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Date of Notification (1) (0) 19/15			Mariar	Building Emmo	Owner/O ns McK	perator (eown	(2) School		U U		NAME AND POST OF	A CONTRACTOR OF THE PERSON OF		
Agencies Notified Type Notification			Street A One S	ddress chool ro	ad	100-00		American American American American American	2 2 20	112	1000	9		
EPA X Initial Amended Amendment				ite, Zip Co n, NJ 0			-	OTSTOOL	S CONTRO	0L &	-			
Emergency (justification)	including		Name of Everet	f Contact			and the second second	LI	elephone	Numbe		- CANADA	- Guitana	
DCA Cancellation				LITY INFO	ORMATIO	ON.	3.5	Carlotte Commercial States	entra establication		Light of the life		- dh	
Name of Facility Where Abatement is Taking Street Address One School Road	g Place (3)	1 401		<u> </u>		Subo	ool (K-12) chapter 8 (O er (i.e. privat	ther than e & comm	K-12) nercial b	uild	ings,	home	es,
City (5)							Square F		of Floors		BI	dg. A	ge	
Newton County (6) Sussex			County (Code (7) USE ONLY)		Current U	lse (Prior if b	eing dem	nolished)	-			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	1 No.				ent Contract mental Se		LLC		-70.00000		
Street Address							Address Sate Driv	e, PO Bo	x 483					
City, State, Zip Code							tate, Zip C wood, N	ode J 07418			\$0.00 P			
Project Manager for Monitoring Firm		1	Telepho	ne No.		4.7-100	one No. 764-2276	3	Licen:	se No.				
Start Date (10) 6/18/12	Schedule 7/5/12	ed Con	npletion I	Date (11)		Name	of OSHA N	Monitor			900			
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem	nent			City, S	tate, Zip C	ode						
Scope of Work (Check All That Apply)					1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Management .	Renova Demolit			ē.	×	Mini-Er Gloveb	ntainment w nclosure ag Procedu cempted (*)	re				e	
	ls.	Locati	on									Abate	ement	į.
Location of		Normal			Des	cription	of				_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal surfac	aining M	laterial (AC insulation T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Door 28			×		trans	site sid	ina		26 SF	×				
Door 29			X			site sid			26 SF	x		57K 93		
Door 30		_	×		trans	ite sid	ing		26 SF	x				
Door 31			×		trans	ite sid	ing		26 SF	x			-	
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic `	Yards	Na	ame of Regis	stered La	ndfill				
Freehold Cartage			auler ID 5939	No.	of Was			ROWS N	Landfill			is .	-	
City, State Freehold NJ					TBD	al Date	М	ty, State orrisville f	PA			Harris		
Completed by Andrew Scott Higgins	Title Presi	dent			Si	gnature , 9	Ur-		_	Date	C	17	7-1	0

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Amended Notification - Friable

NOTIFICATION OF ASBESTOS ABATEMENT Amended NOTI (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 4737 Name of Building Owner/Operator (2) Date of Notification (1) E No. 0 | 6 | / 1 | 8 | / 1 | 2 | Fort Lee Board of Education Street Address Agencies Notified Type Notification [X] EPA 2175 Lemoine Avenue, 6th Floor [][nitial Notification City, State, Zip Code [X] DEP Fort Lee, NJ 07024 [X] Amended SERESTOS CONTROL & (X)DOL Notification Telephone Number Name of Contact [X] DOH []Cancellation [X]DCA Cheryl Balletto FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) XISchool (K-12) |Subchapter 8 (Other than K-12) |Other (i.e., private & commer-Fort Lee School No. 1 Street Address cial buildings, homes, etc.) eet | # of Floors | Bldg. Age Square Feet 250 Hoym Street 40,000 County Code (7) (STATE USE ONLY) County (6) City (5) (Prior if being demolished) Current Use School Bergen Fort Lee, NJ 07024 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Four Strong Builders, Inc. 000127 Westchester Environmental Street Address Street Address 180 Sargeant Avenue 307 North Walnut Street City. State. Zip Code City, State, Zip Code West Chester, PA 19380
Project Manager for Monitoring Firm Telephone Number Clifton, NJ 07013-1935 License Number Telephone Number 00807 973-614-0377 610-431-7545 Matt Abraham Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) | 0 | 7 | / | 0 | 6 | / | 1 | 2 | | Month / Day / Year 0 | 6 | / | 2 | 2 | / | 1 | 2 | Month / Day / Year Four Strong Builders, Inc. Occupancy Status During Abatement (Check only one) Street Address []Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours - Describe: Occupied Building - Other Trades Clifton, NJ 07013 Scope of Work (Check all that apply) [X]Full Containment with Negative Pressure [X] Renovation |Mini-Enclosure]Demolition |Glovebag Procedure |Non-Friable Procedure)>3 sf or >3 lf [X]∑160 sf or >260 lf ype Is Location N Description of Asbestos-Containing N Normally Location of CA C T. E Asbestos-Containing
Material (ACM)
TO BE ABATED
in Facility
(13) Used Amount Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) (Specify Solely SF or 0 P 0 by Main-LF) S S tenance/ A Custodial R Staff(12) E Yes No N/A 225 LF Pipe and Fitting Insulation Boiler Room 250 SF Boiler Breeching Insulation Boiler Room Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S., Inc. 12609 Four Strong Builders, Inc. Disposal Date City, State City. State Tullytown, PA Clifton, NJ Signature Completed By (Print or Type)

Office Administrator

Bilyana Kulakovska

6/18/12

CK# 23,026

65684 NOTIFIC

Data of Natification (4)				of Building O	wner/Operator (2)			l li	E		WE
Date of Notification (1)							1		E	-	
	/12 Notification			Address LINCOLN AVE	NUE		11				
X EPA X DOL	Initial Notification Amended Notificat Cancellation	tion #1	City, S	State, Zip Code WAY, NEW JER	SEY 07065		L.	ili	11 4	2.2	7/117
X DOH DCA	On Hold EMERGENCY NO	TIFICATIO		of Contact BETH BAKER	1	Telephone Num	inei	1,55	.51.75	00% ucir	1901.8
				ITY INFORMAT	ION		WEENING!	and a second			A PROPERTY AND A SECOND
Name of Facility Where Abatem	ent is Taking Plac	e (3)			Type of Facility School (K-1	5 (5 T ()	WITH STATE OF THE				
MERCK SHARP & DOHME CORF	PORATION				Subchapter	8 (Other than k rivate & commo	(-12) I. bldg	s., ho	mes, e	etc.)	1.8
Street Address 126 EAST LINCOLN AVENUE - B	UILDING 71				Square Feet 39,250	# of Floors 3			Bld	lg. A g 72	е:
City (5)	County (6)			ty Code (7)	Current Use (Price		lished)	S S S S S S S S S S S S S S S S S S S		
RAHWAY	UNION		(STATE	USE ONLY)	Name of Abatem		r (9)				
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVES	by Building Own	er (8)		ASCM No. 17	PAR ENVIRONM			ON			
Street Address	TIONTIONO, INC				Street Address						
655 WEST SHORE TRAIL					313 SPOOK ROO						
City, State, Zip Code	RTA, NEW JERSE	V 07871		- "	City, State, Zip C SUFFERN, NEW						
Project Manager for Monitoring Fi		Telephone	Number		Telephone Numb		nse N	umbe	r .		
WILLIAM S. KERBEL		73-729-56			845-369-7500	460			110		
Expected State Date (10)			ion Date (Name of OSHA						
TANK DESCRIPTION OF THE PROPERTY OF THE PROPER	/12	8 /	24	/12 Year	AMERISCI LABO	RATORIES INC	٠.	#	11480		
Month Day Ye Occupancy Status During Abatem	ear Mon		Day	i eai	Street Address						
X Facility Closed/Vacate	d During Entire Pe	eriod of Ab	atement		117 EAST 30TH	STREET					
Abatement Performed X Other - Describe:	Outside of Norma MONDAY - FRIDA			cribe:	City, State, Zip C	ode		2231			
Scope of Work (Check all that application Safe OR LF X >160 SF OR	Renov	ation		X Mini-Encl	ainment with Negat o , g Procedure ole Procedure	IVE T TESSELO					
Location of) # LOADSTEEL	ocation		Description of A		Amount	71		Abate		Туре
Asbestos-containing	1	ally used lely by	C	ontaining Mater (ie. Thermal s		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
Material (ACM) TO BE ABATED	1	Custodial	ir	sulation, surfac		SF or LF)	8	AR.	APO	10	
in Facility (13)	Sta	aff (12)		or other miscell	aneous)		P		I S	S	
	Yes	No N/A					+	+	H .	1	
			DIDE INCL	ILATION & ELB	OWE	2,320 LF	x			1	
THROUGHOUT		X			OVVS	1,600 SF	X	T		1	
THROUGHOUT		X	LAB BENC					+	+-	1	
THROUGHOUT		X	FLOOR TI	E FUME HOOD	LINING	21,030 SF 800 SF	X	+-	+	+-	
THROUGHOUT		X		TILE MASTIC DA		4,045 SF	X	1		-	
THROUGHOUT		- X	MASTIC C	N CORK DUCT	INSULATION	150 SF	X			1	
THROUGHOUT		X	TAR PAPE	R ON DUCTW	ORK & EXTERIOR		X		0.2000		27.56
THROUGHOUT		X	ROOF FL	ASHING		2,100 SF	Х				
THROUGHOUT		X		R DIDING TRAM	SITE	900 SF	X	1	1	1	
THROUGHOUT		X	WINDOW	GLAZING		600 SF	X	1	1	-	
THROUGHOUT		X	WATERP	ROOFING		1,100 SF	X	-	-	-	
THROUGHOUT		X	CAULK			50 SF	X	+	-	-	
EXTERIOR PIPE RACK		X	PIPE INSU	JLATION		70 LF	X	+	-	+	
Name of Registered Waste Haule		P Waste	Cubic Yar	ds of Waste	Name of Registe	ered Landfill	CE M	ΔΝΑ	ENTE	T SRV	/ICES
FREEHOLD CARTAGE, INC.		r ID No.		60	1			- NAME	in Wile		
825 HIGHWAY 33		15939	Disposal D	Date	447 ALEXANDE City, State	K DKEIE/KOU	10		2		
City, State FREEHOLD, NEW JERSEY 077	28-5010		Disposai L	Jale /	MOTSOMERY,	PA 17752			1		/
Completed by (Print or Type)	Title			Signature	XX.	Dal	e	6	17	01	17
BENJAMIN SANCHEZ	DIRECTOR	OF OPER	RATIONS	19	VX		-	0	-	4	1

