

| Date of Notification (1)                                       |              |                       |  | - 1   |           | -           | wner/Operator (2                  |                                 | t.                 | 8           |         |              |               |
|--|--------------|-----------------------|--|-------|-----------|-------------|-----------------------------------|---------------------------------|--------------------|-------------|---------|--------------|---------------|
| 01/15  | _ / _        | 14                    |  | F     | Princet   | ton Univ    | ersity-Office                     | of Design and                   | Construction       | 182         | 2014    |              | 7.3           |
| Agencies Notified Typ  | pe Notificat | tion                  |  | Str   | eet Add   | dress       |                                   |                                 |                    |             |         |              |               |
|  | Initial      |                       |  | 2     | 00 Eln    | n Dr.       |                                   |                                 | 20                 |             |         |              | 6             |
|  | Amended      |                       | 40144  | City  | y, State  | , Zip Code  | 9                                 | 1000                            |                    |             |         |              | . Alternation |
|  | Amendme      |                       | No. of the Control of | -1.1  |           | ton, NJ 0   |                                   |                                 |                    |             |         |              |               |
| □ DCA (NJAC 5:23-8)  | Emergenc     |                       | ng   |       |           | Contact     |                                   |                                 | Telephone Nu       | mber        |         | SIL - 171-18 | 200           |
|  | Cancellation | ***                   |  | F     | Robert    | Ortega      |                                   |                                 |                    |             |         |              |               |
|  |              |                       |  |       |           |             | RMATION                           |                                 |                    |             |         |              |               |
| Name of Facility Where Abate                                   | ement is Ta  | aking Plac            | e (3)  |       | 7.0.2.    |             |                                   | Type of Facility (              | 4)                 |             |         |              |               |
| Princeton University-F   |              |                       | 8.05   |       |           |             |                                   | School (K-12)                   |                    |             |         |              |               |
| Street Address   |              |                       |  |       |           | *****       |                                   | ☐ Subchapter 8                  |                    |             |         |              |               |
| Washington Rd  |              |                       |  |       |           |             |                                   | Other (i.e., pr<br>homes, etc.) | ivate and comm     | nercial bu  | illaing | S,           |               |
| City (5)   |              |                       |  |       | -         |             |                                   | Square Feet                     | # of Floors        | Bl          | dg. Ag  | ge           |               |
| Princeton  |              |                       |  |       |           |             |                                   | •                               |                    |             |         |              |               |
| County (6)   |              |                       |  | C     | ounty C   | Code (7)(S7 | TATE USE ONLY)                    | Current Use (Pri                | or if being demo   | olished)    |         |              |               |
| MERCER   |              |                       |  |       |           | 3. 11       |                                   | Library                         | •                  |             |         |              |               |
| Name of Monitoring Firm Hire                                   | ad by Build  | ing Owne              | r (8)  | IASC  | CM No.    | N           | ame of Ahatem                     | ent Contractor (9)              |                    |             |         |              |               |
| ATC Associates Inc.  | ed by Build  | ing Owne              | (0)  | ٨٥٥   | JIVI INO. |             |                                   | VIRONMENTAL                     | INC                |             |         |              |               |
| Street Address   |              |                       |  | 1     |           |             | treet Address                     | VIICOMMENTAL                    | _, 1110.           |             |         |              |               |
|  |              |                       |  |       |           | 1,000       | 1123 BEAVE                        | D STDEET                        |                    |             |         |              |               |
| Three Terri Center City, State, Zip Code                       |              |                       | -  |       |           |             | ity, State, Zip Co                |                                 |                    |             |         |              |               |
| Burlington, NJ 08016   |              |                       |  |       |           |             | BRISTOL, PA                       |                                 |                    |             |         |              |               |
| Project Manager for Monitorin                                  | na Firm      |                       | Te   | lenho | ne No.    |             | elephone No.                      | 10007                           | License No.        | <u> </u>    |         |              |               |
| Michael Keehn  | ilg Film     |                       |  |       | 386-88    | 2000000     | 215-788-6040                      | 1                               | 00509              |             |         |              |               |
| Start Date (10)  | Te           | cheduled              |  |       |           |             | ame of OSHA N                     |                                 | - 00000            |             |         |              |               |
| _2_ / _5_ / _1   |              |                       | (5)  |       | / 14      |             |                                   | VIRONMENTAL                     | _, INC.            |             |         |              |               |
| Occupancy Status During Ab                                     |              | heck onl              | (one)  |       |           | S           | treet Address                     |                                 | <u> </u>           |             |         |              |               |
| ☐ Facility Closed/Vacated D                                    |              |                       |  |       | nt        |             | 1123 BEAVE                        | R STREET                        |                    |             |         |              |               |
| ☐ Abatement Performed Ou                                       |              |                       |  |       |           | HE          | ity, State, Zip C                 |                                 |                    |             |         |              |               |
| Time of Abatement: 6:30  | AM-3:00P     | M/                    | PM   |       | AM        |             | BRISTOL, PA                       |                                 |                    |             |         |              |               |
| Scope of Work (Check all that                                  | o N -        | 6/16/                 | 14   | -     |           |             | Ditio (OL, 17                     | 1 10001                         |                    |             | -       |              | -             |
|  | и арріј)     |                       |  |       |           |             |                                   | tainment with Neg               | ative Pressure     |             |         |              |               |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |              |                       | Renov<br>Demol   |       |           |             | Mini-End     Gloveba              | closure<br>g Procedure          |                    |             |         |              |               |
| ☑ ≥100 St 01 ≥200 II   |              |                       | Jenjoi   | ition |           |             | ☑ Non-Exe                         | empted (*) and No               | n-Friable Proce    | dure        |         |              |               |
|  |              |                       | Is Loc   | ation |           |             | 3                                 |                                 |                    | Ab          | atem    | ent T        | ype           |
| Location of  |              |                       | Norn<br>sed S  | nally |           |             | Description of                    |                                 |                    | 70          | Z.      | ш            | Ē             |
| Asbestos-Containing Mat<br>TO BE ABATEI                        |              | 1 1 2                 | //ainte  | -     | -         |             | s Containing Ma<br>nermal systems |                                 | Amount<br>(Specify | Removal     | Repair  | car          | Clo           |
| IN Facility  | 2            | C                     | ustodia  | 1000  | ff?       | (1.0., t)   | surfacing, VAT                    |                                 | SF or LF)          | \va         | -       | Encapsulate  | Enclosure     |
| (13)   |              |                       | (1   |       |           | (           | other miscellane                  | eous)                           |                    |             |         | ate          | w             |
|  |              | Ye                    | s N  | 0 1   | I/A       |             |                                   |                                 |                    |             | -       |              |               |
| Throughout Levels C, B   | and A        |                       |  |       | ]   FI    | loor tile   | and mastic                        |                                 | 1,465 SF           |             |         |              |               |
| Office A-7J  |              | $\boxtimes$           |  |       | ]  W      | indow C     | aulk                              |                                 | 96 LF              | $\boxtimes$ |         |              |               |
| Throughout Levels C, B   | and A        |                       |  |       | ] D       | uct work    | (                                 |                                 | 1775 SF            | $\boxtimes$ |         |              |               |
| 1 <sup>st</sup> Floor Level 1                                  |              |                       |  |       | ] P       | ipe Insul   | ation (Wrap &                     | & Cut)                          | 72 LF              |             |         |              |               |
| Name of Registered Waste H                                     | lauler       |                       |  |       | EP Was    |             | ubic Yards of                     | Name of Regis                   | tered Landfill     |             |         |              |               |
| SERVICE TRANSPORT  | r GROUP      | INC                   | C Hauler ID No. Waste G.R.O.W.S. NORTH LANDFILL 20990  |       |           |             |                                   |                                 |                    |             |         |              |               |
| City, State  |              |                       |  |       |           | D           | isposal Date                      | City, State                     |                    |             |         |              |               |
| NEW CASTLE, DE   |              | MORRISVILLE, PA 19067 |  |       |           |             |                                   |                                 |                    |             |         |              |               |
| Completed By (Print or Type)                                   | )            | Title                 |  |       |           |             | Signature                         | , .                             | 1/.                | Date /      | . /     | ,            |               |
| Brian Scafiro  |              | Estin                 | ator   |       |           |             | Brian                             | Scafer                          | 1-ll               | Date 6/1    | 6/1     | 4            |               |

ASB-41 MAY 11 B 5 14003-B

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

|       |    | . / | And in case of the last of |   |
|-------|----|-----|----------------------------|---|
| (in 4 | 01 | 211 |                            | , |
| CR#   | 26 | シャ  |                            | ٠ |
|       |    |     |                            |   |

| Date of Notification (1)                            |                      |                     |          |               | Name   | of Buildin | ng Owner/Operator                    | (2)                              |                              |                 |        | -           |           |
|---|----------------------|---------------------|----------|---------------|--|------------|--------------------------------------|----------------------------------|------------------------------|-----------------|--------|-------------|-----------|
|   | 5 /                  | 14                  |          |               | Pri  | nceton (   | Iniversity-Office                    | of Design and                    | Construction                 | 8 21            | 01/1   |             |           |
|   | pe Notifi<br>Initial | cation              |          |               | Stree  | t Address  | 93                                   | i                                |                              | 0 21            | 114    |             |           |
|   | Amende               | ed                  |          |               |  | Elm Dr.    |                                      |                                  |                              |                 |        |             |           |
| □ DHSS     □  | Amend                | nent #              | 9-6/12   | 2/14          | 1  | State, Zip |                                      |                                  | 8                            |                 |        | i.          |           |
|   | Emerge               |                     | cludin   | g             |  | 200        | NJ 08544                             |                                  |                              |                 | 11 14  | -           | ACTE NAME |
| (NJAC 5:23-8)                                       | justifica            | STATE OF THE PARTY. |          |               | II media   | of Contac  |                                      |                                  | Telephone Numi               | er              |        |             |           |
|   | Cancell              | ation               |          |               |  | bert Orte  |                                      |                                  |                              |                 |        |             |           |
| Name of Facility Where Abat                         | ement is             | Takin               | Place    | e (3)         | FA   | CILITY II  | NFORMATION                           | Type of Facility (               | 4)                           |                 |        |             |           |
| Princeton University-F                              |                      |                     |          | · (•)         |  |            |                                      | School (K-12)                    | , <i>1</i> 2                 |                 |        |             |           |
| Street Address                                      |                      |                     |          |               |  |            |                                      |                                  | (Other than K-12             |                 |        |             |           |
| Washington Rd                                       |                      |                     |          |               |  |            |                                      | Mother (i.e., pr<br>homes, etc.) | ivate and commer             | cial b          | uildin | gs,         |           |
| City (5)  |                      |                     |          |               | -  |            |                                      | Square Feet                      | # of Floors                  | В               | ldg. A | ge          |           |
| Princeton   |                      |                     |          |               |  |            |                                      |                                  |                              | 1               | -3     | 3-          |           |
| County (6)  |                      |                     |          |               | Cou  | nty Code ( | 7)(STATE USE ONLY)                   | Current Use (Pric                | or if being demolis          | hed)            |        |             |           |
| MERCER  |                      |                     |          |               |  |            |                                      | Library                          | -                            | 120-21-0-2-X-11 |        |             |           |
| Name of Monitoring Firm Hire                        | ed by Bu             | ilding (            | Owner    | (8)           | ASCM   | No.        | 1                                    | ent Contractor (9)               |                              |                 |        |             |           |
| ATC Associates Inc.                                 |                      |                     |          |               |  |            |                                      | VIRONMENTAL                      | ., INC.                      |                 |        | 109         |           |
| Street Address                                      |                      |                     |          |               |  |            | Street Address                       |                                  |                              |                 |        |             |           |
| Three Terri Center                                  |                      |                     |          |               |  |            | 1123 BEAVE                           |                                  |                              |                 |        |             |           |
| City, State, Zip Code                               |                      |                     |          |               |  |            | City, State, Zip C                   |                                  |                              |                 |        |             |           |
| Burlington, NJ 08016 Project Manager for Monitoring | a Firm               |                     |          | T 7-1         |  | N .        | BRISTOL, PA                          | A 19007                          |                              |                 |        |             |           |
| Michael Keehn                                       | ig Film              |                     |          | 1             | ephone<br>09-386   |            | Telephone No. 215-788-6040           |                                  | License No.                  |                 |        |             |           |
| Start Date (10)                                     |                      | Schen               | luled C  |               | etion Da   |            | Name of OSHA                         |                                  | 00509                        |                 |        | ST - 5557   |           |
| 2/_5/_1   |                      |                     |          | 335           | 6 /  | 17 7       |                                      | VIRONMENTAL                      | INC.                         |                 |        |             |           |
| Occupancy Status During Aba                         | atement              | (Check              | only     | one)          |  |            | Street Address                       |                                  | •                            |                 |        |             |           |
| ☐ Facility Closed/Vacated Di                        | uring Ent            | ire Pe              | riod of  | Abate         | ement  |            | 1123 BEAVE                           | R STREET                         |                              |                 |        |             |           |
| Abatement Performed Out                             |                      |                     |          | S. 2. (07.55) | ırs - Des  | cribe      | City, State, Zip C                   |                                  |                              |                 |        |             |           |
| Time of Abatement: 6:30/<br>ON SITE 6/13            | 14 -                 |                     |          | <u>М</u> -—   | AM   |            | BRISTOL, PA                          |                                  |                              |                 |        |             |           |
| Scope of Work (Check all that                       | apply)               | 7                   | 7        |               | The state of the s |            | C) Full Con                          | tainment with Na                 | tive Description             |                 |        |             |           |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf                   |                      |                     | ⊠ Re     |               |  |            | Mini-End                             | tainment with Nega<br>dosure     | auve Pressure                |                 |        |             |           |
| ≥160 sf or ≥260 lf                                  |                      |                     | ☐ De     | moliti        | on   |            | ☐ Gloveba                            | g Procedure                      | Frieble December             |                 |        |             |           |
|   |                      |                     | le       | Loca          | tion   | Γ          | M Non-Exe                            | mpted (*) and Non                | -rriable Procedur            |                 | -4-    |             |           |
| Location of   |                      |                     | 1        | Vorma         | ally   |            | Description of                       | of                               |                              |                 | atem   |             | Ť         |
| Asbestos-Containing Mate                            |                      | VI)                 | 10000000 | d Sol         | ely by   |            | stos Containing Ma                   | terial (ACM)                     | Amount                       | Ren             | Repair | Enc         | Enclosure |
| TO BE ABATED IN Facility                            | 2                    |                     |          |               | Staff?   | (i.e       | ., thermal systems<br>surfacing, VAT |                                  | (Specify                     | Removal         | air    | aps         | ISOR      |
| (13)  |                      |                     |          | (12)          |  |            | other miscellane                     |                                  | SF or LF)                    | <u>a</u>        |        | Encapsulate | re        |
|   |                      |                     | Yes      | No            |  |            |                                      |                                  |                              | _               |        |             | L         |
| Throughout Levels C, B a                            | and A                |                     |          |               |  | Floor ti   | le and mastic                        |                                  | 1,465 SF                     |                 |        |             |           |
| Office A-7J   |                      |                     |          |               |  | Windov     | v Caulk                              |                                  | 96 LF                        |                 |        |             |           |
| Throughout Levels C, B a                            | and A                |                     |          |               |  | Duct wo    | ork                                  |                                  | 1775 SF                      | $\boxtimes$     |        |             |           |
| st Floor Level 1                                    |                      |                     |          |               |  |            | sulation (Wrap 8                     |                                  | 72 LF                        | $\boxtimes$     |        |             |           |
| Name of Registered Waste Ha<br>SERVICE TRANSPORT    |                      | PINC                |          | 100           | JDEP V<br>lauler ID<br>20990   | No.        | Cubic Yards of<br>Waste              | Name of Registe<br>G.R.O.W.S.    | ered Landfill<br>NORTH LANDF | FILL            |        |             |           |
| City, State   |                      |                     |          |               | 20330  |            | Disposal Date                        | City, State                      |                              |                 |        |             |           |
| NEW CASTLE, DE                                      |                      |                     |          |               |  |            | Sec. 10253                           |                                  | LE, PA 19067                 |                 |        |             |           |
| Completed By (Print or Type)                        |                      | Title               |          |               |  |            | Signature                            | 0                                | / Dat                        | е,              | ,      | ,           |           |
| Brian Scafiro                                       |                      | Es                  | timat    | or            |  |            | Brian                                | Scaline                          | 12 6                         | //-             | 2/1    | 4           |           |
| D 44  |                      | -                   |          |               |  |            |                                      | Fa                               | //                           | •               | /      |             |           |

ASB-41 MAY 11

BS 14003-B \* Do not use this form for asbestos licensure exempted activities.

