CK 19070

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

				V. 100000		to NOAC t			,		pa pa	5 m /	CEL	15	pre.	
Date of Notification (1) 6/5/2014						Building (OF NJ				DREN & FA	MILIE	S, OF	FICE	OF E	DUC	
Agencies Notified	Type Not				Street A P.O. B		, 10 QL	JAKEF	RBR	IDGE PLAZ	ZA 201	AUL A	112	PH	3: 2	Û
DEP DOL	Ame Ame	ended endment#				ite, Zip Co TON, NJ		5			ľ	近5	186	(Ú)	门門	UL
DOH DCA	justi	ergency (in fication) cellation	cluding			f Contact	BRANIE	EC			Telepi	hone N	ICE Number	(> 10		
					FACI	LITY INFO	RMATIC	ON			<u> </u>					
Name of Facility Where A DCF REGIONAL S Street Address	CHOOLS				JS				×	School (K-12 Subchapter 8 Other (i.e. pr	!) 3 (Other:			Jin an	h	
160 MINNISINK RO	DAD									etc.)	ivale & C	omme	ICIAI DUII	ınıgs,	HOITE	35,
City (5) TOTOWA									Squ	are Feet	# of F	loors	В	ldg. A	ge	
County (6) PASSAIC			-			Code (7) USE ONLY)			Curi	rent Use (Prio	r if being	demol	ished)			
Name of Monitoring Firm ENVIRONMENTAL					ASCN	M No.				atement Cont			ING			
Street Address 120 NORTH WARF	REN STR	EET						Street 250		ess HERFORE	BLVD).			84	
City, State, Zip Code TRENTON, NJ 086	08									Zip Code N, NJ 0701	4					
Project Manager for Mor	5/30	n		17	Γelepho	ne No.		Teleph	0000000		100	icense	No.			
STEVE FAIRESS Start Date (10)	-		Pohoduli			92-4200 Date (11)		20000000000	2001201000	-8700 SHA Monitor	(00494	6			
6/16/2014			7/3/201	14	pietion	Date (11)		SAM	1E A	S (9) ABO\	/E					
Occupancy Status During	g Abateme	nt (Check	Only Or	ie)				Street	Addr	ess						
Facility Closed/Vac Abatement Perform Other – Describe:							_	City, S	state,	Zip Code	550					
Scope of Work (Check A	II That App	ly)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				denovat Demoliti				×	M G	ull Containme lini-Enclosure llovebag Proce on-Exempted	edure				e	
			Is	Locatio	nn.									Abate		1
Location	n of		1	Normall	y		Des	cription	of					Ту	ре	
Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (A ATED lity	ACM)	Ma Cus	d Solel intenan todial S (12)	ice/ taff?		thermal:	systems	s insu T, or	3 (5)	(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								_			
THROUGHOU				Х						& MASTIC	9,000		X			
THROUGHOU	T SCHO	OL		X		Т	RANSI	ITE PA	ANE	LS	940	SF	X			
STAFF LOUNGE	E & LOCH	KER		X			VAT 8	& MAS	STIC		350	SF	X			
ROOM & STORAG	SE ROOI	M 105														
Name of Registered Was	ste Hauler		40.000	JDEP W		Cubic \			Name of F	Registere	d Land	fill				
TWO BROTHERS	CONTRA	CTING		92.3	auler ID 3743	NO.	of Was			WASTE	de de la companya de	AGEN	IENT C	a.R.C).W.S	S.
City, State CLIFTON, NJ							7/3/20	al Date)14/		City, State		E, PA		97		
Completed by VIVECA RAMOS			Title PRO	JECT	COOF	RDINAT		ignature V M	ree	a Ras	m	100	Date 6/5/201	14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

	9									
Date of Notification (1) June 5, 2014			Name of Building		rator (2) eitzer-Mauduit	ch 2	44	60	50	9
	Notification		Street Address	85 Ma	ain Street	公 2 准以 30	¥ 12	PH	3: 1	51
[x] DOL Amer	nded Notific ndment # gency (inclu		City, State, Zip Coo		wood, New Jersey	08884-0401	11 . 2			-1.
	ication) ellation		Name of Contact Hal B	ernstein	*	Telephone Number		10		
		FAC	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Schweitzer-Maudi			*		Type of Facility (4)	School (k-12)				
Street Address 85 Main Street					[x]	Subchapter 8 (oth Other (i.e., priva- homes, etc.)			al build	lings,
City	County (6	5)	County Code (7) (STATE USE ONL)	Y)	Square feet 10,000 sf	# of Floors	Bldg.	Age 8	30	
Spotswood	Middle	sex			Machine Shop	if being demolished) & Workers Lock		om		
Name of Monitoring Firm Hired by Building Guardian Contract			ASCM No.			r (9) ian Contracting,	Inc.			
Street Address 1889 Route 9, Uni	t 61			Street A	1889 1	Route 9, Unit 61				
City, State, Zip Code Toms River, NJ 08	2755			City, Sta	te, Zip Code	Divor Novy Iona	ov. 097	55 1	271	
Project Manager for Monitoring Firm		elephone Number		Telephor	ne Number	River, New Jers License N		33-1.	2/1	-
Nicholas Fernicola	73	32-349-9932		732-34	9-9932	00624				
Scheduled Start Date (10) 6/30/14		cheduled Complet 7/3/14	ion Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical				
Occupancy Status During Abatement (Check		D C.11		Street A		24-14 D 1				
Facility Closed/Vacated Abatement Performed	- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19					Stelton Road				
[x] Other - Describe_area				City, Sta	te, Zip Code Piscat	away, New Jerse	y 0885	54		
Scope of Work (Check all that apply)			, , , , , , , , , , , , , , , , , , ,	[]	Full Containment	at with Negative Pres	sure			
[X] >3 sf or ≥3 lf	1	x] Renov	ation	[x]		lure				
[] ≥160 sf or ≥260 lf	[] Demol	ition	[]	Non-Exempted ((*) and Non-Friable l	Procedur	re		
			T			T	Abate	ment '	Гуре	
	57750	Location		Description			R	R	E	E
Location of Asbestos-Containing Material (ACM)		mally used olely by		oestos-Con Material (A		Amount (Specific SE	E	Е	N	N
TO BE ABATED		ance/Custodial		, thermal		(Specify SF or LF)	M	P A	CA	C L
in facility	1	Staff		ulation, su	rfacing,		0	I	P	0
(13)		(12)	ath	VAT, of er miscell			V	R.	S	S
	YES	NO N/A	Our	ei illiscen	aneous)		A L		L E	R E
Machine Shop		X	Asbestos pipe	insulatio	on	70 lf	X		Б	E
Workers Locker Room		X	Asbestos pipe			125 lf	X			1
			11	*						
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJD	DEP Waste Hauler 20223	r ID No. Cubic Ya	rds of Was	te Name of Regist	tered Landfill				
City, State Toms River, New Jersey	П	Dispo 7/7/1	sal Date	City, St Tullyt		a				
Completed by (Print or Type) Nicholas Fernicola	Title Project	Manager	Signature	14 -	Tel		Date 6/5/2	2014		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

atication (1)					Name	of Building	Owner/Oper					^	7.11	70	
	June 5, 2014						Somer	set I	Development			20	14	61	
Agencies Notified [X] EPA	Type of Notifica	ntion al Notifica	tion		Street .	Address	911 E.	. Coı	ınty Line Ro	ad	2914 JU	N 12	PM	3: 3	1
[] DEP		nded Not			City S	tate, Zip Co		100000000000000000000000000000000000000			W1.				
[x] DOL	[x] Eme	ndment # rgency (in						ood,	, NJ 08701		8	IČEI	U.∃4 √3/4	け飛ら か	L
[] DCA		fication) cellation			Name	of Contact				Telephor	ne Number				
	[] Canc	enation				Rose	Sweeney				-				
CV 25 31 32				FAC	ILITY	INFORM	IATION								
Name of Facility Where Al	oatement is Taking sidence	Place (3)						Тур	oe of Facility (4)		ol (k-12)			Ņ.	
Street Address									[]		hapter 8 (ot				
	9 Paul Blvd.			×					[]		(i.e., priva s, etc.)	te & co	mmerc	ial build	lings,
City		County	(6)		County (STATE	Code (7) E USE ONL	Y)	Squ	are feet 2000 sf	# of	Floors	Bld	g. Age	50	
Manahawkir	1	Ocean	n			10		Cur	rent Use (Prior Reside		demolished))		*	
Name of Monitoring Firm		Owner (8)		ASCM	No.	Name of	Abate	ement Contracto	r (9)					
Street Address	1						Street Ad	ldrace		ian Cor	ntracting,	Inc.	-		
							Street Au	iui ess		Route 9	, Unit 61				
City, State, Zip Code							City, Stat	te, Zip	Code	F 50 845	New Jers	ev 08	755-1	271	
Project Manager for Monito	Number			Telephone		nber		License N 00624		, , , ,					
Scheduled Start Date (10) 6/6/14			Scheduled 6/9/1		on Date (11)			A Monitor	.L. Ana					
Occupancy Status During A							Street Ad	ldress	E.WI.S	.L. Alla	пунсаг				
	lity Closed/Vacated								1056 \$	Stelton	Road				
	tement Performed er – Describe	Outside of	f Normal F	acility Ho	urs		City, State	e, Zip					=// ===		
.]	. Besting				1991992	-			Piscata	away, N	lew Jerse	y 088	54		
Scope of Work (Check all to	hat apply)						[]	F	ull Containmen	t with Ne	egative Pres	sure			
[x] >3 st	f or ≥3 lf		г 1		p. 000		[]		Mini-Enclosure						
	or ≥3 if sf or ≥260 lf		[x]	Renovat Demolit			[x]		Glovebag Proced Non-Exempted (on Frieble I	Draadi			
. ,			[,]	Demon	1		[^]	1	von-Exempled (and No	on-rnable i	rioceat	ire		
												Abat	ement	Гуре	
Location of	of	i i	Is Location ormally u	R. (1970)			Description bestos-Con		nα	۸.	mount	R	R	Е	E
Asbestos-Containing M			Solely by	y			Material (A			100000000000000000000000000000000000000	ecify SF	E	E P	N C	N C
TO BE ABA		Maint	enance/C	ustodial			, thermal s				or LF)	M O	A	A	L
in facility (13)			Staff (12)			insi	lation, sur VAT, or		ıg,			v	I R	PS	O S
()			(12)			oth	er miscella		s)			A	1	U	U
100		YES	NO	N/A					-/			L		L	R
Exterior			X	1	Caul	k around	windows	-100		5 wi	indows	X		E	Е
								- 72			1				
./							1-								
Name of Registered Waste I Guardian Con	te Hauler	ID No.	Cubic Ya	rds of Waste	e	Name of Regist T.R.R.F.	ered Land	dfill							
City, State	City, State Dis							ite	4						
Toms River,		I m: :		6/10/			Tullyto	wn,	Pennsylvani	a /					
Completed by (Print or Type Nicholas Ferr		Title Projec	t Manag	ger	Signat	ture \	hot	,	te	1		Date 6/5/	2014		
•		this form	for asb	estos licer	sure exemp	pted o	activities.		1						

Check No.

N/A - PA NY&NJ Project

F-0-11-W									photo 1	4 7 7	3 4 5000	500			
Date of Notification (1)					Name o	of Buildin	NJ, Port Jers	(2)	. 4 8	自己	YE	U			
June 04, 2014					PA of	NY &	NJ, Port Jers	ey Marine Ter	minal						
Agency Notified	Type N	otification			Street A	Address			CSIN J	JN 12	FH 3	: 0	1		DOTEFALA
□ EPA	☑ Initia	I			SIFC	nt ieii	illillai bouleva	aru							
Note Distribution State Pag 10:2004	☐ Ame				City, St	ate, Zip	Code	3-	調整	193	THE	S	40		
⊠ DOL		endment #	67		Bayo	nne, N	J 07002-5014		2	LICEN	SIMO		į.		
⊠ DOH		rgency (including fication)	3		Name o	of Contac	ot		Teleph	none Num	ber				
□ DCA		ellation			Pam	Dunne	1				10				
					FACIL	ITY INF	ORMATION		-		2000				
Name of Facility Where	Abatemer	nt is Taking Plac	e (3)					Type of Facility	(4)						
Building 108 Roof				erse	v										
Street Address	rtonias	muuton ut i	0.00		.,			☐ School (K-12) ☐ Subchapter 8		han K-1 2)					
	Davies							Other (i.e. pri				gs,			
108 Port Terminal	Boulev	/aro						homes, etc.)	·		T 27.7				
City (5)								Square Feet	# of FI	oors	Bldg.	Age			
Bayonne, NJ 0700	2-5014							7,100	1		50 +	-/-			
County (6)	- 50					Code (7) (STATE USE	Current Use (Pr	or if being	ng demolis	shed)				
Hudson					ONLY)			Electrical S	ubstat	ion					
Name of Monitoring Firm	Hired by	Building Owner	A	SCM	No.		Name of Abater	nent Contractor (9)	W-527/V			-		
A of NY & NJ			N	I/A			B&N&K Res	storation Co.,	Inc.						
Street Address							Street Address	,	-						
241 Erie Street, Ro	om 23	6					223 Randol	nh Avenue							
City, State, Zip Code	70111 20						City, State, Zip							- 22	-
Jersey City, NJ 07	210						Clifton, NJ								
Project Manager for Mon		r m	Tale	nhor	ne No.		Telephone No.	07011	Licens	a Na		-			_
	itoring Fi	rm	2				1		(30.000.000.000.000.000.000.000.000.000.						
Uday Mehta		0.1.1.1.0			5-488	1	973-478-468		0012	:0					
Start Date (10)		Scheduled Cor		n Da	te (11)		Name of OSHA		Normania Toologi						
June 17, 2014		June 22, 20						vironmental S	ervice	s, L.L.C	<i>)</i>	7.7			
Occupancy Status During	Abatem	ent (Check only	one)				Street Address	E 20 720							
☑ Facility Closed/Vacate	d During	Entire Period of	Abater	ment				Brook Avenue)			0.54			
☐ Abatement Performed ☐ Other - Describe:	Outside	of Normal Facilit	y Hour	s			City, State, Zip								
							Lyndhurst,	NJ 07071-199	8			_			
Scope of Work (Check al	I that app	oly)					□ Foll	Containment with	Negative	a Draesure					
≥ 3 sf or ≥ 3 lf					⊠ Reno	ovation		-Enclosure	Negative	e riessuie					
□ ≥ 160 sf or ≥ 260 lf					☐ Demo	olition	☐ Glov	rebag Procedure	N F-	-N- D					
520			-				⊠ Non	-Exempted (*) and	Non-Fri	able Proce	edure	Δ	bate	mai	nt
				ocati	2550							^	Ty		
Locatio	on of		Used	rmal			Description	of							
Asbestos-Containin	Name and the second	al (ACM)	Main			Asbe	stos Containing M	laterial (ACM)		Amount				ᄪ	ш
TO BE AS				stodi		(i.e	., thermal systems surfacing, VA			(Specify SF or LF)		₹en	Re	cap	nclo
(13)				Staff? (12)			other miscellan		`	or or Lr)		Removal	Repair	Encapsulate	Enclosure
N	A.)).	_		(12)								<u>a</u>	7	ate	е
			Yes	No	N/A										
Battery Room					X	Trans	site panels			10) sq ft	\times			
Name of Registered Was	te Haule	r	NJD	EP V	Vaste H	auler	Cubic Yards of	Name of Regis	tered Lar	ndfill				-	-
			ID N	0.		00TS/R3.	Waste	200-							
Two Brothers Con	tractin	g, Inc.	187	743			0.5	Grand Cen	tral Sa	initary L	andfi	II			
City, State							Disposal Date	City, State	-						
Clifton, NJ							06/17/2014	Penn Argy	I, PA						
Completed by	9	Title				-	Signature	1111	_		Date			81155	
G. Roger Woodma	n	Safety Offi	cer								6/4/2	014			

