9976 STATE OF	NEW JERS	EY DE	EPARTMENT	OF L	ABOR NOTIFICATION OF ASBESTOS ABATEMENT												
Date of Notification (1)					Name of Building Owner/Operator (2)												
02/28/2012					Anthony Kruger												
Agencies Notified	Type of N	otificati	on		Street Address 762 BlackOak Ridge Rd. MAR 2 2012												
() EPA	(X)Ini	itial No	otification		762 BlackOak Ridge Rd. MAR 2 2012 City, State, Zip Code												
() NJDEP		nende			Wayne, NJ 07470												
(X) NJ DOL	` An	nendr	nent #		Name of Contact Tel. Number												
(X)DOH			ncy (includin	g	Anthony Kruger												
() DCA		stificati			a see												
	() Ca	ncella	ition	CILITY	Y INFORMATION												
Name of Facility Where Abateme	at is Taking F	Dlace (3		CILITY	Type of Facility (4)												
Residential Property	it is Taking I	1000 10	<u> </u>		() School (K-12)												
Street Address					() Subchapter 8 (other than K-12)												
Street Address					(X) Other (i.e. private & commercial bldgs., homes, etc.												
1514 Bergenline Avenue	;	1925			Sq. Feet: 400 # of Floors 2 Bldg. Age 60												
City (5)	County (6)		County Code (State Use O	(7)	34.166t. <u>100</u>												
	TTJ		(State Use U	(IIIY)	Current Use (prior if being demolished):												
Union City	Hudson				10 (0)												
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)	ASCM No. N/A		Name of Contractor (9)												
N/A			N/A		ISES, Inc.												
Street Address					Street Address 3300 Hudson Avenue												
N/A					City State, ZipCode												
City, State, Zip Code					Union City, NJ												
N/A	I Talant	none Nu	ımbar	_	Telephone Number License Number												
Project Manager for Monitoring Firm	Telepi	ione ivi	<u>uniber</u>		(201)325-0055												
N/A																	
Scheduled Start Date (10)			ompletion Date	(11)	Name of OSHA Monitor ISES, Inc.												
03/10/2012		0/201															
Occupancy Status During Abates	ment (Check	only on	<u>ie)</u> f Ahatement		Street Address 3300 Hudson Avenue												
Facility Closed/Vacated Du Abatement Performed Out	side of Norm	al Facili	ity Hours -														
(X) Other - Describe: Basem	ent unoccupi	ied duri	ng abatement;		City, State, Zip Code												
					Union City, NJ 07087												
Source of Work (Check all that a	pply)	() Demolition		(X) Renovation												
	or < 10 E	VCM)			(X) Full Containment with Negative Pressure												
() Minor Project (< 25 SF (X) Small Project (>25 <16	30 SF or >1	0 <260	LF ACM)		() Mini-Enclosure												
() Large Project (>160 SF	or > 260 L	FACN	Л)		(X) Glovebag Procedure												
0.88				_	() Non-Exempted (*) and Non-Friable Procedure Description of ACM Amount Abatement Type												
Location of Asbestos- Containing Material (ACM)			mally Used tenance or	(i.e.	thermal systems insulation, surfacing, (Specify SF												
To be Abated in Facility (13)			aff? (12)	,	" ' "\ or!E\												
					VAT, or other miscellaneous.) Or LF) Removal												
					Ova ai												
	YES	NO	N/A														
D (D)			X	TC	Insulation 100 X												
Basement Boiler			^	'	LFT												
Room Area			+	-													
Name of Reg. Waste Hauler			P Waste Haule	er ID#	Cubic Yards of Waste 1 Name of Reg. Landfill Cumberland County Landfill												
Vision Transport		2239	93		1. 10" 011												
City, State				Disp. Date													
2 Fish House Road, Ke		07032	2	03/11/20/12 / Newburg, PA 17242 Signature / Date Date													
Completed by (Print or Type)	Title			Sign	that I have												
David Camacho	Gene	ral M	anager	(1/0V/7 WW/H 02/28/2012													
David Calliacilo	Conc			-	1												

STATE OF I	NEW JERSEY D	EPARTMENT	OF L	ABOR NOT	TIFICATION OF ASBE	STOS ABATEM	MENT	1000	7						
Date of Notification (1)			- 1	Name of Bu	ilding Owner/Operator (2	IN BUND	旨	11111							
02/28/2012					Acierno \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 6 0				_					
Agencies Notified	Type of Notifica	<u>tion</u>		Street Addr	ess st Avenue	MAR 2 2	012								
() EPA () NJDEP (X) NJ DOL (X) DOH () DCA	(X) Initial N () Amend Amend () Emerge justifica () Cancell	ed ment # ncy (including tion) ation		City, State, Wayne Name of Co Marie	Zip Code , NJ 07470 ontact Acierno	OFSTAS CONTI	ROL &	er		À					
		FA	CILITY	INFORMAT											
Name of Facility Where Abatemen Residential Property Street Address	t is Taking Place	3)		Type of Fac () School () Subch (X) Other		12) cial bldgs., hom	ies, etc								
7400 1 st Avenue	County (6)	County Code	(7)	Sq. Feet:	4000 # of Flo	ors <u>2</u>	Bldg.	Age <u>60</u>	<u> </u>						
	Hudson	(State Use Or		Current U	se (prior if being demo	lished):									
Name of Monitoring Firm Hired by N/A	Bldg. Owner (8)	ASCM No. N/A		ISES, In											
Street Address N/A					idson Avenue										
City, State, Zip Code N/A	and A MERCAN			City State, Union C	City, NJ		11:-	N	ımbar						
Project Manager for Monitoring Firm N/A	Telephone N	lumber		Telephone Number (201)325-0055 License Number 01124											
Scheduled Start Date (10) 03/11/2012	Scheduled 0 03/11/20	Completion Date	(11)	Name of OSHA Monitor ISES, Inc. Street Address											
Occupancy Status During Abatem () Facility Closed/Vacated During () Abatement Performed Outs	rina Entire Period	of Abatement			ress udson Avenue										
(X) Other - Describe: Baseme	nt unoccupied du	ring abatement;		City, State	Zip Code City, NJ 07087										
Source of Work (Check all that ar	oply) () Demolition			Renovation										
() Minor Project (< 25 SF (X) Small Project (>25 <16 () Large Project (>160 SF	or < 10 LF ACM 0 SF or >10 <26	ULF ACIVI)		()	Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) and			e							
Location of Asbestos-	Is Location No	rmally Used	Г	Desci	ription of ACM	Amount	A	bateme	nt Type						
Containing Material (ACM) To be Abated in Facility (13)	Solely by Mai Custodial S	ntenance or taff? (12)	(i.e.	thermal syst VAT, or oth	ems insulation, surfacing ner miscellaneous.)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure					
Ground Floor	T	X	TSI	Pipe Ins	sulation	70 LFT	X								
Ground Floor		1	-	TSI Pipe Insulation 70 LFT X											
Name of Reg. Waste Hauler		EP Waste Haule	er ID#		Cubic Yards of Waste	Name of Reg Cumberla			Landf	ill					
Vision Transport City, State	223			Date		City, State Newburg,									
2 Fish House Road, Kea	arny, NJ 0703 Title	2	Signa Signa	11/201/2 ature//	1/4.5	Date Date	, 1 / 1 1	1 - 1 -							
David Camacho	General N	lanager	5	1 5 Vi S GM/A 02/28/2012											