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

| 01 /  | 4.5   |   |   | 1  | anne or built                           | ding Owner/Operat   | or (2)  |  |                                      |            |  |                | 200 |
|---|---|---|---|--|---|---|---|--|--------------------------------------|------------|--|----------------|-----|
|   | 15  | /   | _   |  | Princeton                               | University-Office   | ce of Design and  | d Constri  | uction                               |            |  |                |     |
| Agencies Notified  EPA  |   | otification   |   | St   | reet Addres                             | s   |   |  | JUN 7                                | 1 (        | 10                                     | 214            |     |
| ☑ DOLWD   | ☐ Initial   |   |   |  | 200 Elm D                               | _   | į   |  | - 0:                                 | C          | ) L                                    | 114            |     |
| ☑ DHSS  | ⊠ Amer  |   | 014014  | -  | ty, State, Zip                          |   |   | *  | 200                                  |            |  |                |     |
| DCA   | □ Emer  | ndment # <u>8-</u><br>rgency (incl  | 0/10/14   |  |   | NJ 08544  | 40  |  |                                      | Cass       |  |                |     |
| (NJAC 5:23-8)   | justifi   | ication)  | uaing   |  | me of Cont                              |   | 18  | 8 6  |                                      |            |  |                |     |
|   | ☐ Cano  |   |   |  | Robert On                               |   |   | Telepho  | one Numb                             | er         |  |                |     |
|   |   |   |   |  |   | INFORMATION   |   | ⊥ •  | 199                                  | P          |  |                |     |
| Name of Facility Where At   | patement  | is Taking F   | lace (3   | · ·  | ACILITY                                 | INFORMATION   | Ta  |  |                                      |            |  | 58             |     |
| Princeton University  | -Firesto  | one Libra   | <b>v</b>  | <b>(</b> )   |   |   | Type of Facility  |  |                                      |            |  |                |     |
| Street Address  |   |   | -   |  |   |   | School (K-1   | 2)<br>8 (O45 11  |                                      |            |  |                |     |
| Washington Rd   |   |   |   |  |   |   | Subchapter Other (i.e., p   | o (Otner tr  | commerce                             | ial        | المانيط                                |                |     |
| City (5)  |   |   |   |  |   |   | homes, etc.   | )  | OCH INTERC                           | 461        | Duliu                                  | nys,           | 1   |
| Princeton   |   |   |   |  |   | 5. Waxaadax   | Square Feet   | # of Flo   | oors                                 | T          | Bldg.                                  | Age            | -   |
| County (6)  |   |   |   |  |   |   |   |  |                                      |            |  |                | 2   |
| MERCER  |   |   |   | Co   | ounty Code                              | (7)(STATE USE ONLY  | Current Use (Pr   | ior if being   | demolish                             | ed)        | _                                      | 100-11-        |     |
| Name of Monitoring Firm H   | irod by 5   | uildia 6  |   |  |   |   | Library   |  |                                      | /          |  |                |     |
| ATC Associates Inc.   | ned by B  | ullaing Owl   | ner (8)   | ASC  | M No.                                   | Name of Abater  | nent Contractor (9)   |  |                                      |            | -                                      |                | _   |
|   |   |   |   |  |   |   | NVIRONMENTA   |  |                                      |            |  |                |     |
| treet Address   |   |   | AND THE   |  |   | Street Address  |   |  |                                      |            |  |                |     |
| Three Terri Center  |   |   |   |  |   | 1123 BEAVE  | ER STREET   |  |                                      |            |  |                |     |
| ity, State, Zip Code  |   |   | 10876   | 31115.34   |   | City, State, Zip C  |   |  |                                      |            |  |                |     |
| Burlington, NJ 08016  |   |   |   |  |   | BRISTOL, P.   |   |  |                                      |            |  |                |     |
| roject Manager for Monitor  | ing Firm  |   | Te  | lephon   | e No.                                   | Telephone No.   | A 19007   | T  |                                      |            |  |                |     |
| Michael Keehn   |   |   |   |  | 6-8800                                  | 0.00  |   | License  | No.                                  | / Roll R   | 710                                    |                | _   |
|   |   |   |   |  |   | 215 700 cn4   | ^   | N. Constanting   |                                      |            |  |                |     |
| tart Date (10)  |   | Schedule  |   |  |   | 215-788-604   |   | 0050   | 9                                    |            |  |                |     |
|   | 14  | Scheduler   | Comp  | letion D   |   | Name of OSHA I  | Monitor   | 1  | 9                                    |            | :::::::::::::::::::::::::::::::::::::: |                | _   |
| _2 / _5 / _   |   | 91  | Comp<br>Ho  | letion D   |   | Name of OSHA I<br>BRISTOL EN  |   | 1  | 9                                    |            | 5-11                                   |                | _   |
| ccupancy Status During At   | paternent   | (Check on   | HO.   | letion D   |   | Name of OSHA I<br>BRISTOL EN<br>Street Address  | Monitor<br>IVIRONMENTAL   | 1  | 9                                    |            |  | _              |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D   | paternent<br>During En  | (Check on   | y one)  | letion D   | Pate (11)                               | Name of OSHA I<br>BRISTOL EN  | Monitor<br>IVIRONMENTAL   | 1  | 9                                    |            |  |                |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou  | paternent<br>During En  | (Check on tire Period   | y one) of Abate   | letion D   | Date (11)                               | Name of OSHA I<br>BRISTOL EN<br>Street Address  | Monitor<br>IVIRONMENTAL<br>R STREET   | 1  | 9                                    |            |  | _              | _   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  | Datement<br>During En<br>utside of N<br>IAM-3:00                    | (Check on tire Period   | y one) of Abate   | letion D   | Date (11)                               | Name of OSHA I<br>BRISTOL EN<br>Street Address<br>1123 BEAVE  | Monitor IVIRONMENTAL R STREET ode   | 1  | 9                                    |            |  |                |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou  | Datement<br>During En<br>utside of N<br>IAM-3:00                    | (Check on tire Period   | y one) of Abate   | letion D   | Date (11)                               | Name of OSHA I<br>BRISTOL EN<br>Street Address<br>1123 BEAVE<br>City, State, Zip C<br>BRISTOL, PA   | Monitor IVIRONMENTAL R STREET ode 1 19007   | , INC.   |                                      |            |  |                |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf  | Datement<br>During En<br>utside of N<br>IAM-3:00                    | Check on the Period Normal Fac  | y one) of Abate ility Hou   | ement urs - De AN  | Date (11)                               | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  | Monitor IVIRONMENTAL R STREET ode A 19007   | , INC.   |                                      |            |  |                |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf  | Datement<br>During En<br>utside of N<br>IAM-3:00                    | Check on the Period Normal Fac  | y one) of Abate ility Hou   | ement urs - De AN  | Date (11)                               | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cont Mini-End Glovebar   | Monitor IVIRONMENTAL  R STREET ode A 19007  tainment with Negationsure  | , INC.   | ure                                  |            |  |                |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf  | Datement<br>During En<br>utside of N<br>IAM-3:00                    | Check on the Period Normal Fac  | y one) of Abate ility Hou PM- Renovat   | ement urs - De AM  | Date (11)                               | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cont Mini-End Glovebar   | Monitor IVIRONMENTAL  R STREET ode A 19007  tainment with Negationsure  | , INC.   | ure                                  |            |  |                |     |
| 2 / 5 / ccupancy Status During At<br>Facility Closed/Vacated D<br>Abatement Performed Ou<br>Time of Abatement: 6:30<br>cope of Work (Check all that<br>≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | Datement<br>During En<br>utside of N<br>IAM-3:00                    | Check on the Period Normal Fac  | y one) of Abate ility Hou PM Renoval  | ement and  | Date (11)                               | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cont Mini-End Glovebar   | Monitor IVIRONMENTAL R STREET ode A 19007 tainment with Nega  | , INC.   | ure<br>ocedure                       | Ah         | alam                                   | ani T          |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of  | paternent<br>During En<br>utside of N<br>AM-3:00                    | (Check on titre Period Normal Fac   | y one) of Abate ility Hou PM- Renoval Demoliti Is Loca Normal   | ement urs - De AM  | sscribe                                 | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  | Monitor IVIRONMENTAL  R STREET ode A 19007  tainment with Negatiosure g Procedure mpted (*) and Non-  | , INC.   | ure<br>ocedure                       |            | atem                                   | _              |     |
| 2 / 5 / ccupancy Status During At Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 ope of Work (Check all tha ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED  | paternent<br>During En<br>utside of N<br>AM-3:00<br>at apply)       | (Check on attire Period Normal Fac  | y one) of Abate ility Hou PM- Renoval Demoliti Is Loca Norma sed Sole laintena                        | ement urs - De AM  | ascribe Asbes                           | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mai   | Monitor IVIRONMENTAL  R STREET ode A 19007  tainment with Negationsure g Procedure mpted (*) and Non- f terial (ACM)  | tive Press   | ure<br>ocedure                       |            |  | _              |     |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility  | paternent<br>During En<br>utside of N<br>AM-3:00<br>at apply)       | (Check on attire Period Normal Fac  | y one) of Abate ility Hou PM- Renoval Demoliti Is Loca Norma sed Sole laintena stodial                | ement urs - De AM  | ascribe Asbes                           | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mathermal systems is surfacing, VAT.  | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | tive Press -Friable Press -Friable Press   | ure<br>ocedure                       |            |  | _              |     |
| 2 / 5 / ccupancy Status During At Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 ope of Work (Check all tha ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED  | paternent<br>During En<br>utside of N<br>AM-3:00<br>at apply)       | (Check on titre Period Normal Fac   | y one) of Abate ility Hou PM- Renovat Demoliti Is Loca Norma sed Soliaintena stodial (12)             | ement urs - De AN Lion on tion on Staff?   | ascribe Asbes                           | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mai   | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | tive Press   | ure<br>ocedure                       | Abi Remova |  | _              | -   |
| 2 / 5 / ccupancy Status During At Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  | paternent<br>During En<br>stside of N<br>PAM-3:00<br>at apply)      | (Check on attire Period Normal Fac  | y one) of Abate ility Hou PM- Renoval Demoliti Is Loca Norma sed Sole laintena stodial (12) No        | ement ars - De AM tion on tion on tion Staff?  | Asbes                                   | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cont Mini-End Gloveba Non-Exe  Description of tos Containing Mail, thermal systems is surfacing, VAT, other miscellaned                    | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | tive Press -Friable Press -Friable Press   | ure<br>ocedure                       |            |  | en Encapsulate | -   |
| 2 / 5 / ccupancy Status During At Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Coughout Levels C, B a   | paternent<br>During En<br>stside of N<br>PAM-3:00<br>at apply)      | (Check on titre Period Normal Fac   | y one) of Abate ility Hot PM- Renoval Demoliti Is Loca Norma sed Sole laintena stodial (12) No        | ement urs - De AN Lion on Lion on Staff?   | Asbes (i.e.,                            | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Main thermal systems in surfacing, VAT, other miscellaness and mastic         | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | tive Press -Friable Press -Friable Press   | ure<br>ocedure<br>nt<br>fy<br>F)     | Removal    |  | _              | -   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  coughout Levels C, B acide A-7J  | paternent<br>During En<br>utside of N<br>AM-3:00<br>at apply)       | OPM/  Vi)  Vi)  Vi)  Vi)  Vi)  Viii  Viii | y one) of Abate ility Hou PM- Renoval Demoliti Is Loca Norma sed Sole laintena stodial (12) No        | ement urs - De AN cion on cilly ely by nnce/Staff?   | Asbes (i.e.,                            | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mathermal systems i surfacing, VAT, other miscellaned and mastic  Caulk       | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | Amour<br>(Specified or L   | ure ocedure nt fy F)                 | Removal    |  | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 ope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  coughout Levels C, B at ice A-7J  | paternent<br>During En<br>utside of N<br>AM-3:00<br>at apply)       | (Check on litire Period Normal Fac  | y one) y one) of Abate ility Hou PM- Renoval Demoliti Is Loca Norma sed Sole laintena stodial (12) No | ement urs - De AN cion con cion con cion cion cion cion c  | Asbes (i.e.,                            | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mathermal systems i surfacing, VAT, other miscellaned and mastic  Caulk       | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | Amour<br>(Specific SF or L   | ocedure  ot fy F)                    | Removal    | Repair                                 | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B a coughout Levels C, B a  | paternent During En utside of N AM-3:00 at apply)  erial (ACM       | OPM/  Vi)  Vi)  Vi)  Vi)  Vi)  Viii  Viii | y one) of Abate ility Hou PM- Renovat Demoliti Is Loca Norma sed Sole laintena stodial (12) No        | ement urs - De AN cion on cion cion cion cion cion cion c  | Asbes<br>(i.e.,                         | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mathermal systems i surfacing, VAT, other miscellaned and mastic  Caulk       | R STREET ode A 19007  tainment with Negalosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or  | Amour<br>(Specific SF or L   | ure  ocedure  nt fy F)  SF           | Removal    | Repair 🔲 🖂 🖂                           | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During At Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B a ne of Registered Waste Ha   | paternent During En utside of N AM-3:00 at apply)  erial (ACN and A | (Check on attire Period Normal Face) DPM/  Wi)  Vi)  Ves  | y one) of Abate ility Hou PM- Renovati Demoliti Is Loca Norma sed Sole laintena stodial (12) No       | ement urs - De AN Lion on Lion on Staff?   | Asbes (i.e., Window Duct wor            | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mai thermal systems i surfacing, VAT, other miscellaned and mastic  Caulk  Tk | Monitor IVIRONMENTAL  R STREET ode A 19007  tainment with Negatiosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or ous)                              | Amour<br>(Specif<br>SF or L<br>1,465 S<br>96 LF  | ure  occedure  nt fy F)  F           | Removal    | Repair 🔲 🖂 🖂                           | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During At Facility Closed/Vacated D Abatement Performed Outone of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B at the of Registered Waste Hat ERVICE TRANSPORT (1)                            | paternent During En utside of N AM-3:00 at apply)  erial (ACN and A | (Check on attire Period Normal Face) DPM/  Wi)  Vi)  Ves  | y one) of Abate ility Hou PM- Renovati Demoliti Is Loca Norma sed Sole laintena stodial (12) No       | ement urs - De AN Lion on Lion | Asbes (i.e., Floor tile Window Duct wor | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mai, thermal systems i surfacing, VAT, other miscellaned and mastic  Caulk    | Nonitor IVIRONMENTAL R STREET ode A 19007 tainment with Negatiosure g Procedure mpted (*) and Non- fterial (ACM) nsulation, or ous) Name of Register                | Amour<br>(Specification of the control | ocedure  ot fy F)  F                 | Remova     | Repair 🔲 🖂 🖂                           | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  coughout Levels C, B action of Registered Waste Ha ERVICE TRANSPORT (13)                           | paternent During En utside of N AM-3:00 at apply)  erial (ACN and A | (Check on attire Period Normal Face) DPM/  Wi)  Vi)  Ves  | y one) of Abate ility Hou PM- Renovati Demoliti Is Loca Norma sed Sole laintena stodial (12) No       | ement urs - De AN Lion on Lion on Staff?   | Asbes (i.e., Floor tile Window Duct wor | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Gloveba Non-Exe  Description o stos Containing Mar thermal systems i surfacing, VAT, other miscellaned and mastic  Caulk rk   | Nonitor IVIRONMENTAL R STREET ode A 19007 tainment with Negatiosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or ous)  Name of Register G.R.O.W.S. N | Amour<br>(Specification of the control | ocedure  ot fy F)  F                 | Remova     | Repair 🔲 🖂 🖂                           | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B a ce A-7J coughout Levels C, B a ce of Registered Waste Ha ERVICE TRANSPORT ( | paternent During En utside of N AM-3:00 at apply)  erial (ACN and A | (Check on attire Period Normal Face) DPM/  Wi)  Vi)  Ves  | y one) of Abate ility Hou PM- Renovati Demoliti Is Loca Norma sed Sole laintena stodial (12) No       | ement urs - De AN Lion on Lion | Asbes (i.e., Floor tile Window Duct wor | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of tos Containing Mai thermal systems i surfacing, VAT, other miscellaned and mastic  Caulk  Tk | Nonitor IVIRONMENTAL R STREET ode A 19007 tainment with Negatiosure g Procedure mpted (*) and Non- fterial (ACM) nsulation, or ous)  Name of Register G.R.O.W.S. N  | Amour (Specif SF or L 1,465 S 96 LF 1775 S   | ure  occedure  nt fy F)  SF  ANDFILL | Remova     | Repair 🔲 🖂 🖂                           | Encapsulate    | -   |
| 2 / 5 / ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility  | paternent During En utside of N AM-3:00 at apply)  erial (ACN and A | (Check on attire Period Normal Face) DPM/  Wi)  Vi)  Ves  | y one) of Abate ility Hou PM- Renovati Demoliti Is Loca Norma sed Sole laintena stodial (12) No       | ement urs - De AN Lion on Lion | Asbes (i.e., Floor tile Window Duct wor | Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Gloveba Non-Exe  Description o stos Containing Mar thermal systems i surfacing, VAT, other miscellaned and mastic  Caulk rk   | Nonitor IVIRONMENTAL R STREET ode A 19007 tainment with Negatiosure g Procedure mpted (*) and Non- f terial (ACM) nsulation, or ous)  Name of Register G.R.O.W.S. N | Amour (Specif SF or L 1,465 S 96 LF 1775 S   | ure  occedure  nt fy F)  SF  ANDFILL | Remova     | Repair 🔲 🖂 🖂                           | Encapsulate    | -   |

JUN 18 2014

| 01 /   | 15 /  | 14                       |  | - 1                                 | D  | ilding Owner/Operato   | (2)   |  |                      |          |             |    |
|--|---|--------------------------|--|-------------------------------------|--|--|---|--|----------------------|----------|-------------|----|
| Agencies Notified  |   |                          |  |                                     | Princeto   | n University-Offic   | e of Design an  | d Construct  | ion                  |          |             |    |
| □ EPA  | Type Notific  | ation                    |  |                                     | Street Addre   | ess  |   |  |                      |          |             |    |
| Ø DOLWD  | Amended   |                          |  | - 1                                 | 200 Elm  |  |   |  |                      |          |             |    |
| ⊠ DHSS   |   |                          |  | h                                   | City, State, Z   |  |   |  |                      |          |             |    |
| □ DCA  | Amendm  | ent #/-                  | 6/2/14   | :                                   |  |  |   |  |                      |          |             | -  |
| (NJAC 5:23-8)  | justification   | ch (iud                  | uding  | -                                   | Name of Con  | n, NJ 08544  |   |  |                      |          |             |    |
|  | ☐ Cancellat   | ion                      |  | 1                                   |  |  |   | Telephone  | Numb                 | 97       |             | _  |
|  |   | -                        |  |                                     | Robert O   |  |   | -  | 4                    | -        |             |    |
| Name of Facility Where A   | batement is T   | akino F                  | Place (3   | 1)                                  | FACILITY   | INFORMATION  |   |  |                      |          | _           | -  |
| Princeton University   | y-Firestone   | Libra                    | יין שטונות<br>רע   | ,,                                  |  |  | Type of Facility  |  |                      |          |             | _  |
| Street Address   |   |                          |  |                                     |  |  | School (K-1   | 2)   |                      |          |             |    |
| Washington Rd  |   |                          |  |                                     |  |  | Subchapter Other (i.e., p   | private and cor  | K-12)<br>nmerci      | al hi    | ildina      |    |
| City (5)   |   |                          |  |                                     |  |  | Homes, etc.   | )  |                      | a 1 D C  | anon iy     | ٥, |
| Princeton  |   |                          |  |                                     |  |  | Square Feet   | # of Floors  |                      | Bk       | dg. Ag      | e  |
| County (6)   |   |                          |  | To                                  | County Code  | (7)/CTATE HOE OUTLO  |   |  |                      | 1        |             |    |
| MERCER   |   |                          |  | 1                                   |  | (7)(STATE USE ONLY)  | Current Use (Pr   | ior if being der   | nolishe              | ed)      |             | -  |
| Name of Monitoring Firm H  | lired by Buildin  | ng Owr                   | ner (8)  | IAS                                 | CM No.   | I Nome - Co  | Library   |  |                      | 100      |             |    |
| ATC Associates Inc.  |   |                          |  | 1.0                                 | J. 11 14U.   | Name of Abateme  | ent Contractor (9)  |  |                      |          |             | -  |
| Street Address   |   |                          |  |                                     |  | BRISTOL EN   | VIRONMENTAL   | L, INC.  |                      |          |             |    |
| Three Terri Center   |   |                          |  |                                     |  | Street Address   |   |  |                      | _        |             | _  |
| City, State, Zip Code  |   |                          |  |                                     |  | 1123 BEAVER  |   |  |                      |          |             |    |
| Burlington, NJ 08016   |   |                          |  |                                     |  | City, State, Zip Co  |   |  |                      |          |             |    |
| Project Manager for Monitor  | ring Firm   |                          | TTA  | lost                                | N  | BRISTOL, PA  | 19007   |  |                      |          |             |    |
| Michael Keehn  |   |                          |  |                                     | ne No.   | Telephone No.  |   | License No.  |                      |          |             | _  |
| The second secon |   |                          |  |                                     |  |  |   | LICEUSE NO   |                      |          |             |    |
| Start Date (10)  | 10-1  | ad.d                     |  | 509-3                               | 86-8800  | 215-788-6040   |   |  |                      |          |             |    |
|  | Sch   | eduled                   | Comp   | letion                              | Date (11)  | 215-788-6040<br>Name of OSHA Mo  | Pnitor  | 00509  |                      |          |             |    |
| _2 / _5 / _  | 14  | _6                       | Comp   | letion                              | 86-8800<br>Date (11)<br>/14                            | Name of OSHA Mo  |   | 00509  |                      |          |             |    |
| 2 / 5 /  | patement (Che   | 6<br>ock onl             | Comp<br>/(   | letion<br>6                         | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV   |   | 00509  |                      |          |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D   | Datement (Che   | 6<br>ock onl             | /  | letion<br>6                         | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address   | IRONMENTAL  | 00509  |                      |          |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou  | patement (Che   | 6<br>eck only            | Comp<br>/<br>y one)<br>of Abate  | letion<br>6                         | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address<br>1123 BEAVER  | IRONMENTAL<br>STREET  | 00509  |                      |          |             | _  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D   | patement (Che   | 6<br>eck only            | Comp<br>/<br>y one)<br>of Abate  | letion<br>6                         | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address<br>1123 BEAVER<br>City, State, Zip Cod  | STREET  | 00509  |                      |          |             | _  |
| Dccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou  | Datement (Che<br>During Entire F<br>Itside of Norm<br>AM-3:00PM/              | 6<br>eck only            | Comp<br>/<br>y one)<br>of Abate  | letion<br>6                         | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address<br>1123 BEAVER  | STREET  | 00509  |                      |          |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30,   | Datement (Che<br>During Entire F<br>Itside of Norm<br>AM-3:00PM/              | 6 Peck only              | Comp<br>/<br>y one)<br>of Abate  | letion<br>6 Ament<br>irs - D        | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address<br>1123 BEAVER<br>City, State, Zip Cod<br>BRISTOL, PA 1   | STREET e 9007  nment with Negations   | 00509<br>, INC.  |                      |          |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30,   | Datement (Che<br>During Entire F<br>Itside of Norm<br>AM-3:00PM/              | 6 Peck only              | y one) of Abate lity Hou PM- enovate   | letion<br>6                         | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address<br>1123 BEAVER<br>City, State, Zip Cod<br>BRISTOL, PA 1   | STREET e 9007   | 00509<br>, INC.  |                      |          |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30, cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  | patement (Che<br>puring Entire P<br>itside of Norm<br>AM-3:00PM/              | 6 Period (all Faci       | y one) of Abate lity Hou PM- enovate emolities s Local   | letion 6 ement ers - D Al ion on    | Date (11) /14  | Name of OSHA Mo<br>BRISTOL ENV<br>Street Address<br>1123 BEAVER<br>City, State, Zip Cod<br>BRISTOL, PA 1   | STREET e 9007  nment with Negations   | 00509<br>, INC.  | lure                 | hate     | mani        |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30, cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate  | patement (Che puring Entire P riskle of Norm AM-3:00PM/                       | 6 Period (all Faci       | y one) of Abate of Abate enovate emolities s Locat Norma   | ement ion on liy ely by             | Date (11) /14  escribe                                 | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclose Glovebag F Non-Exemp   | STREET e 9007  nrment with Negative Procedure pited (*) and Non-                      | 00509<br>, INC.  | lure . A             | _        | ment        | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED   | patement (Che puring Entire P riskle of Norm AM-3:00PM/                       | 6 Period (al Faci        | y one) of Abate of Abate enovate enovate emolities s Local Norma ed Sole aintena   | ement<br>ion<br>on<br>liy<br>ely by | Date (11) /14  escribe                                 | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclose Glovebag F Non-Exemp   | STREET e 9007  nrment with Negative Procedure pited (*) and Non-                      | 00509 , INC. tive Pressure Friable Proced  | lure . A             | _        |             | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30, cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility   | patement (Che puring Entire P riskle of Norm AM-3:00PM/                       | 6 Period (al Faci        | y one) of Abate enovate enovat | ement<br>ion<br>on<br>liy<br>ely by | Date (11) /14  escribe                                 | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insi surfacing, VAT, or   | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | 00509 , INC. tive Pressure Friable Proced Amount (Specify  | lure . A             | _        |             | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED   | patement (Che puring Entire P riskle of Norm AM-3:00PM/                       | 6 Period (al Faci        | y one) of Abate of Abate enovate enovate emolities s Local Norma ed Sole aintena   | ion on liy by nce/?                 | Date (11) /14  escribe                                 | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclose Glovebag F Non-Exemp   | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | 00509 , INC. tive Pressure Friable Proced  | lure                 | _        |             | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30, cope of Work (Check all tha ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)   | patement (Che<br>During Entire F<br>Itside of Norm<br>AM-3:00PM/<br>It apply) | 6 Period (al Faci        | y one) of Abate lity Hou enovate emolitie s Locat Norma ed Sole aintena stodial (12)   | ion on livy ely by nce/Staff?       | Pate (11) / 14  escribe M  Asbes (i.e.,                | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insi surfacing, VAT, or other miscellaneous   | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | one of the process of | lure . A             | _        | _           | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30.  cope of Work (Check all that 23 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B a   | patement (Che<br>During Entire F<br>Itside of Norm<br>AM-3:00PM/<br>It apply) | Geck only                | y one) of Abate lity Hou PM- enovate emolitie Norma ed Sole aintena stodial (12) No  | ion on liy by hoe/ Staff?           | Pate (11)  14  escribe  M  Asbes (i.e.,                | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclose Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insi surfacing, VAT, or other miscellaneous  | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | 00509 , INC. tive Pressure Friable Proced Amount (Specify  | lure . A             | _        |             | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that 3 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B at ice A-7J  | patement (Che puring Entire F Itside of Norm AM-3:00PM/ It apply)  rial (ACM) | Gek only Period (al Faci | y one) of Abate lity Hou enovate emolitie s Locat Norma ed Sole aintena todial (12) No   | ion on liy by nce/ Staff?           | Asbes (i.e.,   | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contain Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insister surfacing, VAT, or other miscellaneous and mastic Caulk                   | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | one of the process of | lure A Removal       | _        |             | -  |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that 3 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B at ice A-7J  | patement (Che puring Entire F Itside of Norm AM-3:00PM/ It apply)  rial (ACM) | Cus Yes                  | y one) of Abate ity Hou enovate emolities s Locar Norma ed Sole aintena stodial ( (12) No  | ion on Staff?                       | Pate (11)  14  escribe  M  Asbes (i.e.,                | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contain Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insister surfacing, VAT, or other miscellaneous and mastic Caulk                   | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | O0509  , INC.  tive Pressure  Friable Proced  Amount (Specify SF or LF)  | lure A Removal       | Nepair D |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that 3 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B as Fice A-7J  roughout Levels C, B as  | patement (Che puring Entire F rtside of Norm AM-3:00PM/ rt apply)  rial (ACM) | Gek only Period (al Faci | one) of Abate lity Hou enovate emolities S Locat Norma ed Sole aintena itodial (12) No   | ion on liv by nce/                  | Asbes (i.e., Floor tile Window                         | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contain Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insister surfacing, VAT, or other miscellaneous and mastic Caulk                   | STREET e 9007  nrment with Negation procedure procedure pled (*) and Non-             | O0509  , INC.  tive Pressure  Friable Proced  Amount (Specify SF or LF)  1,465 SF  | lure A Removal X     | Nepair   | Encapsulate |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all tha  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B ar ne of Registered Waste Hau  | nd A  | Cus Yes                  | y one) of Abate lity Hou enovate emolities S Locat Norma ed Sole aintena todial (12) No  | ion on liv by nce/ N/A              | Asbes (i.e.,  Floor tile  Window  Vaste                | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclose Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insi surfacing, VAT, or other miscellaneous and mastic  Caulk                      | STREET e 9007  nment with Negative Procedure pited (*) and Non- ial (ACM) ulation, )  | O0509  , INC.  tive Pressure  Friable Proced  Amount (Specify SF or LF)  1,465 SF  96 LF  1775 SF  | lure A Removal       | Nepair D |             |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B and the of Registered Waste HauseRVICE TRANSPORT G   | nd A  | Cus Yes                  | y one) of Abate lity Hou enovate emolities S Locat Norma ed Sole aintena todial (12) No  | ion on liv by nce/ Staff?           | Asbes (i.e.,  Floor tile  Window  Duct wor             | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater themal systems inst surfacing, VAT, or other miscellaneous and mastic  Caulk k                      | STREET e 9007  nrment with Negative procedure pited (*) and Non- ial (ACM) ulation, ) | O0509  , INC.  tive Pressure  Friable Proced  Amount (Specify SF or LF)  1,465 SF  96 LF  1775 SF  | lure A Removal 🖾 🖾 🗆 | Nepair   | Encapsulate |    |
| 2 / 5 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 6:30  cope of Work (Check all that 1 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  roughout Levels C, B as fice A-7J  roughout Levels C, B as  | nd A  | Cus Yes                  | y one) of Abate lity Hou enovate emolities S Locat Norma ed Sole aintena todial (12) No  | ion on liv by nce/ N/A              | Asbes (i.e.,  Floor tile  Window  Duct work  Vaste No. | Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclose Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems insistracing, VAT, or other miscellaneous and mastic Caulk k  Subic Yards of Vaste | STREET e 9007  nment with Negative Procedure pited (*) and Non- ial (ACM) ulation, )  | O0509  , INC.  tive Pressure  Friable Proced  Amount (Specify SF or LF)  1,465 SF  96 LF  1775 SF  | lure A Removal 🖾 🖾 🗆 | Nepair   | Encapsulate | -  |

