		(P	ursuant	to NJAC	8:60 and	1 12:12	0)	Olo	rk	1198	33			
Date of Notification (1)			Name of Estate	of Building e of Mar	Owner/O	perator nes	2013/	Che MAR 15	0.					
Agencies Notified Type Notification EPA Initial			Street A 507 W	Address Villiam S	Street	A	3 % C)) // // ()	Pil ti	100	- (
DEP Amended Amendment				ate, Zip C			- 6. [TOEKS	ing!	10L				
□ Emergency (including			of Contact t Marks					Tel	ephone Ni	ımbor	Ť,		137
			FAC	ILITY INF	ORMATIC	ON							-	-
Name of Facility Where Abatement is Taking house	g Place (3)		10				of Facility (School (K-1	12)			-		
Street Address 507 William Street							×	Subchapter Other (i.e. ¡ etc.)				dings	, hom	es,
City (5) Boonton								re Feet	# of 2	Floors	1000	Bldg. A	\ge	
County (6) Morris				Code (7) USE ONLY	n	*	Curre	nt Use (Pri	or if bei	ng demolis	shed)			(5)
Name of Monitoring Firm Hired by Building (Owner (8))	ASC	M No.				tement Cor onmenta				-		b
Street Address		Įd.	130				Addres	ss Drive, PC	Box 4	483				
City, State, Zip Code		11,000				City, S	tate, Z	ip Code , NJ 074		1 5 - Y W	•	14		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No	0.		License 1	No.			
Start Date (10)	Schedul	ed Con	npletion	Date (11)		Name	of OSI	HA Monitor				-		
3-25-13		4-	10.	13						. 1				
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	SS						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abatem Hours	ent			City, S	tate, Zi	p Code			-		-	
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COMMUNICAL STATES	Renova Demolit				×	Min Glo	l Containmo i-Enclosure vebag Prod n-Exempted	edure				e	
	1000	Locati		,								Abate	Vision number	į.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Sole intenar todial S (12)	y by nce/ staff?		tos Conta	systems ing, VA	laterial insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-			
basement			X		pipe i	insulat	lion		13	55 LF	X			
		61					8809							
Name of Registered Waste Hauler Tri State Transfer		H	JDEP Wauler ID 2325		Cubic Y of Wast 10			Name of I Minerva	THE PERSON NAMED IN	red Landfil rprises				
City, State Bronx NY	- 71		Disposa	al Date		City, State Waynes		OH .						
Completed by Andrew Scott Higgins	dent			Sig	gnature	7				ate 37	1-1	3		

		(P	ursuant	t to NJAC	8:60 ar	nd 12:12	0)	Chor	V.119	8	2		- 27	
Date of Notification (1) 3/11/13				of Building asters F				/ (USA) Fu	ind					
Agencies Notified Type Notification EPA Initial	4			Address Plaza T	wo, Flo	oor 10,	Harbo	orside Fina	ncial Cer	iter		20	5	
DEP Amended Amendment				ate, Zip C y City, N		311		21		15	() () ()		7	3
X DOH justification) DCA Cancellation			Name of Dan B	of Contact Bailey					Telephon	e Nur	nher		10-	8
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	TION	Туре	of Facility (4))	7	-		_	
Street Address		-						School (K-12 Subchapter 8	(Other than	K-12	2)			
42 East 18th Street City (5)								Other (i.e. pri etc.) re Feet	# of Floors			dings		es,
Bayonne County (6)			County	Code (7)	Maria de Maria		2500	*	2	17 - 1	0.00	50		
Hudson				USE ONL	n		Curre	nt Use (Prior	if being der	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	1			tement Contr onmental		LLC	31 2		100	
Street Address	Til.						Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code	7	35						ip Code , NJ 0741	8					:-
Project Manager for Monitoring Firm		Telepho	ne No.		14 14 14 000 000 000 000 000 000 000 000 0	none No 583-8		Licen 703	se No).	-			
Start Date (10) 3/28/13	Schedule 4/15/13		npletion		Name	of OSH	A Monitor							
Occupancy Status During Abatement (Chec	- 5	- 10 m	1. 0.			Street	Addres	ss .			-		TE.	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Hours	nent			City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)								7.7						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	TOTAL PARTY OF THE	enova emolit				×	Min Glo	Containmen i-Enclosure vebag Proced i-Exempted (dure				e	
	. 100	Locati					1.00	LAGINATORY	June Hen	Tiabi		Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	Ashes		scription taining M		(ACM)	Amount			1,	pe	-
TO BE ABATED In Facility (13)	5025555	ntenar odial S (12)	Control of the contro		thermal surfa	l systems cing, VA miscellan	s insula T, or		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Temperature states	Yes	No	N/A										te	TO .
basement			X		pipe	insulat	tion		90 LF		x			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	nistered La	ndfill				
Tri State Transfer		Н	auler ID 2325		of Was			Minerva E				Ä o		
City, State Bronx NY		- 1		laten V	Dispos TBD	sal Date		City, State Waynesb	urg OH		e e	1		
Completed by Andrew Scott Higgins	Title Presid	dent	×		S	Signature	×	2 X X		Date 3/1	1/13			

		()	ursuani	t to NJAC	8:60 an	d 12:120	(les	le 11º	18	1		1.5	
Date of Notification (1) 3/11/13			Name of Carlos	of Building s Pereir	g Owner/0 a	Operator	(3) 3 MAR	15	DH 2166			1		
Agencies Notified Type Notification EPA Initial	ii		Street A	Address I 12th S	treet	ð.	iða v	- 1	11 2166	?	11	1111		
DEP Amended Amendment				ate, Zip C rk, NJ(& LIC	ENSI	NG KOL					
Emergency justification) DCA Cancellation		'		of Contact s Pereir					Telephone	Nur	nber	7	7.	
			FAC	ILITY INF	ORMATI	ON		.,	ğ			<u></u>		
Name of Facility Where Abatement is Takin house	g Place (3)					Type of Fa							
Street Address 431 N 12th Street							Subc) (Other than vate & comn			ldings	, hom	ies,
City (5) Newark				22 - 20 11 - 1			Square Fe 2500	et	# of Floors	1		Bldg.	Age	
County (6) Essex				Code (7) USE ONLY	0	= 21.5	Current Us	se (Prior	if being den	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	¥		f Abateme Environm		actor (9) Services,	LLC	-			- 1
Street Address			1	17	-	Street A	Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		- 8	413			City, Sta	ate, Zip Co /ood, NJ	de						=
Project Manager for Monitoring Firm		Telepho	ne No.	11-11	Telepho		0.11	Licen:	se No).				
Start Date (10) 3/20/13	Schedul 4/15/1		npletion	Date (11)			f OSHA M	onitor	703		-			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	Abaten	nent s	1.		Street A	ddress	de						
Scope of Work (Check All That Apply)										_		- 4-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demolit				×	Mini-End Gloveba	losure g Proced	t with Negati dure *) and Non-F				e.	
Location of	100	Locati	5 W C C C C C C C C C C C C C C C C C C		D							Abat	emen pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solely by aintenance/ stodial Staff? (12) Asbestos C (i.e. therm su				Description of ontaining Material (ACM) Amount (Specify facing, VAT, or r miscellaneous)					Removal	Repair	Encapsulate	Enclosure
boiler room	Yes	No	N/A		nino	insulatio			6015	-		_		<u> </u>
boiler room		-	X			insulati			60 LF 40 SF		x			
														4
Name of Registered Waste Hauler		N	JDEP W	aste .	Cubic Y	/ards	Nan	ne of Re	gistered Lan	dfill	M. D.			
Tri State Transfer			auler ID	No.	of Wast	te			nterprises					
City, State Bronx NY	Disposal Da				sal Date City, State Waynesburg OH						-197			
Completed by Andrew Scott Higgins	dent		*	Sig	gnature				Date 3/1	1/13				

or my

Date of Notification (1) 03/12/13			Name Towr	of Building Owner of Hammonto	r/Operator ((2) < 1/J/	1AR 15	19		N	
Agencies Notified Type Notificatio	n			Address Central Ave	19 3		AR 15 PH ZI	Ĉ _B			
□ EPA □ Initial □ Amended □ Amendmen □ Emergency				tate, Zip Code monton, NJ 08	037	4.7	CENSING NO	/	r)		
DOH justification Cancellation)	9		of Contact	7		Telephone N	ımhe	_		
Name of Facility Where Abatement is Taki	na Place	(3)	FAC	CILITY INFORMA		T					
Factory Building	ing i lace	(5)		, 13 W	1.	Type of Facility					
Street Address 317 N. Egg Harbor Rd, Block 270	2 Lot 1						-12) er 8 (Other than K- private & commerc		ilding	s, ho	mes,
City (5) Hammonton, NJ						Square Feet	# of Floors		Bldg. 30+	Age	
County (6) Atlantic County				Code (7) USE ONLY)		Current Use (P Factory	rior if being demolis	shed)			-
Name of Monitoring Firm Hired by Building Health & Safety Services, Inc.	Owner (8)	ASC	M No.		Abatement Conterprises, I					
Street Address 318 12th Street	0 131					Street Address 315 12th Street					
City, State, Zip Code Hammonton, NJ, 08037		, 00 mm 5				City, State, Zip Code Hammonton, NJ, 08037					
Project Manager for Monitoring Firm Jim Proctor		10	Telepho 609-7	one No. 04-8850		p-567-1250 License No. 01172					
Start Date (10) 03/26/13	tart Date (10) Schedule					OSHA Monitor	ervices, Inc. (Jir	n Pro	octor)	
Occupancy Status During Abatement (Cher	k Only O	ne)			Street Ad					- 1-	
Facility Closed/Vacated During Entire	Period of	Abater	nent		318 12	th Street					
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hour	s			e, Zip Code onton, NJ 0	8037		7.		
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			××××	Mini-Enclosur Glovebag Pro				re	
	Is	Locati	ion .			2 7 1 7 2	- 17 4.14 1.1611 1.114	T	2250 35	emer	nt
Location of	. 1	Vormal	ly	De	scription of	70 E X		_	. T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/	Asbestos Cont (i.e. thermal surfa	reacting Material (ACM) Amount (Specify Fer miscellaneous) Amount (Specify Fer miscellaneous)					Encapsulate	Enclosure
Through Out	163	140			D:						
		1.	X		Pipe		250 LF	X	_		-
Concrete Factory Building			X		oncrete		9200 SF	X			
Boiler Room	-	100	X		r Insulatio		60 SF	Х			
Windows Exterior Name of Registered Waste Hauler		1 .	X		ow Glazir	_	128 Windows	X			
Waste Management of Camden		Hauler ID No. of Was				ubic Yards Name of Registered Landfill Waste WM- Tullytown Landfill					
City, State Camden, NJ			Dispos Variou	al Date JS	City, State		•				
Completed by Kati DiNatale	ager	\$	igpature HT	DYN	AAA Dat	te /12/1	3				

