, NJ 088					00.0	CALT	201	_
DCA (NJAC 5:23-8)	Emergency (in justification)	icluding			of Contact				ASBEST Telephone Nur				. a
(110/10/0120/0)	Cancellation				as Hunt	·			Totophone rugi	MATI AT	31110		
						FORMA	TION						
Name of Facility Where A	Abstament is Tokin	a Place	/2\	FA	CILITY IN	FURNIA	HON	T ( F 10)	(4)				
	Abatement is Taking	y Flace	(3)					Type of Facility					
Private house Street Address								School (K-1) Subchapter	2) 8 (Other than K-1	2)			
Street Address								Other (i.e., s	orivate and comme		uilding	S.	
03-75								homes, etc.	*.				
City (5)								Square Feet	# of Floors	В	dg. Ag	je	
Raritan, NJ 08869													
County (6)				Coun	ty Code (7)	STATE US	SE ONLY)	Current Use (P	rior if being demoi	ished)			
Somerset Name of Monitoring Firm	High & Dullation	<u> </u>	61										
Name of Monitoring Firm	Hired by Building	Jwner (	6)	ASCM	No.			ent Contractor (9	)				
Or A day						Gr Tech	CONTRACTOR CO.						
Street Address						Street A							
Oit Otata 71- Oad							ley Rd#						
City, State, Zip Code						City, Sta	ate, Zip Co	ode					
Delia di Managaria			1			-	NJ 0747	70					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telepho	ne No.		License No.				
						973-638	3-1777		01127				
Start Date (10)		duled C				Name o	f OSHA N	1onitor					
	10	/		_ / .	16	Envirov	ision Co	nsultants,Inc					
Occupancy Status During						Street A							
Facility Closed/Vacate						20-21 V	Vagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement: _	Outside of Norma  AM-	Facility	/ Hour	s - Des	cribe		ite, Zip Co			-	-		_
		tAG.	_ "-		AIVI	Fair Lav	vn, NJ 0	7410					
Scope of Work (Check all	that apply)					H	Clean up	and decontamin	nation with negative	e press	sure		
		Re	novati	on		H	Hull Cont Mini-Enc	tainment with Ne Josure	gative Pressure				4
2 160 sf or 260 lf		De	molitic	n.		$\times$	Glovebag	g Procedure	Tent with Negativ	e Press	sure		
							Non-Exe	mpted (*) and No	on-Friable Proced	ure	ì		
Location	of		Locat Norma							Ab	ateme	nt Ty	ре
Asbestos-Containing		Use	d Sole	ly by	Ashe		scription o	of terial (ACM)	Amount	R	R	m	Ш
TO BE ABA		1000	intena					insulation,	(Specify	Removal	Repair	cap	Clos
IN Facili (13)	ty	Cusi	odial ( (12)	oran.			ing, VAT,		SIF or LF)	val	=	Encapsulate	Enclosure
(10)		Van		N1/0		othern	niscellane	ous)				ate	
D		Yes	No	N/A					ENGRAPH PRO	1000		_	
Basement		1	Ш	X	Pipe insu	lation			160 LF	$\boxtimes$	Ш	Ш	Щ
										П	П		
					-							-	
Name of Registered Was	te Hauler		N. IF	ED Monte	Haujer ID No.	Cuble V	de ef 181- 1	- Name of S	transfer ten		Ш		Щ
	to Haulel		100					e Name of Regis	stered Landfill				
Gr Tech LLC				03378	35	TBL		T.R.R.F. Inc					
City, State						Disposa	Date	City, State					
Wayne, NJ 07470						TBĻ	)	Tullytown, P.	A				
Completed By (Print or Ty	/pe) Title	9				Sig	nature /	1.	0	ate			
N.Jevtic	Ow	ner					#	ewic Wena	1 0	7/11/20	)16		
ASB-41	- Inches										-0500///		