| Date of Notification (1)  01 /   | 15 /   | 14       |                  |                  | Name of Bu   | NJAC 8:60 and          | fator (2)           | JUN                |                | 2014   |             | _   |
|--|--|----------|------------------|------------------|--------------|------------------------|---------------------|--------------------|----------------|--------|-------------|-----|
|  |  |          | _                |                  | Princeto     | on University-O        | ffice of Design a   | nd Construct       | lia-           |        |             |     |
|  | Type Notific   | cation   |                  |                  | Street Addr  | 226                    |                     |                    | aon            |        |             | 253 |
| 12 - 1   | Initial  |          |                  | - 1              | 200 Elm      |                        | 14 - 27             |                    | 7.             |        |             |     |
| ☑ DHSS   | Amende   |          |                  | 1                | City, State, |                        |                     |                    |                |        |             |     |
|  | Amendr   | vent 🙉   | -5/2/1           | 4                |              |                        |                     |                    |                |        |             |     |
| (NJAC 5:23-8)  | Emerger<br>justificati   | ion)     | duding           | -                | Princeto     | n, NJ 08544            |                     |                    |                |        |             |     |
|  | Cancella   | tion     |                  | - 1              | Name of Co   |                        |                     | Telephone          | Min            |        |             |     |
|  |  | -        |                  |                  | Robert C     | )rtega                 |                     |                    |                |        |             |     |
| Name of Facility Where Aba   | itement is 1   | Taking   | Place            | (3)              | FACILITY     | Y INFORMATIO           | N                   | -                  |                |        |             |     |
| Princeton University-  | Firestone  | Libra    | עשו              | (-)              |              |                        | Type of Facili      | ty (4)             |                | _      | _           | _   |
| Street Address   | t Address  |          |                  |                  |              |                        |                     | 12)                |                |        |             |     |
| Washington Rd  |  |          |                  |                  |              |                        | Subchante           | R (Other than      | K-12)          |        |             |     |
| City (5)   |  | ·        |                  | 20               |              |                        | Uner (i.e.,         | private and cor    | nmerc          | ial bu | ildina      | 25  |
| Princeton  |  |          |                  |                  |              |                        | 11011165, 610       | <b>-</b> ·/        |                |        |             | ,-, |
|  |  |          |                  |                  |              |                        |                     | # of Floors        |                | Bk     | dg. Ag      | 90  |
| County (6)   | inty (6) County Code (7)/STATE USE O   |          |                  |                  |              |                        |                     |                    |                | 1      |             |     |
| MERCER   | County Code (7)(STATE USE ONLY) Curre  |          |                  |                  |              |                        | LY) Current Use (F  | Prior if being der | molich         | 1      |             |     |
| Name of Monitoring Firm Him  | of Monitoring Firm Hired by Building Owner (2)   |          |                  |                  |              |                        |                     |                    | ·iolish(       | 5G)    |             |     |
| ATC Associates Inc   | Introduction Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contra  |          |                  |                  |              |                        |                     | ,                  |                |        |             |     |
|  | C Associates Inc.  |          |                  |                  |              |                        |                     | "                  |                |        |             |     |
| Street Address   |  |          |                  |                  |              | Street Address         | VIKONMENTA          | AL, INC.           |                |        |             |     |
| Three Terri Center   |  |          |                  |                  |              |                        |                     |                    |                | _      |             | _   |
| City, State, Zip Code  |  |          |                  |                  |              |                        | ER STREET           |                    |                |        |             |     |
| Burlington, NJ 08016   |  |          |                  |                  |              | City, State, Zip       |                     |                    |                | _      |             | _   |
| Project Manager for Monitorin  | S Eig-   |          |                  |                  |              | BRISTOL,               |                     |                    |                |        |             |     |
|  | R CIIII]   |          | 1                |                  | one No.      | Telephone No.          |                     | 111                |                |        |             |     |
| Michael Keehn  |  |          |                  | 609-3            | 386-8800     | 215-788-60             |                     | License No.        | 60             |        |             |     |
| Start Date (10)  | Sch  | nedule   | Com              | pletion          | Date (11)    |                        |                     | 00509              |                |        |             |     |
| 2 / 5 / 14   | _   0  | ON       | H                | OLS              | )            | Name of OSHA           |                     |                    |                | _      | _           | _   |
| Occupancy Status During Abat   |  |          |                  |                  |              | BRISTOLE               | NVIRONMENTAL        | L, INC.            |                |        |             |     |
| Tensility Closed Alessian Com  | ine Fatt   | eak on   | y one)           |                  |              | Street Address         |                     |                    |                |        |             |     |
| Facility Closed/Vacated Dur  | ing Entire F   | Period   | of Aba           | tement           | t            | 1123 BEAV              | ED CTDER            |                    | and the second |        |             |     |
| Abatement Performed Outsi  | 4 2 Ann  | ial Fac  | ility Ho         | ours - D         | escribe      |                        |                     |                    |                |        |             |     |
| Time of Abatement: 6:30AM  | n- <u>3:00</u> PM/   |          | PM               | A                | M            | City, State, Zip (     |                     |                    |                |        |             | _   |
| cope of Work (Check all that a   | pply)  |          |                  |                  |              | BRISTOL, P             | A 19007             |                    |                |        |             |     |
| ] ≥3 sf or ≥3 lf   |  | <b>-</b> |                  |                  |              | □ Full Co.             | ntainment with Nega |                    | _              | _      | •           | -   |
| ≥ 160 sf or ≥260 lf  |  | MA       | Renova<br>Remoli | ition            |              |                        |                     | etive Pressure     |                |        |             |     |
|  |  |          | reiTIOII         | iion             |              | ☐ Gloveba              | n Procedum          |                    |                |        |             |     |
|  |  | T -      | s Loca           | nlier            |              | ⊠ Non-Exc              | empted (°) and Non- | -Friable Proces    | ure            |        |             |     |
| Location of  |  | 1        | Norm             |                  |              |                        | 1                   |                    | _              |        |             | _   |
| Asbestos-Containing Materia  | (ACM)  | Us       | ed So            | lely by          |              | Description of         | of                  |                    | LA             | bater  | nent        | Ty  |
| TO BE ABATED   | (,   | M        | ainten           | ance/            | Asbes        | tos Containing Ma      | iterial (ACM)       | Amount             | 20             | 20     | m           | T   |
| IN Facility  |  | Cus      |                  | Staff?           | (1.8.,       | , inemai systems       | insulation          | (Specify           | Removal        | Repair | 1 2         | 1   |
| (13)   |  | -        | (12)             |                  |              | surfacing, VAT         | or                  | SF or LF)          | EAC            | 1      | PS          |     |
| 32   | N.   | Yes      | No               | N/A              |              | other miscellane       | ous)                |                    | _              | 1      | Encapsulate | 1   |
| roughout Levels C, B and   | The state of the s |          |                  |                  |              |                        |                     |                    |                | 2      | 1           |     |
| ice A-7J   |  | ×        |                  |                  | Window       |                        |                     | 1,465 SF           | ×              |        |             |     |
| oughout Levels C, B and  | A  | ×        |                  |                  | Duct wor     |                        | -                   | 96 LF              | ×              |        |             |     |
|  |  | ×        |                  |                  |              |                        |                     | 1775 SF            | ×              |        |             |     |
| e of Registered Waste Hauler   |  |          | N.               | DEP V            | Waste To     | uhia Vand              |                     |                    |                |        |             | F   |
| ERVICE TRANSPORT GR  | OUP INC  |          | Ha               | uler ID<br>20990 | No. W        | ubic Yards of<br>Vaste | Name of Register    | ed Landfill        |                |        |             | _   |
| State  |  |          |                  | 10000            |              | leneral D              | G.R.O.W.S. N        | URTH LANDI         | FILL           |        |             |     |
| W CASTLE, DE   |  |          |                  |                  | l D          | isposal Date           | City, State         |                    |                |        | _           | _   |
| las - d By (Print or Type)   | Titl-  |          |                  |                  |              | 1                      | MORRISVILLE         | PA 19ner           |                |        |             |     |
| MARKET MARKET STATE OF STATE O | 1 7 241 -  |          |                  | -                |              |                        | The lies in         |                    |                |        |             |     |

JUN 18 2014

| roughout Levels C, B and A ice A-7J oughout Levels C, B and A e of Registered Waste Hauler RVICE TRANSPORT GROU |   | -           | No         | N/A                       | Floor tile Window C Duct work | and mastic  | Name of Register G.R.O.W.S. N  | 1,465<br>96 L<br>1775        | F<br>SF |          | 0000     | 000    |              |
|---|---|-------------|------------|---------------------------|-------------------------------|---|--|------------------------------|---------|----------|----------|--------|--------------|
| roughout Levels C, B and A<br>ice A-7J<br>oughout Levels C, B and A   |   | <b>X X</b>  | No.        |                           | Floor tile Window C           | and mastic  |  | 96 L                         | F       | <b>⊠</b> |          | 000    |              |
| oughout Levels C, B and A   |   | <b>X X</b>  | No         |                           | Floor tile<br>Window C        | and mastic  |  | 96 L                         | F       |          |          | 00     |              |
| oughout Levels C, B and A   | A                                       | ⊠<br>⊠      | No         |                           | Floor tile<br>Window C        | and mastic  |  |                              |         | -        |          | 0      |              |
| ughout Levels C, B and A  | A                                       |             | No         |                           | Floor tile                    | and mastic  |  | 1,465                        | SF      |          |          | Ľ      |              |
|   |   | -           | No         | +                         |                               |   |  |                              |         |          | L        | ate    | "            |
|   |   | Yes         |            | N/A                       |                               | 3000 300 4 (1 aug vice vice vice vice vice vice vice vice | 100)   |                              |         |          | 1        | 100    | 9            |
| (13)  | surfacing, VAT, or other miscelleneous) |             |            |                           | LF)                           | l a   | 1  | psu                          | - Super |          |          |        |              |
| Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility   | ACM)                                    | Use         | ntens      | ely by<br>ance/<br>Staff? | Asbest                        | Description of Containing Mathemal systems                | iterial (ACM)  | Amo<br>(Spe                  |         | A Remova | Repair   | -      | YP LINCOMOTE |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |   |             | Loca       | ion                       | T                             | Gloveba   | ntainment with Neg<br>closure<br>ig Procedure<br>empted (°) and Nor  |                              |         | ure      |          |        |              |
| ope of Work (Check all that app   | oly)                                    |             |            |                           |                               | BRISTOL, P  |  |                              |         |          |          |        |              |
| Abatement Performed Outside<br>Time of Abatement: 6:30AM-   | 3:00PM/_                                | racili<br>F | ty Ho<br>M | urs - Do                  | escribe<br>M                  | City, State, Zip (  | ode  |                              |         |          |          |        |              |
| Facility Closed/Vacated During  | g Entire Pe                             | riod o      | Aba        | lement                    |                               | 1123 BEAV   | ER STREET  |                              |         |          |          |        | _            |
| cupancy Status During Abaten  | nent (Chec                              | k only      | one)       |                           |                               | Street Address  | - TOTAMEN IA   | L, INC.                      |         |          |          |        |              |
| 2 / 5 / 14  | -   _                                   | 5_          | /          | 2 /                       | 14                            | Name of OSHA<br>BRISTOLE                                  | Monitor<br>NVIRONMENTA   |                              |         |          | _        | _      | _            |
| art Date (10)   | Sche                                    | duled       | Comp       | oletion I                 | Date (11)                     | 215-788-60  | 0.7  | 00                           | 509     |          |          |        |              |
| Michael Keehn   |   |             |            |                           | ne No.<br>86-8800             | Telephone No.   |  | Lice                         | nse No. |          |          |        | _            |
| roject Manager for Monitoring F   | Firm                                    |             | 17         | elepho                    | 11                            | BRISTOL,  |  |                              |         |          |          |        |              |
| Burlington, NJ 08016  |   |             |            |                           |                               | City, State, Zip  | Code   |                              |         |          |          |        | _            |
| ity, State, Zip Code  |   |             |            |                           |                               | 1   | /ER STREET   |                              |         |          |          |        |              |
| Street Address Three Terri Center   |   | - 2         |            |                           |                               | Street Address  | ENVIRONMENT  | AL, INC                      |         |          |          |        |              |
| ATC Associates Inc.   |   |             |            |                           | - W 140.                      | RPICTOL   | ement Contractor (   | 9)                           | _       |          | _        |        | _            |
| Name of Monitoring Firm Hired   | by Building                             | Own         | er (8)     | AS                        | CM No.                        | The second  | Library  |                              |         |          | ,        |        |              |
| MERCER  |   |             |            |                           | County Code                   | (7)(STATE USE ON  | (Y) Current Use (I   | Prior if be                  | ing der | nolish   | )<br>ed) |        | _            |
| County (6)  |   |             |            |                           |                               |   | Square Feet  | # 0                          | Floors  |          | Bk       | lg. Ag | 0            |
| City (5) Princeton  |   |             |            |                           |                               | -   |  | w.,                          |         |          | mi bu    | idings | \$,          |
| Washington Rd   |   |             |            |                           |                               |   | Subchapte  Subchapte  Other (i.e.,   | PER IONA                     | er than | K-12)    |          |        |              |
| Princeton University-Fit<br>Street Address  | restone L                               | ibrar       | y          |                           |                               |   | Type of Facili   |                              |         |          |          |        | _            |
| Name of Facility Where Abate  | ment is Ta                              | king P      | ace (      | 3)                        | HOILIT                        | INFORMATIO  |  |                              |         |          |          |        |              |
| Name of Francis   |   |             |            |                           |                               | INFORMATIO  |  |                              | _       |          | =        |        |              |
|   | Cancellatio                             | n           |            |                           | Robert O                      |   |  | Tek                          | phone   | Numb     | 19       |        | -            |
| (Marc 5.23-6)   | Justification                           | n)          | ding       | -                         | Name of Con                   | NJ 08544  | No. of the second secon | CONSTRUCTION OF THE CONTRACT |         |          |          |        |              |
| DCA D   | Amendmen<br>Emergence                   | nt #5-      | W25/       | 14                        | City, State, Z                | ip Code   |  |                              |         |          |          |        | _            |
| ☑ DOLWD ☑ DHSS  | Amended                                 | *           | 99         | L                         | 200 Elm (                     |   |  |                              |         |          |          |        |              |
| U EPA   ⊠   | Initial                                 | tion        |            |                           | Street Addre                  | \$\$  |  |                              | -       |          |          |        |              |
|   | pe Notifical                            |             |            |                           | Princeto                      | ilding Owner/Ope  | ffice of Design a  | nd Con                       | Struct  | ion      |          | 9.75   | 87/5         |

JUN 18 2014

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

| Date of Notification (1)   |             |                     |             |          |                    | NJAC 8:60 and 5  | .461                 |  |           |             |             | 51.55     |
|--|-------------|---------------------|-------------|----------|--------------------|--|----------------------|--|-----------|-------------|-------------|-----------|
|  | 15          | / 1                 | 14          |          | Name of            | Building Owners  |                      |  |           |             |             |           |
| Agencies Notified  | Tuna        |                     | _           |          | Prince             | ton University-Offic   | n (2)                |  |           | 50 Baltin   |             |           |
| ☐ EPA  | Type No     | trication           | n           |          | Street Add         | lea-   | e or Design an       | a Const  | ruction   | 1           |             |           |
| ☑ DOLWD  |             |                     |             |          |                    | M 0 0 0  |                      |  |           | _           |             | _         |
| ☑ DHSS   | Amen        | ded                 |             |          | 200 EIn            | n Dr.  |                      |  |           |             |             |           |
| DCA  | C C         | dment (             | 771         | 6/14     | City, State        | , Zip Code   |                      |  |           |             |             |           |
| (NJAC 5:23-8)  |             | jency (i<br>≥ation) | ncludia     | ng       | Princet            | On. ALI AGEAA  |                      |  |           |             | 30.00       | _         |
|  | ☐ Canos     | 4 (147)             |             |          | Name of C          | Ontari   |                      |  |           |             |             |           |
|  | C Cende     | Mation              |             |          | Robert             | Orlean   |                      | Toloph   | one Nu    | mha         |             | _         |
| Name of Facility Where All   | 100mm       |                     |             |          | FACILIT            | Y INFORMATION  |                      | e.   | -         |             | Dic.        |           |
| Princeton University   | mentelli i  | s Takin             | g Plac      | 8 (3)    |                    | THEORMATION  |                      |  | 725000000 |             | -           | _         |
| Princeton University   | -Firesto    | ne Lib              | my          |          |                    |  | Type of Facility     | (4)  |           |             |             |           |
| Street Address   |             |                     | -           |          |                    |  | 1 Sohow 1K-19        | ٥١   |           |             |             |           |
| Washington Rd  |             |                     |             |          |                    |  | - Subabantas I       | 100  | hoo to a  | -           |             |           |
| City (5)   |             |                     |             |          |                    |  | I was owner (i.e., p | PERMITTED TO BEAUTIFUL TO BE AUTOMATED TO BEAUTIFUL TO BE | CONTRACT  | 2)<br>>~'-' |             |           |
| Princeton  |             |                     |             |          |                    |  |                      |  | -51111111 | at Call     | build       | ngs,      |
|  |             |                     |             |          |                    |  | Square Fee!          | # of Fi  | 0000      | _           |             |           |
| County (6)   | CASATA CALL |                     |             |          | Count              |  |                      |  |           |             | Bldg.       | Age       |
| MERCER   |             |                     |             |          | County Cod         | @ (7)(STATE USE ONLY)  | Cumpat the /2-       |  |           |             |             |           |
| Name of Monitoring Firm Hir  | ad by B.    | lelie : #           |             |          |                    | e (7)(STATE USE ONLY)  | A AL-                | or If being  | demoli    | Bhed        | )           | _         |
| ATC Associates Inc.  | or by Bul   | ming O              | l) remv     | 3) A     | SCM No.            | The state of the s | (LICEOTORPM          |  |           |             | <b>*</b> 00 |           |
|  |             |                     |             |          | 100,000            | Name of Abateme  | nt Contractor (9)    |  |           | _           |             |           |
| Street Address   | 19000       |                     |             |          |                    | BRISTOL ENV  | TRONMENTAL           | INC  |           |             |             |           |
| Three Terri Center   |             |                     |             |          |                    | Street Address   |                      | , 1146.  |           |             |             |           |
| City, State, Zip Code  |             |                     |             |          |                    | 1123 BEAVER  | 07Bee                |  |           |             |             | <u> </u>  |
| Burlington, NJ 08016   |             |                     |             |          |                    | CHY CHAP ST S  | STREET               |  |           |             |             |           |
|  |             |                     |             |          |                    | City, State, Zip Coo   | lo                   |  |           |             |             |           |
| Project Manager for Monitorin  | g Firm      |                     | T           | Talanh   | one No.            | BRISTOL, PA  | 19607                |  |           |             |             |           |
| Michael Keehn  |             |                     |             |          |                    | Telephone No.  |                      |  |           |             |             |           |
| Start Date (10)  | 10          |                     |             | 609.     | 386-8800           | 215-788-6040   |                      | License  |           |             |             |           |
| 2 / 5 / 14   | 5           | chedule             | d Con       | pletion  | Date (11)          |  |                      | 00505  | )         |             |             |           |
|  | _           | 4                   | 1           | 25       | / 14               | Name of OSHA Mor   | Mor                  |  |           | _           |             |           |
| Occupancy Status During Abat   | ement (C    | haal as             | 4           |          |                    | BRISTOL ENVI   | RONMENTAL            | INC  |           |             |             |           |
| Facility Closed/Vacated Dur  | ing Entire  | n                   |             |          |                    | Street Address   |                      |  |           |             |             |           |
|  |             |                     |             |          |                    | 1123 BEAVER S  | -                    |  |           |             |             |           |
| Time of Abatement: 6:30Al  | A.R. MADA   | mer rac             | and H       | onus - [ | Describe           | CH. OL .   | FIREET               |  |           |             |             |           |
|  |             |                     | -PM         | ^        | NA                 | City, State, Zip Code  |                      |  |           |             |             |           |
| cope of Work (Check all that a   | pply)       |                     |             |          |                    | BRISTOL, PA 18   | 007                  |  |           |             |             | 272-130   |
| 2 2 M  |             |                     |             |          |                    |  |                      |  |           |             |             |           |
| ] ≥3 sf or ≥3 #<br>  ≥160 sf or ≥260 #   |             | <b>2</b> 1          | Renovi      | Ilion    |                    | Full Contains  | non! with Massi.     | _  |           |             |             | _         |
| ≥160 st of 2200 ft   |             |                     | Demot       | tion     |                    | Mini-Enclosu   | lo                   | e Pressur  | 10        |             |             |           |
|  |             |                     |             |          |                    | Glovebag Pro   | codum                |  |           |             |             |           |
| 2  |             |                     | Is Loc      | ation    | T-                 | Non-Exempte  | od (°) and Non-Fri   | able Pm  | and in    |             |             |           |
| Location of  |             | 1                   | Nom         | ally     |                    |  |                      |  |           |             |             | 200       |
| Asbestos-Containing Material  IO BE ABATED                                       | (ACM)       | Ua                  | ed So       | lely by  | Anhani             | Description of   | 1                    |  | L         | Abat        | ement       | Туре      |
| IN Facility  |             | I CHI               | einten.     | ence/    | (i.e.              | los Conteining Material  | (ACM)                | Amount   |           | _           | -           | _         |
| (13)   | 20          | Cul                 | 12)<br>(12) | Staff?   | 1 1.4.,            | thermal systems insula<br>surfacing, VAT, or   | ition,               | (Specify   | 000       |             | Renair      | Enclosure |
| 1.9  |             | -                   | 7           | _        | 4                  | other miscellaneous)   |                      | SF or LF)  | 18        | 1           | ar b        | 18        |
|  |             | Yes                 | No          | NA       | 1                  | (Shoeusneons)  | 1                    |  | 1 8       | -           | E           | E         |
| oughout Levels C, B and  | A           | X                   | 0           | 0        | Planton            |  |                      |  |           |             | 18          | 1         |
| CO A-7J  |             | -                   | -           | -        | rioor tile         | and mestic   |                      | 400 05   |           | +           | 1           |           |
| GO WOLD  |             | ×                   |             |          | Window C           | aulk   |                      | .465 SF  |           |             |             |           |
|  | Δ           | X                   |             |          | THE REAL PROPERTY. |  |                      | 96 LF  | ×         | -           | +-          | -         |
| oughout Levels C, B and  | -           | . DE 36             |             |          | Duct work          |  |                      |  | -         |             |             |           |
| oughout Levels C, B and  |             |                     | -           | -        | -                  |  |                      |  |           |             |             |           |
|  |             | $\boxtimes$         |             |          |                    |  | - 1                  | 775 SF   |           |             | 0           |           |
| oughout Levels C, B and A<br>e of Registered Waste Hauler<br>RVICE TRANSPORT GRO |             |                     | NJ          | DEP W    | laste In           | abic Yards of Name   | e of Registered L    |  |           |             |             |           |

# NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1)   |  | (Pursuant to NJAC     | STOS ABATEMENT                |                           | i                                  |
|--|--|-----------------------|-------------------------------|---------------------------|------------------------------------|
|  | /14  | Nume of Building On   | 200                           |                           |                                    |
|  |  | Princeton Helm        | reity-Office of Design an     |                           |                                    |
|  | Notification   | Street Address        | reny-Office of Design an      | ed Construction           | •                                  |
| E DOLWO BA   | uer<br>Nonded  |                       |                               |                           |                                    |
| DHSS A   | nonded   | 200 Elm Dr.           |                               |                           |                                    |
| D DCA  | rendment #3-4/3/14   | City, State, Zip Code |                               |                           |                                    |
| (NJAC 5:23-8)  | ergency (including   | Princeton, M.I An     | R44                           |                           |                                    |
|  | nosilation   | Name of Contact       |                               |                           |                                    |
|  | -COMMISSIO   | Robert Ortogo         |                               | Telephone Nur             |                                    |
| Magna of Facility 188  |  | EACH OF BUILD         |                               | 600                       | niper                              |
| Name of Facility Where Abeterne                                  | nt is Talking Place (3)  | FACILITY INFOR        | MATION                        |                           | 2020" 240"                         |
|  | tone Library   |                       | THE REAL PROPERTY.            |                           |                                    |
| Street Address   | - Contain  |                       | Type of Facility              | (4)                       |                                    |
| Washington Rd  | 334  |                       | School (K-1)                  | 2)                        |                                    |
| City (5)   |  |                       | E Other (i.e. a               | 8 (Other than K-12        | 2)                                 |
| Princeton  |  |                       | homes, etc.)                  |                           | rcial buildings                    |
|  |  |                       | Square Feet                   | # of Floors               |                                    |
| County (6)   |  |                       |                               | 10012 IOUR                | Bldg. Age                          |
| MERCER   |  | County Code (7)(STATE | USE OM VI CHICAN              |                           |                                    |
| Name of Monitoring Firm Hired by I                               | Iuildia a G  |                       | 211 000 (1 1)                 | or if being demotis       | (bed)                              |
| ATC Associates Inc.  | oniging Owner (8)  | ASCM No.   Mamo       |                               |                           |                                    |
| Simpl Address  |  | Marrie                | of Abatement Contractor (9)   |                           |                                    |
| 0.000.000  |  | BRIE                  | STOL ENVIRONMENTAL            | INC                       |                                    |
| Three Terri Center   |  | Onest /               | 400188\$                      | 1 1146.                   |                                    |
| City, State, Zip Code  |  | 1123                  | BEAVER STREET                 |                           |                                    |
| Burlington, NJ 08016   |  | City, Sh              | ite, Zip Code                 |                           |                                    |
| Project Manager for Monitoring Firm                              |  |                       | POL DA 400                    |                           |                                    |
| Michael Keehn  | Teles  | phone No. Telepho     | TOL, PA 19007                 |                           |                                    |
|  | l so   | 9.900 page            |                               | License No.               |                                    |
| Start Date (10)  | Scheduled Completi   | 010-1                 | 88-6040                       |                           |                                    |
| CONTRACTOR OF THE PERSON NAMED IN COLUMN 1                       | 4 / 40   |                       | OSHA Monitor                  | 00509                     |                                    |
| Occupancy Status During Abetement                                |  | - 14 BRIST            | OL ENVIRONMENTAL, I           |                           |                                    |
| I English Change Alegan Burks a                                  |  |                       | AL INTERNET                   | INC.                      |                                    |
| Abelement Performed Outside of N Time of Abelement: 6:30AM-3:000 | re Period of Absterna  | ent . deed an         |                               |                           |                                    |
| Time of Abetement: 6:30AM-3:00                                   | ormal Facility Hours .   | Describe              | EAVER STREET                  |                           |                                    |
|  | WPM  | AM City, State        | , Zip Code                    |                           | i                                  |
| cope of Work (Check all that apply)                              |  | BRISTO                | DL, PA 19007                  |                           |                                    |
|  |  |                       |                               |                           | - 1                                |
| ) ≥3 sf or ≥3 N<br>≥160 sf or ≥260 N                             | Renovation   | □ Fi                  | all Containment with Negative |                           |                                    |
| ≥160 st or ≥260 tt   | Demoktion  | ₩ M                   | Ini-Enclosure                 | Pressure                  |                                    |
|  |  | 116                   | Ormhan D                      |                           | 1                                  |
|  | is Location  | E No                  | M-Exampled (*) and Hon-Frig   | able Dec.                 | 1                                  |
| Location of  | Normall  | 1                     |                               |                           |                                    |
| Asbestos-Containing Material (ACM)  TO BE ABATED                 | Used Solely by   | Descrip               | ition of                      | A                         | batement Type                      |
| IN Facility  | Maintenance/   | AUDISTON Contolol     | NO BROKE N. L. L. C.          |                           |                                    |
| (13)   | Custodial Staff (12)   | )   (                 | MPDR INGUINALS                | Amount (Specify SF or LF) | Enclor<br>Encap<br>Rispair         |
| V-7  | 24   | our night,            | VAT AS                        | For LF)                   | E 8 8                              |
| 1.41   | Yes No N/  | A June 114808         | marino(08)                    | - L                       | Enclosure<br>Encapsulate<br>Repair |
| oughout Levels C, B and A  |  | Floor Att.            |                               |                           |                                    |
| € A-7J   |  | Floor tile and masti  |                               | 400.05                    |                                    |
|  |  | Window Caulk          | 1,0                           | 465 SF 🛛                  |                                    |
| ughout Levels C, B and A   |  |                       |                               |                           |                                    |
|  |  | Duct work             |                               |                           |                                    |
|  | Common Co |                       |                               |                           |                                    |
| of Registered Waste Hauler                                       |  |                       | 17                            | 76 SF 🔯                   |                                    |