State of N	lew Jersey
NOTIFICATION OF ASBE	STOS ABATEMENT
(Pursuant to NJAC 8:60-7	and 12:-120-7)

Date of Notification (1)			1100	Name of 1	Building Own	er/Operat	or (2)			100	<i>f</i> %	
03/13/13				Princeton	University		20	13 MAD		-AL.	-947	
Month/Day/Year								"MATE	15 r			
	ype Notifica			Street Ad				13 MAR	7	11.5:	60	
EPA DEP	x Init			P.O. box	Althorated St. Dr.			<u> </u>	× // //		1,7	
DCA	- 1700	otifica endec	(78:73:75)		te, Zip Code			~ LICE		GRO		
DOH		otifica		Name of C	NJ 08543	-	lm.		170/4	640		
2011		ncella		Robert O	5.47.05.740.53°		116	lephone N	unber	~		
-					TY INFORM	ATION						
Name of Facility Where Abatem	ent is Taking	Plac	e (3)	TACIL	TI ETFORM	ATION	Type of Facility (4)					
Princeton University Wymar			.c (3)				School (F Subchapte	(12)	than l	V12)		
Street Address			-		- Paris -	4	X Other (i. e					
Princeton University - wyman co	ottage basem	ent ar	nd gar	age			buildings	, homes, et	c.)	ldg. Age		
City (5)	Cou	inty ((6)		County Code	e (7)	5000	1	50+	Age		
Princeton		•	· ·		(STATE USE ON	107.00	Current Use (Prior University	if being de		:d)		
Name of Monitoring Firm Hired Pennoni Associates Inc	by Building	Own	er (8)		ASCM No.		of Abatement Contra				100	
							iated Specialty Contra	cting				
Street Address 515 Grove Street Suite 1B						1 2 2 2 2 2 2 2 2	t Address Crue Avenue				10	
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342				Y	
Project Manager of Monitoring Alan Lloyd	Firm			Telephone 856-547-0			hone Number 64-9622		Licen 110	ce Num	ber	
Scheduled Start Date (10) 03/27/13	Sch	ed. Co	ompletion Dat 03/28/13		11	of OSHA Monitor						
Month/Day/Year			N	Month/Day/Ye	ar			v 4				
Occupancy Status During Abate Facility Closed/Vacated 1				Abatement		100000000000000000000000000000000000000	Address Progresive Drive					
x Abatement Performed O							State, Zip Code					
Hours - Describe: 8:							lem PA 19020					
Other - Describe:												
Scope of work (Check all that ap	ply)						Full Containment w	ith Negativ	o Droce	ura		
Demolition	,		x	Renovatio	n	x	Mini - Enclosure	itii riegatii	CIICOS	arc		
x > 3 sf or > 3 if						x	Glovebag Procedure	2.0				
>160 sf or >260 lf							Non-Friable Proced					
		Is		T			T		atemer	t Type		
Location of	. L	ocatio	n	Des	cription of		PARTY OF THE	- A	T	E	E	
Asbestos - Containing		rmall	ly	Asbest	os-Containing		Amount	R		N	N	
Material (ACM)	4000	Used		33 OF	rial (ACM)		(Specify	E	R	C	C	
TO BE ABATED		olely			ermal systems		SF or	M	E	A	L	
In Facility (13)		y Mai nance			, surfacing, V		LF)	0	P	P	0	
(10)	9360	istodi		or other	miscenaneous	s) _	E 2 2	V	A	S	S	
*	1 305-09	aff (12					100	A L	R	L	U R	
	Yes	No	N/A							_ ~	E	
Basement		x) EC 1	pipe fitting	gs		8 ea	x			- 11	
Garage	A	x		fittings			1 ea	x				
			-									
Name of Registered Waste Haule	r	_	NJD	EP Waste	Cubic Yard	s	Name of Registered	Landfill	- y	4.5	de la composition della compos	
Horizon Disposal	ler ID No.	of Waste	2									
City, State Frenton NJ	Disposal Date As needed			The state of the s								
Completed By (Print or Type) Mark Goshow Title Project						Signat	ure O 1	114		Date		
			1.10]	ect Manager	*	1//	Moskin	<u> </u>		37	3-1	
ABS-41 JUN 95	3										G4667	

CK20140

JUN 95

Date of Notification (1) 03/13/13 Month/Day/Year						Building Owne n University	r/Operat	or (2)	13		2013	MAR	15 -	
Agency Notified EPA DEP	Type Noti	Init		ntion	Street Ad P.O. box City, Sta			7			5 101	370	<u> </u>	
DCA			ende			ne, 21p Code n NJ 08543					~	LICE	MSIM	
DOH			otifica		Name of				Teler	ohone N	umber			
		Car	ncella	tion	Robert O	tego ITY INFORMA	TION							
Name of Facility Where Abat Princeton University E-Qu Street Address E-Ouad room G 107		king	g Plac	e (3)		III III OXIII		Subch x Other	l (K12 apter 8 (i. e. 1	(Othe Private	& comm			
		0						Square Feet		omes, e	Bldg.	Age		
City (5) Princeton	1 1 2 2 -	Cou	inty (6)		County Code (STATE USE ONI		Current Use (P	rior if l	2 being de	50+ molishe	d)		
Name of Monitoring Firm His Pennoni Associates Inc	ed by Build	ding	Own	er (8)	37 141 - 43	ASCM No.		University of Abatement Co iated Specialty Co	Contractor (9)					
Street Address 515 Grove Street Suite 1B			8,01		V 320 =		100000000000000000000000000000000000000	treet Address 8 LaCrue Avenue						
City, State, Zip Code Haddon Heights NJ					1			ity, State, Zip Code len Mills, PA 19342						
Project Manager of Monitorin Alan Lloyd								Telephone Number Licence 610-364-9622 1103					ber	
03/28/13 Month/Day/Year					mpletion Date 04/15/13 Ionth/Day/Ye		11	of OSHA Monitorion Labs	r		1			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of A X Abatement Performed Outside of Normal Facility Hours - Describe: 4:00 PM - 12:30 AM Other - Describe:							3370 I City, S	Address Progresive Drive State, Zip Code Iem PA 19020						
Scope of work (Check all that Demolition >3 sf or >3 if x >160 sf or >260 lf	apply)				Renovation	n	x	Full Containmer Mini - Enclosure Glovebag Proces Non-Friable Pro	e dure		e Pressi	ire		
			Is							_	atemen	t Type		
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) Location Normally Used Solely by Maintenance/ Custodial Staff (12)					Asbesto Mate (ie. Th insulation	cription of os-Containing rial (ACM) ermal systems , surfacing, VA' miscellaneous)		Amount (Specify SF or LF)		R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R	
Room G 107	Room G 107 Yes No N/A x							520	62	x			E	
Name of Registered Waste Hau	ler		L		EP Waste er ID No.	Cubic Yards of Waste	255	Name of Register	red Lan	dfill	.			
Horizon Disposal					uler ID No. of Waste 5			GROWS						
City, State Trenton NJ					Disposal Date As needed City, State Morrisville PA				6 5.44					
Completed By (Print or Type) Mark Goshow Title Project				ct Manager		Signatu	me boli	1		Inon	Date	-17		
ABS-41								July 2 0- 00			-	/	//	

	State of New Jersey
NOTIFICATIO	ON OF ASBESTOS ABATEMENT
(Pursuant to	NJAC 8:60-7 and 12:-120-7)
1. * 1. * 1. * 1. * 1. * 1. * 1. * 1. *	