/ •				TIFICATION	ate of New Jers OF ASBESTO NJAC 8:60-7 at	SABATEMENT	7.7 \ IC 16	i iz	il i			
Date of Notification (1)				Name		wner/Operator	(2)	1		(<i>j</i>	123	100
5 / 10	/12			Stree	t Address		f .					1 ///
Agencies Notified Typ	pe Notification	n			E. LINCOLN AV	ENUE		11 2	2 9	1112		12/1
X EPA X	Initial Notif	fication		City	State, Zip Code		_3 = 5,5					
DEP	Amended	Notificati	on		WAY, NEW JE	Security of the property of the control of the	i.					
X DOL	Cancellation	on			2	,	F	1.7		1.		
X DOH	On Hold			1	e of Contact	L	Telephone N	umber		an estama	-factoreals	namwana washi
DCA _	EMERGEN	NCY NOT	FIFICAT	ION MAR	Y BETH BAKER	?						
				FACIL	ITY INFORMA	TION						
Name of Facility Where Abate	ment is Taki	ng Place	(3)			Type of Facili			i.			
ALEBOX SUADD & DOUBLE CO.	DDODATION					School (200					
MERCK SHARP & DOHME CO	RPORATION	i					ter 8 (Other than					
Street Address						X Other (ie	. private & comr		gs., ho			
126 EAST LINCOLN AVENUE -	BUILDING 7	71				39,250	3	,		Ь	ldg. A 72	ge
City (5)	County (6			Coun	ty Code (7)		Prior if being den	nolisho	d)		12	
RAHWAY	UNION	,			USE ONLY)	COMMERCIAL		nonano	u)			
Name of Monitoring Firm Hire		g Owner	(8)	1 (ASCM No.		ement Contrac	tor (9)				
ENVIRONMETAL HEALTH INVI		-			17		MENTAL COR		ION			
Street Address	1	100				Street Address						
655 WEST SHORE TRAIL				200000000000000000000000000000000000000		313 SPOOK R	OCK ROAD					
City, State, Zip Code	PARTA, NEW	/ JERSE	v 07871			City, State, Zip	Code W YORK 1090					5255
Project Manager for Monitoring I				e Number		Telephone Nu		cense f	Vumbe	r		
WILLIAM S. KERBEL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	3-729-5			845-369-7500		60 60	TUTTIDE			
Expected State Date (10)				etion Date (1	1)	Name of OSH						
5/ 24	/12		8 /	24	/12		BORATORIES IN	IC.	#1	1480	ĺ	
	Year	Month		Day	Year							
Occupancy Status During Abate			Commission of the			Street Address						
X Facility Closed/Vaca						117 EAST 30T	HSTREET					
Abatement Performe X Other - Describe:	MONDAY -				ribe:	City State 7in	Codo					
Culci - Describe.	WONDAT	TINDAT	IMINI	JU FIN		City, State, Zip	NEW YORK	NFW	YORK	100	16	
Scope of Work (Check all that a	pply)				X Full Cont	ainment with Neg		.,				
X Demolition		Renovat	ion		X Mini-Encl	0: ,						
>3SF OR LF						g Procedure						
X >160 SF OR						ole Procedure						
Location of Asbestos-containing	_	1	cation	14	Description of A			1	_	-	-	Туре
Material (ACM)	a .	1	ly used ly by		ontaining Mater (ie. Thermal s		Amount (Specify	REMOVA	REPAIR	ENCAPS	ENCLOS	1.
TO BE ABATED		Maint/C		in	sulation, surfac		SF or LF)	ò	A	AF.	18	
in Facility (13)		1	(12)	1	or other miscell		0,0121)	Į.	120	136	182	1
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											1	
THROUGHOUT			x	PIPE INSUL	ATION & ELBO	ows	2,320 LF	x				
THROUGHOUT			x	LAB BENCH			1,600 SF	x	1	1		
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THROUGHOUT THROUGHOUT		-	X		E & MASTIC	INING	21,030 SF	X	+	_		
			X		FUME HOOD !		800 SF	X	+-	-	-	
THROUGHOUT			X	+	LE MASTIC DA	1	4,045 SF	X	-	_	-	
THROUGHOUT			- x	-	4	ORK & EXTERIO	150 SF	X	-	-	-	
THROUGHOUT			X	ROOF FLAS		J. IN G LATERIO	2,100 SF	X	+	-	1	-
THROUGHOUT			X		DIDING TRAN	SITE	900 SF	x	-	-	-	
THROUGHOUT			X	WINDOW C			600 SF	X	1.		1	
THROUGHOUT			Х	WATERPRO			1,100 SF	X				
THROUGHOUT			Х	CAULK			50 SF	Х				W. T. Steeley
	Ti Tini A			S. 77 17		11 11 11 11 11 11 11						
lame of Registered Waste Haul		NJDEP V		Cubic Yards		Name of Regist		A	15			
REEHOLD CARTAGE, INC.		Hauler IE			60	1	OUNTY RESOUR		NAGE	MET	SRVI	CES
325 HIGHWAY 33		159	39	D: 15			R DREIE/ROU	TE 15				
City, State	20 5010			Disposal Da	ite	City, State	DA 47750			,		
REEHOLD, NEW JERSEY 077. Completed by (Print or Type)	28-5010 Title	-		12	Signatura	MOTOOMERY,				4		
BENJAMIN SANCHEZ	4	CTOR O	FOPER		Signature	()	Da	ie	5	110	2/1	12

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

CK# 230,28

Date of Notification (1)				Name of Building O		(2)			6	E	11 11/7	E,
20 CA 20 20 20 20 20 20 20 20 20 20 20 20 20					ON		11:		·	122	u v/	11-3
6 / 21 /12 Agencies Notified Type Notification	on .		-	Street Address HESS PLAZA		11						
EPA Initial No				City, State, Zip Code			111			71.7		
DEP X Amende	d Notificat	ion		VOODBRIDGE, NE		95	April 1	42.7	ui;	2 2	4 411	8
X DOL Cancella	tion		_				j.					
X DOH On Hold EMERGE	NCY N		31000	lame of Contact DAVID CERULO		Telephone Nu	mber	6 77		i Fa	4-1-1-1	-
				ACILITY INFORMA	TION			2 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9 WU		
Name of Facility Where Abatement is Tal	king Place	(3)		TOTAL THE OTHER	Type of Facil							-
					School (
HESS PLAZA					Subchap	oter 8 (Other than	K-12)					
Street Address					Square Feet	e. private & comm	ici. bid	gs., ho		dg. A		200, 100,0
1 HESS PLAZA					187,000	13			-	42	ge	
City (5) County (ounty Code (7)		Prior if being dem	olishe	d)				
WOODBRIDGE MIDDLES Name of Monitoring Firm Hired by Buildi		/81	(ST	ATE USE ONLY) ASCM No.	COMMERCIAL	L OFFICE ement Contract	(0)					
HILLMANN ENVIRONMENTAL	ng Owner	(0)		17		MENTAL CORF		ION				
Street Address					Street Address							
1600 ROUTE 22					313 SPOOK R		-		-			
City, State, Zip Code UNION, NEW	/ JERSEY	17083			City, State, Zip	Code W YORK 10901						
Project Manager for Monitoring Firm		ephone l	Numbe	er	Telephone Nu	The second secon	ense l	lumbe	er			
MIKE NEHLSEN		3-377-56			845-369-7500	460		varribe	•			
Expected State Date (10)	Sched. 0			te (11)	Name of OSH		-	-				
6 / 25 / /12 Month Day Year		6 /	Davi	15 /13	QUALITY ENV	IRONMENTAL						
Occupancy Status During Abatement (Chec	Month		Day	Year	Street Address							
Facility Closed/Vacated During B	Entire Perio	d of Aba	tement	•	1376 ROUTE							
Abatement Performed Outside of X Other - Describe: MON - F			ours - E	Describe:						96.00		
X Other - Describe: MON F	RI. 6 PM - 2	2:30 AIVI			City, State, Zip	Code WAPPINGER	S FAI	IS N	V 125	san		
Scope of Work (Check all that apply)				X Full Conf	i ainment with N	egative Pressur	e	LO, IV	1 120	130		
Demolition X	Renovati	on		Mini-Encl	Ο:,							
>3SF OR LF X >160 SF OR					Procedure le Procedure							
Location of	Is Loca	ation		Description of As		T	T		Abate	ment	Type	
Asbestos-containing	normalh	used		Containing Materi		Amount	20) ype	
Material (ACM)	solely			(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR		
TO BE ABATED in Facility (13)	Maint/Cu Staff	5756100		insulation, surfaci or other miscella		SF or LF)	100	ā	PS	80		
in admity (10)	Yes No	N/A		or other miscens	meous)		F		F	S		
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7TH FLOOR-ENTIRE		X	PERIMETER CONDENSE	R TAR	25 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC	-	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Re GROWS LA	egistered Landfill ANDFILL			
City, State KEARNEY, NEW JERSEY			Disposal Date 06/25/12-06/15/13	City, State MORRISVII	LLE, PA		1	1
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOR OF OPE	RATIONS Signature			Date 6	121	717



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HESS CORPORATION /12 Street Address Agencies Notified Type Notification 1 HESS PLAZA EPA Initial Notification City, State, Zip Code DEP WOODBRIDGE, NEW JERSEY 07095 Amended Notification DOL Cancellation Telephone Number DOH On Hold Name of Contact **EMERGENCY N** DCA DAVID CERULO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HESS PLAZA Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 1 HESS PLAZA 187,000 13 42 County Code (7) City (5) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) WOODBRIDGE MIDDLESEX COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 1600 ROUTE 22 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 UNION, NEW JERSEY 07083 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE NEHLSEN 908-377-5644 845-369-7500 460 Expected State Date (10) Name of OSHA Monitor Sched. Completion Date (11) 6/ /12 6/ 15 /13 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: MON. - FRI. 6 PM - 2:30 AM Other - Describe: City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. Glovebag Procedure Non-Friable Procedure >3SF OR LF >160 SF OR Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing Containing Material (ACM) normally used Amount ENCAPSUL REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems **UCLOSUR** (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR-MECHANICAL ROOM DUCT INSULATION 665 SF 1ST FLOOR-MECHANICAL ROOM X PIPE FITTINGS INSULATION 207 LF X 1ST FLOOR-MECHANICAL ROOM X VIBRATION CLOTH 4 SF X 1ST FLOOR-MECHANICAL ROOM GASKETS 10 SF X X 1ST FLOOR -BOILER ROOM PIPE FITTINGS INSULATION 45 LF X 1ST FLOOR-BOILER ROOM X DUCT INSULATION 240 SF X 13TH FLOOR - MER ROOM DUCT INSULATION X 770 SF X 1ST FLOOR HALLWAY PIPE FITTINGS 20 LF X X 1ST FLOOR STORAGE ROOM PIPE FITTINGS X 13 LF X 1ST FLOOR STORAGE ROOM VAT & MASTIC X 300 SF X 13TH FLOOR - MER ROOM GASKET x 35 SF X 13TH FLOOR - MER ROOM PIPE FITTING INSULATION 180 LF 1ST FLOOR OFFICE AREA X FLOOR TILE MASTIC 500 SF X 1ST FLOOR OFFICE AREA PIPE FITTINGS 25 LF X 1ST FLOOR GENERATOR ROOM PIPE FITTINGS 25 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill DJM TRANSPORT, LLC Hauler ID No. 10 **GROWS LANDFILL** 26981 City, State Disposal Date City, State KEARNEY, NEW JERSEY

06/22/12-06/15/13

Signature

Title

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ

E, PA

Date

Date of Notification (1)			T	Name of	Building (Owner/Ope	rator (2	NEGE	INF	1	ď		
Jur	ne 19, 2012		F	Petrucell	i Contra	acting			U U L				
Agencies Notified	Type Notification			Street Ad	dress			31					
⊠ EPA	Initial		4	16 E. Mc	ountain	Road		Un Jun 2	2 2010		_		
DEP	Amended			City, Stat	e, Zip Co	ode	1.3	L William					
DOL	Amendment #		- H	Hillsbord	ugh, N	J 08844	ì						
DOH .	Emergency (in justification)	cluding		Name of	Contact		1	135	Telephone Nu	ımber			
DCA	Cancellation		1	Mr. Tony	Petruc	celli	L.	earth and the second		المد حدال			
				FACIL	ITY INFO	ORMATION							
Name of Facility Where	Abatement is Taking	Place (3)					-	Type of Facility (4					
684 Newark Ave								School (K-12) 3 (Other than K-	12)			
Street Address									ivate & commer		lings,	home	es,
684 Newark Ave							1	etc.)					
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Jersey City, NJ				one of the second									
County (6)				County C		1		Current Use (Prior					
Hudson				(STATE U	SE ONLL	WG - 9		-	Building				
Name of Monitoring Fir	m Hired by Building O	wner (8)		ASCM	No.	1	lame o	f Abatement Cont	ractor (9)				
Hillmann Consulting	g, LLC							ACK Group, LL	.C				
Street Address		- C- 1000				8	Street A	Address					
1600 Route 22 Eas	t					15	500 K	ings HWY N,	STE 209				
City, State, Zip Code						(City, St	ate, Zip Code					
Union, NJ 07083								Hill, NJ 08034					
Project Manager for Mo	onitoring Firm			Telephon	e No.	Т	elepho	one No.	License	No.			
Thomas Rubino			(908-956	-1233			59 - 5000	00781				
Start Date (10)		Schedule	d Co	mpletion [Date (11)	. 1	Name o	of OSHA Monitor					
7/5/1	2			7/22/12	2	TI	he MA	ACK Group, LL	.C.	100000000000000000000000000000000000000			
Occupancy Status Dur	ing Abatement (Check	Only One	e)					Address					
Facility Closed/Va	acated During Entire P	eriod of A	bate	ment		1:	500 K	ings HWY N,	STE 209				
Abatement Perfor	med Outside of Norma	I Facility	Hour	s		(City, St	ate, Zip Code					
Other - Describe:			-			C	herry	Hill, NJ 08034	- 1 - 2				
Scope of Work (Check	All That Apply)						200		3				
>3 sf or ≥3 lf		X R	enov	ation			\geq	Full Containme	nt with Negative	Pressu	re		
≥160 sf or ≥260 lf		A COLUMN TO THE PARTY OF THE PA	emol				-	Mini-Enclosure					
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Locati Asbestos-Containir		100		ely by	Ashes		ription ning M	of aterial (ACM)	Amount			m	
TO BE A				ance/		thermal s	ystems	insulation,	(Specify	Z.	D	nce	Enc
In Fa		Cust	(12)	Staff?		surfacir other mis			SF or LF)	Remova	Repair	Encapsulate	Enclosure
(1:	3)				7	other mis	scenan	eous)		<u>&</u>	air.	ilate	- F
		Yes	No	N/A	11.12	31	1						1
multi purpose	room / kitchen		X			Vat/	Masti	C	3325 s/f	X			
main purpose i	COTT / KILOTIOTI			,	W-W-117					A STATE OF THE PARTY OF THE PAR			
		-							**	-	-		-
	387										-		
			SHAME OF										
Name of Registered W	/aste Hauler			NJ DEP W		Cubic Y		Name of I	Registered Land	fill			
				Hauler ID		of Waste				a malein			
Newark Carting / R	ovic			450)9		33.2	The second secon	and County I	.anatili			
City, State						Disposa		City, State					
Newark / Riverdale	, NJ	1-2				The second second second second	22/12			Date	_	-	
Completed by	10	Title				Sig	nature						
Mike Cooper		Presid	lent			- Carrier Carrier		Commence of the second	16	/19/12			

