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Date of Notification (1) 3/19/18	I Pas				of Building se Hode							14617	1. 7	2010	
Agencies Notified	Type Notification				Address	0 1 111	atc 110	inc		3 47		MAE	6	2018	
⊠ EPA	✓ Initial									1					
DEP	Amended		Ì	City, S	tate, Zip C	ode				-	A				., ü
DOL	Amendment Emergency		_	Beac	h Haven	NJ 08	8008							ā i	
⊠ DOH	justification)		9		of Contact					Te	lephone	Numbe	r		
☐ DCA	Cancellation	1		Deni						1	- -				
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Tv	no of Facility	(4)					
Denise Hodes Priv		9 - 1400	(0)					Т	pe of Facility						
Street Address								H	School (K- Subchapte		er than k	(-12)			
								X	Other (i.e.	private	& comme	ercial b	uildin	gs, hon	nes,
City (5)			-					Sa	etc.) uare Feet	1#0	f Floors		Rldo	. Age	
Beach Haven NJ 08	3008								000 +	2	1110010		35	_	
County (6)				County	Code (7)	8		Cu	rrent Use (Pr	rior if bei	ing demo	lished)			
Ocean	(4 )8			(STATE	USE ONLY				ouse & Ga						
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of A	batement Co	ntractor	(9)				
N/A							Perr	naco	o Inc.						
Street Address							Street	000000	4.5.5 <i>0</i>						
City, State, Zip Code							POI								
only, orace, zip oode							100000000000000000000000000000000000000		, Zip Code erlin NJ 08	004					
Project Manager for Monit	toring Firm			Telepho	ne No		Teleph			091	Linnar	- NI-			
	3			тогорию	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100000000000000000000000000000000000000		3-9800		License 00727				
Start Date (10)		Schedu	ed Cor	npletion	Date (11)				SHA Monitor		00121	6			
3/30/18		4/6/18			70 Section - *0000		Sam								
Occupancy Status During	Abatement (Chec	k Only O	ne)			100	Street	Addı	ress						
X Facility Closed/Vacat Abatement Performe	ted During Entire F	Period of	Abaten	nent			Cit. O	4-1-	7: 0 1						
Other - Describe: _		idi i doilit	y mount				City, S	tate,	Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf		П	Renova	tion			Г	1 .	iull Containm		N6				
≥160 sf or ≥260 If		_	Demolit					N	ull Containm Ini-Enclosur	ent with e	Negative	e Press	ure		
							×		Blovebag Pro Ion-Exempte		l Non Fri	abla D			
		I	Locati	on				4 11	ion-Exemple	u ( ) and	I NON-FII	able Pr		ure atemen	,
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(13)			(12)				niscellan			SF	UI LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste	Hauler		l Ni	JDEP W	lasts	0	Vand-								
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City, State Elm NJ						700	al Date		City, State				M		
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and only in Gina		ries	ident				(	1				3/19/1	8		

E	Med	gene	State of New Jersey TIFICATION OF ASBESTOS AB (Pursuant to NJAC 8:60 and 1)	ON 3-13-18	heck # gu
Date of I	Notification (1)	3-13-18)	Name of Building Owner/Ope	rator (2) Henry	IAR BUGAL III

Date of Notification (1)	10,	Name or	f Building Owner/0	Operator (2)		2 1112 8	\_		111 1	
Agencies Notified Type Notification	18)	Street A	ddress 3		7011	EYMAR D	rx 6019	)		#
		Oucot.	ddicad						Innes	
☐ EPA Initial ☐ Amended	4.15	City, Sta	nte, Zip Code		1	1 10	_ /			
DOL Amendment # Emergency (in			East	Wind	SUR	N.	7 6	183	52	0
DOH justification Cancellation			f Contact	Rich		I ToloKhana k	lumbar "	-		
La Cancellation			CARY					-	-	~=
Name of Eacility Where Abatement is Taking I		11		Туре	of Facility	(4) <sub>*</sub> 4				
Street Address J	Du	uclli	ing		School (K-1	2) 8 (Other than K	12\			
Street Address O		ľ	,	120	Other (i.e.	private & comme		dings,	home	es,
City (5)					etc.) re Feet	# of Floors	В	ldg. A	ige	
East Windson	$\sim$	15	0852	ار				5	0+	-
County (6) Mercer	2		Code (7) USE ONLY)	Curre	nt Use (Pri	or if being demol	lished)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCN	1 No.	Name of Aba	tement Co	ntractor (9)				
EPC Technolog	fies		MA			<u>chnole</u>	qie!	<b>5</b> ,	In	16
Street Address R.O. Box 33	57			Street Addres	Box	337	9			
City, State, Zip Code	ZV	08	533	City State, Zi	ip Code		50	24	13	3
Project Manager for Moreit ril gy-irm	•	Telepho		Telephone No	o. J7	License		10	L	
Steve Schenker			758-3365	609 758 Name of OSH		5 0	10	27	7	
Start Date (10) S	Scheduled Co	27-				hnologie	c T	00		
Occupancy Status During Abatement (Check	Only One)		10	Street Addres	ss	~			ile-ile	
Facility Closed/Vacated During Entire Pe	riod of Abate	ment				337				
Abatement Performed Outside of Normal  Other – Describe:	Facility Hou	rs		City, State, Zi		117	na	5 7	2	
Scope of Work (Check All That Apply)				1000 8	TAYET	<i>N</i> 3	00-	ت	)	
□ ≥3 sf or ≥3 lf	Renov	ation		☐ Ful	I Containm	ent with Negative	e Pressu	re		
≥160 sf or ≥260 lf	Demoi				ni-Enclosur					
						d (*) and Non-Fri	iable Pro			
	Is Loca							The same of the sa	ement /pe	l.
Location of Asbestos-Containing Material (ACM)	Norma Used Sol	lely by		scription of taining Material	(ACM)	Amount			m	
TO BE ABATED	Mainten Custodial		(i.e. therma	systems insula		(Specify SF or LF)	Ren	Re	ncap	Enclo
In Facility (13)	(12)	)		niscellaneous)		0. 0. 2. /	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A							te	
Family + Launday Rm	X		12"x12"	Floor	Tiles	500 SF	- γ			
Kitchen & Foyen	X		Linolu		אואטט	300 51	FX			
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Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards ste		Registered Land			_	- A
EPC Technologies		170		2	Was	te Manag	enen	t 0	E t	H
City, State	VJ .	•	Dispo	sal Date	City, Sta	te Lisville	PA			
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Steve Schenker	Presid	tent		Sleep	DCK	oh	_3	-1	3-	10

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Check#3008					

Date of Notification (1)					Name	of Building	Owr	er/Operator (	2)	1721	69 6	, 155	undruger Fl. ()	
10 00	19	18						iciroperator (	2)		( ( ) Fr		i i	22 (4) 17 (1)
Agencies Notified						a Arefayr	ie			1 1 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to The T			
EPA	Type Notifica	ation			Street	Address							40	
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☐ DCA	☐ Emergen		uding			Rock, NJ		2		. kein r		6 (65 - 5)		g-1
(NJAC 5:23-8)	justification					of Contac	7.			Telepho	ne Numbe	r		
	Cancellat	lion			Manna	a Arefayn	ie					7		
					FA	CILITY IN	IFOR	MATION						
Name of Facility Where A	batement is T	aking P	lace	(3)					Type of Facility	(4)				
Private house									School (K-1					
Street Address									Subchapter Other (i.e.,			al buildir	ace	
									homes, etc.		commerci	ai bulluli	iys,	1
City (5)									Square Feet	# of Flo	ors	Bldg.	Age	
Glen Rock, NJ 07452														
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (P	rior if being	demolishe	ed)		$\neg \neg$
Bergen														
Name of Monitoring Firm	Hired by Build	ding Ow	ner (	8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9	1)				
							Gr T	Tech LLC		5				
Street Address	- N.C.						-	et Address				1900 - TOO		
							576	Valley Rd #	£283					
City, State, Zip Code								State, Zip C						
							asses 70	ne, NJ 074						
Project Manager for Moni	toring Firm			Tele	phone	No.		phone No.		License	e No.			
							973-	638-1777		01127				
Start Date (10)		Schedul	ed Co	omplet	ion Da	te (11)	-	ne of OSHA N	Monitor	1 1 1 1 1	20-20-20-20-20-20-20-20-20-20-20-20-20-2		2000	
03/28/	18	03	/	29	/	18	Env	irovision Co	onsultants,Inc					
Occupancy Status During	Abatement (0						-	et Address	nisuitants, nic				-	
□ Facility Closed/Vacate					nent		20.2	1 Wagaraw	Road, Bldg .#	25E				
☐ Abatement Performed	Outside of No	ormal Fa	acility	Hour	s - Des	cribe		, State, Zip C		33E			- 277	
Time of Abatement: _	AM	PM/_		_PM_		AM		Lawn, NJ 0						
Scope of Work (Check all	that apply)	DANSON PR	in market		THE PERSON		ı an		p and decontami	nation with	negative r	ressure		
Name of the second second			7 -	20				Full Con	tainment with Ne					
>3 sf or >3 lf > 160 sf or >260 lf		2		novatio molitio				Mini-End	closure g Procedure	Tent with N	Negative F	ressure		
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				Locati								Abate	ment 7	Туре
Location Asbestos-Containing N		,		lormal d Sole				Description of				ממ	m	m
TO BE ABA		1		ntena				Containing Ma rmal systems		Amo (Spe	- C.	Remov	nca	nclo
IN Facilit			Cust	odial S	Staff?	(	5.0	urfacing, VAT		SIF or		Removal	Encapsulate	Enclosure
(13)		-		(12)	T	-	oth	er miscellane	eous)			-	ate	0
		- 1	Yes	No	N/A									
Basement		[			$\boxtimes$	Pipe inst	ılatio	n		20 LF				
Basement		1			X	VAT flo	or til	es		160 SF		XC		
		1	7	П	П	1111 110	01 111			100 01				
		L										니니		44
			]	Ц										
Name of Registered Wasi	te Hauler			NJD	EP Waste	Hauler ID No.	Cubi	c Yards of Was	te Name of Regi	stered Land	Hill			
Gr Tech LLC				0	03378	5	-	ГBD	T.R.R.F. Inc	;				
City, State		12-12-12-00-11					Disp	osal Date	City, State					
Wayne, NJ 07470							1	ГBD	Tullytown, F	PA				
Completed By (Print or Ty	rpe)	Title			<del></del>			Signature	//	70	Date	)		
N.Jevtic		Owne	r						Hewic Wer	nad	03/1	0/12		
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Date of Notification (1) 03/15/2018	81 90°140°C				f Building Yannuz		Operator	(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAR	2 0	20	)18	Printed the second	Ш
Agencies Notified	Type Notification			Street A	Address					1					1	
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▼ DOH DCA	Emergency justification) Cancellation	5. 157			f Contact Yannuz	i				Tel	enhone	Mumk	or			
Name of Facility 188				FACI	ILITY INFO	ORMAT	TION							- 55		
Name of Facility Where A House Street Address	Abatement is Takin	g Place (	3)					Тур	School (K-	12)		/ 40\				
								×	Subchapte Other (i.e. petc.)	orivate	& comme				4	s,
City (5) Ridgewood								N/A	P0204	N/A	0.5	- Transco	N	ldg. A /A	ge	
County (6) Bergen				(STATE	Code (7) USE ONLY,			Но	rrent Use (Pri ouse			olishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	ЛNo.				batement Cor atement, Ir		(9)					
Street Address							Street 11 R		ress ngren Ave	nue			-			
City, State, Zip Code									Zip Code NJ 07512							124
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		License 01311					
Start Date (10) 03/26/2018		Schedule 03/27/2		npletion	Date (11)		1		SHA Monitor atement							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vaca Abatement Perform Other – Describe: 0	ed Outside of Norn	Period of Anal Facility	Abaten / Hours	nent S			City, S	tate,	Zip Code	nue	- 100					
Scope of Work (Check A							loto	wa,	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	і ттас Арріу)	(Contracted)	Renova Demolit				×	N C	ull Containm lini-Enclosure Blovebag Pro Ion-Exempte	e cedure					ė	
		ls	Locati	ion										Abate	ment	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma Cus	Normal d Sole intena todial s (12)	ly by nce/ Staff?	Asbesi (i.e.	tos Con therma surfa	escription staining M Il systems acing, VA miscellar	fateri s insu T, or		(5	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A		32-40									Ф	
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Name of Registered Was	te Hauler		3.0	JDEP W		Cubic	Yards		Name of	Registe	red Land	dfill				
D&S Abatement, Inc	•			lauler ID 0996	No.	of Wa			Waste	Manag			PA		.,	
City, State Totowa, NJ						TBD			City, Stat Morrisv		Ą					-2007
Completed by Ned Joksimovic		Title Proje	ct Ma	anager		,	Signature	5	TO			Date 03/1		018		

Date of Notification (1) Name of Building Owner/Operator (2) 27 / 17 TRUSTEES OF PRINCETON UNIVERSITY Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial MAR 26 200 ELM DRIVE DOLWD. City, State, Zip Code **⊠** DOH Amendment #5-9/22/17 PRINCETON, NJ 08544 Emergency (including **⊠** DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation ROBERT ORTEGO 609-258-1841 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON UNIVERSITY - FIRESTONE LIBRARY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1 WASHINGTON ROAD homes, etc.) City (5) Square Feet # of Floors Bldg. Age PRINCETON, NJ 1,000,000 8 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER UNIVERSITY LIBRARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contrador (9) ATC GROUP SERVICES LLC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 TERRI LANE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. MICHAEL R. KEEHN 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 13 / 17 ON HOLD BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 4:00AM-12:30PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) 23 sf or >3 lf □ Renovation
 □ Demolition ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☑ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PHASE 5A - LEVELS C & B П X PIPE INSULATION 1010 LF X PHASE 5A - LEVELS C & B П X FLOOR TILE & MASTIC 43,057 SF X П П П PHASE 5A - LEVELS C & B П П X Packed fittings on fiberglass 285 EA X П PHASE 5A - LEVELS C & B П X Hanger pads on fiberglass 40 EA M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City. State Disposal Date City, State NEW CASTLE, DE WAYNESBURG, OH Completed By (Print or Type) Title Signature **BRIAN SCAFIRO** ESTIMATOR BS17024

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

SB-41

Pg 2

Date of Notification (1)  2 / 27	/ 1	7			Building Owner/Operator		SITY.		ere servere	11.7	1, 2
		1		Street Add				Ln La		Vilg.	115
☑ DCA ☐ Emer	ndment a	5-9/2	2 <u>2/17</u>		TON, NJ 08544			MAR	2 6	3018	3
(NJAC 5:23-8) justifi	ication)			Name of C			Telepho	ne Num	ber	.1.	1.1
	Ollation				T ORTEGO		609-2	58-184	1	114.	
Name of Facility Where Abatement	is Takin	n Plac	e (3)	FACILIT	YINFORMATION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
PRINCETON UNIVERSITY -				SRV		Type of Fac					.50
Street Address 1 WASHINGTON ROAD					8	→ Subchap	oter 8 (Other tha	an K-12) commer	cial b	uildinç	gs,
City (5)						Square Feet		ors	BI	dg. A	ae
PRINCETON, NJ						1,000,000	8 0		1	70	5-
County (6) MERCER					de (7)(STATE USE ONLY)	UNIVERS	(Prior if being o	demolish Y	ned)		
Name of Monitoring Firm Hired by Bu ATC GROUP SERVICES LLC		wner	(8) A	SCM No.	Name of Abateme						0118000
Street Address	-			00098	BRISTOL EN	VIRONMENT	TAL, INC.				
3 TERRI LANE					Street Address						
City, State, Zip Code					1123 BEAVER						
BURLINGTON, NJ 08016					City, State, Zip Co BRISTOL, PA			0.57 %			
Project Manager for Monitoring Firm			Teleph	one No.	Telephone No.	19007	1				
MICHAEL R. KEEHN			100000000000000000000000000000000000000	386-8800	215-788-6040		License N	lo.			
Start Date (10)	Schedul	ed Co		n Date (11)	Name of OSHA Mo	nitor	00509				
3/13/17	61		HO		BRISTOL ENV		61 INC				
Occupancy Status During Abatement (	Check o				Street Address		, INCO				
☐ Facility Closed Vacated During Enti	re Period	of Al	pateme	nt	1123 BEAVR S	TREET					
Abatement Performed Outside of No	ormal Fa	cility I	Hours -	Describe	City, State, Zip Cod						
Time of Abatement: 4:00AM-12:30	PW/	PI	n	_AM	BRISTOL, PA 1	9007					
cope of Work (Check all that apply)				9	_						_
] ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf		Reno	vation olition		☐ Mini-Enclos	sure Procedure	gative Pressure				
			cation						hater	ment '	Tw
Location of Asbestos-Containing Material (ACM)	1	sed S	mally lolely by	Acho	Description of stos Containing Mater	iol (A CAA)		-	-	1	-
TO BE ABATED	] [	Mainte	nance/ al Staff	1 (10	., thermal systems insi	ulation,	Amount (Specify	Removal	Repair	Encapsulate	
IAI Conilia.	10		2)		surfacing, VAT, or other miscellaneous		SF or LF)	Val	=	lusq	
IN Facility (13)					outlet it illoccite it could	7		1		ate	1
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(13)	Ye	s N			TICAL CEILING PL	ASTER	6075 SF		П	111	1 -
(13) ASE 6 - LEVEL 1	_	-		ACOUS	TICAL CEILING PL	ASTER	6075 SF 200 LF			-	Tr
ASE 6 - LEVEL 1 ASE 6 - LEVEL 1				ACOUS PIPE IN:		ASTER		×			
(13)  ASE 6 - LEVEL 1  ASE 6 - LEVEL 1  ASE 6 - LEVEL 1  JSTEES READING RM MEZZ.				ACOUS PIPE INS	SULATION		200 LF			-	
(13)  ASE 6 - LEVEL 1  ASE 6 - LEVEL 1  ASE 6 - LEVEL 1  JSTEES READING RM MEZZ.  The of Registered Waste Hauler  ERVICE TRANSPORT GROUP, II			M M M M M M M M M M M M M M M M M M M	ACOUS PIPE INS SPLINE ACOUST Waste ID No.	CEILING TILES  TICAL PLASTER CI  Cubic Yards of N		200 LF 4050 SF 450 SF ered Landfill	×		-	
			M M M NJDEP	ACOUS PIPE INS SPLINE ACOUST Waste ID No.	CEILING TILES  FICAL PLASTER CI  Cubic Yards of Waste  Disposal Date Ci	EILING ame of Registe	200 LF 4050 SF 450 SF ered Landfill ANDFILL			-	

