010	100
(V)	
()\	1 100

State of New Jersey

N/- 1-O									10-)) _[Pr	int
JN 100			ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		-	D	E C	E		\mathbb{V}
Date of Notification (1)			Name o	of Building	Owner/C	perator	(2)		1	14 A 1	9 2	0 0	201
03/10/17			Archo	diocese	of Newa	ark	922 (5)			MAI	7 6	U	101
Agencies Notified Type Notification	É			Address							***********	ud on mana	
EPA Initial		ļ		Clifton A					_ AS	BEST			
DEP Amended X DOL Amendmen	t#			ate, Zip Cark, NJ 0					-		(CEI)	ISIN	9_
Emergency	(including	9	2/52/	of Contact	THE RESERVED				1				
DOH justification DCA Cancellation				Conboy									
				ILITY INF		ON					-	-	_
Name of Facility Where Abatement is Takir	ng Place ((3)					Туре	of Facility (4)				
Sacred Heart Church								School (K-1					
Street Address							×	Subchapter Other (i.e. r	8 (Other than K- private & commen	·12)	ldinae	hom	29
499 Belgrove Dr.								etc.)			00000		00,
City (5) Kearny								are Feet	# of Floors	100	Bldg.		
County (6)		Т	Count	Cod- /71			10,0		2		100+		
Hudson				Code (7) USE ONLY	0			Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building	Owner /9	1				Name of Abatement Contractor (9)							
N/A	~*************************************	ý.						me of Abatement Contractor (9) esco Services Inc.					
treet Address							Street Address						
							156 Maple Ave.						
City, State, Zip Code							100 m # 100	Zip Code					
							allington, NJ 07057						
roject Manager for Monitoring Firm		T	Telepho		Teleph			License	No.				
					862-2	221-9	9092 01107						
tart Date (10) 03/20/17	03/31/	17	mpletion				HA Monitor alodka						
occupancy Status During Abatement (Chec	k Only O	ne)				Street							
Facility Closed/Vacated During Entire	Period of	Abater	nent					e Ave.					
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	S					Zip Code	-				
cope of Work (Check All That Apply)						vvalli	ngto	n,NJ 0705)/				
	I⊽I	-				×	1 -		1 2/2/4	21			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Ê	1	II Containme ni-Enclosure	ent with Negative	Pressu	ire		
92							Glo	ovebag Prod	edure	LL E	20.4	22	
			•			<u> </u>	ı NO	n-Exempted	(*) and Non-Fria	able Pro		emen	
l analisa of	4100	s Locat Norma										/pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes	Des tos Conta	cription aining M		I (ACM)	Amount			ш	
TO BE ABATED In Facility		aintena todial			thermal s	systems	insula		(Specify	Rei	R	Encapsulate	Enclosure
(13)		(12)				ing, VAT			SF or LF)	Remova	Repair	psu	Jost
	Yes	No	N/A				,			<u>a</u>	7	late	Ire
ahrush	140	INIA		- J u		1		0000 1		-			
church			Wo	od floor	under	naym	ient	2800sf.	*	_			
		-							-				
	1												
ame of Registered Waste Hauler		1950	JDEP W		Cubic \			Name of F	Registered Landf	ill	1		
ewark Carting Inc.		10.00	lauler ID	No.	of Was	te		GROW	estat.				
ty, State		05409 5											
ewark,NJ		Disposal Da			ai Date	I Date City, State Morrisville, PA							
empleted by	Title				Si	gnature		, morniovi		ate			
eslaw Nalodka		ident			1 0,	Silvicia		11/1		12/10/	17		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 3 10 / 17 Trustees of Princeton University Agencies Notified Type Notification Street Address ASBESTOS CONTROL **⊠** EPA E.A MacMillan Building **⊠** DOLWD LICENSING M Amended City, State, Zip Code Amendment #2-3/15/17 □ DHSS Princeton, NJ 08544 □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Robert Ortego **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 272 Alexander St homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 7,500 2 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Assoicates, Inc. 00102 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 515 Grove St., Suite 1B 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Clark 856-656-2944 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 16 / 17 3 / 22 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-____PM/_ PM-7:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ☐ Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Encapsulate Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout П X Sheetrock 1400 SF X П П Attic П \boxtimes Transite 400 SF X Attic \boxtimes Vermiculite 400 SF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill BRISTOL ENVIRONMENTAL, INC. Hauler ID No. Waste G.R.O.W.S. NORTH LANDFILL 18706 City, State Disposal Date City, State BRISTOL, PA 19007 MORRISVILLE, PA 19067 Completed By (Print or Type) Title Signature Date Brian Scafiro Estimator ASR-41 BS17027 MAY 11 * Do not use this form for asbestos licensure exempted activities

	141									E#	160	_
Date of Notification		10 /	17		1		Iding Owner/Operat of Princeton Un		INE	GE		\mathbb{V}^{-}
Agencies Notified		ype Notifica			1			iversity				
⊠ EPA		ype wotmos Initial	uon		15	treet Addre	A LOVANIA MANAGEMENT PROPERTY.			MAD O	0 2	017
□ DOLWD		Amended			C	ity, State, Z	Millan Building		had not	MAR 2	U 21	Ull
☑ DHSS □ DCA		Amendme			/ 1		i, NJ 08544					
(NJAC 5:23-8)		justificatio		uaing	_	ame of Con			ASB	ESTOS ne Númbr	CON	TRO
] Cancellati	on			Robert O	rtego		Тетерно	HE MANAGEMENT	SOUNC	7
						FACILITY	INFORMATION				7.5	
Name of Facility Whe		tement is Ta	king F	lace (3	3)			Type of Fac	ility (4)			
Princeton Unive	ersity							School (F	<-12)			
Street Address 272 Alexander S	94							☐ Subchap	ter 8 (Other that., private and o	an K-12)	al build	inaa
City (5)) [nomes, e	etc.)	John Herch	al Dullu	ings
Princeton								Square Feet		ors	Bldg.	Age
County (6)					Ic	ounty Code	(7)(STATE USE ONLY)	7,500	2		50-	+
MERCER						ounty Code	(I)(STATE USE UNLY)	Current Use	(Prior if being o	demolishe	ed)	
Name of Monitoring F	irm Hire	d by Buildin	g Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor	(0)			
Pennoni Assoica	ates, In	c.	-	, ,	00	102		NVIRONMENT	* *			
Street Address							Street Address		AL, INC.			
515 Grove St., St	uite 1B						1123 BEAVE	R STREET				
City, State, Zip Code							City, State, Zip C			-11.		
Haddon Heights,							BRISTOL, PA	A 19007				
Project Manager for Mo	onitoring	Firm		Te	lephon	e No.	Telephone No.	CALE TO A COLUMN TO CO.	License f	Vo.		
Brian Clark						6-2944	215-788-6040		00509			
Start Date (10)3 /16	/ 17					Pate (11)	Name of OSHA N					
_ 0 / 10	1 17		3	1 2	2 1	17	DDICTOL CAL	MOONINGER				
							BRISTOL EN	A INCIMIEN I	AL, INC.			
Occupancy Status Duri	ng Abate		ck only	one)			Street Address	AIKOMMEN I	AL, INC.			
Occupancy Status Duri	ing Abate	ing Entire P	ck only	one)	ement		Street Address 1123 BEAVER	R STREET	AL, INC.			
Occupancy Status Duri	ing Abate ated Duri	ing Entire P	eck only Period o	one) of Abate	ement	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET	AL, INC.			
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement:	ing Abate ated Duri ed Outsie 7:00AN	ing Entire P de of Norm 1-5:30PM/	eck only Period o	one) of Abate	ement	scribe	Street Address 1123 BEAVER	R STREET	AL, INC.			
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement:	ing Abate ated Duri ed Outsie 7:00AN	ing Entire P de of Norm 1-5:30PM/	eck only Period o al Faci	one) of Abate lity Hou	ement urs - De AN	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET ode 19007				
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: cope of Work (Check a	ing Abate ated Duri ed Outsie 7:00AN	ing Entire P de of Norm 1-5:30PM/	eck only eriod o al Faci	y one) of Abate lity Hou PM	ement urs - De AN	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Ne		re		
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: cope of Work (Check a	ing Abate ated Duri ed Outsie 7:00AN	ing Entire P de of Norm 1-5:30PM/	eck only eriod o al Faci	one) of Abate lity Hou	ement urs - De AN	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla	R STREET ode 19007 ainment with Ne osure Procedure	gative Pressur			
Deccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ Coope of Work (Check at ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	ing Abate ated Duri ed Outsie 7:00 AN	ing Entire P de of Norm 1-5:30PM/	eck only Period cal Faci	y one) of Abate lity Hou PM enovate emoliti s Local	ement urs - DeAN ion on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla	R STREET ode 19007 ainment with Ne	gative Pressur	cedure	hatama	not T
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ing Abate ated Duried Outsic 7:00 Alv	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	eck only Period c al Faci	y one) of Abate lity Hou PM enovat emoliti s Local	ement urs - DeAN ion on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State, Zip Co	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No	gative Pressur	cedure	bateme	
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	eck only Period c al Faci □ R □ D Usi	one) of Abate lity Hou PM enovate emoliti s Loca Norma ed Sole aintena	ement urs - De AN ion on tion elly by nce/	escribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Contain Glovebag Non-Exen Description of tos Containing Mate	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No	egative Pressur on-Friable Proc Amount	cedure	TIT	
Ccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	eck only Period c al Faci □ R □ D Usi	one) of Abate lity Hou PM enovate emoliti s Loca Norma ed Sole aintena	ement urs - De AN ion on tion elly by nce/	escribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, Co	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	gative Pressur on-Friable Proc	edure Al Remo	TIT	
Dccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	eck only Period c al Faci □ R □ D Usi	one) of Abate lity Hou PM enovate emoliti s Loca Norma ed Sole aintena	ement urs - De AN ion on tion elly by nce/	escribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate, thermal systems in	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	egative Pressur on-Friable Proc Amount (Specify	cedure	TIT	Encapsulate
Decupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13)	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	Period cal Faci	enovatemolitis Local Norma et odial (12)	ion on tion staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneon	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	on-Friable Proc Amount (Specify SF or LF)	Removal	TIT	
Decupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check at 2) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13)	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	Period cal Faci	enovatemolities Local Normal stodial (12)	ement urs - De AN ion on tion elly bely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneon	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	egative Pressur on-Friable Proc Amount (Specify	Removal	TIT	
Doccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Cope of Work (Check a 3 3 sf or 3 lf 3 160 sf or 260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13) Aroughout tic	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	Period cal Faci	enovatiemolitiis Local Normaled Soleaintenastodial (12)	ion on tion staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneon	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	on-Friable Proc Amount (Specify SF or LF)	Removal	TIT	
Deccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Cope of Work (Check a 3 3 sf or 3 lf 5 160 sf or 260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13) Aroughout tic	ing Abate ated Duri ed Outsie 7:00 All all that a n of Materia ATED	ing Entire P de of Norm f- <u>5:30</u> PM/ pply)	Period cal Faci	enovatemolities Local Normal stodial (12)	ement urs - De AN ion on tion elly bely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, oother miscellaneous	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	TIT	
Decupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Cope of Work (Check a 3 sf or >3 lf 5 160 sf or >260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13) Aroughout tic	ing Abate ated Duri ed Outsie 7:00 AN all that a n of Materia ATED ity	ing Entire P de of Norm f-5:30PM/ pply)	Period coal Faci	enovatiemolitiis Local Normaled Soleaintenastodial (12)	ement urs - De AN ion on tion elly bely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, oother miscellaneous	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	TIT	
Doccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Coope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13) Proughout tic me of Registered Wast	ing Abate ated Duried Outsid 7:00 AN all that a n of Materia ATED ity	ing Entire P de of Norm f-5:30PM/ pply) I (ACM)	Period cal Faci	enovatiemolitiis Local Normal (12) No	ement urs - DeAN	Asbes (i.e. Sheetroo	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, oother miscellaneous cit.	erial (ACM) issulation, or us)	Amount (Specify SF or LF) 1400 SF 400 SF	Removal	TIT	
Doccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Coope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13) Proughout tic me of Registered Wast	ing Abate ated Duried Outsid 7:00 AN all that a n of Materia ATED ity	ing Entire P de of Norm f-5:30PM/ pply) I (ACM)	Period cal Faci	enovatiemolitiis Local Normaled Soleaintenastodial (12)	ement urs - DeAN	Asbes (i.e. Sheetroo	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, oother miscellaneous	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or us) Name of Regist	Amount (Specify SF or LF) 1400 SF 400 SF	Removal	TIT	
Deccupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB/ IN Facili (13) Iroughout tic me of Registered Wast RISTOL ENVIRONI 7, State	ing Abate ated Duri ed Outsie 7:00 AN all that a n of Materia ATED ity	ing Entire P de of Norm f-5:30PM/ pply) I (ACM)	Period cal Faci	enovatiemolitiis Local Normaled Soleaintenastodial (12)	ement urs - DeAN	Asbes (i.e. Sheetroot Transite Vermicul	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, oother miscellaneous	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) sulation, or us) Name of Regist	Amount (Specify SF or LF) 1400 SF 400 SF	Removal	TIT	
Coccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 lf ☐ Location Asbestos-Containing ☐ DBE AB/ ☐ IN Facili ☐ (13) ☐ Assistant Companies ☐ Second Containing ☐ OBE AB/ ☐ IN Facili ☐ (13) ☐ Inroughout ☐ Second Containing ☐ OBE AB/ ☐ IN Facili ☐ (13) ☐ Inroughout ☐ Inroug	ing Abate ated Duried 7:00AN all that a n of Materia ATED ity	ing Entire P de of Norm 1-5:30PM/ pply) I (ACM)	Period cal Faci	enovatiemolitiis Local Normaled Soleaintenastodial (12)	ement urs - DeAN	Asbes (i.e. Sheetroot Transite Vermicul	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, oother miscellaneous	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) isulation, or us) Name of Regist G.R.O.W.S.	Amount (Specify SF or LF) 1400 SF 400 SF	Removal SIDFILL	TIT	
Deccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location Asbestos-Containing ☐ DBE AB/ ☐ IN Facili ☐ (13) ☐ Inroughout ☐ tic ☐ The Containing	ing Abate ated Duried 7:00AN all that a n of Materia ATED ity	ing Entire P de of Norm I-5:30PM/ pply) I (ACM) Title	Period cal Faci	enovatiemolitiis Local Normaled Soleaintena Stodial (12)	ement urs - DeAN	Asbes (i.e. Sheetroot Transite Vermicul	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Contain Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous city Iteles	R STREET ode 19007 ainment with Ne osure Procedure npted (*) and No erial (ACM) isulation, or us) Name of Regist G.R.O.W.S.	Amount (Specify SF or LF) 1400 SF 400 SF 400 SF ered Landfill NORTH LAN	Removal SIDFILL	TIT	