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2	71	Print Form
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5 11		(Pu	rsuant t	o NJAC 8	:60 and	12:120	(2)	BIF	E I	1 117	II I	120	$ \overline{1} $		
Date of Notification (1) 02/28/12				Building Conity Foo					124					*	
Agencies Notified Type Notification			Street Ad	ldress ns Term	ninal R	d.		MAF	1 2	2012	2		/		
X EPA Initial Amended Amendment	#		City, Stat	e, Zip Coo NJ. 072	de					-1501					
Image: Emergency pushing the point of	*		Name of Jim Do	Contact ty		9	er waterus	in in		phone N				ř	
			FACIL	ITY INFO	RMATIC	NC			h				attabase.	*	
Name of Facility Where Abatement is Takin Stone Cutters House	g Place (3)					☐ s	of Facility (4 chool (K-12 ubchapter	2)	r than K	(-12)		Angustros:		
Street Address Tract 2 Lot 5 Evans Terminal Rd.							× C	ther (i.e. p	rivate &	comme	ercial bu				s,
City (5) Hillside							Square 2400		# of	Floors		50	dg. Ag	je	
County (6) Union		0	County C	ode (7) ISE ONLY)		_		nt Use (Prio strial build		g demo	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				ement Con vices Inc.		(9)					
Street Address				- Barrier Barr			Addres Maple								
City, State, Zip Code								Code NJ. 070	57.						
Project Manager for Monitoring Firm		Τ.	Telephor	ne No.		Teleph	one No).		License 01107					
Start Date (10)			pletion [Date (11)				A Monitor							
03/13/12 Occupancy Status During Abatement (Che	03/20/					Leslaw Nalodka Street Address									
Facility Closed/Vacated During Entire	Period of A	Abatem	ent			15 M	aple A	Ave.							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	mal Facility	Hours			City, State, Zip Code Wallington NJ.07057										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Пв	Renova	tion			×	Full	Containme	ent with	Negativ	ve Pres	sur	e		
≥160 sf or ≥260 lf		Demolit				×	Glo	i-Enclosure vebag Prod n-Exempted	cedure	t Non-F	riable F	Proc	edur	P	
		Locati	00				3 1401	I-Exemple	J () and	14011-1	Trable !		Abate	ement	t
Location of		Normal	ly			scription					-		Ту	pe	г
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole iintenar todial S (12)	nce/ Staff?		thermal surfa	taining M system: cing, VA niscellar	s insula T, or		(S	mount specify or LF)	Control	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			r insula				50sf.	*	-			-
boiler room		* t								200lf.	*	_			-
windows		*				dow ca				45lf.	*	_			-
roof					roo	f flash	ing			4311.		-			
Name of Registered Waste Hauler Newark Carting Inc.		Н	JDEP W lauler ID 5409		Cubic of Wa 10	Yards ste		Name of GROW	-0.00	red Lan	ndfill				
City, State Newark NJ					Disposal Date City, State 03/20/12 Morrisville PA.										
Completed by Leslaw Nalodka	by Title					Signature									

Nough		N		CATIO		BESTOS ABATE! C 8:60 and 5:16				40.00		W. Carlotte		
Date of Notification (1)	10/12			Name	of Buildin	g Owner/Operato	r (2) exus Properti	es Inc.			E.			
Agencies Notified	Type Notification			Stree	t Address				2	2012				
EPA DEP	☐ Initial ☐ Amended	2	-	City, S	State, Zip (and the second second	Brunswick (LITCLE MAR		7117	-	=		
⊠ DOL	Amendment #					Law	renceville, N	J 08648				<u>1</u>		
DOH DCA	justification) Cancellation			Name	of Contac Ch	t arles Bancrof	ft L	Telephone Num	ber					
	L	-		FA		ORMATION		·.						
Name of Facility Where							Type of Facility							
Street Address	980 Hoo		-538111				School (K-1 Subchapter Other (i.e., homes, etc	8 (Other than K-1) private & commerci	2) al buil	dings	,			
City (5)	700 1100	per 11	T OIL				Square Feet	# of Floors	В	ldg. A				
	Tom	s Riv	er	T 0	-h · Cada /	7) (STATE	10,000	rior if being demoli			0			
County (6)	Ocean				ONLY)	1) (STATE		mmercial bui		7				
Name of Monitoring Firm	Hired by Building	Owner	$=$ Γ	ASCM	No.		ment Contractor (Y.					
(8)	MECS		L			Street Address	vens Environ	mental Service	es, II	ıc.	_	_		
Street Address	PO Box 34	1				- Officer Address	PO I	Box 322						
City, State, Zip Code	rosswicks, NJ	0851:	5			City, State, Zip (Code Allentow	n, NJ 08501						
Project Manager for Mo			1	phone		Telephone No.	59-9688	License No.	049	3				
Willoiam W Start Date (10)	eisgarber JR. I Sche	duled C	_		8-4070 ate (11)	Name of OSHA			1047					
2/27/12	-	3	3/16/			MECS								
Occupancy Status Durin				mont		Street Address	PO F	30x 341						
☐ Facility Closed/Vacat	d Outside of Norma	al Facilit	y Hou	rs		City, State, Zip C	Code					_		
Other - Describe:		1					Crosswic	ks, NJ 08515		_				
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	Re De	enovat emolitic	ion on		☐ Mini-En	ag Procedure	egative Pressure on-Friable Procedu	re					
			_ocatio						F	bate Typ				
Location		Used	Solel Solel	y by	Aches	Description o		Amount						
Asbestos-Containing I TO BE ABA IN Facilit	TED	Cı	ustodia Staff?	al		thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)	y	(12) other miscellaneous)												
		Yes	No	N/A							Ö			
boiler ro	oom			×		pipe fitting		80	×					
boiler ro				×		boiler breech		40 SF	×		-	- 1		
HVAC R	oom			×		pipe fitting	gs	25	×	-		-		
Name of Registered Wa	ste Hauler		IN	JDEP \		Cubic Yards	Name of Regi	stered Landfill				-		
Stevens Environ		s Inc.	_ H	lauler ID 182	No. 292	of Waste 2 CU	/	T.R.R.F. In	c.					
City, State	A 11 and a 3	AT.				Disposal Date 3/16/12	City, State	Tullytown,	РΔ					
Completed By	Allentown, 1		-			Signature	AH	Date		_		=		
Mahlon E. Stevens Project Manager 2/29/12														