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

Date of Notification (1)									e wardhi	19	ک	nto/
	17				ilding Owner/Ope		cim)			1	17.	÷ 7
Agencies Notified Type Noti						TON UNIVER	SILY				*****	
⊠ EPA ⊠ Initial	ication			Street Addre				1440	0.5	901	rs-	- Company
☑ DOLWD ☑ Amend				City, State, 2				MAR	25	(0)	۵	
	ment #5		17		FON, NJ 08544							
	tion)	luaing	ŀ	Name of Cor			l loren					6
☐ Cancel				ROBERT	ORTEGO			elephone 609-258				
				FACILITY	INFORMATION	N		003-230	-1041			
Name of Facility Where Abatement is					THE CHARACTER	Type of Fa	cility (A)					_
PRINCETON UNIVERSITY - FI	RESTO	NE LI	BRA	RY		☐ School	(K-12)					
Street Address						── Subcha	pter 8 (O	ther than I	<-12)			
1 WASHINGTON ROAD						Other (i homes,	.e., privati etc.)	e and com	merc	al bu	ilding	ĮS,
City (5)						Square Fee		of Floors		Bld	g. Ag	70
PRINCETON, NJ						1,000,00	-0.00	8		1	g. /\s	Je
County (6)			T	County Code	(7)(STATE USE ONL				olishe			-
MERCER						UNIVER	SITY LIE	BRARY	. 2,,0110	, ,		
Name of Monitoring Firm Hired by Build	ing Ow	ner (8)	AS	SCM No.	Name of Abate	ement Contrado					-	_
ATC GROUP SERVICES LLC				88000	BRISTOL	ENVIRONMEN	TAL, IN	C.				
Street Address					Street Address							
3 TERRI LANE					1123 BEAV	ER STREET						
ity, State, Zip Code			100		City, State, Zip	Code						-
BURLINGTON, NJ 08016					BRISTOL,	PA 19007						
roject Manager for Monitoring Firm		1		one No.	Telephone No.		Lic	ense No.				
MICHAEL R. KEEHN art Date (10)	L-11	- 1		386-8800	215-788-604		0	0509				
3 / 13 / 17		Comp	letion	Date (11)	Name of OSHA							
	ON		400	-U	BRISTOL E	NVIRONMENT	AL, INC					
ccupancy Status During Abatement (Ci					Street Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of North	Period (	of Abat	ement	locarib -	1123 BEAVE							
Time of Abatement: 4:00AM-12:30P	Vi/	PM-	115 - D	AM	City, State, Zip C							_
ope of Work (Check all that apply)					BRISTOL, P	A 19007						
ope of work (offect all that apply)					X Eul Can	tainmant with he						
≥3 sf or ≥3 if	⊠ R	enovat	ion				egative Pi	ressure				
≥160 sf or ≥260 lf		emoliti	on		⊠ Gloveba	g Procedure						
		s Local	ion	1	□ NOU-EXE	empted (*) and N	on-Friable	Procedu	-			_
Location of		Norma	lly		Description of	nf			Ab	atem	ent 7	Гу
Asbestos-Containing Material (ACM) TO BE ABATED	Us	ed Sole aintena	ely by	A DESI	tos Containing Ma	iterial (ACM)	Am	nount	Rei	Re	En	1
IN Facility		todial S		(i.e.,	thermal systems surfacing, VAT,	insulation,	(Sp	ecify	Remova	Repair	cap	
(13)	-	(12)		4	other miscellane	ous)	SF	or LF)	<u>a</u>		Encapsulate	1
	Yes	No	N/A								te e	
STEES READING RM MEZZ.			M	PIPE INS	ULATION		85	LF	×			r
L OUTSIDE COTSEN LIBRARY			Ø	WATERP	ROOFING			SF		-	7	L
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of Registered Waste Hauler				Vaste C	ubic Yards of	Nome - (D. )						
RVICE TRANSPORT GROUP, IN	3.		uler IE		Vaste	Name of Regist						
State	-	2	0990			MINERVA L	ANDFIL	L				
V CASTLE, DE				Di	isposal Date	City, State						
						WAYNESBL	JRG, OH					
	STIMA			65	Signature	1 0	1	Date	,	-	,	
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ASB-4 JAN 13

B517024

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

ON OF ASBESTOS ABATEMENT ant to NJAC 8:60 and 5:16)

The of Building Owner/Operator (2)

Agencies Nortled   Sirest Address   Si	Date of Notification (1)	- Allera				Name of	Building Owner/Op	erator (2)				19	4	
Agencies Notified   Tiple Notification   Street Address   DOLWN   Amendment #4-6/30/17   Chip State   Dolwn   Ch	2 / 2	27 /	1	7					RSITY		and the	~ 	-NEW SE	AND THE PARTY.
SEPA	Agencies Notified   T	ype Notif	ication	1					1	医同	[ ] - 1.0 [ ] - 2.0	7 1	17	
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DCA														
Name of Contact   ROBERT ONTEGO						3			111	1//	2 9	2 21	118	
Cancellation   ROBERT ORTEGO   County Code	DCA L	] Emerge	ency (in	ncludin	g					11 8000	1 6	2 43	110	
Name of Facility Where Abatement is Taking Piace (3)										Telephone	e Num	ber		$\dashv$
Name of Facility Where Abatement is Taking Place (3)		Vancen	20011						1	609-25	8-184	1		(S)
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Street Address						m.,					U.O., U.O.			
WASHINGTON ROAD		11 1 - [[	VE3 I	UNE	LIBKA	RY		School	ol (K-12)			***		
County (6)								☐ Other	lie pri	(Other than	K-12)			
Square Feet			V01 - 1 - 1 7 0					home	s, etc.)	vate and co	mmer	cial Di	nigin	gs,
County Code (7)(STATE USE ONL.*)   County Code (7)(STATE USE ONL.*)   Current Use (Prior if being demolished)								Square F	eet	# of Floor	s ·	Bi	do A	100
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Name of Monitoring Firm Hired by Building Owner (8)						County Co	de (7)(STATE USE ON			if being de	molish		-	
Name of Abstement Contractor (c)  ASCM No. ATC GROUP SERVICES LLC  Street Address 3 TERRI LANE  1723 BEAVER STREET  City, State, Zip Code BURLINGTON, NJ 08016  Project Manager for Monitoring Firm MICHAEL R. KEEHN  S09-386-8800  Start Date (10) 3 / 13 / 17  Scheduled Completion Date (11) 3 / 13 / 17  Scheduled Completion Date (11) BRISTOL, PA 19007  Project Manager for Monitoring Firm MICHAEL R. KEEHN  S09-386-8800  215-788-6040  Name of OSHA Monitor BRISTOL, PA 19007  BRISTOL, PA 19007  Start Date (10) 3 / 13 / 17  Scheduled Completion Date (11) S / 29 / 17  BRISTOL ENVIRONMENTAL, INC  Start Date (10) 3 / 13 / 17  Scheduled Completion Date (11) S / 29 / 17  BRISTOL ENVIRONMENTAL, INC  Start Date (10) Start D								UNIVE	RSITY	IBRARY	111011311	euj		
ATC GROUP SERVICES LLC			ing Ov	vner (8	) AS	SCM No.	Name of Abar			LIBITATE				
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City, State, Zip Code	3 TERRI LANE							_						
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Project Manager for Monitoring Firm   Telephone No. 609-386-8800   215-788-8040   00509	BURLINGTON, NJ 08016						1							
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Start Date (10)    3	MICHAEL R. KEEHN						The state of the s							
3	Start Date (10)	Sch	nedule	d Com						00509				
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Scope of Work (Check all that apply)    3 sf or ≥3 if	Time of Abatement: 4:00AM-1	2:30PM	1/	PM-	ours - D	escride Ara	City, State, Zip (	Code						
≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Pill Containment with Negative Pressure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mon-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos-Containing Material (ACM)   Amount (Specify Specify (12)   Yes No N/A   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos-Containing Material (ACM)   Amount (Specify Specify Specify (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Procedure   Abatement Type   Procedure   Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Procedure   Abatement Type   Procedure   Procedure   Abatement Type   Procedure   Abatement Type   Procedure   Proc						JIM	BRISTOL, P	A 19007					*	1
Demolition   Description of Non-Exempted (") and Non-Friable Procedure   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Description of Calcular   Description of Containing Material (ACM)   Amount (Specify SF or LF)   Description of Calcular   D	Scope of Work (Check all that app	ly)					_					-		-
Demolition   Description of Abatement Type   Description of Asbestos Containing Material (ACM)   Amount (Specify Specify Specify   Description of Asbestos Containing Material (ACM)   Amount (Specify Specify Specify   Description of Asbestos Containing Material (ACM)   Depolition   Demolition   Demolit	≥3 sf or ≥3 If		⊠ F	Renova	ation		⊠ Full Cor	ntainment with f	legative	Pressure				1
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  PHASE 5A - LEVELS C & B	≥160 sf or ≥260 if													- 1
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13)  PHASE 5A - LEVELS C & B  PHASE 5A - LEVELS C &							☐ Non-Exe	empted (*) and I	Von-Fria	ble Procedi	ire			
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  PHASE 5A - LEVELS C & B  PHAS									T			noton	47	-
Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A     N/A   N/A     N/A     N/A     N/A     N/A     N/A     N/A       N/A     N/A     N/A     N/A     N/A     N/A		CREV	Us				Description of	of			_	_	1	-
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PHASE 5A - LEVELS C & B  Vame of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  NJDEP Waste Hauler ID No. 20990  Disposal Date  City, State  NAMNERVA LANDFILL  Disposal Date  WAYNESBURG, OH  Date BRIAN SCAFIRO  ESTIMATOR  Disposal Date  Signature	PHASE SALI EVELS C. S. B.				-				43,	057 SF				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  NJDEP Waste Hauler ID No. 20990  Name of Registered Landfill MINERVA LANDFILL  NJDEP Waste Hauler ID No. 20990  Disposal Date  City, State WAYNESBURG, OH  Ompleted By (Print or Type)  BRIAN SCAFIRO  ESTIMATOR  Title  ESTIMATOR  NJDEP Waste Cubic Yards of Waste  Name of Registered Landfill MINERVA LANDFILL  City, State WAYNESBURG, OH  Date  8/30/17				Ш	M	Packed	fittings on fibero	glass	28	5 EA	X			П
SERVICE TRANSPORT GROUP, INC.  NJDEP Waste Hauler ID No. 20990  Disposal Date  Cubic Yards of Waste MINERVA LANDFILL  City, State  NEW CASTLE, DE  Ompleted By (Print or Type)  BRIAN SCAFIRO  Title  ESTIMATOR  NJDEP Waste Hauler ID No. 20990  Disposal Date  City, State  WAYNESBURG, OH  Date  Signature  Signature  Signature  Signature  Signature					፟ 🖾 .	Hanger p	oads on fibergla	SS	4	DEA	M	n	-	귀
SERVICE TRANSPORT GROUP, INC.  Hauter ID No. 20990  Waste  MINERVA LANDFILL  City, State  WAYNESBURG, OH  Ompleted By (Print or Type)  BRIAN SCAFIRO  ESTIMATOR  Signature  Signature  Signature  Signature  Signature  Signature				1 1 1 1 1 1 1 1 1			Cubic Yards of	Name of Regis						븨
Title Disposal Date City, State  NEW CASTLE, DE  ompleted By (Print or Type) Title  BRIAN SCAFIRO ESTIMATOR  Signature Scafers of State  State  Disposal Date  WAYNESBURG, OH  Date  8/30/17	SERVICE TRANSPORT GROU	P, INC.		1		No.	Waste							
NEW CASTLE, DE  ompleted By (Print or Type)  BRIAN SCAFIRO  Title  ESTIMATOR  Signature  Signature  Scafirs   1   0   0   0   0   0   0   0   0   0	ity, State				20000	1	Disposal Date							
Ompleted By (Print or Type)  BRIAN SCAFIRO  Title  ESTIMATOR  Signature  Signature  Signature  Signature  Signature	NEW CASTLE, DE								IRG C	ы				
BRIAN SCAFIRO ESTIMATOR Bien Scafers of 8/30/17	ompleted By (Print or Type)	Title					Signature		uno, c				10	
8-41 Pilen scafers / 8/30/17	BRIAN SCAFIRO	EST	IMA:	TOR			1 % -	0 1.	10	Date	1	/		
	B-41						prien ?	ocafero /	d	18/	30%	17		
	113 RRIMASU	* Do	not u	se this	form fo	r asbestos	licensure exempte	d adivities			-			

Date of Notification (1)					Name of	Build	ing Owner/Oper				111	Ur'	E (	9	حک	
2 / 27	_ / _	17	_				S OF PRINCE			SITY	Table of the Party	A CALLESTON		MP.	26	2
⊠ EPA ⊠ Ini	Notificati tial nended	ion			Street Add							100	Br.	7574	Fe 10	-
☑ DOH Arr	endmen				City, State	50 40 77 75 10	Code N, NJ 08544						10-1-			-
□ DCA     □ Em     □ (NJAC 5:23-8)	ergency tification	(inc	luding	1	Name of C			>0.0110			T= .					
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					FACILIT	TYIN	VFORMATION	4				2.00	-104			
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PRINCETON UNIVERSITY	- FIRES	STO	NEL	IBRA	RY				☐ School	(K-12)	)					
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Street Address					00098	-	BRISTOL E		RONMEN	ITAL,	INC.					
3 TERRI LANE						1	1123 BEAV		STREET							
City, State, Zip Code	-	-				-	City, State, Zip									
BURLINGTON, NJ 08016							BRISTOL, P									
Project Manager for Monitoring Firm			T	elepho	ne No.	+	Telephone No.			Т	License	No.				_
MICHAEL R. KEEHN			- 1	609-3	86-8800		215-788-604	10			0050					
Start Date (10)	£:				Date (11)	ħ	lame of OSHA					_	-			_
3 / 13 / 17					/		BRISTOL EN	VIR	RONMENT	AL, I	NC					
Occupancy Status During Abatement  Facility Closed/Vacated During Er						S	treet Address							-		
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cope of Work (Check all that apply)			20 NO 10				Ditto I OL, FA	131	007							
] ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	<u> </u>		enova emolit				<ul><li>☐ Full Cont</li><li>☐ Mini-Enc</li><li>☐ Glovebag</li><li>☐ Non-Exer</li></ul>	losur Pro	re ocedure				re			
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Location of Asbestos-Containing Material (ACN	n		Norma	-	Asha		Description of		(4.01.5)				_	7	1	
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ASE 6 - LEVEL 1		]		×	PIPE IN	SUL	ATION			2	00 LF		×			
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ISTEES READING RM MEZZ.				$\boxtimes$		TICA	L PLASTER	CEIL	LING	4	50 SF		×	П	П	Г
e of Registered Waste Hauler	INIO		100000000000000000000000000000000000000	DEP V		Cubi	c Yards of		ne of Regist							=
RVICE TRANSPORT GROUP,	me.		1	20990				M	INERVA L	AND	FILL					
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IAN SCAFIRO	ESTIN	MAT	OR				Drive &	er	Len /	il		Date 8	130	/1	7	
B517024	* Do no	ot us	e this	form fo	or asbestos	s licer	nsure exempted	acti	ivities.			_/_	-		*	-