Data of November (4)							( My	2017		B	1	例	E	
Date of Notification (1) 7/11/16				of Building ( ole Beth S		erator	(2)	3					F	
Agencies Notified Type Notificatio	n -			Address E. Mt. Plea	asant Av	enue			JUI	_ 1	4	201	)	E
DEP Amended				tate, Zip Co	de							LITE	01	
Emergenc	y (including			t Hills, NJ				AS	BEST	US IGE	US!	NIF VG	UL	OI.
DOH justification     DCA				of Contact Campanel	la		L	_	enhodz	Milm	ber			
				CILITY INFO		1								
Name of Facility Where Abatement is Tak Temple Beth Shalom	ing Place (	3)					Type of Facility ( School (K-1	103						
Street Address 193 E. Mt. Pleasant AVenue							Subchapter Other (i.e. petc.)	8 (Oth				dings	hom	es,
City (5) Livingston							Square Feet 4600	# of	Floors			Bldg. A	ge	
County (6) Essex				Code (7) USE ONLY)			Current Use (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.			of Abatement Cor Environmenta			LC				
Street Address					_		Address ox 483, 4 E G	ate Dr	rive					
City, State, Zip Code		11551			С	ity, St	ate, Zip Code wood, NJ 074							
Project Manager for Monitoring Firm			Teleph	one No.	To	eleph	one No. 64-2276		Licens	se No				
Start Date (10) 7/20/16	Schedul 8/30/1		npletion	Date (11)			of OSHA Monitor							
Occupancy Status During Abatement (Che	eck Only Or	ne)			St	treet A	Address	-						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of a	Abaten / Hours	nent		Ci	ity, St	ate, Zip Code		-					
Scope of Work (Check All That Apply)														
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	Is	Locati	on				THE EXCHIPTION	( ) arre	14011-1	Tiable		Abate		
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Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenar todial S (12)	rice/	Asbesto (i.e. t	os Containi hermal sys surfacing other misc	stems , VAI	, or	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	W.
mezzanine			X		pipe fi			8	LF		X			
ground floor			X		pipe fi	itting	S	8	LF		X			
ground floor (driveway side)			X	foam ins	sulation 8	k ma	stic on foam	80	) SF	- 2	X.			
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Freehold Cartage		Н	auler ID 5939	No.	of Waste TBD	ua	Name of F Westerr	100.00						
City, State Freehold, NJ					Disposal D	Date	City, State Birdsbo							
Completed by A. Scott Higgins	Title Presi	dent			Signa	ature	An			Date 7/11				

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Date of Notification (1) 7/8/16					Building ( Mrs. Roc		Operator	(2)		IF-					7	
Agencies Notified  EPA	Type Notification			Street A	ddress						JUL	1	4 2	016		U
EPA DEP  DOL	Amended Amendment				te, Zip Co Orange,		7079			ASE	BEST	OS (	CON	TRO	L &	
DOH DCA	Emergency (injustification) Cancellation	ncluding		Name of	Contact ny Scarit		6			Tele	enhone	Num	belly	G		
L DCA	Cancellation				LITY INFO		ION									
Name of Facility Where A	Abatement is Taking	Place (3)		1 401	LIII INC	, KINIA I			of Facility (4) School (K-12							
Street Address								S X	Subchapter 8 Other (i.e. pri	(Othe				lings,	home	es,
City (5) South Orange									e Feet	# of 2	Floors		B 6	ldg. A 8	ge	
County (6) Essex					Code (7) JSE ONLY)			Currer	nt Use (Prior	if bei	ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM	1 No.				ement Contr onmental			LC				
Street Address								Address ox 48	s 3, 4 E Ga	te Di	rive					
City, State, Zip Code								tate, Zip wood,	Code NJ 0741	8						
Project Manager for Mon	itoring Firm		1	Telepho	ne No.		Teleph	one No	i.		Licens	e No				
Start Date (10) 7/19/16		Scheduled 8/26/16	Com	pletion I	Date (11)		Name	of OSH	A Monitor							
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Facility Closed/Vaca Abatement Performed Other – Describe:	ed Outside of Norm					_	City, S	tate, Zip	o Code							
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Completed by A. Scott Higgins		Title Preside	ent			5	Signature	10	2			Date 7/8	e /16			
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## State of New Jersey