State of New Jersey

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

CML# 3169

CML# 3169

Date of Notification (1)				11 (5					120	WI	De	2		
	/17				iding Owner/Ope of Princeton (11D) E	G	E		V L		
Agencies Notified Type ☑ EPA ☑ In	Notification itial	2000		Street Addre					MAR	2	7 21	117		
☑ DOLWD ☐ A	mended		-		Millan Building				MHII	_	J (_1	711		
	nendment#_		- 1	City, State, Z				- Marine						
DCA Er	nergency (inc	cluding			n, NJ 08544							TROL		
	stification)		1	Vame of Con				Telephone	Numb	er	31146	1		
				Robert Or				1						
None of Facility 1611				FACILITY	INFORMATIO	N		_		14				
Name of Facility Where Abateme	ent is Taking	Place	(3)				Type of Facility	y (4)						
Princeton University							School (K-1	12)						
Street Address							Subchapter	8 (Other than	K-12)					
272 Alexander St						- 1	homes, etc.	private and cor	nmerc	ial bu	ilding	s,		
City (5)							Square Feet	# of Floors		RI	ig. Ad	10		
Princeton							7,500	1 .a. 100000	2 504					
County (6)			10	County Code	(7)(STATE USE ONL	LY	Current Use (Pr	1	naliah		707			
MERCER				3.53		1		nor it being der	nousne	30)				
Name of Monitoring Firm Hired by	Building Ow	ner (8)	AS	CM No.	Name of Abate	emer	nt Contractor (9)							
Pennoni Assoicates, Inc.				0102	4		IRONMENTA							
Street Address		-		L, INC.										
515 Grove St., Suite 1B														
City, State, Zip Code					1123 BEAV			V-U-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-						
Haddon Heights, NJ 08035					City, State, Zip									
Project Manager for Monitoring Firm					BRISTOL,		9007							
Brian Clark	1	1	elephor		Telephone No.		License No.							
Start Date (10)	10			56-2944	215-788-60		00509							
- Bulletin State	Scheduled			10) 53.00	Name of OSHA							-		
3 / 14 / 17			- 222		BRISTOL E	NVII	RONMENTAL	, INC.						
Occupancy Status During Abatemen					Street Address									
Facility Closed/Vacated During E	ntire Period	of Aba	tement		1123 BEAVE	ER S	TREET							
Abatement Performed Outside of	Normal Fac	ility Ho	urs - De	escribe	City, State, Zip C									
Time of Abatement: 7:00AM-5:3	UPIVI/	PM	A	A	BRISTOL, P.									
cope of Work (Check all that apply)														
≥3 sf or ≥3 lf	-	2 7	722			ntaini	ment with Negat	ive Pressure						
≥160 sf or ≥260 If		Renova Demolit	ition			closu	ire							
		CITIOIL	1011		☐ Gloveba	ag Pr empt	ocedure ed (*) and Non-f	Friable Dress d						
		ls Loca	ation	T		- Inpe	ou () and reon-i	Hable Procedu						
Location of		Norma			Description of	nf.	1		Al	_	nent 7	уре		
Asbestos-Containing Material (AC		ed Sol		Asbest	os Containing Ma	teria	I (ACM)	Amount	Re	Repair	E	E I		
TO BE ABATED IN Facility		stodial		(i.e.,	thermal systems	insul	ation,	(Specify	Remova	pai	Encapsulate	Enclosure		
(13)		(12)			surfacing, VAT, other miscellane	, or		SF or LF)	<u>a</u>	-	Insc	Sur		
	Yes	No	N/A		other miscellane	ous	1	2			ate	0		
oughout		Ø		Sheetrock	k			1400 SF						
c	П	×		Transite					-			Щ		
			-	riansite				400 SF	\boxtimes					
C		×		Vermiculi	te			400 SF						
										П	П	\Box		
e of Registered Waste Hauler		100000	JDEP W		ubic Yards of	Nar	ne of Registered	d Landfill				-		
RISTOL ENVIRONMENTAL, IN	IC.		auler ID 18706	No. W	aste		.R.O.W.S. NO		ILI					
State			10/00	Di	sposal Date		, State	***************************************	- um the					
ISTOL, PA 19007								DA 4000=						
pleted By (Print or Type)	Title		-		10:	146	ORRISVILLE,	FA 19067						
an Scafiro	Ectimate	0.5			Signature	6	. 1.	/Oa Date	1	/		\neg		

RCITADT



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

Date of Notification (1)			IN	lame of E	Building Ov	vner/Op	erator (2)			1	1 9047			201	
3)16)	17			100	NNSH	110	OF	N	HPSIC	BE	RGEN ASBES	700		1) A 100 a 1	
Agencies Notified	Type Notification		S									JCE	NSI	nnir NG	IUL
Z EPA	2 Initial		L	42	33	KEI	1458	34	BC	0 12			AND DESCRIPTION	100 (ga - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 - 140 -	-
DEP DOL	☐ Amended		0									04	7		
Æ DOL	Amendment # Emergency (incl	uding	-	lame of C	01676	+ 6) = 120			Tele	obone Numbe	r -			-
DOH DOH	justification) □ Cancellation		7	A D	PETE	R L	LAMA	IER						-	
□ DCA	Li Cancellation				ITY INFO					-	2	-			
Name of Facility Where Al			21	*******			T	Type of	Facility (4)					
	IAN WASH	4							chool (K-12		70 1000000000				
Street Address	10-000	01		.) 14	7:0			S	ubchapter 8 ther (i.e. pr	(Other ivate &	than K-12) commercial bu	uilding	s, hor	nes, et	ic.)
1871	PATERSON	, 4 [-Y-Y-6	UIC	رس			- Square	Feet	T # of	Floors	U. C.			
City (5)	RTH BER	SEN		10,					000						
County (6)				County Co	ode (7)		Current'Use (Prior if being demolished)								
HUD	SON		6	STATE U	SE ONLY)		- CAR WASH								
Name of Monitoring Firm	Hired by Building Own	er (8)		ASCM	No.		Name o	f Abate	ment Contra	actor (9)					
,									noval I	nc					_
Street Address							Street Address								
									th Rive	r Stre	et		_		
City, State, Zip Code								y, State, Zip Code Jackensack, NJ 07601							
Project Manager for Monit	oring Firm		Ti	elephone	e No			Telephone No. License No.							
Project Manager for Monte	ornig i iini							201-329-7444 00388							
Start Date (10)		cheduled (1 .		te (11)			of OSHA Monitor							
3/30		4	15	5 17 Omega Environ						nmental					
Occupancy Status During	Abatement (Check Only	One)					Street A		ular Str	aat				~~	.
☐ Facility Closed/Vaca	ted During Entire Period	of Abater	nent	280 Huyler Street City, State, Zip Code								-			
☐ Abatement Performed ☐ Other – Describe:	7:00 At To s	S: P	Н_	South Hackensack, NJ 07606											
Scope of Work (Check All														<u>-</u>	
□ ≥3 sf or ≥3 lf		□ Rer	ovati	on				Full	Containme	nt with	Negative Press	ure			
≥ 160 sf or ≥260 lf			noliti					Min	i-Enclosure						
									ebag Proce -Exempted		Non-Friable P	rocedi	ure		
		1. 1											Abate	ement	
			ocation rmally			De	scription	of					Ty	pe	-
Location Asbestos-Containing		Used		1000		tos Cont	aining Ma	aterial (mount			m	_
TO BE AB	1770 C	Custo	tenan	S10100.5 104	(i.e. ther		ems insulated VAT, or	ation, su	irfacing,		Specify or LF)	Remova	Repair	осар	inclo
In Faci	1.7		(12)				miscellan	eous)			31.77	oval	air	Encapsulate	Enclosure
		Yes	No	N/A										C	
C. 0 111911)	CET LING					4 1 lc	KE	7		2	750 SF	X			
CUR WASH/	CE1406		101		, (10	KN3	110					•			
												-	-		
								-							
				17. 1		News -6	Pacieta	ed Landfill	L	<u></u>		_			
Name of Registered Waste				IDEP Wa auler ID		of Wa							1	1.	
NEWARK	456	29		200	1	O' Care		TH Le He							
City, State			Dispo	sal Date	7	City, Stat	ع ا	eu (70	ς 1	80	15			
NEWAR					Signature			7004	Dat	e					
Completed by J. Maiorano		Title	ime	tor		1	Jignature 	, 1	000	رصر	Date Date	3	lik) 1	7
J. Maiorano		ESI	ima	101				/ ()	0,0					/	-

MO#24219192047 Date of Notification (1)	NOT	(Pu	Name Marti	of as	W Jersey BESTOS C 8:60 as	ABAT) n (IAR Z.	2	2017 2017 2017 2017
☑ DOLWD ☐ Amended			टास्ट.	State, Zip (one						************	
☑ DHS5 Amendment ☐ DCA ☑ Emergency (injustification)			Lakev	vood, NJ	08701		1		r 		:	:
☐ Cancellation				n Katz	T.		1	Telephone Num	ibar .	20020		. ^
	10		-		FORMAT	ION	.,,,,		_			
Name of Facility Where Abstement is Take	ng Place	(3)					Type of Facility	(4)		-		-
Private house Street Address							Other (i.e., homes, etc	8 (Other than K-1 2 private and comme	?) rcial bu	ilding)Si,	- Control of Control
akewood, NJ 08701							Square Feet	# of Floors	BI	dg. A	ĝe .	
County (5)			Coun	ly Code (7)	ISTATE USE	OWLY	Current Use (F	Prior If being demail	(Inada			_
Doesn of Mark of the Control of the				2					miles			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.			at Contractor (9)				
Street Address			-		Gr Tech							_
		_	0)		576 Valk		283					}
Cky, State, Zip Code					City, Stee	e, Zip Co	xde		-			
Project Manager for Monitoring Firm		Tele	Shone	No	Wayne, h		0					
-		1 016	PERMINE	(4 0 .	973-638-			Licenza No.				
Start Date (10) Sch	aduled C				Name of	-	lonitor	01127		-		_
03 / 16 / 17			7_1	17	Envirovi	sion Co	naultants,Inc				239	
Occupancy Status During Absternent (Che	ck only	one)			Street Ad	dress		-			_	
Facility Closed/Vacated Ouring Entire P Abatement Performed Outside of Norm Time of Abatement:AM	al Emolis	w Mester	- Day	scribe -	City. Steh	a, Zip Co		35E			_	_
Scope of Work (Check all that apply)			mest-Oran		Fair Law			nation with negative			-	
>3 st or >3 if > 160 at or 2860 if	2000	movati molitic	-0.00			Full Cont	ainment with N	Tent with Negative In-Friable Procedu				
Location of		Locar Norme	Hy.				Marana 3				ent T	pe
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Osk Ma Çus	id Sole interestodial (12)	sly by ince/ Staff?	Asbe (i.e	stos Contai , thermai s	ning Ma yatems i	nsulation.	Amount (Specify SIF or LF)	Ramoval	Repair	Encupatilate	Enclosure
the new new	Yes	No	N/A	-	· -!·			<u> </u>	1	_	***	
escrient			N	Pipe inst	,	-		40 LF	X			旦
ascment		0	×	Boiler in	sulation			40.SF	×			
	0	旦	<u></u>									
Name of Registered Waste Hauler												
		- 1			Cubic Yard	a of Wasi	Name of Reg	istered Lendfill				
or Tech LLC			00337	85	TBD	-	TRRF by	<u> </u>				
Vayno, NJ 07470					Disposal		City, State	16		-	-	
A	Ke	- Conta	-		TBD	atuna A	Tullytown, I	The state of the s	nds.			_
	vner				2430	. 4	1. 1		ate	_		
88-41	* Do so			·	Gi-	1/20	he worm	03	¥15/1°	1		

Т)_[14	\mathbb{V}	E	
			MAI	9 2	Û	2017	1	4
	444	ASI	BEST	OS	COI	NTRO	3 JC	
	-		Te			A1	her	_

Date of Notification (1) 03-15-2017				Name of Building Owner / O PNC Bank				or (2)		1 A	IAR 2	02	017	- ; !
	03-15-2017 s Notified Type Notification						Owner / Operati	01 (2)	1					L.,
Agencies Notified	Type Notific		Street	-		7,000			lan arrangement	W-manning resources or	and a second	Section Francis		
⊠ EPA						Avenue			5	ASBE	STOS (L &
☐ DEP ☐ DOL	☐ Initia					& Zip (ž		HOEN	OTH	Ž.	
□ DOL □ DOH		nded				PA 185	501		100	-				
DON		rgency cellation	- 1			ontact	/lanager/Owner Re		at a time		Telenho	A1	۱	er
	Oun	Schallon						preser	itative					
None of E . III AA				FA	ACILI	ITY INF	ORMATION							
Name of Facility Wh PNC Bank	nere Abatem	ent is Taking P	lace (3)			Type of Faci							
Street Address							School							
30 West Main Stree	t						Subcha	oter 8	(Other than K-	12) raial buildin			4	
COLOR STREET,	*						Square Feet	e. priv	ate & commer		igs, nom Bldg. Ag		etc.)	-
City (5)		County (6)	Co	unty C	Code	(7)	3,200		2 plus baseme	ent	blug. Ag	78		
West Orange, NJ	30	Essex		,		. ,		(Prior	if being demol			70		
1							Bank	•	9					
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		11(5)(6)(5)	CM No		temer	nt Contractor (9)				
Health and Safety S Street Address	ervices				117	7	Resource Management Group, LLC							
P.O. Box 365							Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Co	de			-	-			City, State & Zip Code						
Berlin, NJ 08009	erlin, NJ 08009							enton, NJ 08619						
Project Manager for	oject Manager for Monitoring Firm				Num	ber	Telephone N							
	. Jim Proctor			152-13			609-914-427	279 01185						
03-29-201	cheduled Start Date (10) Scheduled C				e (11)	Name of OSI							
Occupancy Status D		mont (Chook o	03-31-2017				J&S Environmental Laboratories, Inc.							
Facility Clos	ed/Vacated	During Entire P	eriod	of Aha	tomo	ant	Street Addre		ot.					
Abatement F	Performed du	uring Normal H	ours:	OI ADO	itemi	5111	City, State &							
Describe:	9:00am - 6:	00pm					Union, NJ 07		ode					
Facility Occu	pied During	Abatement												
Scope of Work (Che	ck all that ap	oply)						_	Marketon No.					
≥3 sf or ≥3 lf				Don				H	Full Containn		legative	Pres	sure	
□ ≥160 sf ≥260			\boxtimes	Ren			☐ Mini-Enclosure ☐ Glove Bag Procedures							
_ = = = = = = = = = = = = = = = = = = =	0.11			Den	Ontic	41		H	Non-Exempte		Friable	Dro	codu	-
	cation of		ls l	ocatio	on		Description	n of		Amount		ateme		
	os-Containin	g		nally U			Asbestos-Con	taining		(Specify	7 100		1	ypo
	erial (ACM)			olely b			Material (A			SF or LF)	ת		Щ	Ш
	E ABATED Facility			tenand odial S			(i.e., thermal s	-	A 2000000		em	Re	lca	Enclo
	(13)		Cusic	(12)	taii :	1	insulation, surfactor or other miscell				Remova	Repair	Encapsula	losure
			Yes		N/A	1					<u>n</u>		a	ē
Basement			П		\boxtimes	Pine I	nsulation & Ass	oc fitt	ings	25 LF				П
			Ħ	Ħ	Ħ	, ipe i	11041411011 60 7 100	oc me.	iligo	2J L1			H	퓜
			Ħ	Ħ	Ħ			-				H		금
			Ħ	Ħ	Ħ						ᅥᆔ	H	H	퓜
					Ħ						15	H	H	뉘
											ᅥᆔ	H	H	님
Name of Registered	Waste Haule	er					Cubic Yards	Nam	e of Registere	d Landfill				
						O No.	of Waste							
Resource Management Group, LLC				003	5218	3	TBD	Grow	s Landfill					
City, State							Disposal Date		State					
Trenton, NJ 08619							TBD	Morri	sville, PA					
Completed By (Print	or Type)			Title			Signature		1/1/20		Date			
wii. Dilali Halley				Pres	sider	ΙŢ	Mari	1	1 X10 411		03-15	-2017	7	
∕lr. Brian Haney							11901 ANG/14							