Date of Notification (1)					Name of B	uilding Owner/Oper	ator (2)	394 . * m 1	2	(1,0	1 1
	_ /	1	7			EES OF PRINCE		ITY PRIT			
Agencies Notified Typ	e Notif	fication			Street Add	ress		-444	- ER 47	1 2 0	50
	nitial				200 ELM	M DRIVE		14 14	M	126	20
	Amend		4 0 10	eu=	City, State,	Zip Code					
	mendi merge					TON, NJ 08544		, k.,			
(NJAC 5:23-8) ji	ustifica	tion)	i Ciu (ii)	ig	Name of Co	ontact		Telephon		205	
	ancella	ation			ROBERT	T ORTEGO		609-25			
		W			FACILIT	Y INFORMATION		000-20	0-104		
Name of Facility Where Abatem	nent is	Taking	Place	(3)			Type of Faci	lity (4)			
PRINCETON UNIVERSIT	Y - FII	REST	ONE	LIBRA	RY		School (K				
Street Address							── Subchapt	er 8 (Other than	1 K-12)		
1 WASHINGTON ROAD							homes, et	, private and co	mmerc	ial buildi	ngs,
City (5)				-			Square Feet	# of Floor		T DIA-	
PRINCETON, NJ							1,000,000		5	Bldg.	Age
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Name of Monitoring Firm Hired by	y Build	ing Ov	vner (8	3) AS	CM No.	Name of Abate	ment Contractor (				
ATC GROUP SERVICES L		100			00098		NVIRONMENT				
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City, State, Zip Code						City, State, Zip					
BURLINGTON, NJ 08016						BRISTOL, P					
Project Manager for Monitoring Fir	m		1	Telepho	ne No	Telephone No.	A 19007	1.:			
MICHAEL R. KEEHN					86-8800	215-788-604	0	License No	).		
Start Date (10)	Sc	hedule	d Con		Date (11)	Name of OSHA		00509			
_3 / _13 / _17					/ _ 17		WONTOF VIRONMENTA	LINC			
Occupancy Status During Abateme	ent (Ch	eck or	ly one	)		Street Address					
☐ Facility Closed/Vacated During I						1123 BEAVR	CTDEET				
Abatement Performed Outside of	of Norm	nal Fac	cility H	ours - D	escribe	City, State, Zip C					
Time of Abatement: 4:00 AM-12	:30Pf	W	_PM-		AM	BRISTOL, PA					
cope of Work (Check all that apply	r)					DINIOTOL, FA	( 1300 /	8			
1.0.4		F-7 -	_	00020-0		Full Conf	ainment with Neg	ative Pressure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov				losure				
		ш.	20111011	idon		☐ Non-Exer	Procedure mpted (*) and Non	-Eriable Droop			
		T	Is Loc	ation	T		7 ( ) 2110 14011	Hable Proced			
Location of			Norm	nally		Description of				patement	-
Asbestos-Containing Material (AC TO BE ABATED	CM)			olely by nance/		stos Containing Mat	erial (ACM)	Amount	Rer	Repair	Encansula
IN Facility			stodia	I Staff?	(I.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify	Removal	)air	ממפי
(13)		-	(12		4	other miscellaneo		SF or LF)	<u> 80</u>	Repair	-
		Yes	No	N/A						6	1
JSTEES READING RM MEZZ	<u>.</u>			×	PIPE INS	SULATION		85 LF			7/1
LL OUTSIDE COTSEN LIBRA	ARY			×	WATER	ROOFING		250 SF			1 1
SERVATION ROOF				×	WATERP	ROOFING		150 SF			-
				10					-		1-
e of Registered Waste Hauler			IN	JDEP V	Vaste (	Cubic Yards of	Name of Register	ad Landell			IL
RVICE TRANSPORT GROUP	P, INC		10.3%	lauler ID	No. V	Vaste	MINERVA LA				
State	,	-		20990		Name and Dark		MUTILL			
W CASTLE, DE					1	Disposal Date	City, State WAYNESBUR	G UH			
Designation of the Company of the Co	Title					Signature	THESOUR				_
neted by (Print or Type)								10-6	0 /	,	
eleted By (Print or Type)	100000	AMIT	TOP			Driva d	1 1 1	Dal	9/30	/	

70 # 3241

Date of Notification (1)		-			Name of	Building Owne	-/0	(0)		(	L.	1	رفح	32
	27/	1	7	- 1		TEES OF PR			RSITY			C		a v
☑ EPA ☑ DOLWD ☑ DOH	Type Noting Initial	led ment#	3-7/20/1	L	City, State	M DRIVE							9	
Ø DCA (NJAC 5:23-8)	Emerge justifica	ency (in	cluding	1	Vame of C	ETON, NJ 08	544			ĺ				
land the second	Cancella			1"		T ORTEGO				Telepho	one Nu	mbei		-
										609-2	258-18	141		
Name of Facility Where Abate	ement is	Taking	Place (3	3)	PACILI	TY INFORMA	TION	7= :=			1			
PRINCETON UNIVERSI					Υ			Type of Fa	scility (	4)				
Street Address  1 WASHINGTON ROAD								Subcha Subcha Other (in homes,	pter 8	Otherth	an K-1. comme	2) ercial	build	ings,
City (5)					Sec. 9			Square Fee		# of Floo	Ore.	-	DI-I-	
PRINCETON, NJ County (6)								1,000,00	1.00	8	213	1	Bldg.	Age
MERCER				Co	ounty Cod	de (7)(STATE USE	EONLY	Current Use UNIVER	Prior	if being o	lemolis	hed)	70	
Name of Monitoring Firm Hired		ng Ow	ner (8)	ASC	M No.	Name of A	Abateme	nt Contractor	(9)	IDIAN	1	_		
ATC GROUP SERVICES I	LLC			00	0098	BRISTO	OL ENV	PRONMEN	TAL. I	NC.				
3 TERRI LANE						Street Add	ress					_		
City, State, Zip Code						1123 BI	EAVER	STREET						
BURLINGTON, NJ 08016						City, State,								
Project Manager for Monitoring Fi	rm		1= .			BRISTO		9007						
MICHAEL R. KEEHN	1111			phone		Telephone			Li	icense No	0.		-	
Start Date (10)	Sche	adulad	Complet		0088-	215-788-				00509				
3 / 13 / 17	Conc		/ 31			Name of OS			7					-
Occupancy Status During Abateme	nt (Char				17_	BRISTOL	_ ENVIR	RONMENTA	L, INC					
☐ Facility Closed/Vacated During	Entire Pe	erind o	one)	ont		Street Addre	7.70	92.00						
Abatement Performed Outside of	f Norma	I Facili	ty Hours	- Deco	rihe	1123 BEA		REET						
Time of Abatement: 4:00 AM-12	:30 PM/		PM	AM		City, State, Z BRISTOL,		00%						
Scope of Work (Check all that apply	)					DAISTOL,	PA 15	007						
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		☐ De	novation molition			⊠ Glove	bao Pro	nent with Neg e cedure d (°) and Non			ure			
Location of	- 1		Location ormally									oaten	nent 7	Time
Asbestos-Containing Material (AC	M)	Used	Solely b	у	Asbest	Description os Containing f	n of Visterial	(ACM)				_	-	-
TO BE ABATED IN Facility	1		itenance/ dial Staff		(i.e.,	thermal system	insulat	tion,		ount ecify	Removal	Repair	Encapsulate	Enclosure
(13)	_		(12)			surfacing, VA other miscellar	(T, or neous)		SF	or LF)	val	=	nsd	Sur
		Yes	No N/	A			.0000)						ate	0
ASE 5A - LEVELS C & B		-		PI	PE INSL	JLATION			1010	) LF		П		H
ASE 5A - LEVELS C & B	1			FL	OOR TI	LE & MASTIC	2		43,05	7 SF		긁		H
ASE 5A - LEVELS C & B				Par	cked fit	tings on fibe	rgiass		285	EA	×	=	#	$\exists$
ASE 5A - LEVELS C & B				Hai	nger pa	ds on fibergl	225		40 E		-	4	1	븨
e of Registered Waste Hauler	****		NJDEP	Waste		bic Yards of	Name	of Registere					7][	4
RVICE TRANSPORT GROUP,	INC.		Hauler I 2099		Wa	ste	MIN	ERVA LAN	DFILL					
State					Dis	posal Date	City, S							_
W CASTLE, DE							1	YNESBURG	. OH					1
leted By (Print or Type) AN SCAFIRO	Title ECTIN	EATE	,			Signature	_			Date	,	_		1
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Date of Notification (1)		-			I Blome of	D 7/12			4 1 4-6	-2	Pro- (Wheel assist a c	(16	7	
	27 /		17		TRUS	Building Owner TEES OF PRI	Operato	r (2) N UNIVE	RSITY	i E	(C)		10.7	
	ype Notifi Initial	icatio	n		Street Ad	ldress				(/ <u> </u> 				
⊠ DOLWD	Amende	eď			-	200 ELM DRIVE MAR 2.6								
⊠ DOH	Amenda	nent i	¥3-7/	20/17		e, Zip Code	1	1			_			
Ø DCA	Emerger	ncy (i	nclud	ling		ETON, NJ 085			t to the same of t					
(NJAC 5:23-8)	justificat Cancella				Name of C			-201-1	Telephi	one Nur	nber	_		
12	Carroella	tion				T ORTEGO	7			1	258-18			
No. of Facility Miles and Advisory					FACILI	TY INFORMAT	TION							
Name of Facility Where Abate						4 to 4		Type of I	acility (4	5)				
PRINCETON UNIVERSI	IY-FIR	EST	ONE	LIBR	ARY			☐ School	(K-12)	÷				
Street Address								Subch	apter 8	(Other th	an K-12	)		
1 WASHINGTON ROAD							1	Other homes	(I.e., priv s, etc.)	ate and	comme	rcial bu	ildin	
City (5)								Square Fe		# of Flor	010	TRU		
PRINCETON, NJ						*0	1,000,0		8	212	1	g. A		
County (6)					County Cod	de (7)(STATE USE				1 11	7	U		
MERCER						N &	Current Us	SITVI	in being o	iemolis!	ned)			
Name of Monitoring Firm Hired		ng Ov	vner (	(8)	SCM No.	M No. Name of Abatement Contractor (9)								
ATC GROUP SERVICES I	LC.				00098	About of Abatement Contractor (g)								
Street Address						Street Address								
3 TERRI LANE						1123 BEAVER STREET							No other	
City, State, Zip Code			City, State, Zip Code											
BURLINGTON, NJ 08016		BRISTOL, PA 19007												
Project Manager for Monitoring Fi	one No.	No Telephone No												
MICHAEL R. KEEHN	386-8800	215-788-6			1	icense N	0.							
Start Date (10)	Date (11)	Name of OS		,		00509								
3/13/17					/_17	1								
Occupancy Status During Abateme					<u> </u>	BRISTOL		ONNENT	AL, IN	S				
Facility Closed/Vacated During	Entire Do	K OIII	y one	-1		Street Addres								
Abatement Performed Outside of	of Normal	Faci	lity H	ours - F	l Nonariba	1123 BEA		REET						
Time of Abatement: 4:00AM-12	:30PM/	, 801	PM-		AM	City, State, Zip								
ope of Work (Check all that apply						BRISTOL,	PA 190	007						
- ST	7					⊠ Full C	onfainm	ent with Ne	antina D					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ R	enova emoli	ation		IVIIIII-E	nciosure	9	gauve P	ressure				
	ı		emoin	tion		⊠ Glovel	bag Prod	cedure						
		15	Loca	ation	1	☐ Non-E	Aempteo	(T) and No	n-Friabl	e Proced	ure			
Location of	- 1	f	Vorm	ally		Description					Ab	atemer	nt Ty	
Asbestos-Containing Material (AC	(M)			lely by	Asbest	tos Containing N	faterial (	ACM)	A-		R	D	m	
TO BE ABATED IN Facility	- 1			ance/ Staff?	(i.e.,	thermal systems	s insulat	ion,		nount pecify	Removal	Repair	Encapsula	
(13)	L		(12)			surfacing, VA other miscellan	T, or	1	SF	or LF)	Val	7	DSL	
	1	es	No	N/A	1	Other Hisochian	cous	1			11	100	Encapsulate	
SE 6 - LEVEL 1				×	ACOUSTI	CAL CEILING	PLAS	TER	607	5 SF	152		1	
SE 6 - LEVEL 1				×	PIPE INSU			+	200		-		1/	
SE 6 - LEVEL 1		1 1		×		EILING TILES	3	-	4050		+		11	
TEES READING RM MEZZ.		AL PLASTER		NG	450	-		井븐	1					
of Registered Waste Hauler				DEP W	aste Cu	ibic Yards of		of Register				717	JL	
VICE TRANSPORT GROUP	, INC.		1	uler ID 10990		aste		ERVA LA						
ate		-		UUGU	Dis	posal Date	City, S							
V CASTLE, DE					1-10		1		6 6			•	1200	
eted By (Print or Type) Title					I Simmet	8000	YNESBUR	G, OH						
N SCAFIRO	ESTIM	SATE	)P			Signature	6	1. 1		Date	201	1	_	
	-01118	1716	111			Brian	es co	li.	0	191	201	17		

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Pg #3 Ck # 3241

Date of Notification (1)					Nan	ne of	Building Owner	r/Operat	or (2)				此平	
2 /-	27	/_	17	_	TI	RUS'	TEES OF PRI	NCET	ON UNI	/ERSIT	V (,13 /	73 FF		1 1/2
Agencies Notified	Type N	otifica	tion				dress	27.200					, vi	11.5
⊠ EPA	☑ Initia				1		M DRIVE				1 900 000	100		
⊠ DOLWD	⊠ Ame		n 1921 2		-		, Zip Code			4,17			- 004	
⊠ DOH ⊠ DCA	Ame	ndme	nt #3-7	//20/17						11	. M	AR 2	0 701	0
(NJAC 5:23-8)	☐ Eme	rgenc) icatior	(inclu	ding			ETON, NJ 08	544		1				2
(10) 10 0.20 0,	Cano						2 (CO) 2 (CO) 2 (CO)			i	Telep	hone Nu	mber	
							T ORTEGO			i	609	-258-18	41	- K
Name of Facility Where Ab	atement	ic Tal	ine Di	(61	FAC	CILIT	Y INFORMA	HOH			7 7 15 1			-
PRINCETON UNIVER	SITY - I	SIDE	ing Pla	ace (3)					Type o	f Facility	(4)			
Street Address	011 1 - 1	INE	MOLE	E LIBE	KARY		1		☐ Sch	00l (K-12	2)			24
1 WASHINGTON ROA									Sub	chapter 8	Other t	han K-12	2)	
City (5)									hom	es, etc.)	rivate and	comme	rcial buil	ldings,
PRINCETON, NJ					10-0-1-27 (196.)				Square		# of FI	0000	I DIA	
									1,000		8	0015		g. Age
County (6)					County	Code	e (7)(STATE USE	ONLY)	Current		THE 2	d 1	70	1
MERCER								1	UNIVE	FREITY	LIBRAF	oemolis	hed)	
Name of Monitoring Firm Hire	ed by Bui	lding (	Dwner	(8)	ASCM NO	o	Name of A	bateme	nt Contra	dor (O)	LIDKA	< r		
ATC GROUP SERVICE	SLLC			1	00098	3	BRISTO				1110			
Street Address							Street Addr	929	THE THIRD	LICIAL,	INC.			
3 TERRI LANE							1123 BE	(1777)	CTDEE	*				
City, State, Zip Code							City, State,			1		5		
BURLINGTON, NJ 08016	3						1							
Project Manager for Monitoring	Firm			Telent	none No.	-	BRISTO		8007					
MICHAEL R. KEEHN			1		386-880	30	Telephone N			. [	License t	√o.		
Start Date (10)	Iso	chedu	ed Co		n Date (1		215-788-6				00509			
3 / 13 / 17	1				/ _ 17		Name of OSI							
Occupancy Status During Abate	-				/		BRISTOL	ENVIR	SOMMEN	TAL, IF	√C			
☐ Facility Closed/Vacated Durin	o Entire	neck c	nly on	e)			Street Addres	s						
Abatement Performed Outside	e of Norr	Perior	of Ab	atemer	ıt	- 1	1123 BEA	VR ST	REET					
Time of Abatement: 4:00 AM-	12:30PI	Vi/	CHRY H	iours - [	Describe	Ī	City, State, Zip	Code						
			_' "			1	BRISTOL,	PA 19	007					
Scope of Work (Check all that app	oly)													
≥3 sf or ≥3 If		[X]	Renov	ation			Full C	ontainm	ent with N	legative	Pressure			1
≥ 160 sf or ≥260 lf			Demol				☐ Mini-E	nciosur	e	827				- 1
							Non-E	xempte	d (*) and N	lon-Friel	ole Press	ad		1
FED. (08)			Is Loc					•	.,	T	JIE PIOCE			
Location of Asbestos-Containing Material (A	06.63	1 11	Norm	ally lely by			Description	of		1			atement	Type
TO BE ABATED	(CIVI)	N	ainten	ance/	Asi	besto	s Containing M	laterial (	(ACM)	A	mount	Removal	Re	i m
IN Facility		Cu		Staff?	1	i.e., tr	nermal systems surfacing, VA	s insulat	ion,		Specify	lour	Repair	G
(13)		<del> </del>	(12)	1	1	0	ther miscellane	eous)		SF	or LF)	12	Repair	Enclosure
		Yes	No	N/A					. 1			11	ate	1"1
RUSTEES READING RM MEZ	Z.			X	PIPE II	NSU	LATION				2.0		-	1
ALL OUTSIDE COTSEN LIBR	ARY			-	-	-				88	5 LF			
	1		_	×	WATE	RPR	OOFING			25	OSF	X	710	
RESERVATION ROOF				X	WATER	RPRO	DOFING			. 150	) SF	1		
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me of Registered Waste Hauler				DEP W	Innto	10.						1010	וסונ	
ERVICE TRANSPORT GROU	PINC			uler ID		Was	ic Yards of		of Registe					=
/. State	,			0990		*****		MIN	ERVA L	ANDFIL	L			
EW CASTLE, DE						Disp	osal Date	City, S	tate					_
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npleted By (Print or Type)	Title					T	Signature			-, -,				
RIAN SCAFIRO	EST	IMAT	OR			1	Burn	Som	1. 1		Date	120/	100	7
1							Jones	- Log	res/	K	17	120 /1	1	1