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 6:16)

| Date of Notification (1)   |   | (Pursuant to NJAC 8:60 and  | ABATEMENT  |  |
|--|---|---|--|--|
| 01   | 16  | Name of Butte   | <b>6:16</b> )  | W  |
| Agencies Notified  | 16 / 14   | Name of Building Owner/Ope  | rater (2)  |  |
| T COA  | Type Notification   |   | Mos of Casion and C  | Amas   |
|  | in ballion  | Street Address  | - Control of Control o | - writtellen   |
| DHSS   | Amended   | 200 Elm D-  |  |  |
| DOCA   | Amendment (2-2/12/14  | City, State, Zip Cod  |  |  |
| (NUAC 5:23-8)  | Emergency (including justification)   | Princeton Miles   |  |  |
|  | Concedation   | Harne of Contact  |  |  |
|  |   | Robert  | TY   | elaphone Mumber  |
| Name of Facility Where Abel Princeton University   |   | FACULTER  |  | Annual Control   |
| Princeton University-F   | imper is Taking Place (3)   | FACILITY INFORMATION  | 1  |  |
| Street Address   | mercuo Library  |   | Type of Facility (4)   |  |
| Washington Rd  |   |   | Cobool or con  |  |
| City (5)   |   |   | - Dudohana a   | har Man as   |
| Princeton  |   |   | 25 Cear (Le., prives   | ther than K-12)<br>and commercial bulldings,   |
| County (6)   |   |   | Sough Feet   6   | Section of the sectio |
| 1 1-1  |   | 16  | 10   | of Floors Bidg. Age  |
| MERCER   |   | County Code (7)(STATE USE ONL)  | 2 Cumpill  |  |
| Name of Monitoring Firm Hired  | by Building Owner (8)   |   | Unent Use (Prior II )  | toing demotished   |
| A TO ADDOCUTE INC.   | (a)   | ASCM No. Name of Abeler   | Library  |  |
| Street Address   |   | RDIETAL -   | ment Contractor (9)  |  |
| Three Terri Center   |   | Street Address  | WYRONMENTAL, INC   |  |
| City, State, Zip Code  |   | And Middle of the Party of the | The second secon |  |
| Burlington, NJ 00016   | *   | 1120 DEAVE  | IR STREET  |  |
| Project Manager for Monitoring F   | 16  | City, State, Zip C  | cdo  |  |
| Michael Keehn  | Telepi  | hone No. Tolerandi  | 19007  |  |
| Start Date (10)  | 1 800   | NO Bisbishin MO   | 115  |  |
| [27] CONTROL (1980) (1981) (1981) (1981) (1981) (1981) (1981) (1981) (1981) (1981) (1981) (1981) (1981) (1981) | Scheduled Completio   | Date (44)   |  | nee No.  |
| 2 / 5 / 14   |   | I THE OF CHAPTER IN   | PAGE-100-A   | 800  |
| Occupancy Status During Abetam   | ent (Check only and   | THE PROPERTY OF THE   | PROMMENTAL INC.  |  |
|  |   | Street Address  | TAL INC.   |  |
| Abelement Performed Cutelde ( Time of Abelement: 8:38AAA.3:  | Mormal Facility Management  | Describe 1123 BEAVER  | 0000   |  |
| Time of Abatement: 6:20AM-2:   | OPWPM-  | City, State, Zip Cod  | O I REET   |  |
| cope of Work (Check all that apply   |   | Million and Cod   |  |  |
|  | )   | BRISTOL, PA 1   | 9007   |  |
| >3 at at ≥3 if   | Renovation  | C Rull Course   |  |  |
| ≥160 of or ≥260 if   | Demolition  | Mini-Enclos   | iment with Negative Pro  | Munn   |
|  |   |   | we di  |  |
|  | - Settioned   | I Glermha - m   |  |  |
| 1 4 4  | · Is Location   | I Glermha - m   |  |  |
| Leastion of  | · Is Location   | Clovebag P  | receive<br>and (7) and Mon-Friedle (   | recedure   |
| Asbestos-Containing Material (AC   | Is Location<br>Normally   | Clevebag P  | receive<br>and (7) and Hon-Frieble (   |  |
| Asbeetso-Containing Meterial (AC<br>TO BE ABATED<br>IN Facility  | is Location<br>Normally<br>Used Sciety by<br>Maintenance                              | Description of Asbestins Contables Made   | receive<br>led (*) and Hon-Frieble (   | Abeterned Type   |
| Asbestos-Containing Material (AC   | Is Location<br>Normally   | Description of Asbestus Containing Motoria (i.e., thermal systems insul   | receive<br>and (1) and Hon-Frieble I<br>I (ACM) Amer   | Abeterned Type   |
| Asbestor-Containing Motorial (AC<br>TO BE ABATED<br>IN Facility<br>(13)  | is Location<br>Normally<br>Used Sciety by<br>Maintenance/<br>Custodial Staff?<br>(12) | Description of Asbestus Containing Motoria (i.e., thermal systems insul   | receive<br>and (1) and Hon-Frieble I<br>I (ACM) Amer   | Abeterned Type   |
| Asbestor-Containing Motorial (AC<br>TO BE ABATED<br>IN Facility<br>(13)  | is Location Normally Used Solety by Maintenance/ Custodial Staff? (12) Yes No N/A     | Description of Asbestus Containing Materia (i.e., thermal systems insulating, VAT, or other miscellaneous)  | receive<br>led (*) and Hon-Frieble (   | Abeterned Type   |
| Asbester Containing Material (AC<br>TO BE ABATED<br>IN Facility<br>(13)  | is Location Normally Used Sciety by Maintenance Custodial Staff? (12) Yes No N/A      | Description of Asbestus Containing Materia (i.e., thermal systems insulating, VAT, or other miscellaneous)  | receive<br>and (1) and Hon-Frieble I<br>I (ACM) Amer   | Abotement Type   |
| Asbester-Centaining Meterial (AC<br>TO BE ABATED<br>IN Facility<br>(13)<br>Dughout Levels C, B and A           | Is Location Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A    | Description of Asbestus Containing Materia (i.e., thermal systems insul surfacing, VAT, or other miscellencous)  Floor tile and mastic  | receive  lad (1) and Hon-Frinchie P  I (ACM)  addon,  (Spec  | Aboliment Type  RM Report Enclosure  St. F. C.   |
| Asbester-Centaining Meterial (AC<br>TO BE ABATED<br>IN Facility<br>(13)<br>Dughout Levels C, B and A           | Is Location Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A    | Description of Asbestus Containing Materia (i.e., thermal systems insulating, VAT, or other miscetaneous)  Floor tile and mastic  Window Caulk  | (ACM) Amount of the state of th | Abdisment Type  Rid Ny  Ramania  Rid Ny  Ramania  Rid Ny  Ramania  Rid Ny  Rid |
| Asbester Containing Material (AC<br>TO BE ABATED<br>IN Facility<br>(13)  | is Location Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A    | Description of Asbestus Containing Materia (i.e., thermal systems insul surfacing, VAT, or other miscellencous)  Floor tile and mastic  | receive  lad (1) and Hon-Frinchie P  I (ACM)  addon,  (Spec  | Abolement Type  Ref.  Re |
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# NOTIFICATION OF ASSESTOS ABATEMENT

| 0  | te of Notification  | (1)          | _                                    |                |                     | (Lossnaut  | to NJAC 8:60 and   | BATEMENT         |                       |  |             |
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NOTIFICATION OF ASSESTOS ASIATEMENT (Pursuant to NJAC 8:00 and 8:10)

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| Princeton University-Present Library  Weshington Rd  Weshington Rd  Weshington Rd  Weshington Rd  County Code (Provide and convention) Interest (Clark Non It-12)  Beautiful (S)  Description (County Code (Provide and convention) Interest (Clark Non It-12)  Beautiful (S)  Description (County Code (Provide and convention) Interest (Clark Non It-12)  Beautiful (S)  Description (Manager Prim Hand by Building Owner (8)  ATC Association Inc.  Beautiful (Inc.)  Description (Manager Prim Hand by Building Owner (8)  ATC Association Inc.  Beautiful (Inc.)  Description (Manager Inc.)  Descriptio |                                     |  | Robert Ostern  |  | 1                             |
| Second Address   Close than K-12    Description (A)   Descriptio   | Name of Fasility Where Ale          | Mari L. B.   | BACH   | 55   | , and the same of             |
| Stock Address   State than K-12    Descript   De   | Princeton University                | (2) (3)  | THE PROPERTY OF THE PERSON   |  |                               |
| Weshington Rd  Dity (6) Princeden  County (6) MERICER  Memo of Manifering Firm Hired by Building Councr (8)  AFC Association (inc.  Bissoci Address  Street Address  Burlington, NJ 50016  Project Manager for Monitoring Firm  Misshool Koothn  Street County (6)  Description and commenced index of the Project Manager (6)  Description (7)  Street Address  Street Address  Street Address  Burlington, NJ 50016  Project Manager for Monitoring Firm  Misshool Koothn  Street County (6)  Description (7)  De | Street Address                      | LANGE CIPIEN   |  | The office of  | 91                            |
| County (8) MERCER  County Code (7)(6TATE USE CAL 9)  ATC Association Prim Hand by Building Council (8)  ATC Association Inc.  Silved Address  Third Control  City, State, 20 Code  Burlington, MJ 50016  Project Manager for Monitoring Prim  Silved Address  Burlington, MJ 50016  Project Manager for Monitoring Prim  Silved Address  Silved Address  Silved Address  City, State, 20 Code  Burlington, MJ 50016  Project Manager for Monitoring Prim  Silved Monitoring Prim  Silved Address  Silved Addre | Washington Rd                       |  |  | Depute on  | 1)                            |
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| City, State, 25 Casis  Burlington, NJ 60016  Project Manager in Monitoring Pirm Michael Keeton  Start Date (10)  1 / 30 / 14  4 / 4 / 14  Cocupany State During Abstement (Check only one)  Pasting Clased Measured During Enter Periods of Abstement Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Performed Cutable of thormal Facility Hours - Describe  Time of Abstement Zasia Assembly  Basemant Time of Abstement (Check all that apply)  23 of or 23 if  Basemant Time of Abstement (Check all that apply)  23 of or 23 if  Basemant Time of Abstence Cutable of Abstement (Check only one)  Basemant Time of Abstence Cutable of Abstence Cutable of Abstence Cutable of Internative Cutable Only Internative Cutable Only Internative | 1116                                |  | Name of Alexander  | (Code)   |                               |
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| City, State, 29 Cells  Burlington, NJ 80016  Project Manager for Monitoring Pirm  Mishaed Moebin  Start Date (10)  1 / 30 / 14  4 / 4 / 14  Scheduled Compilation Date (11)  People Manager for Monitoring Pirm  Mishaed Moebin  Start Date (10)  1 / 30 / 14  4 / 4 / 14  Broot Cocupanty Status During Abstiment (Check only one)  People State During Abstiment (Check only one)  People State Abstract  People State Abstract  People State Abstract  Three of Abstract  I State Abstract  Derivation  People State Abstract  City, State, 29 Cede  State Abstract  Three of Abstraction (Active)  Derivation  Derivation  Derivation  Derivation  Derivation  Derivation  Derivation  People State Abstract  City, State, 29 Cede  State Abstract  Three of Abstraction (Active)  Derivation  Derivation  Derivation of Abstraction  Abstract Active  Abstract Active  Mon-Description of Abstract  (Active State) by Manager Institute (Active)  Description of Abstract  (Active State) by Manager Institute (Active)  Description of Abstract  (Active State) by Manager Institute (Active)  Description of Abstract  (Active State) by Manager Institute (Active)  Description of Abstract  (Active State) by Manager Institute (Active)  Three of Active State  Description of Abstract  (Active State) by Manager Institute (Active)  Description of Abstract  (Active State) by Manager Institute  Abstract Type  Abstract Type  Abstract Active  Description of Abstract  (Active State) by Manager Institute  Abstract Active  Abstract Active  Description of Abstract  (Active State) by Manager Institute  Abstract Active  Abstract Active  Abstract Active  City, State, 29 Cede  Broot Monager  Description of Abstract  (Active State) by Manager  Abstract Active  City, State, 29 Cede  Broot Monager  Description of Abstract  (Active State) by Manager  Abstract Active  City, State, 29 Cede  Broot Monager  De |                                     |  | Sient Additional of the Control of t | MONEDITAL, N   | MC.                           |
| Project Manager for Monitoring Firm  Michael Koehn  Telaphone No.  000-990-9909  216-790-9909  21723 BBAVER STREET  Chy. State 25 If  2100 of or 2500 If  2100 o | City, State, Zip Code               |  | The second secon | The second secon |                               |
| Project Manager for Monitoring Firm  Michael Koehn  Telaphone No.  000-990-9909  216-790-9909  21723 BBAVER STREET  Chy. State 25 If  2100 of or 2500 If  2100 o | Burlington, NJ 00016                |  | THE BEAVER   | TREET  |                               |
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| Start Date (10)  | Michael Macha                       | m Tolor  | BRUSTOL PA 11  | 1007   |                               |
| Coccupancy Status During Abdement (Check only one)   14   Scheduled Completion Date (11)   Automotive Status During Abdement (Check only one)   14   Selective Status During Abdement (Check only one)   Page 170   Selective Status St   |                                     |  | Total tank Mo  |  |                               |
| Cocupancy Status During Absterment (Chack only one)    Peolity Classed-Vessied During Entire Ported of Absterment   Time of Absterment Zissami Peolity Hours - Describe   1122 BEAVER STREET   |                                     | School Completion  | 216-703-000  | U  | sense No.                     |
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| Pacific Cleaned Vacasiand During Entire Point of Abstances   | Occupancy Status During Alexander   | 1-1-   | _14  | N  |                               |
| Abstance   Performed Outside of Normal Facility Moure   Describe   |                                     | (Check only one)   | - COLOR BILANIA  | MATERIAL MATERIAL  |                               |
| Time of Absterment: 2004AM-3:30PM PM. AM PM. | C Abdissed Badamad Owner            | Entire Period of Abeterna  | A DATE OF THE PARTY OF THE PART | THE REAL PROPERTY.   | ·                             |
| Scope of Work (Check all that apply)    So of 25 if   Pull Constituted all Napole Product   Derivation   Derivation   Derivation   Derivation   Maintenance of Research   Derivation   Description of Administration   Description of Description of Administration   Description of De | Time of Abelement 7:00 AM O.        | Hormal Facility Hours . P.   | 1923 BEAVED OF   | - Common of the  |                               |
| Scope of Yvert (Criscit all Ball apply)    Safer 25 if   Section of   Demonstrat   Demonstrat   Section of   Demonstrat    |                                     | AM AM  | City, State 7th Court  | TEMP   |                               |
| Solid of 25 ff   Demolition   Description of Asian   Description   Description of Asian   Description   Descriptio   | Scope of Work (Check all that analy | 9  | BRIGGOV DA   |  |                               |
| Location of Asbarran (ACM)  In Facility (13)  Throughost Levels G, B and A  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Window Coulk  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Very Months and master  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Throughost Levels G, B and A  Disconting Methods (ACM)  Office A-Fi  Through (ACM)  Office A-Fi  Through (ACM)  Office  | 1                                   |  | -100 IOL, PA 1886  | 7  |                               |
| Location of Ashariso Containing Material (ACM) By Facility (13) Yes No NM Yes No NM Througholf Levele G, B and A  Disconting Material (ACM) Window Could mark  Description of Ashariso Containing Material (ACM) Maintenance Custodial Beriff (12) Yes No NM Yes No NM Ploor the and mastic  1,466 SF DISCONTINUOUS  Througholf Levele G, B and A  Discontinuous  Ashariso (Season)  A | □ >3 q et ≥3 ll                     | B Donound  | Fig.   |  | ·                             |
| Location of Ashariso Containing Material (ACM) By Facility (13) Yes No NM Yes No NM Througholf Levele G, B and A  Disconting Material (ACM) Window Could mark  Description of Ashariso Containing Material (ACM) Maintenance Custodial Beriff (12) Yes No NM Yes No NM Ploor the and mastic  1,466 SF DISCONTINUOUS  Througholf Levele G, B and A  Discontinuous  Ashariso (Season)  A | 2 100 tt ot 5 200 it                | Demoliles  | Mal Paris  | I W Marriso Do   |                               |
| Maintenance Containing Material (ACM) IN Facility (13)  Yes No MM  Yes No MM  Throughout Levels C, B and A  Discrete Containing Material (ACM)  Yes No MM  Throughout Levels C, B and A  Discrete Containing Material (ACM)  Selection Containing Material (ACM)  Abstract Typo  Abstract Typo  Clar., thereas systems insulation, containing Material (ACM)  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Abstract Typo  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Abstract Typo  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Outlier misselfs and Material (ACM)  Outlier misselfs and Material (ACM)  Outlier misselfs and Material (ACM)  Abstract Typo  Outlier misselfs and Material (ACM)  Outlier  |                                     |  | Charles Co.  |  |                               |
| Maintenance Containing Material (ACM) IN Facility (13)  Yes No MM  Yes No MM  Throughout Levels C, B and A  Discrete Containing Material (ACM)  Yes No MM  Throughout Levels C, B and A  Discrete Containing Material (ACM)  Selection Containing Material (ACM)  Abstract Typo  Abstract Typo  Clar., thereas systems insulation, containing Material (ACM)  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Abstract Typo  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Abstract Typo  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Outlier misselfs and Material (ACM)  Outlier misselfs and Material (ACM)  Outlier misselfs and Material (ACM)  Abstract Typo  Outlier misselfs and Material (ACM)  Outlier  |                                     | la Lacation  | Hon-Carried  |  |                               |
| Maintenance Containing Material (ACM) IN Facility (13)  Yes No MM  Yes No MM  Throughout Levels C, B and A  Discrete Containing Material (ACM)  Yes No MM  Throughout Levels C, B and A  Discrete Containing Material (ACM)  Selection Containing Material (ACM)  Abstract Typo  Abstract Typo  Clar., thereas systems insulation, containing Material (ACM)  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Abstract Typo  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Abstract Typo  Outlier misselfs and mastic  1,466 SF  Discrete Containing Material (ACM)  Abstract Typo  Outlier misselfs and Material (ACM)  Outlier misselfs and Material (ACM)  Outlier misselfs and Material (ACM)  Abstract Typo  Outlier misselfs and Material (ACM)  Outlier  | Location of                         | Minman.  |  | Ann Martingaph   | Procedure                     |
| Custodial Self?  (18)  Custodial Self?  (10)  Yee No MA  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic  Throughout Levele C, B and A  Discrete and mastic   | Vepressering memoral (VC)           | (i) Used Solely by   | (Planta and Land   |  |                               |
| (13)  (12)  (12)  Ourlande, VAT, or other misselfer count.  Throughout Levels C, B and A  (12)  Floor tile and mastic  1,466 or B  Throughout Levels C, B and A  (12)  Floor tile and mastic  1,466 or B  Throughout Levels C, B and A  (12)  Floor tile and mastic  1,466 or B  Throughout Levels C, B and A  (1776 or III)  Throughout Levels C, B and A  (1776 or III)  | IN Facility                         |  | Chalalala Ata  | .  | Abdished Time                 |
| Throughout Levels C, B and A B D D Window Cault 96 LF B D D D Dust work 1776 8F B D D D  |                                     | Custodial Staff?   |  | Am   | MM 2 3 8 5                    |
| Throughout Levels C, B and A B D D Window Coult 1,466 SF B D D D Duet work 1776 SF B D D D   |                                     | · · · · · · · · · · · · · · · · · · ·  | burboing, VAT, or  | (B)  | mally   #   #   #   #   #   # |
| Office A-7J  Signature Country  Mindow Country | - 41: 4: 2.5                        | Yes No MA  | CONST PRINCIPALINA   | SF or  | 的 [ ] [ ] [ ] [ ] [ ]         |
| Office A-7J  Signature of Reference Wheeler Houser  NUMBER WARREST COURTS  1,486 SF Signature Courts  Signature of Reference Wheeler Houser  NUMBER WARREST COURTS  NUMBER WARREST COUR | Throughout Levels C, B and A        | BIDDE  |  | 1  | 1-1                           |
| Throughout Lovoic C, B and A   | Office AdJ                          |  | foor tile and mastic   |  | _      8 -                    |
| Throughout Layers G, B and A   |                                     |  | Sodow On H   | 1,400  | 28 5                          |
| Name of Reference Weeks Houter NUSS Water  | Throughout Levels C, B and A        | P D  |  |  |                               |
| termo of Residence Wheeler Hauder NU 30 Number 1776 8F B O O O   |                                     |  | set work   | 98 L   |                               |
| NOTE OF THE PARTY  |                                     |  |  | 1778   |                               |
|  | tomo of responses visitor           | The state of the s |  | 11100  |                               |
|  | SERVICE I MANSFORT GROUP IN         | Haster to At   | Cubic Yards of 127   |  |                               |