NO CK

State of New Jersey REV#8-APPROVED BY NOTIFICATION OF ASBESTOS ABATEMENT FRANKLIN MEYER (VERBAL) (Pursuant to NJAC 8:60 and 5:16) NOTIFICATION OF ASBESTOS ABATEMENT FRANKLIN MEYER (VERBAL)

Date of Notification (1)					01	125	g Owner/Operator (5. 50-0
/	15 /	14			Pri	nceton U	niversity-Office	of Design and	Construction				
Agencies Notified	Type Notific	cation			Street	Address							
□ EPA		16.			200	Elm Dr.							
⊠ DOLWD			0 6140	14.4	City, S	State, Zip C	Code						100.00
☑ DHSS ☐ DCA	Amendr	0.000	4.41	1000	Pri	nceton, N	IJ 08544			~ 3			
(NJAC 5:23-8)	justifica		Ciudini	3	Name	of Contac	1		Telephone Numb	er =			
	☐ Cancella				Rol	pert Orte	ga		T.	-		.)	
				_			IFORMATION		L				
Name of Facility Where A	batement is	Taking	Place	(3)	170	JILIT III	TORMATION	Type of Facility ((A) (5-1-)			- 1	30.00
Princeton University				, (0)			8	School (K-12		1	1 .5		
Street Address	, σστστι		u. y					☐ Subchapter 8	(Other than K-12)	7	-		
Washington Rd								Other (i.e., pr	rivate and commer	cial bu	ilding	s,	
City (5)								homes, etc.)		7.5		المسا	
Princeton								Square Feet	# of Floors	. E	g. A	ge	
			COSP-		10			_					
County (6)					Cour	ity Code (7)(STATE USE ONLY)		or if being demolis	hed)			
MERCER								Library					550000
Name of Monitoring Firm I		iding (wner	(8)	ASCM	No.	Name of Abateme	5335			-		
ATC Associates Inc.	•						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address						
Three Terri Center							1123 BEAVE	RSTREET					
City, State, Zip Code			William .				City, State, Zip Co	de			11990		
Burlington, NJ 0801	6						BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.	10,	License No.				35.742
Michael Keehn				6	09-386	-8800	215-788-6040		00509				
Start Date (10)					tion Da	te (11)	Name of OSHA M	onitor					
_2 / _5 /	14	0	N	HOL	D		BRISTOL EN	/IRONMENTAL	_, INC.				
Occupancy Status During	Abatement	(Checl	only	one)			Street Address						
☐ Facility Closed/Vacated		301	_		ment		1123 BEAVER	STREET					
☐ Abatement Performed	Outside of N	lormal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co						
Time of Abatement: 6:	30AM- <u>3:00</u>	PM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)				_								
							☐ Full Cont	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			_	novat			Mini-Enc						
△ ≥100 SI OI ≥200 II			□ De	molitic	on		☐ Glovebag ⊠ Non-Exe		n-Friable Procedure	Α.			
			Is	Loca	ion		Z Hell Zaci	inplod () dire i to	T Trable T Toocaa	_	atem	ant T	vno.
Location of	of			Norma	lly	2	Description o			-			
Asbestos-Containing N	laterial (ACI	VI)	25000	d Sole	, ,		stos Containing Ma	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABAT IN Facility			00032	intena todial	Staff?	(i.e.	., thermal systems i		(Specify	VOL	a:	aps	losu
(13)	,			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>B</u>		Encapsulate	ire
, ,			Yes	No	N/A	1		/				e	
Throughout Levels C,	B and A			П	П	Floor til	le and mastic		1,465 SF	\boxtimes	П		П
	DandA			-						-	Ш		ш
Office A-7J			\boxtimes			Window	/ Caulk		96 LF	\boxtimes			
0111007110			\boxtimes			Duct wo	ork		1775 SF	\boxtimes	П	П	П
Throughout Levels C,	B and A				10								$\overline{\Box}$
	B and A									11.4		Ш	Ш
Throughout Levels C,					LIDERY	Monte	Cubia Verda of	Nome of Decision	tored Londell	1=			
Throughout Levels C,	e Hauler	DING		1	JDEP \ lauler II		Cubic Yards of Waste	Name of Regist		1-			
Throughout Levels C, Name of Registered Waste SERVICE TRANSPO	e Hauler	P INC		1	JDEP \	No.	Waste	G.R.O.W.S.	tered Landfill NORTH LANDI	FILL			
Throughout Levels C, Name of Registered Waste SERVICE TRANSPO City, State	e Hauler	P INC		1	IJDEP \ lauler II	No.		G.R.O.W.S. City, State	NORTH LAND	FILL			
Throughout Levels C, Name of Registered Waste SERVICE TRANSPO	e Hauler	P INC		1	IJDEP \ lauler II	No.	Waste	G.R.O.W.S. City, State		FILL			
Throughout Levels C, Name of Registered Waste SERVICE TRANSPO City, State	e Hauler RT GROU	P INC		1	IJDEP \ lauler II	No.	Disposal Date Signature	G.R.O.W.S. City, State MORRISVII	NORTH LANDI	te ,			
Throughout Levels C, Name of Registered Waste SERVICE TRANSPO City, State NEW CASTLE, DE	e Hauler RT GROU	Title		I N	IJDEP \ lauler II	No.	Disposal Date Signature	G.R.O.W.S. City, State	NORTH LANDI		0/,	14	9



Date of Notification (5/15/14			Name o Towr	of Building Aship of	Owner/O South	perator Oran	⁽²⁾ ige V	illage	T-14 .F.	11	1				
Agencies Notified	Type Notification		-	Street A	ddress -76 Sou	uth Ora	ange /	Aven	ue 🌃	1114 1	2 8		: Š	٠		
XEPA	Initial x Amended		1	City, Sta	ate, Zip Co	ode		00000V	****		_			0		
XDOL	Amendment # Emergency (i		+	South	h Orang	ge ,N.J	. 0707	79			į.				-	
X DOH X DCA	justification)		13	lame of		-1-				Tal	-nh0i	ne Nu	mber			
n 30.1	Cancellation			Control of the Contro	ore Ren	0.0000000000000000000000000000000000000	ON				1					
name of Facility Where South Orange Vil		Place (3)		FAC	ILIT INC	OKINATI	ON	2005-300-00	of Facility School (K-							
Street Address 101 South Orang	e Avenue								Subchapte Other (i.e. etc.)					ildings,	home	es,
City (5) South Orange								Squa 40,0	re Feet 000	# of 3	Floo	rs		Bldg. A 100+	ge	
County (6) Essex					Code (7) USE ONLY)		Curre	ent Use (Pr /n Hall	ior if bei	ng de	molis	hed)			
Name of Monitoring Firm Hatch Mott MacI	m Hired by Building O Donald	wner (8)		ASCI 00140	M No.		Name Trico	of Aba	tement Co iterprise	ntractor s Inc	(9)					
Street Address 27 Bleeker St.							Street 322									
City, State, Zip Code Milburn, N.J. 070	41						City, S Keyp	tate, Z ort N	ip Code V.J. 077	35						
Project Manager for Mo Kevin Herrighty	nitoring Firm		Telepho 973 912			Teleph 732-	one N 739-	0. 1200			ense N 095	No.				
Start Date (10) 3 /24/14		Schedule 7/4	ed Con 1/14	npletion	Date (11)				HA Monitor							
Occupancy Status Durin	ng Abatement (Check	Only One	e)				Street	Addre	ss 322 Be	er St.	-	-				
X Facility Closed/Vac Abatement Perforn Other – Describe:	ned Outside of Norma						City, S	tate, Z	ip Code K	eyport,	N.J. (07735	i	72	101111111111111111111111111111111111111	
										-00-046						
Scope of Work (Check A ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	ы тпас Арріу)	07.0	Renov emolit					Mir	ntainment ni-Enclosur ovebag Pro	re ocedure						
		Т			T			No	n-Exempte	ed () and	Non-	Friab	le Pro	200 A V		
Locatio		1000	Locat mally l			D	scription	-4							emen vpe	t
Asbestos-Containin TO BE AB In Fac	g Material (ACM) BATED ility	S Mai	olely lintena todial s (12)	oy nce/		stos Cont thermal surfac	taining M systems cing, VA	Materia s insula T, or		(5	mour specif	fy	Removal	Repair	Encapsulate	Enclosure
(13))	Yes	No	N/A	1	other n	niscellar	neous)					wal	굨.	ulate	sure
Basement , First ,&	Second ,Floors		х		Wall &	Ceiling	plaste	r		34,8	00	sf	х		,,,	
IT office			х		Light b	rown I	inoleu	m	v=11==================================	260	sf		х			
Attic Staircase		X		Transit	te pane	els			150	sf		х	2000			
crawlspace		Х		Pipe i	insulati	on			300	sf		x				
Name of Registered Wa Atlantic Carting Inc	ste Hauler	H	IJDEP W lauler ID 6085		Cubic of Was	200000000000000000000000000000000000000		Name of GROWS				ı				
City, State 1141 Rt 23 Wayne N.J.	07470					Dispos 7/4/14	al Date		City, Sta	te	Morri	sville	P.A.			
Completed by James Mahoney		Title Project	mana	ager		S	ignature	الم	MS	lone		Di	ate 5	/15/14		
ASB-41 (R-06-08)							* Do no	ot use t	his form fo	r asbest	os lic	ensur	e exe	mpted	activit	ies.



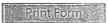
Location of Asbestos-Containing Material (ACM) TO	No	Location	Jsed	Description of			Abat Ty	emer /pe	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	Solely baintenar stodial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
2	Yes	No	N/A			22		late	
Second floor			X	Ceiling plaster	600 sf	X			
Second floor			Х	Transite panels	2100 sf	Х			
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* Emergency

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

T Live J	<i>'</i>			(17	ursuant	to NJAC	8:60 an	a 12:12	U)	CK	4	14=	7.	20			
Date of Notification (1) 6/6/14						f Building el Feen							7	1/4 P	No.		
Agencies Notified EPA	Туре	Notification Initial			Street A 28 No	ddress rth 20th	St				i JU	112	PH	3:	29		
EPA DEP DOL		Amended Amendment		_		ate, Zip Co					3 °		_				
DOH DCA		Emergency (justification) Cancellation	including		Name of Mike	f Contact	VIII.			5		ephone	Numl	ber			
					FACI	LITY INF	ORMAT	ION			-	_	-	_			
Name of Facility Where Michael Feeney Pr	Abater rivate	nent is Taking Home	Place (3	3)					Тур	e of Facility (4 School (K-1)	coat.co						
Street Address 28 North 20th St									×	Subchapter Other (i.e. p	8 (Oth	er than I & comm	K-12) ercial	buile	dings	hom	es,
City (5) Surf City NJ 08008	3								Squ 100	etc.) are Feet 00+	# of	Floors			ldg. A	ige	
County (6) Ocean						Code (7) USE ONLY	· · · · ·			rent Use (Pric	or if bei	ng dem	olishe	1 -			
Name of Monitoring Firm	n Hired	by Building C	Owner (8)		ASCN	/I No.		Name	of Ab	atement Con	tractor	(9)					
Street Address					1			Street PO I	in an airt	755.					•		
City, State, Zip Code									Zip Code Iin NJ 080	n8	-						
Project Manager for Mo	nitoring	Firm	T	Telepho	ne No.		Telepi	none f			Licens						
Start Date (10) 6/9/14			Schedule 6/13/14		npletion	Date (11)	-		of OS	SHA Monitor		0072					
Occupancy Status Durir	a Abot	omant (Charl															
Facility Closed/Vac Abatement Perform Other – Describe:	cated D	uring Entire P	eriod of	Abaten	nent			Street City, S		Zip Code							
Scope of Work (Check A	All That	Apply)									38						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		, 44-1)	Printers .	Renova Demolif					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					•	
			le le	Locati	ion					on Exempted	() and	11011-1	Table			emeni	-
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci	Mater SATED ility	ial (ACM)	Use Ma	Normal ed Sole intena todial S	ly ly by nce/	Asbes (i.e.	tos Cont thermal surfa	system cing, VA	Materia s insu T, or		(S	mount specify or LF)		Remova	Repair	e Encapsulate	Enclosure
(13)			Yes	No	N/A		other r	niscellar	neous))				oval	air	sulate	sure
Soff	it			х		Trar	nsite S	offit		40	00 SF		x				
											10	-	+				
Name of Benistered W.		4											\exists				
Name of Registered Wa United Containers	sie Hal	nel		Н	IJDEP W lauler ID 2459		of Was			Name of R		red Lan	dfill				
City, State Elm NJ					3.00			sal Date		City, State Morrisvi		1906	 7			-	
Completed by Anthony T Perna			Title Presi	dent				signature	7				Date 6/6/				



Emergency

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 12:120)