### CR# 3220

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

Pg 1

Date of Notification (1)						Building Ou				and the second second	<u>.</u>		
	7 /	1	7		Name of Building Owner/Operator (2)  TRUSTEES OF PRINCETON UNIVERSITY								
	pe Noti	fication			Street Add	irons	· runcel	OR UNIVERS	ITY	, 11.71			
⊠ EPA ⊠	Initial			1		ress M DRIVE	ovani. Graviti and						
	Amend			h	City, State,					MAR 2 G	2018		
1	Amendr	nent #	2-6/16						11	pr. s. s			
(NJAC 5:23-8)	Emerge ustificat	ncy (in ion)	cluding		lame of Co	TON, NJ	U8544						
	ancella	tion		1"			_		Telepho	ne Number			
					ROBERT	The second second				58-1841			
Name of Facility Where Abaten	nent is T	akina	Dises	(0)	FACILITY	YINFORM	MATION			00-1041			
PRINCETON UNIVERSITY	Y - FIR	FRTC	ME	(3)				Type of Facili	lv (4)				
Street Address			THE L	BRAR	Υ			School (K	12)		70		
1 WASHINGTON ROAD								W Subchanto	0 1011	n K-12)			
City (5)								homes, etc		n K-12) ommercial buildi	ings,		
PRINCETON, NJ								Square Feet	# of Floor	3			
County (6)								1,000,000	8	January.	Age		
MERCER				Co	unty Code	(7)(STATE U	SE ONLY)	Current Use (Pr	ior if bains	70			
Name of Monitoring Firm Hired by	D. St.	-					1	UNIVERSIT	( I IDD 4 D 4	molished)			
ATC GROUP SERVICES LL	<b>C</b> Bulginá	g Own	er (8)	ASCN		Name of	Abateme	ni Contractor (9)	LIDKARY				
Street Address	<u> </u>			00	098	BRIST	TOL EKY	TRONMENTAL	IEIO				
						Street Ac	dress	TOTAL	, INC.				
3 TERRI LANE							BEAVER	STREET			-10		
City, State, Zip Code		95 rate					e, Zip Code						
BURLINGTON, NJ 08016					1		OL, PA 1						
Project Manager for Monitoring Firm			Tele	phone N	Vo.	Telephone		5007					
MICHAEL R. KEEHN				9-386-		215-788			License No.				
Start Date (10)	Sched	uled C		ion Date		Vame of O			00509				
3/13/17	8	/	1	_ / _	17								
occupancy Status During Abatement	Check	only o	nel			DINISTO	LERVIR	ONMENTAL, II	4C		1		
Facility Closed Nacated During Entitle	re Perir	nd of A	hatam	enf	- 1	treet Addre							
Abatement Performed Outside of No	ormal F.	acility	House	Dan''		1123 BE		EET					
Time of Abatement: 4:00AM-12:30	PM/	Ph	A	AM	101	ity, State, Z							
ope of Work (Check all that apply)						BRISTOL	, PA 190	07					
ST WAS A STORY OF WAS INCOME.							_						
≥3 sf or ≥3 lf	$\boxtimes$	Reno	vation			⊠ Full (	Containme Enclosure	nt with Negative	Pressure				
≥160 sf or ≥260 lf		Demo	lition			X Glove	chan Proce	aduro					
						☐ Non-E	Exempted	(*) and Non-Friab	le Proposition		-		
Location of	1	Nom	cation					1	ic i locebure				
sbestos-Containing Material (ACM)	U	sed So	lely by	,		Description	n of	- 1	1	Abatement Typ	e		
TO BE ABATED	1 1	fainter	ance/	1 '	Asbestos C	ontaining f	Viaterial (A	CM) A	กอบกใ	Re Re I	m		
IN Facility (13)	Cu		Staff?	,	SUI	nal system facing, VA	is insulatio	n, (S	pecify	Encapsu Repair Removal	5		
(15)	Von	(12	7	-	othe	r miscellan	eous)	SF	or LF)	Encapsula Repair Removal	:		
EEA LEVELOGGE	Yes	+	NIA	-					1	Encapsulate Repair	1		
E 5A - LEVELS C & B			M	PIPE	INSULAT	TION		101			J		
E 5A - LEVELS C & B			Ø		OR TILE 8				DLF X				
E 5A - LEVELS C & B			Ø		ed fittings			43,05	7 SF 🗵		1		
:5A - LEVELS C & B	1000				285	EA 🛛		1					
Registered Waste Hauler			DEP V	riange	er pads of			40 E	A 🛛				
ICE TRANSPORT GROUP, INC		Ha	uler ID	No.	Cubic Y	ards of	Name of	Registered Land	fill		50		
8			0990		· rasie		MINE	RVA LANDFILL					
ASTLE, DE					Disposal	Date	City, State						
	- No. 73 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				1		00 /1000%	ESBURG, OH					
1 By (Print or Type) Title		1000000			Sion	ature	122						
SCAFIRO EST	IMAT	OR			B	7.	1. 0.	a lil	Date /	1			
					Ser	non y	scaper	w /al	6/16/	117			

Date of Notification (1)	19 .			Name o	of Building Ov	wner/Opera	tor (2)		190
	7 / _	17		TRUS	STEES OF	PRINCET	ON UNIVERSIT	V	a and an agent for which the property
	ype Notificati	on		Street A	ddreee				
1_	Initial				LM DRIVE			11.17	
1 22	Amended	116 AV.	}		e, Zip Code				
1	Amendment Emergency	# <u>2-6/16</u>	197		ETON, NJ			A.M.	N 2 5 2018
(NJAC 5:23-8)	justification)	incinging	- h	Name of (	Contact	08544		U [1]	.,
	Cancellation		- 1		RT ORTEG	_		Telephone f	lumber
								609-258-	1841
Name of Facility Where Abaten	nent is Takin	n Place /	21	FACILI.	TY INFORM	MOITAN			
PRINCETON UNIVERSIT	Y - FIREST	ONE !!	) DD 6 D				Type of Facility	(4)	
Street Address		OKE LI	DRAK	Υ			School IK 1	1)	
1 WASHINGTON ROAD							J N Subchanter	1011	12)
City (5)					2.000.000		homes, etc.)	ivate and comm	12) nercial buildings,
PRINCETON, NJ							Square Feet	# of Floors	
County (6)							1,000,000	8	Bldg. Age
MERCER		5	C	ounty Cod	e (7)(STATE U	SE ONLY)	Current Use (Prio	10	70
	-						UNIVERSITY	I I being demoi	shed)
Name of Monitoring Firm Hired by ATC GROUP SERVICES LL	Building Ow	rner (8)	ASC	VI No.	Name of	Abatemen	nt Contractor (9)	LIBRARY	
	.C		01	8200	BRIS	TOL ENV	IRONMENTAL,		
Street Address					Street Ac	dress	MONTHE PAL,	INC.	
3 TERRI LANE					1	BEAVER	STREET	1	
City, State, Zip Code						e, Zip Code			
BURLINGTON, NJ 08016					1	OL, PA 19			
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone		5007		1
MICHAEL R. KEEHN			9-386-		215-788		1	icense No.	
Start Date (10)	Scheduled	Completi	on Dat	e (11)	Name of O			00509	
_3 / _13 / _17	8	/ _ 1	1	17					
Occupancy Status During Abatement	(Check only	one)			DNIS IU	LERVIRO	OKMENTAL, IN	0	
☐ Facility Closed/Vacated During Ent	ite Period of	Abstone	nt		Street Addre				
Apatement Performed Outside of N	ormal Facilit	v Hours	D	ibe	1123 BE		EET		1
Time of Abstement: 4:00AM-12:30	PM/	PM-	AM	De	City, State, Z				
cope of Work (Check all that apply)					BRISTOL	, PA 1900	7		
2	200				M Eur	Da=4=!			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ Rer	ovation			□ Mini-	Containmei Enclosure	nt with Negative Pr	essure	
	∐ Den	nolition			K Glove	han Proon	due		
	le I	ocation			☐ Non-E	Exempted (	(*) and Non-Friable	Procedure	1
Location of	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mally	1						
Asbestos-Containing Material (ACM)	Used	Solely by		Ashariaa	Description	n of			atement Type
TO BE ABATED IN Facility	Maint	enance/ ial Staff?		(i.e., the	Containing formal system	Viaterial (A)		cify Removal	Enclos Encap
(13)		2)		5	surfacing, VA	T. or	lobe	cify   g	cap co
(10)		O N/A	-	oti	her miscellan	eous)	SFor	(Tt)   10	Enclosure Encapsulate
SE 6 - LEVEL 1	1_1	1.0.7.	1						a   a
E 6 - LEVEL 1			1		L CEILING	PLASTE	R 6075	SF 🛛	
		X	PIPE	INSULA	NOITA		200 L		
	6 - LEVEL 1						4050 \$		
TREES READING RM MEZZ.		×	ACO	USTICAL	PLASTER	CEILING	9		
of Registered Waste Hauler	1	JDEP W	aste		Yards of		Registered Landfill		
/ICE TRANSPORT GROUP, INC	. /	lauler ID 20990	No.	Waste	1	MINES	WALLANDS		
te		20350		Dienes	al Date		RVA LANDFILL		1
CASTLE, DE				Dispus	or Date	City, State			
od By (Print or Type) Title				1		TATRI	ESBURG, OH		1
10010-	IMATOR			1	gnature	1 no	1.0	Date /	,—
.,/				10	rian s	colin	14/	6/16/	17

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:46)

OL# 3226 Pa 3

Date of Notification (1)	(	Pursuant to	NJAC 8:60 and	5:161		P 3					
2 / 27 /	17	Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY									
1 3PC ROUNCAL	on	Street Addr	or Trance	TOR UNIVERSITY	•						
☑ EPA ☑ Initial ☑ Amended		200 ELN									
WATHERDED	49 646	City, State, 2	DRIVE		MAR 2	1 2010 III					
Lemergency	# <u>2-6/16/17</u>	PRINCES	Cip Code			1010.					
) Justification)	including	Name of Con	ON, NJ 08544	į L	* major su	4					
☐ Cancellation	1				Telephon	A S					
		ROBERT			Telephone Nu 609-258-18	mber					
Name of Facility Where Abatement is Takin	9 Place (3)	FACILITY	INFORMATION		003-258-18	41					
L . MINULIUR URIVERSITY - FIREST	ONE LIBEAR	av.		Type of Facility (4	,						
1 2011233	LIDITA	<u> </u>		II School (V 40)							
1 WASHINGTON ROAD				I M DUDChant - a	Other than K.10						
City (5)				Other (i.e., priva	ite and commer	) 'Cial buildings					
PRINCETON, NJ						ononings,					
County (6)	10			1,000,000	of Floors	Bldg. Age					
MERCER	10	ounty Code (7)	(STATE USE ONLY)	Current like (Delay)	8						
Name of Monitoring Firm Hired by Building Own				Current Use (Prior if	being demolish	ed)					
A TO GROUP SERVICES LLC	1	M No.	Name of Abatemen	1 Contrada (a)	BRARY	1					
Street Address	01	0098	BRISTOL ENVI	RONMENTAL, INC							
3 TERRI LANE		5	Street Address	TOTAL, IN	<b>C</b> .	]					
City, State, Zip Code			1123 BEAVER S	TREET							
BURLINGTON, NJ 08016		C	ity, State, Zip Code	TICLET		. /					
Project Manager for Monitoring Firm		- 1	BRISTOL, PA 19	002							
MICHAEL R. KEEHN	Telephone i	VO. Te	lephone No.	007		1					
Stort Date (40)	609-386-	RRAA / .	15-788-6040	Licer	nse No.						
3 / 12 / 55 Scrieduled C	completion Date	(11)   6/0-	ne of OSHA Monito	00:	509	1					
	_1 /_	17 B	RISTOL ENVIRO	A SECTION							
Occupancy Status During Abatement (Check only o	ne)	Stro	RISTOL ENVIRO	INMENTAL, INC							
☐ Facility Closed/Vacated During Entire Period of A  Abatement Performed Outside additional Performance Outside Outsid	batement	44									
Abatement Performed Outside of Normal Facility Time of Abatement: 4:00AM-12:30PM/PN	Hours - Descrit	e City	23 BEAVE STRE	ET		7					
Ph	MAM	City,	State, Zip Code								
cope of Work (Check all that apply)		- BRI	STOL, PA 1900	7							
≥3 sf or ≥3 lf			Full Contain								
≥160 sf or ≥260 lf	/ation lition	Ĕ	Mini-Enclosure	with Negative Press	are .						
		150	Glovebas Barry			- 1					
Is Loc	ation		Non-Exempted (*)	ure and Non-Friable Pro	Coduce	1					
Location of Norm	ally										
TOBE ABATED   Mainten	lefy by A	Des Sbestos Conta	cription of nining Material (ACI			ent Type					
IN Facility   Custodial	Staff?	/ menner	VSIEMS insulation	וחטטווור	Removal	m m					
(13)		Suneci	no. VAT or	Opeciny	moy pai	100 Cal					
Yes No	N/A	other mis	scellaneous)	SF or LF)	1   1   2	Enclosure					
TEES READING RM MEZZ.	Ø PIPE I	time				ate   e					
		NSULATION	V	85 LF		$\rightarrow$					
						111					
						<del>] </del>					
Registered Waste Hauten					1-1-	<u> </u>					
ICE TO SUCH THE TOTAL	EP Waste ler ID No.	Cubic Yards	of Name of Re	gistered Landfill							
20	990	Waste	MINERY	A LANDFILL		띡					
ASTLE, DE		Disposal Date		LANDFILL		1					
		, Date	1 -11/1 01616			_					
By (Print or Type) Title		Cinnel	WAYNES	BURG, OH		1					
SCAFIRO ESTIMATOR		Signature	0 0	/s a Deta							
5 19054		Drien	Sefire,	12 6	16/17	1					

# NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursuant to NJAC 8:60 an	ABATEMENT	The state of the s
Date of Notification (1)		Name of Ruiking C	Q 5.16)	ILE GETTIPE
2 /	27 / 17	Name of Building Owner/Ope	rator (2)	
Agencies Notified	Type Notification	TRUSTEES OF PRINCE	TON UNIVERSITY	J
Ø EPA Ø DOLWD	⊠ Initial	Street Address	14	S! MAR OF SOM
⊠ DOH	Amended	200 ELM DRIVE	Ī	4 6 2.010
⊠ DCA	Amendment #1-3/27/17	City, State, Zip Code		home
(NJAC 5:23-8)	Emergency (including justification)	PRINCETON, NJ 08544		Para transfer to the second
	☐ Cancellation	Name of Contact		7 - 6.
		ROBERT ORTEGO		Telephone Number
Name of Facility Where Ab	atement is Takino Place (3)	FACILITY INFORMATION		609-258-1841
PRINCE TON UNIVER	SITY - FIRESTONE LIBR	ARV	Type of Facility (4)	
Cheel Abbress		AKI	11 Schooles	5
1 WASHINGTON ROA	D			Other than K. 12)
City (5)			homes, etc.)	Other than K-12) te and commercial buildings,
PRINCETON, NJ				
County (6)			1 000 000 1"	of Floors Blog. Age
MERCER	1	County Code (7)(STATE USE ONLY)	Current Use (Prior if E	70
Name of Monitoring Firm Hired	by Building Owner (8) Too		UNIVERSITY LIB	peing demolished)
ATC GROUP SERVICES	110	CM No. Name of Abatemen	L'ODITACION (C)	
Street Address		00098 BRISTOL ENVI	RONMENTAL, INC	
3 TERRI LANE		Street Address	TRL, IRC	. /
ity, State, Zip Code		1123 BEAVER S	TREET	
BURLINGTON, NJ 08016		City, State, Zip Code	1	
oject Manager for Monitoring Fil	m	BRISTOI DE CO		
MICHAEL R. KEEHN	relephone	No. Telephone No.		
if Date (10)	609-386	5-6800 245 700 000	. Licens	
3 / 13 / 17	Scheduled Completion Da	te (11)   blance (20)	005	0S
	8/1/	17 BRISTOL ENVIRO	Wifeer.	
upancy Status During Abatemen	(Check only one)	Street Address	TENERIAL, INC	1
acility Closed/Vacated During En	ntire Period of Abatement	1122 PEAUS STOR		
batement Performed Outside of the me of Abatement: 4:00AM-12:3	normal Facility Hours - Desc	1123 BEAVE STRE	ET	1
	PINAM	City, State, Zip Code		
of Work (Check all that apply)		BRISTOL, PA 19007		
sf or ≥3 ff		Full Containment  Mini-Enclosure	with the	
0 sf or <u>&gt;</u> 260 ff	Demolition	Mini-Enclosure	with regative Pressure	e /
		S Glovebag Procedu	/re	1
	Is Location	Non-Exempted (°)	and Non-Friable Proce	dure
Location of stos-Containing Material (ACM)	Wormally Used Solely by	Description of		
TO BE ABATED	Waintenance/	Aspestos Containing Meterial (6.06)	n 1	Abatement Type
IN Facility	Custodial Staff?	Inc., incimal systems inculation	' amount	Enclosu Encapsu Repair
(13)	(12)	surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	nov.
	Yes No N/A	omer misdelleneous)	1	Enclosure Encapsulate Repair
A - LEVELS C & B	O O D PIPE	INSULATION		
I-LEVELS C & B			1016 LF	
· LEVELS C & B	5 5	OR TILE & MASTIC	43,057 SF	
	□ □ ☑ Packe	d fittings on fiberglass		
- LEVELS C & B		r pade on fiberglass	285 EA	M D D D
istered Waste Hauler	NJDEP Weste		40 EA	
TRANSPORT GROUP, INC.	Hauler ID No.	Cubic Yards of Name of Reg	istered Landfill	
	20990	MINERVA	LANDFILL	
LE, DE	1	Disposal Date City, State		
511 5		WAYNESE	URG OU	
Section on		Signature		
ESTI	MATOR	Bring le 1: 1	Date /	17/17
- /		MAILAM, IST. I.	.11 1 ,2/4	1119