. 65683

40 4 5 -		(Pur	suant to I	NJAC 8:60	and 12:120)		ME	0	07	Part .	7	4
ate of Notification (1) 5/20/12		V	ame of Bu Vest De	uilding Own ptford Bo	er/Operator ard Of Ed	į			1 5	The second secon	The section of the se	100
gencies Notified Type Notification			treet Addr 375 Grov	ress ve Road		7.45	l Lj	JUN 22 2)12			1
EPA Initial Amended Amended Amendment #		V	West De	Zip Code eptford Nu	J 08066	The Street	k2 *****	CONTRO CONTRO Telephone Numb			ene enteringuales	
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	1	lame of C Myron H				Policina main ign.	Telephone Notine		Indicates out		
] BCA 🔲 GENERALIS			FACILI	TY INFORM	MATION	1000	- 1111 (4)			*9*,50,4	ota .	
lame of Facility Where Abatement is Taking Red Bank Elementary School	Place (3)					X Sch	Facility (4) nool (K-12)	(Other than K-12)				
Street Address 192 Philadelphia Av		3.4			-	Oth etc.	ner (i.e. priv)	# of Floors	buildin	gs, ho		\perp
City (5) Thorafare NJ 08086			*	**	91 / 1 174 - 274	Square 1 1000 +		2 1	35+			
County (6) Gloucester			County Co					if being demolishe	ea) 			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCM	No.	19,35	of Abater naco Inc	ment Contr	ractor (9)				
Street Address		- 1/2/2				t Address Box 329						
City, State, Zip Code			*		City, Wes	State, Zip st Berlin	Code NJ 0809	91				
Project Manager for Monitoring Firm			Telephon	e No.		phone No. 3-753-98		License N 00727	э.			
Start Date (10)	Scheduled 7/13/12	d Cor	npletion D	ate (11)		e of OSHA						
7/3/12 Occupancy Status During Abatement (Chec	k Only One					et Address Box 329						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 1st or 2nd shift	Period of Al nal Facility I	bater Hour	ment s	12 TO 12	City,	State, Zip		91				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Long-rate of the long-r	enov emol	ation ition			Mini	i-Enclosure	cedure			9	
						× Non	i-Exempted	d (*) and Non-Fria			ement	
		Loca								Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	inten	lely by ance/ I Staff?)	Asbesto (i.e. t	Descript os Containing thermal syste surfacing, other misce	g Material ems insula VAT, or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No		-	Floor tile	/ mastic		860 sf	x	-	-	+
Room 4		Х			Floor tile			860 sf	×			
Room 12	-			-	11001 1101			у.				
Name of Registered Waste Hauler		1	NJDEP V		Cubic Yard	is	100000	Registered Land	ntl		-	
United Containers			Hauler II 22459) No.	of Waste 3	and the second second	G.R.O					
City, State					Disposal D	ate	City, Sta Morris	_{ite} ville PA 19067				
Elm NJ				Annual Control	Signa				Date			

		(Fui	Suan			12:120	70444		A CONTRACTOR OF THE PERSON ASSESSMENT	- Company	1		i
	65682	· .	lame	of Buildi	na Owner/O	perator	(2)	M F	IWEI		i H		
of Notification (1) 0/12					ord Board	Of Ed	11) 5	U E	11 11 11	100 mm of the control	1		
ncies Notified	Type Notification		675 (Address Grove	Road		1111	-1116 - 5	2 2012	4	\$ / z		1
EPA DEP DOL	Initial Amended Amendment #		Wes		ord NJ 08	066		JUN Z	elephone Numbe		1		-
DOH	Emergency (included justification) Cancellation		Myro	of Cont on Hall			6,1,31=-	ASULS (L)	Glophione, T.				-
DCA		(2)	FA	CILITY	INFORMAT	ON	Type of Fa	cility (4)	ma- r Asserted				
est Deptford Hig	Abatement is Taking Pla h School	ce (3)						ol (K-12) napter 8 (C	other than K-12) te & commercial t	nuildinas	s, hon	nes,	
eet Address 600 Crown Point	Boad						etc.)	200		Bldg.			-
ty (5)	11000			20			Square Fe		of Floors	35+	90		
I. Deptford NJ 0	8066		Cour	nty Code	(7)			se (Prior if	being demolished	d)			
ounty (6)			(STA	TE USE	ONLY)				1 (0)				-
	irm Hired by Building Own	er (8)	A	SCM No		Pe	ne of Abateme	ent Contra					_
I/A treet Address			× ,			PC	et Address Box 329						
City, State, Zip Code						City	, State, Zip C est Berlin N	ode J.J 08091					
2			1=.		No		ephone No.	10 0000	License No).			
Project Manager for	Monitoring Firm		lei	ephone	No.	85	6-753-980		00727				_
Start Date (10)		cheduled C	Comple	etion Da	te (11)	100000000000000000000000000000000000000	me of OSHA ernaco Inc	Monitor					_
7/3/12		/13/12					eet Address						
	Ouring Abatement (Check (riod of Aba	temer	nt		1000	O Box 329 by, State, Zip	Code					_
Abatament Per	formed Outside of Normal be: 1st or 2nd shift	Facility Ho	ours			V V	Vest Berlin	NJ 0809	1				
Other - Descri	bo				50		☐ Full C	Containme	nt with Negative F	Pressure			
Other – Descri Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26	eck All That Apply)		novatio nolitio				Mini-	Enclosure	odure				-
Scope of Work (Che	eck All That Apply)						Mini-	Enclosure		ole Proc	edure	nent	
Scope of Work (Che	eck All That Apply)	Den ls Lo	nolitio	η φ.		Descri	Mini- Glove Non-	Enclosure ebag Proce Exempted	edure (*) and Non-Frial	ole Proc	edure	nent be	- Total
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont	eck All That Apply)	Is Lo No Used Main Custo	ocatio ormally Solely tenan	n v by ce/	(i.e. the	Contain rmal sy surfacin	Mini-	Enclosure ebag Proce Exempted ACM)	odure	ole Proc	edure	nent	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont	ocation of aining Material (ACM) BE ABATED In Facility	Is Lo No Used Main Custo	ocation ormally Solely tenant	n v by ce/	(i.e. the	Contain rmal sy surfacin ther mis	Mini-Glove Non- iption of stems insulat g, VAT, or cellaneous)	Enclosure ebag Proce Exempted ACM)	Amount (Specify SF or LF)	ole Proc	edure Abate Tyr	nent be	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont	ocation of aining Material (ACM) BE ABATED In Facility	Is Lo No Used Main Custor	ocation ormally Solely tenan- dial St (12)	y by cel taff?	(i.e. the	Contain ermal sy surfacin ther mis	Mini-Glove Non- iption of stems insulat g, VAT, or cellaneous)	Enclosure ebag Proce Exempted ACM)	Amount (Specify SF or LF)	Removal	edure Abate Tyr	nent be	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont TO E	eck All That Apply) 50 If Docation of aining Material (ACM) 3E ABATED n Facility (13)	Is Lo No Used Main Custor	ocatio ormally Solely tenan- dial St (12)	y by cel taff?	(i.e. the	Contain ermal sy surfacin ther mis	Mini-Glove Non- iption of stems insulat g, VAT, or cellaneous)	Enclosure ebag Proce Exempted ACM)	Amount (Specify SF or LF)	Removal x	edure Abate Tyr	nent be	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont TO E	ocation of aining Material (ACM) BE ABATED in Facility (13)	Is Lo No Used Main Custor	ocatio ormally Solely tenan- dial St (12)	y by cel taff?	(i.e. the	Contain ermal sy surfacin ther mis	Mini-Glove Non- iption of stems insulat g, VAT, or cellaneous)	Enclosure ebag Proce Exempted ACM) ion,	Amount (Specify SF or LF) 918 sf	Removal x	edure Abate Tyr	nent be	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont TO E	ocation of aining Material (ACM) BE ABATED In Facility (13) Room 28 Room 24	Is Lo No Used Main Custor	ocatio ormally Solely tenan- dial St (12) No X	n (%). / by ce/ (aff?) N/A	(i.e. the	Containermal sysurfacing ther mis	Mini-Glow Non- iption of sing Material (stems insulat g, VAT, or cellaneous) e / mastic e / mastic	Enclosure ebag Proce Exempted ACM) ion, Name of	Amount (Specify SF or LF) 918 sf 918 sf Registered Lance	Removal x	edure Abate Tyr	nent be	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont TO E	ocation of aining Material (ACM) BE ABATED n Facility (13) Room 28 Room 24	Is Lo No Used Main Custor	ocatio ocatio ormally Solely tenan dial St (12) No X	y by cel taff?	(i.e. the	Contain sysurfacing ther missing the missing the contain the conta	iption of sing Material (stems insulat g, VAT, or cellaneous) e / mastic e / mastic ards e	ACM) ion, Name of G.R.O	Amount (Specify SF or LF) 918 sf 918 sf Registered Lanc. W.S.	Removal x	edure Abate Tyr	nent be	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26 Asbestos-Cont TO E F Name of Registe	ocation of aining Material (ACM) BE ABATED n Facility (13) Room 28 Room 24	Is Lo No Used Main Custor	ocatio ocatio ormally Solely tenan dial St (12) No X	n (Vi) / by ce/ laff?	(i.e. the	Containermal sysurfacing ther missing the	Mini-Glow Non- iption of sing Material (stems insulat g, VAT, or cellaneous) e / mastic e / mastic ards e	ACM) ion. Name of G.R.O	Amount (Specify SF or LF) 918 sf 918 sf Registered Lanc. W.S.	Removal x	edure Abate Tyr	nent be	

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

2606

Date of Notification (1) 6/20/12				Building O eptford		operator (2)	NE	GEI					
Agencies Notified Type Noti			Street Add	dress ove Roa	d	The state of the s		.11N 2	2 2012		-		
DEP Ame	nded ndment #			e, Zip Cod eptford		8066					The second second		
DOH justii	rgency (including fication) cellation		Name of O			Section 2	(SBLS Te	lephone Nu	mber			
			FACIL	ITY INFO	RMATI	ON	pe of Fac		. Alikabili erim			4	
Name of Facility Where Abatement Green Fields Elementary Sc			1			×	School	I (K-12)	os than 1/ 1	2)			
Street Address 15 Hill Lane									ner than K-1 & commerc		dings	home	es,
City (5) West Deptford NJ 08066	. *					10	quare Fee 000 +	2		3	ldg. <i>F</i> 5+	\ge	
County (6) Gloucester			County C STATE U	ode (7) SE ONLY)		C	urrent Use	e (Prior if be	eing demolis	shed)			
Name of Monitoring Firm Hired by I	Building Owner (8)		ASCM	No.		Name of A		t Contracto	r (9)				
Street Address			<u> </u>			Street Ad							
City, State, Zip Code						City, Stat	e, Zip Coo Berlin NJ						
Project Manager for Monitoring Fire	m	T	Telephon	e No.	1	Telephon 856-75	ne No.		License	No.			
Start Date (10)	Scheduled	d Com	npletion [) Date (11)		Name of	OSHA Mo	onitor	100121				
7/3/12 Occupancy Status During Abateme	7/13/12	.)				Pernac Street Ad			······································				
Facility Closed/Vacated Durin			nent			PO Box							
Abatement Performed Outsid Other – Describe: 1st or 2nd	e of Normal Facility I	Hours				200	te, Zip Coo Berlin No						
Scope of Work (Check All That Ap	ply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Mini-End Gloveba	closure g Procedur	th Negative e and Non-Fria			re	
	le	Locati	ion				HOITEXC	Impled () e	and month in		Aba	temen	it
Location of	N	ormal	ly .		D	escription of	f.				T	уре	Т
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACIVI) Maii	(12)	nce/ Staff?	Asbes (i.e.	therm: surf	ntaining Mai al systems in acing, VAT, miscellaneo	nsulation, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
44	Yes	No	N/A			/			000 -1		+	+	-
Room 124		Х			Floo	r tile / ma	stic		860 sf	x	-	-	
			-					- 1 -		×	+-	-	-
										-			
Name of Registered Waste Haule			NJDEP W Hauler ID		C. 5 (27 (37 (5)))	ic Yards /aste			stered Land	fill			
United Containers		0000	2459	140.	3			R.O.W.S	•				
City, State Elm NJ					Disp 7/13	osal Date 3/12		y, State orrisville I	PA 19067				
Completed by Anthony T Perna	Title Presi	dent				Signature	_			Date 6/20/1	2	29-10	