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#224207



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

| Date of Notification (1)   |                         |           |                   |           | Name of Buil         | Iding Owr         | ner/Operator (2) | 0014 1111 10 0  | E4 1.   | , ,        |             |            |  |  |  |
|--|-------------------------|-----------|-------------------|-----------|----------------------|-------------------|------------------|---|---------|------------|-------------|------------|--|--|--|
| 6/16/2014  |                         |           | MR. SONT          |           |                      | 2614 JUN 18 P     | H 1:             | G !   |         |            |             |            |  |  |  |
|  | e Notifica              | ation     |                   |           | Street Addre         |                   |                  |   | 1398.7  | 50.        |             |            |  |  |  |
| 175  | Initial                 |           |                   |           | 3112 WIND            | ili<br>Marko - uk | ENTIE            | # 55ES   # 5 ()(  | HIR     | Üi.        |             |            |  |  |  |
|  | Amende                  | ed Ame    | ndmen             | +#/       | City, State, Z       |                   |                  | 0 1 1077412   |         |            |             |            |  |  |  |
|  | Emerge                  |           |                   |           | 1                    |                   | €.               | a LIULIAU   |         | *          |             |            |  |  |  |
| □ DOH  | justifica               | 5 8       | Juding            |           | Name of Cor          |                   |                  |   | Tolo    | phono      | Numb        | 205        |  |  |  |
| A STATE OF THE STA | Cancell                 |           |                   |           | Access of the second | 0.0000000         |                  |   | Tele    | priorie    | Manie       | JCI        |  |  |  |
| DCA LL   | Caricei                 | ation     |                   | -         | MR. SONT             |                   | TION             |   |         |            |             |            |  |  |  |
| Name of Facility Where Abatem  | ant is Tr               | akina D   | 200 (3)           |           | -ACILITY IN          | FURMA             | TION             | Type of Facility (4)  |         |            |             |            |  |  |  |
|  | ient is 1               | aking P   | ace (3)           | ,         |                      |                   |                  |   |         |            |             |            |  |  |  |
| PRIVATE RESIDENCE Street Address   |                         | 1-1-      |                   |           |                      |                   |                  | School (K-12)   | t tl    | - 1/ 40    |             |            |  |  |  |
|  |                         |           |                   |           |                      |                   |                  | Subchapter 8 (Of  |         |            |             |            |  |  |  |
| 3112 WINDSOR AVENUE  |                         |           |                   |           |                      |                   |                  | Other (i.e., privat   |         |            |             |            |  |  |  |
| City (5)   |                         |           |                   |           |                      |                   |                  | Square Feet # of Floors Bldg.                                   |         |            |             |            |  |  |  |
| TOMS RIVER, NJ   |                         |           |                   |           |                      |                   |                  |   |         |            |             |            |  |  |  |
| County   |                         |           |                   |           | County Code          | (7) (STA          | ATE USE ONLY)    | (Y) Current Use (Prior if being demolished)                     |         |            |             |            |  |  |  |
| OCEAN  |                         |           |                   |           |                      |                   |                  |   |         |            |             |            |  |  |  |
| Name of Monitoring Firm Hired  | by Buildi               | ing Owr   | ner (8)           |           | ASCM No.             | Name o            | f Abatement Cont | ractor (9)  |         |            |             |            |  |  |  |
| AMERITECH  |                         |           |                   | CREA      | M RIDGE ENVI         | RONMENTAL INC.    |                  |   |         |            |             |            |  |  |  |
| Street Address   |                         |           |                   | Street A  | ddress               |                   |                  |   |         |            |             |            |  |  |  |
| 1A S. LAWRENCE AVENUE  |                         |           |                   | 15 BLA    | CK FOREST R          | ROAD              |                  |   |         |            |             |            |  |  |  |
|  |                         | 433       |                   | City, Sta | ate, Zip Code        |                   |                  |   |         |            |             |            |  |  |  |
| SEASIDE HEIGHTS, NJ 08   | 751                     |           |                   |           |                      | HAMU              | LTON, NJ 0869    | 1   |         |            |             |            |  |  |  |
| Project Manager for Monitoring   | Firm                    | Telep     | hone N            | o.        |                      | Telepho           | ne No.           |   | Lice    | nse No     | ).          | - 104390/2 |  |  |  |
|  |                         |           |                   |           |                      | 609-890           | )-7110           |   | 0067    | 76         |             |            |  |  |  |
| Start Date (10)  |                         | Sched     | duled C           | omplet    | ion Date (11)        | Name o            | f OSHA Monitor   |   |         |            |             |            |  |  |  |
| 6/18/2014  |                         | 6/18/2    | 2014              |           |                      | N/A               |                  |   |         |            |             |            |  |  |  |
| Occupancy Status During Abate  | ement (C                | heck or   | nly one           | )         |                      | Street A          | ddress           |   |         |            |             |            |  |  |  |
| Facility Closed/Vacated Du   | uring Ent               | tire Peri | od of A           | bateme    | ent                  |                   |                  |   |         |            |             |            |  |  |  |
| Abatement performed outside  | of workir               | ng hour   | s 5PM-            | 2 AM      |                      | City, Sta         | ate, Zip Code    |   |         |            |             |            |  |  |  |
| Scope of Work (Check all that a  | nnlu\                   |           |                   |           |                      |                   |                  | FT Full Containment   | with M  | naative    | Droce       | CUITA      |  |  |  |
| and the search of the state of  | thhia)                  |           |                   |           | 1-70                 | 4:                |                  | Full Containment with Negative Press                            |         |            |             |            |  |  |  |
| ≥ 3 sf or ≥ 3 lf   |                         |           |                   |           | Renova               |                   |                  | <ul><li>☐ Mini-Enclosure</li><li>☐ Glovebag Procedure</li></ul> |         |            |             |            |  |  |  |
| ≥ 160 sf or ≥ 260 lf   |                         |           |                   |           | Demolit              | ion               |                  | _   |         |            |             |            |  |  |  |
| 1  |                         |           |                   |           |                      |                   |                  | Non-Exempted (*   |         |            |             |            |  |  |  |
|  |                         | 1         | Locati<br>mally l |           | Description          | n of Acha         | stos Containing  |   | Abat    | ement      |             |            |  |  |  |
| Location of Asbestos-Conta   |                         |           | Solely b          |           |                      |                   | thermal systems  | Amount (Specify SF  | or Z    |            | Encapsulate | Enclosure  |  |  |  |
| Material (ACM) TO BE ABAT  | ED In                   |           |                   | /Custo    |                      |                   | g, VAT, or other | LF)   | Remova  | Repair     | aps         | 응          |  |  |  |
| Facility (13)  |                         |           | Staff?            |           |                      | miscellan         | eous)            |   | ova     | <u>≅</u> . | ula         | Sure       |  |  |  |
| A CAMPON CONTRACTOR  |                         | Yes       | No                | N/A       |                      |                   |                  |   |         | _          | ē           |            |  |  |  |
| MAIN FLOOR   |                         |           | X                 |           | NFVAT                |                   |                  | 120 SF  | X       |            | $\sqcup$    |            |  |  |  |
| EXTERIOR   |                         |           |                   |           | TRANSITE             | SHING             | LES              | 300 SF.F.   | X       |            |             |            |  |  |  |
|  |                         |           |                   |           |                      |                   |                  |   | -       | -          |             |            |  |  |  |
| Name of Desistant Wests U.   | ılor                    |           |                   | L         | NJDEP Waste          |                   | Cubic Yards of   | Name of Registered L  | andfill |            |             |            |  |  |  |
| Name of Registered Waste Hauler  |                         |           |                   |           | Hauler ID No.        |                   | Waste            |   |         |            |             |            |  |  |  |
| INAME OF REGISTERED Waste Hau  | ROBINSON WASTE DISPOSAL |           |                   |           | 17304                |                   | 2 YD.            | GROWS   |         |            |             |            |  |  |  |
|  | SAL                     |           |                   |           |                      |                   |                  | City, State   |         |            |             |            |  |  |  |
| ROBINSON WASTE DISPO   | SAL                     |           |                   |           |                      |                   | Disposal Date    | TOILY, State  |         |            |             |            |  |  |  |
| ROBINSON WASTE DISPO   | SAL                     | ·         |                   |           |                      |                   | Disposal Date    |   | Δ       |            |             |            |  |  |  |
| ROBINSON WASTE DISPO   | SAL                     | Title     |                   |           |                      | Signatur          | 6/19/2014        | MORRISVILLE, PA   |         |            |             |            |  |  |  |
| ROBINSON WASTE DISPO   | SAL                     | Title     | SIDEN             | т         |                      | Signatur          |                  | MORRISVILLE, P.   | Date    |            |             |            |  |  |  |

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



### REMEMBER - MAIL IN HARD COPY

| 2814 JUN 18  | PH 1:            | ام )<br>الم | 3M 0E      | 4000   | State o                      | f New J    | lempy                              |                          |            |              |            |          |
|--|------------------|-------------|------------|--|------------------------------|------------|------------------------------------|--------------------------|------------|--------------|------------|----------|
| 38 <del>0</del> 027 5555 555 55  | 14001011         | water   16  | on or      |  |                              |            | T                                  | D50=101                  | λΑΥ        | -            | 7          |          |
| 人名科4-51是   | ) LUMI           | 101         |            |  |                              | ric b.     | 12:12:17                           | 10.                      | וחג        | <b>-</b> 7 . | - 1        |          |
| Date of Nothington (1)   | TH21110          |             |            |  | Name of I                    | Ballding ( | Owner/Openitor                     | (2)                      | ~          |              | -          |          |
| 6/13/2014  |                  |             |            |  | MIR. SOR                     |            | * 1                                | JUN 12 2                 | nia:       | ٠   ٠        |            |          |
| Agencies Notified  | Type Not         |             |            |  | Street Add                   | dress      |                                    | 700                      | ייסע       | +            | -          |          |
|  | in Ma            |             |            |  | 3112 WE                      | HOREY      | AVENUE                             | I GRESTV                 | V          | 1:           | 1          |          |
| DEP<br>GI DOL  | ☐ Ame            |             |            | 200000000000000000000000000000000000000  | City, State                  | , ZIp Co   | de                                 | VANANTED MODEL           | CZZZZZZ    |              | -4         | _        |
|  | Eme              |             |            | lag  | TOMS R                       |            | L                                  | WAVERAFT                 | (EL)       |              | - 11       |          |
| DCA DCA  | ,                | leation)    |            |  | Name of C                    | contact    |                                    |                          |            | olegin.      | me Ni      | - malana |
| UCA  | Cano             | wiletier    |            |  | MIRL SON                     |            |                                    |                          | 1          | e reprise    | 797        | 1 750    |
| Name of Facility Where   | Ahaham and I-    |             |            |  | FACILITY                     | INFORM     | MATION                             |                          | -4         |              | 9-01       |          |
| PRIVATE RESIDENCE  | AND MENTIONS TO  | Taking      | Place      | (3)  |                              |            |                                    | Type of Facility (4)     |            | - Edition    |            | -        |
| Road Address   | E                |             |            |  |                              |            |                                    | School (N-12)            |            |              |            |          |
| 112 WINDSOR AVE  | ATT FIRE         |             |            |  |                              |            |                                    | Subshapter 5 (C          | Direct H   | ham K        | -12)       |          |
| (a) (a)  | 406              |             |            | -  |                              |            |                                    | Other (i.e., priva       | to & c     | ommo         | relai b    | م الوائد |
| Coms river, nj   |                  |             |            |  |                              |            |                                    | Square Feet              |            | of Floo      |            |          |
| conuty and the   |                  | -           |            |  | I Barrier                    | 4- 6-      |                                    |                          |            |              |            | 45 E.S.  |
| DCEAN  |                  |             |            |  | Gounty Co.                   | 10 (Y) (S  | TATE USE ONL                       | Y) Current Use (Prior if |            | demal        | laked)     |          |
| ame of MonBoring Firm  | Mirad Inv Ball   | dian D      | Uma = /P   | 7  | Approx                       | 187        |                                    |                          |            |              |            |          |
| MERITECH   | · ··· oo by alan | mus A       | satamic (O | 1  | ASCIN No.                    |            | of Abutument C                     |                          |            |              |            | -        |
| boot Address   |                  | -           |            |  |                              | CRE        | am ridge er                        | VECKMENTAL INC.          | 6          |              |            |          |
| a S. Lawrence Av   | Telest tor       |             |            |  |                              |            | Address                            |                          |            |              |            |          |
|  |                  |             | _          |  |                              | 15 81      | ACK FURES                          | BOAD                     |            |              |            |          |
| Eabide Heights, &  | LT 00751         |             |            |  |                              |            | Statu, Zip Code                    |                          |            |              | -          |          |
| rolect Manager for Mont  | miles from       | Tele        | ahane      | Ma   |                              | HAM        | INLTON, NJ 08                      | 691                      |            |              |            |          |
|  |                  | 1           | D. 101 P.  |  |                              |            | 90-711D                            |                          |            | enes f       | Va.        |          |
| teri Dale (10)   |                  | Schi        | belute     | Comple   | ation Data (11)              | Nema       | of OSHA Monto                      |                          | 004        | 576          |            |          |
| 16/2014  |                  | 15/196      | PM14       |  |                              | N/A        | ON COST SA SIMONING                | •                        |            |              |            |          |
| poupancy Status During   | Abatement (      | Check (     | andly on   | 9)   |                              |            | Address                            |                          |            |              |            |          |
| Facility Chinad/Vacsi  | ed During En     | ritro Pe    | de boh     | Abaton   | nent                         | 1          |                                    |                          |            |              |            |          |
| Abstament performed ou   | daide of work    | ing hou     | m 6PM      | HZ AM  |                              | Car. S     | tate, Zip Code                     |                          |            |              |            |          |
|  |                  |             |            |  |                              |            |                                    |                          |            |              |            |          |
| sepe of Work (Check all  | hat apply)       |             |            |  |                              |            |                                    | Full Containment         | enellida M | loosette.    | n Ben      |          |
| 2 ≥ 3 of or ≥ 3 f  | 3                |             |            |  | Planove                      | won.       |                                    | Mini-Enclosure           | ABIEST IA  | -6-4         | יפרי שו    |          |
| ⊒ ≥ 160 of or ≥ 250 if   | i.               |             |            |  | Demail                       | lion .     |                                    | Glovebag Proced          | -060       |              |            |          |
|  | Ö                |             |            |  |                              |            |                                    | Non-Exempted (*          |            | n_Edbi       | nia De     | n ends   |
|  |                  |             | e Local    | the state of the s |                              |            |                                    | 1                        |            | lemen        |            |          |
| Location of Antonios<br>Material (ACM) TO BE   | ontaining        |             | smally i   |  | Material /A:                 | n ef Asibi | rates Containing<br>Marmai systems |                          |            | T            | 1 20       | m        |
| Facility (13)  | MALES IN         |             |            |  | insulation.                  | eurhein    | g, VAT, or other                   | Amount (Specify SF e     | 7          | 2            | 1 35       |          |
| . 5550 (10   |                  |             | SMIT       |  |                              | n beekha   |                                    | رحي                      | Personne   | 11           | 1 2        | remound. |
| AIN FLOOR  |                  | Yes         |            | N/A  |                              |            |                                    |                          | 15         | 1            | aparata da | 19       |
| CTERIOR E  |                  | -           | K          | -  | NEVAT                        |            |                                    | 120 SF                   | K          | T            | 1          | -        |
| E E  |                  | -           | ×          |  | TRANSITE                     | SHING      | Les ·                              | 300 SF.F.                | X          | 1            |            |          |
| The state of the s |                  | <b></b>     |            | -  |                              |            |                                    |                          | 1          |              |            | _        |
| no of Registered Wests   | Marel            |             |            |  | N                            |            |                                    |                          |            |              |            |          |
|  |                  |             |            |  | N JOEP Wests<br>Mayler D No. |            | Cubic Youth of                     | Name of Registered La    | nem        |              |            |          |
| binson waste dis   | POSAL            |             |            |  | 17304                        |            | White                              | CROTHE                   |            |              |            |          |
| r, Blute   |                  |             |            |  | 112                          |            | 2 YD.                              | GROWS                    |            |              |            |          |
| LLMAWR   |                  |             |            |  |                              |            | Disposal Data                      | City, State              |            |              |            |          |
| Riploted By  |                  | Title       | _          | -  |                              | Olevin     | 6/17/2014                          | MORRISVILLE, PA          |            |              |            |          |
| VID D'ANDREA   |                  | PRES        | ساع طاقيل  |  |                              |            | 27-Mar                             | 12                       | Coto       |              |            |          |
| 141  |                  | A DIES      | THE PARTY  |  |                              | []         | wid &                              | 11/1 to allen            | 6/13/      | 9014         |            | - 1      |

<sup>\*</sup> Do not use this fean for esbesies scinours exampled activities



CHECK # 21304 Date of Notification (1) Name of Building Owner/Operator (2) 06-13-14 Port Authority of NY & NJ Agencies Notified Type Notification Street Address 913 Frank E. Rogers Boulevard South FPA Initial City, State, Zip Code DEP Amended X & LICENSING DOL Amendment # 1 Harrison, NJ 07029 Emergency (including Name of Contact Telephone Number × DOH justification) Timothy Gallagher DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Harrison Path Station School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 600 Guyon Avenue City (5) # of Floors Square Feet Blda. Age Harrison 5,915 2 76 yrs. County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Station Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pinnacle Environmental Corp. Street Address Street Address 200 Broad Street City, State, Zip Code City, State, Zip Code Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06-16-14(1)Project Postponed 12-31-14 Even-Air Inc. Occupancy Status During Abatement (Check Only One) Street Address 10-59 Jackson Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Long Island City, NY 11101 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM)

TO BE ABATED Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 5,500SF Roof X Roofing & Transite x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATC, Inc. / JBT (50071) Minerva Enterprises 24310 TBD City, State Disposal Date City, State Shirley, NY / Bronx, NY TBD Newburg, PA 17240 Completed by Signature Date Joseph Patrick

Project Manager

06-13-14

Check No.

1852

| Date of Notification (1)  June 12, 2014  Agency Notified  Type Notification  Street Address  2 Cedar Street  City, State, Zip Code  Amendment #  Emergency (including)  Name of Building Owner/Operator (2)  Newark Board of Education  Street Address  2 Cedar Street  City, State, Zip Code  Newark, NJ 07112  |           |
|--|-----------|
| Agency Notified  Type Notification  Street Address  2 Cedar Street  City, State, Zip Code  Amendment #  Description  Newark, NJ 07112  |           |
| □ EPA □ DEP Manidad State (NON) □ DOL □ Amended Amendment # □ Emergency (including) □ Reverse (including) □ R  |           |
| ☐ DEP Namidae Selle NON  Amended  Amended  Amended  Amendment #  Description (including)  Newark, NJ 07112   |           |
| Amendment # Newark, NJ 07112 & LICENSING   |           |
| I I I Emergency (including   |           |
|  |           |
| ☑ DOH     justification)       ☐ DCA     ☐ Cancellation       Benjamin Olagadeya   |           |
| FACILITY INFORMATION   |           |
| Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)   |           |
| O The Control of the  |           |
| George Washington Carver Elementary School  Street Address  □ Subchapter 8 (Other than K-1 2)  |           |
| Other (i.e. private & commercial buildings.  |           |
| 333 Clinton Place, Newark, NJ homes, etc.)   |           |
| City (5) Square Feet # of Floors Bldg. Age   |           |
| Newark, NJ 07112 235,206 3 50 +/-  |           |
| County (6) County Code (7) (STATE USE Current Use (Prior if being demolished)  |           |
| Essex ONLY) Education  |           |
| Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)  |           |
| Whitman environmental & Engineering 00110 B&N&K Restoration Co., Inc.  |           |
| Street Address Street Address  |           |
| 7 Pleasant Hill Road 223 Randolph Avenue   |           |
| City, State, Zip Code City, State, Zip Code  |           |
| Cranbury, NJ 08512 Clifton, NJ 07011   |           |
| Project Manager for Monitoring Firm Telephone No. Telephone No. License No.  |           |
| Kevin Lovely 732-390-5858 973-478-4681 00120   |           |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor  |           |
| June 30, 2014 July 06, 2014 McCabe Environmental Services, L.L.C.  |           |
| Occupancy Status During Abatement (Check only one)  Street Address   |           |
| ☐ Facility Closed/Vacated During Entire Period of Abatement 464 Valley Brook Avenue  |           |
| □ Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  |           |
| ☐ Other - Describe: Lyndhurst, NJ 07071-1998   |           |
| Scope of Work (Check all that apply)   |           |
| ☐ Full Containment with Negative Pressure  ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure  |           |
| □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Glovebag Procedure   |           |
| □ Non-Exempted (*) and Non-Friable Procedure  Abate  | ment      |
| Is Location Ty   |           |
| Location of Used Solely by Description of  |           |
| Asbestos-Containing Material (ACM)  Maintenance/  Asbestos Containing Material (ACM)  Amount  (Seconds)  | En Er     |
| TO BE ABATED   Custodial   (i.e., thermal systems insulation,   (Specify   Deciron   Staff?   Surfacing, VAT, or   SF or LF)   Example 1   STAFF   STA | clo       |
| TO BE ABATED IN Facility (13)  Custodial Staff? (12)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (Specify SF or LF)  (Specify SF or LF)   | Enclosure |
|  | 6         |
| Boiler Room X Thermal Systems Insulation 5 LF  | -         |
| Boiler Room X Thermal Systems Insulation 5 LF  | -         |
|  | -         |
|  |           |
|  |           |
|  |           |
| Name of Registered Waste Hauler  NJDEP Waste Hauler  Cubic Yards of Name of Registered Landfill  Waste   |           |
| B&N&K Restoration Co., Inc., ID No. Waste  |           |
| B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Incl.  ID No. 12695 / 50071  Waste <0.5  Minerva Enterprises, Inc.   |           |
| B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Incl.  City, State    D No.   Waste   <0.5   Minerva Enterprises, Inc.   |           |
| B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Incl.  ID No. 12695 / 50071  Waste <0.5  Minerva Enterprises, Inc.   |           |

Check No.



| Date of Notification (1)                           |   |                 |               |                 | Nama                                    | of Buildir     | ng Owner/Operato   | r (2)              |                                      |                | _           | -         |             | _         |
|--|---|-----------------|---------------|-----------------|---|----------------|--|--------------------|--------------------------------------|----------------|-------------|-----------|-------------|-----------|
| June 12, 2014                                      |   |                 |               |                 |   |                | ard of Educat  |                    |                                      |                |             |           |             |           |
| Agency Notified                                    | Type No                                   | tification      |               |                 |   | Address        | ard or Eddoat  |                    | 18 PH 1: 3                           | <del>:</del>   |             | -         | / 5 3 -     | -         |
| (7) (5)  | 1000                                      | imoation        |               |                 |   | dar Str        | eet  | 2011 0011          | 10 (11 )                             | ر :            |             |           |             |           |
| EPA Not required per State Reg. 10:2004            |   | ded             |               | 1               | City, S                                 | tate, Zip      | Code   | A                  | を CUHT 書                             |                |             |           | 17.         |           |
| ☑ DOL  | 100000000000000000000000000000000000000   | idment #        |               |                 |   |                | 07112  |                    | CENSING                              | 7 1            |             |           |             |           |
| E Paul   | 1 00 00 000                               | gency (includin | 9             | -               | 12-97-110-110-1                         | of Conta       | CALLERY CO.  | - C -              | Telephone Nu                         | mhar           |             |           |             | _         |
| DOH □ DCA  | justifi<br>☐ Cance                        | cation)         |               |                 |   |                |  |                    | relephone Nui                        | ₩ .            |             |           |             |           |
| D DCA  | LI Cance                                  | mation          |               |                 |   |                | Dlagadeya  |                    | L                                    | <del>1</del> 0 |             |           |             | -         |
| Name of Facility Where                             | A b = 4 = = = = = = = = = = = = = = = = = | is Tables Diss  | - (2)         | -               | FACI                                    | LITYINE        | ORMATION   | T (5 33            | (4)                                  |                |             |           |             |           |
| anno contro antico di mante e un consecuti         |   |                 | a los secreto |                 |   |                |  | Type of Facility   | (4)                                  |                |             |           |             |           |
| Roberto Clemente                                   | Elemer                                    | itary School    | )             |                 |   |                |  | School (K-12       |                                      |                |             |           |             |           |
| Street Address                                     |   |                 |               |                 |   |                |  |                    | (Other than K-1)<br>ivate & commerci |                | ne          |           |             |           |
| 257 Summer Aver                                    | ıue                                       |                 |               |                 |   |                |  | homes, etc.)       |                                      | ar banani      | go,         |           |             |           |
| City (5)   |   |                 |               |                 |   |                |  | Square Feet        | # of Floors                          | Bldg.          | Ag          | е         |             |           |
| Newark, NJ 07104                                   |   |                 |               |                 |   |                |  | 68,274             | 3                                    | 80 +           | <b>-</b> /- |           |             |           |
| County (6)   |   |                 |               |                 |   |                | ) (STATE USE   | Current Use (Pr    | or if being demo                     | lished)        |             |           | -           |           |
| Essex  |   |                 |               |                 | ONLY)                                   |                |  | Education          |                                      |                |             |           |             |           |
| Name of Monitoring Firm                            | Hired by                                  | Building Owner  |               | ASCN            | No.                                     |                | Name of Abater   | ment Contractor (9 | 9)                                   | -              |             |           |             | _         |
| Whitman environr                                   | nental &                                  | Engineerin      | ng            | 001             | 10                                      |                | B&N&K Res  | storation Co.,     | Inc.                                 |                |             |           |             |           |
| Street Address                                     |   |                 |               |                 |   |                | Street Address   | ,                  | .010.000                             |                | _           |           |             |           |
| 7 Pleasant Hill Ro                                 | ad  |                 |               |                 |   |                | 223 Randol   | ph Avenue          |                                      |                |             |           |             |           |
| City, State, Zip Code                              |   |                 |               |                 |   |                | City, State, Zip   |                    |                                      |                |             |           |             |           |
| Cranbury, NJ 085                                   | 12  |                 |               |                 |   |                | Clifton, NJ  |                    |                                      |                |             |           |             |           |
| Project Manager for Mor                            |   | n               | Te            | elepho          | ne No.                                  |                | Telephone No.  |                    | License No.                          |                |             |           |             | _         |
| Kevin Lovely                                       |   |                 |               |                 | 90-585                                  | 58             | 973-478-468  | 81                 | 00120                                |                |             |           |             |           |
| Start Date (10)                                    |   | Scheduled Cor   | nplet         | ion Da          | ate (11)                                |                | Name of OSHA   |                    | 00.20                                |                |             |           | -           |           |
| June 24, 2014                                      |   | June 29, 20     |               |                 | *                                       |                | McCabe En  | vironmental S      | Services, L.L.                       | C.             |             |           |             |           |
| Occupancy Status Durin                             |   |                 |               |                 |   |                | Street Address   | 2/11/02/10 2015    |                                      |                | ~           | 2017      |             | -         |
| FI F   |   |                 |               |                 |   |                | 464 Valley B   | Brook Avenue       |                                      |                |             |           |             |           |
| □ Facility Closed/Vacate     □ Abatement Performed |   |                 |               |                 | t                                       |                | City, State, Zip (   |                    |                                      |                |             |           |             |           |
| ☐ Other - Describe:                                |   |                 | ,             |                 |   |                |  | NJ 07071-199       | 8                                    |                |             |           |             |           |
| Scope of Work (Check al                            | I that apply                              | ()              |               | -1-1-1-1        |   | 1              |  |                    |                                      |                |             |           |             |           |
| ≥ 3 sf or ≥ 3 lf                                   | ±:  |                 |               |                 | ⊠ Ren                                   | ovation        | ∐ Full<br>□ Mini   | Negative Pressu    | re                                   |                |             |           |             |           |
| ☐ ≥ 160 sf or ≥ 260 lf                             |   |                 |               |                 | ☐ Dem                                   | olition        | ☐ Glovebag Procedure<br>☐ Non-Exempted (*) and Non-Friable Procedu |                    |                                      |                |             |           |             |           |
|  |   |                 |               |                 |   |                | □ Non-   | -Exempted (*) and  | Non-Friable Pro                      | cedure         | Ι.          | bate      |             | nt        |
|  |   |                 |               | Locat           | 000000000000000000000000000000000000000 |                |  |                    |                                      |                | -           |           | pe          | 111       |
| Location   |   |                 |               | Norma<br>d Sole | 0.000                                   |                | Description  | of                 |                                      |                |             |           |             |           |
| Asbestos-Containin                                 |   | (ACM)           |               | intena          | March Comment                           |                | stos Containing M  |                    | Amount                               |                | ת           | large and | E           | ш         |
| TO BE AI   |   |                 | C             | ustod<br>Staff  | 7                                       | (1.6           | ., thermal systems<br>surfacing, VA                                |                    | (Specify<br>SF or LF)                |                | em          | Re        | cap         | iclo      |
| (13  | )   |                 |               | (12)            | 5 (1)                                   |                | other miscellan  |                    | ia .                                 |                | Removal     | Repair    | Encapsulate | Enclosure |
|  |   |                 |               |                 | T -                                     |                |  |                    |                                      |                | =           |           | te          |           |
| Boiler Room & Custodial Store                      | age Room by                               | 13.00000        | Yes           | No              |   |                | mal Systems  | Inculation         |                                      | 100 LF         | -           |           |             |           |
|  | .,  |                 |               |                 | 1                                       | 11101          | mai Oystems  | insulation         |                                      | 100 L1         |             | $\wedge$  | -           |           |
|  |   |                 |               |                 |   |                |  |                    |                                      |                |             | -         |             |           |
|  |   |                 |               |                 |   |                |  |                    |                                      | -              | _           |           |             |           |
| Name of Registered Was                             |   | N. I            | DEDI          | Naste H         | aulor                                   | Cubic Yards of | Name of Regist   | torod I ondfill    |                                      |                |             | ngaza     |             |           |
|  | 3377225                                   | No.             | waste n       | autei           | Waste                                   | Name of Regist | tered Landrill   |                    |                                      |                |             |           |             |           |
| Danak Kestolation Co., Inc.,                       |   |                 |               |                 | / 5007                                  | 1              | 1  | Minerva En         | terprises, Inc                       | <b>3.</b>      |             |           |             |           |
| City, State  |   |                 |               |                 |   |                | Disposal Date  | City, State        |                                      |                |             |           | 20000       |           |
| Clifton, NJ 07011 / Bronx, NY                      |   |                 |               |                 |   |                | 06/27/14 - 06/30/14 Waynesburg, OH                                 |                    |                                      |                |             |           |             |           |
| Completed by                                       |   |                 |               | Signature Date  |   |                |  |                    |                                      |                |             |           |             |           |
| G. Roger Woodma                                    |   | 6/12/2          |               |                 |   |                |  | 201                | 114                                  |                |             |           |             |           |