0	((Pur	rsuant t	o NJAC 8	3:60 ar	nd 12;120))	CK	4	146				
Date of Notification (1) 6/6/14					Building (e Brosk					11/					
Agencies Notified	Type Notification		1000	treet Ad	Idress st Lillie	(103	rd St)	211	4 JUN 12	PH	3: 2:	Ġ			
EPA DEP DOL	Initial Amended Amendment #	<u> </u>			e, Zip Co each Tv		08008		40.80		1, 11	1			
☑ DOH DCA	Emergency (in justification) Cancellation	ncluding	N		Contact				<u> </u>						
	L		_	FACIL	ITY INFO	RMA	rion								
Name of Facility Where Terence Broski priv		Place (3)							of Facility (4) School (K-12)		C CONTO			
Street Address 11 West Lillie (10	3rd St)							×	Subchapter 8 Other (i.e. pri etc.)				ldings	, home	es,
City (5) Long beach Twp N	J 08008							Squar 1000	re Feet)+	# of 1.5	Floors		Bidg 35+	Age	
County (6) Ocean	700				ode (7) ISE ONLY)		1	Curre	nt Use (Prior ie	if beir	ng demol	ished)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.		10000	of Abat	tement Contr	ractor	(9)				
Street Address	3*					110		Addres				-			
City, State, Zip Code									ip Code n NJ 0800	18		-			
Project Manager for Mo	nitoring Firm		T	elephor	ne No.		Telepi	hone No 753-9	0.		License		=		
Start Date (10) 6/9/14		Scheduled 6/13/14	Com	pletion [Date (11)			of OSH	A Monitor	1					
Occupancy Status Durir		NESS CONSTRUCTOR	`					Addres	ss					-	
Facility Closed/Vac Abatement Perform	cated During Entire P	eriod of Ab	ateme	ent					ip Code						
Other - Describe:							1								
Scope of Work (Check	All I nat Apply)						г	٦							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novati molitic	0.0000000000000000000000000000000000000				Mir Glo	l Containmer ni-Enclosure ovebag Proce n-Exempted	edure				re	
		Is L	ocatio	on		************							Aba	temen	t
Asbestos-Containin	g Material (ACM)	Used	rmally Solely tenan	y by	Asbes	tos Co	escription ntaining l al system	Material	(ACM)		mount Specify	-	1	ype	ш
TO BE AF In Fac (13	ility	Custo	dial Si (12)	taff?	(i.e.	sur	facing, VA r miscella	AT, or	ation,		or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	n)
Exterior	Siding			х		Ex	terior Si	iding		16	00 SF	x	-		
												+	+	-	
		-										+	+	-	
Name of Registered Wa	aste Hauler		1000	JDEP W		200000000000000000000000000000000000000	ic Yards		Name of R	Registe	ered Land	ifill		-	
United Containers		una to regenerate		auler ID 2459	NO.	3	/aste		G.R.O.V						
City, State Elm NJ					= 0		osal Date 3/14	9	City, State Morrisvil		19067	7			
Completed by		Title					Signatur	e	1			Date			

President

6/6/14

Anthony T Perna



& Emergeny &

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

		(Pur	suant to N	JAC 8:60 an	id 12:120	0)	CK	419	18.	r pin	100			
Date of Notification (1) 6/6/14		Na Je	ame of Buil ohn & Ba	lding Owner/ arbara Par	Operator ks Priva				-6.4	J	- Tower			
Agencies Notified Type Notification EPA Initial	n	1000	reet Addre	ss naker Driv	e		獲得し	UN	2 F	H.	3: 2	8		
DEP Amended Amendme			ty, State, Z ittle Egg	ip Code Harbor NJ	08087		F . 3:				#.	i İ		-
DOH justification justification Cancellation	y (including n) on	1 83	ame of Con ohn	ntact			1.2	Tele	phone	Num	ber			
			FACILITY	INFORMAT	ION			L .			***			
Name of Facility Where Abatement is Tak John & Barbara Parks Private H	ing Place (3) ome					_	of Facility (4) School (K-12							
Street Address 46 S Spinnaker Drive							Subchapter 8 Other (i.e. pri	(Othe	er than	K-12) nercia	l buile	dings	, hom	es,
City (5) Little Egg Harbor NJ 08087							etc.) re Feet)	# of	Floors			ildg. A	Age	
County (6) Ocean			ounty Code			100000000000000000000000000000000000000	ent Use (Prior		ng dem	olishe		5+		-
Name of Monitoring Firm Hired by Building N/A	Owner (8)	7	ASCM No.			30.3.200	tement Contr	actor	(9)		-			
Street Address					Street	Addres	SS							
City, State, Zip Code					City, S	tate, Z	ip Code n NJ 0809	1	-					
Project Manager for Monitoring Firm		Те	lephone No	0.	Teleph	none N	0.	<u>.</u>	Licens					
Start Date (10) 6/9/14	Scheduled 6/13/14	Compl	etion Date	(11)	Name		A Monitor		0072					-
Occupancy Status During Abatement (Ch					Sam									
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Ab	atemer	nt		120000000000000000000000000000000000000	Addres	p Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Territoria de la constanta de	novation molition			×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted (dure						
	le Lo	ocation				2 1401	-Lxempted () ario	IVOI1-F	Habie			ement	
Location of	No	rmally		De	scription	of					8		ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custod (Solely tenance dial Star (12)	ej A	sbestos Con (i.e. thermal surfa	taining M	laterial s insula T, or	(ACM)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Siding		-		Esda	rior Ci-	Ji		400	0.05	-				
Extensi siding		-	X	EXIG	rior Sic	aing		120	00 SF	-	x			
								5	1					
Name of Registered Waste Hauler		T N ID	EP Waste	Cubin	Yards		Name of D		- 27	15::				
United Containers		100000000000000000000000000000000000000	ler ID No.	of Wa	N. C. & C. C. & C. & C. & C. & C. & C. &		Name of Re G.R.O.W	. J	ed Lan	idtill				
City, State Elm NJ		1		Dispo: 6/13/	sal Date		City, State Morrisville	e PA	1906	7			- 1.2.	
Completed by Anthony T Perna	Title Preside	ent			Signature	P				Date 6/6/				



& Emergency X

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

CK. 4140

Date of Notification (1) 6/5/13				\neg	Name o	of Building Williams	Owner/0	Operator	2000		-		<u></u>			- 31051-5	
Agencies Notified	Туре	Notification			Street A				e 	ZETA JUR	12	יוון	3: 2	1_		-	
EPA DEP DOL		Initial Amended Amendment		_	City, Sta	ate, Zip C	ode	08		- (* *)	TOE!	11.5	1 1 1	<u>);</u>			
☑ DOH DCA	_	Emergency (justification) Cancellation	•			of Contact				- 2 -		phone					
Name of Facility Where	Abaten	nent is Takin	g Place (3	3)	FAC	ILITY INF	ORMATI	ION	Type	of Facility (4	<u> </u>						
Sam Williams Priva	te Ho	me	J		54					School (K-12							
Street Address 206 West 10th St									×	Subchapter of Other (i.e. pretc.)	8 (Otherivate 8	er than comm	K-12) nercia	l buil	dings	, hom	es,
City (5) Ship Bottom NJ 080	008									re Feet	# of	Floors	n e		8ldg. /	Age	+
County (6) Ocean					County (STATE	Code (7) USE ONLY)		Curre	ent Use (Prio	r if beir	ng dem	olishe	ed)			
Name of Monitoring Firm N/A	Hired	by Building (Owner (8)		ASCN	M No.			of Aba	atement Cont	ractor	(9)	-				
Street Address				-11.0020 -					Addre		· · · · ·						
City, State, Zip Code							City, S	State, Z	ip Code in NJ 0809	21	-						
Project Manager for Mon	roject Manager for Monitoring Firm							Teleph	none N 753-9	0.		Licens					<u> </u>
Start Date (10) 6/6/14	- 139,00		Schedule		npletion	Date (11)		1 10000	of OSI	HA Monitor		0012		100-200			_
Occupancy Status During	Abate	ement (Checi		ī.,					Addre	99						1	
Facility Closed/Vaca Abatement Performe Other – Describe:	ated Du	ırina Entire F	Period of A	Abaten	nent					ip Code			-			_	
Scope of Work (Check Al	I That	Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			PROMING	enova emolit				×	Mir	Il Containmen ni-Enclosure ovebag Proce n-Exempted	edure						
			0.00	Locati					110	II-Exempted	() and	NOIF	Паріє		Abate	ement	
Location Asbestos-Containing		ol (ACM)		lormal d Sole				scription					-	-	Ту	ре	
TO BE ABA In Facili (13)	TED	ar (ACIM)	Mai	ntenar odial S (12)	nce/				s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior S	idina		100	140	X		Evto	rior Sic	ding		100	0 05					
		-			-		CXIO	rior Sic	airig		190	00 SF	_	x			
		 				-						-					
													-				
Name of Registered Was	te Hau	ler		N	JDEP W	/aste	Cubic			Name of R	egister	ed Lan	dfill				
United Containers				503.00	auler ID 2459	No.	of Was	ste		G.R.O.W							
City, State Elm NJ							Dispos 6/10/1	al Date		City, State Morrisvill	le PA	1906	7				
Completed by Anthony T Perna			Title Presid	dent			S	ignature	/				Date 6/5/				



& Emergene X

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

& Emery				(Pt	irsuant 1	to NJAC	8:60 and	d 12:120	0)	CK	410	19	7 530	E.			
Date of Notification (1) 6/6/14						Building (Debbie					- / /		7				
Agencies Notified	Тур	e Notification			Street Ad 402 Cd	ddress oral Gab	les Dr			詹锋	JUN	12 1	PM 3	1. 2	?		
EPA DEP DOL		Amended Amendment				te, Zip Co ette NJ (= [17] 0	1 7			70	ħ		
DOH DCA		Emergency justification) Cancellation		1	Name of Joe	Contact					Tele	phone	Mr imb				
					FACI	LITY INFO	RMATI	ON									
Name of Facility Where a Joe & Debbie Panta Street Address	Abate aleo	ment is Takir Private Ho	ng Place (3 me)				3		of Facility (School (K-1 Subchapter	2)	r than	K 12\				
402 Coral Gables D)r.								×	Other (i.e. petc.)				build	ings,	home	es,
City (5) Lavallette NJ 08735	5								Squa 1000	re Feet)+	# of	Floors	200		dg. A 5+	ge	
County (6) Ocean					County (Code (7) JSE ONLY)			Curre	nt Use (Pri	or if beir	ng dem	olishe	d)			
Name of Monitoring Firm N/A	Hired	d by Building	Owner (8)		ASCN	l No.		1	of Aba	tement Cor	ntractor	(9)					
Street Address		8:							Addres								
City, State, Zip Code										ip Code in NJ 080	91						
Project Manager for Mor	nitorin	g Firm		T	Telephor	ne No.			none N 753-9			Licens					
Start Date (10) 6/9/14			Schedule 6/13/14		npletion (Date (11)		Name Sam		HA Monitor							
Occupancy Status Durin	a Aha	tement (Che		1					Addres			-		-		-	
Facility Closed/Vac Abatement Perform Other – Describe:	ated [During Entire	Period of A	Abatem	nent					ip Code		+			-		
Scope of Work (Check A	II Tha	t Apply)						-									-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Biographic .	Renova Pemolit	100000000000000000000000000000000000000			>	Mir	ll Containmoni-Enclosure ovebag Produces n-Exempted	e cedure					9	
	240		le.	Locati	on						- 1.7.5		T			ment	
Location	n of	W =		Vormal			Do	scription	o 6				, L		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Mate ATED lity		Ma	d Sole intenar todial S (12)	nce/		tos Con therma surfa	taining N I system icing, VA miscellai	Materials s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior S	Cidio	~					F.d.	-i Ci	alia a		400	20.05	-	-			
Exterior	Siuiri	g		-	X		EXIE	erior Si	aing		120	00 SF		K			
													_				
Name of Bulling	7. 77							.,									
Name of Registered Was United Containers	ste Ha	auler		H	JDEP Wauler ID 2459		of Wa	Yards ste		Name of G.R.O.		red Lar	ndfill				
City, State Elm NJ							Dispo 6/13/	sal Date		City, Stat Morrisv		1906	57				
Completed by Anthony T Perna			Title Presi	dent				Signatur	e	-			Date 6/6/				

Check # 8831

Agencies Notified Type Notification Street Address EPA DEP June 5, 2014 Temple Emanu-El Street Address 2114 JUN 12 PM 3: 2 6	
100 James Street	
DOL Initial City, State & Zip Code	
Amended Edison, NJ 08802	
Amendment # DCA Cancellation Name of Contact Telephone Nu Telephone Nu	mher
Denise Wolferman	
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Temple Emanu-El Type of Facility (4) School (K-12)	
Street Address Subchapter 8 (Other than K-12)	
100 James Street Other (i.e., private & commercial buildings, home, e	tc)
Square Feet # of Floors Bldg. Age	ic.)
City (5) 6,000 1 45 year	irs
Edison Current Use (Prior if being demolished)	
Religious Facility County (6) County Code (7)	
Middlesex USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc.	
Street Address Street Address	
15 West Elizabeth Avenue 829 Radio Road City, State & Zip Code City, State & Zip Code	
Linden, NJ 07036 Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number	
Kelly Walton 908-862-4301 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 17, 2014 Support Synatech, Inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address 829 Radio Road	
Abatement Performed Outside of Normal Hours City, State & Zip Code	
Other – Describe: Little Egg Harbor, NJ 08087	
Facility Occupied During Abatement	
Scope of Work (Check all that apply)	
Full Containment with Negative Pressure ≥3 sf or ≥ 50 lf Renovation Renovation	
∑ 3 sf or ≥ 50 lf ☐ Renovation ☐ Mini-Enclosure ∑ 160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure	
Location of Is Location Normally Used Description of Abateme	ent Type
Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify	•
TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems	
insulation, surfacing, VAT	En En
or other miscellaneous) Repair Yes No N/A	aps
Yes No N/A	Enclosure Encapsulate
Basement Mechanical Rooms X Pipe Insulation 201F Y	<u>" </u>
Basement Mechanical Rooms X Pipe Insulation 20 LF X	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill	
Synatech, Inc. 27429 1 Grows Landfill	
City, State Disposal Date City, State	
Little Egg Harbor, NJ 08087 July 25, 2014 Morrisville, PA	
Completed By Title Signature Date	
Diane Aloia Executive Assistant Marie (Clar June 5, 2014	