Date of Notification (1) 6/19/12				Name o	of Building Authority	Owner/O of New	perator York	(2) and New Jer	sey	EIN		1	7	
	Notification			Street A					.5 - 15	12 12			7 100000	
X DEP X DOL	nitial Imended Imendment		_		ate, Zip Cork New				JU	V 22 2	012			1
ĭ DOH ju	mergency (stification) ancellation	including			f Contact d Shaw				Te	lephone Nu	mber	v		
No. of the National Control		D: "		FACI	ILITY INF	ORMATIC	ОИ		and the second				-	- 1
Name of Facility Where Abateme Port Newark Marine Term		g Place (3	3)				1	Type of Facility	10. 10	200 A 200 A 200 A				- 5
Street Address 121 Tyler St			*******		15.73	7			er 8 (Oth	ner than K-1 & commerc		ldings	, hom	ies,
City (5) Newark New Jersey	11							Square Feet 24882	1	of Floors		3ldg. <i>i</i> 35+	Age	- nonvent
County (6) Essex					Code (7) USE ONLY)		Current Use (P warehouse	rior if be	ing demolis	had)			
Name of Monitoring Firm Hired b Port Authority of New York				ASCN	ЛNo.			of Abatement Co on Enterprises		r (9)				
Street Address 241 Erie St	l Erie St							Address Beers Street						
City, State, Zip Code Jersey City N.J. 07310	, State, Zip Code							state, Zip Code oort, N.J. 0773	35					
Project Manager for Monitoring F Uday Metha	oject Manager for Monitoring Firm							none No. 739 1200		License N 01095	10.			
Start Date (10) 5/14/12		Schedule 7/30/12		mpletion	Date (11)		Name N/A	of OSHA Monito	r					
Occupancy Status During Abater	nent (Check	Only On	ie)			-	Street	Address						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:						_	City, S	tate, Zip Code					-	
Scope of Work (Check All That A	pply)				- XZ						-	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor	enova emoli				×	Mini-Enclosu	re ocedure				Α.	
	N=000	Is	Locat	ion				2 Non Example	1	id (Vol) / Hac	1	10.12.55	emen	t
Location of		1	lorma d Sole	lly	S. 50 1	Desc	cription	ot				Ty	ре	_
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Mai	ntena odial (12)	nce/		thermal s	systems ing, VA		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure .
SEE ATTACHED		163	-140	X		SEE A	TTAC	HED			-	-	-	
OLL ATTACHED				×		OLLA	TIAC	TILD			x			
							<u> </u>				-	-		
				X							X			
Name of Registered Waste Haule	r		IN	JDEP W	aste	Cubic Y	ards	Name of	Registe	ered Landfill	х			
	Horizon Disposal services Inc.						е	57905	CHARLES THE	Landfill				
City, State 235 Gibbs Avenue Trenton	ty, State 5 Gibbs Avenue Trenton, N.J. 08611							City, Sta Morris		Α.				
Completed by Scott Rubin		Title Projec	et Ma	nager		Sig	nature	Alle		Da 6/	te 19/12	2		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

G-	41							1 - 1 - 1 -		Marting State (Con	delignote stra	arrestantinos	distribution;	4.
Date of Notification (1)	June 19, 2012				Name o	of Building		erator (2) est Demolition			20	79	3	
Agencies Notified [X] EPA	1 5 5	l Notifi			Street /	Address	2406 1	Herbertsville Ro	ad	THE W	OB.		The same and	
[] DEP [x] DOL [x] DOH	Ame	ndment	tification # including		City, S	tate, Zip Co		Pleasant, NJ 087	JUN 2 42	2 201	2	Ш	alter mit name	-
[] DCA	justif	ication) ellation			Name o	of Contact Dane			Telephon	Number.	-	₹ P	w.complete	
				FAC	עדו ווי	INFORM	ATION	No. Mindre and Miles	No. of the last of		Manager Property and	elakirina.e.	J.	
Name of Facility Where A	batement is Takin sidence	g Place	(3)	TAC	2112111	IN ORIV	arrion	Type of Facility (4) School	(k-12)			* , *	
Street Address	Pearce Avenue							[] [x]		apter 8 (otl (i.e., privat			ial bui	ldings,
City		Coun	ty (6)			Code (7) USE ONL	Y) .	Square feet 1500 sf		loors	Bldg	g. Age	50	
Manasquan			mouth					Current Use (Prio Resid	lence	emolished))			
Name of Monitoring Firm		Owner	(8)		ASCM 1	No.	Name of	Abatement Contrac	tor (9) dian Con	tracting	Inc			
Street Address	1				12-12-		Street Ac	idress	Route 9,		1110.			,
City, State, Zip Code			N.				City, Sta	te, Zip Code	River, N		ey 08°	755-1	271	
Project Manager for Moni	toring Firm		Telephone	Number			Telephor 732-34	ne Number 9-9932		License N 00624	umber			
Scheduled Start Date (10) 6/19/12			Scheduled 6/20/1		ion Date	(11)			S.L. Anal	ytical				
177	ility Closed/Vacate	d Durin	g Entire Per				Street Ac		Stelton F	load				
	er – Describe	Outside	of Normal I	facility H	lours		City, Sta	te, Zip Code Pisca	taway, N	ew Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]	Full Containme		gative Pre	ssure			
L 2	of or ≥3 lf 0 sf or ≥260 lf		[] [x]	Renova			[]	Glovebag Proc Non-Exempted	edure	n-Friable I	Procedi	ıre		
		r											TC	
			Is Locatio	n			Descriptio	n of				ement	T	T
Location	of	1	Normally u				estos-Cor			nount	R E	R E	E	E
Asbestos-Containing N			Solely by				1aterial (A			cify SF	M	P	C	. C
TO BE ABA		Main	tenance/Cu Staff	istodial			, thermal:		or	LF)	0	A	A P	L
in facility (13)	у		(12)			IIISU	VAT, o				V	R	S	S
(10)			(12)			othe	er miscella				Α		U	U
**		YES	NO	N/A							L		L E	R E
Exterior	7 1 111		X		Asbe	stos sidin	g		1300	sf	Х			
			-		-			and the second	-		-			-
							-							+
Name of Registered Waste	Hauler entracting, Inc.	1	NJDEP Wast	L e Hauler 0223	ID No.	Cubic Ya	rds of Wast	e Name of Regi	stered Land	เกิบ				
City, State				Dispos	al Date		City, Sta	ate	7.1	-				
Toms River,		Title		6/21/	12 Signat	Ω.	Tullyto	own, Pennsylvar	nia		Date			
Completed by (Print or Ty			ct Manag	or	Signar	T' A	J.	La.	1	- 1		/2013)	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

65678

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

Date of Notification (1)			V W	1	Name of	Building C)wner/Oper			11 -	o e e manage	The easy of	J ^E	
*-	June 19, 2012						Syndai	e Co	orporation	1100)//		1/	1315,000 p
Agencies Notified [x] EPA	F 7	on Notificat led Notif			Street Ad		РОВо	ox 32	246		= 	W [1
[] DEP [x] DOL [x] DOH	Amen	iment #_ ency (inc			City, Stat	e, Zip Coo	Harvey	у Се	dars, NJ 08008	U JUN .	22	2012	The second secon	A CONTRACTOR OF THE PARTY OF TH
[] DCA	justific [] Cance			1	Name of		Garfinkle	e	Tel	ephone Number		au g	- Carren	ECHNIC THE STATE
				FACII	ITY I	VFORM	ATION		Mark Monthlish	LICE	NSING	THE REAL PROPERTY.	Obligation in non-	
Name of Facility Where A Bill	batement is Taking liard Hall	Place (3)						Ту		School (k-12) Subchapter 8 (otl	ner than	k12)		
Street Address	1 Route 9								[x]	Other (i.e., privat homes, etc.)	te & coi	nmerci	al buil	lings,
City Toms River		County			County Co STATE U	ode (7) JSE ONL	Y)		uare feet 10,000 sf rrent Use (Prior if b			. Age	0	
Name of Monitoring Firm	Hired by Building	Owner (8	3)		SCM No	0.	Name of	Abat	Billiard I tement Contractor (Guardiar		Inc.	1		
Street Address							Street A	ddress	S	ute 9, Unit 61				
City, State, Zip Code							City, Sta	0.000	Toms Ri	ver, New Jers		755-12	271	
67% E					D		732-34	9-99		00624	umber			2
Scheduled Start Date (10) 7/2/12			7/6/12	ompletio	n Date (1	.1)	Street A		E.M.S.L	. Analytical				
[] Ab:	ility Closed/Vacate atement Performed her – Describe	d During	Entire Perio	d of Aba	tement urs		City, Sta	nte, Z	ip Code	ay, New Jerse	ey 088	54		W-1 - 3
	l that apply) sf or ≥3 lf 60 sf or ≥260 lf		[] [x]	Renovati Demoliti			[] [] [x]]]	Full Containment of Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re		ure		
											Abat	lement	Туре	
Location Asbestos-Containing TO BE AB in facili (13)	Material (ACM) ATED	N	Is Location formally us Solely by tenance/Cus Staff (12)	ed		Asi (i.e ins	Description bestos-Co Material (A ., thermal ulation, su VAT, thermial	ntain ACM syste irfact or	ing (i) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbe	stos roof	flashing			300 sf	X		1	
	F OF	Famig									-	-		-
						Salari Ja					-	-	-	
Name of Registered Was		l N	UDEP Wast		ID No.	Contract Con	ards of Wa	ste	Name of Register	l ed Lardfill		-		1
City, State	Contracting, Inc.		20	Dispose 7/9/12		3	City, S		n, Pennsylvania					
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Date of Notification (1) 6–18–12			Building Ceton				I TOTAL					
Agencies Notified Type Notification		5	Street A E.A.	^{ddress} MacMi	llan	Build	ling	JUN 22	2012			The state of
Ŭ EPA ☐ Initial ☐ Amended ☐ DOL Amendment		_		ite, Zip Co ceton,		08544	1 1	ASBESTOS CON		ž		- A.A. Z B.A.
	including	1	Contraction of the Contraction o	Cride	er		ADDR MATERIAL STATES	Telephone Nu		r	and the second second second	
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Name of Facility Where Abatement is Taking Vacant House	g Place (3)						Type of Facility ☐ School (K-		2)			
Street Address 119 Fitzrandolph Road							Other (i.e. etc.)	private & commerc	ial buil	105500.00	-	es,
City (5) Princeton							Square Feet 2,200	# of Floors		81dg. <i>A</i> 60y		
County (6) Mercer				Code (7) USE ONLY,			Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building (Pennoni Associates, Inc.	Owner (8)		ASCN	1 No.		75-57	f Abatement Co outh Envi	ontractor (9) ronmental C	0.,]	nc.		
Street Address 515 Grove Street, Suite 1	В					Street A	ddress Haws Aven	ue				
City, State, Zip Code Haddon Heights, NJ 08035	5					N 50	ate, Zip Code istown, P	A 19401				
Project Manager for Monitoring Firm Alan Lloyd			Telepho	ne No. 17–050	5	Telepho 610-	one No. 239–9920	License 1 0039		-		
Start Date (10) 6–20–12	Date (10) Scheduled Co 20-12 6-22-1						f OSHA Monito outh Envi	ronmental C	0.,]	nc.		
	ccupancy Status During Abatement (Check Only One)						ddress Haws Aven	ue	111	-		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility F	atem lours	ent			City, Sta	ate, Zip Code istown, PA					
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	100000000000000000000000000000000000000	ocation ocation			-					Ty	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenan	y by nce/		tos Cont thermal surfac		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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1st floor		х				e & ma		270 SF	x			
1st floor		Х		description.		Lation		150 SF	X			
2nd floor		Х		duct	insu	Lation	1	30 SF	Х			
			19 0 10 1	-	4							
Name of Registered Waste Hauler Robinson Waste		Ha	JDEP Wauler ID	No.	Cubic of Was			f Registered Landfil IS , Inc .				
City, State Bellmawr, NJ					Dispos 6-22	sal Date 2–12	City, Sta Morr	te risville,PA	51	- "		
Completed by Timothy E. Bryan Title Vice-Presid					S	ig nature	A/Bu		ate 18-1	2		