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

| GAC Project # 060-14   |                      |                             | (1 44)            | Suame to Itio.A.           | C. 0.00-7 and 12.120-   | <i>'</i> )                                  |                  |                          |   |  |            |  |  |  |
|--|----------------------|-----------------------------|-------------------|----------------------------|---|---|------------------|--------------------------|---|--|------------|--|--|--|
| Date of Notification (1)  June 12,   | 2014                 |                             |                   |                            | Name of Building Own RUTGERS, THE   | er/Operato                                  | r (2)            | EDEITY                   | OFNI  |  |            |  |  |  |
| Agencies Notified  DEPA  DCA  DOL  DEP- No Longer REQUIRE  |                      | Notificatio Initial Amend   | Notification No.  | tification (including      | Street Address ENVIRONMENTA 27 ROAD 1, BLDO City, State, Zip Code PISCATAWAY, N | L HEAL<br>G 4086,                           | TH &             | SAFET                    | Y DEP1  |  |            |  |  |  |
| ⊠ DOH  |                      | □ Canc                      |                   |                            | Name of Contact MICHAEL SMITH HEALTH & SAFE                                     | , ENV.                                      |                  | Telephone                | Number  |  | 127        |  |  |  |
| Name of Facility Where Abateme   | -41- 7-1             | · DI (6)                    |                   | FACILITY IN                | IFORMATION  |   |                  |                          |   |  |            |  |  |  |
| ADMC, BUILDING 8, 30   | BERG                 | SEN STRI                    | EET, E            | BLDG# 7274                 | Type of Facility (4)  School (K-12)   |   |                  | 2  3<br>  3              | _ =====   |  | · <b>1</b> |  |  |  |
| Street Address RBHS NEWARK CAMPI   | JS                   |                             |                   |                            | Subchapter 8 (other Other (i.e. private & Sq. Feet: N/A                         | commercia                                   | buildir          | ngs, homes,<br>Bldg. Age | etc.)   |  |            |  |  |  |
| NEWARK   |                      | SEX                         |                   | ty Code (7)<br>e Use Only) | Current Use (prior if be  |   |                  | - 115                    | ic ··   | C  | 5          |  |  |  |
| Name of Monitoring Firm Hired by<br>Cardno ATC   | Bldg. C              | wner (8)                    | ASCI              |                            | Name of Contractor (9)  |   |                  |                          |   |  |            |  |  |  |
| Street Address   |                      |                             | 009               | 18                         | GREENWOOD ABA   | ATEMEN                                      | т со             | NSULTA                   | NTS, IN   | IC.  |            |  |  |  |
| 3 TERRI LANE   |                      |                             |                   |                            | 268 MAIN STREET   |   |                  |                          |   |  |            |  |  |  |
| City, State, Zip Code<br>BURLINGTON, NJ 0801   |                      |                             |                   |                            | City State, ZipCode BUTLER, NJ 07405  |   |                  |                          |   |  |            |  |  |  |
| Project Manager for Monitoring Fir BRIAN KEARNY  | m                    | Telephone I                 |                   |                            | Telephone Number  | License Nur                                 | mber             |                          |   |  |            |  |  |  |
| Scheduled Start Date (10)<br>06/13/14  |                      | Scheduled (<br>06/16/14     | Completi          | on Date (11)               | 973-492-0477<br>Name of OSHA Monitor  |   |                  | 00840                    |   |  | 0-2        |  |  |  |
| Occupancy Status During Abate  Facility Closed/Vacated Durin  Abatement Performed Outside Describe  Other – Describe: Shift Ho | g Entire<br>e of Nor | Period of A<br>mal Facility | bateme<br>Hours - |                            | ENVIROVISION, IN Street Address  20-21 WARGARAW City, State, Zip Code           |   |                  |                          |   |  |            |  |  |  |
|  |                      | 4 hours a                   |                   | 77.70                      | FAIRLAWN, NJ  |   |                  |                          |   |  |            |  |  |  |
| Scope of Work (Check all that appl   | ly)                  |                             |                   |                            |   |   |                  | _                        |   |  |            |  |  |  |
| <ul> <li>≥ 3 sf or ≥ 3 lf</li> <li>≥ 160 sf or ≥ 26</li> </ul>   | 0                    |                             |                   | Renovation Demolition      |   | Full Con<br>Mini-End<br>Gloveba<br>Non-Exen | losure<br>g Prod | cedure                   | 5/4   |  | ıre        |  |  |  |
| Location of Asbestos-Containing<br>Material (ACM) in Facility (13)   |                      | NO                          |                   |                            | pestos Containing Material<br>al systems insulation, surfac                     | Am  | ount<br>ecify S  | Abate<br>F               | ement Typ   | e  |            |  |  |  |
| Rooms 804 , 804A, 804B,<br>812, 812B, 814B & 815   |                      | X                           |                   | VAT & MAST                 | MASTIC 2000 SF 🗵  |   |                  |                          |   |  |            |  |  |  |
|  |                      |                             |                   |                            |   |   |                  |                          |   |  |            |  |  |  |
| Name of Reg. Waste Hauler<br>See Hauler Below #1 & 2   |                      | NJDEP Wast<br>See Below     |                   |                            | Cubic Yards of Waste: 30 CY   |   |                  |                          | ne of Registered Landfill R.O.W.S. North Landfill     |  |            |  |  |  |
| Hauler #1) Greenwood Abatement<br>NJDEP # 12561<br>Hauler #2) S TG – 58 Pyles Lane, I<br>NJ DEP # 20990                        |                      |                             |                   | NJ 07405                   |   | Disposal<br>06/16/1                         |                  |                          | City, Sta<br>100 New<br>Rd. Mori<br>19067<br>215-736- | Ford Name of the second | SS(0)      |  |  |  |
| Completed by (Print or Type) RAYMOND C. PEDALINO   | 1,000,000            | e<br>ENIOR PR<br>ANAGER     | OJEC              | T                          | Signature  Raymand C. Pedalino  Date  June 13, 2014                             |   |                  |                          |   |  |            |  |  |  |

| 9 7 9                              |            |                               |          |                     |  | ·         | Jun 12         |             |   |                  |                     | /001       |
|------------------------------------|------------|-------------------------------|----------|---------------------|--|-----------|----------------|-------------|---|------------------|---------------------|------------|
|                                    |            |                               |          |                     |  |           |                | MJ          | Dept: 8                                 | APP              | MED                 | ar Servic  |
|                                    |            | State of                      | New      | Jersey - No         | tification of Asbe   | stos      | Abate          | men         | -                                       | 2                | © Seni              | or Servic  |
| GAC Project # 060-14               |            |                               | (1       | Pursuant to N.J.    | A.C. 8:60-7 and 12:1   | 20-7)     |                | Date        |   |                  |                     | حيي        |
| Date of Notification (1)           | 2 204      |                               |          |                     | Name of Building   | Owner/    | Operato        | r (2)       |   | 15/              | Ame;                | 404        |
| June 1:                            | 2, 201     | -                             | - T.     |                     | RUTGERS, T   | HE ST     | TATE           | JNIV        | ERSIT                                   | YOF              | W.I                 | ===        |
| DEPA                               |            | Notificat                     | OD IA    | elification         | Street Address   |           |                |             |   |                  |                     |            |
| □ DCA                              |            | DAmer                         | nded 1   | Notification        | ENVIRONMEN   | ITAL      | HEAL'          | TH &        | SAFE                                    | TY DE            | PT.                 |            |
| ⊠ DOL                              |            |                               |          | cy (including       | 27 ROAD 1, B   | LDG A     | 4086, L        | IVIN        | GSTO                                    | N CAN            | APUS                |            |
| DEP No Longer REQUIR               | ED         | justi                         | fication | on)                 | PISCATAWAY   | <u>ne</u> | 18854          |             |   |                  |                     |            |
| IM DON                             |            | Can                           | celled   | 1                   | Name of Contact  |           |                | -1.         | Telepho                                 | 14.00            |                     |            |
|                                    |            |                               |          |                     | MICHAEL SMI  | TH, E     | NV.            | i.          | T diles in the                          |                  | . <i>i</i>          |            |
|                                    |            | <del></del>                   |          | FACE CO.            | HEALTH & SA  | FETY      |                |             |   | Ţ.               |                     |            |
| Name of Facility Whore Abatem      | ent of Inc | king Place (                  | 3)       |                     | INFORMATION  Typo of Facility (4)  |           |                |             |   |                  |                     |            |
| ADMC, BUILDING 8, 30               | BER        | GEN STR                       | EET,     | BLDG# 7274          | School (K-12)  |           |                |             |   |                  |                     |            |
| Street Address                     |            |                               |          |                     | Subchapter B (o  | ther the  | n K-191        |             |   |                  |                     |            |
| RBHS NEWARK CAMP                   | US         |                               |          |                     | Other (i.e. privat   | 6 & com   | nmercial       | building    | s home                                  | A AIA I          |                     |            |
| City (5)                           | bunly (6   | 3)                            | Too      | Unity Code (7)      | Sq. Feet: N/A  | # 0       | Floor          | 1 B         | ilda. Aa                                | e: 80            | l Vean              | 3          |
| NEWARK                             |            | SEX                           |          | ale Use Only)       | Current Headers  |           |                |             |   |                  | your                | •          |
| Nome of Market                     |            |                               |          |                     | Current Use (prior if  | peing (   | aemolisi       | ned):       | ACADE                                   | MIC              |                     |            |
| Name of Monitorina Firm Hired b    | v Bida, C  | Owner (8)                     |          | CM No.              | Name of Contractor (   | 9)        |                |             |   |                  |                     |            |
| - Tanana Air                       |            |                               | 00       | 98                  |  |           |                |             |   |                  |                     |            |
| Street Address                     |            |                               |          |                     | GREENWOOD A  | BATE      | MENT           | CON         | SULTA                                   | ANTS,            | INC.                |            |
| 3 TERRI LANE                       |            |                               |          |                     | Street Address   |           |                | 0 1440 1600 |   | -                |                     | 28.05 Sec. |
| City, State, Zip Code              |            |                               |          |                     | 268 MAIN STREE   | ET        |                |             |   |                  |                     |            |
| BURLINGTON, NJ 080                 | 16         |                               |          |                     | City State, ZipCode  |           |                |             |   |                  |                     |            |
| Project Manager for Monttoring El  | 770        | Tolephone                     | N        |                     | BUTLER, NJ 074   | 05        |                |             |   |                  |                     |            |
| BRIAN KEARNY                       |            | 609-386                       | -RRAN    | <u>r</u>            | Telephone Number   |           |                | Lic         | ense Nu                                 | mber             |                     |            |
| Scheduled Start Date (10)          |            |                               |          |                     | 973-492-0477   | 20        |                |             |   |                  |                     |            |
| 06/13/14                           |            | Scheduled (                   | Comple   | tion Date (11)      | Name of OSHA Monito  | or se     |                | 100         | 840                                     |                  |                     |            |
|                                    |            | 06/16/14                      |          |                     | 11   | 501       |                |             |   |                  |                     |            |
| Occupancy Status During Abate      | ment (C    | heck only o                   | ne)      |                     | ENVIROVISION,<br>Street Address  | INC.      |                |             |   |                  |                     | 400        |
| aracilly Closed/Vacated Durin      | a Entire   | Darlad at A                   | h-1      | ant                 |  |           |                |             |   |                  |                     |            |
| Abatement Performed Outside        | e of Non   | mal Facility                  | Hours .  | •                   | 20-21 WARGARA  | W RO      | AD             |             |   |                  |                     |            |
| Dother - Describe: Shift Ho        | urs: 5:    | :00 PM -                      | s.00     | ARA                 | City, State, Zip Code  |           |                |             |   |                  |                     |            |
|                                    | (24        | hours a                       | s nee    | udeu)               |  |           |                |             |   |                  |                     |            |
| cope of Work (Check all that opple |            |                               |          |                     | FAIRLAWN, NJ   |           |                |             |   |                  |                     |            |
| TANK TONISCO BIL DIBIT (100)       | ΧJ         |                               |          |                     | No. of the last of |           |                |             |   |                  |                     |            |
| D ≥3 sf or ≥ 3 11                  |            |                               |          | <b>B</b> Renovation |  | O Fu      | Il Contal      | กะกอกเ      | with Ne                                 | galive P         | resoure             |            |
| B ≥ 180 st or ≥ 260                | )          |                               |          | Demolition          |  | Mir الـ   | ni-Enclo:      | SUIFE       |   | Tele Nie         |                     |            |
| ocation of Asbestos-Containing     |            |                               |          |                     |  | ☐ GI      | ovebag         | Proced      | lure                                    |                  |                     |            |
| sterial (ACM) in Facility (13)     | Soloty I   | tion Normally<br>by Maint./Cu | Used     |                     | bestos Containing Material   | al INOU-  | Exempt<br>Amou | eg (*) s    | Ahasa                                   | -Friable         | Proced              | ure        |
| 7,17                               | Staff? (   | 12)                           | HOOIBI   | VAT. or other mis   | nal evalems insulation our   | acing,    | (Speci         | fy SF       | 0.0000000000000000000000000000000000000 |                  | 3000 DEA            |            |
| oma 804 , 804A, 804B,              | YES        |                               | NA       |                     |  |           | or LF)         |             | Isemo                                   | Reps             | r Encap             | Enclose    |
| 2, 812B, 814B & 815                |            |                               |          | VAT & MAST          | ric  |           | 2000           | SF          | XI                                      | _                | Т-                  | _          |
|                                    |            | 1                             |          | -                   |  | _         |                |             |   |                  |                     | 1          |
|                                    |            | +-+                           |          | <del></del>         |  |           |                |             |   |                  | 1                   |            |
| ne of Reg. Waste Hauler            | N          | JDEP Waste                    | Haule    | ID#                 |  |           |                |             |   |                  | 1                   |            |
| e Hauler Below #1 & 2              | S          | ee Below                      |          |                     | Cubic Yards of Waste:  | 30 C      | Y              | Marne       | of Reg                                  | stered L         | andfill             |            |
| nier #1) Greenwood Abatement (     | Consulta   | onts, Inc B                   | ntler, P | NJ 07405            |  | T 6:      |                |             | O.44.5.                                 | North            | Landf               | 101        |
| uler #2) S TG - 58 Pyles Lune No   |            |                               |          | •                   |  |           | 058 Dal        | <u>le</u>   |   | City, Ste        | te<br>Ford M        | atti       |
| NJ DEP# 20990                      | Clisti     | ic, D€ 1972()                 |          |                     |  | 1 50/     | , 0/ 14        |             |   | Rd. Mor          | rora N<br>risville, | Pa         |
| npleted by (Print or Type)         | Title      |                               |          |                     |  | 1         |                |             |   | 19067<br>215-736 |                     |            |
| YMOND C. PEDALINO                  |            | NIOR PRO                      | JEC      | т                   | Signature  |           | T              | Date        |   |                  |                     |            |
| -                                  | MA         | NAGER                         |          |                     | Regimend C. P.   | dalin     | 20             | J           | une 1                                   | 3, 201           | 4                   |            |
|                                    |            |                               |          |                     |  |           |                |             |   |                  |                     | - 4        |

D6/12/2014 11:68 #678 P.002/004

Check# 2737

|  |            | State o         | I Nev     | Jersev - N        | otlfication of Asbe  | etan Al    |             |           |                |          |                  |          |
|--|------------|-----------------|-----------|-------------------|--|------------|-------------|-----------|----------------|----------|------------------|----------|
| GAC Project # 060-14                             |            |                 | (         | Pursuant to N     | LA.C. 0:60-7 and 12:1  | 20-7)      | ) arema     | D()       | <u>L</u> -     | 10[      | YAC              | _        |
| Date of Notification (1)                         |            | -               |           |                   | 7  |            |             |           |                |          | 7                | 1        |
| June '   | 12, 201    | 4               |           |                   | Name of Building   | Change (C) | Andr 2      |           |                | 7        | 1-               | 1        |
| AGRACIAN NOTHING                                 |            |                 | ILIAN TV  | ma                | RUTGERS, T   | HE STA     | TE UNE      | VER8      | TYO            | F NJ/    | 1:10 16 2        | X        |
| DERA   |            | D ini           | lel No    | Ufication         |  |            |             |           |                |          |                  | 1        |
| □ DCA  |            | DAm             | endad I   | Notification      | ENVIRONMEN   | ITAL HI    | EALTH       | LBAS      | ET/V           | DESTRICT |                  | 1        |
| ™ cor  |            | ON FO           |           | ncy (including    | 27 ROAD 1, BI  | LDG 40     | 86, L/VI    | NG ST     | 四形位            |          | UB               |          |
| DEP- No Longer REQUI                             | RED        | 1               | thicati   | MA (III DO DO ING |  | 389        | 1           | 17.95     | IFD            | ADD      | ROVE             | 7        |
| DOH  |            | E 000           | ncelle    | on)               | PISCATAWAY   | , NJ OBI   | 864         | NAIN      | EK             | ALI      | MOVE             | ٠,       |
|  |            | D CE            | ncelle    | 3                 | Name of Contact  |            |             | Telle     | hone N         | armh 2r  |                  |          |
|  |            |                 |           |                   | MICHAEL SMI  | IH, EN     | 1.          |           |                | W.552    |                  |          |
|  | -          |                 |           |                   | MEALTH & SA  | FETY       | -           |           |                | 000      |                  |          |
| Marta of Facility Where Abates                   | name in Th | alian Dhan      | 785       | FACILIT           | Y INFORMATION  |            |             |           | <del></del>    |          |                  | -        |
| ADMC, BUILDING 8, 3                              | ABEB       | CEAL OF         | 7         |                   | Toma of Family (4)   |            |             | -         | <u> </u>       |          |                  |          |
| , 201231106 8, 8                                 | PER        | GENDI           | REET      | , BLDG# 7274      | Bachapi (K-12)   |            |             |           | 100            |          |                  |          |
| Street Address                                   |            |                 |           |                   | Subchapter 8 (el   | her than b | (.49)       |           |                |          |                  |          |
| RBHS NEWARK CAM                                  | PUS        |                 |           |                   | Other (i.e. private  | A anama    | 7~12)<br>   |           | 50 <b>5</b> 37 |          |                  |          |
| City (5)   | 6          |                 | -         |                   | Sq. Feet N/A   | # of (     | giones 4    | ngs, nor  | nes, etc       | 1.)      |                  |          |
| NEWARK   | County     |                 | Se        | Marky Code (7)    |  | 12 191 0   | Floors: 1   | BIND      | 408            | 200 M    | 9215             |          |
| ionization                                       |            | SSEX            | (8)       | mie Upe Only)     | Current Use (prior N   | being des  | moliahedla  | ACAF      | · ·            |          |                  |          |
| Name of Monttorine Firm Hired                    |            |                 |           |                   |  |            | ivilarios;  | MC ML     | EMIG           |          |                  |          |
| Cardne ATC                                       | by Bida    | Charact (g)     | AS        | CM No.            | Name of Commoner II  |            |             |           | -              | -        |                  |          |
| Calgara VIP                                      |            |                 | 0         | ODB               |  |            |             |           | 4              | (CE)     |                  |          |
| Street Address                                   |            | -               |           |                   | GREENWOOD A  | BATPM      | ENT CO      | Metin .   | TAMP           | O 1644   |                  |          |
| 3 TERRILANE                                      |            |                 |           |                   | Street Address   | 2.41.6114  | BIVI OU     | MOUL      | PARI           | e, INC   | 91               |          |
| - Providence                                     |            |                 |           |                   |  |            |             |           |                |          |                  |          |
| City, State, Zio Code                            |            |                 |           |                   | 288 MAIN STREE   | T          |             |           |                |          |                  |          |
| BURLINGTON, NJ 080                               |            | Village Control |           |                   | City State, ZipCode  | -          |             |           |                |          |                  |          |
| BOLLM NOT BRITAGE                                | 116        |                 |           |                   | BUTLER, NJ 074   | nc         |             |           |                | - 50000  |                  |          |
| Project Manager for Monitoring F<br>BRIAN KEARNY |            | Bleehon         |           |                   | Tsiephone Number   | <u> </u>   |             |           |                |          |                  |          |
| BRIAN KEARNY                                     | - 1        | 809-3B          | 6-880     | Ō                 | Tallettelle (Acanoe)   |            | 1 1         | cense     | Yumber         |          |                  |          |
| Schaduled Blart Date (10)                        |            |                 |           |                   | 973-482-0477   |            |             | 0840      |                |          |                  |          |
| 06/13/14   |            | Salarana        | Comok     | rigo Onto (11)    | Name of OSHA Monito  | 7          |             | UPBU      |                |          |                  |          |
|  | - 1        | 06/16/1         |           |                   | 13   | -          |             |           |                |          |                  |          |
| DECUDERRY Smiles During Abet                     | emen(//    | though on be    |           |                   | ENVIROVISION,  | INC.       |             |           |                |          |                  | - 10     |
| HI ESHITY CID 680/VACATOR DUR                    | BE Entire  | Dadad at        | AL        | 200.40            | Street Address   |            | -           | -         |                | _        |                  | _        |
| Abatement Performed Dutsic                       | do ad Alas |                 | ADBIEM    | ent               | 20 04 1010 00  |            |             |           |                |          |                  |          |
|  |            |                 |           |                   | 20-21 WARGARA  | WROA       | <u> </u>    |           |                |          |                  |          |
| Dother - Describe: Shift Ho                      | MPS: 5     | - MG AD-        | 5.00      | Abe               | City, State, 2io Code  |            |             |           |                |          |                  | $\neg$   |
|  | 124        | 4 hours         | - 5:00    | AN .              |  |            |             |           |                |          |                  | - 1      |
|  |            | · nonire        | us noc    | 1969)             | FAIRLAWN, NJ   |            |             |           |                |          |                  | - 1      |
| cage of Work (Chack all that app                 | Hy)        |                 |           |                   |  | To         | _           |           |                |          |                  | - 1      |
|  |            |                 |           |                   |  | 19930      |             |           |                |          |                  | $\dashv$ |
| □ ≥3 of or ≥3 if                                 |            |                 |           | ROM               | C C  | Full C     | >mainme     | ni with h | decetiv        | e Press  | Rure             |          |
| 2 160 sf or ≥ 26                                 | an.        |                 |           | Renovation        |  | Mini-E     | noloaure    |           |                |          | 0010             |          |
|  |            |                 |           | Demolitica        |  | Glove      | bag Proc    | edure     |                |          |                  | - 1      |
| cation of Asbestos-Conteining                    | la Lore    | illon Norma     | the Class | Department        |  | Non-En     | empted (*   | and N     | on-Frie        | ble Pre  | cariura          |          |
| eterial (ACM) in Facility (13)                   | Solely     | by Maint./C     | ustadisi  | (ACM) (I a the    | sbeatos Containing Material<br>mai systems insulation, suri  | 11         | יותו פודובי | Ab        | atemen         | Type     |                  | $\dashv$ |
|  | \$16f17 (  | (12)            |           | VAT, or alher mi  | ne systems insulation, gurf<br>soall.)   |            | Speally SF  |           |                |          |                  | . 1      |
| oms 804, 804A, 804B,                             | YES .      | NO              | NA        |                   |  | 1 '        | or LF)      | 159.5     | WYS RE         | IGNI En  | Enclos           | 100      |
| 2, 812B, 814B & 815                              |            |                 |           | VAT & MAS         | TIC  | -          | 0000 SF     | Person    |                |          | -                | _        |
|  |            |                 |           |                   | a Acordo Terri   | 1 4        | AD AR       | DEO       | 1              |          |                  |          |
|  |            |                 |           | 1                 |  |            |             |           |                |          |                  | - 1      |
|  |            |                 | -         | <del></del>       |  |            |             |           |                |          |                  |          |
| on of Reg. Waste Mauler                          | IN         | UDEP Was        | a Marda   | ID a              |  |            |             |           |                |          |                  | 7        |
| e Hauler Below #1 & 2                            | 2          | ee Below        |           | TIN 8             | Guble Yards of Waster  | 30 CY      | Not         | DE OF RE  | distare        | Land     |                  | -        |
|  |            |                 |           |                   |  |            | G.F         | .W.O.F    | S. No          | th La    | ndfill           | 1        |
| nier #1) Greenwood Abniement<br>NJDBP # 12561    | Consult    | onn, Inc        | Bude, ?   | U 07405           |  | Dieno      |             | -         |                |          |                  |          |
| olor #2) STG - SO Pyles Lane, P                  |            |                 |           |                   |  | 06/1 B     |             |           |                | State    |                  | 1        |
| NJ DEP # 20000                                   | ew Cast    | 16, De 19721    | )         |                   |  | 00/10      | 19          |           | RHA            | lesday   | rd M(N<br>Ms, Pa | 1        |
|  |            |                 |           |                   |  | 1          |             |           | 1996           | 7        | ms, re           | 1        |
| Tolog by (Print of Type)                         | Tille      |                 |           |                   | Signature  |            |             |           |                | 36-170   | 0                |          |
| YMOND C. PEDALINO                                |            | NIOR PR         | OJEC      | 7                 | A CONTRACTOR OF THE CONTRACTOR | 000 9      | Date        |           | 740 EV         |          |                  | ٦        |
|  | MA         | MAGER           |           |                   | Repeat C. P.   | delin      |             | June      | 13, 20         | 116      |                  |          |
|  |            | -               |           |                   | ,  | 2000       |             |           |                |          |                  |          |