Date of Notification (1)	(	Pursuant	to NJAC 8:60 and	5:16)		_
2 / 27	17	Name of	Building Owner/Oper TEES OF PRINCE	nta= (0)	TE G TO I II	Pg 2
Agencies Notified Type Noti	fication	Street Ad	dress	OR DRIVERSIT		
			M DRIVE	111	000	7//
1 = 1 = 1	eo ment # <u>1-3/27/17</u>	City, State			MAR 2 5 2018	1/1
LE DEA LE Emerge	ncy (including		TOK, KJ 08544		7	116
Justinical	ion)	Name of Co	المار الال المارو		La company of the com	1
☐ Cancella	tion		TORTEGO	777	Telephone Number	- O.
					609-258-1841	
Name of Facility Where Abatement is T	aking Place (3)	PAULLI	YIRFORMATION			****
PRINCETON UNIVERSITY - FIR	ESTONE LIBRAR	5 Y		Type of Facility (4		
Street Address				11 Schooler		
1 WASHINGTON ROAD				Subchapter 8 (I	Other than K-12)	
City (5)				homes, etc.)	Other than K-12) ale and commercial building	7s,
PRINCETON, NJ				Square Feet T:	4 - 6 5 :	1
County (6)	10	Ounty Code	(7) (0)	1,000,000 /	D. D	e
MERCER		cong code (	(7)(STATE USE ONLY)	Current Use (Prior if	being d	
Name of Monitoring Firm Hired by Building	Owner (8) ASC	M No.			BRARY	
ATC GROUP SERVICES LLC	1	0098	Name of Abatemen	Contractor to		
Street Address	1 00	nee	BRISTOL ENVI	ROHMENTAL, INC	~	
3 TERRI LAKE		1	Olicel Mooless		y.	
City, State, Zip Code			1123 BEAVER S	TREET		
BURLINGTON, NJ 08016		1	City, State, Zip Code			1
roject Manager for Monitoring Firm	17-1-1		BRISTOL, PA 18	507		
MICHAEL R. KEEHN	Telephone fi		elephone No.	11:-		1
art Date (10) Scheduk	609-386-6	8800	215-788-6040		nse No.	$\neg$
2 / 10	ed Completion Date		me of OSHA Monitor	005	508	
	_ / _ 1 _ / _	17   8	BRISTOL EKVIRO	WASERTAL WIT		$\dashv$
Supancy Status During Abatement (Check on	ly one)	Stre	eel Address	THE TAL, INC		
Facility Closed/Vacated During Entire Period	of Abatement	1 5	123 BEAVE STRE	Po		$\dashv$
ime of Abatement: 4:00AM-12:30PM/	lity Hours - Describ	e City	State, Zip Code	El		1
	_PINAM		rustol, pa 19007			_
e of Work (Check all that apply)			de loc, PR 19007			1
sfor≥3 ff	enovation		Full Containment  Mini-Enclosure	saith se		1
50 sf or ≥260 lf	molition		Mini-Enclosure	with Negative Pressu	re	1
		Į	Glovebag Procedu	/re	. 1	
Is	Location		Non-Exempted (*)	and Non-Friable Proc	edure	
Location of N	omnelly					
estos-Containing Material (ACM) Used TO BE ABATED Wain	Solely by As	bestos Conf	scription of aining Material (ACN	. 1	Abatement Type	
	sial Staff?	(i.e., inemal	SVStems insulation	mount	Enclos Encap Repair	
	12)	Sunac	ang. VAT. or	(Specify SF or LF)	Enclosu Encapsu Repair	
Yes	NO NA	other m	iscellaneous)	OF OF LF)	Enclosure Encapsulate Repair	
5 - LEVEL 1	1 M 6000					
- LEVEL 1	12 1.000		ELING PLASTER	6075 SF		
I EVEL 4		SULATION		200 LF	1=1=1=1	
- CEVEL 1	SPLINE	CEILING	TILES			
				4050 SF		
gistered Waste Hauler In	1100000	Out In V				
TRANSPORT GROUP, INC.	aular 150 ac	Cubic Yards Waste	1	istered Landfill		
	20990	··esic	MINERVA	LANDFILL		
TLE, DE	Į L	Disposal Date	City, State	- Help		
	1		WAYNESS	libe e		
(Print or Type) Title		Signature		UKG, OK	1	
AFIRO ESTIMATOR			n bed	Date,	nla	
- /		1 such	a Med.	1 1 12/0	116	

20 g %	NOTIF	CATION OF ASBESTO Pursuant to NJAC 8:60	S ABATEMENT
Date of Notification (1	)		
2 /	- 11	Name of Building Owner/C TRUSTEES OF PRIN	Operator (2) CETON UNIVERSITY
Agencies Notified  EPA £298	Type Notification	Street Address	
\$ DOLWD 2250	D Amended	200 ELL DRIVE	
DOK 2267	Amendment #	City, State, Zip Code	
ØDCAZE74	D Emergency (including	PRINCETON, NJ 0854	6
(NJAC 5:23-B)	justification)  Cancellation	Name of Contact	
	Lancellation	ROBERT ORTEGO	Telephone Number 609-256-1641
Name of Facility Where At	patement is Taking Place (3)	FACILITY INFORMATIO	OK TOO I BET
PRINCETON UNIVER	EISYT - FIRESTONE LIBRA	5v	Type of Facility (4)
Street Address	TONE LIBRA	Υ Υ	□ School (# + c)
1 WASHINGTON ROA	D	14-1-14-14-14-14-14-14-14-14-14-14-14-14	IN DUNCHON
City (5)			Other (i.e., private and commercial buildings, homes, etc.)
PRINCETON, NJ			Square Feel 14 - (5)
County (6)	16		1,000,000   g   5.09. Age
MERCER		ounty Code (7)(STATE USE ONL	Y) Current Use (Prior if being down in
Name of Monitoring Firm Hired	by Building Owner (B) Loca		I STATE OF THE PROPERTY OF THE
ATC GROUP SERVICES	110	M No. Name of Abater	neni Confrador (o)
free! Address	J DI	BRISTOL ER	AVIRONMENTAL, INC.
3 TERRI LAKE		Street Address	
ty, State, Zip Code		1123 BEAVE	
BURLINGTON, NJ 08016		City, State, Zip Co	
ject Manager for Monitoring Fi	rm Talant	BRISTOL, PA	19007
ICHAEL R. KEEHN	releptione f	profit leb.	License Wo.
f Date (10)	609-386-	2.0100-0040	66666
3 / 13 / 17	Scheduled Completion Date	The state of the left	nitor
	8 / 1 /	BRISTOL ENVII	ROHMENTAL, INC
pancy Status During Abatemen	of (Check only one)	Street Address	
cility Closed/Vacated During E atement Performed Outside of	Mornal Facility of Abatement		REFT
ie of Abatement: 7:00AM-3:3t	PM/PMAM	e City, State, Zip Code	
ACCOUNTS OF THE PROPERTY OF TH	KIN	BRISTOL, PA 180	367
of Work (Check all that apply)			
or ≥3 If sf or ≥260 If	☑ Renovation ☐ Demolition	El Ghushas Base	and and
7	Is Location	The state of the s	(°) and Mon-Frieble Procedure
Location of os-Containing Material (ACM)	Normally Used Solely by	Description of	Abstement Type
TO BE ABATED	Maintenenne	bestos Containing Material (A	
IN Facility (13)	Custodial Staff? (12)	i.e., thermal systems insulation surfacing, VAT, or	CM) Amount Repair Enclosure Specify SF or LF)
()	Yes No NA	other miscelleneous)	Amount Repair Enclosure
· LEVELS C & B		SULATION	Amount Specify SF or LF)  Amount Repair  Enclosure
- LEVELS C & B		TILE & MASTIC	1010 LF 🖾 🗆 🗆
LEVELS C & B		fittings on fibergless	43,057 SF 🗵 🗆 🗆 🗆
LEVELS C & B		seds on fibergless	265 EA 🗵 🗆 🗆
lered Weste Hauler	NJDEP Weste To		40 EA 🛛 🖂 🖂 🖂
RANSPORT GROUP, INC.		himoto	Registered Lendfill VA LANDFILL
E, DE	10	isposel Date   City, State	
			SBURG, OH
rint or Type) Title		Signature	
RO ESTI	MATOR	12.	) / n Daie/_/

	Pursuant to KJAC 8:60 and 5:16)
1	Name of Building Overeit
2 / 27 / 17	
Agencies Notified Type Notification	TRUSTEES OF PRINCETON UNIVERSITY
Ø EPA   ⊠ Initial	Street Address MAR 2 6 2018
Ø DOLWD □ Amended	200 ELM DRIVE
Ø DOH Amendment €	City, State, Zip Code
Demergency (include	PRINCETON, NJ 08544
(NJAC 5:23-8) justification	Name of Contact
- Caricellation	ROBERT ORTEGO Telephone flumber
Name of Escilla 1611 - 12 A	FACILITY INFORMATIONS 609-256-1641
Name of Facility Where Abatement is Taking Place (3)	- The state of the
PRINCETON UNIVERISYT - FIRESTONE LIBRAR Street Address	Type of facility (4)
	School are
1 WASHINGTON ROAD	
City (5)	Other (i.e., private and commercial buildings,
PRINCETON, NJ	Square Feet # of 5
County (6)	WOIFIOOIS DI
MERCER	unity Code (7)(STATE USE ONLY)   Current Use (7):
Name of Monitoring Firm Hired by Building Ower 19	I WIVEDO
A TO GROUP SERVICES LLC	Name of Abatement Contract
Street Address 000	BRISTOL EHVIRONMENTAL, INC.
3 TERRI LANE	Street Address
City, State, Zip Code	1123 BEAVER STREET
BURLINGTON, NJ 08016	City, State, Zip Code
roject Manager for Monitoring Fin	BRIETOL BOLGOOD
MICHAEL R KEEUM	Telephone II
508-386-88	66
Scheduled Completion Date (5	(1) III (Incept
	The of Oshk Monitor
The state of the s	THE COLUMN ENTAL INC
EVILLY CIDSED/Varafed During Entire D	Street Abbress
	1123 BEAVE STREET
PM- AM	City, State, Zip Code
of Work (Check all that apply)	BRISTOL, FA 18007
for >2 K	
lefor >260 %	Full Containment with Negative Pressure
Demolition	Di Clarat - m
(6)	Signature  Signature  Signature  Signature  Signature  Signature  Signature
Location of Normally	( ) and Non-Frieble Procedure
tos-Conteming Material (ACM)   Used Soleti L.	Description
Meintenance/ Aspes	105 Containing Mesocial (4.00)
IN Facility Custodial Staff? (i.e.,	" THE BYEIGHT MENTONIA I AMOUNT IN IN IN IN
(12)	Surfacing, VAT, or (Specify ) Of Color miscellaneous) SF or LF)
I EVEL C	2   2   4
D D ACOUSTIC	CAL CEILING PLASTER COST CO
LEVEL 1	CAL CEILING PLASTER 6076 SF FOR FOR
EVEL & PIPE IRSU	LATION
	ILING TILES
	COEN CO
ered Waste Hauler	
RANSPORT GROUP, INC.   NJDEP Weste   Cubi	ic Yards of Name of Registered Landfill
20990 West	
	MINERVA LANDFILL
	and, design
int or Type) Title	WAYNESBURG, OH
RO ESTIMATOR SI	gnature
-10x 3H	The land to pate /

# OK 500018 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	P		Name o	Name of Building Owner/Operator (2)											
03/09/2018		<b>美夏夏</b>	River	Vale Church	EC				1						
Agencies Notified	Type of Notifica	ation	Street A	ddress				111	111						
( ) EDA	/ V) I=:4:=1 N		1 000	New Street	HIII MAR	26	2018	1 1							
( ) EPA	( X) Initial N		City, Sta	ate, Zip Code	711 741 WIN				1						
(X) NJDEP	( ) Amend				- L			المعدد	ţ						
(X) NJ DOL		ment #		Vale, NJ 07675	knes =				1						
(X)DOH		ency (includi	1.1.2.1.1.2	f Contact	'Tel. Num			verse .	2.2						
( ) DCA	justifica ( ) Cancel		Erik I	<b>Martin</b>	(201)2	48-60	00								
	( ) Cancer		ACILITY INFOR	MATION											
Name of Facility Where Abateme	ent is Taking Place			Facility (4)											
River Vale Community C		107		( ) School (K-12)											
Street Address	Silaron			( ) Subchapter 8 (other than K-12)											
600 New Street			(X ) Otl	(X ) Other (i.e. private & commercial bldgs., homes, etc.											
	C(C)	I C	Entire B	Entire Building: Sq. Feet: ~9,000 # of Floors 2 Bldg. Age 80											
<u>City (5)</u>	County (6)	County Code (State Use O													
River Vale	-	Totalo coo o	Curren	Current Use (if being demolished):											
	Bergen														
Name of Monitoring Firm Hired by	y Bldg. Owner (8)	ASCM No.		Name of Contractor (9)											
N/A		N/A	Indust	Industrial Safety & Environmental Solutions, Inc.											
Street Address				Street Address											
N/A				Hudson Avenue											
City, State, Zip Code			19255500 000	City State, Zip Code											
N/A				Union City, NJ 07087  Telephone Number  License Number											
Project Manager for Monitoring	Telephone N	umber		ne Number	(3)			lumber							
Firm			(201)3	(201)325-0055 01124											
N/A	0.5.1.1.1.0		(44) N	COLLA M:4											
Scheduled Start Date (10) 03/19/2018	04/27/20	ompletion Date	ISES, I	OSHA Monitor											
Occupancy Status During Abater			Street A	NO. 600											
( ) Facility Closed/Vacated Du	iring Entire Period	of Abatement		Hudson Avenue											
( ) Abatement Performed Outs	side of Normal Fac	lity Hours -													
(X) Other - Describe: Work in unoccupied space				City, State, Zip Code											
				City, NJ 07087											
Source of Work (Check all that ap	pply) (	) Demolition	(	( X ) Renovation											
( ) Minor Project (< 25 SF	For < 10   F ACN	1)	1	( X ) Full Containment with Negative Pressure											
( ) Small Project ( >25 <16			(	) Mini-Enclosure	viiii riogativo i roc	Joure									
( X ) Large Project (>160 SI			ì	) Glove-bag Proced	ure										
			(	X ) Non-Exempted (*)		Proced	lure								
Location of Asbestos-	Is Location Norr			ription of ACM	Amount (Specify	P	Abateme	nt Type	:						
Containing Material (ACM) To be Abated in Facility (13)	Solely by Maint Custodial Sta			al systems insulation, or other miscellaneous.)	SF or LF)										
To be Abated III acility (13)	Custodiai Sta	1111 (12)	surfacility, VAT	or other miscenaneous.)		R	70	Encapsulate	En						
	YES NO	N/A				Remova	Repair	aps	Enclosure						
						Ova	ar ar	ulai	sure						
		1				-		0	L CD						
1 <sup>st</sup> floor	X		Floor Tile an	d associated Mastic	~ 4525 SF	X									
2 <sup>nd</sup> floor	X		Floor Tile		~ 3157 SF	X									
Basement (Pastor's)	X		Mastic		~ 600 SF	X									
Name of Reg. Waste Hauler		Waste Hauler		Cubic Yards of Waste	Name of Reg. Lar	ndfill									
Atlas Disposal Options, Inc. 50452				30	Grand Central	Sanita	ation								
2 Mas Disposar Options, me. 30432				1963 Pen Argyl Road											
				isp. Date City, State											
			04/27/2018 Pen Argyl, PA 18072												
Completed by (Print or Type)	0.12				<u>Date</u>										
5		.	//a=1	man	03/09/2018										
David Camacho	Project Sur	ervisor	-014114C												

page 1

S & Q proj. #:	PAI 2018-74		(Pursuan		estos :60-7	- 1	. 11	Check #				11.7 11. 10. 19.	1000
Date of Notification		Name o	f Building Owns	r/Operator (2)			i.		1				The state of the s
10 13 1/119			iton Public \$	chools			17	171		- :-			المسا
Agencies Notified   EPA	Type Notificatio	n Street A	ddress				-					-	10.50
	E inter	434	Lathrop Ave	nue		\\ \Variable \text{Variable}	1/ 57			-		2 "	T
DEP			ite, Zip Code			<u> </u>			ar is ordered				
₩ DOL	Amendm	eni Boo	nton, NJ 070	105									
E DOH		11	Contact			Commence of the commence of th		Talaphone	Number				
DCA	Cancels	Ste	ven Gardber	g, Business	Adm	in/Board Secret	ary_	973-335	9700	: 800	3		
	***************************************		FACI	LITY INFORMA	ATION	l .				-			
Name of facility wit	el insmetpda erar	taking place (3)					LAB	e of Facility (4)					
Baonton High	School			10				Sencol					
Street Address	Concor			and the state of	-	-		Subchar				2)	
308 Lethrop	huanua.		3/2					. Bidgs./H	omes, etc	È.	2100		
	JAGILIA						100000	vare Feet   #	of Figure			g. Age	)
City (5)		County (6)			1000000	nty Code (7) te use only)		one 2	a M h alam		90 Walana		
Boonton		Morris			(01/0	ac asc only)	130	chooj ene inut	r it being	qemq	Mersed	1)	
Name of Monitorin				ASCM No.	$\Box$	Name of Abateme	-	THE PARTY NAMED AND ADDRESS OF			-		Auto-Common or Auto-C
Detail Enviro	nmental Serv	COS		0012		B&G Restor	ution,	Inc.					
Street Address						Street Address							
300 Grand #						105 Ryerson			/				-
City, State, Zip God	ie NJ 07631-435	55				City, State, Zip Co. Lincoln Parl		17025					
Project Menager fo			I Phone Numb		-	Temphone Number	1424	11000	License	ปแสาดิ	100		-
Nadine Beli	2000007		973-616-4			(973)696-6	69			378			
Scheduled Start Da		"ISchad Con	pietion Date (1		-	Name of OSHA N			S. STATESTICS			A STATE OF STATE	
	ese (10)	03/26/20		•1		B & G Restr	ation,	Inc.				-	-
03/22/2018						Street Address							
Occupancy Status	During Abatemer d/vacated during					105 Ryerson Chy, State, Zip Co				-	-		
Abelement	enformed outside Start: 2:00 p.m	of normal facility	L hours-			Cry, acre, asp co	8						
Describe:	ibe: Occupied	ISSCOTIO SHI	(FU)			Lincoln Park	N. D	7035					
Scope of Work (c		)		-			COLUMN TOWN				SECURITION S.	-	
	e					Full Containment wi	eg:tiv	e pressure	Glovet	nag pro	ocedu	re	
<b>⊠</b> >3 sf or >3	f 🗆	≥180 af or ≥260	19		K	Mini-endosure			] Non-fr	iable (	119090	lure .	
Location of			mally used solel	Y			7			R	R	E	E
asbestos-co		by maintenant staff(12)	e/custodial			asbestos-containini)		Amount (Specify S	2 44	e	9	n c	п
material to t abated in fa			No N/A	- material	(ACM	)		(Apacity Si	r or	0 >	8	a	L
		100						<u> </u>		0	1	9	
Electrical Room		Li Li	X			Insulation / VAT		8 W 50 W		K	믁	1	#
Trainer's Room	)		× ×	elbows / p	The same of the sa	-	5 If / 40 If 4 If / 10 If			井	-	-	
Locker Room Drying Room			K	elbows / I	Andrew Control			411716			1	H	#
Athletic Direct	ors Office			ALC: NAME OF TAXABLE PARTY.	THE REAL PROPERTY.	The state of the s		4 If / 40 If		IN IN	H	F	
Registered Weste	Hauler	N 430FW	aufer ID#	CUBIC Yards of	Masic	Name of Register		ad fil		.,	ined.		
B & G Reston	ation, inc.	1958		5			n Re	source & Re	covery	Cen	ler		
City, State Lincoln Park,	NJ		Disposal 03/22	Date 2/18-03/26/1	8	City, State Tully tov	1. 1.4						
Completed by (Pr		Title		Signature			100011000		Date	-		No. H	
Gordana Lun		Secretary/T	ressurer			Gerdana Lac			03/1	9/20	18		