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Street Address 515 Grove Str	eet, Suite	IB					Street A 923	_{ddress} Haws Aven	ue				
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2nd floor		20.0	×	l'age	duct	insul	ation	-	30 SF	×	-	-	
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City, State Bellmawr, NJ						Disposa 6-22		City, Sta	isville,PA				
Completed by Timothy E. Bryan Vice-President						1	graffre	AlBu	D	ate -18-1	2		
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Name of Monitoring Fig.	m Hired by Building	Owner	ASCM	No.	Name of Abater	ment Contractor (9) - 7 2	.1-			
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Project Manager for M &-30 -	12.		elephone	***************************************	Telephone No. 231 2014	11757	0007c		en one en e		
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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Date of Notification (1)	6-20-12	The state of the s	A	NITA	Owner(Op realor	IRICIS	U U JUN				
Agencies Notified [] APA [] DEP [] POL [] DOH [] DXA	Type Notification		Name	POIN of Contact NIKE	T Plans	av1 13	GRESS 3AUT N Telephone Number	7	NIR NE) X	
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County (6) O COAN Name of Monitoring Fire)	and the state of the state of		ONLY)	7) (STATE Name of Abater	HOUSE	ray If heiring demolis 3 / LAAPAL	4			
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Start Date (10) C - 3 0 - / 2 Occupancy Status Dur Facility Closed/Vac: Abatement Perform Other - Describe:	I School 2. Scho	eduied Comple 7-/ ack only one) eriod of Abate al Facility Hou	<u>L</u>		Name of CSHA ACC F Street Address GC Mo City, State, Zip C	MONITOR NEWS RECORD RELIE	NS 07	er en		A January Comment	
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State of New Jersey APPROVED: PAUL HORNER, NJ DOH

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

6/18/12 State of NJ D							Owner / Operator			VI 15-2		-				
Agencies Notified EPA DEP	Type Notification			P	O E	302	ddre		ode		11141 27	2017)	1			
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Name of Facility Wh Garden State Co		ent is Taking P	lace	(3)					Type of Facilit							
Street Address	песионаі		-			_		-			r 8 (Other than K	.12)				
Highbridge Rd. (off DT 130\										private & comme		s hom	es e	etc.)	
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Yardville, NJ		iviercei							Correctiona		ior ii being demo	iioiiou)				
Name of Monitoring	Eirm Hirod b	y Building Ow	or (9)		1	120	M No.		_	ment Contractor (9)				
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Street Address	Officetion			Wilve					Street Addres		minorital, mo.		21 1 2 2 2			
120 N. Warren St									1123 Beave		Street					
City, State & Zip Co									City, State & Z	_						
Trenton, NJ 0860									Bristol, PA	19	007	100000000000000000000000000000000000000	L			
Project Manager for		irm	Tel	ept	none	e N	umb	er	Telephone Nu	um	ber	License Nu	mber			
Jim Frisbee		200-02	609	9-3	92-	420	00		(215)788-60			00509				
Scheduled Start Da	Commence of the commence of th	Scheduled Cor				ate	(11)		Name of OSH							
6/18/12			100000	19/						_	onmental Inc.					
Occupancy Status [During Abate	ment (Check o	nly c	ne)) • ^ L	oto	mar		Street Addres		24					
- I <u>- I- I</u> N., ANDONIAN NAMED		During Entire F							1123 Beave	_						
		utside of Norm	aı F	iou	rs –	/a	m to	зрт	City, State & Z							•
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Scope of Work (Cite	cok all that ap	ppiy)								Г	Full Contain	ment with Ne	gative	Pre	ssure	
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	erial (ACM)		8.40		lely enar		0.5		Material (AC (i.e., thermal sy			SF or LF)	Z,	71	Encapsulate	ᄪ
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Name of Registered	l Waste Haul	er							Cubic Yards	N	lame of Register	ed Landfill				
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Bristol Environm	ental Inc				18	370	16		1 Cu yd		Grows Landfill	*				
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Bristol, PA					7=-				6/19/12	IV	forrisville PA					
			Signature	2			Date	140								
Gino Pizzigoni Project				,	Him P	1	zzegoni /.	M	6/18	/12						
Manager						June 11	7	Jage on 1.	1							

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Date of Notification (1) 06/19/2012		1	Name of JOSEP		Owner/Op/ ER	perator	(2)				5	The second second	**************************************	
Agencies Notified Type Notification		1	Street Ad		N AVE.		The state of the s	ll JU	¥ 2	2 2012	The state of the state of			
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□ Emergency □ justification) □ DCA □ Cancellation			Name of JOSEP		YER		Francisco Francisco	MODA:	Tele	ephone Nur	nber			
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Name of Facility Where Abatement is Takin PRIVATE	g Place (3)						_	of Facility (4						
Street Address 77- ATHERTON COURT							×	School (K-12 Subchapter & Other (i.e. pri etc.)	(Othe			dings,	hom	es,
City (5) WAYNE N.J. 07470			82				Squa	re Feet 0 SF		Floors STORIES		ildg. A		S
County (6)			County C)		Curre	ent Use (Prior	if bei	ng demolisi	ned)			- (10 d) (10 d)
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Cont QUALITY			TION	l LL(;	
Street Address						Street 22 V		ss ORDEN P	LACE					
City, State, Zip Code	U _{AL} T							ip Code SACK N.J.	0760)1				
Project Manager for Monitoring Firm			Telephon	e No.		Teleph 201-7				License N 01135	0.			
Start Date (10) 06/28/2012	Schedule 06/29/2		npletion D	ate (11)				HA Monitor IRONMEN	ITAL:	SERVICE	S			
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit				×	Mir	Il Containmer ni-Enclosure ovebag Proce	edure					
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TO BE ABATED In Facility (13)	Custo	dial 8 (12)	Staff?	(1.6.	thermal s surfaci other mi	ing, VA	Т, ог	ation,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		ou lor ma	.ooman	coucy				\all	7	late	ıre
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Name of Registered Waste Hauler SHARON QUALITY CONSTRUCT	ION LLC	Н	JDEP Wa auler ID N		Cubic Y of Wast 1			Name of R				-		
City, State HACKENSACK N.J. 07601					Disposa 07/02/			City, State BRONX	N.Y.	10474		74		
Completed by CARLOS ESQUIVEL	Title SUPE	RVIS	SOR	· France	Sig	phatuire	L	enfel	lg	Da 08	te /19/2	2012		
ASB-41 (R-06-08)					/	* Do no	t use t	his form for	sbesto	os licensure	exen	npted	activi	ties.

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

CK 2246

Date of Notification (1)	2246	Nan	e of Building	Owner/Opera	ator (2)		E G E	\mathbb{V}	E		1
Agencies Notified Type Notification	7250	Stre	et Address	10		1 1 1 1 1 1	۸	-	,		- L
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Emergency (including	Nan	e of Contact	0 1		1 16-	Telephone Nu				
DCA Cancellation			harlie	Rad	1'CC	See an annual section of			-		- 1
Name of Facility Where Abatement is Taking	Place (3)	г	ACILITY INF	ORMATION	Туре	of Facility ((4)	And an	recarry.	-	<u> </u>
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Street Address)						8 (Other than K-1 private & commerc		dings	, hom	es,
321 Martin Koad	<u> </u>					etc.) re Feet	# of Floors	E	Bldg. /	\ge	,
Union Township							12		Bldg. /	5	7
County (6)			nty Code (7) TE USE ONL			nt Use (Pri Ä C&I)	or if being demolis	hed)		-	
Name of Monitoring Firm Hired by Building C	Owner (8)	A	SCM No.	Na	me of Abat	tement Cor	ntractor (9)		- 1		
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Street Address				Str	eet Addres	hati	stre	pt			
City, State, Zip Code				0'1	0/ / 7					2200000	
				G	vtte	pber	9, NJ	07	209	23	
Project Manager for Monitoring Firm		Tele	phone No.	Tel	lephone No	0.	License N	lo.			
Start Date (10)	Scheduled (Complet	ion Date (11) Na	me of OSH	A Monitor		7	3000		-
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

003660

D&S Proj. #: MS 12-219

65671 Name of Building Owner/Operator (2) Date of Notification (1) 0 6 /1 9 /1 2 RAUL PONTI Agencies Notified Type Notification Street Address UU JUN 22 2012 Initial □ EPA 9 LLEWELLYN ROAD Amended ☐ DEP City, State, Zip Code Amendment #: ASBESTOS CONTROL & DOL. M Emergency SUMMIT, NJ (including Telephone Number DOH. Name of Contact justification) ☐ DCA RAUL PONTI Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) RAUL PONTI Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 9 LLEWYLLEN ROAD County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) UNION **SUMMIT** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 06/25/12 07/06/12 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 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 If Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Е e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m n p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) Yes N/A No PIPE INSULATION 30 L FT X PIPE INSULATION Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# 13506 TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 1 YD City, State Disposal Date City, State PATERSON, NJ 07503 06/26/12 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title 06/19/12 **BOGDAN JOLDZIC** PRESIDENT

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

D&S Proj. #: MS 12-229

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Project Manager for Monitoring Fin	m	P	hone Numb	per		Telephone Number 973-345-8020)	License 0	Numb 0159	er	6114-185-2	
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Date of Notification (1)		Name of B	uilding Owr	ner/Operator (2))		CET W	E	N			

D&S Proj. #: MS 12-230

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

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Date of Notification	1 (1)	IIN	ame of Build	ing Owne	r/Operator (2)		11) 5 0			'n			
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							9/3-343-8020 Name of OSHA Mo			1139			
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Completed by (Pri BOGDAN JOI		Title PRESII)ENT		Signature				06/19/	12			
ASB-41	*			or asbesto	os licensure ex	xempte	d activities.						

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Date of Notification (1) 6/19/2012		P	ascack	Valley R	ner/Operato legional	or (2) High Scho	ol Distric	tel W	5	A STATE OF THE PARTY OF THE PAR		
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County (6) Bergen			ounty Co									
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM N 00117	lo.		ne of Abate Group, I		ictor (9)				
Health & Safety Services Inc Street Address			-	-		eet Address 0 Hambu		ce.				
318 12th Street City, State, Zip Code					Cit	y, State, Zip	Code					
Hammonton, NJ 08037		1 -	elephone	No		oomingda		403 License N	lo.			-
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	cheduled -28-201		pletion Da	ate (11)	1.4 (10.0200)	me of OSHA L Group,					933	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Sole itena idial S (12)	ly by nce/ Staff?	Asbesto (i.e. t	os Contain hermal sys surfacino	ng Material stems insula g, VAT, or cellaneous)	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Facilities Storage Room		X		VVIC	ap / Out /				- 1			
Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic Ya			Registered Land	fill	1 -	1995	
GL Group, Inc			033034		TBD		GROWS City, State					
City, State Bloomingdale, NJ					Disposal TBD		Morrisv		Date			
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Date of Notification (1) 06/19/2012		N F	ame of B	uilding Ow Valley I	ner/Opera Regiona	ator (2) I High Sch	iool Disti	rict G I W	E		3.7	
Agencies Notified Type Notification			treet Add 6 Akers	lress s Avenu	е			JIM 2 2 20	12	Ш	The same of the sa	
X EPA X Initial Amended Amendment				, Zip Code e, NJ 07		A CONTRACTOR OF THE PARTY OF TH		CASTITON CANTON	-		-	
Emergency (justification) DCA Emergency (justification) Cancellation		10000	lame of C Bill Fahe			· · ·	SALENGER AND A	Telephone Num	b <u>e</u> r			
		4	FACILI	TY INFOR	RMATION	1191	sor _e tris	Al comes			v	1
Name of Facility Where Abatement is Takin Pascack Valley High School Street Address	g Place (3)					S S	f Facility (4 chool (K-12 ubchapter ther (i.e. p) ıl buildir	ngs, h		
200 Piermont Ave City (5)					17.7	Square 11500		# of Floors	Blo 40	lg. Ag	е	
Hillsdale County (6)			County Co	ode (7) SE ONLY)				or if being demolish				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM 00117	No.	2,0,55	ame of Abate GL Group,		itractor (9)		9		
Health & Safety Services Inc Street Address 318 12th Street			00117	9.2	Si	treet Address	3	pike				
City, State, Zip Code Hammonton, NJ 08037					C	ity, State, Zip Bloomingd	code ale, NJ (7403				
Project Manager for Monitoring Firm			Telephon		1	elephone No		License N 01084	0.		ži.	
Jim Start Date (10) 07-03-2012	Scheduled	d Com			1.000	ame of OSH GL Group,						
Occupancy Status During Abatement (Che						treet Addres		pike				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Sub-8 unoccupied	Period of Almal Facility I	batem Hours	nent		C	city, State, Zi Bloomingo	p Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 2	enova				Mir	i-Enclosur				e	
										Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mair Custo	(12)	lly ely by	Asbest (i.e.	os Contain thermal sy surfacir	ription of ning Material ystems insula ng, VAT, or scellaneous)	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
Gym Hallway	Yes	No	IN/A	She	etrock J	oint Comp	ound	225 SF	X			
						7.0			-		-	
Name of Registered Waste Hauler		1	NJDEP W	Vaste	Cubic Y	ards	Name o	f Registered Landf	ill :	4 60	15.5	
GL Group, Inc		1	Hauler ID 0033034	No.	of Wast	17 10 10 10	GROV					
City, State Bloomingdale, NJ					Disposa TBD		City, Sta Morris	sville, PA	Date			*
Completed by Elena Solakov	Title Presi	ident			Siç	gnature E	Perm Silve)6-19·	201	2	