Date of Notification (1) 03/13/13		,			Building Owner University	/Opera	ntor (2)	2013 14,	2 m	Vines V	an, all	
Month/Day/Year					•		21 W %	10/1/	91 15			
Agency Notified	Type Notifica	tion		Street Ad	ldress				, 0	123	2	
. EPA	x Ini			P.O. box				1000	F 24		c. 63	
DEP		otifica	tion		te, Zip Code		(600 1	1 10	1		
DCA	, 5000							CE L	ICEN.	34111	ROL	
		ende			NJ 08543				-11	alling	OL	
DOH	No.	otifica	tion	Name of	Contact		Tel	ephone N	umber	-	8.5	
	Car	ncella	tion	Robert O	tego		4					
	2			FACILI	ITY INFORMA	TION			-			
Name of Facility Where Abate		m	(2)	TACIL	III IN ORDIA	HON	Tr					
Princeton University - Forr	estal Campus -	Base	e (3) ment u	tility tunnell		87	Type of Facility (4) School (K Subchapter	8 (Othe	r than	K12)		
300 Forrestal Road				4			x Other (i. e. buildings,			nercial		
		-07					Square Feet # of	Floors	Bldg.	Age		
City (5)	Cot	ınty (6)		County Code	(7)	10000	3	50+		20 E	
Princeton	0.00				(STATE USE ONL)	Y)	Current Use (Prior it	being de	molishe	ed)		
							University					
Name of Monitoring Firm Hir	ed by Building	Own	er (8)		ASCM No.	Nam	e of Abatement Contrac	tor (9)				
Pennoni Associates Inc		15			to Control		ciated Specialty Contrac					
Street Address		_					et Address					
515 Grove Street Suite 1B							aCrue Avenue					
City, State, Zip Code						1						
Haddon Heights NJ						City,	State, Zip Code					
			1874			Glen	Mills, PA 19342					
Project Manager of Monitorin	g Firm			Telephone		Tele	phone Number		Licen	ce Num	her	
Alan Lloyd				856-547-0	505	610-3	364-9622		110			
Scheduled Start Date (10)		Sah	ad Co	mpletion Date	(11)	1	600TX N			4, 11	1.4.	
04/01/13		Scii	eu, Co			11	e of OSHA Monitor					
			233	04/02/13		Crite	rion Labs					
Month/Day/Year				Ionth/Day/Ye	ar	<u> </u>						
Occupancy Status During Aba						Stree	t Address					
Facility Closed/Vacated						3370	Progresive Drive					
x Abatement Performed	Outside of Nor	mal F	acility			City.	State, Zip Code					
Hours - Describe:							alem PA 19020					
Other - Describe:						Bens	alciii 1 A 19020					
Scope of work (Check all that a	pply)				111 27 1971 1981		Full Containment wit	h Negativ	e Press	ure .		
Demolition			X	Renovation	n	x	Mini - Enclosure					
x > 3 sf or > 3 if												
>160 sf or >260 lf						x	Glovebag Procedure					
-100 St 01 -200 H							Non-Friable Procedur	e				
		Is					39 15	Alt	atemen	t Type		
Location of	L	catio	n	Desc	cription of	W. 45			T	E	E	
Asbestos - Containing	No	rmall	v	Asbesto	os-Containing		Amount	R		N	N	
Material (ACM)	ı	sed			rial (ACM)		(Specify	E	R	C	100 2002	
TO BE ABATED	S	olely			ermal systems		SF or	M	E	1200	C	
In Facility		Mair		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	surfacing, VAT					A	L	
(13)		ance			•	,	LF)	0	P	P	0	
(13)	1.1		STEE	, or other	miscellaneous)		5 to 300 -	V	A	S	S	
		stodia						A	I	U	U	
-		ff (12	-					L	R	L	R	
	Yes	1000	N/A								. E	
Basement utility tunnell	*NE	X		pipe insula	tion & fittings		9 LF	x				
257					-			-		-		
		-							-			
	-									22	NAT	
(3)					10	- 12		+				
Name of Registered Waste Hau	law		NUTTO	PD West	To 11 37 3		157 - 55			and the same		
valle of registered waste Hau	ici - Andreas		2000 Feb. 100	EP Waste	Cubic Yards		Name of Registered La	ındfill	S. Oak			
Hawigan Dispass	er ID No.	of Waste		Laurence and the second	1 1 50							
Horizon Disposal					2		GROWS					
City, State	1 - 1 - 1	1	-		Disposal Date		City, State					
Trenton NJ				1993.1.3	As needed		Morrisville PA					
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State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2013-49 B & G proj. #: Check # 5817 Name of Building Owner/Operator (2) 13 MAR 15 PH 21 60 Date of Notification (1) Estate of Adele Len 0 13 1/11 12 1/11 13 Type Notification Agencies Notified Street Address & LICENSING ☐ EPA 3 Donald Avenue X Initial DEP City, State, Zip Code Amendment X DOL Passaic, NJ 07055 Telephone Number Name of Contact DOH X Cancellation ☐ DCA Tania Nemeth FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of Adele Len Subchapter 8 (Other than K-12) Other (Private/Commercial X Street Address Bldgs./Homes, etc. 3 Donald Avenue # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Passaic Passaic residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 03/22/2013 03/23/2013 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure ★ Renovation Full Containment w/negative pressure Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf E Is location normally used solely Location of by maintenance/custodial n Amount Description of asbestos-containing m n asbestos-containing p C staff(12) (Specify SF or material (ACM) material to be 0 a a abated in facility (13) V Yes No N/A p X 780 sf VAT basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 10 yards B & G Restoration, Inc. Disposal Date City, State Tullytown, PA

03/25/2013

Secretary/Treasurer

Signature

Gordana Luna

Date

03/12/2013

Lincoln Park, NJ

Gordana Luna

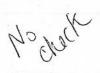
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-54

Check # 5818

Date of Notification	(1)	I I Nam	e of Buildin	g Owner/	Operator (2)		201211					G.	
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	For Monitoring Firm		I Pho	ne Numbe	er		Telephone Number	00		e Numb 0378	er		ī
Project Manager	for Monitoring Firm						(973)696-68			10370			
Scheduled Start I	Octo (10)	Sched.	Completion	n Date (11)		Name of OSHA Mo					9	100
		1 2000000000000000000000000000000000000	6/2013			- 11	Street Address						
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☐ Demolition		Renovation	n			200	Mini-enclosure	logativo process	-	-friable			
✗ > <u>3</u> sf or > <u>3</u>	3 lf 🔲 3	160 sf or				<u>"</u>	WIIII-ETICIOSUTO			TR	R	E	E
Location of	of	Is location	normally unance/cust	used solel todial	y D	tion of s	sbestos-containing	Amo		e m	e p	n	n
asbestos- material to	containing	staff(12)			- materia			(Spe	cify SF or	0	a	a	L
abated in	facility (13)	Yes	No	N/A						е	i	-	+
T			_	X	duct insu	ulation		50 st		X	H	ዙ	뷰
basement				×	tan wrap	on co	ld water line	24 lf		-	片	耑	ㅐ
Dascilletti					100					러	片	旨	一
				1 2 3 7 7 5		1.411.41					同		
			EDIT- 1	ID# 1	Cubic Yards o	of Waste	Name of Registe	ered Landfill					
Registered Was	te Hauler pration Inc.	NJD	EP Hauler 19563		1 1/2 yd		Tullyton	wn Resource	& Recove	ery Cer	ter		
City, State				Disposal	Date		City, State Tullytov	vn, PA					ν.
Lincoln Par				- 0	3/27/2013 Signature				Dat				1
Completed by (Gordana Li	Print or Type) una	Title Secreta	ary/Treas	urer	Jighalare		Gordana Sun	ra		03/12/	2013	-	



Job #: 1302-1723 Check #: NA

Date of Notification (1) 2/25/13				e of B		Owner / Operat	or (2) 2013 M	MR 10	in the second			
Agencies Notified Type Notifie	cation		Stree	et Add 5 Lun	ress		, *3355	AR 15 PH 216	0			
☐ DEP ☐ Initia				State			e 4/	KK Com	<i>U</i>		27.7	
	ended #1					alley, PA 19006	3	CENSING NOT	=""			
	ergency cellation			e of C				٠٠,٥ -	Telepho	one N	lumh	er
L DON L Call	Cellation		1,5	David	resemence de la	N. T. S.	V 15 6 15 5	,			-	
Name of Equility Mars Abotom	ont in Taking F	N /		ACILI	TY INI	FORMATION	1114 - 74N					
Name of Facility Where Abatem Residential Property	ient is Taking F	race (3)			Type of Faci						
Street Address							pter 8 (Other t	han K-12)				
9001 Freemont Avenue								ommercial building	gs, hon	nes,	etc.)	
						Square Feet	# of FI	loors B	Ildg. Ag	je		- 120
City (5)	County (6)	Co	ounty	Code	(7)	2000	1	1	946			
Ventnor	Atlantic					Current Use	(Prior if being	demolished)				
						Residentia			to			
Name of Monitoring Firm Hired Tiger Environmental	by Building Ow	ner (8))	AS	CM No	and the second s	atement Contra and Mold Se	actor (9) rvices, Corp.				
Street Address						Street Addre		7				
234 20 th Avenue City, State & Zip Code						3859 Sylor						
Brick, NJ 08724						City, State &	t, NJ 08036					
Project Manager for Monitoring	Firm	Tele	phon	e Num	ber	Telephone N		License N	umber	-	-	
Kelly Walton				4301		609-702-04			008	62		
Scheduled Start Date (10) 2/28/13	Scheduled Co 3/1/13	mpleti	on Da	ate (11)	Name of OS EMSL Ana						
Occupancy Status During Abate Facility Closed/Vacated	ement (Check o	nly on	e)	antomo	nt	Street Addre	SS		10.			
Abatement Performed C				Jaleine	SHE	City, State &				_	-	
Describe: Isolated Area	atolae or tom	iai i iot	410			Westmont,						
Scope of Work (Check all that a	(ylag	201-201-2		-				* * * * * * * * * * * * * * * * * * * *				
	,						Negati	ve Pressure Encl	osure			
≥3 sf or ≥3 lf		\boxtimes		novati				nclosure		188		
≥160 sf ≥260 lf			De	molitic	n			Bag Procedures		-		
Location of		l la	1 000	tion	1	Description	- Control of the Cont	xempted and Non		-		100017
Location of Asbestos-Containing	na		Loca nally	Used		Descriptio Asbestos-Cor		Amount (Specify	AD	atem	ent i	ype
Material (ACM)			olely			Material (A		SF or LF)	_		Щ	_ m
TO BE ABATED				nce or		(i.e., thermal s			· l en	Repair	cap	ncle
in Facility (13)	-3	Cust	odiai (12)	Staff?		insulation, surfa- or other miscel			Remova	pair	Encapsulate	Enclsoure
		Yes	No	N/A		or other miscer	iaricous)		-		ite	O)
Utility Room	24	П	П		Shee	et Goods & Ma	stic	50 SF		П	П	П
			П						X	Ħ	Ħ	Ħ
				X	12.54	1 2 5 5					Ī	
					por y	age Miles of the			\boxtimes			
			<u> </u>			12 11 11	T.	H Company				
Name of Registered Waste Hau	ler			JDEP \ auler II		Cubic Yards of Waste	Name of Reg	gistered Landfill				
Horizon Disposal		20	110	226		3	GROWS					
City, State		-	-	3 / //		Disposal Date	City, State)	
Trenton, NJ						3/1/13	Morrisville	, PA				81
Completed By (Print or Type)	+ F + 1			tle		Signature			Date			
Kim Trumbetti		47 47	A	dmir	1.	Sul-	_		3/1/	13		