-8		E C	E 1	\mathbb{V}	
		MAR	20	2017	
	T A	SBESTO	18.00		1 8

Date of Notification (1)	~~~~		Name of Building Owner/Operator (2) Diocese of Camden						7						
3 /	15 /	17		Die	ocese of	Camden		HIL MA	N 4 1/	eu!	1	lamper			
⊠ EPA	Type Notific			STATE OF THE PARTY	t Address 1 Market	Street		ASBES	TOS CO		ROL	8			
⊠ DOLWD	☐ Amende Amendr			City,	State, Zip	Code		TOWNS OF SPACE TO STANDARD SPACE		**********	- water of treatment				
NAME OF THE PARTY		ncy (includin	- Iq	Ca	mden, N	J 08102									
(NJAC 5:23-8)	justificat	ion)	3	Name	e of Contac	ct	7	Telephone N	Jumber						
	Cancella Cancella	ition			t William										
				FA	CILITY II	NFORMATION									
Name of Facility Where Ab		Taking Plac	e (3)				Type of Facilit	, , ,							
Saint Augustine Chu	ircn						School (K-12) Subchapter 8 (Other than K-12)								
Street Address								private and com		ouildin	gs,				
1310 Ocean Avenue							homes, etc	;.)							
City (5)							Square Feet	# of Floors	F	3ldg. A	\ge				
Ocean City							20,000 2 100								
County (6)				Cou	nty Code (e (7)(STATE USE ONLY) Current Use (Prior if being demolished)									
Cape May							Church								
Name of Monitoring Firm H	lired by Buil	ding Owner	(8)	ASCM	No.	Name of Abatem	e of Abatement Contractor (9)								
MDG Environmental,	LLC					Shade Envir	ronmental, LLC								
Street Address						Street Address	reet Address								
1000 Maplewood Driv	ve, Suite 2	207				623 Cutler A	Avenue								
City, State, Zip Code				City, State, Zip Code											
Maple Shade, NJ 080	52					Maple Shade	e, NJ 08052								
Project Manager for Monito	ring Firm		Tel	ephone	No.	Telephone No.	License No.								
Chris Macri			8	56-755	5-9300	856-755-0099	9	00842							
Start Date (10)		Scheduled (Compl	etion Da	ate (11)	Name of OSHA	Monitor				-				
_03 / _28 / _	17	03	3	1_/	_17	EMSL Analy	tical, Inc.								
Occupancy Status During A	Abatement (Check only	one)			Street Address		P-2-1501.000-1-1-1							
□ Facility Closed/Vacated						200 Route 13	30 North								
Abatement Performed C						City, State, Zip C	ode					-			
Time of Abatement:	AM	PM/	PM		_AM	Cinnaminson	n, NJ 08077								
Scope of Work (Check all ti	hat apply)					N Full Con	tainanant with Nie	ti D	. 1/						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emoliti			 ☑ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 									
			s Loca	tion				T	P	baten	ent T	Гуре			
Location of		1 11	Norma			Description of			-	1	Т —				
Asbestos-Containing Ma TO BE ABATI			ainten:	ely by ance/		estos Containing Ma e., thermal systems		Amount	Kemova	Repair	Encapsulate	nclo			
IN Facility	LU	Cus		Staff?	(1.6	surfacing, VAT		(Specify SF or LF)	ova	=	psu	Enclosure			
(13)		Yes	(12) No	N/A	-	other miscellane					late	Ф			
Above Ceiling					Pine In	sulation		70 LF	×	1	П	1			
Above Ceiling					Pipe Fi			5 LF				1			
Above Ceiling					Debris			200 SF		+		tF			
			Ħ	17		Debris 200 SF									
Name of Registered Waste Hauler					Waste	Cubic Yards of	Name of Roa	istered Landfill							
					D No.	Waste	N 1982		andfill						
					15939 5 Cumberian				rland County Landfill						
City, State Freehold, NJ					Disposal Date City, State 03/31/2017 Newburg, PA										
Completed By (Print or Type	9)	Title													
Christina Lynch	-)	1 4 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature Date					1							
Omiouna Lynon		VICE PI	colui	ident of Operations 3/15/17											

Ch# 3172

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)	Transaction 12	@ E	2 11	17.77	1		
	17					Princeton Univ			G E	,	\mathbb{V}	Ľ,		
Agencies Notified Type Notif	ication		- 1	Stree	t Address			1117						
				E./	A MacMill	an Building			JAR :		2017	7		
☑ DOLWD ☑ Amend			1		State, Zip (•			अन्यस्य ५	1. 1527	46,40 8 8			
	ment #1-3		7		nceton, N									
DCA Emerge (NJAC 5:23-8) iustifica	ency (includation)	ding	-		e of Contac			ASDE	STOS	CO	NTE	018		
Cancel	53		1.		bert Orte			Telephone Nu	imper =	MSI	JG_			
		-		-				. —						
Name of Facility Where Abatement is	Takina Di	10		FA	CILITY IN	IFORMATION								
Princeton University	, Taking Pi	ace (3	3)				Type of Facility				All Property			
Street Address							School (K-1	2) 8 (Other than K-	40)					
10001-0014001-001-001-001-00-0							Other (i.e.,	o (Other than K- private and comn	12) nercial b	uildin	as			
272 Alexander St							homes, etc.		1010101	our vanuinge,				
City (5)							Square Feet	# of Floors	В	Ildg. A	\ge			
Princeton							7,500 2 50+							
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished)					
MERCER														
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	AS	SCM	No.	Name of Abatement Contractor (9)								
Pennoni Assoicates, Inc.				001	02	BRISTOL ENVIRONMENTAL, INC.								
Street Address						Street Address								
515 Grove St., Suite 1B						1123 BEAVE	AVER STREET							
City, State, Zip Code						City, State, Zip Co	ode							
Haddon Heights, NJ 08035						BRISTOL, PA								
Project Manager for Monitoring Firm		1	eleph	none	No.	Telephone No.		License No.						
Brian Clark			. 5-200-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		-2944	215-788-6040		00509						
Start Date (10)	Scheduled	d Com	pletio	n Da	te (11)	Name of OSHA Monitor								
3 /16 / _17					17		VIRONMENTA	LINC						
Occupancy Status During Abatement							VIICONIIIENTA	L, 1140.						
☐ Facility Closed/Vacated During En				nt		Street Address	OTDEET					0,11000000		
☐ Abatement Performed Outside of N	lormal Fac	ility H	ours -	. Des	cribe	1123 BEAVE								
Time of Abatement: 7:00AM-5:30	PM/	PM-		_AM	onec	City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										-				
≥3 sf or ≥3 lf		Renov	vation				ainment with Neg	gative Pressure						
≥160 sf or ≥260 lf		Demo	lition			Glovebag	Procedure							
						☐ Non-Exer	mpted (*) and No	n-Friable Proced	lure					
Location of			cation mally						Ab	atem	ent T	уре		
Asbestos-Containing Material (ACI	vn U	Ised S	olely	by	Ashes	Description of tos Containing Mat		A	R	Re	ш	ш		
TO BE ABATED	N	Mainte				, thermal systems i	nsulation,	Amount (Specify	Removal	Repair	cap	Clos		
IN Facility (13)		ustodi 1)	ai Sta 2)	an?		surfacing, VAT,		SF or LF)	Val	~	Encapsulate	Enclosure		
(13)	Ye			N/A		other miscellaned	ous)				ate			
Throughout		×			Sheetro	ck		1400 SF						
Attic]	Transite			400 SF						
Attic			Vermicu	lite		400 SF								
							П	П	П	П				
Name of Registered Waste Hauler	NJD	EP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill								
BRISTOL ENVIRONMENTAL, INC.					No.	Waste		. NORTH LANI	DFILI					
City, State						Disposal Date								
BRISTOL, PA 19007					Disposal Date City, State MORRISVILLE, PA 19067									
Completed By (Print or Type)	Title					To:	INCKKISAI							
Brian Scafiro	Title		Signature Date / Date					13/17						
SR-41	Estim	ator	Brian Scofero /je 3/13/17											

ASB-41 MAY 11 B S17027

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

State of New Jersey

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NIAC 8:50 and 5:16)

		(Pursi	uant to N	JAC 8:60 and 5:	16)	Jon Un	NC	1.00	^		
Date of Notification (1)		0.010	Na	me of Build	ding Owner/Operato	r (2)	INEC			W	E	
3 /10	/17	-	1 7	Trustees o	of Princeton Univ	versity) [5		U	<u>L</u>	
Agencies Notified Type No	otification		Str	eet Addres	s		117)					
☑ EPA ☑ Initia	1		E	E.A MacM	illan Building		MA	R 2	0 :	2017	,	
□ DOLWD □ Ame	30000			y, State, Zip			i in the second			-011		
	ndment#	1.	1		NJ 08544					and the same of	******	
	rgency (inclu ication)	ding	_	me of Conta	The state of the s		ASBEST	OS	COV	TRO)L 8	
☐ Cano			1	Robert Ort	70 T T		Telephone x		A	<u> </u>		
					INFORMATION						-	
Name of Facility Where Abatement	is Taking Pl	ace (3)	725			Type of Facility	(4)					
Princeton University						School (K-1						
Street Address						─ Subchapter	8 (Other than K-12)					
272 Alexander St						Other (i.e.,)	private and commercial buildings,					
City (5)				-18		homes, etc.	# of Floors Bldg. Ag				1.337 (V)	
Princeton						Square Feet 7,500	# of Floors			0.733		
County (6)			Co	unty Code	(7)(STATE USE ONLY)	_						
MERCER				,	(1)(011112 002 01121)	Odirent Ose (F	June It Use (Prior it being demolished)					
Name of Monitoring Firm Hired by E	Building Own	er (8)	ASCI	M No.	Name of Abatem)			-			
Pennoni Assoicates, Inc.			00	102	1	IVIRONMENTA						
Street Address					Street Address		,					
515 Grove St., Suite 1B					1123 BEAVE	R STREET						
City, State, Zip Code					City, State, Zip C	ode						
Haddon Heights, NJ 08035					BRISTOL, PA							
Project Manager for Monitoring Firm		Tel	ephone	e No.	Telephone No.		License No.					
Brian Clark		8	56-65	6-2944	215-788-6040)	00509					
Start Date (10)	Scheduled	Compl	etion D	ate (11)	Name of OSHA M	00000						
3/14/17		/ 2			1	NVIRONMENTAL, INC.						
Occupancy Status During Abatemen	200				Street Address		-, 1110.					
☐ Facility Closed/Vacated During E			ment		1123 BEAVE	POTDEET						
Abatement Performed Outside of	Normal Faci	lity Hou	rs - De	scribe	City, State, Zip Co							
Time of Abatement: 7:00AM-5:3	0 PM/	PM	AN	1	BRISTOL, PA							
cope of Work (Check all that apply)					BRISTOL, FA	19007					_	
A21 89 U.S. 190 U.S. 190 A21						ainment with Neg	ative Pressure					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emolitic				osure						
<u></u>		CHIOILL	J11		☐ Glovebag ☐ Non-Exer	Procedure	n-Friable Procedu	re				
		s Loca	ion			1			patem	ont T		
Location of		Norma			Description of	:		-	_	T	-	
Asbestos-Containing Material (AC TO BE ABATED		ed Sole aintena	-	Asbes	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	nc	Enclosure	
IN Facility		stodial		(I.e.	, thermal systems in surfacing, VAT,		(Specify SF or LF)	lova	a:	aps	losu	
(13)		(12)		1	other miscellaneo	us)	SP OI LP)	1 2		Encapsulate	лe	
	Yes	No	N/A							e		
hroughout		\boxtimes		Sheetro	ck		1400 SF					
ttic		\boxtimes		Transite	1		400 SF					
ttic				Vermicu	lite		400 SF					
			Vermiculte									
ame of Registered Waste Hauler	JDEP V	Vaste	Cubic Yards of	Name of Registe	red I andfill			Ш				
BRISTOL ENVIRONMENTAL, I	auler ID	No.	Waste		NORTH LANDE	11.1						
y, State			18706		Disposal Date	City, State						
BRISTOL, PA 19007					spoodi Dale		LE, PA 19067					
mpleted By (Print or Type)	Title		-		Signature			9				
Brian Scafiro	Estima	for			121:00	Cash"	/M	2/	. /		ı	

							MY	M	LIVE		70	411
Date of Notification (1) 3/13/17				Building Owner a Viola	/Operator	(2)		MAH	20	201	/	L
Agencies Notified Type No	otification		Street A	ddress			I AS	BESTO	500	NITO	01 0	
× EPA × Ini	tial						1	LIC	ENSI	VG	UL 6	×
DEP An	nended			te, Zip Code			Design		-11011	40		
	nendment #		Nutley	, NJ 07110								
	nergency (including stification)	1	Name of	Contact			Tel	enhone Ni	ımber			
	incellation		Meliss	a & Judy								
			FACI	LITY INFORMA	TION							
Name of Facility Where Abatemer	nt is Taking Place (3)				Type of Faci	lity (4)					
home						School	(K-12)					
Street Address							pter 8 (Oth				l	
						Other (i	.e. private	& commer	cial buil	dings,	nome	es,
City (5)						Square Feet	# 0	f Floors	E	Bldg. A	ge	
Nutley						2000	2		16	66		
County (6)			County	Code (7)		Current Use	(Prior if be	na demali:	shed)			
Essex				JSE ONLY)		oundin out	V	9				
Name of Monitoring Firm Hired by	Puilding Owner (9	,	ASCN	1 No	Name	of Abatement	Contractor	(9)				
Name of Monitoring Firm Filed by	building Owner (o)	AGGIV	TNO.		Environme		0.000	C			
	****					Address	intal oci	71000, EL				_
Street Address					200000000000000000000000000000000000000	Box 483, 4	E Cata D	rivo				
			1-21-11		10. 27:500			rive				
City, State, Zip Code						State, Zip Code						
						wood, NJ	07418					
Project Manager for Monitoring Fi	rm		Telepho	ne No.	100	none No.		License	No.			
					973-	764-2276		703				
Start Date (10)	Schedu	led Cor	mpletion	Date (11)	Name	of OSHA Mor	itor					
3/22/17	4/30/1	7										
Occupancy Status During Abatem	ent (Check Only O	ne)		×	Address							
Facility Closed/Vacated Durin	na Entire Period of	Abater	ment									
Abatement Performed Outsid					City, S	state, Zip Code	9			725-711		
X Other - Describe: basement												
Scope of Work (Check All That Ap	oply)											
≥3 sf or ≥3 lf		Renova	ation			T Full Conta	inment wit	Negative	Dracei	ITO.		
≥3 \$1 or ≥3 11 X ≥160 sf or ≥260 lf	Designated .	Demoli						Tivegative	1 16330			
_					×	Ciovobag	Procedure			(%)		
							npted (*) ar	d Non-Fria	able Pro		-	
	1	s Locat	tion								ement rpe	
Location of	11-	Norma			Description				-	Τ.,	T T	T
Asbestos-Containing Material		ed Sole aintena				Material (ACM)		Amount			m	m
TO BE ABATED In Facility		stodial			iai system facing, VA	s insulation,		Specify F or LF)	Rem	Re	cap	nck
(13)		(12)			r miscellar			01 21 /	Removal	Repair	Encapsulate	Enclosure
,	Yes	No	N/A						<u> </u>	10.76	ate	œ.
	res	INO	IN/A							-		
basement			X	pip	e insula	ition	2	20 LF	X			
		-	1						-	1		
										-		
Name of Registered Waste Haule	г	0.0	NJDEP W		ic Yards	Nam	e of Regist	ered Landi	fill	-		
Freehold Cartage		1 8	Hauler ID		Vaste	We	stern Bei	ks Land	fill			
Manager a service of the service of			5939	TBI								
City, State					oosal Date	105000	State	٨				
Freehold, NJ				TBI			Isboro, P				-	
Completed by	Title				Signature	e //a		1000	Date	7		
A. Scott Higgins	Pres	sident				10/			3/13/1	1		