Cheek # 2561

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

GAC Project # 060-12 456 89 Client Project # Name of Building Owner/Operator (2) Date of Notification (1) June 19, 2012 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification ☐ EPA ☐Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS D DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact Telephone Number □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BUSCH CENTRAL HEATING PLANT, BLDG# 3540** School (K-12) ☐ Subchapter 8 (other than K-12) Street Address ■ Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) (State Use Only) **MIDDLESEX** Current Use (prior if being demolished): HEATING PLANT **PISCATAWAY** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 06/29/12 07/02/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf □ Renovation X Mini-Enclosure □ > 160 sf or > 260 Demolition ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial Material (ACM) in Facility (13) (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO 101 X X TSI - Pipe Insulation 9 LF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 07/02/12 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date SENIOR PROJECT RAYMOND C. PEDALINO June 19, 2012 MANAGER

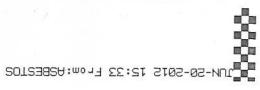
State of New Jersey - Notification of Asbestos Abatement

UK 9695

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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GAC # 2012-327	454	70	(ruisua	ant to <u>14.5.A.C</u> .	0.00-7 and 12.120 //			(U)		W L		The same of
Date of Notification (1)					Name of Building Owner/C	Operato	n (2)	d			1000	Tables of the same
June 20, 20)12				New Jersey Turnpi	ke Au	ithority	HUN	22	2012	-	41
Agencies Notified EPA		Notification Initial N	lotification		Street Address 581 Main Street. PC	Вох	5042	0011		In 1,4 12,4	hee	
DCA		□Amende	ed Certif	ication	City, State, Zip Code		_ A	SBEST	OS CON	TROL &	en course	Oliver 1
x DOL		⊠ Emerg	gency (ir	ncluding	Woodbridge, NJ	07095	5		CENSIN			- 1
X DEP (no longer required x DOH)	justific	cation)		Name of Contact		I	eleph	one N	imher	Situate continues	ununcili
X DOH		☐ Cance			Mark Connors/ C/O AEC	OM				-	14110002.03544	Markey
				FACILITY INF						-		onomist, the
Name of Facility Where Abate NJTPK Underside of	f the Flo	rence-Col	lumbus	Rd Bridge	Type of Facility (4) School (K-12) Subchapter 8 (other than	n K-12\						
Mile Post 48.7 to 50.5					Other (i.e. private &	commer	rcial build	inas h	omes	etc.)		
Street Address NJTPK Florence-Colu	ımbus F	Road Bride	ge		Sq. Feet: NA # of F	loors:	NA Blo	dg. Ac	ge: 60	years	3	
City (5) Township of Mansfield	County (6 Burling	~		Code (7) Jse Only)	Current Use (prior if being	g demol	lished):	OVE	RPASS	/BRIDG	E	
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM!	·10.	Name of Contractor (9)							
N/A-Visual Inspectio	n By: Al	ECOM			ODEENWOOD 4543		UT CO	uei ii	TARIT	CS INC		
Inc.					GREENWOOD ABAT	I EIVIE	NI COI	AOUL	-IAN	S, INC	··	
Street Address		-			Street Address							
30 Knightsbridge Ro	ad, Suite	e 520			268 MAIN STREET							
					City State, ZipCode				-			
City, State, Zip Code Piscataway, NJ 0885	4				Butler, NJ 07405							
Project Manager for Monitorin	a Firm	Telephone	Number		Telephone Number		Ī	icense	e Numb	er		
Mark Connors		732-672			100 0177		١,	2004				
	22-22-22-2				973-492-0477			00840	U			
Scheduled Start Date (10) June 21, 2012		Scheduled June 30		n Date (11)	Name of OSHA Monitor EMSL inc.							
Occupancy Status During A	hatement	Check only	nne)		Street Address							
Facility Closed/Vacate	ed Durina	Entire Period	of Abater	ment								
Abatement Performed	d Outside	of Normal Fac	cility Hour	s -	1056 Stelton Road		100					
Describe Exterior	Excavat	ion Area \	Work He	ours:	City, State, Zip Code							
7:30am-5pm (Schedu weather and traffic c	ıle subje	ect to cha			Piscataway, NJ 08	854						
Source of Work (Check all that	at apply)				1							
							Containn		vith Neg	jative Pr	essure	
$\square \ge 3$ sf or ≥ 3 lf				☐ Renovation			Enclosu					
⊠ ≥ 160 sf or ≥	260			Demolition	n		vebag Pr		ıre			
							ap & Cut					
							n-Exemp	ted (*)				edure
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	YE		NA	VAT, or outer in								
NJTPK, Underside of			X	Transite Co	nduit (underground)		3500 L	F	X			1
the Florence				0	en en en de Artes en esta en							1
Columbus Rd Bridge												
Name of Reg. Waste Hauler	-	NJDEP Wa	aste Haule	r ID#	Cubic Yards of Waste: 1	10		Name	of Regi	stered La	andfill	
See Hauler Below # 1 &	2	See Belo		10#	Cubic Faids of Waste.			GRO'	WS La	andfill		
		1	- Indiana	5 11 111	07/05	Dieno	sal Date		- 1	City, Sta	te	
Hauler #1) Greenwood		ent Consult	tants, Ind	c. – Butler, NJ (0/405		e 30, 2			Route 2,		}
NJ DEP # 12		age o				Jan	J JU, 4			Bridgepo		4
Hauler #2) MXI Expres									2	304-842	-2/84	
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	5	state of N	ew Je	rsey - Notifi	cation of Asbestos	Abateme	nt	111	4	P. File.
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GAC # DO REMEMBE	R BAA	u nazira	···(Purs	uznicto N.J.A.C	2. 8:60-7 and 12:120-7)		001	100		
Date of Normation (1)	±000. 111 — IAIE	VIL IN HA	RD CC	PY :	Name of Building Owner	(Onbester (2)	***	- #	#	- #
June 20, 2		W. THERETE STATE	District of the last		New Jersey Turn	ike Autho	rityUA	2 0/ 201	2	11
Agangian Notified	<u> </u>	Nullfication		tion.	Street Address 581 Main Street. P	1 :1	76	m Vold		
DGA		DAmend			City, State, Zip Code		IVÉF	ADDD	OLE	m
x DOL	IN.			(Including	Woodbridge, NJ	07095	I V C I	EVI LE	UVI	1111
X DEP (no longer required x DOH	')		cation)		Name of Contact	PRINCIPAL DESCRIPTION OF THE PRINCIPAL DESCRI	Telep	hono Number		173
		☐ Canc	elled	CACHETY IN	Mark Connoral CIO AE	COM	1	1144	HERETE,	'F Riverson'
Name of Encitiv Where About	mand is Tal	king Place (3)		FACILITY IIV.	FORMATION Type of Facility (4)	1	14-	- JUN 2 2	200	7
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Mile Post 48.7 to 50.5	i				Sunchapter 8 (other tha		\$10 min	ASEESTOS CO		-
Street Address NJTPK Florence-Cos	umbus F	Road Brid	ge		Sa. Feet: NA # of !	commercial belocre: NA	Bida. A	homes, etc.) uz. 60 year	8	er.
City (5) Township of	County (6 Burling		Counts (State	v Code (f) Use Only)	Current Use (prior if bein	g domolished	s): OVE	RPASS/BRID	E TOTAL	
Mansfield	4 h. dhia /	Dames (8)	ACGM	N-	Name of Contractor (9)					
Name of Montoine Firm Had N/A-Viaual Inspectio	n By: Al	ECOM	ASCM	_NO.	GREENWOOD ABA	TEMENT C	ONSU	LTANTS. IN	c.	
Inc. Street Address					Street Address					-
30 Knightsbridge Ros	ed, Sulte	F20			268 MAIN STREET					
City State Zip Code Placetaway, NJ 0886	4				City State, ZipCode Butler, NJ 07405					
Project Manager for Monitorin	a Firm	Temphone I	Number		Telephone Number		Licente	Number		
Mark Connors		732-672-			973-492-0477		0084			
Scheduled State Date (10) June 21, 2012		Scheduled June 30,		on Date (11)	Name of OSHA Monitor EMSL inc.					
Occupancy Status During Al					Street Address					
Facility Closed/Vacato Abatement Performed					1058 Stelton Road					
Describe Exterior &					City, State, Zip Code					-
7:30am-5pm (5chedu weather and traffic co			ige de	pending on	Piscataway, NJ 08	854				
Source of Work (Check all the	(opply)					esen a Worldoon Constitution				
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	W-200	11	- 2/22				npted (*)	and Non-Frisb		dure
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NJTPK, Underside of			180	Transite Cor	nduit (underground)	3500	LF	X		
the Florence					The state of the s					
Columbus Rd Bridge		L HA					1 3/2	(E- :: ::-		
Name of Reg. Wasta Hauter See Hauter Bolow # 1 & 2	2	See Below		(ID#	Cubic Yards of Waste: 1	0	GROV	of Registered La VS Landfill	natil	
Hauler #1) Groonwood &		nt Consulta	ints, Inc	Butler, NJ 0	7405	June 30,		City Sin	Box 68	
Hauler #2) MXI Express	Inc. Mar							304-842-		+
297 Zimmerm Completed by (Print or Type)		Langnorno	· ·		Signature		Dale			-
Raymond C. Pedalino	E	SENIOR P		T	Ragmond C. Per	datina		20, 2012		
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Jun 20 2012 11:28am P002/003_

45691

NOTIFICATION OF ASBESTOS ABATEMENT

[Purshant to NJAC 8:80 and 12: 28)