Job Number: 1211-1689 Check: #NA

Date of Notification	(1)	-		Nar	ne of E	Buildin	g Owner / Opera	ator (2)	13/1/2.	- 20		-	
1/28/13				Jol	nns M	lanvil	le	(2)	552 MAR 15				
Agencies Notified EPA	Type Noti			717	et Ado 7 17 th	Stree			4770	14			
DEP DOL		tial nended #8 ON I	אטו ה				Code		462.00	, ,	0		
☑ DOH		nergency	HOLD	-0	nver,				1000	10			
DCA		ncellation					ત , Sourcing Ma	nager	16	Teleph	one	Num	ber
								nagei		1			25
Name of Facility W	here Ahata	ment is Taking	Dlago	(2)	ACILI	ITY IN	FORMATION			-			
Johns Manville-	Penbryn	Plant	riace	(3)			Type of Fac	cility (4) I (K-12)					
Street Address						-		apter 8 (Other	than K-12)				
437 North Grove	Street								commercial buildir	nas hor	nes	etc.)	
							Square Fee			Bldg. A		- (0.)	
City (5)		County (6)		ount	Code	(7)	- INA				- +		
Berlin							R PROJEC		molished)		1		11.
Name of Monitoring	Firm Hired	BEEN	PU	TE	3AC	K (ON HOLD	2/12/13	pr (9)				
One Source Safe	ty & Heal						XTENDE	THE RESERVED TO SERVED TO	s, Corp.				
Street Address			T) 1 4.		// 1	نا نا	AILINDE.	D	, , , , , , , ,				
140 South Village City, State & Zip Co						_							
Exton, PA 19341	ue						City, State &						
Project Manager for	Monitoring	Firm	Tele	phon	e Num	nber	Telephone	rt, NJ 08036	License 1	Mumbar			-
Brian Hovendon					-5525		609-702-04		License	008			
Scheduled Start Date 11/19/12	te (10)	Scheduled Co 3/28/13	mplet	ion D	ate (1	1)	Name of OS EMSL Ana	SHA Monitor					
Occupancy Status D	Ouring Abat	ement (Check o	nly or	ne)			Street Addre		1				
Facility Clos	ed/Vacated	During Entire F	Period	of A	batem	ent	107 Haddo	on Ave.					
Describe:	Performed (Outside of Norm	nal Ho	ours			City, State 8				10000000	1	
	inied Durin	g Abatement					Westmont	, NJ 08108					
Scope of Work (Che			-						14 =		-11		
	on an inat i	Apply)						☐ Full Co	ontainment with N	lenative	Dro	ecure	
≥3 sf or ≥3 lf			\boxtimes	Re	novati	on			nclosure	ecganve	1 160	sourc	
≥160 sf ≥260) If			De	molitic	on		Glove	Bag Procedures				
1-			1		11		and the second	Non-E	xempted and Nor	n-Friable	Pro	cedu	ıre
	cation of os-Containi	na		Loca	tion Used		Description Asbestos-Con		Amount	Aba	atem	ent T	уре
Mate	erial (ACM)			olely			Material (A		(Specify SF or LF)			m	
	E ABATED		Mair	ntena	nce or		(i.e., thermal s	systems	G. G. E.	Re	Z.	Encapsulate	Enclosure
ın	Facility (13)		Cust	odial (12)	Staff?	1	insulation, surfa			Remova	Repair	psu	lost
	(10)		Yes	No	N/A		or other miscel	ianeous)	20.00	<u> </u>	7	late	i e
"H" Roof			П	X	In	Tran	site Deck Pan	ele	2,400 SF			\Box	
"H" Roof					IT	-	f Field	ICIS	17,400 SF	X	H	H	H
in etali in hispanio					Ī		HORAL MARK STORY		17,400 01		H	H	H
		Terment T	. [-] .				Section 1 to 2	2.0		TH	Ħ	Ħ	H
			- 🔲			1	14-14-14 1 1 1 - 14-14						П
Name of Registered	Mosts I Isu			Щ									
ivallie of Registered	vvaste Hau	ier	-		JDEP \		Cubic Yards of Waste	Name of Reg	gistered Landfill				
Horizon Disposal	tara i			1 16	226		30	GROWS La	andfill				
City, State						1.61.5	Disposal Date	City, State	7.31			- G	. 142
Trenton, NJ						Se 2	3/28/13	Morrisville,	, PA				That of
Completed By (Print	or Type)			Tit		3.7	Signature	and the constitution in		Date	7	_	
Kim Trumbetti				Ac	lmin.	,	VIII -			2/28	/13		
		9		1			WXVV						

2/303-1730

Date of Notification (1)				Name	of Buildir	ng Owner/Operator (2)	700 T	5			
3 / 12	/1;	3	e di	Voi	rnado Be	ergen Mall, LLC o	lo Vornado R	ealty(Trust	1	27	1	
	Notification			Street	t Address	Maria de la companya		1000	· ·	4	4	
□ EPA □ Init			ε	210	Route 4	4 East		137	Wx.	1	0	
	nended nendment#	4		City, S	State, Zip	Code			64	7),		-98090
	nergency (i			Par	ramus, N	IJ 07652				1		
	stification)	Hoiaa		Name	of Contac	ct		Telephone Numl	ber	*		
☐ Ca	ncellation		2,	Bas	ssam Mh	nich			i			
	2 1 3			FA	CILITY II	NFORMATION					, 1	
Name of Facility Where Abateme	ent is Takin	g Place	(3)	STATE OF STA			Type of Facility	(4)				_
Space #63 - Bergen Town					0 - 50.		☐ School (K-1)	2)				
Street Address								8 (Other than K-12		-il-line	200	
One Bergen Town Center	- 221 So	uth Ma	11				homes, etc.	orivate and commer)	ciai di	ıllainç	gs,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Paramus							28,500	1		1956	/200	17
County (6)	49			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)			
Bergen							Commercia	I Property				
Name of Monitoring Firm Hired b	y Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
JLC Environmental						Asbestos and	d Mold Service	es, Corp.	i A			
Street Address			0 2			Street Address			1.2	45	-	
243 West 30th Street, Ste	701					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode			4 1		
New York, NY 10001					*	Hainesport, N	IJ 08036					
Project Manager for Monitoring F	irm		Tel	ephone	No.	Telephone No.		License No.				
Arthur Doyle			2	12-420	-8119	609-702-0400		00862				
Start Date (10)		duled C	mple	etion Da	ite (11)	Name of OSHA Monitor					1	
3/13/13	-	3 /	1	3_/	13	EMSL Analyti	ical, Inc.					
Occupancy Status During Abater	ment (Chec	k only o	ne)			Street Address					0.9	
☐ Facility Closed/Vacated Durin						200 U.S. Rout	te 130 North					
Abatement Performed Outside						City, State, Zip Co	ode					
Time of Abatement:Al	MP	M/	_PM		AM.	Cinnaminson						
Scope of Work (Check all that ap	ply)		-	- ST						_	-	-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Encl	Procedure	gative Pressure on-Friable Procedur				
		Is	Loca	tion		L] NOU-LAW	inpieu () and 140	M-Fliable Flooduu	1	atem	4 T	
Location of		l N	orma	ally		Description o	f			_		T-
Asbestos-Containing Material	(ACM)			ely by ance/		estos Containing Mar	terial (ACM)	Amount	Removal	Repair	nc	Enclosure
TO BE ABATED IN Facility		1,000		Staff?	(i.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	3,401	쁰	aps	losu
(13)			(12)			other miscellane		SF (I LF)	=		Encapsulate	6
	. F. W	Yes	No	N/A							Ф	
Furniture Store - Rear Store	room			\boxtimes	Pipe In	sulation		10 LF				
								7.				
						S4 1.24 1.7				П	П	П
			П						П	П		П
Name of Registered Waste Haule	er		_	NJDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill	1-	Щ		
Horizon Disposal, Inc.			- 23	lauler II		Waste	GROWS L					
City, State		Hair -	_			3 Disposal Date	City, State		-			
Trenton, NJ			7.			3/13/13		, PA 19067				
	mpleted By (Print or Type) Title					Signature	1 1		to			
Kimberly A. Trumbetti	11.00		oor	dinator		Signature	4/	_ Da	3/12	113		
Killberry A. Trumbetti		office C	001	ordinator Signature 3/12/13								

Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)		100			
	11 /	13		20000	Z Holdin	Control of the contro	2013 M	MR 15 PM 2	1 61	`		
Agencies Notified ☐ EPA ☑ DOLWD ☑ DHSS	Type Notific ☐ Initial ☐ Amende Amendm	d nent#		31 City,	State, Zip	way Code	#58T	STOS CONT LICENSING	ROL	<u> </u>	1	
DCA (NJAC 5:23-8)	☐ Emerger justificat	ion)	ng	Nam	e of Conta			Telephone Num				
						NFORMATION	*		-	-		
Name of Facility Where	Abatement is	Taking Plac	e (3)		CILITI	IN ORWATION	Type of Facility	(4)				
Residential Prope Street Address						V 10 10 10 10 10 10 10 10 10 10 10 10 10	School (K-12	2) B (Other than K-12)			
313 Broadway							Other (i.e., p homes, etc.)	rivate and commer	cial b	uildir	ngs,	
City (5) Westwood	ži s				8 12		Square Feet 4,300	# of Floors	E	100		
County (6)	11		- 100	Cou	nty Code	(7)(STATE USE ONLY)		ior if being demolis	hed)			
Bergen							Vacant					
Name of Monitoring Firm		ding Owner	(8)	ASCM	l No.	Name of Abatem	ent Contractor (9)			1/2		
Horizon Environm	ental					Asbestos an	d Mold Service	s, Corp.				
Street Address PO Box 316	*					Street Address 3859 Sylon E	Boulevard			-		
City, State, Zip Code						City, State, Zip C	ode		27.25	(C) (C)		
Thorofare, NJ 0808						Hainesport,	NJ 08036					
Project Manager for Mor	nitoring Firm			lephone		Telephone No.	989	License No.		77.00	-	
Steve Flanigan		01.11.11		356-848		609-702-0400	-f-00UA M'					
Start Date (10)3 /26 /		Scheduled (letion Da		Name of OSHA N EMSL Analyt			ŧ.			
Occupancy Status Durin	g Abatement (Check only	one)			Street Address						
□ Facility Closed/Vacat	ed During Enti	re Period of	Abat	ement		200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:	d Outside of N AM	ormal Facili	ty Hoi	urs - Des 1	scribe _AM	City, State, Zip Co	ode					
Scope of Work (Check a	Il that apply)					Gillianinison	1, 140 000//			<u> </u>		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Enc ☑ Glovebag	losure Procedure	ative Pressure EY		ure	•	
- Line of the second second	•		S Loca Norm						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM ATED	I) Use Ma Cus	ed So ainten todia (12	lely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No		Dia - I-				_	_		
						sulation		30 LF				
1 st Floor					Floor T	ile	1 10 1	40 SF				
	100											
Name of Desirt and 184						-						
Name of Registered Was Horizon Disposal, I				NJDEP \ Hauler I[Cubic Yards of Waste 3	Name of Registe GROWS Las				4.1	
City, State Trenton, NJ					19524	Disposal Date 3/28/13	City, State Morrisville,	PA 19067				
Completed By (Print or Type) Title Kimberly A. Trumbetti Office Coord					Coordinator Signatule Date 03/11/13				3			
SR 41				05/11/13								

No mack

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1302-1725 Check #: NA

Date of Notification (1) 2/26/13 Agencies Notified Type Notifie	ootion	Mor	ris Eli	m, LL	Owner / Operat	965	AD UT		::		
Agencies Notified Type Notified EPA		41 E		reet, S	Suite 1C		AR 15 PH 21	00			
DOL Ame	ended #1	Mor		vn, NJ	07960	# 30 E.	LICENSING 1				
	ergency cellation		e of Co /ersal		erty Managen			Telepho	ne N	lumb	er
			CILIT	Y INF	ORMATION						
Name of Facility Where Abatem Apartment Building	nent is Taking Place	(3)	4		Type of Faci	(K-12)		** 11 1	. 18		
Street Address 41 Elm Street						pter 8 (Other th					
City (5)	County (6)				ON HOLD	.e. private & CC		ldg. Ag		etC.)	
Morristown	County (6) Morris		-		Current Use	(Prior if being		960			
Morristown	MOTTS			17.		I Properties	demonshed)				
Name of Monitoring Firm Hired Criterion Laboratories	by Building Owner (8)	ASC	CM No	Name of Aba	atement Contra	actor (9)				
Street Address 3370 Progress Drive, Suite	J				Street Addre	ess	ivides, odip.				
City, State & Zip Code Bensalem, PA 19020					City, State &						
Project Manager for Monitoring Eric Wysocki	The state of the s	ephone 5-244-	e Numi	ber	Telephone N 609-702-04	lumber	License N	umber 0086	2		
Scheduled Start Date (10) 3/12/13	Scheduled Comple)	Name of OS EMSL Ana	HA Monitor			_		
Occupancy Status During Abate Facility Closed/Vacated	ment (Check only o	ne) d of Ab	ateme	ent	Street Addre	ess			C Ed.	,	
Abatement Performed C Describe: Isolated Area					City, State & Westmont,	Zip Code		Ng sa	2 72		TI.
Scope of Work (Check all that a	pply)		-	-		-1 199 8 7	11. //			-	
≥3 sf or ≥3 lf ≥160 sf ≥260 lf		85000	novatio molitio			☐ Mini-Er☐ Glove I	ontainment with Ne nclosure Bag Procedures kempted and Non-				
Location of		s Loca			Descriptio	-	Amount		teme		-
Asbestos-Containir Material (ACM) TO BE ABATED		rmally Solely intenar	by		Asbestos-Cor Material (A (i.e., thermal s	ntaining .CM)	(Specify SF or LF)				
in Facility (13)		todial (12)		· i	nsulation, surfa- or other miscel	cing, VAT		Removal	Repair	Encapsulate	Enclsoure
Basement Boiler Room	Yes	No	IN/A	Transi	te Panels & asso	ociated debrie	CO CE				
Basement Boiler Room		11		Fittin		ociated debits	60 CF 4 ea		H	님	님
			X		90	10 to	7 64	X	H	H	H
The second second second second					in the second section	April 10 July 20					
Name of Registered Waste Haul	ler		JDEP V auler ID		Cubic Yards of Waste	Name of Reg	gistered Landfill				Ш
Horizon Disposal		The state of the s	2261	And the second	5	GROWS					
City, State Trenton, NJ					Disposal Date 3/19/13	City, State Morrisville,	. PA		1 1 1 1	ā.	
Completed By (Print or Type) Kim Trumbetti	*	Tit	le dmin.		Signature			Date 3/12/	13		1/4
				-1	-(1)-	The state of the s		01 121			- 1

1303-1729 Chh # 3053

Date of Notification (1)	12 / 13					Owner/Operator (2 vestments, LLC	: 2013 MAR	15 PH 21 GB	71			
Agencies Notified	Type Notification ☑ Initial	(Street A	ddress Station A	venue ;	\$ SSECTO	S - 1 PM 21 60				
☑ DOLWD ☑ DHSS	Amended Amendment #	Statistica:			ate, Zip Co	de	& LICE	MSINGROL				
□ DCA	☐ Emergency (inc	luding			770	hts, NJ 08035		Telephone Number				\dashv
(NJAC 5:23-8)	justification)				of Contact			relephone (valide)				
				FACI	II ITV INE	ORMATION	7 2		1877			
	Al	Diago	2)	FACI	ILII IINI	OKWATION	Type of Facility (4)				
	e Abatement is Taking			C			School (K-12					
	perty - Simplicity B	outiqu	e, Li				Subchapter 8	(Other than K-12)		م م م الم		
Street Address 510 Stateion Ave	nue						Other (i.e., pr homes, etc.)	ivate and commercia				
City (5)							Square Feet	# of Floors	1	g. Age		
Haddon Heights							4600	1	1	0 yea	ars	
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
Camden							Commercia	Property				
	irm Hired by Building C	wner (3)	ASCM N	No.	Name of Abateme	ent Contractor (9)	The second second				
Horizon Environ			,			Asbestos an	d Mold Service	s, Corp.				
	Illelitai	-				Street Address					St.	13
Street Address						3859 Sylon E	Boulevard					
P.O. Box 316						City, State, Zip C			=			-
City, State, Zip Code	2000					Hainesport,						
Thorofare, NJ 08			Tole	ephone N	No.	Telephone No.		License No.			7	tity ti
Project Manager for N	Monitoring Firm			56-848-		609-702-0400	n	00862				
Steve Flanigan						Name of OSHA		1				_
Start Date (10) 3 / 25				etion Dat		EMSL Analy					100	
	uring Abatement (Chec	k only c	ne)			Street Address			+			4.1
	cated During Entire Pe			ment		200 U.S. Rou	ate 130 North					
☐ Abatement Perform	med Outside of Normal	l Facilit	/ Hou	rs - Des	cribe	City, State, Zip C				70 Se		
Time of Abatemer	nt:P	M/	_PM		AM	Cinnaminso						
					-	- Olimianinio			100			
Scope of Work (Chec		⊠ Re	****			Mini-En Gloveba	ag Procedure	gative Pressure on-Friable Procedure				- to
		Is	Loca	ation				The same and	Ab	ateme	ent Ty	уре
Asbestos-Contair TO BE IN F	ation of hing Material (ACM) ABATED Facility 13)	Use Ma	inten	lely by ance/ I Staff?	Asbe (i.e	Description estos Containing M a., thermal systems surfacing, VA other miscellan	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
,		Yes	No	N/A								
Boiler Room				\boxtimes	Boiler I	sulation		50 SF				
Boiler Room				\boxtimes	Heat B	oard Insulation		10 SF				
Boiler Room	r distance				Pipe Fi	ttings		10 each				L
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Ш	Ш	L
Name of Registered	Waste Hauler			NJDEP		Cubic Yards of Waste	- I 1 1 1 1 1 1 1 1 1	istered Landfill	7.7			
Horizon Dispos	sal, Inc.			Hauler I	D NO.	5	GROWS I	_andfill				
City, State Trenton, NJ						Disposal Date 3/13/13	City, State Morrisvill	e, PA 19067				- 5
Completed By (Print	or Type) Tit	le				Signature		Dat	te I	- 1		- 3-
Kimberly A. Tru	, , , ,		Coo	rdinato	or	asen	1	Dat	31	2/	13	

CX 4355)