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Agencies	Notified	Тур	e Notification	1		Stree	et Address										_
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⊠ DOH			Emergency justification Cancellatio	)	g		e of Contact nne Lispi					Tele	ephone Nu	mber			
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City, State	e, Zip Code										Zip Code od, NJ 0741	18		105			
Project M	anager for Mon	itoring	Firm			Telep	hone No.		Teleph 973-		No. -2276		License N 703	Vo.			
Start Date 7/26/16				Schedu 8/26/1		mpletio	on Date (11)		Name	of O	SHA Monitor					-	
Occupand	cy Status During	g Abat	tement (Che	ck Only O	ne)				Street	Addr	ess						
Abat	lity Closed/Vaca ement Performer – Describe:	ed Ou	itside of Non	mal Facilit	Abater y Hour	ment s		_	City, S	state,	Zip Code						
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A. Scott Higgins

Title

President

Date

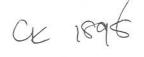
7/11/16

Signature

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) PREFE RREC 10 HOH Street Address Agencies Notified Type Notification 2016 80 LENOX EPA initia! City, State, Zip Code DEP Amended DOL Amendment # CASEESTOS CONTROL & Emergency (including Name of Contact DOH justification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) City (5) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NOVALECT INC Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 16 16 NOVAL Occupancy Status/During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Removal TO BE ABATED (i.e. thermal systems insulation, (Specify Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No NIA BASEMENT CIL Name of Registered Waste Hauler Cubic Yards NJDEP Waste Name of Registered Landfill Hauler ID No. of Waste 5 1850 City, State Disposal Date City, State 08857 8 Completed by Signature Date AR

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) CHRIS NOVAK Date of Notification (1) JULY 11, 2016 Agencies Notified Type Notification Street Address 2016 JUL 4 **EPA** Initial City, State, Zip Code DEP Amended ASBESTOS CONTROL & SOUTH AMBOY, NJ 08879 DOL Amendment # LICENSING Emergency (including Telephone Number Name of Contact DOH justification) MATT ABRAHAMSON DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) **NOVAK PROPERTY** School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age SOUTH AMBOY 1856 SF 2 1914 Current Use (Prior if being demolished) County (6) County Code (7) MIDDLESEX (STATE USE ONLY) RESIDENCE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Finishing Touch Asbestos Abatement Corp., Inc. N/A Street Address Street Address 17 Thompson Street City, State, Zip Code City, State, Zip Code West Long Branch, NJ 07764 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 732.222.8372 00040 N/A Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) JULY 21,2016 JULY 22, 2016 N/A Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A VAT 123 SF Kitchen, Hallway & Pantry X X NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of Waste 2 cy Hauler ID No. TRRF Landfill Finishing Touch Asbestos Abatement Corp., I 12058 City, State Disposal Date City, State Fullytown, PA Tullytown, PA 7/22/16 Completed by Title Signature Date Joseph P. Miller 7/11/16 President