STEVENS ENVIRONMENTED SERVICES INC CHUCK #04676

ate of Notification (1) 2/10/12		Name of Building Owner/Operator (2) Nexus Properties Inc.									
Agencies Notified	Type Notification	n		Stree	et Address		Brunswick (Circle MAR	2	2012		
DEP DOL	Initial Amended Amendment			City,	State, Zip	Code	renceville, N	1			,	
☑ DOH ☐ DCA	☐ Emergency (justification) ☐ Cancellation		ng	Nam	e of Conta			Telephone Nur	nber	- A-	34	
				FA		FORMATION						
Name of Facility Where							Type of Facility	y (4)				
	Commer	cial E	Build	ing			School (K-1	12) r 8 (Other than K-	12)			
Street Address	980 Hoo	per A	<u>ven</u>	ue			Other (i.e., homes, etc	private & commerci.)	cial bu	100		
City (5)	Ton	ns Riv	<i>ie</i> r				Square Feet 10,000	# of Floors	E	3ldg.	Age 50	
County (6)	Ocean	15 1(1)	701		inty Code (E ONLY)	7) (STATE	Current Use (P	Prior if being demo				_
Name of Monitoring Fir		Owner		ASCM	l No.	Name of Abaten	nent Contractor (9			0		
(8)	MECS					Stev	vens Environ	mental Service	ces, I	nc.		
Street Address	PO Box 34	-1				Street Address	PO I	Box 322	0.00			
City, State, Zip Code	`ialea NII	0051	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mo	Crosswicks, NJ	0031	SVECTOR STREET	ephone	No	Telephone No.	Allelilow	License No.				_
	Veisgarber JR.		9 - 3246		8-4070		59-9688		0049	3		
Start Date (10)		duled (1		ate (11)	Name of OSHA						
2/27/12			3/2/	Contract Con			M	IECS				
Occupancy Status Dur						Street Address	PO F	Box 341				
☐ Facility Closed/Vaca	ed Outside of Norma	al Facili				City, State, Zip C	ode					_
Other - Describe:		<u></u>					· Crosswick	ks, NJ 08515				=
Scope of Work (Check 3 sf or ≥3 lf 160 sf or ≥260 lf	all that apply)		enovat emolitic			☐ Mini-End Gloveba	ag Procedure	gative Pressure on-Friable Procedu	ure		6	
			Location							Abate	ment	
Location		Used	Sole	y by		Description of			-	1	T	
Asbestos-Containing TO BE ABA		C	ntenar ustodia	al		os Containing Mat thermal systems in		Amount (Specify	Rer	Repair	Enc	Enclosure
IN Facilit		,	Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	Removal	ar.	Encapsulate	osur
(10)	Yes No N/A								-		ilate	co
boiler re	oom			×		pipe fitting	(S	80	×			
boiler re	oom			×		boiler breech	ing	40 SF	×			
HVACR	Loom			×		pipe fitting	(S	25	×			
Name of Registered Wa	acto Hauler		- T K	JDEP V	Nacto I	Cubic Yards	Name of Regis	stered Landfill				
Stevens Environ		s Inc	F	lauler ID		of Waste 2 CU	Tham of the grant	T.R.R.F. In	1C.			
City, State	Allentown, N	JI				Disposal Date 3/2/12//	City State	Tullytown,	РΔ			
Completed By Title					Signature/	1	Date	IA			=	
Mahlon E. Stevens Project Manager					_//			2/10)/12			

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11	l û	4	0.1	
(1)	MACI	2 = ==	1)	1 1
- Jack	16.00	Acres em reint	The same	-

Date of Notification (1) 2/28/2012		S	ame of Bu Saint Mic	hael's N	/ledica	al Cen	iter		il i	VI E F	1/2	,Î			
Agencies Notified Type Notification	- 1		treet Addre 11 Cent		nue				U.	V 15	- Inches				
EPA X Initial Amended Amendment #_	1	C	ity, State, Iewark,	Zip Code NJ 0710	02			MAR		2012	儿				
DOH justification)	luding	1 22	lame of Co Paul Rus				Ĺ	1000000	Tele	phone Numb	per i	ţ.	32		
DCA Cancellation		1	FACILIT	YINFOR	MATIO	N		= 332 74		A 1. 12					
Name of Facility Where Abatement is Taking P St Michael's Medical Center Street Address	lace (3)						Sc Su Su	her (i.e. pr	!) B (Othe	er than K-12) commercial		igs, h	omes	i,	
268 Martin Luther King Blvd City (5)							Square	Feet	# of	Floors	Bld 70-	g. Ag	е		
Newark							160,00			ng demolishe			-	_	
County (6) Essex		6	County Co	de (7) E ONLY)			Hospi	tal							
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM N	lo.		Name EA S	of Abate Services	ment Con S Corpor	tractor ation	(9)					
n/a Street Address							Address 69th St								
City, State, Zip Code			- W II			City, S	State, Zip	Code	13						
		- [Telephone	No.		Telep	hone No.	NJ 0709		License No	o.		_	_	
Project Manager for Monitoring Firm						38484187	295-17	00 A Monitor		01074				_	
	Scheduled 3/12/201	12 EM					SL Anal	ytical							
Occupancy Status During Abatement (Check						Stree 307	eet Address 07 West 28th Street								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal X Other – Describe: Starting Fri @6:00PM						City,	State, Zip								
Scope of Work (Check All That Apply)						Full Containment with Negative Pressure									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moli	ation tion				Min	i-Enclosur	e cedure	2					
							∐ Ncr	n-Exempte	d (*) a	nd Non-Friat			emen	t	
		ocat					- 12					Ту	ре	_	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Nor Used S Mainte					al system acing, \	Material ms insula	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liidosaid	
	Yes	No	N/A				1 0		1	670 SF	x			+	
"A" Building-6th Floor-main corridor	ding-6th Floor-main corridor x					ayer tı	le & ma	ISTIC	-	070 31	1				
			-											L	
										1 d 1 46					
Name of Registered Waste Hauler	-		NJDEP W Hauler ID		5 (2000)	ic Yards /aste	5			stered Landfi hem Land		rn			
Atlantic Carting 26085					tbd	MO-08201 CT7	eto	City, St		meni Lanu		٠,٢			
City, State Wayne, NJ				W. More	tbd	osal Da		Bethle	ehem		ate			_	
Completed by Title				Title Signature Russ - 2/28/2012											