Date of Notification (1)			Name o	f Building	Owner/C	perator	(2)			ے۔۔		4
Agencies Notified Type Notification			Street A	ddress	. /	112	1-1	Dans	<i>s</i> " .	13/	.,	
EPA Initial Amended		+	City, Sta	ate, Zip Co	ode 1	HD	464	ROAD	+3		1/2	^ .
X DOL Amendment #_ Emergency (in	cludina	_	50	WTH	PL	Ain	SFIELD,	NJO;	700	80	U	<i>D.</i>
DOH justification) Cancellation			Name o	f Contact			MAS	Telephone Nu	mber	<u> </u>		4
				LITY INF				<u> </u>	-		82.7	-
Name of Facility Where Abatement is Taking I	Place (3))					Type of Facility (1000			0	0
Street Address	7					+		8 (Other than K-1)	2)			
751 CLIFF K	OAL	5	2				Other (i.e. p etc.)	orivate & commerci	al buil	dings,	hom	es,
City (5) SEWAREN					c.		Square Feet	# of Floors	- 1	Bldg. A		
County (6)			County	Code (7)			Affix 8000 Current Use (Pri	or if being demolish	hed)	ffx.	104	125
MIDDLESEX			(STATE	USE ONLY		_	SwiT	2H STA		OK)	
Name of Monitoring Firm Hired by Building Ow Environmental Tactics	mer (8)		0045				of Abatement Con	ntractor (9) S OF AMERICA	Δ			
Street Address		_	10010	·	-		Address	O OI AWENTO	` `			-
64 Broad St							VHITEHEAD A	AVE				
City, State, Zip Code Matawan, NJ 07747							ate, Zip Code TH RIVER, NJ	08882		1000		
Project Manager for Monitoring Firm Tom Geiger			Telepho 732-29	ne No. 90-2217		Telepho 732-4	one No. 32-8350	License N 01111	lo.			
Start Date (10) S	chedule	d Con	pletion /3	Date (11)			of OSHA Monitor UE SYSTEMS	S OF AMERICA	Α .			V 80.
Occupancy Status During Abatement (Check (Only On	e) (377	The Co			Address	A)/C	1		(Parent)	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: OCC. PED BY IU	Facility	Hours		PATORS	<u>O</u> Nly	City, St	VHITEHEAD / ate, Zip Code I'H RIVER, NJ					•
Scope of Work (Check All That Apply)		-	•				,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti					Mini-Enclosure Glovebag Prod				е	
		Location								Abate	men	t
Location of Asbestos-Containing Material (ACM)	Used	lormali d Solel	y by	Ashes		scription (of aterial (ACM)	Amount		Ту		П
TO BE ABATED In Facility		ntenar odial S			thermal		insulation,	(Specify SF or LF)	Rer	R _C	Encapsulate	Enc
(13)		(12)				niscellane		or or Ery	Removal	Repair	osula	Enclosure
	Yes	No	N/A							j.	6	
CONTROL ROOM		\times			M	Soc		300 LF	X			
				TRA	NSiTE	Flou	R PANELS	8.0 SF	X	-		
				a hary	-							
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic	Yards	Name of F	Registered Landfill				
WASTE MANAGEMENT		Ha	auler ID 25		of Was		GROW					
City, State ELIZABETH, NJ				16. 14	41	al Date)	SVILLE, PA		2.		
Completed by	Title <i>O</i> L	lice	7	gr.	Si	gnature Ata	e Lac	na Da	e3//	2/	13	,

Cl# 2414

Agencies Notified			9			mvertisity - Onio	e of Design ar	1917.12			
	Type Notificatio	n			Address Elm Dr	N. J. P	- 5,	Scorn P	45	c.	
□ DOLWD □ □ □ □ □ □ □ □ □	☐ Amended			City, S	tate, Zip (Code		ELINE I'M		0	
☑ DHSS	Amendment			Prin	ceton, N	J 08544		CASSIS	Tan.		
□ DCA (NJAC 5:23-8)	☐ Emergency justification)		1	Name	of Contac	t		Telephone Num	ber	State of	
(☐ Cancellation			Rob	ert Orte	ga					
	4=			A. Contract		IFORMATION		,	-		
Name of Facility Where	Abstament is Tak	ing Place	/3)	FAC		IFORIAL TOTA	Type of Facility	(4)			
Princeton Univers							School (K-12				
	sity- Engineering	y Quaui	angi	.			Subchapter	8 (Other than K-12	2)		
Street Address						2	Other (i.e., p	rivate and comme	rcial bu	ilding	IS,
Olden St				-x			homes, etc.		l Di		704.1
City (5)							Square Feet	# of Floors	BI	dg. A	ge
Princeton	SQ 90							1		6	
County (6) MERCER				Coun	ity Code (7	()(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)		
Name of Monitoring Fire	m Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)) .	14	1-3935	14
PENNONI ASSOC	IATES INC					BRISTOL EN	VIRONMENTA	L, INC.			
Street Address	1					Street Address	147 11 11 11	-17:12	73.4	+ 7	
515 GROVE STRE	ET					1123 BEAVE	EAVER STREET				
City, State, Zip Code				-		City, State, Zip Co	ode				
HADDON HEIGHT	S. NJ 08035					BRISTOL, PA		The second			
Project Manager for Mo			Tele	phone	No	Telephone No. License No.					
CRAIG WILSON	Antening I min			56-547		215-788-6040					
Start Date (10)	Sch	eduled C									
	ATTACA TO STANDARD TO THE ATTACADOR		Ompie	don Du	ر، ۱٫			- A			
3 /26	/ _13_ _	_4_ /	5	/ _	13	BRISTOL EN	VIRONMENTA	L, INC.			
Occupancy Status Duri				_ / _	13	Street Address	VIRONMENTA	L, INC.			
Occupancy Status Durin	ing Abatement (Che ated During Entire F	eck only of	one) Abate	ment				L, INC.			
Occupancy Status Duri	ing Abatement (Che ated During Entire F ed Outside of Norm	eck only of Period of nal Facilit	one) Abate y Hou	ment rs - Des		Street Address 1123 BEAVE City, State, Zip Co	R STREET	L, INC.			
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ASB-41 $B \le 13022$ * Do not use this form for asbestos licensure exempted activities. ** AFF SITE FRIDAY MARCH 29, 2013

20 CHECK #: 8116

Date of Notification (1)			Nan	ne of Building Owne	ar/Onomia	- (7)		1/2	lo .		
Agencies Notified Type Notifica				Sau	EYL10		٧.		1 1		-
- Spe nounce	tion		Stre	et Address	CEIU	Mang	ioca c	770	ليسمستند	9	******
☐ EPA ☐ Initial ☐ Amende			07	65	ALF	BEKLT ST	. (79%		P. 8	C
I⊠ DOL Amendr	nent#		City,	State, Zip Code					1/2/2	20.	
☑ DOH ☐ Emerger justificat	cy (includ	ing	Nam	e of Contact	IH AL	LINGTON	N.J 0	703	<u>/ '6'.</u>	9	6
□ DCA □ Cancella	tion			ANTONIO	GaET	-1410	Telephor	ne Numb	er	~.	Drinney.
Name of Facility Where Abatement is Ta	king Place	/21	F/	ACILITY INFORMA	TION	ANO					
Mang 10	(()	: (3)				Type of Facilit	y (4)	-	Market Market	-	-
Street Address	-					School (K	(-12)			ű.	
141 SANFO	LD A	NE				☑ Other (i.e	er 8 (Other than . private & comr	K-12) nercial b	uilding	is ho	me
City (5)						etc.) Square Feet	# of Floor				
County (6)					12	2 500	3	5		7. Age	
BERGEN			Count	y Code (7) E USE ONLY)			Prior if being dem	olished)		307	
lame of Monitoring Firm Hired by Buildin	a Owner (3)				Resi	DENCE				
	g owner (c	-)	AS	SCM No.	Name o	of Abatement Co C Contracting In	ontractor (9)				
treet Address					-	Address			114 1		
ity, State, Zip Code						owell Road					
ry, State, Zip Code	13				City, St	ate, Zip Code	art - V - C - C - C				-
oject Manager for Monitoring Firm				100	Glen R	Rock, NJ 07452		ing.	F # 205	15 53	
			Tele	phone No.	Telepho 201-2	ne No. 62-5841	Licens 001				-
art Date (10) 3/25 13	Sched	uled Co	mpletion	Date (11)	Name of	OSHA Monitor	3.77.	30			-
ccupancy Status During Abatement (Che	ank Only					a Environmenta	al Services Inc.				
. Gold Charles I linua Futice	Dariad of	AL-L	ment		Street Ad	ddress yer Street					
Abatement Performed Outside of Norr Other - Describe:	nal Facility	/ Hours	;		City, Stat	te, Zip Code					-
ope of Work (Check All That Apply)					Hackens	sack, NJ 07606					
/ ≥3 sf or ≥3 If	Пл	Renova	tion	a manager of	/						
≥160 sf or ≥260 lf		Demolit	ion		z i 1	Full Containmer Mini-Enclosure	nt with Negative	Pressu	re		
					0,0	Glovebag Proce	edure				
		s Local	ion		<u> </u>	Non-Exempted	(*) and Non-Fria	ble Prod			
Location of		Norma	lly	Des	cription of				Abate	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintena	nce/	Asbestos Conta	aining Mat	erial (ACM)	Amount		T		Г
In Facility (13)	Cus	todial S	Staff?	(i.e. thermal s	ing, VAT, o	or	(Specify SF or LF)	3	20	Em3	Enclosure
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			other mi	iscellaneou	ıs)	O. O.L.)	Remova	Repair	ncapsulate	nsa
2	Yes	No	N/A					-	11.0	ale	6
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Basoner	1		1	VAT !			1,25056	17			
KITCHON			1			COMPOUND	2245F	1		1	10.
Roof e of Registered Waste Hauler	1000			Ranci	Charles and the			1		-	
		N.	DEP Was	ste Cubic Ya	irds	Name of Re	1300 se egistered Landfil	1			_
EWALK CULTING			4509	o. of Waste			thlehem Landfill		of a		
01-1 7: 6		-			March College		Lanuilli	JUID.		HILLY (SI)	
State, Zip Code			100	Disposal		City, State.	Zip Code			-	
State. Zip Code UEWALK, N.J. 07105 Detect hy USEPH VOCATURO	l Title			3/25		City, State, Bethlehem	Zip Code PA 18015		1	V 1	14