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

Date of Notification (1) 07/11/16			e of Building ( ro Properti			(2)	JUL	1 4 20	16		Ì	
Agencies Notified  Type Notification  EPA  DEP  Initial  Amended			et Address State, Zip Co	de		1	ASBEST	OS CON	TROL	2		
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DCA Justification Cancellation			n Geleski	DMATIO	N		1					
Name of Facility Where Abatement is Taking Private House	Place (3)	17	HOILITT INTO	DRIVIATIO			acility (4)					
Street Address						Sub	ool (K-12) chapter 8 (Ot er (i.e. private	her than K- & commer	12) cial bui	dings	home	es,
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Street Address					Street /	Address	est Suite 1			<del></del>		
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Project Manager for Monitoring Firm		Telep	ohone No.		Teleph	one No.		License 01155	No.			
Start Date (10) 07/23/16	Scheduled 07/30/16	Completi	on Date (11)		Name o	of OSHA N	Monitor	101100				
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	tement			City, St	tate, Zip C	ode					
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	Name of Building	Owner/Operator	CONTRIACTI	ASSESTOS C	ONT	ROL	-&
te of Notification (1) 8-16	EARTH	TECH	Constraint	LICENS	SING		
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( DOF WAT		Name of Abate	ment Contractor (9)				
ame of Monitoring Firm Hired by Building	Owner ASULTE		mco INC				_
N./A		Sveet Address	5	0 - W.1-			
ree! Address		369	S. SPRU	LE AVE			
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roject Manager for Monitoring Firm		1856-1	17-0416				
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- 10 11		Street Address	55	AVE			
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Decupancy Status During Abatement (Cil) Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe Scope of Work (Check all that apply 23 st or 23 if 2160 st or 2260 if  Location of Asbestos - Containing Material (ACM) TO BE ABATED IN Faolity (13)	Renovation Demotion  Is Location Normally Used Solely by Maintenance Custodal Staff7 12	Street Address 369 Chy State Zin MAPU Chy State Zin	S PRUCE Containment with Ne Enclosure ebag Procedure Exempted (*) and No Material (ACM) ms insulation AT of eneous	gative Pressure  on-Friable Procedur  Amount (Specify SF or LF)	e A Removal	Турк	e 
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Decupancy Status During Abatement (Cil) Facility Closed Vacated During Enter Abatement Performed Outside of Norr Other - Describe Scope of Work (Check all that apply 23 sf or 23 if 2160 sf or 2260 if  Location of Asbestos - Containing Material (ACM) TO BE ASATED IN Facility 131  SIDING  Name of Registered Waste Hauler	Pened of Abatement mai Facility Hours  Renovation Demotion  Is Location Normally Used Solely by Maintenance Custodia: Staff 12  18  NIDEP Waste	Street Address 369 Chy State Zin MAPC Chy State Zin MAPC Chy State Zin MAPC Cabronation Cascopto esics Containing e inermal system surfacing other miscella	S SPRUCE Containment with Ne Enclosure Pabag Procedure Exempted (*) and No Material (ACM. Institution AT or aneous  Name of Rec  W	gative Pressure  on-Friable Procedur  Amount (Specify SF or LF)	e A Removal	Турк	e 
Decupancy Status During Abatement (Cil) Facility Closed/Vacated During Entered Abatement Performed Outside of Norm Other - Describe Scope of Work (Check all that apply 23 st or 23 if 2160 st or 2260 if  Location of Asbestos - Containing Material (ACM) 10 BE ABATED IN Facility 1131  SIDING  Name of Registered Waste Hauler City State	Pened of Abatement mai Facility Hours  Renovation Demotion  Is Location Normally Used Solely by Maintenance Custodia: Staff 12  18  NIDEP Waste	Street Address 369 Chy State Zin MAPC Chy State Zin MAPC Chy State Zin Min- Glov Non- Descripto esits Containing e inermal system surfacing other miscella  TRAMS  Cubic Yards of Waste  Disposal Da	S PRUCE Code C. SHADE Containment with Ne Enclosure ebag Procedure Exempted (*) and No Material (ACM). In sinsulation AT of aneous  Name of Rec C. M. In State C. M. In Sta	gative Pressure  Amount (Specify SF or LF)  Jistered Landfill C. M. U	e Removal X	Repair	Encapsulate
Decupancy Status During Abatement (Cil) Facility Closed Vacated During Enter Abatement Performed Outside of Norr Other - Describe Scope of Work (Check all that apply 23 sf or 23 if 2160 sf or 2260 if  Location of Asbestos - Containing Material (ACM) TO BE ASATED IN Facility 131  SIDING  Name of Registered Waste Hauler	Pened of Abatement mai Facility Hours  Renovation Demotion  Is Location Normally Used Solely by Maintenance Custodia: Staff 12  18  NIDEP Waste	Street Address 369 Chy State Zin MAPU Chy State Chy Sta	S PRUCE Code C. SHADE Containment with Ne Enclosure ebag Procedure Exempted (*) and No Material (ACM). In sinsulation AT of aneous  Name of Rec C. M. In State C. M. In Sta	gative Pressure  Amount (Specify SF or LF)  gistered Landfill (M. U)	e Removal X	Турк	Encapsulate