Print Form

												5.	· =1
473			ICATION	ate of New Jersey OF ASBESTOS A to NJAC 8:60 and	ABATE				CE	20	117	PRI	rt-For
Date of Notification (1) 03-14-2017			Name of Mel Ka	Building Owner/Calebek	perator	(2)			MAN C	,			
Agencies Notified	Type Notification		Street Ad	ddress				ASE	ESTOS C	ON	TROI	_ &	
X EPA X DEP X DOL	Initial Amended Amendment #			te, Zip Code awn NJ 07410									
☑ DOH □ DCA	Emergency (in justification) Cancellation	cluding	Name of Mel Ka	Contact alebek				Tel	ephone Numl	ber			
			FACII	LITY INFORMATI	ON	V 1188							
Name of Facility Where	Abatement is Taking	Place (3)				Тур	e of Facility (4)					
Private Dwelling Street Address						X	Other (i.e. p	8 (Oth	er than K-12) & commercial	build	ings, l	nome	s,
City (5) Fair Lawn NJ 0741	10					Squ N//	etc.) µare Feet A	# o	f Floors A	1 7000	dg. Ag	ge	
County (6)			County C		Current Use (Pr				ing demolishe	d)			
Bergen			(STATE L	JSE ONLY)	Private Dwelling							-	
Name of Monitoring Firm Standard Environ		wner (8)	ASCM	1 No.		Name of Abatement Contractor (9) Amax Contracting LLC							
Street Address					Street Address								
2108 Fulton Street	Suite 2A						734						
City, State, Zip Code Brooklyn NY11233	3						Zip Code nd Park NJ	0742	4				
Project Manager for Mo	nitoring Firm		Telephor		Telepi				License No				
Kayode Adefisoye			300000000000000000000000000000000000000	41-7673		100000	-6298		01266				
Start Date (10) 03-23-2017		Scheduled Co 03-29-2017		Date (11)			SHA Monitor ontracting						
Occupancy Status Durin	ng Abatement (Check	Only One)	==== =================================		Street								
Facility Closed/Vac	cated During Entire Pe	eriod of Abate	ment				734					1507	
Abatement Perform Other – Describe:	med Outside of Norma	I Facility Hou	rs		A CONTRACTOR OF THE PARTY OF TH		Zip Code	. 0746					
Scope of Work (Check					VVoc	odlai	nd pARK n	0/42	24				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы так орруу	⊠ Renov Demo		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Is Loca	ation							1	Abate Ty		C .
Locatic Asbestos-Containin <u>TO BE AF</u> In Fac (13	g Material (ACM) BATED illity	Norm Used So Mainten Custodial (12	ocation rmally Solely by tenance/ dial Staff? (12) Description Asbestos Containing M (i.e. thermal systems surfacing, VA other miscellan			Mater s ins AT, or	ulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes No	N/A	1									1

NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste **GROWS** Amax Contracting LLC 3 CY 0036184 City, State Disposal Date City, State Morrisville PA 03-30-2017 Woodland Park NJ 07424 Date Signature Completed by 03-14-2017 Tome Maslarkov Project Manager

Х

Pipe Insulation

140 LF

X

Basement

									(m)	EC	E	П		rint F
40.936548548		NOT	FICATIO	State of I ON OF AS nt to NJA	BESTO	SABATE	EMEN 20)	NT					047	5
Date of Notification (1) 03/13/2017				of Buildin		/Operato	r (2)		1	— MAH	2	<u> </u>	017	1 1
Agencies Notified Type Notificatio	n		Street	Address		3			A	SBEST	OS C	ON	TRO	18
EPA Initial												SINC		
X DEP Amended X DOL Amendmen				State, Zip h Orang		7079								
Emergency justification DCA Cancellation	1)	ng	Name	of Contact					Tele	enhone Ni	ımber			
			FAC	CILITY IN	FORMAT	TION							-	
Name of Facility Where Abatement is Taki House	ing Place	(3)					Тур	oe of Facility	(4)					
Street Address								School (K- Subchapte	12)	n th 1/	10/			
							×	Other (i.e.	private &	commerc	ial bu	ilding	s, hon	nes,
City (5) South Orange							Squ N//	etc.) uare Feet A	# of N/A	Floors		Bldg. N/A	Age	
County (6) Essex			County (STATE	Code (7)) .Y)			rrent Use (Pri	or if bein	g demolis				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		Name D&S	of Al	patement Cor atement, Ir	ntractor (9)				
Street Address	Address						Addr							
City, State, Zip Code								ngren Ave	nue					
								Zip Code NJ 07512						
Project Manager for Monitoring Firm	h see		Telepho	one No.		Teleph 973-3		No. -8685	11	License N	10.			
Start Date (10) 03/23/2017	Schedu 03/24		mpletion	Date (11)			SHA Monitor atement, In						
Occupancy Status During Abatement (Chec	Transfer or property and								C.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abater	Street Address 11 Rosengren A City, State, Zip Code					ngren Aver	nue					
								NJ 07512						
Scope of Work (Check All That Apply)							,							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	-	Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proc	edure					
	Ι.			I			l No	on-Exempted	(*) and l	Non-Friab	le Pro			
Location of		s Locat Normal	ly		Des	scription	of						ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/	Asbe: (i.e	stos Cont thermal surfac	aining M	ateria insul , or	lation,	(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure
######################################	Yes	No	N/A		Julio II	ociiai lt	Jous)				val	i ii	ulate	sure
Boiler Room		X			Pipe	insulat	ion		80	LF	X			
James of Degistered W														
Name of Registered Waste Hauler O&S Abatement, Inc.		Н	JDEP W auler ID 1996		Cubic of Was			Name of R Waste M			PA			
City, State otowa, NJ			Disposal Date C				City, State Tullytow	n, PA						
completed by liver Hegedis	Title Proje	(4)					16-		Dat 03	e +13/2	017			

				State of Nev	w lored	nv		Try	7	E C	E			Print F
MO:9365485	3-7	NOTI	FICATIO	ON OF ASB	ESTOS	ABATE	MEN 0)	IT	LIIT Mi	<u> </u>		U V	/	
Date of Notification (1) 03/13/2017				of Building ens Institu				y L		MAF	12(20	17	
Agencies Notified Type Notification EPA Initial	on			Address stle Point	on Hu	ıdson			AS	BEST	OS C	ONTI	ROL	<u>}</u>
X DEP Amended X DOL Amendment				itate, Zip Co oken, NJ (t van		<u> </u>	<u>DENS</u>	ING		
DOH Emergence justification	n)	ng	Name	of Contact					Te	lephone	Numb	er.		
			200000000000000000000000000000000000000	CILITY INFO	average.	ION			_1					
Name of Facility Where Abatement is Tall Carnegie Building & EAS Buildin	ing Place	(3)					Тур	e of Facility	(4)					
Street Address 1 Castle Point on Hudson	9						×	School (K- Subchapte Other (i.e.	r 8 (Oth	ner than & comm	K-12) ercial h	uilding	ıs hon	nes
City (5) Hoboken							557.53	etc.) Jare Feet		of Floors			Age	100,
County (6)			County	Code (7)			N/A		N/			N/A		
Hudson				USE ONLY)				rent Use (Pri hool	or it be	ing dem	olished			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8)	ASC 000	M No. 3		Name D&S	of Al	atement Cor atement, Ir	ntracto	(9)				
Street Address 1253 North Church Street	53 North Church Street							ess						
City, State, Zip Code					City, S	tate,	ngren Ave Zip Code	nue						
Project Manager for Monitoring Firm	loorestown, NJ 08057						- 37	NJ 07512		11:				
Jeff Seaman				40-8800		Teleph 973-3				Licens 0131				
Start Date (10) 03/25/2017	Schedu 04/01			Date (11)				SHA Monitor Itement, In	С.					
Occupancy Status During Abatement (Che	45	350	Street Address					ess	- 70					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of mal Facilit	Abater ty Hour	ment s			City, St	ate, 2	Zip Code	iue					
Scope of Work (Check All That Apply)						lotov	va, I	NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					M Gl	ull Containme ini-Enclosure lovebag Proc	edure					
× ×	I	s Locat	ion			نظ	IN	on-Exempted	() and	i Non-Fr	Table P		re temen	t
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ly by	Asbesto		cription		L (ACM)				Т	ype	
TO BE ABATED In Facility		aintena stodial			nermal s	systems ing, VAT	insul		(S	mount pecify or LF)	X er	Re	Enca	Enc
(13)	Yes	(12) No	N/A			iscellane			31	OI LF)	Removal	Repair	Encapsulate	Enclosure
Between Carnegie & EAS Building	2,000.00	X	IN/A	E	xterio	r Black	Та	r	6	LF	X		10	
Name of Registered Waste Hauler		L	JDEP W	lasta	Cubic Y	'arda		None of F			-			
0&S Abatement, Inc.		Н	auler ID 0996	No.	of Wast			Name of R	1000					
City, State otowa, NJ					Disposa IBD	I Date		City, State Tullytow		0				
Completed by Diver Hegedis	Title	oct Ma	nager			nature	11	, anytow	.,	1	Date	0047		
3	1 10,0	OF INIG	nagei			7/ (1			(03/13/	2017		

Print Form

Mar 10 2017 05:02PM NJ Asbestos Control 609.633.0664

03/18/2017 10:32AM 2013297440

CV 3994 BEST REMOVAL INC

page 1

State of Man Jerrey NOTIFICATION OF ASSESTOS AS ATEMENT (Pursuat to NJAC 8:68 and 12:120)

The same		1. V. E	
NU T	PAG		
Triols Tr	MAR 2	2017	لسا
and bush	11/	CONTRO	1 8
MAG	SHESTOS LICEI	SUM HO	1

Date of Netification (1)		T	Heme of	Building Owner	Operator (1)		74	2.50	1 (1)	EN	5119	Ġ
3/10/17			M		لاصله	4 3	QJ	-	25-17.5				
Agencies Nertified Type Nestification		1	Street Au	dram				•					
DEP G Assertated		-	Ciny Sia	as, Zip Code	-			_		-			
DOL Amerulad					41.5		704	ماد					
Enseguncy (is		-	Name of			, ,	770		ephone Numb	-	_		_
P DOM justification)				5, <u>So</u>	- AD	A Straight .	Ö	1	obustan comm				
			FACI	LITY INFORM	ATION								-
Name of Facility Whyse Alessanum is Taking P		- Allert			,	Турв	of Fecility (1)		-		-	
MS. PALLA ?	न का कर्त	70	aler for	QUI W.	アプシ	0 4	School (K. K	2)					
Street Address				1					than K-12)	u rábětn	- LA		
ASA-OR	MA TO THE			- a mander describ file the LEE STATE						-			Miles I
Chy(5) VERONAL				1000		Squan		#0	n cois î	16	Ide A		
I amount to the second of the						3 5	500	<u></u>	2		19	40	
County (6)			County (OFT492)	Code (7) ME DIVLID		Сштея			g demolished)				
Name of Mandaring Page Hired by Building Ox	ense (8)		ASC		I Mama	mal A leaster	mant Coats		Sens C	5			
a sample and commencerated to drive a recovery of a recovery of the sample of the samp	then (a)		Lenner 0	N 1796		10 to	moval I	,	,				
Street Address		~		The second section is a second		Address		UN-					-
					4	SO Sou	uth Rive	e Stee	-red				
City, State, Pip Code					City,	inir, Zi	Code	a wus		-			_
•-					Ha	ckens	ack, NJ	0760	Ł				
Project Managur for Monisoring Firm			Tokephen	na No.	Telep	bons No.	00 545		Liousse No.				(8)
							29-744	þ	003	188			
Scient Date (10)	School.doe	ACCOUNT OF THE PARTY OF THE PAR			10000000		A Monstor				7987		
Occupancy Strain During Abstracent (Check Or	F 6	2	115	[1]			Environ	ment	al				
						Address 20 LZu	yler Str	000				-	
D Pacifity Closed/Vacated During Entire Per	od of Aber	enen		. ,		date, Ziy		0.64					
D Abstate and Performed Opinion of Normal I	5 49 5	5.3	081	1	S	outh]	lackens	ack.	NJ 07606				
Boope of Wesk (Check All This Apply)		-			,						-		_
EF ≥1 of cr ≥3 bf	a Brand	LENGVILL	iae		1	Pub	Containme	est writh	Nagative Pres	SLUTD.			
□ ≥160 af or 2260 lf		lamaliti	en				i Englosere						
	_			WWW.25.27	7		vebeğ Prece -Busmiyad		Non-Friable I	Frocad	ALC.		
	la la	Locard	Delta .	,								anena	
Location of	1	eccumbi	À		Descrission	n දක්				-	Ti	pe I	
Asbestos-Conducting Meterist (ACM) TO SE ARATED		d Sole)		Ashautna C	ontwining b	dantelel (ACM)		Amound			100	her .
, Alambaniana In Facility	Cum	todial 9	ta.PP	(i.e. thecanol s	yanı enery YAT, cı	i indicer, e	maces.		Specially For LP1	Evenueva	Repair	Waga	Segularant
(13)	-	(12)		001	ar mistalla					ENE	B	Erwagatuska	No.
to the second se	Yes.	No	MA						•			**	-
MOREN COMICIA				THOMAS S	Jeff file	ىعلق	LOTION	-	LALF	×			
			1	1100 1	Markinia inter	-	1						-
Markharen arrangen ar	1		dessentation of the				- AL ELECTRIC WATER		-		-		-
	+		-			- ADADULTUS				-	-		
Namo of Regionared Wasto Haider	1 1		POEP W			Laura -	13/		-11144				_
			ander ID	asto Cui	nic Yantu Vastn		Pulme of I	AA BI Lette	ed Lendfill				
Best Removal Inc			171	09	Vaste 2	C75			rva Enter	prise	18, L	LC	
Chy, State	d for the same				out Date	O Co Cilinana	City, State						
Hackensack, NJ 07601					3/15		Wayı	resbu	rg, OH 4		3		
Completed by	Title				Signapun	1.1			Dus	٩	1,09		
J. Maiorano	J Es	tima	tor		1	Q _e	7,0m0V	conditud?	5 5	10	11/		
ASSA1 (R-01-05)					()	مستسر	tota flain for	Gw A-	stantan Horasa	UPIR, MINIS	mynsu-/	anthui	Time.
t man a r fuction and					U	, 20 100	eran make first	का तम ध	PARTICIPATION OF THE PERSON NAMED IN	ma auto	stablatic	- cwuy!	soliditis.