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PAGE 1 of 2

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10	0'	10
-	-	
		P381

Date of Notification (1) $3/\sqrt{2/3}$	+	1	Name of I	Building Owner	Operator	(2) (1) S I T I O	115	110/1	AN	ov	ER	
Agencies Notified Type Notification	-11-40-11-11		Street Ad	Building Owner UOVER dress FORT	7700	2 10	,,	1010	FEL	MAL	E.	12
EPA Initial	t	L			LEE	ROAD		11014		6	1/2	
EPA SINITIAL Amended Amendment	#	_ '	Jity, Stati TEA	e, Zip Code	NJ.	0766	6				~	
Emergency (justification)	including	-	Vame of					lephone Numb	oer			
DCA Cancellation	,	1	MAR	C SCHL	uss E	۷.	4					
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFORMA	TION	Type of Faci	lity (4)					
FORMALLY BERLEX L						School	2.300					
Street Address 110 EAST HANOUER	AUE.					Subcha	pter 8 (Oti	ner than K-12) & commercial	build	ings,	home	ıs,
CEDAR KNOLLS						Square Feet		of Floors	BI	dg. A	-	
		- 17	County C	odo (7\		- 1		ing demolishe	od)	0		_
County (6) MORRIS			STATE U	SE ONLY)		LAG	/ DE	MOLIT	10	υ		
Name of Monitoring Firm Hired by Building 0	Owner (8)		ASCM	No.	A. N	of Abatement		r (9)				
Street Address						Address Lowell Ros	ıd					
City, State, Zip Code						State, Zip Code n Rock, N.J						
Project Manager for Monitoring Firm						hone No. -262-5841		License No. 00156	•		-	
Start Date (10) 3/26/13	Scheduled	Com	pletion D)ate (11)		of OSHA Mor		Services Inc	D.			
Occupancy Status During Abatement (Chec	1		/	1		Address					200	
Facility Closed/Vacated During Entire Facility Closed/Vacated During	Period of Al nal Facility I	oatem Hours	ent		City, S	Huyler Stre State, Zip Code	9					
Other - Describe:					Had	kensack, N	J 07606					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enoval emoliti				Mini-Ende	osure Procedure	th Negative Pro e nd Non-Friable			е	
	ls t	.ocati	on		-			# E =		Abate	emeni pe	
Location of	**************************************	ormali Solei			Description			Amount		٠,		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	1,100,000,000	ntenar odial S (12)		(i.e. them sur		Material (ACM) is insulation, AT, or neous)		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	2 22								-
THROUGHOUT			X	PIPE			9	203/Pcs		L.52		
			X	LAB		75		110 SF	X			-
		1-10	X	ROOF			6	9,820sf	X			
			X	BoiLE				300 SF	X			
Name of Registered Waste Hauler Rovic Transport		Н	JDEP Waller ID I 0785	No of V	oic Yards Vaste 2 PAGE	1.50		tered Landfill thlehem La	ndfil	Co	p.	
City, State Riverdale, New Jersey 07457					osal Date		State thiehem,	PA 18015	: DSV			
Completed by R. McDonald	Title Presi	dent			01		ld	Dat	3 /	12	11	}



PAGE 2 of 2

Date of Notification (1) 3/12/13		IN	HAA.	Building C	owner/Operate	or (2) 2UIS 1	TIONS	, LLC/	HAI	UOU	ER	-
Agencies Notified Type Notification E EPA Initial	į.	8	treet Add	dress	RT LEE			RIDE	E DA	ALG.	2	LC
DEP Amended Amendment	-		City, State		de C NJ	07	666		P			07
DOH justification Cancellation	nclualng	100		c sc	HLUSSE	EL	1	Talanhona Numb	er_	4		W.
Name of Facility Where Abatement is Taking FORMALLY BERLEX L Street Address 110 EAST HANOVER	ABS		FACIL	ITY INFO	RMATION	□ s	of Facility (4) school (K-12) subchapter 8 other (i.e. privite.)	(Other than K-12) ate & commercial				is,
CEDAR KNOLLS						84	Feet 6000	# of Floors		dg. A		
County (6) MORRIS			County C			Currer	t Use (Prior	if being demolishe	d) 10/	υ		
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.			ement Contra intracting I					
Street Address						et Addres 5 Lowel	7.1					
City, State, Zip Code	-ii		The state			, State, Zij en Rock	p Code , N.J. 074	52				
Project Manager for Monitoring Firm		T	Telephon	e No.		ephone No 1-262-5		License No 00156				
Start Date (10) 3/2c/13	Schedule		pletion D)ate (11)			A Monitor	tal Services Inc	 o.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	batem	ent		28	eet Addres 30 Huyle 7, State, Zi	r Street					
Other - Describe:							ck, NJ 076	506		e e e e e e		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 if		enova emoliti	700			Min Glo	il-Enclosure vebag Proce	it with Negative Pr dure (*) and Non-Friabl			8	
		Locati								Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ormal d Sole ntenar odial S (12)	ly by nce/		Descript stos Containin thermal syste surfacing, other misce	g Material ems insula VAT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					20/			-	-
THROUGHOUT			X	العا	NDOW CA			306.LF	X	- 1- 1-	-	-
	-		X		PII			1552F	X	-	-	-
			X.		0012 TI	CE		10,070 SF	X	-	-	-
1 10 10 10 10 10 10	لــــــــــــــــــــــــــــــــــــــ	- 1.	JDEP W	4 - 4 - 1	Cubic Yard	la	Name of P	7,490 SF egistered Landfill	X	1		
Name of Registered Waste Hauler Rovic Transport		H	lauler ID 20785		of Waste	0	IESI PA	Bethlehem La	ndfil	l Co	p.	4
City, State Riverdale, New Jersey 07457		(W		kaj.ju	Disposal D 3/26/1	3_00		em, PA 18015			,	
Completed by R. McDonald	Pres	ident			Signa	July Mo	Pouls	Da	3/	12/	13	

Date of Notification (1)	42	7.	Name	of Buildin	g Owner/Operator (2)	/ Joh # 1202	4722.	Chl	#20	157				
3 / 13 /	13		Name of Building Owner/Operator (2) Springpoint @ The Atrium, Inc. 2013 HAR 15 PH 5 CO												
Agencies Notified Type Notifica ☐ EPA ☐ Initial			Street 13 I	Address Roszel R	Road, Suite C-120) A 3/3 = 2 4	J PM = QU	3		t	1 162				
☑ DOLWD ☑ DHSS ☐ Amended Amended				State, Zip	Code NJ 08540	& LICE	NSING								
☐ DCA ☐ Emergen		g				Telaphone Number									
(NJAC 5:23-8) justificati			Name of Contact Telephone Number Mr. Vince Celenza, C&C Construction												
☐ Cancellat	uon					struction									
			FAC	CILITY IN	NFORMATION	-									
Name of Facility Where Abatement is 1	Taking Place	e (3)				Type of Facility (
The Atrium						School (K-12)		۵۱							
Street Address			A			☐ Subchapter 8 ☐ Other (i.e., pr			uildin	as.					
40 Riverside Avenue						homes, etc.)									
City (5)				77		Square Feet	# of Floors	В	ldg. A	ge					
Red Bank						140,000	14	8 -	1960)					
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	ished)	No.						
Monmouth						Apartment E	Building		batement Type batement Repair Bldg. Age 1960						
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		1	d)						
Criterion Laboratories, Inc.					Asbestos and	d Mold Service	s, Corp.								
Street Address					Street Address				0-1						
3370 Progress Drive, Suite J					3859 Sylon B	oulevard									
City, State, Zip Code	- 1 N				City, State, Zip Co		August 1	77							
Bensalem, PA 19020					Hainesport, N										
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	10 00000	License No.	1 1			10.1				
Mike Panepresso			15-244		609-702-0400		00862								
	Scheduled (Name of OSHA M		1 00002		ī	-	-				
3 / 29 / 13		A		13	EMSL Analyt			4.5							
Occupancy Status During Abatement (Facility Closed/Vacated During Enti			mont		Street Address 200 U.S. Rou	40 Alamb		1 11/2			X				
☐ Abatement Performed Outside of N				cribe											
Time of Abatement:AM					City, State, Zip Co										
Scope of Work (Check all that apply)								10.79	124						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovat emoliti			☐ Mini-Enc	tainment with Neg losure g Procedure mpted (*) and Nor		ure							
	1	s Loca	tion			de ton	8 12 page 11 x		atem	ent T	vne				
Location of		Norma			Description o	Description of									
Asbestos-Containing Material (ACM		ed Sol			estos Containing Ma		Amount	Removal	epe	nca	ncl				
TO BE ABATED IN Facility	Cus		Staff?		e., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	=	psu	Sur				
(13)	10	(12)	T	100	other miscellane				1	late	(D)				
	Yes	No	N/A				Para de la companya della companya de la companya de la companya della companya d								
2 nd Floor Construction Area				Elbows	s/Fittings		130 each								
					William Park			П	П						
		+=		4-75		117		ᆜᆜ	11						
		L		est est		per la constitución	Market and a								
					42.										
Name of Registered Waste Hauler		I	JDEP \	Vaste	Cubic Yards of	Name of Regist	tered Landfill	÷			7 77				
Horizon Disposal, Inc.		- DE 1980	lauler II	No.	Waste	GROWS La									
City, State		100	22612	2	5 Disposal Date	City, State		10 to	e de la composición dela composición de la composición dela composición de la compos						
Trenton, NJ				3. 4. 4. 3. 5. 1. 1.	4/1/13	Morrisville,	PA 19067								
Completed By (Print or Type)	Title		13	20 1	Signature	15 415	100 10	ate	1.5	1.10					
Kimberly A. Trumbetti	Office	Coor	dinato		Le KIA !			3/13	113	,					
ASB-41				NEW W				•	•	- 1	100				
MAY 11	* Do no	t use ti	nis form	for asbes	tos licensure exemp	ted activities.									