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Agencies Notified Type Notification Type	Date of Notification (1)			1	Name o	f Building	Owner/O	perator	(2)	IN E	(A)				7	
Part															1	
DOH	Agencies Notified	Type Notification	ý — — — — — — — — — — — — — — — — — — —				23 611	IITE 3	30		AAD	2 3	012	-		
DOL		-		-		AMACO E ACCESO E SA	100000	/IIL 0	50	11 11 1	MAN		UIL	Laur	1	
DOH	DOL	Amendment	A CONTRACTOR OF THE PARTY OF TH						ļ	<u></u>		5 p 3 5 5 11		أحد	111111111111111111111111111111111111111	
Name of Facility When Abatement is Taking Place (3) FORMER UNION HOSPITAL Street Address 1000 GALLOPING HILL ROAD Cay (6) UNION County (6) UNION County (7) UNION County (8) UNION County (8) UNION County (9) UNION County (9) UNION County (9) UNION County (10) UNIO	⊠ DOH	justification)					INARE)			Tele	ephone N	umbër	in-	_	1
Street Address Clay (5) UNION Clay (6) UNION County (7) UNION County (8) UNION County (8) UNION County (9) UNION County (19)		Caricellation		L									13	*1400		- 1
County (6) County (and to 1) County (and	FORMER UNION I		g Place (3)							School (K-12	2)	or thon V	12)	**	, contag	Language C
UNION County (6) UNION County (6) UNION Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES Street Address 116 TICES LANE, UNIT B-1 City, State, Zip Code EAST BRUNSWICK, NJ 08816 Telephone No. Telephone		HILL ROAD							×	Other (i.e. pr etc.)	ivate 8	k commer	cial buil			es,
Name of Monitoring Firm Hired by Building Owner (8)									Squa	re Feet	# of	Floors	E	3ldg. A	\ge	
Street Address Clity, State, Zip Code CLIFTON, NJ 07014 Street Address S							-		Curre	ent Use (Prio	r if bei	ng demoli	shed)			
250 RUTHERFORD BOULEVARD	**		Owner (8)		ASCN	No.		0.0000000000000000000000000000000000000					NG			
EAST BRUNSWICK, NJ 08816 CLIFTON, NJ 07014 Project Manager for Monitoring Firm KEVIN LOVELY Start Date (10) 3/12/2012 Scheduled Completion Date (11) 4/26/2012 Scheduled Completion Date (11) 3/12/2012 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Staf or 23 if 2 3 of or 23 if 2 160 of or 2260 if Scheduled Completion Date (11) Abbestos-Containing Material (ACM) 1 Description of Asbestos-Containing Material (ACM) 1 O BE ABATED In Facility (13) SEE ATTACHED Name of Registered Waste Hauler Title Signiture CLIFTON, NJ 07014 License No. License No. 00494 Street Address City, State, Zip Code City, State City, State City, State City, State Cubic Yards of Waste 200 Name of Registered Landfill Waste Address Name of Registered Land		UNIT B-1						0.55			BOL	JLEVAF	RD			
Telephone No. Telephone No. Telephone No. Telephone No. Tolephone No		K, NJ 08816						5-2375 (5)			4					
Start Date (10) 3/12/2012 Scheduled Completion Date (11) A/26/2012 SAME AS (9) ABOVE Street Address Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure	Project Manager for Mor			- 1										100		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours	Start Date (10)										/F					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		g Abatement (Chec											-	1700		
Sal sf or ≥3 if ≥160 sf or ≥260 if Pemolition Pe	Abatement Perform	ated During Entire ned Outside of Norm	Period of Aba nal Facility H	atem ours	ent			City, S	State, Z	ip Code	_				-	
See Attached Demolition Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Demolition Demolition Demolition Demolition Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Demolition Demolitio	Scope of Work (Check A	All That Apply)				- 485								-		
Secondation of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A SEE ATTACHED Normally (13) N/A N/A SEE ATTACHED Normally (13) N/A N/A N/A N/A SEE ATTACHED Normally (13) N/A N/								×	Mir	ni-Enclosure ovebag Proc	edure				e	
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler TWO BROTHERS CONTRACTING Normally Used Solely by Maintenance/ Custodial Staff? (12) Name of Registered Waste Hauler TWO BROTHERS CONTRACTING Normally Used Solely by Maintenance/ Custodial Staff? (12) Name of Registered Waste Hauler TWO BROTHERS CONTRACTING Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler TWO BROTHERS CONTRACTING Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. Disposal Date 4/26/2012 MORRISVILLE, PA Title Signature Date 2/20/2013			Is Lo	catio	on						11		T	Abat	ement	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A SEE ATTACHED Name of Registered Waste Hauler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ Completed by Title Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Name of Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) Registered (ACM) (Specify SF or LF) Registered Landfill VASTE MANAGEMENT G.R.O.W.S. City, State CLIFTON, NJ Completed by Title Date 2(20)(2012)	AND AND ON AND THE PARTY OF		Nor	mall	у	500-000							-	T	pe	Г
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ Completed by Title No N/A No N/A No N/A No N/A No N/A Cubic Yards of Waste 200 Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. City, State 4/26/2012 MORRISVILLE, PA Date 2/20/2013	TO BE AB In Faci	ATED lity	Maint Custod	enar lial S	nce/		thermal surface	systems	s insula T, or		(8	pecify	Removal	Repair	Encapsulat	Enclosure
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ Completed by NJDEP Waste Hauler ID No. 18743 Disposal Date 4/26/2012 Signature Cubic Yards of Waste Waste Waste Hauler ID No. 18743 City, State MANAGEMENT G.R.O.W.S. City, State MORRISVILLE, PA Signature Date 2/20/2013	SEE ATT/	ACHED	Yes I		10.5000				<u> </u>		-	-	Ф.			
TWO BROTHERS CONTRACTING Hauler ID No. 18743 of Waste 200 WASTE MANAGEMENT G.R.O.W.S. City, State CLIFTON, NJ Completed by Title Signature Date 2/20/2012	SEE ATTA	CHED							-							
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TWO BROTHERS CONTRACTING 18743 200 WASTE MANAGEMENT G.R.O.W.S. City, State CLIFTON, NJ Completed by Title Signature Date 2/20/2012	Name of Registered Wa	ste Hauler		10000												
CLIFTON, NJ Completed by Title Signature Date 2/20/2012	TWO BROTHERS	BROTHERS CONTRACTING 18743).W.	S.				
Completed by Title Signature Date																
	Completed by Title				s	ignature	e V-cil	e Par	レカ			012		- 7		