Date of Notification (1)  6 /  Agencies Notified  □ EPA	26 /	15					ng Owner/Operator		111111111111111111111111111111111111111		Ц	1.1	
Agencies Notified	26 /	15		- 1	D .								
	6 /26 /15						University-Office	Construction					
ΠFPΔ	Type Notificati	on			Street	Address		11 11 11	_ 1	1	201F		
						Elm Dr.		l i					
☑ DOLWD ☑ DHSS		. 44E -	714 4 14		City, S	State, Zip	Code	ASBEST	OS	COL	CTR		
□ DCA							NJ 08544	LICENSING					
(NJAC 5:23-8)	1	Name	of Contac	ct		Telephone Number							
☐ Cancellation						ert Orte	ego						
					FAC	CILITY IN	NFORMATION						
Name of Facility Where A	batement is Tak	ing Pla	ace (3)	)		30 30 30 30 30 30 30 30		Type of Facility	(4)				
Princeton University-Firestone Library								School (K-12)					
Street Address			-22	-			Subchapter 8 (Other than K-12)						
Washington Rd								Other (i.e., private and commercial buildings, homes, etc.)					
City (5)				2 5 5 5				Square Feet					
Princeton											3	90	
County (6)					County Code (7)(STATE USE ONLY)			Current Use (Pri	or if being demol	ished	)		
MERCER								Library					
Name of Monitoring Firm F	The state of the s	g Owne	er (8)	AS	ASCM No. Name of Abater			ment Contractor (9)					
ATC Associates Inc.							BRISTOL EN	NVIRONMENTAL, INC.					
Street Address							Street Address						
Three Terri Center							1123 BEAVE						
City, State, Zip Code									-0-10				
Burlington, NJ 08016													
						hone No. Telephone No. 215-788-6040			License No.				
						8800	00509						
tart Date (10) 7 / 12 /				n Date (11) Name of OSHA Monitor									
				/ 16 BRISTOL ENVIRONMENTAL, INC.									
Occupancy Status During Abatement (Check only one)						Street Address							
<ul> <li>☐ Facility Closed/Vacated During Entire Period of Abatement</li> <li>☐ Abatement Performed Outside of Normal Facility Hours</li> <li>Time of Abatement: 7:00AM-3:30PM/5:00PM-1:30AM</li> </ul>						.,	1123 BEAVER	Code					
						ribe	City, State, Zip Co						
cope of Work (Check all th							BRISTOL, PA	19007					
	іат арріу)						☐ Full Conta	ainment with Nega	tive Pressure		11.00		
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf		_	enova				Mini-Encl     Mini-En						
1 2 100 St 01 2200 If		Цυ	emolit	tion			☐ Glovebag	Procedure npted (*) and Non-	Esiable Descedue				
		1	s Loca	ation	T		M Non-Exer	inpled ( ) and Non-	-Filable Procedur	_			
Location of	Normally Used Solely			Description				34		_	T		
Asbestos-Containing Material (ACM)  TO BE ABATED			ed So ainten			Asbes	tos Containing Mat	erial (ACM)	Amount	Remova	Rep	Enc	
IN Facility		stodial	I Staf		(I.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)		air	aps		
(13)			(12)				other miscellaneous)		0. 5. 2. 7			ulate	
		Yes	No	N	I/A						Bidg. Age  batement Encapsulate  Coatement Repair	(D	
roughout Levels C, B	and A				] F	Floor tile	and mastic		2,035 SF				
evel C North Atrium					] \v	Vindows	S		14 ea				
evel A offices		$\boxtimes$			] V	Vindows	5		20 ea		П		
ct. Trustees Reading Room					) V	Vaterpro	oofing	20 1	1300 SF		П	П	
1,22					P Wa	0.00	Cubic Yards of	Name of Registered Landfill					
SERVICE TRANSPOR	GROUP INC	;			er ID N 990	۱۰. ا	Waste	G.R.O.W.S. L	ANDFILL				
y, State				200		1	Disposal Date	City, State					
IEW CASTLE, DE								MORRISVILL	E, PA 19067				
mpleted By (Print or Type)	Title	9					Signature		Date	9 /	1		
Brian Scafiro	E	stima	tor				Drian	Scofiro /	18 7	/11/	116	7	
					25527		s licensure exempte	- groo /	1 1	/	· ·		