Courtesy Notification

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1210-1683 Check # NA - Government Property

Date of Notification (1) 10/25/12			Name McG ı	of Bu	ilding \ir Fo	Owner / Operato	r (2)21/3/1/3/1/1							
☐ EPA	Initial						nue Mega	15 PH 2150				į.		
□ DOL □ □ DCA □	Amended #3 Emergency Cancellation		Name	of Co	NFB, I ontact ques		<u></u>	11/6 10/ ITA	elenho	ne N	umbe	er		
			FA	CILIT	Y INF	ORMATION								
Name of Facility Where Ab McGuire Air Force Bas Street Address		lace (3				Type of Facil School (nan K-12)						
2101 West Arnold Aver	nue					Other (i.e.		mmercial buildings	, hom		tc.)			
City (5)	County (6)	Co	unty (Code	(7)	13,000	2		56		4			
Wrightstown	Burlington						(Prior if being	Maniferation of the second series	9	e.				
N	liand by Duilding Örm	(0)	-	TACC	CM No		tral Heat Pla	Democratical Control of the Control	-			_		
Name of Monitoring Firm H Horizon Environmenta		ier (o)		ASC	JIVI INO	Asbestos a		vices, Corp.			185			
Street Address PO Box 316						Street Addres 3859 Sylon	TOTAL TOTAL CONTRACT OF							
City, State & Zip Code Thorofare, NJ 08086		eris, Ae-		1 170		City, State &	Zip Code				-			
Project Manager for Monito	-	15000000		Numl	ber	Telephone N		License Nu						
Dave or Steven Flaniga Scheduled Start Date (10)	Charles and the Control of the Contr	Name and Address of the Owner, where	848-0)	009-702-040 Name of OSI		00862						
Scheduled Start Date (10) Scheduled Completion Date (11) 4/30/13						EMSL Analytical								
Occupancy Status During Facility Closed/Vac	Abatement (Check or cated During Entire F			ateme	nt ·	Street Addres								
Abatement Perform Describe: Isolated Area	ned Outside of Norm	al Hou	ırs			City, State & Westmont,	and the second second			3.				
Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf ≥260 if	t apply)			ovation			Negative Mini-En	ntainment with Negat e Pressure Enclosure closure ag Procedures empted and Non-Fria	es					
Location			Locat			Description		Amount	Aba	atem	ent T	уре		
Asbestos-Containing Norm Material (ACM) So TO BE ABATED Mainte in Facility Custor (13)				oy ce or Staff?		Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	CM) ystems cing, VAT	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclsoure		
South End		Yes	No	N/A	Transi	te Siding Panels		13,000 SF						
Interior Areas			\boxtimes		Transi	te Siding Panels		4,000 SF						
Electrical Panel/Circuit Breaker Office Area	Room		× ×	H	Floor			350 SF 150 SF		무		H		
Upper Level Laboratory Room	Committee of the second				Tank L	agging Insulation	FOR THE SERVICE	300 SF		ā				
Breech Stacks-Boiler #5 & #6 Throughout Building	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		X	H		n Lagging Insulation ittings (elbows/tees/		5,500 SF 625 each	- 🛛	믐		H		
Throughout Building					assoc.	with fiberglass Pipe		900 LF						
Throughout Building	. 62	H		日		sulation		400 LF	×	H	H	H		
Name of Registered Waste H	auler		100000	DEP V uler ID 226	Vaste No.	Cubic Yards of Waste 25	Name of Regis			4 3-	IX 24			
City, State			1-77	-20	-	Disposal Date	City; State					- 1		
Trenton, NJ	(p. 10 (2.5))	14-14	1 Viga	4,	g. 149	4/30/13	Morrisville, P.	Α	147.		5	100		
Completed By (Print or Type) Kim Trumbetti			Titl Ad	e min.		Separare /	_		Date 3/13/1	3				

Uzggoll

Date of Notification (1) 3/14/13					Owner/Ope		enerating St	ation 2	nia.		-	# 18. T			
Agencies Notified Type Notification EPA: Initial		PSE&G Fossil LLC Mercer Generating Station Street Address 2512 Lamberton Road Site State 75 Octo													
DEP Amended Amendment #				ate, Zip Co ton, New		B. J.	,0,s ,7,s	LUA	The						
DOH Emergency (in justification) Cancellation	nciuaing		Name of Contact Mark Schwartzkopf Telephone Number												
Name of Facility Where Abatement is Taking		()	FACI	LITY INFO	RMATION		pe of Facility (4)			71				
PSE&G Fossil Mercer Generating S Street Address	tation					□			K 40)						
2512 Lamberton Road	×		8 (Other than rivate & comm	nercial b	uilding	ıs, hon	nes,								
City (5) Hamilton, New Jersey 08611						200000	Equare Feet # of Floors Bldg. A 150,000 10 50								
County (6) Mercer	3		Code (7) USE ONLY)		Ci	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Of Total Environmental Solutions		ASCN	/ No.			e of Abatement Contractor (9) nd Energy Services, LLC									
Street Address 1681 Hewes Avenue				7	100	treet Add 740 Vet	Address /eterans Drive								
City, State, Zip Code Linwood, PA 19061							State, Zip Code edesboro, New Jersey 08085								
Project Manager for Monitoring Firm Ed Igelesias			Telephone No. Telephone No. License 302-344-4217 856-467-2850 01009							No.					
Start Date (10) S 01/01/13	- 10 558	lame of OSHA Monitor Fotal Environmental Solutions													
Occupancy Status During Abatement (Check		treet Address 681 Hewes Avenue													
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Active Electric Power I	ment s		C	City, State, Zip Code Linwood, PA 19061											
Scope of Work (Check All That Apply)						-11100000	1, FA 1900		7.6	_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			ıre				
		Locat										batement Type			
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by Ashestos Containir			ription of ning Material (ACM)		Amount		e 31					
TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (12)			(i.e. thermal systems surfacing, VA other miscellan			ulation,	(Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure			
Unit #1 & #2 Powerhouse	Yes	No	N/A	TL	armal C	into na li		77515		1	0				
Unit #1 & #2 Powerhouse	^ X				nermal Synermal Sy		and the second party of the second		X	-	-				
Unit #2 Powerhouse Turbine Piping	X				ermal S			2,000 SF 225 LF	X		ž,				
Unit #2 Powerhouse Turbine Shroug	X		-75		ermal Sy					100					
Name of Registered Waste Hauler : Waste Management of NJ	NJDEP Waste Cubic Y Hauler ID No. of Was						and the second s								
City, State Trenton, NJ															
Completed by Gary Fedor	Title Area	Multi	-Service	es Mana	Sign	ature	Date 3/14/13								
4m . 1 1									*1	11					

of 9001

Date of Notification (1) 3/14/13	Name PSE8	of Building Ov &G Fossil L	ress mberton Road											
						- 7	Ø	15 F	11 2	60				
□ Initial □ Amended □ Amendment			City, St	tate, Zip Code			Č.	LIČENSKI	$\langle I_I \rangle$	(H				
DOH justification)	H justification)					n to	4	Jelephone N	umber	- 1,		-		
N			FAC	ILITY INFOR	MATION		7							
Name of Facility Where Abatement is Takin PSE&G Fossil Mercer Generating	g Place Station	(3)					ool (K-12)							
Street Address 2512 Lamberton Road								(Other than K- rate & commer		ilding	s, hon	nes,		
City (5) Hamilton, New Jersey 08611					Square F	Square Feet # of Floors Bldg. A 150,000 10 50								
County (6) Mercer		Code (7) USE ONLY)		Current U	se (Prior	Prior if being demolished)								
Name of Monitoring Firm Hired by Building of Total Environmental Solutions)	ASCI	M No.		Name of Abatement Contractor (9) Brand Energy Services, LLC									
Street Address 1681 Hewes Avenue						Street Address 740 Veterans Drive								
City, State, Zip Code Linwood, PA 19061	-	0.00	7		100	tate, Zip Co desboro,		rsey 08085	;	nulta				
Project Manager for Monitoring Firm Ed Igelesias		Telepho	one No. 44-4217	Teleph	one No.	ne No. License No.								
Start Date (10) 3/15/13	Schedu 3/19/1		ompletion Date (11) Name of OSHA Monitor Total Environmental Solutions											
Occupancy Status During Abatement (Chec	Street Address													
	ment			81 Hewes Avenue										
Abatement Performed Outside of Norm Other – Describe: Active Electric Power	S			City, State, Zip Code Linwood, PA 19061										
Scope of Work (Check All That Apply)			174				The same							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of		Locat Normal									Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			ce/ (i.e. thermal systems			laterial (ACM) Amou s insulation, (Speci T, or SF or L		Removal	Repair	Encapsulate	Enclosure		
	Yes .	No	N/A						10 1111		io.			
Unit #2 Clean up Debris at Turbine	X	STATE OF			of Therma			400 SF						
	D 16	24.5		Insulation on Pip			and the second second			_	L. T.			
	201.1		2 2	Str	uctural Sur	taces						2		
Name of Registered Waste Hauler		TN	JDEP W	lasta C	ubic Yards	l No.	ma of Do	-1-4			l			
Waste Management of NJ	auler ID	No. of	Waste CY	Name of Registered Landfill Tullytown Resource Recovery Facility						ty				
City, State Frenton, NJ				D *	isposal Date		, State llytown,	PA 19097						
Completed by Gary Fedor	Title Area	Multi	-Servic	es Manage	Signature			Date 3/14/13						