#### State of NJ

Notification of Asbestos Abatement

B & G proj. #:	2018-74		(Pursuant to NJAC 8:60-7 and 12:120-7)  Emergency Sub chapter 8  Check # 8874													
Date of Notification	(1)	111	Jama of Bu	ildina Oun	er/Operator (2	`	- · · · · · · · · · · · · · · · · · · ·	1100				TO PRINCE				
10 13 1/11 19				Public S		)		- Commence of the commence of	MAI	9 2 6 2	2018	The see that the		741		
Agencies Notified EPA	Type Notificat	ion   S	Street Addre	ess							See Illeren			2000		
DEP	X Initial			hrop Ave	enue				Fig. 1.			_ (šc				
X DOL	Amenda		Dity, State, 2 Boonto	n, NJ 07	005						4 - 1d5	*	·			
X DOH		- 11	lame of Cor	ntact					Telepho	ne Number						
☐ DCA	☐ Cancella	ation	Steven	Gardbei	rg, Business	Adr	min/Board Secreta	ary	973-3	35-9700	x 80	03				
				FAC	ILITY INFORM	IATIO	N									
Name of facility wh	ere abatement i	s taking pla	ace (3)						of Facility							
Boonton High	School								_	ol (K - 12) hapter 8 (O	ther t	han K	-12)			
Street Address										(Private/Co			,			
306 Lathrop A	venue							Cave		./Homes, e		DI.	dg. Ag	20		
City (5)	<del></del>	Cou	nty (6)	-		Co	unty Code (7)	50,0	are Feet 00	2	S	90	ig. As	30		
Boonton		Mo	orris			1 V5/50/6	State use only)  Current Use (Prior if being demolis									
Name of Monitoring	r Firm Hirad by				ACCM No	L.,	Name of Abatemen	School								
Detail Enviror			ei (b)		ASCM No. 0012											
Street Address						-	B & G Restore Street Address	tuon, in	C.		_					
300 Grand A	venue						105 Ryerson	Road								
City, State, Zip Code		<i></i>					City, State, Zip Code		***************************************	10300000						
Englewood, I	15:			_	Lincoln Park,	NJ 07	035									
Project Manager for Monitoring Firm  Nadine Bello				none Numb 73-616-46			Telephone Number (973)696-68	69		License 00	Numb	per				
Scheduled Start Dat		Sched	d. Completic		A CONTRACTOR OF THE CONTRACTOR	Name of OSHA Mor										
03/22/2018		03/2	25/2018				B & G Restora	ation, Inc.								
Occupancy Status D	During Abatemer	nt (Check o	only one)			_	105 Ryerson F	Road								
Facility closed	/vacated during	entire peri	od of abate				City, State, Zip Code		-	(1000)						
Abatement pe Describe: St	erformed outside art: 2:00 p.m	of normal . (secon	facility hou d Shift)	rs-		_										
	e: occupied					_	Lincoln Park,	NJ 07035								
Scope of Work (che										_						
	×	Renovation				110-21-0	Full Containment w/ne	egative p	ressure	Glove	10000					
>3 sf or >3 lf		≥160 sf or				×.	Mini-enclosure			Non-fr	I R					
Location of asbestos-con	taining	by mainte	n normally enance/cus			on of	asbestos-containing		Amount		е	R	E n	E		
material to be abated in faci	1	staff(12)		T	material				(Specify	SF or	m o	p a	c a	n		
abated in faci	iity (13)	Yes	No	N/A					LF)		v e	i	р	L		
Electrical Room				X	4		nsulation / VAT		8 lf/ 50 lf	/ 132sf	X					
Trainer's Room				X	elbows / p				5 lf / 40 l		X			旦		
Locker Room Drying Room				X	THE RESERVE OF THE PARTY OF THE	elbows / pipe insulation			4 lf / 10		X		블	4		
Athletic Director	e Office			X	elbows / p				4 lf / 7 lf 4 lf / 40		X		님	1		
Registered Waste H	auler		EP Hauler I	ID# C	elbows / public Yards of \		Name of Registere			-	X		Ц.			
B & G Restorat	ion, Inc.		19563		5		Tullytowr			ecovery	Cen	ter				
City, State Lincoln Park, N	IJ			Disposal D 03/22	0ate /18-03/26/1	8	City, State Tullytown	, PA								
Completed by (Print Gordana Luna	or Type)	Title	rv/Treasi	irer	Signature		Cordana Luna			Date	100	0				

UK2501

PAID

Date of Notification 3-20-2018	(1)			Name	of E	Building	Owner / Operato TWO 2015 LLC	or (2)		MAR :	9 6 1	2010	-	
Agencies Notified	Type Notific	ation		Stree			1 VVO 2015 LLC			WHI.	40 0	2010		17
⊠ EPA	_						ck Road, Suite	200			-			
☐ DEP ☐ DOL	Initia					& Zip			1		17.70	dy.lv	i. &	
☑ DOL ☑ DOH		nded rgency				e, NJ 0 Contact			<u> </u>	TT.	elepho	no N	unah	
DCA		cellation		David							ell 20			
		Station Co.		F	ACII	ITY INI	FORMATION							
Name of Facility Wh	nere Abatem	ent is Taking P	lace (	3)	TOIL		Type of Facil	lity (4)						
Sharon Apartments	<ul><li>Building #</li></ul>	2					School (	(K-12)						
Street Address 34 State Street							Subchar	pter 8 (Other ti	han K-12)					
54 State Street							Other (i. Square Feet	e. private & co					tc.)	
City (5)		County (6)	Co	unty (	Code	(7)	27 255	5	OOIS	BIG	lg. Ag	91		
Teaneck, NJ 07666		Bergen				(.,		(Prior if being	demolishe	ed)		01		
Name of Maria	<del></del>				-		Apartment B		p.					
Name of Monitoring Health and Safety S		by Building Owi	ner (8)		AS	SCM No	1.000	atement Contra anagement Gr						
Street Address	0.1.000		100				Street Addre		oup, LLC					
P.O. Box 365								on Ave, Suite 2	202				n equal	
City, State & Zip Co Berlin, NJ 08009	de						City, State &							
Project Manager for	Monitoring F	irm	Teler	hone	Nur	nher	Trenton, NJ (		Lio	ense Nu	mhor			
Mr. Jim Proctor			856-4	152-1	311		609-914-427		LIC	ense Nu	0118	5		
Scheduled Start Dat 4-3-2018		Scheduled Cor	npletio		te (1	1)	Name of OSI	HA Monitor mental Labora	tories Inc					
Occupancy Status D	uring Abater	ment (Check o	nly one	e)			Street Addres		101100, 1110.					
☐ Facility Clos ☐ Abatement F	ed/Vacated I	During Entire P	eriod	of Aba	atem	ent	2333 Route 2							
Describe:	2eпогтеа ац 8:30am – 5:0	uring Normal H	ours:				City, State & Union, NJ 07							
☐ Facility Occu	upied During	Abatement					0111011, 143 07	003						
Scope of Work (Che	ck all that ap	oply)												
≥3 sf or ≥3 lf			$\boxtimes$	Don	ovat	ion			ontainment nclosure	with Ne	gative	Pres	sure	)
≥160 sf ≥260			Ä		noliti				nciosure Bag Proce	dures				
	507.670 								xempted a		riable	Prod	cedu	ire
	cation of			Locati			Description	n of	Amo	ount		teme		
	os-Containin erial (ACM)	g		nally lolely b			Asbestos-Con Material (A			ecify			-	
	E ABATED			tenan		r	(i.e., thermal s		SF o	rlr)	Re	Z	Enc	Encl
in	Facility		Custo	odial S	Staff	?	insulation, surface	cing, VAT			Removal	Repair	aps	los
	(13)		Yes	(12) No	N/A		or other miscell	laneous)			val	₹.	Encapsulat	losure
Boiler				П	N//		er Insulation		226	OF				
Dollor			$\dashv$	H	H	Dolle	rinsulation		223	SF		님	+	
			H	Ħ	H	1					ㅐ	뉘	H	H
			Ħ	Ħ	Ħ						Ħ	H	H	H
Name of Registered	Waste Haule	er				Waste ID No.	Cubic Yards	Name of Reg	gistered La	ındfill				
Resource Managem	ent Group, L	LC			uier 3521		of Waste TBD	Grows Landf	fill					
City, State	energia de la composition della composition del						Disposal Date	City, State						
Trenton, NJ 08619							TBD	Morrisville, P	PA					
Completed By (Print	or Type)			Titl		48	Signature	-			Date			
Mr. Brian Haney				Pre	eside	ent	1				03-20	-2018	3	2
							1							



Date of Notification (1	)	Job	#: 969:	2.01	Name	e of Build	ding Owne	r/Operato	r (2)	110			_		- 11	1 11
February 9, 2018	50						as Health	. o potato	. (-/		State of the state	MAR 2	8 2	2018	OS-Invest	U
Agencies Notified	Notificati	on Type				t Addres			12.00	1	-				1 1	cassa <sup>2</sup>
⊠ EPA	□ l=:4:=1	N-4:64			One	Hamilto	n Health F	llago			L	r in the same			لمسا	
Ø DEP			ion			State, Zi		race			Pierto	Essa d Light	f 1 44 ,	- 6	· Č	_
⊠ DOL	Am	endmen					*************				there is the			ware.		<b>4</b> ·
□ DOH □ DCA			cluding			ilton, NJ e of Con				-60		Telepho	ne Nu	mher		
	Tuary 9, 2018  Incies Notified  Incies Notified  Initial Notification Type  Initial Notification  Initial Not						57/558					relepito	110 110	111001		
	ary 9, 2018 es Notified Notification Type    Initial Notification					is Rudl						609-584	-6570			
Name of Facility Who	Initial Notification Type  Initial Notification  Amended  Amendment#02  Emergency (including justification)  Cancellation  Ity Where Abatement is Taking Place (in Johnson University Hospital)  In Health Place  Ity Where Abatement is Taking Place (in Johnson University Hospital)  In Health Place  Ity Where Abatement is Taking Place (in Johnson University Hospital)  In Health Place  Ity Work and In Johnson University Hospital  In Health Place  Ity Work and In Johnson University Hospital  In Health Place  Ity Work and In Johnson University Hospital  In Health Place  Ity Work and In Johnson University Hospital  In Health Place  Ity Work and In Johnson University Hospital  In Health Place  Ity Work and In Johnson University Hospital  In Health Place  Ity Work and In Johnson University Hospital  Ity Check only on In Johnson University Hospital  Ity Check all that apply)  If Is Location  Normally Used  Solely by Maintenance/  Custodial  Staff?  (12)  Yes No N/				FAC	ILITY IN	FORMATI	NC	1 +							
	ary 9, 2018 es Notified  Notification Type  Initial Notification  Amended  Amended  Amendent#02  Emergency (including justification)  Cancellation  Of Facility Where Abatement is Taking Place  Wood Johnson University Hospital  Address  amilton Health Place  On  (6)  County  of Monitoring Firm Hired by Building Owner on Labs  Address  eet Road  ate, Zip Code  em, PA 19020  Manager for Monitoring Firm Telephon  I Panepresso  led Start Date (10) Scheduled Company Scheduled Comp									e of Fac						
Street Address	ary 9, 2018  ies Notified  A				1-2115					School (	K-12) oter 8 (Ot	her than	K-12)			
One Hamilton Health	cies Notified    Notification Type										e. private				lings,	
City (5)	i i iace									nomes,		. =:		DII		
Hamilton									25,0	are Fee	t #0	f Floors		50 y	. Age	
County (6)					Coun	tv Code	(7) (STA	TF	1000000		(prior if	heina de	molish		<u> </u>	
Mercer County						ONLY)	(.) (	_	Hos		(pilot ii	being de	1101101	iou)		
	irm Hired b	y Buildir	ng Own	er (8)	ASCM	No.	Name of	Contracto		pitai						
Criterion Labs								roup Ren		on Inc						
Street Address							Street Ac		iculati	011, 1116.						
400 Street Road							1400 Ad	ams Road	d. Suite	e I. P.O	Box 6					
City, State, Zip Code							City, Stat	e, Zip Co	de	.,						
Bensalem, PA 19020							Bensale	m, PA 19	020							
Project Manager for M	Ionitoring F	irm	Teleph	none Nu	mber		Telephor	e Numbe	г		License	Number				
Michael Panepresso			215-24	14-1300	Ext 26		215-533-	3503			00858					
Scheduled Start Date	(10)	Sched	uled Co	mpletio	n (11)		Name of	OSHA M	onitor		00000					-
March 29, 2018		April (	3, 2018	3			Criterion	Labs								
Occupancy Status Du	ring Abate	ment (Ch	neck on	ly one)			Street Ac	dress								
☐ Facility Closed/Vac	ruary 9, 2018  Initial Notification Type  PA		of Abate	ement		400 Stree	et Road									
☐ Abatement Perform	ned Outsid	e of Nori	mal Fac	ility Hou	ırs -	233	City, Stat	e, Zip Co	de							
	Work area	to be va	cated di	uring en	tire abate	ment.	Bensaler	n, PA 190	020							
Source of Work (Chec	k all that a	pply)														
				⊠ Re	novation		1	☑ Full Co	ntainm	ent with	Negativ	e Pressu	re			
≥ 160 sf or > 260 lf				☐ De	molition		[	☐ Mini-Er	nclosur	e						
								Gloveb Non-Ex			d Non-Fr	ishle Dro	cedur	-		
			10. 10						Cilipie	u ( ) an	d Non-i i	iable i io	Cedui			
															ement	
						De	escription of	of			Amount	ŀ		17	/pe	
		Ma	aintenar	nce/		stos Cor	ntaining Ma	terial (AC			(Specify	/			m	
	<u>-D</u>	1 '			(i.e		al systems acing, VAT		,		SF or LF	-)	Re	D D	Encapsulate	Enc
							miscellane						Remova	Repair	sde	Enclosure
								₹¥					<u>8</u>	=	ulato	ure
		Yes		N/A											CD	
Radiology - X-Ray Rr Work Room	n 1 -Side		Х		Floor T	Tile				160			X			
TVOTK (COOM	me of Facility Where Abatement is Taking Plate bert Wood Johnson University Hospital eet Address  the Hamilton Health Place  (5)  milton unty (6)  recer County  me of Monitoring Firm Hired by Building Owner terion Labs eet Address  Distrect Road (7), State, Zip Code (8), State, Zip Code (9), State, Zip Code (10), Scheduled Co (10), April 03, 2018 (11), Scheduled Co (11), April 03, 2018 (12), Scheduled Co (12), April 03, 2018 (13), State, Zip Code (14), State, Zip Code (15), State, Zip Code (16), State, Zip Code (17), State, Zip Code (18), Scheduled Co (19), April 03, 2018 (19), Scheduled Co (10), April 03, 2018 (10), April 03, 2018 (11), Scheduled Co (10), April 03, 2018 (11), Scheduled Co (10), April 03, 2018 (12), Scheduled Co (10), April 03, 2018 (13), Scheduled Co (10), April 03, 2018 (13), April 03, 2018 (14), Scheduled Co (15), April 03, 2018 (16), April 03, 2018 (17), April 03, 2018 (18), Location (19), April 03, 2018 (19), April 03,											-				
Name of Reg. Waste L	Jaular		l NI	IDEDIA	lasts	Cubia	Vanda	Mana	(D	1100						
rvaile of rieg. waste i	laulei		11 12686	auler ID		Cubic of Was		Name o	it Reg.	Landfill						
	liation, Inc		0 2007		100	1				s Com	munity L	andfill (I	DEP#	10073	9)	
City, State						Dispos	al Date	City, St								
Bensalem, PA	7	-				04/03/2		Birdsb	oro, PA	4						
	1,000	151 				<	Signature			1		Date				
Vincent Primavera SB-41	Pro	oject Ma	nager								)	Mar	ch 19	, 201	3	