C/C # 21/553

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

|     | A. |
|-----|----|
|     | 6  |
| 54  |    |
| 1 3 |    |

| Date of Notification (1)                       | 12/14                      |            |                    | Nam                                     | e of Buildir | ng Owner/Operator  | Heisler  | JUN 1          | 8 PM          | ]: 2      | . ŧ     |             |           |  |  |
|--|----------------------------|------------|--------------------|---|--------------|--|--|----------------|---------------|-----------|---------|-------------|-----------|--|--|
| Agencies Notified                              | Type Notifi                | cation     |                    | Street Address 838 River RdS 173 LUNTEG |              |  |  |                |               |           |         |             |           |  |  |
| <b>⊠</b> EPA                                   | ☐ Initial                  |            |                    |   |              |  |  |                | eren a mercia |           | Ti.     |             |           |  |  |
| DEP DOL  | Amende<br>Amendr<br>Emerge | ment #     | no                 | City,                                   | State, Zip   |  |  | & LIC!<br>618  | ENSIB         | 6         |         |             |           |  |  |
| <b>⊠</b> DOH                                   | justifica                  | ation)     | 9                  | Nam                                     | e of Conta   |  |  | Teleph         | one Num       | ber       |         |             | _         |  |  |
| ☐ DCA  | Cancella                   | ation      |                    |   |              | Bill Heisler   |  | -              | ,000          |           |         | /           |           |  |  |
|  |                            |            |                    | FA                                      | CILITY IN    | FORMATION  |  |                |               |           |         |             |           |  |  |
| Name of Facility Where                         |                            |            | 100 60             |   |              |  | Type of Facility   | (4)            |               |           |         |             |           |  |  |
|  | Resi                       | dential F  | rope:              | rty                                     |              |  | School (K-1:   |                | than 1/ 1     | 21        |         |             |           |  |  |
| Street Address                                 | Q                          | 38 River   | Dd                 |   |              |  | Other (i.e., p   | rivate & d     |               |           | lding   | 5,          |           |  |  |
| City (5)                                       | 0                          | JO ICIVEI  | IVU.               |   |              |  | homes, etc.<br>Square Feet   |                | loore         | Bldg. Age |         |             |           |  |  |
|  |                            | Ewing,     | NI                 |   |              | Square Feet # of Floors 2000 2   |  |                |               |           | - 62    | )+/-        |           |  |  |
| County (6)                                     |                            |            |                    | Cou                                     | inty Code (  | 7) (STATE  | Current Use (Pr  | ior if bein    |               | shed)     |         | / 1 /       | =         |  |  |
| N  | lercer                     |            |                    | USI                                     | E ONLY)      |  |  |                | dential       |           |         |             |           |  |  |
| Name of Monitoring Firm                        |                            | Iding Owne | г                  | ASCN                                    | 1 No.        | The property of the property o | nent Contractor (9   | *              | 1000 511      |           |         |             | _         |  |  |
|  | MECS                       |            |                    |   |              |  | vens Environi  | nental         | Servic        | es, I     | nc.     |             |           |  |  |
| Street Address                                 | PO Box                     | . 2/1      |                    |   |              | Street Address   |  |                |               |           |         |             |           |  |  |
| City, State, Zip Code                          | FO D0.                     | X 341      |                    |   |              | PO Box 322 City, State, Zip Code   |  |                |               |           |         |             |           |  |  |
|  | osswicks,                  | NJ 085     | 15                 |   |              | City, State, Zip C   | Allentow   | n. NI 0        | 8501          |           |         |             |           |  |  |
| Project Manager for Mon                        |                            |            |                    | ephone                                  | No.          | Telephone No.  |  |                | se No.        |           |         |             | _         |  |  |
| Lou L  | aureti                     |            | (6                 | 09) 29                                  | 98-4070      | (609) 25   | 59-9688  | 0-0-0-0-0-0    | (             | 049       | 3       |             |           |  |  |
| Start Date (10)                                |                            | Scheduled  | Compl              | etion D                                 | ate (11)     | Name of OSHA   |  |                |               |           | 611.324 |             |           |  |  |
| 6/13/14  |                            |            | 6/17               | 14                                      |              |  | M  | ECS            |               |           |         |             |           |  |  |
| Occupancy Status Durin                         | 73                         | 16         |                    | V.                                      |              | Street Address   | DO D   | 0.41           |               |           |         |             |           |  |  |
| ☐ Facility Closed/Vacate ☐ Abatement Performed |                            |            |                    |   |              | City Ctaty 7in C   |  | ox 341         |               |           | -       |             |           |  |  |
| Other - Describe:                              |                            |            | ity i loc          | 113                                     |              | City, State, Zip C   | oge<br>Crosswick   | s NIC          | 18515         |           |         |             |           |  |  |
| Scope of Work (Check a                         | Il that apply)             |            |                    |   |              |  | Crosswick  | 3, 113         | 70010         |           |         | _           | _         |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf           |                            |            | enova<br>emoliti   |   |              | ☐ Mini-End<br>☐ Gloveba  | ntainment with Neg<br>closure<br>ag Procedure<br>empted (*) and No |                |               | lure      |         |             |           |  |  |
|  |                            |            | Locati             |   |              |  | //   |                | . , , , ,     | 1         | bate    | ment        |           |  |  |
| Location o                                     | ıf                         |            | Normall<br>d Sole  |   |              | Description of   |  |                |               |           | Тур     | e           |           |  |  |
| Asbestos-Containing M                          | laterial (ACM)             | ) Ma       | intenar<br>Sustodi | ice/                                    |              | os Containing Mat  | erial (ACM)  | Amoi           |               | R         | R       | Ш           | ш         |  |  |
| TO BE ABATI<br>IN Facility                     | ED                         |            | Staff?             |   | (i.e.,       | thermal systems in<br>surfacing, VAT,  |  | (Spec<br>SF or |               | Removal   | Repair  | Encapsulate | Enclosure |  |  |
| (13)   |                            |            | (12)               |   |              | other miscellaneo  | ous)   |                |               | val       | •       | sula        | sure      |  |  |
|  |                            | Yes        | No                 | N/A                                     |              |  |  |                |               |           |         | ře          |           |  |  |
| Baseme   | nt                         |            | ×                  |   |              | Boiler Insulat   | tion   | 60 s           | sf            | ×         |         |             |           |  |  |
| Baseme   | nt                         |            |                    |   |              | Pipe Insulat   | ion  | 25             | lf            | ×         |         |             |           |  |  |
|  |                            |            |                    |   |              |  |  |                |               |           | -       |             | 7         |  |  |
|  |                            |            |                    |   |              |  |  |                |               |           |         |             |           |  |  |
| l i  |                            |            |                    |   | Waste        | Cubic Yards<br>of Waste  | Name of Regis  | tered Lan      | ndfill        |           |         |             |           |  |  |
| Stevens Environmental                          |                            |            |                    |   | No.<br>292   | <u> 2 CU</u>   |  | T.R.I          | R.F., In      | c.        |         |             |           |  |  |
| City, State Allentown, NJ                      |                            |            |                    |   |              | Disposal Date 6/17/14//  | City, State  | Tully          | town, I       | ο Δ       |         |             |           |  |  |
| Completed By Title                             |                            |            |                    |   |              | Signature/   | 1/ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>                 |                | Date          | Λ         |         | _           | =         |  |  |
| Mahlon E. Stev                                 | /ens                       | P          | rojec              | Man                                     | ager         | 1/11/  |  |                |               | 6/12      | /14     |             | _         |  |  |

ASB-41

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

國0004/0005

|                                       |                     |         |          |                |                                     |   |        |  |                     |          |        |              |           | ****  |  |
|---------------------------------------|---------------------|---------|----------|----------------|-------------------------------------|---|--------|--|---------------------|----------|--------|--------------|-----------|-------|--|
|                                       |                     |         | NC       | TIFICA<br>(Pur | ATION OF A                          | New Jersey<br>138ESTOS AB<br>JAC 8:60 and   | ATE    | ENENT  | DOL                 | * 1      | 10     | C<br>DAY     | 1/2       | #2V:  |  |
| Date of Notification (1)              |                     |         |          |                |                                     |   |        | 1  | 1                   |          |        |              | j         |       |  |
|                                       | 2/14                |         |          | 11             | Varme of Buil                       | ding Owner/Op   | eralo  | C(2)   |                     |          |        | 1            |           | 1     |  |
| Agencies Notice                       |                     |         |          |                |                                     |   |        | Heis   | r \                 |          | 1      | 1            | '         |       |  |
| FIRST STA                             | Type Notifica       | ellon   |          | .   5          | Iresi Addre                         | 00  | -      | 1202,516   |                     |          | to A   | 4            | _         | 711   |  |
| EDA<br>DOL                            | ☐ Initial ☐ Amended |         |          |                |                                     |   |        | 838 Rive   | D-1 -//             | 11/1     | 1.2    |              |           | 1     |  |
| DOL                                   | Amended             |         |          | -              | ity, Stale, Zi                      | p Code  | _      | SIN (LIVE)   | Nu.                 | 1        | DI     | 3B(          | MF        | י וננ |  |
| PI COU                                | Emergen             | W Inc   | uding    |                |                                     |   | 1      | U N. 2   | AAHLAI              |          | Min.   |              |           | _     |  |
| POH                                   | ILIBEI from G       | en)     | -        | N              | ame of Con                          | 1000  |        | EWINE NI   |                     |          |        |              |           |       |  |
|                                       | Cancellati          | on      |          |                |                                     | Bill Heisle   |        |  | felephona Number    |          |        |              |           |       |  |
|                                       |                     |         |          |                | ===                                 |   | et.    |  | 1 i                 | - 14-    |        |              | 6         |       |  |
| Varine of Facility Where A            | catemant is T       | akina l | 200 7    | -              | PACILITY                            | NFORMATION  |        |  |                     | - 1      |        | ~            |           | =     |  |
|                                       | Reside              | anny r  | 1400 (   | 3)             |                                     | -   |        | Type of Facil  | N (4)               | —        |        |              |           |       |  |
| Feet Address                          |                     | 211101  | 11(1)    | DELLA          |                                     |   |        | School (K  | 12)                 |          |        |              |           |       |  |
|                                       | 830                 | Die.    | D        |                | ) Calls                             |   |        | 1 Subahanu   | # # 40th            | K-12)    |        |              |           | 1     |  |
| ily (5)                               |                     | RIV     | AL KC    | <u></u>        |                                     |   |        | I BU Winer (I &  | private & comm      | ercial   | bullal | ings.        |           | 1     |  |
| 1 151                                 | -                   |         |          |                |                                     |   | _      | Square Feet  | <u></u>             |          |        |              |           |       |  |
| ounty (8)                             | E                   | wing    | .NI      |                |                                     | Particular and an annual an |        | 2000   | # of Floors         |          |        | g. Ag        |           | 7     |  |
|                                       |                     |         |          | 0              | ounly Codo                          | (7) (STATE  | =-     |  | 2000                |          | -      | 80+          | -/-       | _     |  |
| Maria Maria                           | rcer                |         |          |                |                                     |   |        | Juliant One (  | Prior if being den  | nolishe  | d)     |              |           | 7     |  |
| ame of Monitoring Firm H              | red by Buildir      | NO OWI  | 191      | ASC            | IM No.                              | Name of Ahe   | ilem.  | ani Contractor (   | Resident            | 181      |        |              |           | -1    |  |
| M                                     | ECS                 |         |          | 1              |                                     | 5   | tore   | aur Coursoms   | в)                  |          |        |              |           | 7     |  |
| aserbbA iser                          |                     | 3 2007  |          |                |                                     | Street Addre  | TEVI   | EUR EUAIRON  | mental Serv         | ces,     | Inc    |              |           |       |  |
|                                       | PO Box 3            | 141     | 22-08-   |                |                                     | These regis   | 43     |  |                     |          |        |              |           | 7     |  |
| ty, State, Zip Code                   |                     |         |          |                | PO Box 322                          |   |        |  |                     |          |        |              |           | 1     |  |
| Cros                                  | swicks, N           | J 085   | 15       |                |                                     | City, Sinte, 2lp Code Allentown, NJ 08501   |        |  |                     |          |        |              |           |       |  |
| oject Managar for Monitor             |                     |         | 7        | elephor        | a Na                                | Telephone No  |        | VIJUNTOW   | <u>10850 [N, מי</u> |          |        |              |           | A     |  |
| Lou Lau                               | reti                |         |          |                | 98-4070                             |   |        | 3 2050   | License No.         |          |        | _            |           | 7     |  |
| Bri Date (10)                         | · I ScF             | redular | Com      | lation !       | 110703                              |   |        |  |                     |          |        |              |           |       |  |
| 6/13/14                               |                     |         | Q/17     | 7/14           | Date (11) Name of OSHA Monitor MECS |   |        |  |                     |          |        |              |           | -     |  |
| cupancy Status During A               | batement (Ch        | ack pr  | the age  | 1              |                                     |   |        |  |                     |          | 1      |              |           |       |  |
| Facility Closed/Vacatori f            | haciates Eastline E | Dad-    |          |                |                                     | Street Address  | 19     |  |                     |          | _      | _            | ···       | -ļ    |  |
| CO DESCRIPTION OF LAND AND ADDRESS OF | REIPIN AR A LACON   | al Fac  | ility Ho | UFB            |                                     | ZITTE .   | _      | PO E   | ox 341              |          |        |              |           |       |  |
| Outer - Describe: Sau                 | 10 4 071            |         |          |                | - 1                                 | CIN, Siale, Zip   | Cod    |  |                     |          |        |              | _         | 4     |  |
| ppe of Work (Chock all the            | et apply)           |         |          |                |                                     |   | _      | Crosswick  | s, NJ 08515         |          |        |              |           |       |  |
|                                       |                     |         |          |                |                                     | IZ7 Full C  | onte.  | inment with Nec  |                     |          |        |              | _         | 1     |  |
| ≥3 sf or ≥3 if<br>≥180 sf or ≥280 if  |                     | 图       | avone?   | lion           |                                     | LJ MIN-E  | ncio.  | SUra   | BOVE Prossure       |          |        |              |           |       |  |
|                                       | -0.00               | LJ.     | Permone  | OU             |                                     | Glove   | bag    | Procedure  |                     |          |        |              |           | 1     |  |
|                                       |                     | 19      | Local    | nn             | T                                   | Non-E   | Xem    | pled (") and Not   | -Friable Proced     | ure      |        |              |           |       |  |
| L-voation of                          |                     | 1       | Vormail  | ¥              | 1                                   |   |        |  |                     | Τ.       | Abate  | emen         | 1         |       |  |
| bestos-Containing Materi              | al (ACM)            | Ma      | d Sole   | ly by          | l                                   | Description :   | of     | 1  |                     |          | Ty     | (De          |           |       |  |
| IO BE ABATED                          |                     |         | Listodi  | a)             | Asbesio                             | a Containing Mi   | atorio | II (ACM)   | Amount              |          | T_     | 1            |           |       |  |
| IN Facility<br>(13)                   |                     |         | Staff?   |                | ł .                                 | SUMBOING VAT  | -      | Statement of the statem | (Specify            | 6        | Repair | 1 2          | 181       |       |  |
| 1.0/                                  |                     | -       | (†2)     | ,              |                                     | other miscellans  | ous)   | 1  | SF or LF)           | Restonal | 4      | Encaps utate | Enclosure |       |  |
|                                       | X                   | Yes     | No       | N/A            |                                     |   |        |  |                     | =        |        | 量            | 青         |       |  |
| Basement                              |                     |         | ×        |                | -                                   | 2_11 7  |        |  |                     |          | L      | 2            |           |       |  |
| Basement                              |                     | -       | ^        |                |                                     | Soiler Insula   |        |  | 60 sf               | K        |        |              |           |       |  |
| XIIIXVI                               |                     |         |          |                |                                     | Pive Insula   | tior   | 1  | 25 11               | ×        |        |              | -         |       |  |
|                                       |                     |         |          |                |                                     |   |        |  |                     | 1-1      |        | <u> </u>     | $\dashv$  |       |  |
|                                       |                     |         |          |                |                                     |   |        |  |                     | 1        |        |              |           |       |  |
| of Registered Waste Ha                |                     |         |          | DEPW           |                                     | cubic Yards   | T      | ame of Regists   |                     |          |        |              |           |       |  |
| Stevens Enviro                        | nmental             |         | H        | 182            | No. a                               | ¿CU   | 1      |  |                     |          |        |              |           |       |  |
| Xale .                                |                     |         | ·        | 102            |                                     |   | 1      |  | T.R.R.F., In        | C.       |        |              |           |       |  |
| Δ116                                  | entown, N           | 1       |          |                | "                                   | C/12/14   | 10     | illy, State  |                     |          |        |              | -         |       |  |
| ated By                               | Title               |         |          | _              | <del>-</del>                        | 6/17/14/  | XL.    |  | Fullytown, P        | A        |        |              |           |       |  |
| Mahlon E. Stevens Project Manager     |                     |         |          |                |                                     | Bigrandia   | 1      | Y  | Dete                |          | -      |              | =1        |       |  |
|                                       |                     | - 01    | JULL     | 4000110        | Kel                                 | 1111  | 1      |  |                     | 6/12/    | 14     |              | _1        |       |  |
|                                       | * 00                | 00143   | a this   | form fo        | 4                                   | (.  | 198    | /  |                     |          | -      | _            |           |       |  |

CK 1518

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

|                          |                             | (Pursua                 | nt to N.  | JAC 8:           | 60 and 12:12:           | ,                     |            | 4-                                   |            |         |             |           |
|--------------------------|-----------------------------|-------------------------|-----------|------------------|-------------------------|-----------------------|------------|--------------------------------------|------------|---------|-------------|-----------|
| Date of Notification (1) | 1.                          | Na                      |           |                  | wner/Operator           | (2)                   |            | . %                                  |            | =       |             |           |
| 6                        | -13-14                      |                         |           | 04               | FARI                    | EL                    | =          | C) said                              |            |         | =           |           |
| Agencies Notified        | Type Notification           | Str                     | eet Add   | 06               | ALLAI                   | RE 1                  | KOA        | LA M                                 | _          |         | _           |           |
|                          | Initial Amended             | Cit                     |           | Zip Cor          |                         | -                     |            | <u> </u>                             |            | E       | į.          |           |
| N DOT                    | Amendment # Emergency (inch |                         | W         | AL               | C NJ                    | DYY                   | 17         | - N-h                                | _          | - C - C | +           | 1         |
| □ DOH                    | austification)              | l Na                    | me of C   | contact .        | Dack                    | 10                    | 1          | elephone Number                      | <b>H</b> . | A)      |             |           |
| ☐ DCA                    | ☐ Cancellation              | 1                       | ER        |                  | MACK                    | 12                    | =          |                                      | //         | 17      |             | PA        |
|                          | -                           |                         | FACILIT   | IY INFO          | RMATION                 | Type of Fa            | arithy (d) |                                      |            |         |             | 1         |
| Name of Facility Where   | Abatement is Taking I       | Place (3)               |           |                  |                         | CT School             | (K-12)     |                                      |            |         |             | 1         |
|                          |                             |                         |           |                  |                         | - Toubeh              | anter R II | Other than K-12)<br>ate & commercial | building   | js.     |             |           |
| Street Address A         | LLAIRE                      | BOAD                    |           |                  |                         | homes<br>Square Fe    | s, etc.)   | # of Floors                          | Bldg.      |         |             | 1         |
| City (5) WAL             |                             | 07719                   | 9_        |                  |                         |                       |            | if being demolish                    |            |         | _           | -         |
|                          | NMOUTH                      | 11                      | County OA | Code (7)<br>ILY) | (STATE                  | 17                    | RIVE       | TE HOME                              | 5          |         |             | _         |
| Name of Monitoring Fin   |                             | Amer AS                 | SCM No.   | T                | Name of Abate           | ement Contra          | dor (9)    | RIES /                               | Yc.        |         |             |           |
| (8)                      |                             |                         |           | -                | Other Address           | c                     |            |                                      |            |         |             | 1         |
| Street Address           |                             |                         |           | _                | City, State, Zir        | PATICA                | <u> </u>   |                                      | 7          | -       | =           | +         |
| City, State, Zip Code    |                             |                         |           |                  | BKI                     | CK 1                  | {J_        | 0 8/2 U                              |            | _       | _           | 4         |
| Project Manager for M    | onitoring Firm              | Telepl                  | none No   |                  | Telephone No            |                       | 9          | 0119                                 | 16_        |         |             | _         |
| Start Date (19)          | / Sched                     | uled Completic          | on Date   | (11)             | Name of OSH             | A Monitor             |            |                                      |            |         |             |           |
| 1 (1/6/                  | 19 6                        | -18-1                   | 4_        |                  | Street Address          | ×2                    |            |                                      |            |         |             | 7         |
| Occupancy Status Du      | ring Abatement (Chec        | k only one)             |           | -                | Sileet Address          | 35                    |            |                                      |            |         |             | _         |
| Facility Closed/Vac      | ated During Entire Pe       | nod of Abates           | ent       |                  | City, State, Zi         | p Code                |            |                                      |            |         |             |           |
| Other - Describe:        | ied Ousac or Roma           |                         |           |                  |                         |                       |            |                                      |            |         |             | =         |
| Scope of Work (Chec      | k all that apply)           |                         |           |                  | DE Full                 | Containment           | with Neg   | pative Pressure                      |            |         |             |           |
| ∏≥3 sf or ≥3 lf          |                             | Renovatio               | ın        |                  | Mini                    | Enclosure             | hema       |                                      | 00         |         |             |           |
| ≥160 sf or ≥260 lf       |                             | Demolition              | 1         |                  | Non                     | -Exempted (*          | and No     | n-Friable Procedu                    | T A        | batem   | ent         | $\dashv$  |
|                          |                             | is Location<br>Normally | n         | _                |                         |                       |            |                                      |            | Туре    |             |           |
| Locatio                  | on of                       | Used Solely             | r byr     |                  | Descriptions Containing | n of<br>Material (ACI | w          | Amount                               | П          |         | <b>EII</b>  |           |
| Asbestos-Containin       | ng Material (ACM)           | Maintenant<br>Custodia  |           | ASDE:            | thermal system          | ms insulation,        | .          | (Specify<br>SF or LF)                | Res        | Repair  | deo         | nd        |
| TO BE A                  |                             | Staff?<br>(12)          |           |                  | surfacing, V            | /AT, or<br>aneous)    | 1          | SFULL)                               | Removal    | Palr    | Encapsulate | Enclosure |
| (13                      | 3)                          | -                       |           |                  |                         |                       | 1          | 84                                   | -          |         | 9           |           |
| .,                       | 101                         | Yes No                  | NVA       | -1               | fic Ven                 | BAIRIL                | 1,20       | 60050                                | dV         |         |             |           |
| ATTIC VE                 | RMICULIAR                   |                         | N         | At               | 716 14                  | (/1/ 50/              | 77-1       |                                      |            |         |             |           |
|                          |                             |                         | $\vdash$  |                  |                         |                       |            |                                      |            |         |             | $\Box$    |
|                          |                             |                         |           |                  |                         |                       |            |                                      |            |         |             |           |
| Name of Registered       | Wasta Hauler                | 1 / 1                   | UDEP V    | Vaste            | Cubic Yards             | Nam                   | e of Reg   | istered Landfill                     | , ,        |         |             |           |
| BRICK /                  | DUSTRIES                    | /NC !                   | 216       | Nn.<br>02        | of Waste                |                       | State      | R.O. h                               | -          |         |             | =         |
| City, State<br>BRICK     | N.C.                        |                         |           |                  | Disposal Da             | AV                    | OME!       | IA                                   |            |         |             | _         |
| Completed By             | 17,50                       | Pa-                     |           |                  | Signatu                 | 1/2/1/                | 11.        | Date                                 | 6-1.       | 3 –     | 14          | _         |
| ERIC TO                  | HCKIS -                     | PRES                    | -         |                  |                         | XVONICA               | vi         |                                      |            |         |             |           |