MACE		NOTIF	IC/	ATI(ırsı	ON C	te of New OF ASBE to NJAC	ESTC	sey OS ABATE and 5:16)	MENT		EGE	3 1	\mathbb{V}			
Date of Notification (1)	15 /	17				Building (Operator (2))		MAR 2	2 0 2	01	7	L	7
Agencies Notified	Type Notification			0.525		ddress //arket St	reet				SBESTOS LICE	CON		OL (<u> </u> &	
□ DOLWD	Amended	. 441		Cit	ty, Sta	ite, Zip Co	de									
□ DOH	Amendmen Emergency	_		Room		den, NJ 0	08102				. N			-		
☐ DCA (NJAC 5:23-8)	justification					f Contact				1	elephone Nur	noer				
	☐ Cancellatio	n			Pat V	Villiams						_				
			1-1-10-10		FACI	LITY INF	ORM	ATION								
Name of Facility Where	Abatement is Ta	king Place	(3)						Type of Fa							
Holy Cross Cemet									School	l (K-12)	Other than K-1	12)				
Street Address				200					Other	(i.e., priv	ate and comm	ercial b	uilo	lings		
5061 Harding High	way and Rout	te 40							homes	s, etc.)						
City (5)				-					Square Fe	eet	# of Floors	B		. Age	9	
Mays Landing									5,000		2		10	00		
County (6)					County	Code (7)	STATE	USE ONLY)			if being demo	lished)				
Atlantic				1							Building					
Name of Monitoring Firm	n Hired by Buildin	ng Owner (8)	AS	CM N	lo.	Name	of Abateme	nt Contrac	ctor (9)						
MDG Environment							Sha	ade Enviro	nmental	, LLC						
Street Address		22 110				Street	t Address									
1000 Maplewood I	orive, Suite 20					623	3 Cutler Av	enue								
City, State, Zip Code							City, S	State, Zip Co	ode							
Maple Shade, NJ 0	8052						Ma	ple Shade	, NJ 0805	52						
Project Manager for Mo			Te	leph	one N	lo.	Telep	hone No.			License No.					
Chris Macri					-755-		856	6-755-0099			00842					
Start Date (10)	So	cheduled C	omp	letio	n Date	e (11)	Name	e of OSHA N	lonitor		1.					
03 / 27		03 /				1000	EM	ISL Analyt	ical, Inc.							
			+		Street Address								-			
Occupancy Status Durin	ng Abatement (C	Period of	Ahat	teme	ent	1		0 Route 13	0 North							
☐ Abatement Performe	ed Outside of No	rmal Facilit	v Ho	urs -	- Desc	ribe		State, Zip Co					-			
Time of Abatement:		_PM/	_PI	VI		MA	11000000 - 1400	naminsor		77						
				-											- 7	
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ali (nat appiy)	⊠ Re	enov					☐ Mini-End	olosure a Procedu	re	tive Pressure -Friable Proce					
		1.0	Loc	atio	n				* * * * * *				Aba	teme	ent T	уре
Location Asbestos-Containin TO BE AF	g Material (ACM) BATED cility) Us	Norned Sainte stodia	nally olely nand al St	by be/	Asbe: (i.e	stos C ., therr su	Description of containing Manal systems or containing Waller was contained and contained to the contained and contained to the contained contained to the contained contained to the contained contained to the contained containe	aterial (AC insulation, , or	M)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)	Yes	N	lo	N/A				**********							
Maintenance Buildi	ng		Г]		Floor T	ile				800 SF		3			
Maintenance Buildi	na	\boxtimes	I			Floor T	ile Ma	astic			860 SF		\leq		Ш	Ш
Maintenance Buildi								l Board	- 1		768 SF		X			
Maintenance Building							th Vibration Collar 10 SF									
Name of Registered W Shade Environme	uler II		Was	87	11 460											
City, State Maple Shade, NJ					32426)		osal Date 3/31/2017	City, S Egg		r Township,	NJ				
	Type	Title	Date													
Completed By (Print or Christina Lynch	Type)		res	ider	nt of	Operatio	ns	ce President of Operations						1	7_	

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

girre.	F	0	P	П	$\Pi \Pi$	E	-
7	己	6	C		W	E	٦Г
1							

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

KACTIVITIES

MAR 2 0 2017

	I. NOTIF	ICATION INFORMAT	TION	ASBE	STOS C	CONTROL 8
Date of Notification: 3 ☑ Initial ☐ Amended Type of Work: ☐ Demolition	75055	Emergency (must i	L nclude justification)	LICEN	Oliva
	II. BU	ILDING INFORMATIO	ON			
Name of Building Owner/Opera	ator:	Sco	tt Cearfoss			
Street Address:	Cit	y: Maple Shade	State:	NJ	Zip:	08052
lame of Contact: Scott Ce			Telephone No			
	III. FA	CILITY INFORMATION	ON		Lebb	
Name of Facility Where Work A	Activity is to Take Place:		Cearfoss Resi	dence		
Describe Facility Use:		Resider	ice			
Street Address:	Cit	y: Maple Shade	State:	NJ	Zip:	08052
County Name: Burlington		County Code ((State Use Only):			
Scheduled Start Date: 3	/ 23 / 2017	Scheduled Co	ompletion Date:	3 /	27	/ 2017
Occupancy Status During Ac	ctivity (check only one): ring Entire Activity		a stor			
Occupancy Status During Ac	ctivity (check only one): ring Entire Activity Normal Facility Hours—D	Describe:	, e*o			
Occupancy Status During Ac	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply):	Describe:	127.4	11		
Occupancy Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Stoop Stoop Status Status Stoop Status Sta	ring Entire Activity Normal Facility Hours—D at apply): Square Footage:	Describe:	Percentag	11	S	%
Decupancy Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Science Science)	ring Entire Activity Normal Facility Hours—D It apply): Square Footage: Square Footage:	300 SF 300 SF	Percentag Percentag	e Asbestos	S	%
Cocupancy Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Floor Tile Mastic	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply): Square Footage: Square Footage: IV. CON	300 SF 300 SF 300 SF	Percentag Percentag	e Asbestos e Asbestos	S:	%
Decupancy Status During Ad Facility Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Floor Tile) Mastic	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply): Square Footage: Square Footage: IV. CON Shade Environmen	300 SF 300 SF 300 SF ITRACTOR INFORMA	Percentag Percentag	e Asbestos e Asbestos	s:s: s:	% % -0099
Decupancy Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Floor Tile Mastic Company Name:	ctivity (check only one): ring Entire Activity Normal Facility Hours—D et apply): Square Footage: Square Footage: IV. CON Shade Environmen	300 SF 300 SF 300 SF	Percentag Percentag	e Asbestos e Asbestos	s: s: 356-755	%
Deccupancy Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Floor Tile Mastic Company Name: Street Address: 623 Cutler New Jersey Asbestos License	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply): Square Footage: Square Footage: IV. CON Shade Environmen Avenue Ci Number (if applicable):	300 SF 300 SF ITRACTOR INFORMA tal, LLC ty: Maple Shade 00842	Percentag Percentag ATION Telephone N State:	e Asbestos e Asbestos No.:8	s:s:	% % -0099 08052
Deccupancy Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Floor Tile Mastic Company Name: Street Address: 623 Cutler New Jersey Asbestos License	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply): Square Footage: Square Footage: IV. CON Shade Environmen Avenue Ci Number (if applicable):	300 SF 300 SF ITRACTOR INFORMA tal, LLC ty: Maple Shade 00842	Percentag Percentag ATION Telephone N State:	e Asbestos e Asbestos No.:8	s:s: s:	% % -0099 08052
Company Status During Activity Closed/Vacated During Activity Performed Outside Other—Describe: Scope of Work (check all that Floor Tile Mastic Company Name: Street Address: 623 Cutler New Jersey Asbestos License	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply): Square Footage: Square Footage: IV. CON Shade Environmen Avenue Ci Number (if applicable):	300 SF 300 SF ITRACTOR INFORMA tal, LLC ty: Maple Shade 00842	Percentag Percentag ATION Telephone N State:	e Asbestos e Asbestos No.:8	s:s:	% % -0099 08052
Occupancy Status During Ac Facility Closed/Vacated Dur Activity Performed Outside Other—Describe: Scope of Work (check all tha	ctivity (check only one): ring Entire Activity Normal Facility Hours—D at apply): Square Footage: Square Footage: IV. CON Shade Environmen Avenue Ci Number (if applicable):	300 SF 300 SF 300 SF ITRACTOR INFORMA tal, LL.C ty: Maple Shade 00842 onsulting Services V. SIGNATURE	Percentag Percentag ATION Telephone N State:	e Asbestos e Asbestos No.:8	356-755 Zip:	% % -0099 08052 -4070

3996	ID)	E	<u>U</u>			W	E	1
II IN MAR / I / III / III		0.50	39' Mar	76	n	201	7 :	

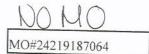
		(Purs	uant to	NJAC 8:60 an	d 12:12	0)		MAR 20	20	117	11	4
		Nam	e of Bu	ilding Owner/Q	perator	(2)	1				-	
Date of Notification (1)			NIC	HAEL S	JAE	GER			A1.14	501		4
5/10/1			et Addre			100		ASBESTOS C			_ &	
Agencies Notified Type Notification		Juo	or reduce	,,,,,	77			LICENS	iiiVG			+
D EPA Initial		0:	Ct.t.	Zip Code	V-VVIII-							
□ DEP □ Amended		City	, State,	7 W00	1.	117.	0	1607				
DOL Amendment #_	aluding		1 (4	7 000	<u>, ر،</u>	23.		Telephone Number				
in tiff action)	onding		ne of Co				1	######################################				1
DOH Justinearion DCA □ Cancellation			MR.	N.JAG	56	5YC			-	-		
		F	ACILI	TY INFORMA	TION	Type of Fac	ility (4)					
Name of Facility Where Abatement is Taking Pla	ace (3)											
HICHAEL JE	LEGE	N					ol (K-12)	ther than K-12)				
Street Address				***		Other	(i.e. priva	te & commercial buil	dings,	home	s, etc.)
Slieet Addices				77,								\dashv
						Square Fee		# of Floors	10 17	z. Age 84		
City (5)				a Wa		200		2	/	74	_	
1 Aywood		TCo	unti Co	de (7)		Current'Us	e (Prior if	being demolished)				
County (6)		(SI	ATE US.	E ONLY)			Ces	DEN CE				
BERGEN		1 8		Wew weeks one care	Ma	me of Abatemen	t Contract	or (9)				
Name of Monitoring Firm Hired by Building Ow	vner (8)		ASCM 1	NO.		Best Remo						
,						Best Kelilo	vai iiic					
Street Address	0.50			,	Str		D	Thurs at				
				and the same of th		450 South	River	Street				
City, State, Zip Code					Ci	ty, State, Zip Co.	de	7.01				
City, State, Zip Code					I	Hackensack	c, NJ 0	/601				
C. Manitoning Firm		Te	lephone	No.	Te	lephone No.	5444	License No.	00			
Project Manager for Monitoring Firm				4		201-329		0038	50			
	Scheduled (omple	tion Dat	e (11)	Na	ame of OSHA M	onitor					
Start Date (10)	3/2		7	- \ '		Omega En	vironn	ental				
3/24/17		-0/			St	reet Address						
Occupancy Status During Abatement (Check Or				1		280 Huyle	er Stree	et			-	
☐ Facility Closed/Vacated During Entire Per	riod of Abater	nent	_		C	te. Stote 7in Co	vde					
Abatement Performed Outside of Normal Other - Describe:	Facility Hour	sook	M			South Ha	ckensa	ck, NJ 07606				
Other - Describe:	1				<u>: </u>				se trices	A I I VIII.		
Scope of Work (Check All That Apply)				•		**		with Negative Press	ure			
						T Coll Co		COLL DAILESSIN ULTURE	ui c			
	₽ Re	novatio	n			Full Co	ontainmen	With Hogan				
>3 sf or ≥3 lf		novatio molitic				Mini-E	enclosure	1179				
						Mini-E	enclosure	1179	rocedi	ıre		
≥3 sf or ≥3 lf				· ·		Mini-E	enclosure		rocedi	Abate		
>3 sf or ≥3 lf	☐ De	nolitio	n n			Mini-E Glovel Non-E	enclosure	1179	rocedi	are Abate Ty		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of	☐ De	ocatio	n n	Asharton	Descr	Mini-E Glovel Non-E	Enclosure bag Proced Exempted (1179	rocedi	Abate	ре	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is I	Locatio ormally Solely ntenan	n by	Asbestos	Contain	Mini-E Glovel Non-E	Enclosure bag Proced Exempted (and Non-Friable P Amount (Specify	rocedi	Abate Ty	ре	Encl
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is I	Locatio ormally Solely ntenan-	n by	(i.e. therma	Contain system V	Mini-F Glovet Non-E iption of ing Material (AC s insulation, surf	Enclosure bag Proced Exempted (ure *) and Non-Friable P Amount	rocedi	Abate Ty	ре	Enclosur
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is I	Locatio ormally Solely ntenan	n by	(i.e. therma	Contain system V	Mini-E Glovet Non-E iption of ing Material (AG s insulation, surf	Enclosure bag Proced Exempted (and Non-Friable P Amount (Specify	rocedi	Abate		Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is I	Locatio ormally Solely ntenan-	n by	(i.e. therma	Contain system V	Mini-F Glovet Non-E iption of ing Material (AC s insulation, surf	Enclosure bag Proced Exempted (Amount (Specify SF or LF)	Removal	Abate Ty	ре	Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is I No Used Main Custo	cocation ormally Solely internal ordial St	n by ce/ aff?	(i.e. therma	Contain I system V A other mis	Mini-E Glovet Non-E iption of ing Material (AC s insulation, surf AT, or scellaneous)	enclosure bag Proced exempted (Amount (Specify SF or LF)	rocedi	Abate Ty	ре	Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is I No Used Main Custo	cocation ormally Solely internal ordial St	n by ce/ aff?	(i.e. therma	Contain I system V A other mis	Mini-F Glovet Non-E iption of ing Material (AC s insulation, surf	enclosure bag Proced exempted (and Non-Friable P Amount (Specify	Removal	Abate Ty	ре	Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is I No Used Main Custo	cocation ormally Solely internal ordial St	n by ce/ aff?	(i.e. therma	Contain I system V A other mis	Mini-E Glovet Non-E iption of ing Material (AC s insulation, surf AT, or scellaneous)	enclosure bag Proced exempted (Amount (Specify SF or LF)	Removal	Abate Ty	ре	Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is I No Used Main Custo	cocation ormally Solely internal ordial St	n by ce/ aff?	(i.e. therma	Contain I system V A other mis	Mini-E Glovet Non-E iption of ing Material (AC s insulation, surf AT, or scellaneous)	enclosure bag Proced exempted (Amount (Specify SF or LF)	Removal	Abate Ty	ре	Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is I No Used Main Custo	cocation ormally Solely internal ordial St	n by ce/ aff?	(i.e. therma	Contain I system V A other mis	Mini-E Glovet Non-E iption of ing Material (AC s insulation, surf AT, or scellaneous)	enclosure bag Proced exempted (Amount (Specify SF or LF)	Removal	Abate Ty	ре	Enclosure
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is I No Used Main Custo	cocation ormally Solely ntenanodial St (12)	n by ce/ aff?	(i.e. therma	Contain I system VA other mis	iption of ing Material (AC s insulation, surfat, or scellaneous)	Enclosure bag Proced exempted (Amount (Specify SF or LF)	Removal	Abate Ty	ре	Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASELUS 1	Is I No Used Main Custo	cocation ormally Solely internancedial St (12)	n by ce/ aff?	(i.e. therma	Contain I system V.P. Other mis	iption of ing Material (AC s insulation, surfat, or scellaneous)	Enclosure pag Proced exempted (CM) facing, Name of F	Amount (Specify SF or LF)	Removal	Repair	g. Encapsulate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler	Is I No Used Main Custo	cocation ormally Solely internancedial St (12)	n by ce/ aff? N/A JDEP Wauler ID	(i.e. therma	Contain I system VA other mis	iption of ing Material (AC s insulation, surfat, or scellaneous)	Enclosure pag Proced exempted (CM) facing, Name of F	Amount (Specify SF or LF)	Removal	Repair	g. Encapsulate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASELET Name of Registered Waste Hauler Best Removal Inc	Is I No Used Main Custo	cocation ormally Solely internancedial St (12)	n by ce/ aff?	(i.e. therma	Contain I system V/ other mis Cubic Yi of Waste	iption of ing Material (AC s insulation, surfat, or scellaneous)	Enclosure bag Proced exempted (CM) Facing, Name of F	Amount (Specify SF or LF) Registered Landfill Linverva Enter	Removal	Repair Repair	g. Encapsulate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Best Removal Inc City, State	Is I No Used Main Custo	cocation ormally Solely internancedial St (12)	n by ce/ aff? N/A JDEP Wauler ID	(i.e. therma	Contain I system V/ other mis Cubic Yi Of Waste Disposal	iption of ing Material (AC s insulation, surfact, or scellaneous)	Enclosure bag Proced exempted (CM) Facing, Name of F	Amount (Specify SF or LF) Registered Landfill Linverva Enter	Removal	Repair Repair	g. Encapsulate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASELET Name of Registered Waste Hauler Best Removal Inc	Is I No Used Mai Custo	cocation ormally Solely internancedial St (12)	n by ce/ aff? N/A JDEP Wauler ID	(i.e. therma	Contain I system V/ other mis Clubic Yi Of Waste Disposal	Mini-E Glovet Non-E iption of ing Material (AG s insulation, surf AT, or scellaneous) Sulation Date 2)///	Enclosure bag Proced exempted (CM) Facing, Name of F	Amount (Specify SF or LF) Registered Landfill Linverva Enter	Removal Prise	Repair Repair	Pe Encapsulate LC	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Best Removal Inc City, State	Is I No Used Mai Custo Yes Title	molitic occation mally Solely ntenan dial St (12) No	n by ce/ aff? N/A JIDEP W auler ID	(i.e. therma	Contain I system V/ other mis Clubic Yi Of Waste Disposal	iption of ing Material (AC s insulation, surfat, or scellaneous) Substitute (AC) Substitute (AC) ards ards 2 2 7 1 Date 2) / 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CM) Facing, Name of F M City, State Way1	Amount (Specify SF or LF) Registered Landfill Inverva Enter the sburg, OH 4	Removal Prise	Repair Repair	Pe Encapsulate LC	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Best Removal Inc City, State Hackensack, NJ 07601	Is I No Used Mai Custo Yes Title	cocation ormally Solely internancedial St (12)	n by ce/ aff? N/A JIDEP W auler ID	(i.e. therma	Contain I system V/ other mis Clubic Yi Of Waste Disposal	iption of ing Material (AC s insulation, surfat, or scellaneous) Substitute (AC) Substitute (AC) ards ards 2 2 7 1 Date 2) / 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Enclosure bag Proced exempted (CM) Facing, Name of F	Amount (Specify SF or LF) Registered Landfill Inverva Enter the sburg, OH 4	Removal Prise	Repair Repair	Pe Encapsulate LC	