1110	0.20	
MAH	26	2010
	-	4018

Date of Notification (1)	A BEE				151					that lad	MAH	26	201	18	4	UI.
03 /	19 /	10						wner/Operator	r (2)		l				16	med
		18			PI	inceton l	Jniv	ersity/	1		Action			. Prophy	_[	Te Total
Agencies Notified	Type Notific	cation				et Address					a secretary to	Telling.		()	4	1
☑ DOLWD		d				acMillan I							77. ~			572
⊠ DOH	Amenda	9501			1	State, Zip										
☐ DCA	☐ Emerger	ncy (ind	cludin	g	Pr	inceton,	NJ (	08543								
(NJAC 5:23-8)	justificat				12/02/07/09/09/09/	e of Contac	1000				Telephone	Numbe				
	☐ Cancella	ation		Marine -	Ry	an Dicke	rso	n			609-258	-6911				
					FA	CILITY IN	NFC	RMATION								
Name of Facility Where A		Taking	Place	e (3)					Type of Fa	cility (4	1)					
Springdale Apartme	ents								☐ School	(K-12)						
Street Address									Subcha	pter 8	Other than	K-12)	l b			
53-59 College Road	West								homes,	etc.)	vate and cor	mmercia	ud II	Haing	IS,	
City (5)			71014-101						Square Fee	et	# of Floors	S	Blo	lg. A	ae .	
Princeton	Ti .								7,000		3 :			0		
County (6)					Cou	nty Code (7	7)(\$7	ATE USE ONLY)	Current Us	e (Prio	r if being de	molishe	d)		100	
Mercer									Faculty							
Name of Monitoring Firm I		ding O	wner	(8)	ASCM	No.	Na	ame of Abaten								
TTI Environmental,	Inc.						;	Shade Envir	onmental, l	LLC						
Street Address							St	reet Address								
1253 N. Church Stre	et							623 Cutler A	venue							
City, State, Zip Code							Cit	ty, State, Zip C	ode							
Moorestown, NJ 080							1	Maple Shade	e, NJ 08052							
Project Manager for Monitor	oring Firm			Te	ephone	No.	Те	lephone No.			License No	0.				
Michael Keehn				8	56-840	0-8800	8	856-755-009	9		00842					
Start Date (10)	8				etion Da		Na	me of OSHA!	Monitor						-	
04 /02 / _	18	08	3_ /	0	3 /	18	E	EMSL Analy	tical, Inc.							
Occupancy Status During							Str	reet Address								
☐ Facility Closed/Vacated	During Entir	re Peri	od of	Abate	ement		2	200 Route 13	30 North							
Abatement Performed (	Outside of No	ormal F	acility	/ Hou	ırs - Des	scribe		y, State, Zip C						-		
Time of Abatement:	AM	PM/	/	_PIV		AM	1 3	Cinnaminso								
Scope of Work (Check all t	hat apply)								,							
≥3 sf or ≥3 lf		r	⊠ Re	20110	lian.			☐ Full Con	tainment with	Negat	ive Pressure	е				
≥160 sf or ≥260 lf			De					☐ Mini-End	closure g Procedure							
				74.51.762.538				☐ Non-Exe	empted (*) and	d Non-I	Friable Proc	edure				
				Loca									Abat	teme	nt Ty	vpe
Lecation of Asbestos-Containing M		,		lorma	ally ely by	ļ		Description a		ŀ		-	T			
TO BE ABAT		,			ance/	Asbes	the	Containing Ma ermal systems	insulation		Amount (Specify		Removal	Repair	nca	nclo
IN Facility			Cust	odial (12)	Staff?	(,,,,,		surfacing, VAT			SF or LF)		2	=	Encapsulate	Enclosure
(13)			Yes	No.	N/A		otl	her miscellane	ous)		5-16 SSN-2316.*				late	e
Throughout Building 5	3-59	-		$\boxtimes$		Pipe Ins	ula	tion		+	2,560 LF	:	3 1	$\dashv$	$\Box$	П
Throughout Building 5	3-59	[		$\boxtimes$		Sheet Fl		**************************************	111	-	1,280 SF	-				
Throughout Building 5	3-59	]		$\boxtimes$		Wall Ad				-	970 SF			7		
Attic Building 53-59		. [		$\boxtimes$		Attic Ve	rmi	culite		-	2,600 CF		-	=		
Name of Registered Waste	Hauler				JDEP V			oic Yards of	Name of R	egister			74   1			Ш
Freehold Cartage					lauler IC	No.	Was	ste	1	207	h Landfill					
City, State					15939			40 posal Date		- 11011	Landini			-		
Freehold, NJ							0.00	8/03/2018	City, State	:11	٨					
Completed By (Print or Type	2)	Tiels					00		Morrisv	ille, P	Α					
Christina Lynch	-)	Title	0 D=-	اء: ما	n4 - 5 -	)		Signature	1 =-	)		Date		1	9	
SP 44		VIC	e Pre	SIGE	TIL OT C	peration	S	()MX				31	9/	18		



Date of Notification (1)				Mon	f D	- 0	10	- 11-41				111	111
03 / 19 /	18				e of Buildin inceton U		ner/Operator	(2)	1187)	2 E 20	18		]][
		-					isity		MAG	Z E 20	10	i home	
Agencies Notified Type Notif  ☐ EPA ☐ Initial	ication				et Address			i			100		
☑ DOLWD ☐ Amend	ed				acMillan E		ing			2 6 10		iš	1
☑ DOH Amend				15	State, Zip (							- 8	5
DCA Emerge	ency (inclu	uding			inceton, N		3543	- H-7					
(NJAC 5:23-8) justifica ☐ Cancel				1000000000	e of Contac				Telephone	Number			
Caricer	ation			-	an Dicker			-	609-258	8-6911			
Name of Equility Minary Alexander			uma-	FA	CILITY IN	VFOR	MATION						
Name of Facility Where Abatement is	Taking P	lace (3	3)					Type of Facility					
Springdale Apartments Street Address								School (K-12	)				
								☐ Subchapter 8 ☐ Other (i.e., pr	(Other than ivate and co	K-12) mmercial	huildir	nas	
63-65 College Road West								homes, etc.)		minorolai	Dullull	.g.,	
City (5)								Square Feet	# of Floors	S	Bldg.	Age	
Princeton								6,600	3		70		
County (6)				Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being de	molished	)		
Mercer								Faculty Hou	sing				
Name of Monitoring Firm Hired by Bu	ilding Owi	ner (8)	1	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
TTI Environmental, Inc.						S	hade Enviro	onmental, LLC					
Street Address		recessor.	= = = V.O			Stre	et Address			212 011			
1253 N. Church Street						62	23 Cutler Av	enue					
City, State, Zip Code						City,	State, Zip Co	ode -					
Moorestown, NJ 08057						M	aple Shade,	NJ 08052					
Project Manager for Monitoring Firm		17	Telep	hone	No.	Tele	phone No.		License N	0.			
Michael Keehn			85	6-840	-8800	85	6-755-0099		00842				
	Schedule					Nam	e of OSHA M	onitor				-	
04 /02 /18	08	_ / _	03	_ / .	18	E	/ISL Analyti	cal, Inc.					
Occupancy Status During Abatement						Stree	et Address						
Facility Closed/Vacated During Ent	ire Period	of Ab	atem	nent		20	0 Route 130	) North					
Abatement Performed Outside of N	lormal Fa	cility H	ours	- Des	cribe		State, Zip Co						
Time of Abatement:AM	PM/_	F	PM		AM	10000	nnaminson						
Scope of Work (Check all that apply)								,			-		
≥3 sf or ≥3 lf		Done	.atia	22			Full Conta	ainment with Nega	ative Pressur	е			
≥160 sf or ≥260 lf		Renov					☐ Mini-Encl	30 P. S.					
								npted (*) and Non	-Friable Prod	edure			
		Is Lo									batem	ent T	vne
Location of Asbestos-Containing Material (ACI	. 1	Nor Used S	mall				Description of				1	T"	1
TO BE ABATED	VI)	Mainte					ontaining Mat nal systems in		Amount	em	Repair	nca	nclo
IN Facility	C	ustodi		taff?	(1.0.		rfacing, VAT,		(Specify SF or LF		=	psu	Enclosure
(13)			2)				er miscellaneo					Encapsulate	9
	Ye		10	N/A								,,,	
Throughout Building 63-65					Pipe Ins	ulatio	on		1,704 LF				
Basement Building 63-65					Floor Til	le and	d Mastic		620 SF	×			
Throughout Building 63-65			]		Sheet FI	loorir	ng		275 SF				
Throughout Building 63-65				П	Wall Adi	hesiv	e		560 SF	×	П	П	П
Name of Registered Waste Hauler		-		DEP V	Vaste	Cubic	Yards of	Name of Registe			ТП		ш
Freehold Cartage			Ha	uler ID	No.	Waste	Э	GROWS No					
City, State		Les By Zell	1	5939		240 Dispo	sal Date	City, State			-		
Freehold, NJ							03/2018	Morrisville,	ΡΔ				
Completed By (Print or Type)	Title					10000000		orrisvine,					
Christina Lynch		Proci	den	t of C	perations	11/1/2	Signature	X		Date		)	
	7100		GUII	· OI C	Perations	3	MINDO	UX		3-19	111		

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The same	ATT		NO					8:60 and 5:1		IN B		7 L [22]	Veli Ligg	17	74 [13
Date of Notification (1)	<b>一</b> 有 放 /				Nam	e of Buildin	na O	wner/Operator	(2)	111111111111111111111111111111111111111	(0)			13	157
03/	19 /	18	3		15 5-27m	inceton L			(2)	A COLUMN TO THE PARTY OF THE PA	MAR	6 /		110	- Proposition of
Agencies Notified  EPA	Type Notif	ication			Stree	et Address				14 14	MAI	/ 1	_4	H6-	- 11
☑ DOLWD	☐ Initial	o d			Ma	acMillan E	Buil	lding							
☑ DOH	Amend	50.50			City,	State, Zip	Cod	le		! Acus				**1.	- <del>-</del>
☐ DCA	☐ Emerge			g g		inceton, l		08543		The section of the sec	<u>i</u> .,				a
(NJAC 5:23-8)	justifica				Nam	e of Contac	ct	- 318		Telephone	Number				-
	☐ Cancell	ation			Ry	an Dicke	rso	n		609-258	-6911				
					FA	CILITY	NFC	RMATION							
Name of Facility Where A		Takin	g Place	e (3)					Type of Facility	(4)					
Springdale Apartme	ents								School (K-1						
Street Address	222.0								☐ Subchapter ☐ Other (i.e., p	8 (Other than	K-12)	Lhu	ildina		
71-73 College Road	West								homes, etc.	)	IIIIIeicia	ıbu	mamç	15,	
City (5)				85					Square Feet	# of Floors	S	Blo	dg. A	ge	
Princeton									4,300	3		-	70		
County (6)					Cou	nty Code (7	7)(ST	TATE USE ONLY)	Current Use (P	rior if being de	molished	d)			
Mercer									Faculty Ho						
Name of Monitoring Firm		ilding C	Owner	(8)	ASCM	No.			ent Contractor (9						
	Environmental, Inc. t Address 53 N. Church Street State, Zip Code orestown, NJ 08057						-		onmental, LLC	;					
	-4						St	reet Address						- 77	
	et					-	623 Cutler Av								
	167					17.7	ty, State, Zip Co								
				1				Maple Shade	, NJ 08052						
Project Manager for Monit Michael Keehn	oring Firm				phone			elephone No.		License N	0.				
Start Date (10)		0-1-1	1-10			-8800		856-755-0099		00842					
04 /02 /						ate (11)		ame of OSHA M			A-1491147.5				
					_ /	18	ı	EMSL Analyti	ical, Inc.						
Occupancy Status During							Str	reet Address							
<ul> <li>☐ Facility Closed/Vacated</li> <li>☐ Abatement Performed</li> </ul>	During Ent	ire Per	iod of	Abate	ment		-	200 Route 13							
Time of Abatement:	AM-	PN	racility 1/	PM-	s - Des	AM		ty, State, Zip Co							
							(	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	that apply)							⊠ Full Cont	aiamant with No-						
≥3 sf or ≥3 lf			⊠ Re						ainment with Neg osure	jative Pressur	е				
≥160 sf or ≥260 lf		2	∐ De	molitic	n			Glovebag	Procedure						
			ls	Locat	ion	Τ		□ Non-Exer	mpted (*) and No	n-Friable Prod		1000-0		200 1299	
Location o				Iormal				Description of			,		teme		-
Asbestos-Containing M		1)		d Sole				Containing Mat	erial (ACM)	Amount	2	Por	Repair	∃nc	Enclosure
TO BE ABAT IN Facility				ntena		(i.e.		ermal systems in		(Specify	Ş	Remove	air	aps	sols
(13)				(12)				surfacing, VAT, her miscellaned		SF or LF	2 (	2		≘ncapsulate	ure
			Yes	No	N/A				,,,,					e	
Throughout Building 7	1-73			$\boxtimes$		Pipe Ins	ula	tion		1,730 LF	- E	3			
Throughout Building 7	1-73			$\boxtimes$		Floor Ti	le a	nd Mastic		1,260 SF	- D				口
								9				7			$\exists$
Name of Registered Waste	Hauler			N.	JDEP V	Vaste	Cub	oic Yards of	Name of Regist	tered Landfill		-			-
Freehold Cartage					auler IE		Was	ste	(30)	orth Landfill					
City, State					15939		90 Dist	0 posal Date	City, State		13-	_			_
Freehold, NJ								8/03/2018	Morrisville,	DΛ					
Completed By (Print or Type	e)	Title							worrisvine,	17					7
Christina Lynch	-/		e Pro	eida:	at of C	peration		Signature	12		Date	_	- 20	)	
20.44		410	116	Jiuel	11 01 0	heranou	3	MARIO			3/10	1-	18		

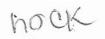
CK 4492 PAII

			-				i i	71		35 1900 1900			1 11
Date of Notification (1)	20-18			Na	me of Build	ling Owner/Operato	SCHN	AT2	MAR 2 (	3, 20	118	Approximate and a second	الما
Agencies Notified	Type Notificat	ion		St	reet Addres	s			1		_		-
DEP DEP	Initial Amended			-									=
⊠ DOL	Amendmer		-	Cit	y, State, Zip	OctAN	CITY	M'T					30% E
Ø DOH	Emergency justification	n)	ling	Na	me of Conta		911	16 5	phone Num	her	_	j. T	_
□ DCA	Cancellatio	n				BILL							
				F	ACILITY IN	FORMATION							
Name of Facility Where			ce (3)			*	Type of Facil	ity (4)		-	-		
	SIDEMC	<u>E</u>					School (K						
Street Address							Subchapte Other (i.e. homes, et	, private &			lding:	5,	
City (5)	AN CIT	Ý					Square Feet 1500	# of	Floors	В	sto		
County (6)	WAY				ounty Code SE ONLY)	(7) (STATE	Current Use (	Prior if be	ing demoli	shed)			_
Name of Monitoring Firm		Owne	_	ASC	M No.	Name of Abatem			21				=
(8)	l.A					The state of the s	LFM(O		_				
Street Address						Street Address	S. SP	RUCE	Hit	-			
City, State, Zip Code						City, State, Zip C			2007 St. St.		705	7	
Project Manager for Monit	toring Firm		Tel	ephon	e No.	Telephone No.			nse No.				=
			1_			856-779	1-0472	. <u>4</u>	NO0	44			_
Start Date (10)	Sch	eduled Li	00mpk		ate (11)	Name of OSHA N	A I I A	\					
3-30-18 Occupancy Status During	Abatement (Ch	9-		0		Street Address	NIF	<u> </u>		_		_	=
Facility Closed/Vacated	and an alternative and a second	vecomments of		ment		Succi Address							
Abatement Performed						City, State, Zip Co	ode						_
Other - Describe:								1					
Scope of Work (Check all	that apply)					DEW Con	tainment with N	a anatinus De					
≥3 sf or ≥3 lf			enovat			☐ Mini-Enc		egative Pr	essure				
∑≥160 sf or ≥260 lf		XD	emolitic	n		☐ Gloveba	g Procedure mpted (*) and N	lon-Friahk	Procedur	6			
			Locatio		1		1/2-1/			T	bate		
Location of			ormally Soleh			Description of					Typ	e	
Asbestos-Containing Ma		Mai	ntenan	œ/		os Containing Mate			ount			m	
TO BE ABATE! IN Facility	₽		ustodia Staff?	'	(i.e.,	thermal systems in surfacing, VAT, of		(Spe		Ren	Re	ncap	nclo
(13)			(12)			other miscellaneou			- /	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						-		te	е
SIDING				X	TU	CANSITE		125	O SF	X			
								= 23					
Name of Registered Waste	Hauler		(4.0)	IDEP ( luleg IC		Cubic Yards of Waste	Name of Reg	istered La		. ^			
110011100	INC		_ [	790		_4		MC	MU	A			_
City, State MAPLE SHAV	DE W.J					Disposal Date	City, State	100 bis	UE 1	J . T	5 :		
Completed By	Title					Signature	V		Date	2	10		
MICHAEL KLOWE	n	PRES				Melle	1h		-20		18		