CK#0678

Data of Notification (1)				1	Vame of B	Building C	wner/O	perator	(2)				Ĭ				
June 5 2014					FDL Co	onstruct						APPRO					
Agencies Notified	Type	Notification		1	Street Add	0.000						Health /				ices	
D EPA	X	Initial				ickory /		uite B			Eul.	C , H	2/2	12	2	-	_
DEP		Amended			City, State			85			1.1	E Tul				اد	Α.
B DOL		Amendment# Emargency (It		-		ın, LA 7	0123			Date		न्त्राप			155	3 A	n
DOH DOA		justification) Cancellation	ICHCIN (S)		Name of (Contact					Tek	ephone No	umba	sr.			38
ATT.					FACIL	ITY INFO	RMATI	ON-					\Box		_		
Name of Facility Where	Abater	ment is Taking	Place (3)				- 0		Type o	Facility (4)						
House										chool (K-1							
Street Address	SE				0.00		7			ubchapter ther (i.e. p	8 (Oth	er than K-	12) riai i	mildi	inan	fining	115
611 Newport Ave.										(C.)	vale t	1 Committee		1.	5555	-	٠,
City (5)									Square		# 0	Floors	্ব	1	dg. A		
Ocean Gate									1800		1_		-	1-	0+	Ξ.	
County (6)					County C			,00 S	Currer	t Use (Prid	or if bei	ng demoli	shoc	1).	6 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1		
Ocean					(STATE U	SE ONLY)	\		Hous	30.00						2	
Name of Monitoring Firm	n Hired	by Building C	wner (8)		ASCM	No.				ement Cor				₹**		~vi	
п/а					n/a					ападетн	ent C	orporation	on			35	
Street Address								Stroot	Addres	9			+	-	3	Ų.	7.55
n/a									roy La				100			31	25.0
City, State, Zip Code	-								State, Zh					****		۲۲)	g e
n/a								Lino	oln Pa	rk, NJ 0	7035		1				
Project Manager for Mor	oject Manager for Monitoring Firm								none No			License					A
n/a									-706-7			01193		271.			
Start Date (10)					npletion D	Date (11)				A Monitor					the state	North-	
6-5-2014		,	6-6-20	14			<u></u>	1		anagem	ent C	orporation	пс		-	25	
Occupancy Status Durin	19 Abe	tement (Check	conly on	6)					Addres								
Facility Closed/Vac						3.6			roy La								
Abatement Perform	ned O	itside of Norm						1 30	State, Zij			+:			-20		
Other - Describe:	A market							Line	oln Pa	irk, NJ 0	7035	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Scope of Work (Check /	All The	(Apply)	30									2460					
≥3 sfor≥3 lf				tenov						Containm		n Negative	Pre	96Ur	ө		
2160 sf ar ≥260 lf	* 35)emali	tion					i-Enclosur vebau Pro							
										Exempte			able	Pro	edu <u>r</u>	e	
			la	Locat	ion								1			men	
Locatio	n of		1	dorma	lly		De	ecriptio	n of				-		13	ре	Υ
Asbestos-Containing	g Mate			id Sale Intens			tos Can	Naining l	Material		100	mount		_		Eng.	m
TO BE AS	BATEL			todial	Staff?	(i.e.	therma	il system sçing, V	insula Tor	tion,		Specify Far LF)		Rem	Repair	E A	TICK
(13))			(12)		1	other	miscella	neous)		_	,		emoval	TEL	apsulate	Eliciosnia
			Yes	No	N/A									2		計	dz.
Chimney Exhaus	Chimney Exhaust in Basement					Tr	ansite	Pipe I	nsulati	on .		16 LF		×	- 1		
and outside			+		X							,			1		Г
			+					-					\forall				
		***************************************	—		-									•			T
Name of Registered Wa	aste H	auler	٠		NJDEP W	laste	Cubic	c Yarda		Name of	Regis	tered Land	dfill			1	_
Loznica Managem					Hauler ID 003313		of Wi			GROV	VS La	ındfill	118				N.
City, State Lincoln Park, NJ 0	7025						1.0	osal Dat	e	City, Sta Morris		PA 1906	67	***			
Completed by					Sigpalu	re 🔨		1,101	1,,,,,,	Date	<u> </u>			-			
E. Cirovic			Title Sec	retar	У			C. C	Ci	ron	20	_	157 100 0	500	i, 20	14	

ASB-41 (R-08-08)

"Do not use this form for asbestos licensure exempted activities,



OCACILIED

Date of Notification (1) 06/03/14 \$200 CK#3121			f Building Owner Erickson	/Operator	(2)	na _*		: ¥ 6	_ 1,3		
Agencies Notified Type Notification	-	Street A				<u>(1)4.</u>	#IN 12	PH	3. 2	t _i	
EPA Initial DEP Amended Amendment	#	City, Sta	ate, Zip Code wood, New J	ersev 0	7040	F of g	LICER	·	i IC.	li.	
DOH Emergency (justification) DCA Cancellation		Name o	f Contact Erickson		7010		ephone Nu				24
			ILITY INFORMA	TION	-						
Name of Facility Where Abatement is Taking Residence Street Address	Place (3)				Type of Facility School (K	(-12)	11 12 4	a)			
174 Garfield Place							er than K-1 & commerc		dings	hom	es,
City (5) Maplewood, New Jersey 07040					Square Feet 6,000	# o 2	f Floors	1000	3ldg. <i>1</i> 55+	\ge	
County (6) Essex			Code (7) USE ONLY)		Current Use (F Home	Prior if be	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	M No.		of Abatement Concoration		(9)				
Street Address				7.55	Address McBride Ave	nue					
City, State, Zip Code					State, Zip Code odland Park, N	New Jer	sev 0742	24			
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	hone No. 225-8400		License N				(1)
Start Date (10) 06/13/14	Scheduled C 06/14/14	completion	Date (11)		of OSHA Monito	5.5				******	
Occupancy Status During Abatement (Check				Street	Address Route 22 W						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8AM Start	eriod of Abat al Facility Ho	ement urs	12	City, S	State, Zip Code on, New Jerse		3				
Scope of Work (Check All That Apply)				Joine	ii, ivew beise	sy 0700	3	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Brooked	vation olition	-		Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ure rocedure				0	
	Is Loc	ation			a Non-Exemp	Teu () an	u Non-Filai	JIE FIC		ement	t
Location of	Norm Used So	nally	D	escription	n of			_	Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (1)	nance/ al Staff? 2)	(i.e. therm		Material (ACM) s insulation, kT, or neous)	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes N		The	2	1	ļ .		-	<u> </u>		
Dasement			i nermai :	System	Insulation	4	0 LF	X			
						-		-			\vdash
Name of Registered Waste Hauler		NJDEP W Hauler ID	1707 TATES	c Yards	Name o	of Registe	red Landfil	1			\vdash
Lilich Corporation		18724	No. of W	aste	G.R.C	.W.S L	andfill				1
City, State Woodland Park, New Jersey 07424			225 II 10 10 10 10 10 10 10 10 10 10 10 10 10	osal Date 5/14			ennsylva	nia			
Completed by Tatiana Kalenikova	Title Vice Pre	sident		Signature		1	/ Da	ate 5/03/	14		

Date of Notification (1)				7		10 0.00 E		'	为非		6	3	/ ~	1
6-2-2014						ng Owner Health	/Operator		APPRO	AED		=	7	
Agencies Notified	ype Notification	1	-		Address			N Dep	of Health 8	Senior	Sei	adce	<u>.</u>	
EPA DEP	Initial			308	Willow	Ave.		tau	C (sighat)	man	-			
XX DOL	Amended Amendmen	t#			tate, Zip oken. N	Code NJ 07030	n	Date;	d 1	Timo:	والم	17A	M	
DOH _	Emergency justification	(Including	9		of Conta					he Numb			TAOL	
D DCA	Cancellation	n							Гагария	IND MORE	HOL			10
Name of Facility Where Ab	etement is Tald	no Place	(3)	FAC	RITY	FORMAT	TION							
Hoboken University I	Medical Cent	er	,					Type of Facility						
Street Address			-					School (K	and O Affind and	n Materia	•			12
308 Willow Ava.								Other (i.e.	private a con	mercial	bul!	ding	hon	neg,
City (5)	W-100					-		Square Feet	# of Floo	B ince		ild <u>6</u>		,E
Hoboken County (6)									11 011 100	- 00	1	50mm	A.	1
Hudson				County	Code (7	7)		Current Use (P	nor if balay de	mblishe	d)	_	_	- 4
Name of Monitoring Firm H	mad but Desilding	Our +4 (0		(2) (2) (1) (1) (1)				Hospitai	4.4	7	•	2		1.5
n/a	the by perioring	Uwner (a)	n/a	M No.		Name	of Abatement Ca	ontractor (9)	1132	TOL	7		~
Street Address		-		IIIa				ica Manager	nent Corp	ZZ				TT
n/a								Address roy Lane		78			~~	1
City, State, Zip Code			-					late, Zip Cade			_	0		de stel
n/a								ale, zip caga aln Park, NJ (17025	1		14		
Project Manager for Monitor	ing Firm			Telepho	ne No.			orre No.		nse No.	÷.			
n/a Start Date (10)	-	-		n/a				706-7950		93		. 1	-	***
6-4-2014		Schedu	ed Co	mpletion	Date (1	1)		OSHA Monitor						-
Occupancy Status During A	hatmant (Oh a	6-6-20	714					lca Managen	rent Carp			: :: :2:27 - v	ä Q	
							E 1000000000000000000000000000000000000	Address			- 1			
Facility Closed/Vacated Abatement Performed Other - Describer	During Entire I Outside of Norm	Period of . Yell Facility	Abates House	nent 2				roy Lane		+1.				
Other - Describe:				* 	_			ate, Zip Code			10	٠.,		
Scope of Work (Check All Ti	nat Apply)				_		Lind	in Park, NJ (1/035					
☑ ≥3 af or ≥3 if □ ≥160 af or ≥260 if			Renova Demoli					Mini-Enclosur Glovebag Pro	cedure					
		10	Locat	ion			<u>Lai</u>	Non-Exemple	d (*) and Non-	Frieble F	_			
Location of		1	dormal	lly		Di-v	eciption o				,	Abate Ty		L. Services
Asbestos-Containing Mar TO BE ABATE	terlal (ACM)		d Sole Intena		Asba	Stos Cont	sining Me	terial (ACM)	Amount		T			
in Facility	×		odial S		(Lt	: Chennal	systeme . zing, VAT	nguistion.	(Specify		9	Z	Ence	_ gr
(13)		4	(12)			other m	niscellane	ous)	SF or LF)		Repair	Dan l	Enclosure
		Yes	No	N/A						1	4	~	incapaulate	-
1st Floar Ktich		Ш		х		Pipe	Fitting	s ·	13 pipe	- ×	+			
Air Handling L	Init	Ш., І							fittings		+	\dashv	-	-
									nungo	-	+	-		
										+	+	+	-	\dashv
terms of Registered Weste H				JDEP We auler ID 1		Cubic Y		Name of	Registered La	ndifil .		_1		_
oznica Management C	arp	ì		auler ID I 33137	vd,	of Was	te	1	S Landfill		1 1 1 1 1			
City, State		1				Disposi	el Date	City, State			,			
incoln Park, NJ 07035		i .				TBD		Marries	illa DA 100	67		(+0		
ompleted by Cirovic	1/2	Title				SI	gnature	מנטעט	110 17 13Q	Date		6		_
- OHORIC		Secre	tary		2008		CI	מחתנ	·	6-2-2	01	4	00	- [

CK 24544

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

Date of Notification (1)	6/6/14		N	ame of Buildir	ng Owner/Operato	r (2) ugent / Priory	Court	111	El)	
Agencies Notified	Type Notification	n	S	reet Address					- 6		
⊠ EPA	☐ Initial				12	24 Edgerstou	ne RdUN 12	PH	2.	10	
DEP	Amended Amendment		С	ty, State, Zip	Code	inceton, NJ (27.55		1 (;	
⊠ DOH	Emergency (justification)		N	ame of Contac		inceton, NJ (Telephone No	mher.	36.		
□ DCA	Cancellation			0.00	olset - E.A. F	Reeves	reichnoue vie	in nicke		68	
	1			FACILITY IN	FORMATION						
Name of Facility Where			*			Type of Facility	(4)		ed 12-361		
	Residen	tial Prop	erty			School (K-1		40)			
Street Address	124 Eda	anatarina	המ			Subchapter Other (i.e., p	8 (Other than K rivate & comme	-12) rcial bu	ilding	s,	
Oity (5)	124 Edg	erstoune	Ra.			homes, etc. Square Feet			5000		
Oily (0)	Princ	eton, NJ	ī			6000	3		Bldg.	90	
County (6)		00011, 110		County Code (7) (STATE	Current Use (Pr		olished)	50	
	Mercer		-	JSE ONLY)			Residenti	al			
Name of Monitoring Firm (8)		Owner	AS	CM No.		ment Contractor (9					
Street Address	MECS		.l_		Street Address	vens Environi	nental Serv	ices,	nc.		
Street Address	PO Box 34	.1			Street Address	PO F	30x 322				
City, State, Zip Code					City, State, Zip C		JON OLD				
	rosswicks, NJ	08515					n, NJ 08501				
Project Manager for Mon	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	10000		one No.	Telephone No.	50.0000	License No.	004			
	Laureti			298-4070	-	59-9688		0049	} 3		
Start Date (10) 6/9/14	Sche	eduled Com	0/14	Date (11)	Name of OSHA		ECS				
Occupancy Status Durin	ng Abatement (Che				Street Address	17/1	LCO				
			0.00	nt		PO E	Sox 341				
Abatement Performe		al Facility H	ours		City, State, Zip C			97			
Other - Describe:						Crosswick	s, NJ 08515	<u> </u>			
Scope of Work (Check a	all that apply)				☐ Full Cor	ntainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov			☐ Mini-En		•				
					Non-Ex	empted (*) and No	n-Friable Proce	dure			
		Is Loca Norma								ement rpe	
Location (Used So	lely by		Description of		· O Proposition	. -	T .	T	-
Asbestos-Containing N TO BE ABAT	TED	Mainten Custo	dial		tos Containing Mat thermal systems i		Amount (Specify	Zer Zer	Repair	Enc	Enc
IN Facility (13)	,	Staf (12			surfacing, VAT, other miscellaned		SF or LF)	Remova	ar	Encapsulate	Enclosure
(1.47)		Yes N		/A	outer misocharie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		=		ulate	ē
1st Flo	or	×	+	The	ermal Pipe Ins	sulation	33 lf	×			\Box
2nd flo	or	×			ermal Pipe In:		10 lf	×	-		
Name of Registered Was	ta Ua da				01: 1/ 1						
	nvironmental		Haule	P Waste	Cubic Yards of Waste	Name of Regis	T.R.R.F.,	Inc			
City, State	I Omneman		1	8292	1 CU Disposal Date	City, State	1.1C.T	IIIC.			-
0	Allentown, I	Ŋ			6/11/14	1	Tullytown	, PA			
Completed By	Title				Signaturé/	11/	Date				\exists
Mahlon E. Ste	vens	Proje	ect M	anager	_ _////	/		6/6	5/14		