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5089 B&G proj. #: 2012-45 *** Emergency APPROVED Nepeptant Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) (signature) 0 12 1/12 18 1/11 12 1 Victor Verno IIS8W Street Address Type Notification Agencies Notified MAR 2012 216 Walthery Avenue ☐ EPA Initial M City, Stare, Zip Code ☐ DEP Telephone Number Ridgewood, NJ 07450 Amendment DOL DOL Name of Contact M DOH Cancellation Victor Verno DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs/Homas, etc. Victor Verno Bidg. Age # of Floors Square Feet Street Address County Code (7) Current Use (Prior if being demolished) 216 Walthery Avenue County (6) (State use only) City (5) residential Name of Abatement Contractor (9) Ridgewood, NJ 07450 Bergen ASCM No. Name of Monitoring Firm Hired by Bldg, Owner (8) B & G Restoration, Inc. Street Address n/a 105 Ryerson Road Street Address City, State, Zip Code Lincoln Park, NJ 07035 City, State, Zip Coda Ucense Number Telephone Number 0378 Phone Number 973-696-6869 Project Manager for Monitoring Firm Name of OSHA Monitor B & G Restoration, Inc. Sched, Completion Date (11) Scheduled Start Date (10) Street Address 3/1/2012 105 Ryerson Road 3/1/2012 Occupancy Status During Abatement (Check only one) City, State. Zip Code Facility closed/vecated during entire period of abatement Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Glovebag procedure Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation Demolition Mini-enclosure E E ≥160 sf or ≥260 ff e n >3 ≈ ot >3 If Is location normally used solely amount m C P Description of asbestos-containing C (Specify SF or by maintenance/custodial Q Location of B asbestos-containing meterial (ACM) P staff(12) material to be N/A abated in facility (13) No Yes X 6 If pipe insulation basement Name of Registered Landfill Cubic Yards of Wasle Tullytown Resource & Recovery Center NUDEP Hauler ID# Registered Waste Hauler 1/2 yard 19563 B & G Restoration, Inc. Disposal Date Tullytown, PA City, State

3/2/2012

Signature

Gordono Lono

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Trie

Treasurer

Date

2/28/2012

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

B & G proj. #:	2012-45	_	(P	**	** Emer	gency	***	17.17	Check	# 5089				_
							B P. E.	V					90	
Date of Notification		Name	e of Build	ing Owner/	Operator (2)		E W. E.							
0 12 1/12 18]/1 <u>12</u>		ctor Verr			11/2		201	10 10			-200		_
Agencies Notified	Type Notification	Stree	t Address	5			MAR	Z LUII		· ·				
☐ EPA		21	6 Walthe	ery Avenu	ie	111	len.			-		-		
☐ DEP			State, Zip	Code		1	L-155.65		- 7					
DOL	Amendme	nt R	idgewoo	d, NJ 074	50	į	(1945)		LTolophor	ne Numbe	er			
Ø DOH			e of Conta				Control of the Contro	A 1	Telephor	ie iad	-1			
☐ DCA	☐ Cancellation	on v	ictor Ve	rmo										_
		U_ <u>÷</u>			TY INFORM	ATION								
							T	Тур	e of Facility	(4)			- 19	
Name of facility wi	here abatement is t	aking place	(3)						Scho	ol (K - 12		erenna a		
Victor Verno										hapter 8 (Other th	an K-1	2)	
Street Address						and the second of			Other Bldgs	(Private/ ./Homes,	etc.	Clai		
								Sa	uare Feet	# of Flo		Bldg	g. Age)
216 Walthery	Avenue	T = -	(6)			Coun	ty Code (7)							
City (5)		County	(6)				use only)	Ci	urrent Use (Prior if be	ing dem	olished	1)	
13	11.07450	Berge	n						sidential					
Ridgewood, N	ng Firm Hired by B				ASCM No.		Name of Abatemer	nt Contr	actor (9)					
							B & G Restora	tion, Ir	ıc.					_
n/a			-				Street Address							
Street Address							105 Ryerson R						_	_
City, State, Zip Co	de						City, State, Zip Coo							
Oity, Otato, E.P.							Lincoln Park,		035	Hicen	se Numl	per		
Project Manager f	or Monitoring Firm		Ph	one Numbe	er		73-696-6869			037		oma.		
							Name of OSHA M							
Scheduled Start D	Date (10)	Sched.	Completio	on Date (11)		B & G Restora		nc.					
	30000000000000000000000000000000000000	3/1/20	12				Street Address							
3/1/2012	s During Abatemen	Control of the contro					105 Ryerson I	Road						_
Occupancy Status	sed/vacated during	entire perior	d of abate	ment.			City, State, Zip Co							
Abatement	performed outside	of normal fa	acility hou	rs-					6572271277					
Describe: Other-Desc							Lincoln Park,	, NJ 07	035					=
	check all that apply	()								_				
Demolition		Renovation	١			F	ull Containment w	/negativ	e pressure	_	ovebag p			
>3 sf or >3		>160 sf or ≥					/lini-enclosure			∐ No	n-friable		-	_
		ls location	normally	used solely	/						R	R	E n	E
Location of asbestos-of		by mainte	nance/cus	stodial		otion of a	sbestos-containing	g	Amour (Specif	nt fy SF or	m	p	С	
material to	be	staff(12)	-	T	materia	al (ACM)			LF)	,, 0. 0.	o v	i	a p	l
abated in f	facility (13)	Yes	No	N/A							e	15	-	+
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basement												H	片	卡
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Registered Wast	te Hauler		P Hauler	10.11	Cubic Yards	of Waste	Name of Registe Tullytown Re	esourc	e & Recov	ery Cen	ter			
B & G Restor	ration, Inc.	195	003	Disposal	1/2 yard Date		City, State							
City, State	NI 07025			3/2/20			Tullytown, I	PA						_
Lincoln Park Completed by (F		Title Signature					Gordana Lui			Da 2/	ite 28/2012	,		
Gordana Lur		Treasure	er				Jordana Dur				20/2012			_
00.00.00														