State of New Jersey

			NOT	FICATI (Pursua	ON OF nt to NJ	AS JAC	SBESTOS ABA 8:60-7 and 12:1	ATEN 20-7)	MENT D	E G E		上 H#8	473			
Date of Notification (1)	3/13/17	1 22000		Building (Oper	rator (2)			MAR 2	0 2017	7		1		_
Agencies Notified [x] EPA [] DEP [x] DOL	Type of Notification [x] Initial Notification [] Emergency	59 Cit	y, State	dress wark A e, Zip Co City, N	de	306	3		A	SBESTOS LICE	CONTR	OL 8	<u> </u> &			_
[x] DOH	[] Amended Notification	Na	me of	Contact	45 07				Tele	phone Numb	er					-
[] DCA	[] Cancellation	Ki	m Ri													_
Name of Facility When	e Abatement is Ta	king Plac	e (3)	F	ACILITY	Y IN	FORMATION	Тур	e of Facility (4)	40)						-
Hudson County			10.00	in .		-			School (K- Subchapte Other (i.e. homes, et	-12) er 8 (Other th private and o	an K-12) commercia	ıl buil	dings	5,		
Street Address 595 Newark Ave	enue							Squ	uare Feet	# of Floors		lldg. A	Age			_
City (5)		County	5 (5)				Code (7) USE ONLY)		0000 rrent Use (Prior	13 if being dem		50				
Jersey City	: Hissad bu Buildi	Hudso	57555	SCM No.			Name of Abatem	Offi	ice building					111		
Name of Monitoring F Whitman Compa		ng Owne	1 1 1 1 1 1 1 1	0110			J	lupit	er Environn	nental Se	rvices, I	nc.				
Street Address 7 Pleasant Hill F								Changebrid	ge Road,	Suite 1	00				_	
City, State, Zip Code						C	City, State, Zip C	ode Pine	Brook, NJ	07058						
Cranbury, NJ 08 Project Manager for N	Monitoring Firm			Number		7	Telephone Numb	ber	0-00 -00 (0-00 to 20 -00 to 20 -00 to 20 t		License	Num	ber 00	25	2	
Kevin Lovely Scheduled Start Date		732 ed. Comp		-5858 Date (11)		1	Name of OSHA I	Monit	-575-8700 or	- X	tal Laboratories, LLC					_
3/27/1	7	12/	31/17	7			Street Address	J &	S Environm	iental Lab	oratorie	es, L	LC	E .		_
Occupancy Status Du	ed/Vacated During	Entire P	eriod of	Abatem	ent		2		Route 22	W						_
Des	Performed Outside cribe: evenings an scribe: partially vac	nd/or wee	kends	ty Flours		(City, State, Zip C		on, NJ 0708	33						
Scope of Work (Chec									ta Full C	ontainment v	with Negati	ive Pr	PSSI	ire		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥	f			[X]	Renov	vatio	on		[] Mini – [x] Glove	Enclosure bag Procedu	ıre	10011				
			Locat				Desc	criptio	n of				Aba	е		
Locati Asbestos – Material <u>TO BE A</u>	Containing (ACM) .BATED	Mair	Solely Intenance ial Staf	e/Cus			Asbestos Mater (i.e., ther insulation, or other n	rial (A rmal s surfac	CM) systems cing, VAT,		Amount (Specify SF or LF	/	R E M O V	E P A I	ENCAP	ENCLO
In Fa (1)		Yes	No	N/A							5000.05		A L	R	S U	S U
Various areas								9			5000 SF 7000 SF		X	X		_
Various areas		x VAT									250 LF		Х	Х		
280	Valious areas								I I I I	and Londfill						
Name of Registered Waste Hauler Jupiter Environmental Services NJDEP Waste Hauler ID No. 04782						Of W	c Yards /aste 40 +	1	Name of Registe Alliance Lar							
City, State Pine Brook, NJ							osal Date 1/17 +		City, State Taylor, PA	1153 N. E. WATER						
Completed By (Print Pane Repic		Title		Mana			Signature		La		Date 3/1	3/17	7			
1 01.0 1.00.0							1	-								

ASB-41

NOTE: This is a phased project. First phase is to occur in sheriff's offices (~450 SF of plaster is to be removed – Sub 8 project). First phase completion is expected on/about 4/10/17. Amendments will be sent for other phases.



Cancellation		
Carrectiation		

Date of Notification (1)				Nan	ne of Buildi	ng Owner/Oper	ator	(2)					
03/13	_ /	17					atoi	(2)					
4	Notificatio				ifer Huse et Address								
⊠ EPA ☐ Ir				Stie	et Address						. 77		
☑ DOLWD ☐ A	mended			0:1	0				The second secon				
	mendment		_	City	State, Zip	Code							7. 35. 1
□ DCA □ E	mergency (includi	ng		ntown, N								
1	stification)			Nam	e of Conta	ct			Telephone N	lumber		- 100	
N C	ancellation			Teni	sha Victo	r							
None of Early 148				F	ACILITY	NFORMATIO	N						
Name of Facility Where Abatem	ent is Taki	ng Plac	e (3)					Type of Facility	(4)				
Private house								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-	-1 2)			
								homes, etc.	private and com	mercial b	ouildin	gs,	
City (5)								Square Feet	# of Floors		Dida	0	
Eatontown, NJ 07724								oquare reet	# 01 1 10015	1	Bldg. /	Age.	
County (6)				Cou	ntv Code (7)	(STATE USE ON	II VI	Current Hea (D	rior if being dem	- C - L - D			
Monmouth					,	(0.11.12.002.01.	•=1/	Current Ose (F	not it being dem	iolisnea)			
Name of Monitoring Firm Hired I	y Building	Owner	(8)	ASCN	l No	Name of Abo	+	ent Contractor (9					
								ent Contractor (9)				
Street Address		-				Gr Tech LL							
						Street Addre	0.00.00						
City, State, Zip Code						576 Valley I							
M 50 5005000						City, State, Z							2 2-17-0
Project Manager for Monitoring I	irm		Tol	ephone	NI-	Wayne, NJ (0					
			1 01	ehilotie	NO.	Telephone No			License No.				
Start Date (10)	Scho	dulad (Comple	ation D	ate (11)	973-638-177			01127				
03 / 12 / 17	OCITE	03	, 1	ation Da	17	Name of OSI	M AH	onitor					
				- /		Envirovision	Coi	nsultants,Inc					
Occupancy Status During Abater Facility Closed/Vacated Durin	nent (Chec	k only	one)			Street Addres	SS						
Abatement Performed Outsid	e of Norma	erioa ot	Abate	ment	uttration ##Traver-	20-21 Wagan	raw !	Road, Bldg .#	35E				
Time of Abatement:A	M- F	n raciii M/	y Hou PM	rs - Des	SCribe AM	City, State, Zi	ір Со	ide					
						Fair Lawn, N	NJ 07	7410					
Scope of Work (Check all that ap	ply)					Clea	n up	and decontamir	nation with nega	tive pres	sure		
>3 sf or >3 lf > 160 sf or >260 lf		⊠ Re	enovat	ion		X Full	Conta	ainment with Negosure	gative Pressure	38			
≥ 160 sf or ≥260 lf			emoliti					Procedure	Tent with Negat	ive Pres	SUITE		
						☐ Non-	Exen	mpted (*) and No	n-Friable Proce	dure	0010		
Looption of			s Loca Norma							Ał	patem	ent T	vpe
Location of Asbestos-Containing Material	(ACM)		ed Sole		1	Descripti					1	T	T
TO BE ABATED		Ma	intena	ince/	Aspe	stos Containing ., thermal syste	Mate	erial (ACM)	Amount	len	Repair	nce	ncl
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, \	VAT,	or	(Specify SIF or LF)	Remova	ar	pst	Enclosure
(13)			T	T	-	other miscell	aneo	ous)		8		Encapsulate	9
Annual Marian		Yes	No	N/A								(D	
Attic		Ш	Ш	\boxtimes	Vermicu	lite insulation	ı		550 SF	\boxtimes	П		П
Utility room-1st floor				\boxtimes	Transite	nanel			25 SF				
		П	П		- Tansito	parier			23 SF		브	Ш	Ш
				1									
None of B. V.												П	
Name of Registered Waste Haule	٢		NJE	EP Waste	Hauler ID No.	Cubic Yards of V	Vaste	Name of Regis	tered Landfill				
Gr Tech LLC			0	03378	5	TBD		T.R.R.F. Inc					
City, State						Disposal Date		City, State					
Wayne, NJ 07470								150					
Completed By (Print or Type)	Title)				TBD Signature	А	Tullytown, PA					
N.Jevtic						oignature	//	1		Date			
SB-41	Owi	ICL					//eu	Ac Wenad	0	3/13/17	6		