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Date of Notification (1)				N:	me of Build	ling Owner/Operator		2 1	2 L	U		
6/	26 /	15				University-Offic	nd Construction	Pl 1	Δ	2016	2	
Agencies Notified  EPA	Type Notific	cation	2	100558	reet Address	T		L 1	4	LUIL	3	
□ DOLWD	Amended Amendment #15-7/11/16				200 Elm D		ASPECT	100	00:	I State and		
□ DHSS					ty, State, Zir			ASBESTOS CONTROL LICENSING				
DCA (NJAC 5:23-8)	ncy (includ	ding		me of Conta	NJ 08544							
(NJAC 5.25-6)	justificat  Cancella						Telephone Number					
	Oancella	ition			Robert Ort							
Name of Facility Where A	hotomont is '	Takina Di	(0)		ACILITY	INFORMATION						
			)			Type of Facility (4)						
Princeton University-Firestone Library Street Address							☐ School (K-12) ☐ Subchapter 8 (Other than K-12)					
Washington Rd						Other (i.e., private and commercial buildings, homes, etc.)						
City (5)				-		Square Feet	# of Floors		Bldg.	Age		
Princeton							79			3	3	
County (6)			C	ounty Code	(7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
MERCER						Library						
					M No.	Name of Abatem	ement Contractor (9)					
ATC Associates Inc.				BRISTOL EN	NVIRONMENTAL, INC.							
Street Address				Street Address								
Three Terri Center				1123 BEAVER STREE								
City, State, Zip Code				City, State, Zip Code								
Burlington, NJ 08010					BRISTOL, PA	A 19007						
Project Manager for Monitoring Firm Telep						Telephone No.	License No.					
Michael Keehn					36-8800	215-788-6040	00000					
		cheduled				Name of OSHA M						
<u>7 / 12 / 16                              </u>					16	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During A				Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed C	e Period (	of Abat	ement	Describe								
Time of Abatement: 7:0	M/ <u>5:00</u> PI	VI- <u>1:30</u>	<u>D</u> AM	City, State, Zip Code BRISTOL, PA 1900								
Scope of Work (Check all the	nat apply)					BRISTOL, PA	19007					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demolit				ative Pressure						
Is Location									Abatement Type			
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  Used S Mainte Custod			Normally Used Solely by			Description of				_	1	
			ainten	ance/	(ie	stos Containing Mat ., thermal systems in	erial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
			stodial (12)		(	surfacing, VAT,	surfacing, VAT, or		oval	=	nsd	nusc
(13)		Yes		1		other miscellaneo	S)				late	e
B LEVEL SECURITY OF	LEVEL SECURITY OFFICE					SULATION (WRA	(P & CUT)	20 LF				
LEVEL				П		TILE & MASTIC		900 SF				
GREEN ROOF STAIR #8		$\boxtimes$			☐ WATERPROOFING			135 SF				
Green Roof			In	In	Waterpr	oofina		22 SF				
Name of Registered Waste I					Waste	Cubic Yards of					Ц	
					D No.	Waste	G.R.O.W.S. LANDFILL					
ity, State						Disposal Date	City, State					
NEW CASTLE, DE							MORRISVIL	LE, PA 19067				
Completed By (Print or Type	) 7	Γitle				Signature	/ .	Dat	e	-		-

ASB-41 MAY 11 B5 150 68

Brian Scafiro

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

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Estimator