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116689		N		ICATION		v Jersey ESTOS ABA 3:60 and 12				1 100	- America e v	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ineriy.		
Date of Notification (1) 2/28/2012					f Building (D HAZEN	Owner/Oper	rator	(2)		5 (0	5 5		E		
Agencies Notified EPA	Type Notification			Street A 35 WE		V TERRA	CE			MA	R 2	2012)		
DEP DOL	Amended Amendmen		_		ate, Zip Coo AND PAF	_{de} RK, NJ 07	7432	2	1	6000	9749 AA		- manufacture		-
DOH DCA	Emergency justification Cancellation	, –	Ī		f Contact D HAZEN	1			P Commission of the course		lephone		-		E STERLIA
				FACI	LITY INFO	RMATION					100000	* 17 x x 4 . (0/)	****		
Name of Facility Where RESIDENCE	Abatement is Takir	ng Place (3))					□ s	of Facility (chool (K-1	12)					7 g a
Street Address 35 WESTVIEW TE	ERRACE							河 c	ubchapter ther (i.e. p tc.)				uilding	ıs, hon	nes,
City (5) MIDLAND PARK								Square	Feet	# 0	f Floors		Bldg	. Age	
County (6) BERGEN				County (Code (7) USE ONLY)		-	Curren	t Use (Pri	or if be	ing demo	olished)			
Name of Monitoring Fire N/A	m Hired by Building	Owner (8)	•	ASCM	l No.	1			ement Cor THERS		22.55°	ΓING			
Street Address			-			St	reet /	Address	3						
							250 I	RUTH	ERFOR	D BL	VD.				
City, State, Zip Code						1		tate, Zip TON,	Code NJ 0701	14					
Project Manager for Mo	nitoring Firm			Telepho	ne No.	1.000		one No 956-8			License 00494				
Start Date (10) 3/10/2012		Schedule 3/12/20		mpletion I	Date (11)	100000			A Monitor (9) ABO	VE					
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)			Sti	reet A	Address	;				177		
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	bater Hour	ment s	77	Cit	ty, St	ate, Zip	Code		-				
Scope of Work (Check	All That Apply)	****					-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					Mini- Glov	Containme Enclosure ebag Prod Exempted	e cedure				ure	
		100	Locat	93									Aba	atemer Type	it
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) B <u>ATED</u> ility	Used Mair	d Sole ntena	ely by	(i.e. t	Descrip os Containin thermal syst surfacing other misce	ng Materns tems , VAT	aterial (insulat Γ, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEM	1ENT	162	X	INIPA		PIF	PE			1	30 LF	X	-		-
						7.4.76.00									
Name of Registered Wa						Cubic Yard	ds		Name of I	Registe	red Land	Ifill			

of Waste TWO BROTHERS CONTRACTING WASTE MANAGEMENT G.R.O.W.S. 18743 Disposal Date City, State City, State 3/12/2012 MORRISVILLE, PA CLIFTON, NJ

Signature

Completed by VIVECA RAMOS SECRETARY Date

2/28/2012

01 1	1/ .
Lahort	#/175
CITCA	#6275

	Date of Notification (1) February 29, 2012				Name of Building Owner / Operator (2)										
Agencies Notified EPA DEP	Type Notification	1			Address amilton A	lvenue			MAR	2 2012		And The second second second			
⊠DOH	Initial Amende Amendn			- A	tate & Zip on, NJ 08				SBESTOS (CONTROL &	į	and the same state of the same			
DCA	Cancella				of Contac	ct		La recorde de la constante de	4 +1 3 +1	and the same of th	lephon	e Nu	mbe	r	
			33- 33-11 W	FA	CILITY	INFORM	ATION				er r	ot, c			
Name of Facility Who Bank of America	ere Abatement is T	aking Pl	ace (3)			[7]	pe of Fac	ility (4) I (K-12)							
Street Address 360 Hamilton Avenue							Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.)								
City (5)			quare Fee 4,00 urrent Use		Floors 2 demolishe		g. Age	125							
County (6)	Ва	ank				-									
Mercer Name of Monitoring Arcadis US Inc.		ame of Ab	atement Contra	actor (9)											
Street Address 35 Columbia Road City, State & Zip Code							Street Address 829 Radio Road City, State & Zip Code								
Branchburg, NJ 08876 Project Manager for Monitoring Firm Telephone Number						Li Te		larbor, NJ 080 Number)87	License Num	ber 0081	7			
Jim Kalafsky Scheduled Start Date March 9, 2		heduled	Completi	on Date (h 12, 201	11)	Na		SHA Monitor		L					
Occupancy Status D		Check or Entire F	nly one)		S. S. W. AND S. W. S.	St	Street Address 829 Radio Road								
Other – Des	Performed Outside cribe: upied During Abate	0.0000000000000000000000000000000000000	nal Hours	3			City, State & Zip Code Little Egg Harbor, NJ 08087								
Scope of Work (Che		, in one						_			la-				
≥3 sf or ≥ 50 lf ⊠ ≥160 sf or ≥26				Renovation Demolition				Mini-Enclosu Glovebag Pro	re ocedure	Negative Press		re			
Asbestos-Conta	cation of aining Material (ACI E ABATED	M)	Solely b	on Normally Used by Maintenance or odial Staff? (12)			Material	otion of Containing (ACM)	Am	Amount (Specify SF or LF)		Abatement Type			
IN	Facility (13)		Yes	No	N/A	ins	ulation, su	al systems rfacing, VAT cellaneous)			Removal	Repair	Encapsulate	Enclosure	
Basement					Х	F	loor Tile a	and Mastic		3,500 SF	X				
Conference Room					Х	7	ransite W	'all Panels		750 SF	X				
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						ards of W	ards of Waste Name of Registered Landfill				لــــا		ш		
Synatech, Inc. City, State			27	429	Disposa	10 Grows Landfill Disposal Date City, State			dfill						
Little Egg Harbor, N Completed By		tle		***************************************	March 13, 2012 Signature			Morrisville, PA Date							
Diane Aloia	E	kecutive	Admini	strator	Na	ane 1	ellor		Februa	ry 29, 2012					