ASB-41 MAR 00

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

Date of Notification (1)						Owner/Ope		(2)	Chil		HIM	270	1,000	ل		
	tification	men	1.0	Street A	ddress	Avenue,		۵1۱	-	. 35 May	JUN 1	< Pl	1 3	}: (13	
	al ended endment	#		City, Sta	ite, Zip Co			- 10		ê	S FOR	KSIA	√ i	1		
DOH Em just	ergency (i ification) ncellation				f Contact	3 07300	6				ephone N		-		-	
DOA GA	icellation					ORMATIO	N					-50				
Name of Facility Where Abatemen	t is Taking	Place (3	3)	1 701	LITT IIV	J. C. L. C.	•	Туре	of Facility (4)		-		-	***	
Street Address 10 Huron Street						-		×	School (K-1 Subchapter Other (i.e. p	8 (Othe			ildin	gs, I	home	es,
City (5) Jersey City									etc.) re Feet (# of	Floors		Bldg	j. Ag	ge	
County (6) Hudson					Code (7) USE ONLY)		2500000100	nt Use (Prid	or if beir	ng demol					_
Name of Monitoring Firm Hired by	Building C	wner (8)		ASCN	No.				tement Cor			.C				
Street Address						1000		Addres Box 48	ss 33, 4 E G	ate Dr	ive			1		
City, State, Zip Code		***************************************							ip Code , NJ 0741	8					-	
Project Manager for Monitoring Fire	m			Telepho	ne No.	7	Γeleph	none No 583-8	0.		License 703	No.				
Start Date (10)		Schedul	ed Com	pletion I	Date (11)	-112000000			HA Monitor	110						
Occupancy Status During Abateme	ent (Check	Only Or	_(((7		-	Street	Addres	SS		- 16		_			
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe:	g Entire P	eriod of	Abatem	ent					ip Code		-					
Scope of Work (Check All That App	olv)									2			_			_
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	,,	processes and the same of the	Renova Demolit				E	Min Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	20.72					
		1	1					1 1401	n-⊏xempted	() and	Non-Fil	able Pr			ment	
Location of		1	Locati Normal	у		Desci	rintion	of			,			Тур		
Asbestos-Containing Material (TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	ice/ staff?		tos Contair thermal sy surfacin other mis	ning M stems g, VA	Material s insula T, or		(S	mount pecify or LF)	Removal	Lopui	Renair	Encapsulate	Enclosure		
D		Yes	No	N/A									_	4		
Basement		1		Х		terior boi					0 SF	×		4		_
Basement				Х	boi	ler exhau	ust b	reech	ing	40	0 SF	х	Ü	1		
											\$1					
Name of Registered Waste Hauler Freehold Cartage			Н	JDEP W auler ID 5939		of Waste			Name of R		red Land	fill				
City, State Freehold NJ						Disposal TBD	Date		City, State Morrisvi		A			14		
Completed by Andrew Scott Higgins		Title Presi	dent			Sign	nature	11		_	ı	Date -	5	70	4	

MO#21901425805

MAY 11

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

5 7 7 1 1 7 1 7 1					- (D - 11-11	0		11	RECE	11/25	1		
Date of Notification (1)	05 / 1	4			of Building Maher	Owner/O	perator (2	2)	the comment of the state	. ¥ <u></u>	الما		
Agencies Notified	Type Notification	n		0 0 001,1110	Address	-			1814 JUN 12	PM 1	e 51	2	
⊠ EPA					stland Ro	ad		ī.		1 11 1	, C	3	
■ DOLWD	☐ Amended				tate, Zip C	UMPLE OF			李氏5106	COL	13	-	_
DHSS	Amendment	#		200	once David			ět.	& LICEI	eg int	TO O	ι.	
☐ DCA	Emergency (Grove, N	***		-	Telephone Nu		1		
(NJAC 5:23-8)	justification) Cancellation								releptione ivu	-			
	Cancenation				a Maher			5.		P			
				FA	CILITY IN	FORMA	TION						
Name of Facility Where	Abatement is Tak	ing Place	(3)					Type of Facility					
Private home								School (K-12	2) 3 (Other than K-1	21			
Street Address							OH 25 24 43 51 58 5 7 1		rivate and comm		ildin	ļŝ.	
26 Westland Road								homes, etc.			0.000	*********	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Cedar Grove, NJ 0700	9												
County (6)				Coun	ty Code (7)	STATE US	E ONLY)	Current Use (P	ior if being demo	lished)			
Essex													
Name of Monitoring Firm	Hired by Buildin	g Owner (8)	ASCM	No.	Name of	f Abateme	ent Contractor (9					
						Gr Tech	LLC						
Street Address						Street A	ddress	Marino, I., I., P. N.					
					0	576 Val	ley Rd#	283					
City, State, Zip Code							ate, Zip Co				•		-
14						Wavne.	NJ 0747	70					
Project Manager for Mor	itoring Firm		Tele	phone	No.	Telepho			License No.		-		-
M						973-638	2-1777		01127				
Start Date (10)	Sch	neduled C	omple	tion Da	te (11)		f OSHA N	Monitor	01127				
06 / 14 /	14	06 /	10	5 /	14	Envisor	isian Ca						
Occupancy Status Durin						Street A		nsultants,Inc					
□ Facility Closed/Vacat				ment			5,5050	D 1 D11 #	244				
Abatement Performe					cribe		ate, Zip Co	Road, Bldg .#	34A				
Time of Abatement:	AM-	PM/	_PM		AM								
Scope of Work (Check a	II that apply)		-			Fair Lav			nation with negat	ive nrec	SIIIO		-
	ii tilat appiy)							tainment with Ne		ive pies	suic		
		X Re				H	Mini-End		Tont with Noget	ivo Droo			
₩ 2 190 St 01 2200 II		De	moliti	on		Н	Non-Exe	g Procedure L moted (*) and No	Tent with Negation-Friable Proces	ive Pies dure			
		ls	Loca	tion				(/		-	stem	nent T	Type
Location	of	217	Vorma	100		Des	scription of	of			T	10000000	The same
Asbestos-Containing			id Soli Intena	ely by				terial (ACM)	Amount	₹er	l de	30	inc
TO BE AB				Staff?	(1.6		systems cing, VAT	insulation,	(Specify SIF or LF)	Removal	Repair	aps	Enclosure
(13)			(12)				niscellane		Sir U. LF)	<u> 8</u>		Encapsulate	9
		Yes	No	N/A								Ф	
Attic		П		\boxtimes	Vermion	lite insul	lation		280 SF	X	In	lп	In
Attic				-	Vermicu	inte msui	iation		200 31		분	ᆂ	+=
			ᆜ							_	14	$ \sqcup $	
=													
			П	П							Im	Im	Tim
Name of Registered Wa	ste Hauler		N.		e Hauler ID No.	Cubic Yar	rds of Mast	te Name of Regi	tered Landfill			15.	44
	oto i idaioi								Stored Landin				
Gr Tech LLC				003378	85	TBI		T.R.R.F. Inc					
City, State						Disposa	Date	City, State					
Wayne, NJ 07470			ž.			TBI		Tullytown, P					
Completed By (Print or T	ype)	Title				Sig	nature	In ven	0	Date			
N.Jevtic	lo	wner					Med	the Wen	20	06/05/2	014		
ASB-41							11						-

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

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

Date of Notification	(1)	(1010		1.00		Owner/Operator							
6-4-14			Mi	ke Re	eute	r		REC	TIV	100			
Arancies Notified	Type Noti	fication	Stre	et Addr	ess	11 500	200	* 7 E					
[]EPA	[X]Init	ial	19	Mour	ntai	nside Park	Terrace	2014 ILIN I	2 1	4 3	t A	3	
[]DEP	Not	ification		, State				re es ooie i	- 11				
[X]DOL	[]Amen				10. Ti	clair,NJ,	7043	SEE S [a	a cr	H I	Pa:	į	
[X] DOH	Not	ification	Name	of Con	tact			one Number				ţ-	
[]DCA	[]EMER	GENCY		ke Re		r	reception	Me Number			•		
₩ A	[]Cane	ellation					-						
						INFORMATION							
Name of Facility Whe		ent is Tak	ing Pl	Lace (3)			Type of Faci	lity (4)					
same as above							[]School		+1		w 10	,	
Street Addres					1000			pter 8 (Oth (i.e., priv					
							cial	buildings,	homes	, e	tc.)		
City (5		County	(6) Po		lo en	inty Code (7)	Square Feet	# of Flo	oors		ig.	Age	
0101 (3		Country	(O) ES	sex	2 2 2 2 2 2 2	ATE USE ONLY)	2500	2	was • was - 7//	2200	55		
							Current Use	(Prior if f	eing	dem	olis	hed,)
Name of Monitoring F	irm hired	by Buildi	ng A	SCM No.		Name of Abate	ment Contract	or (9)		_		-	
Owner (8) N/A						AZTECH M	ANAGEMEN'	f, Inc.					
Street Address						Street Addres	s						
						86 Chris	topher St	Ξ.					
City, State, Zip Cod	le					City, State,	Zip Code						
						Montclai	r, NJ 070)42					
Project Manager for	Monitorin	g Firm To	elepho	ne Numb	er	Telephone Num	ber		Licen	se :	Numb	er	
		N	I/A			(973)744	-8800		00:	371	1		
duled Start Date	(10)	Sched. Comp	pletic	n Date	(11)	Name of OSHA	Monitor					-	
6-14-14		6-16-1	4			N/A							
Month Day Ye	ear	Month	Day	Year		 							
[X] Facility Clos	sed/Vacate					Street Addres	S						
of Abatement []Abatement Per		itside of N	Iormal	Facili	hr.	Sites State							
Hours - Desci	ribe: «Off	Hours Descr	ipt»		-1	City, State,	Zip Code						
[]other - Descr			y Des	cript»									
Scope of Work (Check	all that	apply)				וויידו	Containment w	ith Negativ	ro Dro	0 011	-		
[X]≥3 sf or				novation			Enclosure	rar negaciv	e rre	33u.			
[]≥160 sf o	or ≥260 lf		[]Den	nolition	ı		ag Procedure riable Proced	ITE					
· · · · · · · · · · · · · · · · · · ·			Is	ion					2	bat	eme	nt I	
Location Asbestos-Con	100 March 100 Ma		Norma.	lly		Description Asbestos-Con		Amount	. [R		E	E
Material	_		Sole:	Ly		Material ((CA) [SAN [DA VACATO	(Specif		E	R E P	CA	C
TO BE ABA			By Ma: tenand			(i.e., thermal		SF or	0000	0	PA	PS	os
In Facil (13)	ıty		Custod taff			sulation, surfa or other miscel	35(3); 5 (1000)	LF)		A	I R	U	U
		Yes		N/A			•			L		L ·	R E
Lower Level				X		site Pane	ls	100 SI	₹				X
					(cei	.ling)							
						V.							
Name of Registered W			NJDEP	Waste ID No.	6.55	oic Yards Waste 1.5	Name of Reg		dfill				
AZTECH MANAGE	EMENT,	INC.	1704	0		maste 1.3	G.R.O.W.	S.					
City, State	07040					sposal Date	City, State				_		
tclair, NJ	0/042				(5-17-14	Morrisvi	.ile, PA	190	J 6"	1		
Completed By (Print	or Type)	Title				Signature	_1		Dat	e			
Constantine Vi	ivian	Preside	ent			1 1/:	ic		0.0000000000000000000000000000000000000	4-14			
		1					Ilum						

05-30-'14 14:36 FROM-Four Strong Builders 9736140107 Prote of Non Jerney

T-276 P0003/0004 F-496

G4567

6418-NJ CK 5882.

page i

NOTIFICATION OF ASSESTED ASATEMENT Emergency Friable Notification (Purement to MJAC 8:50-7 and 12:120-7) Check #: 5882

Date of Metricatio			T No Ex		-	D Owner/Operati						
0 5 / 3	(B.) [[[[]] [] [] [] [] [] [] [4 1				•						
Agencies wotizing				ngs High		Investment Co L	LC /	DOL	-	13	-	
[]EPA	ENGE	_					1	1	10	LU!	RY	
(X)DEP	[M] initia			Mount				1 63		7	7	7
(X) DOL	(Amande	e4.	Ils	oringfield	l. NJ	07081	1	I MAY	-:1	10	/	
(≥C) DON	7.55-6.73577			no of C			Tel	Shone Sur	11/	AA	16.	_
[]DCA	[]Caneel	Tastav.	ll de	ê Egan			/ 973	Add de ma	TV	101		
			11.00		796	INFORMATION		ANA PLANT	PPF	101	FA	
Mene of Pacifich M	DOTO ADECEMA	HV 15 II	King			TALOROWI FOR	Type of Facil	(E9 (4)		_	20	_
Production Building					-		[]Subeh	1 (K-12) apter 8 (Ot (i.e., pri	ret i	kan E er	K=12	1)
214 Kings Highway							Square Feet	buildings.	nomes	eg.	識	
City (5)		CONNEY	(6)		Ço	TATE USE ONLY	80000	2	60	3	->>	
Mashinger Des					(5	TATE USE ORLY)	Current Use (Stiet if pe				di
Washington Two	FIFE HITGE	Morris	Mino	TARCH N		(Name of Abate	Industrial	P (9)	75.0			
OPWOL (2)		WEI NEWSTER						F. C 14 C. 15 E.	7	ra .	2	
S&S Environmental	Sciences, Inc	Q				Four Strong B			755	3	10	
						{	1 7 1		52	M>	027517357	
98 Sand Park Road	049					180 Sargeant	Avenue Zia code			-	in in	
Cedar Grove, NJ 07				1 1 N		Clifton, NJ 070	013-1935		⊆ N bea		4-	
When the Art speaks the	e contract titl						1005			MAG	FE	
Perkash Khaitan	tn (10) 150	hed. Com	173-8	57-7188	an	973-614-0377	Magican	0800	7			
Occupancy Status D (D Facility Close of Abstement Per Hours - Deacr Deacr	ed/Vhested E formed Outs: 15e:	partue gu	erra	Period		Four Strong B Street Address 180 Sargeant City, State.	Avenue					
Scope of Mark (Cus	-				~	Clifton, NJ 070	013					
	ion r >3 lf of >260 lf	abbīā)	(X)	Ronovet.	ioa	F 1 805 md	. Contejament w -Enclosure -Enclosure -Erieble Proced		e Pre	18\$U:	re	•
				Is stien					7.1	CIN O	DE T	7 P.9
	ABATED ITITY		Nor Sen Sen Cus Sta	mally med lely Main- ence/ codial E((12)	<u>1</u>	Observation Ashestos-Cont Metorial (A (1.0., thermal Asulation surf or other size	aining [74] =y=tama acing. Val.	Amoust (Spacity SF or LF)	ENSONA'S	RHO. AME	PCW WYON	120°0°0°0°0
Water Tank Room				X	Wate	r Tank Insulation	n	150 SF	X		<u> </u>	-
	•										_	F
				-		National Control of the Control of t				_	-	-
Name of Registered	Maste Haule	1	No	UEF WES	No.	Cubic rards	Name of Regis	teres Land!	III		-	-
Four Strong Builder	s, Inc.			2609			G.R.O.W.S., 1	nc.				
City, State						Disposal Date	CIEY, State					
Clifton, NJ							Tullytown, PA					
Completed by (FILA	c at Tabel	2727E				19/917/11/2		*	103	te		
Bliyana Kulakovska		Office Ad	dmini	strator		JOZ	ul m		_ 5/	/30/1	14	
TIM 95						00						