Date of Notification (1) 06/20/2012	24			Building Owner/O	pera:or	N. I. D.	ent of H	ealth & S	prior	servi	es	
Agencies Notified Type Notification			Street Ac	idress scoln Street	UU	JUN 22	7010	(signature	Vi	130)
EPA Initial Amended Amendment		_		le. Zip Code ille, NJ 08872	ı	ASBESTOS COM			anie:_	12.50		
DOH Justification) Cancellation				Pantaliano	- Carried Miles	LICENSIA	Telep		nber			
him of Parish Manager Budget in Takin	z Filozo (3)	_	FACI	LITY INFORMATI	ON	Type of Facility (4		and the state of t		-	_	
Name of Facility Where Abatament is Takin Sayreville Middle School	g risce (3)					School (K-1)	2)	(*	en in de la companya			
Sincet Address 800 Washington Rd.						Subchapter Other (i.e., p				ings,	home	25,
City (5) Sayreville						Square Feet	FOFF	Toors	18	itig, A	ge	
County (6) Middlesex			County of	Code (7) /SE ONLY)		Current Use (Prio	or If being	demolish	red)			
Name of Monitoring Firm Hired by Suilding Management International	Owner (8)	1	ASCN	1 No.		of Abatement Con Company, Inc	10-))				
Street Address 5900 Atlantic Ave.	and Are F	1	- h		•	Address Piaget Ave				İ		
City, State, Zip Code Ventnor City, NJ 08406				*		State, Zip Code on, NJ 07011						
Project Manager for Monitoring Firm Ken Bolton			Telepho 609-82	ne No. 23-5900	1	hone No. 253-8828		License N 10704	a.			
Start Date (10) 06/22/2012	Schedule 08/23/2			Date (11)	of OSHA Monitor							
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A	bater	ment s			State, Zip Code	i -					
Scope of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if		tenovi			-	Full Containm		Vegative I	ressu	Te		
	<u></u>				[Glovebag Pro	cedure	Non-Frigi	ole Pro	qedu	e_	
Location of	l N	Locat	illy	De	citorioas	10.00				1	rpe	1
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Mai	intena	Staff?	Asbestos Conta (i.e. thermal s surfact other mi		ns Insulation, AT, or	(Sp	ocunt lectify or LF)	Removal	Repair	Encapsulate	Endosure
Hallway	+	×	1	Pine Fit	ting In	sulation	8	LF	K	1	-	+
Maintenance Room		×	+			sulation		LF	×	-	-	-
Storage Closet		X	1			on(wrap&cut)		LF	x	-	-	+
Science Lab	+	×	+	7	VAT	T. (T. September)		osf	×	1-	-	-
Name of Registered Waste Hauter			NADED N	laste Cubic	Yards	Name of				1	<u> </u>	
Newark Carting, Inc.			Hauler ID 15409			GROW						
City. State Newark, NJ				Diepo	sal Dar	City. Stat				$\frac{1}{1}$		-
Completed by Title Voytek Roszkowski Presid:					Signatu		-	D	ste 6/20/2	2012	_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT SPPROVED A (Pursuant to NJAC 8:60 and 12:120) MI Descot Health & Senior Services Dale of Notification (1) Name of Building Owner/Operator (Z) 06/20/2012 Toms River Regional Schools Agencles Notified Type Notlfication Street Address 1144 Hooper Ave JUN EPA Initial × DEP Amended City, State, Zip Code DOL N Amendment # Toms River, NJ 08753 Emergency (Including ASBESTOS CONTROL & × DOH Name of Contact iustification) LICENSING | Telephone Number DCA Cancellation Robert Romano FACILITY INFORMATION Name of Facility Where Absternent is Taking Piace (3) Typa of Facility (4) Walnut Street Elem. School School (K-12) Street Address Subchapter 8 (Other than K-12) 80 Walnut Street Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Toms River County (6) County Code (7) (SYATE USE ONLY) Current Use (Prior if being demoilshed) Ocean School Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (8) Birdsall Services Group VMC Company, Inc. Street Address Strest Address 611 Industrial Way West 208: Plaget Ave City, State, Zip Code City, State, Zip Code Eatontown, NJ 07724 Cliffon, NJ 07011 Project Manager for Monlloring Firm Telephone No. Telephone No. Patrick Guilmette License No. 888-335-2774 973-253-8828 00704 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/21/2012 06/22/2012 NA Occupancy Status During Abatement (Check Only One) Strent Address Facility Closed/vacated During Entire Period of Abatement Abatement Parlormed Outside of Normal Facility Hours City. State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 of or ≥3 if Renovation Full Containment with Negative Pressure ≥160 of or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Asbesios-Containing Material (ACM) Used Solely by Description of Asbestos Contelning Meterial (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, Encapsulate in Facility Custodial Staff? (Specify Remova surfacing, VAT, or (12)(13) SF or LF) other miscells neous) Yes No NA Nurse Office X Pipe Insulation 9 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Newark Carting, Inc. of Waste 05409 GROWS City, State Disposal Date Newark, NJ City, Stale Morrisville, PA Completed by Title Voytek Roszkowski Signatura Dete President 06/20/2012

Fax:

Jun 20 2012 11:28am __P003/003

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During Entire	Period of	dheim	ment 5							+		
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ing Firm							11	icense k	lo.	-	_	
			-	•	City, S	tate, Zip Code			-	-	_	
est			-1		Street	Address				-		
red by Bullding IP	Owner (8)	ASC	M No.	Name VMC	of Abatement Co.	ntractor (9))		+	-	
			County	Code (7) USE ONLY)		Current Use (Pri School	or If being	demolis	hed)			
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ł						Subchapte	r 8 (Other	then K-1 commerc	2) iel bu	liding	e, hor	nes,
	ang i mac	~ <i>)</i>			and and an analysis of the second	School (K-	12)	- No. 17. 2	ا الدر مد			
		3\				Professor A. Mary 1.	100	- New York Light	3	+		
Justification	1)	1	100000000000000000000000000000000000000			ASDESTUS CON LICENSINI	TRICTERO	hone Nu	mber	4	-	
Amendme							Date:		T	- Miles	е;	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification							wner / Operator	(2)					
	une 19, 2012					oratio	1 3 1 3	III ALL		1101	TOTAL STREET	11	
Agencies Notified	Type Notification				Addre		11	HILL JUN	2 2 2012			į.	
☐ EPA						Plaza	11	THE PART OF THE		L Impet	41	1	
☐ DEP		,				Zip Co						4	
□ DOL □	☐ Amended						07095	L APPEC	TOS CONTROL IL	7-104	-150		
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□ box			100000					. Karangaran hali		Trans.		11/	
			1	FAC	ILIT	Y INFO	ORMATION			STANT TO SE	500	- 5-	
Name of Facility W	here Abatement is Takin	g Place	(3)				Type of Facility				1 250		
Hess Corporation		•					School (K	-12)					
	711			-			Subchapte	er 8 (Other than	K-12)				
Street Address							Other (i.e.	private & comm	nercial buildings	s, home	es, et	c.)	
123 Derousse A	ve.							# of Floors	BI	dg. Age	12		
						0.00	Square Feet	# 01 F10018	5	ag. rigo			
City (5)	County (6) C	our	nty C	ode (7)							
	Camden						Current Use (F	rior if being den	nolished)				
Pennsauken	Camuen						Exterior	Who should be a second					
			_					1.0	- (0)				
Name of Monitorin	g Firm Hired by Building	Owner (8	3)		ASC	M No.		ement Contracto					
AET, Inc.						1 ii		ronmental, Inc)				_
Street Address				1000	1000	88	Street Address	3					
							1123 Beaver	Street					0000
28 N. Pennell Ro							City, State & Z						
City, State & Zip C													
Media, PA 1906							Bristol, PA 1		License Nu	ımhar			
Project Manager fo	or Monitoring Firm				Numb	per	Telephone Nu			ITIDEI			
Dave Turotsy		800)-96	69-6	AET		(215)788-604		00509			_	
Scheduled Start D	ate (10) Scheduled	Comple	tion	Dat	e (11))	Name of OSH						
	- (S) (S) (S)	7/6					Bristol Envi	ronmental Inc					
7/2/20		1707020	1000	-			Street Address						
Occupancy Status	During Abatement (Che	ck only o	ne)			n.t	1123 Beaver						
Facility Clo	osed/Vacated During Ent	ire Perio	01	ADa	iteme	П							
Abatemen	t Performed Outside of N	Iormal H	our	·s –			City, State & Z						
Describe:	Exterior Removal/Not or	n site 7/4/	201	2			Bristol, PA 1	19007					
	cupied During Abatemer				n								
	heck all that apply)			-	1/200								
Scope of Work (C	neck all that apply)							Full Conta	ainment with No	egative	Pres	sure	i
	15	N2	1	Don	ovatio	n.		Mini-Encl					
≥3 sf or ≥3		\bowtie	1	1000					g Procedures				
≥160 sf ≥2	260 If	_]	Den	nolitio	11		□ Non Even	npted and Non	-Friable	Pro	cedu	re
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	Location of		s L	ocati	ion		Description		Amount	Aba	ateme	ent i	yhe
	estos-Containing	No	rm	ally l	Jsed		Asbestos-Conf		(Specify			m	
	aterial (ACM)		So	lely b	yc		Material (AC		SF or LF)	D	_	ä	[
	BE ABATED				ce or		(i.e., thermal sy	/stems		Removal	Repair	Encapsulate	5
10	in Facility	Cu	sto	dial S	Staff?		insulation, surfac	ing, VAT		l o	oa.	us	Liciosara
	(13)			(12)			or other miscella	aneous)		<u>n</u>		ate	ā
	(10)	Ye		No	N/A								
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Dock 1 2 and F	Pump Station 6H-S					Pipe	fitting Insulation		2 ea	-12	H	片	누
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Name of Register	ed Waste Hauler			NJ	IDEP	Waste	Cubic Yards	Name of Regis	stered Landfill				
Ivallie of Register	ou truoto riudioi					D No.	of Waste	¥	Westerners by				
0	ort Inc				209		3	GROWS Lan	dfill				
Service Transp	ort inc.				200		a least the state of the	City, State				68 8	
City, State							Disposal Date		ο Λ				
New Castle, De	laware					S P	7/6/2012	Morrisville, F	Α	15 :			
Completed By (P				Tit	le		Signature	0		Date	**		
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Date of Notification (1)		Name of	f Building	Owner/Operato	r(2)	111111 0		The state of the state of		7
6/18/12		An.	eho	linces	o dl	eu con	1111 2 6			
Agency Notified Type Notification		Street Ad	ddress	1 01	O,	The last		20	2	
□ EPA Anitial			1	- 11+40	<u>~ </u>	141		201		
DEP Amended Amendment #		City, Sta				_ ASBI	STOS COUR	To V		13
☐ DOL Amendment # ☐ Emergency (include	ding		200	~ .	US	and the latest and th	LICENSING	14476	12	
□ DOH justification)		Name of	^			Telephone Numb	er	*winter	-	COR CHES
DCA Cancellation		100	-	1 ccup						<u> </u>
	701	FACILI	TY INFO	RMATION			*	de de	davies.	19750
Name of Facility Where Abatement is Taking Pl	1)	1			Type of Facility	(4)			14 (Ca)	
St Henry So	علاون	1			♠ School (K-12)					1
Street Address	+					8 (Other than K-12) vate & commercial	buildings			
82W 327m 5	/				homes, etc.)				
City (5)					Square Feet	# of Floors	Bldg. Age			
Dayeno					!					
County (6)		ONLY)	Code (7)	(STATE USE	Current Use (P	rior if being demolish	ned)			1
(Aud Son	1 100			V	L					_
Name of Monitoring Firm Hired by Building Own	1 0		_	_	nent Contractor (9		_			1
(8) Mc Case En ulemi	MY O	0113	ð	Street Address	71582.	+ Som	mo			_
Street Address 464 Valley Prot	_ 1 _				32 Nd	<+				
Cit. Clata Zia Cada	<u> </u>	-		City, State, Zip						\dashv
xndhust 1	NJ		1	Paters		22				
Project Manager for Monitoring Firm	Telepho	ne No.		Telephone No.		License No.				٦į
Jim Rull	201	438	4839	973-349	5, 2222	# 000	021			-
	Ompletion Da			Name of OSHA) .				
7/2/12 7/10						Mmo				
Occupancy Status During Abatement (Check on	nly one)			Street Address						1
Facility Closed/Vacated During Entire Period	of Abatement	1	L	o. o	0 1					 i
☐ Abatement Performed Outside of Normal Fac ☐ Other – Describe:	ility Hours		i	City, State, Zip (Code					i
			1		-X					-
Scope of Work (Check all that apply)		Renov	ention		Containment with -Enclosure	Negative Pressure				1
☐ ≥ 3 sf or ≥ 3 lf ⑤ ≥ 160 sf or ≥ 260 lf		□ Demol		17 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 m	ebag Procedure					1
S 2 160 Si Gi E 200 ii				□ Non	-Exempted (*) an	d Non-Friable Proce		ater	200	
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Location of	Norma Used Sole			Description					_ i	- 1
Asbestos-Containing Material (ACM)	Maintena	nce/	Asbest	os Containing M thermal systems	laterial (ACM)	Amount (Specify	R	R	Enca	E
TO BE ABATED IN Facility	Staff'		(1.0.,	surfacing, VA	T, or	SF or LF)	Remova	epair	psulate	Enclosure
(13)	(12)			other miscellan	eous)		<u>a</u>	-	late	10
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Education Office	X	3	Cai		astea	20054	FIX			
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JUN 95