Cneck # 1311													11	
Date of Notification (1)	Date of Notification (1)			Name	of Buildin	ng Owner/0	perato		MAR 2	0044		1 /	1	
02/28/2012	COST TO STATE OF THE STATE OF T		į. 1	Leon Hackett										
Agency Notified	Type Notification			Street	Address						1		1	
⊠ EPA	⊠ Initial				Church			-	***				1	
□ DEP	☐ Amended			City, S	State, Zip	Code								
M DOL	Amendment #	dina		Washi	ington,	NJ 07882	!	A STATE OF THE STA						
⊠ DOH	justification)	ung		Name	of Conta	ct			Telephone Nu	mber.	STREET, SE			
□ DCA	☐ Cancellation			Leon	Hackett				grant to the second				**	
				FAC	ILITY IN	FORMATIC	N							
Name of Facility Where	Abatement is Taking P	lace (3)						Type of Facilit	ty (4)					
Private home								☐ School (K-1	2)					
Street Address						-			8 (Other than K-1	2)				
									private & commerc	ial buildi	ngs,			
32 E. Church Street		2						Square Feet	# of Floors	Bido	. Age			
City (5)				Square reet	# 01110013	Didg	. Age							
Washington, NJ 0788	2						-		1				-	
County (6)		** *		Count		7) (STATE	USE	Current Use (Prior if being demo	lished)				
Warren				ONLI	,									
Name of Monitoring Firm	Hired by Building Own	ner(8)	ASCN	No.		Name of	Abater	ment Contractor	(9)					
reality of monitoring thin	Times by bananing on					Gr Tech	LLC							
Street Address						Street A	Section Control (Section)							
						576 Val	lev Ro	1 #283						
City, State, Zip Code						City, State. Zip Code								
						Wayne, NJ 07470								
Project Manager for Mon	itoring Firm	Te	lepho	ne No.		Telepho		···×	License No.		-	-		
	988	1				973-638	-1777	,	01127					
Start Date (10)	Scheduled (Completi	on Da	te (11)		Name of			101121					
03/10/2012	03/11/2012	,				Envirov	ision (Consultants,Ir	nc.					
Occupancy Status During		water to the same of the same of				Street A		01104114110,11				_		
						20-21 W	/agara	w Road, Bldg	# 34A					
□ Abatement Performed				t		City, Sta			5 5					
☐ Other - Describe:	outoide of Horman a	omity 1100				Fair Lav								
Scope of Work (Check all	I that apoly)					I an Day	7	707410					_	
	РР-7/			50 D		-			h Negative Pressu	re				
≥ 3 sf or >3 If					novation nolition			-Enclosure rebag Procedure						
						L			nd Non-Friable Pro	cedure	е			
		Is	Locat	ion							Abateme			
		l N	lorma	lly							\vdash	Туре		
Locatio Asbestos-Containing		122000000000000000000000000000000000000	d Sole		Ashe		cription ining Ma	or aterial (ACM)	Amount			- 1	m	
TO BE AE		12.000	ntena					insulation.	(Specify		Re	R	Encapsulate	
IN Fac	10.00 m		Staff?			surfaci other mi	ng, VAT		SF or LF)	E.	Removal	Repair	DSU	
(13)			(12)			other in	SCENAIN	eousj			val	₹	ate	
		Yes	No	N/A										
Basement		163	140	X	Pine in	sulation			80 LF		x		7	
out of the control of	the state of the s				P								7	
		+			-							+	+	
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		1		<u> </u>				T No.					i	
Name of Registered Was	te Hauler	ID I		Vaste H	lauler	Cubic Ya Waste	ras of	Name of Reg	stered Landfill					
C. T1.11.C		1				, asic								
Gr Tech LLC		003	3785			Disposal	Data	T.R.R.F. Inc				-		
City, State						Disposal	Date	City, State	24					
-							-	Tullytown, I	A	D-:				
Wayne, NJ 07470 Completed by N.Jevtic	Title	-				Signature		/ Iullytown, I	7	Date 02/28/2				

51	CAGERRA	CLAIKON WEN
	26B744	es INC
		1 2 JUL 011

Date of Notification (1) 2/29/12					Name of Building Owner/Operator (2) Trustees of Princeton University										
Agencies Notified	Type Notification	n		Stree	et Address	E.A.	. MacMillan	Buildin	2	2012		1			
DEP DOL	Amended Amendment		_	City,	City, State, Zip Code Princeton, NJ 08544 ASALSTIS CONTROL &										
☑ DOH	Emergency (justification) Cancellation		g	Nam	e of Contac	Telephone Nu									
	Garleemation					obert Ortego		L 			Car Mari Nation	<u>_</u>			
Name of Facility Where	Abatement is Taki	ng Place	e (3)	FA	CILITYINI	ORMATION	Type of Facilit	y (4)	1211/06/45/59	100					
	Apartment B			pt B	-1		School (K-	12)	40)						
Street Address 120 Prospect Ave.							Other (i.e., homes, etc		rcial bu						
City (5)	Princ	eton,	NI				Square Feet	# of Floors	E	3ldg.	Age				
County (6)	FIIIIC	eton,	11/3	Cou	inty Code (7) (STATE	Current Use (F	rior if being demo	olished)		2011-2	_			
Mercer					E ONLY)			partment Bu	ildin	3					
Name of Monitoring Firm (8) A T C A			ASCM	Account of the second	and water transfer and control of the first of the	nent Contractor (508 01 (0.5 SHEAR) 501	I		.,					
Street Address	Associates Inc.	— L	- 00	0098	Street Address	vens environ	mental Servi	ces, i	IIC.		_				
Officer Address	3 Terri Lar					PO 1	Box 322								
City, State, Zip Code	Burlington	1				City, State, Zip C		n, NJ 08501							
Project Manager for Mor		Tele	phone	No.	Telephone No.	- Intente	License No.				-				
Mike	(60	9) 38	86-8800	(609) 25	59-9688		0049	3							
Start Date (10)	Sche	eduled C			ate (11)	Name of OSHA		IECS							
3/1/12 Occupancy Status Durin	ng Abatement (Che		3/2/1	2		Street Address	IV	IECS				_			
☐ Facility Closed/Vacat				ment			P.O.	P.O. Box 341							
☐ Abatement Performed Other - Describe:			y Hour	s	City, State, Zip Code Crosswicks, NJ 08515										
Scope of Work (Check a	all that apply)		novati molitio			☐ Mini-End ☐ Gloveba	ag Procedure	gative Pressure	lure						
			ocatio omally						Abaten Type						
Location of		Used	Solely	by	Ashost	Description of os Containing Mate		Amount		T		П			
Asbestos-Containing M <u>TO BE ABAT</u> IN Facility	red .	Cı.	istodia Staff? (12)			thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13)		Yes	No No	N/A		Other miscellaneo	ius)		<u>m</u>		ulate	<u>a</u>			
kitchen						floor tile		50 SF	×						
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									+-			-			
Name of Registered Was	ste Hauler	<u> </u>	T N.	JDEP V	Vaste	Cubic Yards	Name of Regis	stered Landfill				\dashv			
Stevens Environn		s Inc.	Ha	auler ID	No.	of Waste 1 CU	\cap	T.R.R.F., I	nc.						
City, State	llentown, NJ (BOURSE IN THE	-1-	102		Disposal Date	City, State	Tullytown,							
Completed By	Title					Signature	11/	Date				=			
Mahlon E. Ste	vens	Pro	oject	Man	ager	-//			2/29	/12					

Fax:

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 5:16)

Fe	b 29	201:	2 10:20 APPE	Dam KOWE	P001/	001	1
-			Health	A STE		ervices	
	Date	2	2411	Ature)	9/ ne: 1	16/1	1