NO CK

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

Date of Notification (1) 6/11/14					Building Owner/ocy Gardens N					-	7		
Agencies Notified	Type Notification				ddress	luising			VIII S	- Q1 - L		£ .	
□ EPA	☐ Initial		100		amburg Turnp	ike					- 6	•	
DEP X DOL	Amended Amendment			ty, Sta Vayne	te, Zip Code e, NJ					7			
DOH DCA	justification) Cancellation				Contact ark Benedek	k _a ce .		Tel	ephone Nur	mber			
Name of Facility Vall				FACI	LITY INFORMAT	ION							
Name of Facility Where Regency Gardens	Abatement is Takin Nursing Center	g Place (3)					Type of Facility (4						
Street Address	g come,			700	*		School (K-1) Subchapter		er than K-1	2)			
296 Hamburg Turn	pike			38			Other (i.e. p				dings	, hom	es,
City (5)				- 2			etc.) Square Feet	# 0	f Floors	E	3ldg. /	Age	
Wayne, NJ	1.						65,000	2			-50		
County (6) Passaic					Code (7) USE ONLY)		Current Use (Price Nursing home		ng demolisl	ned)			
Name of Monitoring Firm AET	n Hired by Building	Owner (8)		ASCM	l No.		of Abatement Con ervices, LLC	tractor	(9)				
Street Address				-			Address	-		-			
28 N Pennell Rd						407	W Lincoln High	way S	St 500				
City, State, Zip Code Media, PA 19063							tate, Zip Code n, PA 19341						
Project Manager for Mor Eric Houseknecht	nitoring Firm			lephor 08-29	ne No. 16-1132		none No. 872-8884		License N 01161	0.			
Start Date (10) 06/07/14		Scheduled 06/20/14		etion [Date (11)	Name EMS	of OSHA Monitor L						
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Address						
Facility Closed/Vac	ated During Entire	Period of Aba	atemer	nt ·			Route 130 Nort	h					
Abatement Perform Other – Describe:	7:00 am - 3:30 pm,	hal Facility H Thurs, 6/12/1	ours 4 worki	ng 2pn	n-10:30pm		tate, Zip Code aminson, NJ 0	8077					
Scope of Work (Check A	III That Apply)										- 0275		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Principles)	novatio			×	Glovebag Floc	edure					
		lala	cation				Non-Exempted	(*) and	Non-Friab	le Pro		e emen	t
Location	n of	Nor	mally		De	scription	of					ре	
Asbestos-Containing TO BE AB		Used S Mainte	Solely I		Asbestos Con (i.e. thermal	taining N	laterial (ACM)		mount			Ш	ш
In Facil	lity	Custod	ial Sta 12)	ff?	surfa	cing, VA	T, or		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				N/A	other r	niscellan	eous)			oval	a:	ulate	sure
Lower	Lower Level X					TOL				-		L.	
		X	-			TSI			00 LF	X			
Mechanical	Spaces		-	-				37	'9 LF	X			
						4							
Name of Registered Was Waste Management			100000	EP Wa		Yards ste	Name of F	2000 	red Landfill				
City, State					6		12.0000.0000000000000000000000000000000	S					
Trenton, NJ				TBD	sal Date	City, State Morrisvi		A					
Completed by		Title			_/	nghature			Da				
Linda P. DeNenno		Manage	er		77	Indo	Mehe	m	s 60 6/	11/14	1		

NO CK

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)		٠.			
06 /	09 /	14		Ne	w Jersey	Turnpike Autho	rity / Job #14	405-4770 Chec	-			
Agencies Notified	Type Notific	ation		Stree	t Address				177	5: 5	f.	
⊠ EPA	☐ Initial			PO	Box 504	2					.	
⊠ DOLWD				City,	State, Zip	Code		TO COLUMN				
☑ DHSS	Amendm			Wo	odbridg	e, NJ 07095			*			
□ DCA (NJAC 5:23-8)	☐ Emerger justificat		ng	Name	of Contac	ot .		Telephone Num	ber			
(Cancella	50		Mr.	Peter Ju	ılo, PE						
				FA	CILITY II	NFORMATION	J.					
Name of Facility Where A	Abatement is	Taking Pla	ce (3)				Type of Facility	(4)				
Toll Utility Building	1						School (K-12					
Street Address		and a live of						Other than K-12		and the co		
NJ Turnpike Interch	nange 9						homes, etc.)	rivate and comme	rciai bi	mainé	s,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
New Brunswick												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demoli	shed)			
Middlesex						(A)	Utility Build	ing				
Name of Monitoring Firm	Hired by Bui	lding Owne	r (8)	ASCM	No.	Name of Abateme						_
EnviroVision Const	ultants, Inc			000	79	AbateTech, II						
Street Address				1		Street Address						_
20-21 Wagaraw Rd.	- Building	35E				30 Maple Ave	. PO Box 25					
City, State, Zip Code					-	City, State, Zip Co						
Fair Lawn, New Jer	sey 07410					Lumberton, N	NJ 08048					
Project Manager for Moni	itoring Firm		Te	elephone	No.	Telephone No.		License No.				
Guillermo M. Moral				972-636		609-265-2107		00529				
Start Date (10)	195, 7/2	Scheduled				Name of OSHA M	lonitor					
05 /22 /	14	06	/ _2	20 /	14	EMSL Analyti	ical					
Occupancy Status During	Abatement ((Check only	one)			Street Address						
☐ Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed Time of Abatement: 7						City, State, Zip Co	ode					
						Cinnaminson	i, NJ 08077					
Scope of Work (Check all	that apply)					⊠ Full Cont	ainment with Nec	ative Pressure				
≥3 sf or ≥3 lf		_	Renova			☐ Mini-Enc	losure	,auro i roccuro				
≥160 sf or ≥260 lf			emoli	tion			g Procedure	n-Friable Procedu	ire			
			Is Loc	ation	1	□ Noii-Exe	Impled () and No	II-I Hable Frocedo		atem	ant T	uma
Location	of		Norm	nally		Description o	f		-	1		
Asbestos-Containing I	Material (ACN			olely by		estos Containing Ma	terial (ACM)	Amount	l den	Repair	Enc	inc
TO BE ABA		0.000		nance/ al Staff?	(i.e	e., thermal systems		(Specify	Removal	ai.	aps	Enclosure
IN Facilit (13)	ly		(12			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	Ē
		Yes	s N	o N/A							(D)	
Boiler Room					Boiler	Ribs & Gaskets		192 LF	\boxtimes			
Boiler Room		\boxtimes			Boiler	Insulation		300 SF	\boxtimes			
			П						10	П	П	
Name of Registered Was	te Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill		7	-	
Freehold Cartage				Hauler I		Waste	The second of th	Western Berks	Land	fill	ノ	
City, State				1593	9	Disposal Date	City, State		***************************************	_		
Freehold, NJ						6/20/14	Birdsboro,	PA				
Completed By (Print or Ty	vpe)	Title				Signature	100		ate			
Jennifer Piraine	F-7)		tions	Coord	inator	Of le ti	An Dir	1	101	1111		
ACD 44		Opera				Alle	pa ruu	ine 6	1	17		

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

CK 33017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1) 06/11/14 Month/Day/Vear				Name of B Princeton	uilding Owner/ University	Operato	r (2)					
EPA	Type No x 2	_ Initial			Street Add P.O. box 2	158		i e i e e e e	1.0	: 33		
DEP DCA		Notif Amen	licatio	n	City, State	e, Zip Code						
DOH		_	ueu licatio	n	Name of C			Teler	ohone Nu	mber		
2011		Cance		_	Robert Ot				4			
					FACILI	TY INFORMA	TION					
Name of Facility Where Abate Princeton University E-Qu Street Address					anical room			Type of Facility (4) School (K1 Subchapter 8 x Other (i. e.)	(Other Private &	comme		
E-Quad								buildings, l	Floors	Bldg. A	ge	-
City (5)		Coun	tv (6)		-	County Code	(7)	10000	5	70+	*60	
Princeton			-5 (0)			(STATE USE ONL		Current Use (Prior if	being de	molished)	
						Ligares	TIS:	University	(0)			
Name of Monitoring Firm Hir CARDNO ATC Associates, Inc		ilding O	wner	(8)		ASCM No.		of Abatement Contract iated Specialty Contract				
Street Address 3 Terri Lane							200000000000000000000000000000000000000	: Address Crue Avenue				
City, State, Zip Code Burlington NJ 08016								State, Zip Code Mills, PA 19342				
Project Manager of Monitorin Mike Keehn	g Firm				Telephone 609-386-8		100000000000000000000000000000000000000	hone Number 64-9622		Licenc 1103	e Numb	er
Scheduled Start Date (10) 06/25/14 Month/Day/Year	Scheo		onth/Day/Ye		7.00	of OSHA Monitor						
Facility Closed/Vacate Abatement Performed Hours - Describe: Other - Describe:	al Fa		batement		City,	Progresive Drive State, Zip Code alem PA 19020						
Scope of work (Check all that Demolition x >3 sf or >3 if >160 sf or >260 lf	apply)			x	Renovatio	n	x	Full Containment wit Mini - Enclosure Glovebag Procedure Non-Friable Procedu		ve Pressu	ıre	
	-	T	Is		I	****		T	A	batemen	t Type	
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes No No					Asbest Mate (ie. Ti insulation	ecription of tos-Containing erial (ACM) hermal systems a, surfacing, VA r miscellaneous	AT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
B wing penthouse mechanical room x					tank insul	ation	1965 - N	80 SF	x			
									x	-		
		+										
Name of Registered Waste Ha	uler		l	100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards of Waste	S	Name of Registered I	andfill			
Robbinson Waste 173						2	0	GROWS				
City, State Voorhees NJ						Disposal Da As needed	te	City, State Morrisville PA				
Completed By (Print or Type) Mark Goshow Tit Pro					ect Manager		Signa	Tack Gebre	1		Date	11-14

Ck#2631

Date of Notification (1)					Namo	of Buildin	g Owner/Operator (2/								
6/	9 ,	14					Iniversity-Office	of Design and (ODSTRUCTION	CON LO						
Agencies Notified EPA	Type Not Initial	ification				Address Elm Dr.		1611	JUNIZ PH	5:	37					
☑ DOLWD	☐ Amen				City. S	State, Zip (Code				_					
□ DHSS		dment #			La Carteria		NJ 08544									
□ DCA (NJAC 5:23-8)	☐ Emerg	gency (in cation)	cluding	3		of Contac			Telephone Numb	201			-			
(143/10/3.23-0)	☐ Cance				1500000000000	bert Orte			Telephone Number							
					Laboratory of the second				401	1		000				
Name of Facility 188				' -'	FA	CILITY IN	NFORMATION									
Name of Facility Where								Type of Facility (
Princeton Universi	ty-McCos	h Heal	th Cer	nter				School (K-12)	(Other than K-12)	į.						
Street Address									vate and commer		uildin	ıs.				
Frist Lane								homes, etc.)				,-,				
City (5)							2//	Square Feet	# of Floors	В	dg. A	ge				
Princeton																
County (6) MERCER					Cour	nty Code (7	7)(STATE USE ONLY)	Comment of the Commen	or if being demolis	hed)						
	11. 11. 1			(a) I	10011		131	Library			- 100 011					
Name of Monitoring Firm ATC Associates In		Building (Owner	(8)	ASCM 0009		Name of Abateme		ntractor (9) NMENTAL, INC.							
Street Address							Street Address									
Three Terri Center								s VER STREET								
City, State, Zip Code							City, State, Zip Co									
Burlington, NJ 080	16						BRISTOL, PA 19007									
Project Manager for Mor		,		Tolo	phone	No	Telephone No. License No.									
Michael Keehn	iitoriiig i iiri				9-386		215-788-6040	ĺ	00509							
Start Date (10)		Sched	luled C	omple	tion Da	te (11)	Name of OSHA M	lonitor								
6 /23 /		3.300			_ / .	14_	BRISTOL EN	VIRONMENTAL	., INC.							
Occupancy Status Durin	7.0						Street Address	(32)								
☐ Facility Closed/Vacat							1123 BEAVE	R STREET								
Abatement Performed	d Outside o 7:00AM- <u>11</u>	f Normal :30PM/	Facilit	y Hour PM	s - Des AN	cribe //	City, State, Zip Co BRISTOL, PA									
Scope of Work (Check a	II that apply		-				BRISTOL, FA	19007								
	п спас арргу	,	⊠ Re	novati molitic	on on		☐ Mini-Enc ☐ Glovebag	ainment with Nega losure g Procedure mpted (*) and Non		·e						
			Is	Locat	ion	T		· //		7	atem	ent T	vne			
Location	of			Norma			Description o	ıf				T	1			
Asbestos-Containing	Material (A	CM)		ed Sole			estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure			
TO BE ABA			100000	todial		(1.6	e., thermal systems is surfacing, VAT,		(Specify SF or LF)	ova	=	psu	uso			
(13)	,			(12)		1	other miscellane		0. 0. 2.)	-		late	6			
			Yes	No	N/A							()				
Room G02				\boxtimes		Floor ti	ile and mastic		500 SF	\boxtimes						
Room G02 & G02 co	rridor			\boxtimes		Pipe in	sulation		220 LF	\boxtimes						
Name of Registered Was		INC		0.000	JDEP \		Cubic Yards of Waste	Name of Regist								
BRISTOL ENVIRON	INICIAL AL	, 1140.			18706				NORTH LAND	TILL						
City, State BRISTOL, PA 19007							Disposal Date	City, State MORRISVIL	LE, PA 19067							
		Title					Signature		I Da	to	10/23					
Completed By (Print or Type) Title Brian Scafiro Estimator							Brian	Scapiro 1	il la	6/9	/14					