61		NC)TIFI	(A I I	ONOF	FNew Jersey ASBESTOS ABA		person)	15 11	IS I	11/		2
Check#2738			(Pursi	ant to N	JAC 8:60 and 5:	A I EMENT	1 <i>D)</i> r	E G	5 1	L/	EED.	-
Date of Notification (1)						ding Owner/Operato		M	L				-
03/13	/1	7		310			r (2)		MAR	20	2017	20000	
Agencies Notified Type N	otification				oil Kurtson								
☐ EPA ☐ Initia				0.1	cel Addres			Ā	SBESTO	S COI	VTRO)L 8	Š
	ended endment #	#		Cit	y, State, Zi	p Code			LIC	ENSI	lG		-
□ DCA □ Eme	ergency (i		ina	1	ort Hills, N								
(NJAC 5:23-8) justi	ification)		- 3	Na	me of Cont	act		-1	Telephone	Number	-		
L] Can	cellation			Erb	il Kurtsoy	1		1					
Name of Facility Where Abatemen		- Di		F	ACILITY	INFORMATION						-	-
Private house	nt is Takin	ig Plai	ce (3)				Type of Faci					- Al-	-
Street Address							School (F	K-12)	Other than k	(1 0)			
							Other (i.e	e., priva	ate and con	(-12) nmercia	l buildi	nas.	
City (5)							nomes, e	etc.)					
Short Hills, NJ 07078							Square Feet		# of Floors		Bldg.	Age	
County (6)				Co	unty Code (7	7) (STATE USE ONLY)	Current Use	(Prior	if heing der	molisho	47		_
Ssex								(, ,,,,,,	ir being der	1101151160	ı)		
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCI	И No.	Name of Abatem	ent Contractor	(9)					-
Street Address	-					Gr Tech LLC							
						Street Address							-
City, State, Zip Code						576 Valley Rd a							
						Wayne, NJ 074							
Project Manager for Monitoring Firm	m		TTA		- NI-	Wayne, 193 074	70						
			Tel	ephon	e IVO.	Telephone No.			License No.	i i			_
						Telephone No. 973-638-1777			License No	Š			
Start Date (10)	Sched		Compl	etion D	ate (11)	Name of the second second	Monitor		License No 1127				
Start Date (10)03/22/17	Sched 0	13	Compl	etion D		973-638-1777 Name of OSHA M Envirovision Co		0		X			
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During B	Sched 0 nt (Check	only	Complete Com	etion D	ate (11)	973-638-1777 Name of OSHA N Envirovision Co Street Address	onsultants,Inc	0)1127				
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of	Sched 0 nt (Check Entire Per	only	Complete Abate	etion D	ate (11)	973-638-1777 Name of OSHA N Envirovision Co Street Address 20-21 Wagaraw	nsultants,Inc	0)1127				
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside o Time of Abatement:AM	Sched 0 nt (Check Entire Per of Normal	only	Complete Abate	etion D	ate (11)	973-638-1777 Name of OSHA N Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co	Road, Bldg .	0)1127				
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside o Time of Abatement:AM-	Sched 0 nt (Check Entire Per of Normal	only	Complete Abate	etion D	ate (11)	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0	Road, Bldg .ode	# 35E	01127				
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatemen Facility Closed/Vacated During B Abatement Performed Outside o Time of Abatement: AM- Cope of Work (Check all that apply	Sched 0 nt (Check Entire Per of Normal	only iod of Facilit	Complete Com	etion D	ate (11)	973-638-1777 Name of OSHA N Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont	Road, Bldg . ode 7410 o and decontant tainment with N	# 35E	01127	ative pre	ssure		
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside o Time of Abatement: AM- Cope of Work (Check all that apply	Sched 0 nt (Check Entire Per of Normal	only riod of Facilit	Complete Abate	etion D 4 /	ate (11)	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebac	Road, Bldg ode 7410 o and decontant tainment with Nosure	# 35E	n with nega e Pressure	itive pre			
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside o Time of Abatement: AM- Cope of Work (Check all that apply	Sched 0 nt (Check Entire Per of Normal	only riod of Facilit	Complete Com	etion D	ate (11)	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebac	Road, Bldg . ode 7410 o and decontant tainment with N	# 35E	n with nega e Pressure	itive pre		and the same of th	
Start Date (10) 03	Sched _0 nt (Check Entire Per of Normal _PM	is only riod of Facilital	Complification (Complification) Abate ty Hou PM enovat emolities S Local Norma	etion D 4 / ement rrs - De ion on	ate (11)	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebag Non-Exe	Road, Bldg . ode 7410 o and decontant tainment with Nosure g Procedure [mpted (*) and Nosure	# 35E	n with nega e Pressure	itive pre tive Pre		ent T	
Start Date (10) 03 / 22 / 17 Decupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside of Time of Abatement: AM- cope of Work (Check all that apply) 3 sf or >3 lf > 160 sf or >260 lf	Sched _0 nt (Check Entire Per of Normal _PM	is only riod of Facilities Record Dec	Complete Com	etion D 4 / ement rs - De ion on lly ely by ince/	ate (11)17 scribeAM	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Conf Mini-Enc Glovebag Non-Exei	Road, Bldg code 7410 condition and decontain tainment with Noure g Procedure [mpted (*) and formation of the contain of th	# 35E	n with nega e Pressure	itive pre	ssure batem	T	
Start Date (10) 03 / 22 / 17 Decupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside o Time of Abatement: AM- cope of Work (Check all that apply 3 >3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (AC 10 BE ABATED IN Facility	Sched _0 nt (Check Entire Per of Normal _PM	is only riod of Facilities Record Dec	Complete Com	etion D 4 / ement rs - De ion on lly ely by ince/	ate (11)17 scribeAM	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebag Non-Exel Description o stos Containing Mat surfacing, VAT,	Road, Bldg code 7410 condition and decontant tainment with Notice g Procedure [mpted (*) and for the contant of the contan	# 35E	n with negate Pressure with Negatiable Proce	itive pre	ssure batem	T	
Start Date (10) 03 / 22 / 17 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside o Time of Abatement:AM- cope of Work (Check all that apply 3 >3 sf or >3 lf > 160 sf or >260 lf Location of Asbestos-Containing Material (AC	Sched 0 nt (Check Entire Per of Normal PN) CM)	is only riod of Facilitation o	Complete Com	etion D 4 / ement irs - De ion ion illy elly by ince/ Staff?	ate (11)17 scribeAM	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Conf Mini-Enc Glovebag Non-Exei Description o stos Containing Mat e., thermal systems in	Road, Bldg code 7410 condition and decontant tainment with Notice g Procedure [mpted (*) and for the contant of the contan	# 35E	n with negate Pressure with Negatiable Proce	itive pre tive Pre	ssure batem	T	
Start Date (10) 03 / 22 / 17 Decupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside of Time of Abatement: AM- cope of Work (Check all that apply) >3 sf or >3 If >160 sf or >260 If Location of Asbestos-Containing Material (Adaptive Company C	Sched _0 ont (Check Entire Per of Normal _PN ')	is Recursive Section 1997 Secti	Complete Com	etion D 4 / ement irs - De ion on tion Illy elly by ince/ Staff?	ate (11) 17 scribe AM Asbe	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebag Non-Exel Description o stos Containing Mat e., thermal systems i surfacing, VAT, other miscellance	Road, Bldg code 7410 condition and decontant tainment with Notice g Procedure [mpted (*) and for the contant of the contan	# 35E nination legativ Tent	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	tive Predure	ssure batem Repair	en Encapsulate	T
Start Date (10) 03	Sched 0 nt (Check Entire Per of Normal PW	ic only conly conly record of Facilities Record of	Complete Com	etion D 4 / ement irs - De ion on lly ely by ince/ Staff?	ate (11) 17 scribe AM Asbe (i.e	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Conf Mini-Enc Glovebag Non-Exel Description o stos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	Road, Bldg code 7410 condition and decontant tainment with Notice g Procedure [mpted (*) and for the contant of the contan	# 35E	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	itive pre	ssure batem Repair	T	T
Start Date (10) 03	Sched 0 nt (Check Entire Per of Normal PW	is Recursive Section 1997 Secti	Complete Com	etion D 4 / ement rrs - De ion on lify ely by ince/ Staff?	ate (11) 17 scribe AM Asbe	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Conf Mini-Enc Glovebag Non-Exel Description o stos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	Road, Bldg code 7410 condition and decontant tainment with Notice g Procedure [mpted (*) and for the contant of the contan	# 35E nination legativ Tent	n with negate Pressure with Negatiable Proce Amount (Specify SIF or LF)	tive Predure	ssure sbatem	Encapsulate	T
Start Date (10) 03	Sched 0 nt (Check Entire Per of Normal PW	ic only conly conly record of Facilities Record of	Complete Com	etion D 4 / ement irs - De ion on lly ely by ince/ Staff?	ate (11) 17 scribe AM Asbe (i.e	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Gloveba Non-Exe Description o stos Containing Mat at, thermal systems i surfacing, VAT, other miscellaneo ulation sulation	Road, Bldg code 7410 condition and decontant tainment with Notice g Procedure [mpted (*) and for the contant of the contan	# 35E mination legativ Tent Non-Fri	n with negate Pressure with Negatiable Proce Amount (Specify SIF or LF)	itive pre	ssure sbatem	Encapsulate	T
Start Date (10) 03	Sched 0 nt (Check Entire Per of Normal PW	ic only conly conly record of Facilities Record of	Complication Complete	etion D 4 / ement rrs - De ion on tion lly ely by ince/ Staff?	ate (11) 17 scribe AM Asbe (i.e	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Mat at thermal systems is surfacing, VAT, other miscellaneous	Road, Bldg . ode 7410 o and decontantainment with Nosure g Procedure [mpted (*) and Nosure in the contant in	# 35E mination legativ Tent Non-Fri 50 L 30 S 10 L	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	tive Predure A Removal	ssure sbatem	Encapsulate	T
Start Date (10)	Sched 0 nt (Check Entire Per of Normal PW	ic only conly conly record of Facilities Record of	Complication Complete	etion D 4 / ement rrs - De ion on tion lly ely by ince/ Staff?	ate (11) 17 scribe AM Asbe (i.e	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Gloveba Non-Exe Description o stos Containing Mat at, thermal systems i surfacing, VAT, other miscellaneo ulation sulation	Road, Bldg . ode 7410 o and decontantainment with Nosure g Procedure [mpted (*) and Nosure in the contant in	# 35E mination legativ Tent Non-Fri 50 L 30 S 10 L	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	tive Predure A Removal	ssure sbatem	Encapsulate	T
Start Date (10)	Sched 0 nt (Check Entire Per of Normal PW	ic only conly conly record of Facilities Record of	Complete Com	etion D 4 / ement rrs - De ion on tion lly ely by ince/ Staff?	ate (11) 17 scribe AM Asbe (i.e	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebag Non-Exel Description o stos Containing Mat at, thermal systems in surfacing, VAT, other miscellaned ulation Cubic Yards of Waste TBD	Road, Bldg . ode 7410 o and decontantainment with Nosure g Procedure [mpted (*) and Nosure in the contant in	# 35E mination legativ Tent Non-Fri 50 L 30 S 10 L	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	tive Predure A Removal	ssure sbatem	Encapsulate	T
Start Date (10) 03	Sched 0 nt (Check Entire Per of Normal PW	ic only conly conly record of Facilities Record of	Complete Com	etion D 4 / ement irs - De ion lly elly by ince N/A N/A	ate (11) 17 scribe AM Asbe (i.e	973-638-1777 Name of OSHA M Envirovision Co Street Address 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mini-Enc Glovebag Non-Exel Description o stos Containing Mat at, thermal systems in surfacing, VAT, other miscellaned ulation Cubic Yards of Waste	Road, Bldg . ode 7410 o and decontantainment with Nosure g Procedure mpted (*) and Nosulation, or ous)	# 35E mination legativ Tent Non-Fri 50 L 30 S 10 L	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	tive Predure A Removal	ssure sbatem	Encapsulate	T
Start Date (10)	Sched O nt (Check Entire Per of Normal PW CM)	ic only conly conly record of Facilities Record of	Complete Com	etion D 4 / ement irs - De ion lly elly by ince N/A N/A	ate (11) 17 scribe AM Asbe (i.e	Pair Lawn, NJ 0 Clean up Full Condition Condi	Road, Bldg . Ode 7410 O and decontantainment with Nosure g Procedure mpted (*) and Nosulation, or or ous) Name of Regi	# 35E mination legativ Tent Non-Fri	n with nega e Pressure t with Negariable Proce Amount (Specify SIF or LF)	tive Predure A Removal	ssure sbatem	Encapsulate	T
Start Date (10) 03 / 22 / 17 Decupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside o Time of Abatement: AM- Scope of Work (Check all that apply 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (AC 10 BE ABATED IN Facility	Sched 0 nt (Check Entire Per of Normal PW	Record of Facilities of Personal Customer Custom	Complete Com	etion D 4 / ement irs - De ion lly elly by ince N/A N/A	ate (11) 17 scribe AM Asbe (i.e	Pair Lawn, NJ 0 Clean up Full Condition Condi	Road, Bldg rode 7410 roand decontain tainment with N losure g Procedure [mpted (*) and N revial (ACM) insulation, or pus) Name of Regi T.R.R.F. Inc. City, State	# 35E mination legativ Tent Non-Fri 50 L 30 S 10 L istered	n with negate Pressure with Negatiable Proce Amount (Specify SIF or LF)	tive Predure A Removal	ssure sbatem	Encapsulate	T

			(1 41	Juane to	, ,,,,,,,					111	M M	IAR	20	201	7	11 U
Date of Notification (1) 03/13/2017			0.000		Building O novcaka	wner/Op	perator	(2)	Ch	eck I	Vo. 461	2	\$20	00		
Agencies Notified Type	Notification		S	treet Ad	dress						ASBE	STO	S CO ENS	INC	ROL	&
× DEP	Initial Amended Amendment #		0	ity, State	e, Zip Cod Irlington,	e , New	Jersey	y 070	009			LIU	EIVO	ING		
X DOH	Emergency (incluing justification) Cancellation	uding	N	lame of (1000					1 7	"alanhana	Numi	ner			
				FACIL	ITY INFO	RMATIC	N			(4)						
Name of Facility Where Abaten Apartment Building Street Address	nent is Taking Pla	ace (3)						П	of Facility School (K- Subchapte	-12) er 8 (C	other than	K-12)				
290 Stuyvesant Avenue								×	Other (i.e. etc.)	priva	te & comm	nercial	buildi	ngs, r	nomes	5,
City (5) Lyndhurst, New Jersey								Squa 15,0	are Feet 000	#	of Floors		50 50	dg. Ag)+	je	
County (6) Bergen				County C	ode (7) SE ONLY)				ent Use (P artment E			nolishe	ed)			
Name of Monitoring Firm Hired	by Building Own	ner (8)		ASCM	No.				atement Co poration		tor (9)					
Street Address							Street 606		ess ride Aver	nue						
City, State, Zip Code									Zip Code d Park, N	lew .	Jersey 0	7424				
Project Manager for Monitoring	Firm		1	Telephon	ne No.		Telepi 973-		No. 8400		Licen 0110	ise No)4				
Start Date (10) 03/23/2017	104990	hedule		pletion D	Date (11)				SHA Monito		oratorie	s, LL	С			
Occupancy Status During Abar		Marie Marie					Street	Addr	ess							
Facility Closed/Vacated D	ouring Entire Peri	od of A	batem	ent			City, S	State,	ute 22 W Zip Code	2000						
Other - Describe: 7am-3	30pm						Unic	on, N	ewJerse	y 070	083					
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	t Apply)		enovat emoliti				5	× M	ull Contain lini-Enclose lovebag Polon-Exemp	ure rocedi	ure				9	
									ion-Exemp		dila itori	11100		Abate	ment	
Location of		٨	Locati Iormall	у		De	scriptio	n of						Ту	pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Mai Cust	d Solei intenar odial S (12)	nce/ staff?		tos Con thermal surfa	taining	Materi ns insu AT, or	3) 3)		Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Dino	Insul	ation		-	600 LF	=	Х			
Basement		4		X			(Insul			+	90 SF		X			
Basement				X		Tann	IIISUI	alioi	I	-	30 01					
				-												
Name of Registered Waste Ha	auler		Н	I IJDEP W Iauler ID 8724		of Wa			GRO	WS I	gistered L _andfill	andfill				
City, State Woodland Park, New Je	rsey						sal Dat 7/2017		City, S Morri		, PA					
Completed by Adriana Olejarova		Title Presi	dent				Signatu	re	1/	02		, Da	te 03,	/13	120	ソフ

Print Form

		(P	ursuant	to NJAC	8:60 and	12:12	0)		11					T State State of
Date of Notification (1) 03/13/2017				f Building sh Mitta	Owner/C	perator	r (2)	Check	111	MA 10 MA	R 2	0 7	2017	
Agencies Notified Type No	tification		Street A	ddress					\top					
EPA X Init	ial									ASBEST	OS	COV	ITRO	DL &
	ended endment #			ate, Zip C	ode w Jerse	., 000	10				ICEN	VOIIV	u	
Em	ergency (including	-		f Contact		y 000	10		-					
	tification) ncellation			sh Mitta					Te	lephone Nu	mher			
Name of Facility Where Abatemen	t in Taking Diago (2		FACI	ILITY INF	ORMATI	ON	-							
Residence	t is Taking Place (3)		٠			Ту	pe of Facility School (K-						
Street Address	0						×	Subchapte	r 8 (Oth	er than K-1 & commerc		dings	, hom	es,
City (5) Hamilton, New Jersey 0861	0						255.55	uare Feet 00	# 0	f Floors	160	3ldg. <i>i</i> 50	\ge	
County (6) Mercer				Code (7) USE ONL	n		10505	rrent Use (Pr esidence	ior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by	Building Owner (8)		ASCN	ЛNo.				batement Co orporation	ntractor	(9)				
Street Address						Street 606		ress Bride Aven	ue					
City, State, Zip Code	ļe.							, Zip Code nd Park, Ne	ew Jer	sev 0742	24			
Project Manager for Monitoring Fire	n		Telepho	ne No.		Teleph	none			License N 01104			S	
Start Date (10) 03/24/2017	Schedule 03/25/2		npletion I	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abateme	ent (Check Only On	e)				Street							-	
Facility Closed/Vacated During Abatement Performed Outside	of Normal Facility	baten Hours	nent				Clay Copy	ute 22 We Zip Code	st					
Other – Describe:			-			Unio	n, N	lew Jersey	0708	3				
Scope of Work (Check All That App	oly)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Property	enova emolit				×	1	full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
	ls	Locati	on								T	DIAY III	ement	t
Location of	l N	ormal	ly		Des	cription	of				_	Ty	ре	
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Mair Custo	l Sole ntenar odial S (12)	nce/ Staff?	Asbes (i.e.	thermal s	systems ing, VA	s insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										rD.	
Basement			X			TSI			20	00 LF	X			
48									******		-			
Ţ.														
Name of Registered Waste Hauler		1 100000	JDEP W		Cubic Y			Name of	Registe	red Landfill				-
Lilich Corporation			auler ID I 3724	No.	of Wast	te		GROW	S Lan	dfill				
City, State Woodland Park, New Jersey					Disposa 03/25/		(City, Stat Morrisv		4				
Completed by Adriana Olejarova	Title Presid	ent	36		\$ig	gnature	D1	50	Q_	Da	te 2//	3/2	01	7

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

ASB-41 (R-06-08)

0	C 2125				S FICATIO Pursuan	N OF AS		ABATE		The approximation of the state	12	E C	E [P	rint Fo		
	e of Notification (1) /13/17					of Building Guidi	g Owner/0	Operator	(2)	2 Table 10 and 1		MAR	20	201	17	L		
Age		Notification Initial			Street A	Address				and interesting	A	SBESTO	S CC		ROL	&		
×	DEP DOL	Amended Amendmen			1 - September 1 - 197	ate, Zip C Ridge,	Code NJ 0702	28				LIC	ENSI	ING				
×	DOH j	Emergency justification) Cancellatior)		Name of Chis	of Contac Guidi	t				Te	lephone Nu	mber					
Nan	ne of Facility Where Abatem	ent is Takir	na Place (3)	FAC	ILITY IN	FORMAT	ION	Т. г	e of Facility	(4)							
	vate House	IOIT IS TAKII	ig i lace (٥)					П	School (K-								
Stre	et Address								×	Subchapte	er 8 (Oth	er than K-1 & commerc		ldings	s, hom	ies,		
	en Ridge								Squ	uare Feet	# 0	f Floors		Bldg.	Age			
Es	nty (6) SeX				(STATÉ	Code (7) USE ONL	n			rent Use (Pr			hed)					
	ne of Monitoring Firm Hired I mpetent Supervisor)	ASCI	M No.				patement Co y Constru										
Stre	et Address					Street 205		ress 46 West S	uite 14	1								
City,	State, Zip Code							500		Zip Code NJ 07512								
Proje	ect Manager for Monitoring I	Firm			Telepho	ne No.			Telephone No. License No. 973-832-4244 01155									
	Date (10) 25/17		Schedul 04/1/1		ompletion Date (11) Name				me of OSHA Monitor ame as above									
Occi	pancy Status During Abate	ment (Ched	ck Only Or	ne)				Street	Addr	ess								
×	Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire I side of Norn	Period of a	Abate / Hou	ment rs			City, S	tate,	Zip Code								
Scop	e of Work (Check All That A	Apply)																
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		genmented	Renov Demol	ration lition			×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure				re			
			255	Loca	1701701000										emen	t		
Α	Location of asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Use Ma	d Sol	nally olely by nance/ al Staff? 2) Asbestos C (i.e. therr			Description of ontaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure		
			Yes	No	N/A								<u> </u>		ate	-G		
Basement					X		Pipe	Insula	tion		12	25 LF	X		X			
Name	e of Registered Waste Haule	er			NJDEP W		Cubic '			Name of	Registe	red Landfill						
Acad	demy Construction Inc				Hauler ID)34422	No.	of Was	ste		GROW	'S Lan	dfill						
City, Toto	State wa, NJ						Dispos TBD	al Date		City, Stat		4						
	oleted by Geleski		Title Supe	rviso	or		Si	gnature	Ti,	17 Del		Da	te 3/13/	17				