Date of Notification (1) 2/29/12				Name of Building Owner/Operator (2) Trustees of Princeton University										
Agencles Notified	Type Notification	n		Stre	et Address			T111				77		
DEPA DEP DOL	Initial Amended Amendment	#		City,	State, Zlp	Code	MacMillan BuildingAR 2 2012							
DOH DCA	Emergency (justification) Cancellation	includir	ig .	Nam	e of Conta	Princeton, NJ 08544 risct Robert Ortugo								
						FORMATION					77700	_		
Name of Facility When	e Abatement is Taki	na Plac	o (3)		45451 1 144	-ORIWATION	Type of Fedil	v (4)	er care anna	en approved	Tomo com			
	Apartment B		0.000	pt B										
Street Address				r 8 (Other than K private & comme		iding	Б,							
City (5) Princeton, NJ							Square Feet	# of Floors	E	ildg.	Age			
County (6)	111111	143	Cou	inty Code (7) (STATE	Current Uso (F	Flor II being dem	ollshed						
	Mercer		US	E ÓNLY)		11 A	partment Br							
Name of Monitoring Fi	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ASCN			ment Contractor (
	Associates Inc.		0	0098		vens Environ	mental Serv	ices, l	es, Inc.					
Street Address	2 Tami I as				Street Address	no.	D 222							
City, Stale, Zip Code	3 Terri Lar	(C				City, State, Zip (Box 322			_	_		
Dily, Siele, Ep Coos	Burlington	1	50			City, Stata, Zip t	Allentown, NJ 08501							
Project Manager for M		Tole	phone	No.	Talephone No.		Litense No.				=			
Mik	(60	9) 38	6-8800	(609) 2:	59-9688		0049	3						
Start Date (10)	Sche				ale (11)	Name of OSHA								
3/1/12			3/2/1	2			N	IECS						
Occupancy Status Du Facility Closed/Vac				ment		Street Address	PO	Box 341						
Abelement Perform Other - Describe:	ed Outside of Norma	al Feoli				City, State, Zlp C	Code	ks, NJ 08515	5	36		=-		
Scope of Work (Check	all that apply)		novali			Mini-En Gloveb	ntainment with Ne	galive Pressure						
		N	Locatio						Abalement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Sota Maintenai Custod Staff? (12)				ce/		Description of 25 Confaining Mar thormal systems I surfacing, VAY, other miscellance	erial (ACM) Amount (Specify or SF or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yea	No	N/A							de			
kitch	kitchen					floor tile		50 SF	×					
										\dashv	\neg	\dashv		
Name of Registered W	asta Hautar		1 1	DEP (Masla T	Cubic Yards	Name of Regi	slared andfill						
Stevens Enviror		s Inc.	H	autor ID	No.	of Wasle		T.R.R.F.,	Inc.					
City, State	Allentown, NJ C					Disposal Date 3/2/12 /	City, State	Tullytown						
Completed By Mahlon E. St	Title		oject	Man	ager	Signatur		Date	2/29	/12		=		
7-261111/11 12- 131		* 1	7501	A'ALLI	-501		=		2,27			$=$ \perp		

ASB-41 MAR 00 * Do not use this form for asbestos ligensure exempled activities.

Date of Notification (1) February 29, 2012			Name of Building Owner/Operator (2) Joan Cohen A CK # UHG 9										-24		
Agencies Notified	Type Notificatio	n		Joan Cohen Street Address										7	
ĭX EPA	× Initial	***			. Centra	al Ave					i		The state of the s		
DEP DOL	Amended Amendmen		_	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ate, Zip C estown,		057		MAR	2 2012	2	Trail of the second			
DOH DCA	justification Cancellation)			of Contact Cohen			A	SBESTOS	elephone N	lumbė	r			
Name of Facility Where	Abatement is Tak	na Place (2)		FAC	ILITY INF	ORMAT	ION	To a second		CONTRACTOR CONTRACTOR			}		
Residence	Modernent is Tak	rig riace (5)	,				1442	Type of Facili	, , ,	Commission and Property					
Street Address 132 E. Central Ave	9							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
City (5) Moorestown						etc.) Square Feet # of Fig. 2500 3			rs Bldg. Age						
County (6) Burlington	1		Code (7) USE ONL	0		Current Use (Residence	Prior if b	eing demol	ished)		- 1				
Name of Monitoring Fire MECS		ASCN	/ No.			of Abatement (e Environm									
Street Address PO Box 341	***************************************	1				Address Lippincott A	Ave								
City, State, Zip Code Chesterfield, NJ 08					City, St	ty, State, Zip Code laple Shade, NJ 08052									
Project Manager for Mo Bill Weisgarber		Telepho	ne No. 98-4070)	Teleph	one No. '55-0099		License 00842	No.						
Start Date (10) March 10, 2012		Scheduled March 2			Date (11)		Name of EMSL	of OSHA Monit	or						
Occupancy Status Durin	ng Abatement (Che	L ck Only One	;)					Address							
Facility Closed/Vac	cated During Entire	Period of Al	oatem	nent				7 Haddon Ave							
Abatement Perform Other – Describe:		nal Facility I	Hours					ate, Zip Code mont, New	Jersey	08108					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	- Designation of the last of t	nova				×	Full Contain Mini-Enclosi Glovebag Pi Non-Exempi	ure rocedure	•			re		
			ocatio									Abatement Type			
Location Asbestos-Containing		Used		y by	Achae		scription o	of aterial (ACM)		Amount		Т-	/pe	Т	
TO BE AB. In Facil (13)	ATED lity	Custo	tenar dial S (12)		(i.e.	thermal surface	systems cing, VAT niscellane	insulation, , or		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							<u> </u>		ate	Ге	
Basem	ent			XXX		Pipe	insulati	on	1 7	80 LF	XXX	1			
Crawl Sp	pace			XXX		Pipe	Insulati	on	:	20 LF	XXX				
									-		-	-			
Name of Registered Was Eastern Waste	te Hauler		Ha	JDEP Waste Cubic Yards auler ID No. Cubic Yards				Name o		ered Landfil	1	J			
City, State		4	122	253		Disposa	al Date	City, Sta							
Mount Holly, New Je	ersey 08060					Diapos	ui Dale	Tullyto		Α.					
Completed by William Lynch		Title Owner		-		Sig	gnature	90		TDa	ate ebrua	nv 20	20	12	
						Lu.	uce	-40	THE	1	Juluc	., , 23	,, ZU	12	

STATE OF IVEW SERVEY NOTIFICATION OF ASDESTOS ABATEMENT 1366 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) FOREPRON] Street Address Type Notification Agencies Notified Ethnitial DOIL DOIL City, State, Zip Code Amended Amendment# Emergency (including justification) Telephone Number HOG [2] ☐ DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3)

FORE (Pow)

Homes Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) POther (i.e., private & commercial buildings, RIDGE RO homes, etc.) Bldg. Age Square Feet 2000 County Code (7) (STATE USE ONLY) County (6) TESPOLUCE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. ACK TNSULATION Street Address Street Address 95 MONTROS City, State, Zip Code City, State, Zip Code COLTS NEELS License No. Telephone No. Telephone No. Project Manager for Monitoring Pirm 732 294 00020 Start Date (10) Scheduled Completion Date (11) 4-12-12 ALE INSULATION 4-8-12 Occupancy Status During Abatement (Check only one) Street Address Griy, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7Am - 7 Pm Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Mini-Enclosure Glovebag Procedure 1-Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Used Solely by Description of Location of Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify Custodial (i.e., thermal systems insulation, TO BE ABATED SF or LF) Staff? surfacing, VAT, or IN Facility

other miscellaneous) (12)Yes No N/A 24001 SIDING nutpooks Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste GROWS ACE INSUlation Disposal Date City, State

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

MGA

UPA

Completed By

Signature

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