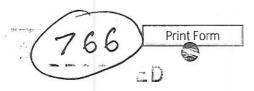
CK 006193

D&S Proj. #: 2014-242

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

|      |     |    |        | 6 |
|------|-----|----|--------|---|
| A.C. | *** | 10 | 12 ( Y |   |

| Date of Notification               | 1/14                    |                        |                   | uilding Own  | er/Operator (2<br>IIC                   | )           | 2514   | JUH 18 PM                           | ų: 5 į                       |             |         |       |     |
|------------------------------------|-------------------------|------------------------|-------------------|--|---|-------------|--|-------------------------------------|------------------------------|-------------|---------|-------|-----|
| Agencies Notified                  |                         | 1                      | treet Addr        |  |   |             | Algeri   | ESTAS CON                           | TROIT                        |             |         |       |     |
| ☐ EPA                              | Initial Amended         |                        | 50 HII I          | SIDE CR  | ESCENT                                  |             |  | LICENSIN                            |                              |             |         |       |     |
| ☐ DEP                              | Amended Amendment #:    | 1                      | City, State,      |  | LICLIA                                  |             | 3 0  | E LIULIANIA                         | (3                           |             |         |       |     |
| DOL                                |                         | -11                    | •                 |  | 110                                     |             | 6  |                                     |                              |             |         |       |     |
| □ DOH                              | Emergency<br>(including | 1                      | AME of Co         | EY, NJ 07  | 110                                     |             |  | Talanha                             | no Niumbor                   |             |         | -     |     |
|                                    | justification)          |                        | ame or co         | maci   |   |             |  | relepho                             | ne Number                    |             |         |       | 12  |
| ☐ DCA                              | ☐ Cancellation          | 1                      | VIVIA             | N SQUAS  | HIC                                     |             |  | i                                   | 108                          |             |         |       |     |
|                                    |                         |                        |                   | FACI   | LITY INFORM                             | NOITAN      |  |                                     |                              |             |         |       |     |
| Name of facility wi                | here abatement i        | is taking pla          | ace (3)           |  |   |             |  | Type of Facility                    |                              |             |         |       |     |
| VIVIAN SQUA                        | ASHIC                   |                        |                   |  |   |             |  |                                     | ol (K - 12)<br>napter 8 (Otl | ner th      | an K    | -12)  |     |
| Street Address                     |                         |                        | - A A. Y.         |  |   |             |  |                                     | (Private/Co                  |             | rcial   |       |     |
| 59 HILLSIDE                        | CDESCENT                |                        |                   |  |   |             |  |                                     | ./Homes, etc                 |             | DI      | dg. A | 000 |
|                                    | CRESCENT                | T Cour                 | nty (6)           |  |   |             | -1.0-1.7   | Square Feet                         | # 01 F1001S                  |             | DI      | uy. A | ige |
| City (5)                           |                         | Cour                   | ity (0)           |  |   | 100,000,000 | nty Code (7)<br>te use only)   | Current Use (F                      | Prior if boing               | dam         | olioba  | ٠,۵/  |     |
| NUTLEY                             |                         | ESS                    | SEX               |  |   | (0,0        | io ado omy)  | Current Ose (F                      | noi ii being                 | uem         | Olisiie | eu)   |     |
| Name of Monitorin                  | g Firm Hired by         | 100000                 | The second second |  | ASCM No.                                | 1           | Name of Abatement  | Contractor (9)                      |                              | _           |         |       |     |
|                                    | ,                       |                        | , ,               |  |   |             | D & S RESTORA  |                                     |                              |             |         |       |     |
| Street Address                     | ·                       |                        |                   |  |   |             | Street Address   | TION, INC.                          |                              | _           |         |       |     |
| Oli eel Address                    |                         |                        |                   |  |   |             | 20 California Av   | 10                                  |                              |             |         |       |     |
| City, State, Zip Cod               | la .                    |                        |                   |  |   |             | City, State, Zip Code  | · C.                                |                              | -           |         | -     |     |
| City, State, Zip Coo               | 10                      |                        |                   |  |   |             | The state of the s | 502                                 |                              |             |         |       |     |
| Designat Manager fo                | Masitavia a Firm        |                        | To                | Ni   |   |             | Paterson, NJ 07:   | 503                                 | Il issaes N                  | li um b     | 2.      | _     |     |
| Project Manager fo                 | r Monitoring Firm       | 1                      | P                 | hone Numb  | er                                      | Н           | Telephone Number<br>973-345-8020   |                                     | License N                    | vumb<br>169 | er      |       |     |
|                                    |                         |                        |                   |  |   |             |  | 100                                 | 01                           | 109         |         |       |     |
| Start Date (10)                    |                         | Sched                  | . Completi        | ion Date (11   | )                                       |             | Name of OSHA Moni  |                                     |                              |             |         |       |     |
| 06/23/14                           |                         | 07/10                  | )/14              |  |   |             | D & S Restoration  | on, mc.                             |                              | -           | -       | -     |     |
| Occupancy Status I                 | During Abatemer         |                        |                   | STATE OF THE STATE | 100000000000000000000000000000000000000 |             |  | 00110                               |                              |             |         |       |     |
|                                    | d/vacated during        |                        |                   | ement  |   |             | 20 California Av<br>City, State, Zip Code  | enue                                |                              | _           |         |       |     |
| Abatement pe                       | erformed outside        |                        |                   |  |   | - 11        | City, State, Zip Code  |                                     |                              |             |         |       |     |
| Describe:  Other-Descri            | NORMAL H                | IOURS                  |                   |  |   |             | Paterson, NJ 07  | 503                                 |                              |             |         |       |     |
|                                    |                         |                        |                   |  |   |             |  |                                     |                              |             |         |       |     |
| Scope of Work (ch                  |                         |                        |                   |  |   |             |  | Full Containment<br>Mini-enclosure  | w/negative p                 | ress        | ure     |       |     |
|                                    |                         | Renovation             | n                 |  |   |             | hanned .   | viini-enciosure<br>Glovebag procedi | ıre                          |             |         |       |     |
| ≥160 sf or ≥2                      | 260 If                  | Demolition             | 1                 |  |   |             |  | Non-Exempted (*                     |                              | iable       | proce   | edure | Э   |
| Location of                        |                         |                        |                   | used solely  |   |             |  |                                     |                              | R           | R       | Е     | E   |
| asbestos-cor                       |                         | by mainte<br>staff(12) | enance/cus        | stodial  | Descripti                               | ion of a    | sbestos-containing   | Amount                              |                              | e<br>m      | e<br>p  | n     | n   |
| material (acm<br>abated in fac     |                         |                        |                   | 1  | material                                | (ACM)       | · ·  | (Specify LF)                        | SF or                        | 0           | a       | a     | C   |
| abateu iii iac                     | iiity (13)              | Yes                    | No                | N/A  |   |             |  |                                     |                              | v<br>e      | i       | р     | -   |
| BASEMENT                           |                         |                        | V                 |  | PIPE INSU                               | ЛАТІ        | ON   | 90 L FT                             |                              | ă           | $\Box$  | П     | t   |
| BASEMENT, red                      | c rm                    |                        |                   | +  | VAT                                     |             |  | 43 sq ft                            |                              | Ø           | Ħ       | 片     | 十一  |
|                                    |                         |                        |                   |  | 1111                                    |             |  |                                     |                              | 쒸           | 금       | 片     | 十二  |
|                                    |                         |                        |                   | -  |   | - TW        |  |                                     |                              | 뉘           | 井       | 片     | +=  |
|                                    |                         |                        |                   | 4  |   |             |  |                                     |                              | 뷔           | 屵       | 片     | 11  |
| Pogistared Wests 1                 | laular                  | L INVEST               | Div               | 15" 10   | ubio Varda af                           | Mosts       | INIama of David  | Londfill                            |                              | Ш           | Ш       | Ш     |     |
| Registered Waste F<br>D & S RESTOR |                         | NJDI<br>135            | EP Hauler<br>506  |  | ubic Yards of<br>YDS                    | vvaste      | Name of Registered TULLYTOWN,  |                                     | ECOVER                       | Y           |         |       |     |
| City, State                        |                         |                        |                   | Disposal D   |   |             | City, State  | **********                          |                              |             |         |       |     |
| PATERSON, N                        | J 07503                 |                        |                   | 06/24/1  |   |             | TULLYTOWN,   | PA                                  |                              |             |         |       |     |
| Completed by (Prin                 | t or Type)              | Title                  |                   |  | Signature                               |             |  |                                     | Date                         |             | -       |       |     |
| BOGDAN JOL                         |                         | PRESID                 | ENT               |  |   |             |  |                                     | 06/12/2                      | 014         |         |       |     |
| ASR-41                             |                         | Do not us              | e this form       | for asbesto  | s licensure ex                          | cempted     | d activities.  |                                     | A-100                        |             |         |       |     |



| Date of Notification (1)<br>06/12/14           |                              |  |                     | of Building Oveley Height    | wner/Operator<br>ts B.O.E       | (2)   | 2814                        | JUN !            | 8 Pi     | 14          | SU          |           |
|--|------------------------------|--|---------------------|------------------------------|---------------------------------|---|-----------------------------|------------------|----------|-------------|-------------|-----------|
| Agencies Notified                              | Type Notification            |  |                     | Address                      |                                 |   |                             | -                |          |             |             | 9         |
| EPA  | ▼ Initial                    |  | 345 P               | Plainfield A                 | ve.                             |   |                             | ESI              |          |             | HOL         |           |
| × DEP<br>× DOL                                 | Amended Amendment #          |  |                     | ate, Zip Code<br>eley Height | e<br>ts,NJ 07922                | 2   | 3                           | & LIC            | ENS.     | HG          |             | - %       |
| ĭ DOH  | Emergency (in justification) | ncluding   | Name o              | of Contact                   |                                 |   | Telep                       | phone N          | umber    |             |             | 1/        |
| <b>⋉</b> DCA                                   | Cancellation                 |  | Antho               | ny Amian                     | 0                               |   | ľ                           |                  | . 4      |             |             |           |
|  |                              | 51 (0)   | FAC                 | ILITY INFOR                  | RMATION                         | - (F  |                             |                  |          |             |             |           |
| Name of Facility Where A<br>William Woodruff S |                              | Place (3)  |                     | 37                           |                                 | Type of Facility  School (K                 | (-12)                       |                  |          |             |             |           |
| Street Address Briarwood Dr. Wes               | t                            |  |                     |                              |                                 |   | er 8 (Other<br>, private &  |                  |          | dings,      | home        | es,       |
| City (5)                                       |                              |  |                     |                              |                                 | Square Feet                                 | # of I                      | Floors           | В        | ldg. A      | ge          |           |
| Berkeley Heights                               |                              |  |                     |                              |                                 | 30,000                                      | 1                           |                  | 5        | 0+          |             |           |
| County (6)                                     |                              |  |                     | Code (7)                     |                                 | Current Use (F                              | rior if bein                | g demoli         | shed)    |             |             |           |
| Union  |                              |  | (STATE              | USE ONLY)                    |                                 | School                                      |                             |                  |          |             |             |           |
| Name of Monitoring Firm<br>Environmental Tac   | 45   5070                    | wner (8)   | ASCI<br>004         | M No.<br>5                   |                                 | of Abatement C<br>co Services Ir            |                             | 9)               |          |             |             |           |
| Street Address                                 |                              |  |                     |                              | Street                          | Address                                     |                             | -                |          |             |             |           |
| 64 Broad St.                                   |                              |  |                     |                              | 156                             | Maple Ave.                                  |                             |                  |          |             |             |           |
| City, State, Zip Code<br>Matawan, NJ 0774      | 7                            |  |                     |                              | 32,42,550                       | State, Zip Code<br>lington, NJ 07           | 057                         |                  |          |             |             |           |
| Project Manager for Mor<br>Thomas Geiger       | nitoring Firm                |  | Telepho<br>732-2    | one No.<br>90-2217           | 1 53                            | hone No.<br>-406-7341                       |                             | License<br>01107 |          |             |             |           |
| Start Date (10)<br>06/23/14                    | 1.22                         | Scheduled (<br>07/07/14  | Completion          | Date (11)                    |                                 | of OSHA Monito<br>aw Nalodka                | or                          |                  |          |             |             |           |
| Occupancy Status Durin                         | g Abatement (Check           | Only One)  |                     |                              | Street                          | Address                                     |                             |                  |          |             |             |           |
| × Facility Closed/Vac                          | ated During Entire P         | eriod of Aba   | tement              |                              | 156                             | Maple Ave.                                  |                             |                  |          |             |             |           |
| Abatement Perform                              | ed Outside of Norma          |  |                     |                              | City, S                         | State, Zip Code                             |                             |                  |          |             |             |           |
| Other – Describe:                              |                              |  |                     |                              | - Wal                           | lington, NJ 07                              | 7057                        |                  |          |             |             |           |
| Scope of Work (Check A                         | II That Apply)               |  |                     |                              |                                 | _   |                             |                  |          |             |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf         |                              | and the same of th | ovation<br>olition  |                              |                                 | Full Contain<br>Mini-Enclosi<br>Glovebag Pi | ure<br>rocedure             |                  |          |             |             |           |
|  |                              | 1  |                     | 8                            | L                               | Non-Exemp                                   | ted (*) and                 | Non-Fria         | able Pro |             |             |           |
|  |                              | 10000000   | cation              |                              |                                 |   | 1                           |                  |          | Abate<br>Ty | ement<br>pe |           |
| Location<br>Asbestos-Containing                |                              | 7.875  | nally<br>olely by   | Achosto                      | Description<br>Containing       | n of<br>Material (ACM)                      | Arr                         | nount            |          |             |             |           |
| TO BE AB                                       |                              |  | nance/<br>al Staff? |                              | nermal system                   | s insulation,                               | (Sp                         | pecify           | Re       | 20          | Encapsulate | E         |
| In Facil<br>(13)                               |                              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 2)                  |                              | surfacing, VA<br>other miscella |   | SF                          | or LF)           | Remova   | Repair      | apsu        | Enclosure |
| (10)   |                              | Yes N  | lo N/A              | 1 '                          | ourer mocena                    | 10000)                                      |                             |                  | /al      | 7           | late        | лге       |
| Front Ha                                       | llway                        |  |                     |                              | pipe insula                     | ition                                       | 74                          | 13lf.            | *        |             |             |           |
| Front Ha                                       | llway                        |  |                     |                              | ceiling til                     | es  | 168                         | 80sf.            | *        |             |             |           |
|  |                              |  |                     |                              |                                 |   |                             |                  |          |             |             |           |
| Name of Desistered Me                          | eta Hauler                   |  | NJDEP V             | Magta                        | Cubic Yards                     | Nones                                       | of Register                 | od Land          | SII      |             |             |           |
| Name of Registered Was                         |                              |  | Hauler ID           | No.                          | of Waste                        | V. CONT. PLONE 22                           | D.W.S                       | eu Landi         |          |             |             |           |
| Newark Carting Inc.                            |                              |  | 05409               |                              | 50                              | 25.00                                       |                             |                  |          |             |             |           |
| City, State<br>Newark, NJ                      |                              |  |                     |                              | Disposal Date<br>07/08/14       |   | <sub>ate</sub><br>sville,PA |                  |          |             |             |           |
| Completed by                                   |                              | Title  |                     |                              | Signatur                        | ,   |                             | 15.00            | Date     | 0.000       |             |           |
| Leslaw Nalodka                                 |                              | Preside  | nt                  |                              | 1                               | - No  |                             | (                | 06/12/   | 14          |             |           |

CK 006198

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

| D&S Proj. #: 2014-245                           |                  |                     | (Pursu                | ant to NJAC           | 8:60  | and 12:120)  |                       |                    |  | 6       |        | 2      |        |
|---|------------------|---------------------|-----------------------|-----------------------|-------|--|-----------------------|--------------------|--|---------|--------|--------|--------|
|   |                  |                     |                       |                       |       |  | Dε                    |                    | ED   | 1       |        |        |        |
| Date of Notification (1)                        | IIN              | ame of Bu           | ilding Own            | er/Operator (2)       |       |  | *                     |                    |  |         |        |        |        |
| 0 6 / 1 3 / 1 4                                 | _                | JOHN ST             | RICKLE                | Y                     |       | 2  | 猎科 儿                  | JN 18              | PĦ 4:  | 33      |        |        |        |
| Agencies Notified                               | ion Si           | treet Addre         | ess                   |                       |       |  |                       |                    |  |         |        |        |        |
| DEP Amended                                     |                  |                     | CEDAR                 | PLACE                 |       |  |                       |                    | CONTR  | OL.     |        |        |        |
| Amendment #:                                    | —  c             | ity, State, 2       | V.                    |                       |       | 3  | CC                    | LILER              | SING   |         | 80     |        |        |
| DOH Emergency (including                        |                  |                     | Y, NJ 07              | 446                   |       |  |                       | T.1                |  |         |        |        |        |
| justification)                                  | Na               | ame of Cor          | ntact                 |                       |       |  |                       | elepnon            | e Number   |         |        |        |        |
| ☐ DCA ☐ Cancellation                            |                  | JOHN S              | TRICKLI               | EY                    |       |  |                       | el .               | 5  |         |        |        |        |
|   |                  |                     | FACI                  | LITY INFORM           | IOITA | N  |                       |                    |  |         |        |        |        |
| Name of facility where abatement is             | s taking pla     | ce (3)              |                       |                       |       |  | Type o                | f Facility (       |  |         |        |        |        |
| JOHN STRICKLEY                                  |                  |                     |                       |                       |       |  | -                     | =                  | I (K - 12)<br>apter 8 (C   | thar ti | an K   | 12)    |        |
| Street Address                                  |                  |                     |                       |                       |       |  |                       |                    | Private/C  |         |        | -12)   |        |
| 17 EAST CEDAD DI ACE                            |                  |                     |                       |                       |       |  | _                     | Bldgs./            | Homes, e   | _       | DI     | -l - A |        |
| 17 EAST CEDAR PLACE City (5)                    | 1 Coun           | ity (6)             |                       |                       | Cou   | unty Code (7)  | Squar                 | e Feet             | # of Floor   | S       | BI     | dg. A  | ge     |
| Oily (5)  | Coun             | ty (O)              |                       | *                     |       | ate use only)  | Curre                 | nt Use (P          | rior if bein   | a dem   | olishe | ed)    |        |
| RAMSEY  | МО               | RRIS                |                       |                       |       |  |                       | 000 (/             | nor ii boiii   | 9 00    |        |        |        |
| Name of Monitoring Firm Hired by I              | Bldg. Owne       | r (8)               |                       | ASCM No.              |       | Name of Abatement C  | Contracto             | or (9)             |  |         |        |        |        |
|   |                  |                     |                       |                       |       | D & S RESTORA  | TION,                 | INC.               |  |         |        |        |        |
| Street Address                                  |                  |                     |                       |                       |       | Street Address   |                       |                    |  |         |        |        |        |
| City, State, Zip Code                           |                  |                     |                       |                       | _     | 20 California Av<br>City, State, Zip Code  | e.                    |                    |  |         |        |        |        |
| only, state, zip sode                           |                  |                     |                       |                       |       | Paterson, NJ 075   | 503                   |                    |  |         |        |        |        |
| Project Manager for Monitoring Firm             |                  | Ph                  | one Numb              | er                    | _     | Telephone Number   | 703                   |                    | License  | Numb    | er     |        |        |
|   |                  |                     |                       |                       |       | 973-345-8020   |                       |                    | 0  | 1169    |        |        |        |
| Start Date (10)                                 | Sched            | . Completion        | on Date (11           | 1)                    | -     | Name of OSHA Monit   |                       |                    | 40.000.000   |         |        |        |        |
| 06/25/14  | 07/18            | /1/                 |                       |                       |       | D & S Restoration  | n, Inc.               |                    |  | -       |        |        | -      |
| Occupancy Status During Abatemer                |                  |                     |                       |                       | -     | 20 California Ave  | enue                  |                    |  |         |        |        |        |
| Facility closed/vacated during                  |                  |                     |                       |                       |       | City, State, Zip Code  | onuc                  |                    | <del> </del>   |         |        |        |        |
| Abatement performed outside<br>Describe:        |                  | acility hour        | rs-                   |                       |       |  |                       |                    |  |         |        |        |        |
| Other-Describe: NORMAL H                        |                  |                     |                       |                       | =     | Paterson, NJ 075   | 503                   |                    |  |         |        |        |        |
| Scope of Work (check all that apply             | 5500             |                     |                       |                       |       |  |                       |                    | /negative  | press   | ure    |        |        |
| ≥ 3 sf or >3 lf                                 | Renovation       |                     |                       |                       |       | the state of the s | Mini-encl<br>Blovebac | osure<br>I procedu | re   |         |        |        |        |
| ≥160 sf or ≥260 lf                              | Demolition       |                     |                       |                       |       |  |                       |                    | and Non-   | _       |        | _      |        |
| Location of asbestos-containing                 |                  | normally inance/cus | used solely<br>todial | 1                     |       |  |                       | Amount             |  | e<br>e  | R      | E<br>n | E      |
| material (acm) to be                            | staff(12)        |                     |                       | material (            |       | asbestos-containing  |                       | Specify S          | F or   | m       | p<br>a | c<br>a | n<br>c |
| abated in facility (13)                         | Yes              | No                  | N/A                   |                       |       |  | '                     | _F)                |  | v<br>e  | i      | p      | L      |
| BASEMENT  |                  | X                   |                       | PIPE INSU             | LAT   | ION  | 80 I                  | FT                 |  | ×       |        |        |        |
|   |                  |                     |                       |                       | -     |  |                       |                    | The state of the s |         |        |        |        |
|   |                  |                     |                       |                       |       |  |                       |                    |  |         |        |        |        |
|   |                  |                     |                       |                       |       |  |                       |                    |  |         |        |        |        |
| Pagistared Wests Hauler                         |                  |                     |                       | hia Vavda af V        | Monto | IN   |                       |                    |  |         |        |        |        |
| Registered Waste Hauler D & S RESTORATION, INC. | 135              | P Hauler I<br>06    | T-01/2                | ubic Yards of V<br>YD | vaste | Name of Registered I<br>TULLYTOWN, I   |                       | RCE RE             | COVER  | Y       |        |        |        |
| City, State                                     |                  |                     | Disposal D            | ate                   |       | City, State  |                       |                    |  |         |        |        |        |
| PATERSON, NJ 07503                              |                  |                     | 06/26/14              |                       |       | TULLYTOWN,   | PA                    |                    |  |         |        |        |        |
| Completed by (Print or Type) BOGDAN JOLDZIC     | Title<br>PRESIDI | ENT                 | 2                     | Signature             |       |  |                       | ,                  | Date 06/13/  | 2014    |        |        |        |
|   |                  |                     | for asbesto           | os licensure ex       | empte | ed activities.   | 3                     |                    | 00/13/   | 2014    |        |        |        |

CK 006196

D&S Proj. #: 2014-244

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

| () |         |      |  |  |
|----|---------|------|--|--|
|    |         |      |  |  |
| *  |         |      |  |  |
|    | garang. | **** |  |  |

2814 JUN 18 PM 4: 27 Name of Building Owner/Operator (2) Date of Notification (1) 0 6 /1 2 /1 4 KIRBY JEFFERSON Agencies Notified Type Notification Street Address ESTESTES CONTROL X Initial ☐ EPA 164 BLUE MILL ROAD Amended DEP City, State, Zip Code Amendment #: X DOL Emergency HARDING TWP., NJ 07960 (including DOH. Name of Contact Telephone Number justification) □ DCA KENNETH NORTON/RUSS Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) KIRBY JEFFERSON Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age 164 BLUE MILL ROAD Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) HARDING TWP. MORRIS Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 06/25/14 07/25/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure  $\times$  >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of E e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) v Yes No N/A PIPE INSULATION 240 l ft X BASEMENT (wrap & cut) BASEMENT BARE HEATING PIPES 145 l ft X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 4 yds Disposal Date City, State City, State 06/26/14 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title BOGDAN JOLDZIC PRESIDENT 06/12/2014 Do not use this form for asbestos licensure exempted activities. ASB-41