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		٠			2007		
06 /	Name of Building Owner/Operator (2) PSE&G / Job #1403-4735 Check 6371 Type Notification Street Address													
Agencies Notified	Type Notification	n	Street Address 80 Park Plaza											
☑ EPA				80 1	Park Pla	za								
□ DOLWD	☐ Amended	-22		City, S	State, Zip	Code		T		607	3			
□ DHSS	Amendment	All the second state of the			wark, NJ			ALC: Tex		-5.	*			
DCA	☐ Emergency justification)				of Contac			Telephone Numb	\o_r					
(NJAC 5:23-8)	☐ Cancellation					5								
	Cancellation			5-00000	ve Magii				B					
Name of English Where /	hotomont in Tak	ing Diags	/2\	FAG	CILITY IN	NFORMATION	T	(4)						
Name of Facility Where A		0.75	0.5				Type of Facility (397						
PSE&G Exterior Bu	rlington Swite	h Statio	n			4	School (K-12) i (Other than K-12)						
Street Address								ivate and commer		ildino	S.			
Devlin Ave. & West	Broad Street						homes, etc.)							
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
Burlington										74				
County (6)				Cour	tv Code (7)(STATE USE ONLY)	USE ONLY) Current Use (Prior if being demolished)							
Burlington				357.73311	•	A	V							
Name of Monitoring Firm	Hired by Buildin	Owner (9)	ASCM	No	Name of Abstome								
	(8)	Name of Abatement Contractor (9)												
Health & Safety Ser	vices			117		AbateTech, Inc.								
Street Address						Street Address								
318 12 th Street		30 Maple Ave. PO Box 25												
City, State, Zip Code					7-41137	City, State, Zip Co								
Hammonton, NJ 08	037					Lumberton, N	J 08048							
Project Manager for Mon	toring Firm		Tele	phone	No.	Telephone No. License No.								
Jim Proctor			60	9-704	-8850	609-265-2107 00529								
Start Date (10)	Sch	eduled Co	omple	tion Da	te (11)	Name of OSHA M	lonitor		-			-		
06/_18/		06 /				EMSL Analyt						- 3		
Occupancy Status During				_		Street Address								
☐ Facility Closed/Vacate							0 N - 4							
☐ Abatement Performed					cribe	200 Route 13								
Time of Abatement:						City, State, Zip Co								
						Cinnaminson	i, NJ 08077			- 2				
Scope of Work (Check all	that apply)					П г. п о	-11 . 20 NI							
☐ >3 sf or >3 lf		□Rer	novati	on		☐ Mini-Enc	ainment with Neg losure	ative Pressure						
≥160 sf or ≥260 lf		⊠ Der				☐ Glovebag	Procedure							
					- Comment of the Comm	Non-Exe	mpted (*) and No	n-Friable Procedur	е					
		100	Locat						Ab	atem	ent T	уре		
Location	54		lorma d Sole		0.20 80	Description o			D	D	m	m		
Asbestos-Containing I TO BE ABA		95356.S1 M227	ntena			estos Containing Ma e., thermal systems		Amount (Specify	em	Repair	nca	nclo		
IN Facilit		Cust		Staff?	(1.6	surfacing, VAT,		SF or LF)	Removal	=	psu	Enclosure		
(13)	ā.		(12)	1	-	other miscellane			-		Encapsulate	(D)		
_		Yes	No	N/A					_	100000000	2000			
Exterior				\boxtimes	Exterio	r Transite Condu	uit	500 LF						
						4								
				П		6		1	П	П	П	П		
Name of Registered Was	te Hauler			JDEP V		Cubic Yards of	Name of Regist	tered Landfill	1-					
Waste Management			1.16.40	auler II		Waste	G.R.O.W.S.							
1125						40		Landilli						
City, State						Disposal Date	City, State							
Camden, NJ						6/24/14	Tullytown,	PA				- 1		
Completed By (Print or Ty	rpe) T	tle			-	Signature #	Δ	Da	tę	ı	_	\neg		
Jennifer Piraine Operations Coordinator							ser than	0 10	19	11	1	- [
Δ QR_//1						The second	1 (0000)	٦	ι .		1			

ASB-41 MAY 11

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

Date of Notification (1) 6 /	05 /	14					g Owner/Operator (Princeton	2) / Job #14	ال 2014 م 106-4775 Check	#63	24	5:	36
Agencies Notified	Type Notific	cation				Address	Princeton Unive	rsity F A Mac	Millan Bldg		l ari	17.	
☑ DOLWD ☑ DHSS	Amende Amendn	nent #			City, S	State, Zip						140	
☐ DCA (NJAC 5:23-8)	☑ Emergerjustificat☐ Cancella	tion)	iaing		Name	of Contac	Market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Telephone Numb	2000			
					FA	CILITY II	NFORMATION			-			
Name of Facility Where A Princeton Universit Street Address 171 Broadmead Str	ty - OIT Are	_	Place	(3)					2) 3 (Other than K-12) rivate and commerc		ıilding	js,	
City (5)								Square Feet	# of Floors Bldg. Age				-
Princeton								Oquare i eet	# 011 10013		ug. A	ge	
County (6)					Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Mercer						, (University						
Name of Monitoring Firm	Hired by Bui	ldina Ow	ner (8	3) [ASCM	No.	Name of Abateme		-				
ATC Associates				'	0009		AbateTech, I						
Street Address	et Address						Street Address	90/2/0					
3 Terri Lane							30 Maple Ave	30 Maple Ave. PO Box 25					
City, State, Zip Code					-	4.2	City, State, Zip Code						
Burlington, NJ 080	16						Lumberton, NJ 08048						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		7				
Michael R. Keehn				6	09-386	-8800	609-265-2107						
Start Date (10)6 / _09 /	200500	Schedule 06					Name of OSHA N EMSL Analyt						
Occupancy Status During	Abatement	(Check o	nly or	ne)			Street Address						
☐ Facility Closed/Vacate		· · · · · · · · · · · · · · · · · · ·			ment		200 Route 13	0 North					
Abatement Performed Time of Abatement: _							City, State, Zip Co		V	7000 1-1-1-1			
Scope of Work (Check al	that apply)			-				•					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		_	Ren Den				☐ Mini-Enc ☐ Gloveba	Procedure	gative Pressure n-Friable Procedure	e			
			ls l	Locat	ion					Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACN TED	w)	Used Main Custo	ntena odial (12)	ely by ince/ Staff?		Description of estos Containing Mase., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			es	No	N/A					<u> </u>	<u> </u>	_	_
OIT renovation area		L				Floor	ile & Mastic		2,200 SF				
] [
] [
Name of Registered Was	te Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				H	18750		Waste 40	G.R.O.W.S					
City, State Lumberton, NJ							Disposal Date 6/11/14	City, State Tullytown,	ΡΔ				
								Tallytown,			1921		
Completed By (Print or Type) Jennifer Piraine Title Operations					Coord	inator	Signature	sa Pinan	M Dat	0 5	sli	4	

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

ASB-41

MAY 11

Date of Notification (1)				Nom	o of Duildie		20)	17 20 00				- F		
	/1	4		JC	P&L/Fire	ng Owner/Operator (stEnergy Compar	2) 1 y / Job #140	5-4760 Check	6323	7				
Agencies Notified Type N ☐ EPA ☐ Initia ☐ DOLWD ☐ Ame	F	_ /				ng Owner/Operator (etEnergy Compar Place- Building A		CENT JUN A	2-97	5:	35			
	ndeu endment #	‡3	1	100000000000000000000000000000000000000	State, Zip			*		000 900				
T	rgency (i		ig)	Mo	orristown	i, NJ 07960			1500	111	11			
(NJAC 5:23-8) justi	fication)		J	Nam	e of Conta	ct		Telephone Nur	nber	-1				
☐ Can	cellation		Section .	Jo	hn T. Gre	eco			24					
				FA	CILITY II	NFORMATION						2		
Name of Facility Where Abatemer	nt is Takir	g Plac	e (3)				Type of Facility	(4)	-					
JCP&L/First Energy							School (K-12)						
Street Address			(100)	-	***		Subchapter 8							
1345 Englishtown Road							Other (i.e., properties)		ercial b	uildin	gs,			
City (5)				_	***		Square Feet	# of Floors	В	ldg. A	ae			
Old Bridge								01110010		iug. /	.90			
County (6)		- 1/3	-	Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	iched)					
Middlesex					(· // 001 011/	Utility Build		iisiicu)					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	1 No	Name of Abateme		iiig						
1 Source Safety & Health	Dunung	Owner	(0)	AOON		AbateTech, In								
Street Address						Street Address	16.							
140 South Village Ave. Suit	o 130						DO Day 25							
City, State, Zip Code	130					30 Maple Ave								
Exton, PA 19341						City, State, Zip Co								
Project Manager for Monitoring Fir			1			Lumberton, N	IJ 08048							
Brian Hovendon	m		10	ephone		Telephone No. License No.								
Start Date (10)	70.		and the second		1-5525	609-265-2107 00529								
05 /19 /14					ate (11) 14	Name of OSHA M EMSL Analyti								
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address						-		
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ement		200 Route 130	0 North							
Abatement Performed Outside	of Norma	Facilit	у Ноц	rs - Des	scribe	City, State, Zip Co				-		-		
Time of Abatement:AM-	3:00PM	11:30	PM	AI	M	Cinnaminson								
Scope of Work (Check all that appl	y)						,					_		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Encl ☐ Glovebag			ıre					
		Is	Loca	tion						atem	ent T	vne		
Location of	72		Norma	ally ely by		Description of			-	_		1		
Asbestos-Containing Material (A	ACM)		inten			stos Containing Mat ., thermal systems in		Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility		Cus		Staff?	(1.6	surfacing, VAT,	or	(Specify SF or LF)	ova	Ę.	psu	Insc		
(13)			(12)	-	-	other miscellaned	ous)				late	G,		
Meeting Room		Yes	No 🖂	N/A	Ceiling	Plaster		1,062 SF						
Meeting Room						le and Mastic		1,062 SF						
Above Kitchen Ceiling						Overspray		100 SF						
Hallway next to Locker Room		П				Overspray] [7			
Name of Registered Waste Hauler		Ш		JDEP /	1		No. (5	64 SF	\boxtimes	Ш	Ц	Ш		
AbateTech, Inc.			1000	lauler II	O No.	Cubic Yards of Waste	Name of Registe G.R.O.W.S.							
City, State				18750		40 Disposal Date	City, State					-		
Lumberton, NJ						6/30/14	Tullytown, F	ΡΔ						
Completed By (Print or Type)	Title			-			, any town, r			Q.				
Jennifer Piraine Title Operations Coord						Signature .	ON DINGIN	. 0	1015	1	4			
ASB-41						7007	to round	<u>u</u>	010	11	1			
AY 11	* 1	Do not	use th	nis form	for asbest	os licensure exempt	ed activities.							

MAY 11

page 2 of 2

Date of Notification (1)		_	Name	e of Buildir	ng Owner/Operator (2) 7712	""		1			
	14		JCP&L/FirstEnergy Company / Job #1405-47602 Orieck 63235									
Agencies Notified ☐ EPA ☐ Initial ☐ DHSS ☐ Amendi ☐ Amendi			10 City,	Legion I State, Zip		7 3 3 72	- 12-11 13		<i></i>			
	ency (includin	g)	0.00	orristown	, NJ 07960		T-1	1				
(NJAC 5:23-8) justifica				n T. Gre	5.00		Telephone Num	ber				
	dion						<u> </u>			0.50		
Name of Facility Where Abatement is	Taking Plac	0 (3)	FA	CILITY	NFORMATION	Type of Equility	(4)					
JCP&L/First Energy Street Address	raking r lac	C (0)	02-22-23-23-23			Type of Facility School (K-12 Subchapter 8	0.030	2)				
1345 Englishtown Road							rivate and comme		ilding	js,		
City (5) Old Bridge						Square Feet	# of Floors	Blo	dg. A	ge		
County (6) Middlesex			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)				
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme			-				
1 Source Safety & Health					AbateTech, I	nc.						
Street Address			-		Street Address							
140 South Village Ave. Suite	130				30 Maple Ave	e. PO Box 25						
City, State, Zip Code		- 0.00			City, State, Zip Co	ode						
Exton, PA 19341					Lumberton, N	J 08048						
Project Manager for Monitoring Firm			ephone		Telephone No.		License No.			25/1		
Brian Hovendon		25 0.23	10-524		609-265-2107 00529							
Start Date (10)05 /19 /14	Scheduled (11.75	etion Da	1000	Name of OSHA M EMSL Analyti							
Occupancy Status During Abatement	(Check only	one)			Street Address							
Facility Closed/Vacated During En				22	200 Route 13	0 North						
Abatement Performed Outside of N Time of Abatement:AM-3:0					City, State, Zip Co				120			
Scope of Work (Check all that apply)						W. or halfships	No. Way					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-Enc	Procedure	ative Pressure n-Friable Procedu	re				
		Loca						Aba	ateme	ent T	уре	
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) Use	aintena	ely by ance/ Staff?		Description of estos Containing Mar e., thermal systems in surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
Londing Deals Oction	Yes	No	N/A					1	_	_		
Loading Dock Ceiling				Plaster	Ceiling		72 SF		Ц	Ц	Ш	
Conference Room				Sheetre	ock & Wall Panel	ing	250 SF					
	$ \parallel$ \parallel											
Name of Registered Waste Hauler		1	JDEP I	 Waste	Cubic Yards of	Name of Regist	ered Landfill		Ш	Ц		
AbateTech, Inc. City, State		11.00	18750	O No.	Waste 40	G.R.O.W.S.						
Lumberton, NJ					Disposal Date 6/30/14	City, State Tullytown,	PA					
Completed By (Print or Type) Jennifer Piraine	Title Operat	ions	Coordi	inator	Signature	iper li	idm la	te 151	114	F		
CD 44			0000					1	•			

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

2014-98 B & G proi. #:

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Check #-6575 ... Date of Notification (1) Name of Building Owner/Operator (2) 10161/10191/1141 Brett Gurnee Type Notification Agencies Notified Street Address ☐ EPA 25 Rainier Road 8 Initial ☐ DEP City, State, Zip Code Amendment DOL Fanwood, NJ 07023 Telephone Number DOH Name of Contact Cancellation Brett Gurnee DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) **Brett Gurnee** Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 25 Rainier Road Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Fanwood, NJ 07023 Union residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 06/20/2014 06/20/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Rverson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Renovation Demolition Non-friable procedure Mini-enclosure >160 sf or >260 lf >3 sf or >3 lf Is location normally used solely E e Location of е by maintenance/custodial n Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C 0 material to be material (ACM) a LF) V abated in facility (13) Yes No N/A P 1/2 sf duct insulation family room duct insulation 28 sf garage Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State 06/23/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature Date

Gordana Luna

06/09/2014

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

B & G proj. #:

2014-99

Check #6574

Date of Notification (1)	IIN	lame of Build	dina Own	er/Operator (2)					WER	_
0 6 / 0 9 / 1 4		Maryanne					201	<i>.</i>	- New (
Agencies Notified Type Notifica	ation	treet Addres		enue		41		1UN-12	FM 5: 31	Ļ
DEP Initial	11-	City, State, Zi					- L ¹	5 W	735 7	
DOL Amend		Ridgewo		07450				à Liosh	STAIG FUL	
☑ DOH	IN	ame of Cont	act			**************	Telephone			
☐ DCA ☐ Cance	llation	Maryann	e Sage	14				9		
			FAC	ILITY INFORMA	TION				,	
Name of facility where abatement	is taking pla	ace (3)					Type of Facility (4) I (K - 12)		
Maryanne Sage							=	apter 8 (Other)	than K-12)	
Street Address							Other (Private/Comm		
342 Linwood Avenue						11		Homes, etc. # of Floors	Bldg. Age	e
City (5)	Cou	nty (6)			Coun	ty Code (7)	Oquale i cet	W 011 10013	2.03.7.13	
Ridgewood, NJ 07450	Ber	gen		9		e use only)	Current Use (Pr	ior if being der	nolished)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	$\neg \sqcap$	Name of Abatement C	ontractor (9)			
N/A						B & G Restoration	, Inc.			
Street Address			•			Street Address				
Cit. Chata Zia Cada					_ -	105 Ryerson Road City, State, Zip Code				_
City, State, Zip Code						Lincoln Park, NJ	07025			
Project Manager for Monitoring Fir	m	Pho	ne Numb	per		Telephone Number	07033	License Num	ber	
,						973-696-6869		0378		
Scheduled Start Date (10)	Sched	d. Completion	n Date (1	1)	$- \Gamma$	Name of OSHA Monito				
06/19/2014	1	/19/2014			1	B & G Restoration Street Address	ı, Inc.			
Occupancy Status During Abatem					-11	105 Ryerson Road	1			
Facility closed/vacated durin Abatement performed outside	g entire per	od of abaten				City, State, Zip Code	•			
Describe:					-11	Lincoln Park, NJ	07035			10
Other-Describe: Scope of Work (check all that app	also)	-			- 11	Elliconi i ark, 143	r	¬ wrap & cı	nt .	_
Demolition	Renovation	n .			Пы	II Containment w/nega	tive pressure	Glovebag p		
≥ 3 sf or >3 lf	≥160 sf or					ini-enclosure	<u>ا</u> ا	Non-friable		
		n normally u	sed solely				T		RE	
Location of asbestos-containing	by maint	enance/custo			n of as	bestos-containing	Amount	_ e m	e n	E n
material to be abated in facility (13)	staff(12)		Γ	material (A			(Specify S LF)	F or o	P C a	C
avaled in facility (13)	Yes	No	N/A					v e	i p	_
basement boiler room			X	pipe insulati			39 If			
two closets			X	pipe insulat			5 If			屵
drop ceiling laundry room			X	pipe insulat	ion		1 If		님님	무
	-			<u> </u>				ㅡㅡ님	 	屵
Registered Waste Hauler		EP Hauler II)# I C	Lubic Yards of W	laste	Name of Registered L	andfill			Ш
B & G Restoration, Inc.	10000000	563		1		Tullytown Resource		Center		
City, State	1		Disposal D			City, State				-
Lincoln Park, NJ 07035	Title		06/2	20/2014 Signature		Tullytown, PA		Date		—
Completed by (Print or Type) Gordana Luna	y/Treasure	r	Signature	Gordana Luna 06/09/2014						

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2014-103

(Pursuant to NJAC 8:60-7 and 12:120-7) Check #6576

Date of Notification (1)	11	Name of	Building Ow	ner/Operator (2)			*	nor.			Se logic
0 6 / 0 9				ce Roger					2014 JUN	2	PH :	5: 33
Agencies Notified EPA DEP	Type Notificat Initial	on	Street Ad 18 Pre	dress eston Driv	e					i e	in the s	+11/
☑ DOL	Amendr			e, Zip Code gston, NJ	07039							
☑ DOH	_		Name of 0	Contact				Telephon	e Number			-
☐ DCA	Cancella	ation	Flore	nce Roge	rs				14			
				FA	CILITY INFORM	ATION						
Name of facility whe	re abatement i	s taking p	lace (3)					Type of Facility ((4) ol (K - 12)			
Florence Roger	rs								apter 8 (Other	than	K 12\	
Street Address								<u> </u>	(Private/Comm			
18 Preston Driv	ve							Bldgs./	/Homes, etc. # of Floors		Bldg. A	oge .
City (5)		Cou	inty (6)			Cou	nty Code (7)	Oquale 1 cci	# 011 10013		J.ug. 1	.90
Livingston, NJ	07039		sex				te use only)	Current Use (P	rior if being de	molis	hed)	
Name of Monitoring	Firm Hired by	Bldg. Owr	ier (8)		ASCM No.		Name of Abatement	t Contractor (9)				
	N/A						B & G Restorati	on, Inc.				
Street Address		-		19 38		_	Street Address					
St							105 Ryerson Ro					
City, State, Zip Code							City, State, Zip Code					
							Lincoln Park, N	IJ 07035	Tr			
Project Manager for N	Monitoring Firm			Phone Num	iber		Telephone Number 973-696-6869		License Nun 0378	nber		
							Name of OSHA Mor	nitor	1 0370			
Scheduled Start Date	(10)			etion Date (11)		B & G Restorat					
06/21/2014		06	3/21/20 ⁻	14			Street Address					
Occupancy Status Du							105 Ryerson Ro	oad				
Facility closed/\ Abatement perf Describe:							City, State, Zip Code			- 80	2.5	
Other-Describe	:					-	Lincoln Park, N	IJ 07035				
Scope of Work (chec	ck all that apply	()							wrap & c	ut		
☐ Demolition		Renovati	on			□ F	ull Containment w/ne	egative pressure	Glovebag p	огосе	dure	
≥ 3 sf or >3 if		≥160 sf o	r <u>≥</u> 260 If			N	/lini-enclosure	[Non-friable	proc	edure	
Location of				lly used sole	ely				R	R	3.77	E
asbestos-conta	aining	staff(12)	tenance/c	custodiai			sbestos-containing	Amount (Specify S	m	e p	n	n
material to be abated in facilit	ty (13)	Yes	No	N/A	material (ACM)		LF)	0 0	a	a p	L
					<u> </u>				e	4	4	
basement boiler	room			X	pipe insula	tion		26 lf		井	井	#
			-	4	4			_		挊	기 부	+#-
			-	4	-					부	井	#
			-	-	-					+	++	#
Registered Waste Ha	uler	[ALIF	DEP Haule	er ID#	Cubic Yards of V	Vaste	Name of Registere	d Landfill		ᆜᆜ	<u> </u>	
B & G Restoration			563	CI IU#	3/4			urce & Recovery	Center			
City, State				Disposal			City, State					
Lincoln Park, NJ				06/	23/2014		Tullytown, PA		T-			
Completed by (Print of	or Type)	Title Secreta	rv/Treas	urer	Signature		Gordana Luna		Date 06/09/20	14		

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	V	we was Linear					
6 /9		14													
Agencies Notified Ty	pe Notific	cation			Street	Address			OOK 12 F1	7 5: 32	?				
Article Control of the Control of th	Initial				20 S	. Olive S	t.				-				
☑ DOLWD □	Amende				City, S	tate, Zip C	ode			· V - 1-1					
☑ DHSS	Amendn					lia, PA 19		ă	Lotter i	il in					
	Emerge		cluding		XVXVecey	of Contact			Tolonhono Nu	mhor	-				
(NJAC 5:23-8)	justificat								Telephone Nu						
	Cancella	ation			Cor	tney Wrig	ght			270					
5 Section 5 Sect					FAC	ILITY IN	FORMATION								
Name of Facility Where Abar	tement is	Taking	Place	(3)				Type of Facility (4)						
630 Mantua Ave.								School (K-12)							
Street Address	-		-					Subchapter 8				2			
630 Mantua Ave.								homes, etc.)	ivate and comn	mercial buildings,					
City (5)			0.00	- 51				Square Feet	# of Floors	Blo	lg. Ag	ie.			
Woodbury, NJ 08096								12,700	1 1/2		43				
					10	h. O-d- /7	VOTATE LIDE ONLY								
County (6)					Coun	ty Code (/)	(STATE USE ONLY)	SE ONLY) Current Use (Prior if being demolished) Vacant							
Gloucester															
Name of Monitoring Firm Hir	ed by Bui	ilding C	wner ((8)	ASCM I	No.	Name of Abateme								
AET					NA	95.0	Alliance Envi	ronmental Sys	tems						
Street Address							Street Address								
28 N. Pennell Rd.							550 East Unio	on St.							
City, State, Zip Code				8			City, State, Zip Co	Code							
Media, PA 19063							West Cheste	r, PA 19382							
Project Manager for Monitori	ing Firm			Tele	phone I	No.	Telephone No.								
Dave Turotsy				61	0-891	-0114	610-701-9000								
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M								
6/_24_/_	14		7 /	8	_ / _	24	AET								
Occupancy Status During Al	patement	(Check	only	one)			Street Address								
☐ Facility Closed/Vacated [28 N. Pennel	Road							
☐ Abatement Performed Ou						cribe	City, State, Zip Co	ode							
Time of Abatement: 7AM	IF	M/ <u>3:3</u>	0PM		AM		Media, PA 19								
Scope of Work (Check all the	at apply)				=-/								-		
	ar app.)/														
☐ ≥3 sf or ≥3 lf				enovat			Mini-End								
≥160 sf or ≥260 lf			∐ De	emolitic	on			g Procedure empted (*) and No	n-Friable Proce	dure					
			le	Loca	tion	T	Z Hon Zx	mptod () dira i i o	11111111111111111		atem	ent T	VDE		
Location of			7.0	Norma			Description of	of		-			T		
Asbestos-Containing Ma	terial (AC	M)	Use	ed Sol	ely by	Asbe	stos Containing Ma		Amount	Rer	ger,	Enc	E		
TO BE ABATE				intena			., thermal systems	insulation,	(Specify	Removal	Repair	aps	Enclosure		
IN Facility			Cus	(12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure		
(13)			Yes	No	N/A	1	other miscellane	eous)				fe	-5000		
Natio Flags				1022		MAT	COLUMN TO STREET STREET		2600 SF						
Main Floor						VAT					片		분		
Main Floor			Ш	Ш		Plaster			3180 SF		ᆜ				
Mezzanine	Mezzanine					VAT/Ma	astic		360 SF		Ш	Ш			
Mezzanine	200					Plaster			950 SF						
Name of Registered Waste	Hauler			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJDEP 1		Cubic Yards of	Name of Regis							
N.E.T.S.				1	1894		Waste 45	Allied BFI	Imperial						
City, State					1004		Disposal Date	City, State							
Hazelton, PA							TBD	Imperial, P	PA						
Completed By (Print or Type	9)	Titl	Title Signature							Date /	-	1			
Mark Griffin	-)		stimator							1 /	2/	1,,	1		
			SIIII	101				THI		01	//	14	-		
ASB-41 MAY 11			Do no	t use t	his form	for ashes	tos licensure exem	pted activities.		/	/				
scarna fili filik		* Do not use this form for asbestos licensure exempted activities.													

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	VEC	l uo	I	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A				=	<u>е</u>	e -
Mezzanine				Pipe Insulation	30 LF	X		片	빌
Roof				Flashing	675 SF	X	Ц	Ш	Ш
Exterior	Ш	Ш	X	Window Caulk	10 EA	X			
			\boxtimes			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
	П		X			X	П	П	П
	П	П	X			X	Ē	П	
	П		X			X	一		
		一	X			X	一		
			X			X			
		H	X			X	一		
			X		•	X	H		H
			X			X			
		H	X			X	ㅁ		H
							<u> </u>		
	片		X			X			
			X			X	브		빌
		Ц	X			X		빌	빌
	Ш	Ш	X			X	Ц	Ш	
			X			X			
			X			X			

Page 2 - Notification - 1/4/13

X 3344

State of New Jersey DEMEMBER — MAIL IN HARD COPY (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	06/10/2014		Name of Building Owner/Operator (2) Avalon Bay Communities, Inc. Street Address					DAY								
, igonolos i i samo	Notification Type x) Initial Notific			Street A					1			EUROR CO.				
(x) EPA () DEP) Amended Amendment	#			ate, Zip NJ 088						IUN	Ly	2014			4214019
(x) DOH	() Emergency justification)() Cancellation				of Conta Hromin				1	WAI	/ER	A(P)	204/	ED 1	5	
			1	FACILIT	TY INFO	RMA	TION									
Name of Facility Where Avalon Princeton Street Address				3)					ool (ochar er (i.	K-12) oter 8 e. priv	ل other)	UN than comr		014 buildi	ngs,	3
253 Witherspoon St City (5)	- Building 253	, A and	J					Square	mes.	1.	# of	Floor	rs E	Bldg.	Age	1000
Princeton																
County (6) Mercer				County USE C	Code (ing d	emolish	ed)			
Name of Monitoring Fir EWMA, LLC	m Hired by Bld	g. Owner	r (8)	ASCM	No.		Name o Super,	f Contra LLC	ctor (9)						
Street Address P.O. Box 5430/100 N	Misty Lane						Street A 484 Ro	ddress oute 17	Nort	n						
City, State, Zip Code Parsippany						ite, Zip C us, NJ (2								
Project Manager for M Craig Gorzyca	hone N 560-1	lumber 400				one Num 36-0477					ense N 195 "A		er			
Scheduled Start Date 06/11/20		Sched		mpletion 15/201	Date (1	1	Name of Testor	f OSHA Tech	Mon	itor						
Occupancy Status Dur		(Check o	only on	ne)			Street A	Address Jacksor	Ave	enue						
(x) Facility Closed/Vac () Abatement Perform () Other – Describe:	ated During Enned Outside of I	tire Perio Normal F	od of A acility	bateme Hours	nt	-	City, St	ate, Zip sland C	Code	1	101					
Source of Work (Chec	k all that apply)															
() ≥ 3 sf or ≥ 3 lf (x) ≥ 160 sf or ≥ 260 lf		() Re	enovation emolition				(x) Min	Il Contai ni-Enclo ove bag on-Exem	sure Proc	edure					e _	
		Is	Location	on										emer		ре
Location Asbestos-Containi (ACM) TO BE ABA in Facilit (ACM)	ng Material TED	S Mai	nally U olely b ntenar odial S (12)	y nce/	Conta	ining N mal sy rfacing		(ACM) (nsulation or other		(S	mount pecify or LF		Removal	Repair	Encapsulate	Enclosure
	(13) Yes N												X			
See attached NESHA		X												-		
		-												-		
				-								-		-		
Name of Reg. Waste SUPER, LLC		Waste Hauler ID# Co			Cubic Yards of Was			Name 3.R.C	of Reg	g. Lai	ndfill aste M	anag	L eme	nt		
City, State Paramus, NJ				Disp	osal Dat	te D		City, S Morris								
Completed by Tailor Dominguez	Signature				19		8			D	ate 06/	10/20)14			