State of New Jersey

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

Date of Notification (1) 06/04/12		-			Building Owner/G	Operato	r (2)	EGE	II W	E	M		
Month/Dav/Year Agency Notified EPA	Type Notification			Street Add P.O. box 2				JUN 23	2013	A CONTRACTOR OF THE PERSON NAMED IN			
DEP	Not	tification	on	City, State	e, Zip Code				F	Loui	1		
DCA	x Ame	nded		Princeton	NJ 08543					1	- 1		
DOH	Not	tification	on	Name of C	Contact		i mag	Telephone Ny	mber		-		
	Can	cellatio	n	Robert Ot			L				-		
				FACILI	TY INFORMAT	TION		e bila staliana a		-			
Name of Facility Where Abat Princeton University Law		1002/2020/100	7015					(4) (K12) opter 8 (Other	than K	12)	- 24 A		
Street Address							Other	(i. c. Private &	comme				
Alaxender Road								ings, homes, etc	-				
	10					-	Square Feet	# of Floors	Bldg.	Age			
City (5) Princeton	Cour	nty (6))		County Code (STATE USE ONL)		Current Use (Pr	ior if being day	50+	D.			
Princeton					(STATE USE ONL)	1)	University	ior ii being dei	nonsucu	,			
Name of Monitoring Firm Hi Pennoni Associates Inc	red by Building O	wner	(8)	-	ASCM No.		of Abatement Con iated Specialty Con	Carlo Comment of Carlo Comment of Comment of Comment of Carlo Comment of Carlo			12		
Street Address 515 Grove Street Suite 1B							Address Crue Avenue	- 4					
City, State, Zip Code Haddon Heights NJ	***				*	The second state of the	State, Zip Code Mills, PA 19342						
Project Manager of Monitori Alan Lloyd	ng Firm			Telephone 856-547-05			hone Number 64-9622		Liceno 1103	e Numi	er		
Scheduled Start Date (10) 06/14/12		Scheo	d. Con	npletion Date 07/22/12	(11)		of OSHA Monitor ion Labs						
Month/Day/Year		Ļ		onth/Dav/Yea	ar								
Occupancy Status During Ab Facility Closed/Vacate				atement		100 CO CO CO CO CO CO CO CO CO CO CO CO CO	Progresive Drive						
x Abatement Performed				atement		-							
Hours - Describe: Other - Describe:							City, State, Zip Code Bensalem PA 19020						
Scope of work (Check all that	apply)					11	Full Containmen	t with Negative	Pressu	re			
Demolition				Renovation	n		Mini - Enclosure	:					
x > 3 sf or > 3 if							Glovebag Procee	lure					
>160 sf or >260 lf						х	Non-Friable Pro	cedure					
		Is		New York and Allie agreed				Ab	atement	Type			
Location of		cation	11	00 10 100	ription of		p			E	E		
Asbestos - Containing		rmally			os-Containing		Amount	1	D	C	N C		
TO BE ABATED		sed lely			rial (ACM) ermal systems		SF or	M	R	A	L		
In Facility		Main-			surfacing, VAT		LF	0	P	P	0		
(13)	ten	ance/		or other	miscellaneous)		100	v	A	S	S		
		stodial		24				A	I	U	U		
	Yes Yes	ff (12)	N/A					L	R	L	R		
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Bldg 3				floor tile			0.5 SF	x		-	 		
Bldg 4				floor tile		7	0.5 SF	x					
Name of Registered Waste Ha	uler		NJDF	EP Waste	Cubic Yards		Name of Register						
Horizon Disposal	Haule	er ID No.	of Waste		GROWS								
City, State			Disposal Date		City, State								
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A RS_41				The state of the s		111	CULT		-	L-/	110		

Date of Notification (1) 06/04/12 Month/Day/Year	1	1			Building Owner/ University	Operate	or (2) [] [[[]	E	VE	In	- Annual - A	
Agency Notified	1102			Street Ad			JU U JUN	200	rien		1	
				P.O. box			1 1 301	- 4 /	1312	HLIJ		
	(23)				te, Zip Code		1 4			Continue of		
				Name of C	NJ 08543		ASDEDIO	N 12/18/77 22				
DOIL	Month/Day/Year y Notified EPA DEP DEP DCA DOH Notification Notification EA Amended Notification Cancellation Of Facility Where Abatement is Taking Place (3 Ion University — Lawrence Low Rise Apartment Address der Road Of Monitoring Firm Hired by Building Owner (6) Ion Of Monitoring Firm Hired by Building Owner (6) In Associates Inc Address ove Street Suite 1B ate, Zip Code In Heights NJ Manager of Monitoring Firm oyd Ided Start Date (10) 06/14/12 16/1/Day/Year nev Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facil Ilours - Describe: If work (Check all that apply) Demolition 3 sf or >3 if >160 sf or >260 lf Location of Destos - Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely In Facility (13) Fregistered Waste Hauler Disposal			Robert O			116	lephone N	umber	j		
	Can	CCHAL	Юн		TY INFORMA	TION		hillediani.	-	-		
Name of Facility Where Abo	toment is Taking	Dlaga	(3)	FACILI	III INPORMA	HON	77	Andrewson and				
			935E370	en en en en en en en en en en en en en e			Type of Facility (4) School (k x Subchapter	8 (Other		100 C U S		
Alaxender Road							Other (i. e. buildings	homes, et		erciai		
					·			f Floors	Bldg.	Age		
City (5) Princeton	Cou	nty (6)		County Code		60000	8	50+			
rrinceton	-				(STATE USE ONL	(Y)	Current Use (Prior i	f being de	molished	1)		
Name of Monitoring Firm H	lired by Building ()wner	(8)		ASCM No.	Name	of Abatement Contrac	tor (9)				
Pennoni Associates Inc					11000011100	100,000,000	iated Specialty Contrac	Charle September				
Street Address 515 Grove Street Suite 1B			ilise-minas	× *			t Address Crue Avenue					
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342					
Project Manager of Monitor Alan Lloyd	ing Firm			Telephone 856-547-0			hone Number 64-9622		Licene 1103	e Numi	ber	
		Sch		mpletion Date 07/22/12 Ionth/Day/Ye			of OSHA Monitor on Labs					
Facility Closed/Vacat X Abatement Performe	d of Al	patement		3370 I City, S	Address Progresive Drive State, Zip Code Iem PA 19020							
Scope of work (Check all that Demolition x >3 sf or >3 if	t apply)			Renovatio	n	Full Containment with Negative Pressure Mini - Enclosure						
						x	Glovebag Procedure Non-Friable Procedu					
		Lo					Non-rriable rrocedu			re:		
Location of	1.0		n	Desc	cription of			At	oatement	E	E	
TO BE ABATED In Facility	So by ter Cu	sed olely Main nance/ stodia	- .1	Mate (ie. Th insulation	os-Containing rial (ACM) ermal systems . surfacing, VAT miscellaneous)	Γ.	Amount (Specify SF or LF)	R E M O V	R E P A	N C A P S U	N C L O S U	
			N/A					L	R	L	R E	
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dg 6				floor tile	4		0.5 SF	x				
Sldg 7				floor tile			0.5 SF	x				
	floor tile			0.5 SF	x							
Name of Registered Waste II	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered I	andfill	1						
Horizon Disposal	-	1		GROWS								
City, State Frenton NJ		As needed		City, State Morrisville PA								
Completed By (Print or Type Mark Goshow	Print or Type) Title Projec					Signati				Date 7	<i>C</i> -	
ABS-41					The same and the	11	unic for	(01	11	

State of New Jersey

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

Date of Notification (1)		1			uilding Owner/C	-	r (2)								
06/04/12				Princeton	University			11		Ì					
Month/Day/Year	Trans Naccond			Steed Add		1 66	JUN 22 21	919 11	H						
Agency Notified EPA	Type Notificati			P.O. box 2	11 CSS	1		logo							
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DCA		ended	ion	Princeton			ASSESTOS CONTRO)L &							
DOH		tificat	ion	Name of C			LICENSING	Telephone Ni	ımber		3-7-7-13-3V-				
m. v. e.s.	1	cellati		Robert Ot			and the state of t	- The state of the	Diversion 5						
					TY INFORMAT		- Annual Control		- 1						
Name of Facility Where Aba	tement is Taking l	Place	(3)				Type of Facility (4)							
Princeton University - Dea			(3)				School x Subchap	(K12) ter 8 (Other							
Street Address								. c. Private & gs, homes, et		rciai					
Lake ave & Harrision Street	S							of Floors	Bldg.	Age					
City (5)	Con	nty (6	<u>a</u>		County Code (7)	60000		200000000000000000000000000000000000000	.g.					
Princeton	Cou	, (,,		(STATE USE ONLY)					
* i inceron					(31111)	,	University								
Name of Monitoring Firm II	ired by Building ()wner	(8)	-	ASCM No.	Name	of Abatement Contr	actor (9)							
Pennoni Associates Inc						Associ	iated Specialty Conti	racting							
Street Address		-				Street	Address								
515 Grove Street Suite 1B					T ₁	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Crue Avenue		-		=				
City, State, Zip Code				11		City, S	State, Zip Code								
Haddon Heights NJ					Table 1	Glen N	Mills, PA 19342			2000-33-53					
Project Manager of Monitor	ing Firm			Telephone	Number	Telepl	hone Number		Liceno	e Numl	per				
Alan Lloyd			856-547-05	505	610-30	64-9622		1103							
Scheduled Start Date (10)		d. Cor	npletion Date	(11)	Name	of OSHA Monitor									
06/14/12			07/22/12		Criter										
Month/Day/Year			M	onth/Day/Yea	ır			SHA Monitor abs							
Occupancy Status During Al							Address								
Facility Closed/Vacat	ted During Entire	Perio	d of Al	oatement			Progresive Drive								
x Abatement Performe			cility			0.70000	State, Zip Code								
Hours - Describe:	7:00 AM - 4:00	PM				Bensa	lem PA 19020								
Other - Describe:					_				8 50+ if being demolished) ctor (9) neting Licence Number 1103 ith Negative Pressure c lure Abatement Type R N E R C C M E A L O P P O O						
Scope of work (Check all tha	t apply)			-			Full Containment	with Negativ	e Pressu	re					
Demolition				Renovation	1	x	Mini - Enclosure		40						
x > 3 sf or > 3 if							Glovebag Procedu	ire							
>160 sf or >260 lf						x	Non-Friable Proce	dure							
		Is		I		-		Al	patement	Type					
Location of	L	catio	1	Desc	ription of			1	T	1	E				
Asbestos - Containing	100000	rmall		4 CONTRACTOR	s-Containing		Amount	R		N	N				
Material (ACM)	ι	sed		Mater	rial (ACM)		(Specify	E	R	C	C				
TO BE ABATED	Se	olely		(ic. The	ermal systems		SF or	M	E	Α	L				
In Facility	10.500	Main			surfacing, VAT		LF		1 7	200	0				
(13)		nance/		or other	miscellaneous)		He is	l v	A	S	S				
		stodia						A	I	U	U				
	F-100 C C C C C C C C C C C C C C C C C C	Mo	N/A					L	R	L	R				
South Bldg Stairwell # 1	Yes	x	IVA	drywall			2 SF	x		-	R's				
outh Bldg Stairwell # 1 x outh Bldg Stairwell # 2				drywali			2 SF	x							
North Bldg Stairwell # 1				drywall			2 SF	x							
North Bldg Stairwell # 2				drywall	***************************************		2 SF	x	1	14.11.1					
Name of Registered Waste Hauler NJI				EP Waste	Cubic Yards		Name of Registere	d Landfill		!					
		er ID No.	of Waste												
Horizon Disposal	A THE REAL PROPERTY.	1		GROWS											
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA								
Completed By (Print or Type Mark Goshow	2)		Title Proje	et Manager		Signat	Will Let	1.		Date	19.1				
ABS-41						11					1 1 1				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 06/04/12 Month/Day/Year			Name of Bui Princeton U	llding Owner/O niversity	perator			The state of the s	1 1	
Month/Dav/Year gency Notified Type Notification EPA Initial			Street Addre		1116	JUN 2 2 20	112	21		
DEP Notification			City, State, Zip Code Princeton NJ 08543			ASSESTOS CONTROL A				
DCA DOH	Notific	ation	Name of Contact		and Marriages	LIOENS Telephone Number				
	Cancella	ition	Robert Oteg		ION	46 4 4 4 - 46 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Market 1	SHIP COMPANY	-	
FACILITY INFORMA Name of Facility Where Abatement is Taking Place (3) Princeton University — Dean Mathey Apartments Street Address					Type of Facility (4) School (K12) x Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)					
Lake ave & Harrision Streets						Square Feet # of Floors Bldg. Age				
City (5) Princeton	County	(6)	County Code (7) (STATE USE ONLY)			60000 Current Use (Prior if University	8 being dem	50+ olished))	
Name of Monitoring Firm Hire Pennoni Associates Inc	d by Building Own	er (8)		ASCM No.		of Abatement Contract lated Specialty Contract				
Street Address 515 Grove Street Suite 1B					Street Address 98 LaCrue Avenue					
City, State, Zip Code Haddon Heights NJ					City, State, Zip Code Glen Mills, PA 19342					
Project Manager of Monitoring Alan Lloyd		Telephone N 856-547-050	STATE OF THE PARTY		none Number 64-9622	Licence Number 1103				
Scheduled Start Date (10) 06/14/12 Month/Day/Year				e of OSHA Monitor erion Labs						
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 4:00 PM Other - Describe:					Street Address 3370 Progresive Drive City, State, Zip Code Bensalem PA 19020					
Scope of work (Check all that apply) Demolition Reno x >3 sf or >3 if >160 sf or >260 lf				Full Containment with Negative Pressure x Mini - Enclosure Glovebag Procedure x Non-Friable Procedure						
7,90 950, 24	50 WEST	Is					Abatement Type E E			
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Norma Used Solely by Ma tenand Custod Staff (Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	N C A P S U L	N C L O S U R E
West Bldg	x x	144	drywall			2 SF	x			
			EP Waste Cubic Yards of Waste			Name of Registered Landfill				
Horizon Disposal				I In	-	GROWS City, State			yer seen	
City, State Trenton NJ		The second secon			ville PA					
Completed By (Print or Type) Mark Goshow Title Proj			ct Manager		Signat	our Malali	7,		Date	97

ABS-41 JUN 95