			OTIFI		ate of Nev			CNT	property [7]	- F		5.7		977.0
CY 1055L	L	ľ			OF ASBE				In E	3 E		\mathbb{W}	15	
Date of Notification (1)	, , , , , , , , , , , , , , , , , , , ,			Name of	f Building (Owner/O	nerator (2)					7	H
3-913/7								-1 -5w/C/	PEN.	MELD	de s	70.17	.	IU
Agencies Notified	Type Notification			Street A		/ \ /_	21100	2019	NI TO COM!	TIYL	4	4 14		6/7
P EPA	Initial			25	VAN	- D	WKE	AVE	10050		201	IN E		
DEP	Amended			City, Sta	te, Zip Co	de	/		SBES	LICEN	SIN	HFR.	JLO	5
☐ DOL	Amendment #		- 4	NE	w R	UNS	iuic	K M	1087	01				
☐ DOH	justification)			1	f Contact	/	1		Telenhone	e Numb	er	12		2
DCA	Cancellation		/		LITY INFO									
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITTINFO	JKIVIATI	35110	Type of Facility	(4)					
RESMICK I	DISTRIBU	TORO						School (K-	-12)					
Street Address	0 /	-	,					Subchapte	er 8 (Other than private & comm	K-12)	huildi	nac	home	20
25 VAR	DYKE	171	ノビ					etc.)				16420 400		,ی,
City (5)	,	/						Square Feet	# of Floors	S	Blo	dg. A	ge	
NEW BR	UNSWIC			Caustil	Codo (7)			Current Use (Pr	rior if hoing don	nolishor		1	1	
County (6)					Code (7) USE ONLY)			0/-[-16 &			1)			
Name of,Monitoring Firm	Hired by Building C	wner (8)		ASCN	/ No.		Name o	of Abatement Co						
/	1. INSPECT						FRV	MAR CI	ONSTRU	CTI	OAS	1	H	2
Street Address	, (1) 2 60)	10- /					Street A		,, 5/,,-		eg v			
10 BOX 116	45						Po.	BOX 11	1587					
City, State, Zip Code	10 1.						City, St	ate, Zip Code	.0.1	,				
SHUA 1A	17/16		Т.				0/11	14 17	- /9// _C	<u>6</u>				_
Project Manager for Mon				Telepho	9	100	Telepho							
Start Date (10)	7	Schedule	ed Corr	violetion	24-91 Date (11)	79	Name o	7 - 78 4 - 46 of OSHA Monito	579 01	270)		No.	
3-15-17		3-1			Julo (1.1)		100000000000000000000000000000000000000	PAIN L	DUA					
Occupancy Status During	g Abatement (Check	200					Street A	Address	.,	1/				
Facility Closed/Vac	ated During Entire P	eriod of A	Abatem	ent			279		RIX /	/				
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility	Hours	6			City; St	ate, Zip Code	/					
	II Th - A A L A						17111	A PA 19,	116					
Scope of Work (Check A	ш тпат Арріу)											0.00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mini-Enclosu	nent with Nega re	tive Pre	ssure	9		
							H	Glovebag Pro	ocedure ed (*) and Non-	Eriable	Droo	odura	2	
	1	Τ.	, ,					Non-Exemple	eu () anu Non-	THADIC			ment	
Location	- of	2.00	Locati Iormal			Do	scription	of				Ту	ре	
Asbestos-Containing		1000	d Sole			tos Cont	taining Ma	aterial (ACM)	Amount				Ш	
TO BE AB.		5.500000	todial S		(i.e.		l systems cing, VAT	insulation,	(Specify SF or LF	5	Rem	Repair	ncap	inclo
(13)			(12)				niscellane		0.0.0	'	Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A									te	(D
OFFICE			/		Ela	n8 7	1/5		900 9	SE	. /			
OFFICE					1-10	0/1	1/6		, , ,					
					-						-			
	4										-			
Name of Registered Was	ste Hauler		l N	JDEP W	/aste	Cubic	Yards	Name o	 of Registered La	andfill	1			
			Н	auler ID		of Wa								
	MSTRUCT	100	0	036	759	Diana	sal Date	City, Sta	ows			- illia		
City, State	1					3		7 7	STOWN	Pi	L			
Completed by		Title	91				//-/ Signature	7 1/01/	1100	Date	1			_
EFRAIM	DUA	U	P	RE	<		9 ph	ain-	Kin	3+	12.	1	7	
-1/1/1				, -		/	1				₫	-		
ASB-41 (R-06-08)							* Do not	t use this form for	or asbestos lice	ensure e	exem	pted	activi	ties.

1111111 01111

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219192058 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 / 14 Charles Louis Custom Homes" Agencies Notified Type Notification Street Address X EPA ASBESTOS CONTROL & ✓ Initial LICENSING **⋈** DOLWD ☐ Amended City, State, Zip Code Amendment #_ X DHSS ☐ Emergency (including Chatham, NJ 07928 DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Charles Louis **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Blda. Age Chatham, NJ 07928 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 23 / 17 03 / 25 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM- _ PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If XXX Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Enclosure Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement X Pipe insulation 125 LF X First floor VAT floor tiles 500 SF X П X Kitchen M Linoleum 150 SF Second floor & third floor-bathroom VAT floor tiles 50 SF+30 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State City, State Disposal Date Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 03/14/17 ASB-41

2 2 21	N	OTIFIC	ATION (e of New Jerse)F ASBESTOS NJAC 8:60 and	ABATEME	NT IN	ECEI	\mathbb{V}	E	n	
(K#)171									司		1
Date of Notification (1)		1	lame of E	Building Owner/C		8 6 8 9	MAR 20	2017			TO THE PERSON NAMED IN COLUMN 1
Agencies Notified Type Notification		- 5	1) / h	tress	lover	2-11-1	MANCU	CULI		-	1
Agencies Notified Type Notification		The state of the s		Russel	1 Aug	2					
EPA X Initial Amended		C		. Zip Code	1		ASBESTOS CO		OL 8	L.	T
DOL Amendment		_ (CADS4,	1)01	وسطول در	LICENSI	NG			
DOH Emergency (i justification)	ncluding	1	vame of				Ofelephone Nur	nber			
DOH justification) DCA Cancellation		Address of the	()	CVY							
ional .			FACIL	TY INFORMAT	ION	6 F . 184	(4)				
Name of Facility Where Abatement is Taking	Place (3		1 .			ype of Facility	(4)				
BPM Decepters	PI	SAE	* +			School (K-1	l2) r 8 (Other than K-12	1			
Street Address		•			12	Other (i.e.)	private & commercia	al build	ngs,	home	S,
8 RUSSEll Aug					9	etc.) quare Feet	# of Floors	R	dg. A	10	
City (5)		n .	Hur	1		$\Omega(\mathcal{U}())$	1 2	3	5)	-	
DUCKO PS. T (FO	TP	1001	County C	nde (7)	- \ c	7	for if being demolish				-
County (6)				SE ONLY)		53	· derce				
Name of Monitoring Firm Hired by Building (Dwner (8)		ASCM	No.	Name of	Abatement Co					
realite of monitoring: an impact of					Ace In	sulation Co.	, Inc				
Street Address			L		Street Ac						
						ntrose Rd					
City, State, Zip Code					*	e, Zip Code					
					1	ieck, New J					
Project Manager for Monitoring Firm		17	Celephon	No.	Telephone No. License No. 732 294 1757 00029						
	01.11	10-	-1-6 F	tato (44)		OSHA Monito					-
Start Date (10)	Scheau	30 CON	pletion E	ate (11)	ivane u	OO IN BIOHIS	•				
Occupancy Status During Abatement (Chec	S Chale Os	101	11 /		Street Ac	tdress					
						NOTE OF TAXABLE PARTY.					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Hours	ent		City, Stat	te, Zip Code					
Other - Describe: 7AM	-7un	1			Appropriate September 1					00 W 0 4 - C - C - C - C - C - C - C - C - C -	
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 If		Renoval	tion		The same of the sa		ent with Negative F	ressur	9		
2160 sf or ≥260 lf)emoliti	on		b	Mini-Enclosus Glovebag Pro					
						Non-Exempte	ed (*) and Non-Frial	ole Pro			
	19	Locati	on l				entitle s.d.	1		emen rpe	Ė
Location of	- A	Normal	-		escription o		10 may	Section 1	1		1
Asbestos-Containing Material (ACM)	*	ed Sole iintenai		Asbestos Cor	ntaining Ma al systems i	terial (ACM)	Amount (Specify	Z	-	Enc	I III
TO BE ABATED In Facility	Cus	todial S	Staff?	surf	acing, VAT,	OF	SF or LF)	Removal	Repair	aps	Enclosure
(13)	8	(12)		other	miscellaneo	ous)	-	Vel	#	Encapsulate	ure
	Yes	No	N/A				x	memora			
interior	atomic fe		X	Dipe	- War	P	JUSIE	X	Manual Control		4.4.4
10400	1		1	1							and a second
	1									2	-
		1	3 1				2	1	1	-	1
	Traction and the same of the s						4	į	£ .	30	1
			(DEO M	oefa Cohi	e Yarde	Name o	f Registered Lands	To the same of the	1	i	d
Name of Registered Waste Hauter	The Lands and May or many		IJDEP W lauler ID		c Yards	1	of Registered Landii	II.		1	-
Name of Registered Waste Hauter Ace Insulation Co., Inc.	Para Seculo Bio Jerry or Bank	1		No. of W	aste	Chrins	s Landfill	200			
Ace Insulation Co., Inc.		1	lauler ID	No. of W	osal Date	Chrins	s Landfill	Company County			
Ace Insulation Co., Inc. City, State Colts Neck, New Jersey		1	lauler ID	No. of W	osal Date	Chrins	s Landfill			-	
Ace Insulation Co., Inc. City, State	Title	1,	lauler ID	Vo. of W	osal Date	Chrins	s Landfill	ate 2		1,-	L

(R# 3121	NOT	(Pursu	TON OF ant to N	of New Jerse ASBESTOS IJAC 8:60 ar	ABATE nd 12:12(<i>3</i> }	The second secon	DECE		7 [Contraction of the second
ate of Notification (1)		1 (e of Bu	Iding Owner/	Operator UP O	pr/5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	U MAR 2	0 20)17_	Downson of the last of the las	
gencies Notified Type Notification P EPA Initial		o-posterior de la constante de	21	Sip Code	1 A	JC		ASBESTOS	CON	THO	<u> </u>	And the state of t
DEP Amended Amendment #_ Emergency (incl	uding	1	ne of Co	ch for	+,1)(W	Jets	Telephone Mun	JOING	3		1
DOH justification) DCA Cancellation		September 1	(10	222	TION							
lame of Facility Where Abatement is Taking Pl	ace (3)					So So	Facility (4) chool (K-12) abchapter 8		nuildini	as, ho	ntes.	V St. Brown and John Law Wood Chinade
CI RUSSO II AUC							c.)	# of Floors		. Age	1	Annual Langer
0 (earport (Fort	Mo	Co	unty Co	de (7)		Surren	t Use (Prior	if being demolishe	d)	<u> </u>	<u> </u>	-
County (6) // 3 7 M W + H Name of Monitoring Firm Mired by Building Ow	ner (8)	(S	ASCM I	E ONLY)		e of Abat	ement Cont	ractor (9)				and by constitution
Street Address		- Indiana			Stre	et Addres		SSC.			-	(prepared parent)
City, State, Zip Code					City.	Montros State, Zig		rsev				- Transferrence
Project Manager for Monitoring Firm		Te	tephone	No.	Tele	phone No 2 294 1).	License No 00029				Allegan
	Scheduler	1 Comp	oletion D	ate (11)			IA Monitor					
Occupancy Status During Abatement (Check	Only One	711			Stre	eet Addre	SS					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Al I Facility I	pateme	riî ———		City	, State, Z	ip Code					
Scope of Work (Check All That Apply) 23 sf or ≥3 if ≥160 sf or ≥260 if	T Re	enovati emolific	on on			H Mi	ni-Enclosure	ent with Negative P ecedure d (*) and Non-Friab			e.	
	ls ls	Locatio	on			LI NO	on-Exemple	a () and non-reac		Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	iormali d Solel intenar odial S (12)	y y by ice/		ermal sys	otion of ng Materia terns insu , VAT, or ellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	D12	e w	rap		JOSEF	X	A Diction of the State of the S		1
interior			-					To the state of th		The same of the sa	Marin Principal St.	-
		100 mm m	N and the street				I Niewo C	of Registered Landf		- Character of the Control of the Co		Show of the late of
Name of Registered Waste Hauler Ace Insulation Co., Inc.		1 1	UDEP V lauler IC 2086	No.	Cubic Ya of Waste Disposal	7	1	s Landfill				
City, State Colts Neck, New Jersey				Water and Control of the		29/17	Easto	n, PA	late		egepti	
Completed by Bree McGuire	Sec	retary	Treas	urer		121	4	- Leading and Street	31	13	1	

(K# 3171	NOTI	Pursu	ION OF ant to N	of New Jerse ASBESTOS JAC 8:60 an	ABATEN d 12:120	7	DI	GE	U W	L.			-
Date of Notification (1) Agencies Notified Type Notification		16	et Addre	SS	CIOP	70. 3		MAR 2	0 201		8	1	The second second second
DEP Amended Amendment #_ Emergency (inc justification) DOA Cancellation	duding	Nar	State, Z		, MCC		ey	LICE	Nama				A list before the second section of the second
. The I	Neon (3)		FAUILII	Alter Carrena	225,000	Type of F	acitity (4)						Ì
Name of Facility Where Abatement is Taking F B PM PNPR Ly Street Address	7808 (3)					Sub Other etc.	er (i.e. pri)	(Other than vate & com	merciai di	uilding Bidg			The Arrange of the State of the
2 RUSSEll Ave			1			Square F		# of Floor	S [51		The second second
City (5)	lonm	400	h)			200	10 main	if hoing do	molished	1			-
O(Parport FO T)	10.11	\ Co	unty Co	de (7)		Current	J. d 0	r if being de	Inonanou	,			-graditate 6
1 de muith						e of Abater	ont Cont	ractor (9)				-	No. of Street
Name of Monitoring Firm Hired by Building O	uner (8)	Quality	ASCM N	lo.		e insulati							1
		- 1			3:	et Address							
Street Address						Montrose	Rd						
					City.	State, Zip (Code						
City, State, Zip Code					Col	its Neck,	New Je						
		1 76	dephone	No.		phone No.		12	ense No.				
Project Manager for Monitoring Firm			nogram.			2 294 175			029				_
(40)	Scheduled	Comp	letion D	ate (11)	Nan	ne of OSHA	Monitor						
Start Date (10)	3/1	2	17										-
Occupancy Status During Abatement (Chec	t Only One	1			Stre	et Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	pateme	eni		City	, State, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovati emolitic				Mini-	Enclosus	ent with Ne e cedure id (*) and N				ð	
~						Frank 1801	-LAGITIPIC	1			Abali	ment	
		Location Location (Company)			Descrip	dian of		7			13	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar lodial S (12)	ly by ice/	(i.e. the	Containis irmal syst surfacing	ng Material tems insula	(ACM) fion,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Chalosard
	Yes	Mo	MA					1	5-	×		-	-
101000	-		10	DIP	e w	(ap		12001	_ 1	1		-	-
interior	1		170			,		1		1	-	-	1
	-		1	1				Section 1			-	The second	1
		ALC: NO.	-	Or The Control of the						Barb, and An	Supplement.	4	-
	1		VJDEP V	Maste /	Cubic Ya	rds	Name	of Registere	of Landfil				
Name of Registered Waste Hauter Ace Insulation Co., Inc.		1	tauler IC	No.	of Waste	2	ž.	s Landfill					
City, State	51			2 (447)-44	3	77/17	Easto	200 F B					_
Colls Neck, New Jersey	(Title				Sign	interp	1	7	1	sté)	3	17	
Completed by Bree McGuire		retary	Treas	urer	The second secon	by	1			211	1	1 3	