CK#4492

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK# 4495				State of	New Jersey	Ī	n) E'G		117	
PAJ				TON OF A	C 8:60 and 12:				-19	
Date of Notification (1)  3-20-18			Na —	me of Build	ling Owner/Opera	CONTRA	KTORS 2	6 2	2018	
Agencies Notified Type Notifical	tion		Str	eet Addres	561 K	2T 9	h			
☐ DEP ☐ Amended Amendmen			City	, State, Zip	Code PE W	AV N	T 0820	N		
Emergence justificatio	n)	ling	Nar	me of Cont	act	***	Telephone Num			-
			F	ACILITY IN	FORMATION		1		_	
Name of Facility Where Abatement is Ta		ice (3)				Type of Faci				
Street Address	16					Subchapt	er 8 (Other than K-1 ., private & commerce		ldings,	
City (5)		1)0.	T L	LOUSE	-	Square Feet	# of Floors	, B	dg. Ag	
County (6) CAPE WAY		<u> </u>	Co		(7) (STATE	Current Use	(Prior if being demok	shed)		
Name of Monitoring Firm Hired by Buildin	g Owne	r	ASC	M No.		ement Contractor				
Street Address			-		Street Address	5	RUCE AL	E		
City, State, Zip Code					City, State, Zip	Code			722	
Project Manager for Monitoring Firm		Te	ephone	e No.	Telephone No.		License No.	-	1803	
		<u></u>				19-0472	004	44		
3-30-18	1-	9-	8	ate (11)	Name of OSHA	MIK	1			
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire F					Street Address					
Abatement Performed Outside of Norm  Other - Describe:	al Facil	ity Hou	лѕ		City, State, Zip	Code				
Scope of Work (Check all that apply)							legative Pressure			
≥3 sf or ≥3 ff >≥160 sf or ≥260 ff	R	enovat emolitik	tion on			pag Procedure	Non-Friable Procedu	re		
	N	Locati Iormali	у		_			Α.	bateme Type	nt _
Location of Asbestos-Containing Material (ACM)	Mai	d Solei ntenar	ice/		Description of Containing Ma	aterial (ACM)	Amount (Specify	_		En E
TO BE ABATED IN Facility (13)		ustodia Staff? (12)	31	(I.e.,	thermal systems surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A		0 4 · ( S · T		325- 22			-
SIDING			X		RANSIT		3250 SF	X	+	+
										_
		I Al	JDEP V	Waste I	Cubic Yards	Name of Red	gistered Landfill			
Name of Registered Waste Hauler  KUTMCD JWC			auter 6	200 St CONT.	of Waste		M, C, M.	V.	A	
City State	U.J				Disposal Date	City, State -	ODBINE		· .	
Completed By Title					Signature	On	e Date	20-	-18	
MARCHAN LOT VIEW MAN	31	150			- 1					



Date of Notification (1 03/16/2018	)	<del></del>		Name Wayn	of Building e Townsh	Owner/onip Publi	Operator (2) ic Schools		*	7	Chec	k#	renname.	7 5.7	
Agencies Notified	Type Notification				Address lis Drive					E.	<u>lin</u>		- 19		
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial ☐ Amended Amendment #		_		tate, Zip C e, New Je		470				MAR	2 *	201	8	
☑ DOH ☑ DCA	☐ Emergency (ir justification) ☑ Cancellation (		ched)	Name John N	of Contact Maso		0.000		-		ne Nu -2100	100			1
Name of Facility Whe	re Abatement is Taki	ng Place (3	3)	FAC	ILITY INF	ORMAT	ON Type of Fa	cility (4)		0.			-		
Schuyler Colfax Mic	ddle School		<u> </u>				⊠ School	, , ,							
Street Address 1500 Hamburg Turi	npike						☐ Subcha	apter 8 (Ot (i.e. private	her than & com	n K-12 mercia	) al build	ings, h	nomes	s, etc.	)
City (5) Wayne, New Jersey	y 07470						Square Fee 99,999	et	2	of Floo	ors		3ldg. / 50+	Age	
County (6) Passaic					Code (7) USE ONLY	0	Current Use		eing de le Scho		ied)				
Name of Monitoring F AHERA Consultant	irm Hired by Building s, Inc.	Owner (8)	•	ASC 0005	M No. 57		Name of Ab Lilich Corp		ontracto	r (9)					
Street Address P.O. Box 385							Street Addre								
City, State, Zip Code Oceanville, New Jer	tate, Zip Code nville, New Jersey 08231  t Manager for Monitoring Firm Smoyer  Oate (10)						City, State, 2 Woodland		w Jerse	y					
Project Manager for M John Smoyer	ate, Zip Code ville, New Jersey 08231  Manager for Monitoring Firm Emoyer  ate (10) 2018  Sche 04/0  ncy Status During Abatement (Check Only acility Closed/Vacated During Entire Period				one No 32-1833		Telephone N 973-225-84				ense N 104	lo.			
Start Date (10) 03/30/2018	Smoyer ate (10) Schedi				Date (11)		Name of OS Iris Environ			ries,	LLC			6.5.)	
Occupancy Status Dui	wille, New Jersey 08231  Manager for Monitoring Firm Smoyer  ate (10) 2018  Sch 04/ 20						Street Addre							-	
□ Abatement Performance	D/2018 04/08 Deancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility - Describe: 7AM-11 PM OCCUPIED 14/4-4/6 start 3:00PM-1				3pm		City, State, Z Union, N.	Zip Code				1			
Scope of Work (Check	4/4-4/6 start 3:00 All That Apply)	)PM-11:00	0PM	1160 - 4-15 -						31129 325					
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emolit				☐ Mi	ill Containr ni-Enclosu ove Bag Pi n-Exempte	re rocedure	e / Lim	ited C	ontain	ment	&Ten	ıt
ŧ		1	Locat	250001			110	Exempte	1	1401	i-i iiab		Abate	emeni rpe	t
Locati Asbestos-Containir	20 B (20 B) (30 B)	Used	ormal d Sole	ly by	Ashes		cription of aining Materia	I (ACM)		moun	.+		1 9	İ	
TO BE A In Fa (13	BATED cility		ntena odial S (12)			thermal surfac	systems insulations, VAT, or iscellaneous)		(S	pecify F or Li	,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	roi .
Art Rooms & Guida	ance Area		Χ		Drop C				3800	SF		Х			
Art Rooms			Χ		12 X 12				2250	SF		Х		ili e	
Guidance Area		1	X		Sub Flo	or Pape	er & Mast		1614	SF		X			
Name of Registered W	aste Hauler		N	JDEP W	lasto	Cubic	/ordo	Name of	Dominto					- 1 -, +1	
Lilich Corporation			Н	auler ID 18724		of Was	te	Name of Fairless			andilli			s at	
City, State Woodland Park, Nev	v Jersey		-			Dispos 04/08/2		City, Sta Morrisvi							
Completed by Adriana Olejarova		Title Pres	siden			Si	gnature	7 ((	1		Da 0:	te 3/16/2	2018		15.75

12000	Date of Notification (1 03/14/2018	)			Nam	e of Build	ing Owner	r/Operator (2) olic Schools		$\frac{1}{1}$	E	150		-	
Section 2	Agencies Notified	Type Notification			Stree	t Address	S				Che MAR		201	0	
- 100 ( M. Sale College )	⊠ EPA ⊠ DEP ⊠ DOL	Initial Amended Amendment	#_2		City,	ellis Drive State, Zip ne, New		7470			WAN		201	-	hours
	☑ DOH ☑ DCA	☐ Emergency ( justification) ☐ Cancellation	including			of Conta Maso	act			₹Tel	ephone N 3-317-210	umbe			
	Nome of Earling Van				FA	CILITY	NFORMAT	TION		37.					
	Name of Facility When Schuyler Colfax Mic	re Abatement is Tak ddle School	ing Place	(3)	300000000000000000000000000000000000000			Type of F	acility (4)						-11
The same of the sa	Street Address 1500 Hamburg Turr	npike						Scho	ol (K-12) hapter 8 (Oi r (i.e. private	ther than	K-12) ercial buil	dings,	home	s, etc	:.)
The lands	City (5) Wayne, New Jersey	07470						Square Fe 99,999			Floors	T	Bldg. 50+	M.A. (4. (4. (4. (4. (4. (4. (4. (4. (4. (4	1917 - 4101 - 4 - 5
	County (6) Passaic				Count (STAT	y Code (7 E USE ON	r) 	Current U	se (Prior if b	peing dem	olished)			197.1-11	
	Name of Monitoring Fi AHERA Consultants	rm Hired by Building s, Inc.	Owner (8	3)	AS0	CM No. 057		Name of A Lilich Cor	batement C			lik)			
	Street Address P.O. Box 385							Street Addi 606 McBr	ress			- 20		## ( A - A - A	(r-m) - (-a
	City, State, Zip Code Oceanville, New Jer							City, State, Woodland	Zip Code	w .lersev					
i.	Project Manager for Mo John Smoyer	onitoring Firm			Teleph 609-6	one No 52-1833		Telephone 973-225-8	No.		License I	No.			
	Start Date (10) 03/30/2018		Schedu 04/08/2	led Co 2018	mpletion	Date (1	1)	Name of OS Iris Enviro	SHA Monito	r aboratori	7.65.65	200		1.10	<u>)</u>
	Occupancy Status Duri							Street Addr	ess						
,-	☐ Facility Closed/Va ☐ Abatement Perform	TIED LIHISIDE OF Norn	nol Fooilit	Abate	ment	•		2333 Rout							
	Other - Describe: 7 Scope of Work (Check	1/4 1/6 atat 2:00	PIED			3pm		City, State, Union, N	Zip Code J 07083						
	Significant Signi	All That Apply)	<b>X</b> 1	0										* 1 T	(-4)
	≥160 sf or ≥260 lf     ○		(A)	Renova Demoli				□ M	ull Containn ini-Enclosur love Bag Pr	re ocedure /	Limited C	Contair	ment	&Ter	nt
	Pro <sub>n</sub> es a	h-	T <sub>e</sub>			T			on-Exempte	d (*) and	Non-Friat	le Pro	cedur	е	
	Locatio Locatio Asbestos-Containing			S Local Norma ed Sole	lly		Des	scription of						ement pe	
	TO BE AE In Faci	BATED	Ma	todial (12)	ince/ Staff?	Asbe (i.e	estos Cont e. thermal surfac	aining Materia systems insul cing, VAT, or niscellaneous)	ation,	(Spe	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
^	Th. D. O. O. I.		Yes	No	N/A							<u> </u>		ate	lle
-	rt Rooms & Guidar	nce Area		Х		Drop (	Ceiling T	ile		3800 SI	F	X			
_	rt Rooms			Χ		12 X 1	2 VAT N	lastic		2250 SI	=	X			
_	uidance Area			X		Sub Flo	oor Pape	er & Mast		1614 SI	=	X			
-															
	ame of Registered Was	ste Hauler		101	JDEP W		Cubic Y		Name of	Registere	d Landfill	1000	Earn C	3.7em	
C	ilich Corporation ity, State	0		21	18724		20 Disposa		Fairless I				1+5*	1.	
	Voodland Park, New	Jersey	Tu				04/08/2	018	City, State Morrisvill	e le, PA					6
A	Adriana Olejarova		Title Pre	siden	t		/Sig	grattyre	08		Dat 03	e 3/14/2	2018	-5	69.17
3	SB-41 (R-06-08)	•						* Do not use t	his form for	asbestos	licensure	exem	pted a	ctiviti	es.
													-0		



Date of Notification (	No. of the contract of the con						Owner / Operator	(2)	(0) 15 1 10	[2]		7.A.1.5. 3	
Agonoico Netife d	3-14-2018				_		ty Hospital			1000	1		
Agencies Notified  EPA	Type Notific	ation		Street				HAN		PRINCIPLE TABLE			
DEP	☐ Initia	1				& Zip C	Campus		MAR 2 5 201	e	Ш		_
⊠ DOL	the same of the sa	nded(method)				, NJ 080					2/		
□ DOH	a lambour parameters	rgency	Ī			ontact		L.	9 10 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Telepho	ne Ni	ımbe	er
☐ DCA		cellation				Closke	y	7		609			
								* # 1 N E		. A			
Name of Facility Mile	Ab -1		(0)	FA	ACIL	ITY INF	ORMATION						
Name of Facility Wh Kennedy University			ce (3)				Type of Facili						
Street Address	105pital-CFL	died					School (I	K-12) oter 8 (Other th	on 1/ 10)				
2201 Chapel Hill Ca	mpus						M Other (i.e.	nrivate & co	mmercial building	e home	e etc	١	
				60			Square Feet	# of FI		3, nome		-)	
City (5)		County (6)	Co	unty C	ode	(7)	250,000		2	314g. 7 1g	52		
Cherry Hill, NJ		Camden						Prior if being o	demolished)				-
							Hospital						
Name of Monitoring Criterion Laboratorie	Firm Hired by s	/ Building Owne	er (8)		AS	CM No		tement Contra nagement Gro				No.	
Street Address							Street Address		up, LLO				_
3370 Progress Drive, S	Suite J						2115 Hamilto	n Ave, Suite 2	02				
City, State & Zip Coo Bensalem, PA, 19020	de						City, State & 2						
Project Manager for	Monitorina E		IT-1-		NI	h	Trenton, NJ 0	100000	1,				
Mr. Mike Panepresso	wormoning F	IIII		ohone 144-130		ber	Telephone Nu 609-914-4279		License N	lumber 0118	5		
Scheduled Start Date	e (10)	Scheduled Con	pletio	n Date	(11	)	Name of OSH	IA Monitor					
3-8-2018			3-26-		77 - 1		J&S Environn	nental Laborat	ories, Inc				
Occupancy Status D							Street Addres	·					
☐ Facility Clos ☐ Abatement F	ed/Vacated L	Ouring Entire Pe	riod o	f Abate	emer	nt	2333 Route 2						
Abatement F	renormed Ot	itside of Norma	Hour	S			City, State & 2	Zip Code					
Describe:	Project to be	conducted 2 <sup>nd</sup>	shift 6	mq00:	to 2	:00am	Union, NJ 070	083					
☐ Facility Occu	pied During	Abatement											
Scope of Work (Che	ck all that ap	oly)		A CO				No. 2012	27 model				
≥3 sf or ≥3 lf				n		02000			ntainment with N	egative l	<sup>o</sup> ress	ure	
≥3 \$1 01 ≥3 11 ≥160 sf ≥260			Ä	Ren					nclosure Bag Procedures				
2 - 100 01 - 200	,		ш	Dell	Ontic	JI I			empted and Non	-Friable	Proce	edure	دِ
	cation of			Location			Description		Amount		ateme		
	os-Containin	g		nally L			Asbestos-Con		(Specify				
	erial (ACM) BE ABATED			olely b		.	Material (At (i.e., thermal s		SF or LF)	Z.	л	inc	ᄪ
	Facility			odial S			insulation, surface		3.20	l mc	Repair	aps	clos
	(13)			(12)			or other miscell			Removal	air	Encapsulate	Enclosure
			Yes	No	N/A							te	(b
CPD area				$\boxtimes$			tile & mastic		1,123 SF	$\boxtimes$			
CPD area			Ц			Textu	red plaster ceiling		415 SF				
			Ш		Ш								Ш
					П		F						
Name of Degistered	Masta Hauta		Ш			101	IO 1: V 1		1				
Name of Registered	vvaste Haule	Г				Waste D No.	Cubic Yards of Waste	Name of Reg	jistered Landfill				
Resource Manageme	ent Group, LI	_C			3521		TBD	Grows Landf	ill				
City, State		701					Disposal Date	City, State			-		
Trenton, NJ							TBD	Morrisville, P	A , <i>j</i>				
Completed By (Print	or Type)			Title			Signature	1	H1	Date			
Mr. Brian J. Haney		€		Pre	side	nt	EM	1-4	May	3-14-2	2018		



Date of Notification (1)													
	23-2018						Owner / Operator	(2)					
	pe Notifica	ation			t Add		ty Hospital		MAR	26	2018	1117	11
⊠ EPA	p						Campus					- Innered	
DEP [	Initial					& Zip (			Kyras		7 10		-
		nded(start date)	)			NJ 08	002	V.*	<i>(</i>		B. 14	Š.	
□ DCA [		gency				ontact			-	Te	elephon	e Nun	nber
	cand	ellation		Micha	ael Mo	Closke	ey				609-	472-06	340
				F	ACIL	ITY INI	ORMATION						
Name of Facility Where	Abatemer	nt is Taking Pla	ce (3)		, (OIL		Type of Facili	itv (4)					
Kennedy University Hos	pital-CPD	area					School (						
Street Address								ter 8 (Other th					
2201 Chapel Hill Campu	JS						Other (i.e	e. private & co					
City (5)		County (6)	ICo	unte	Cada	/7\	Square Feet	# of FI	oors	Bld	lg. Age		
Cherry Hill, NJ		Camden	100	unity	Code	(7)	250,000		2			52	
							Hospital	Prior if being	demolished)				
Name of Monitoring Firm	n Hired by	Building Owne	r (8)		AS	CM No		tement Contra	ctor (9)				
Criterion Laboratories		<del>-</del>					Resource Ma	nagement Gro	oup, LLC				
Street Address							Street Addres	S		- 1			
3370 Progress Drive, Suite	: J						2115 Hamilto	n Ave, Suite 2	02				
City, State & Zip Code Bensalem, PA, 19020							City, State & 7 Trenton, NJ 0	Zip Code 8619					
Project Manager for Mor	nitoring Fir	m	Telep	phone	Numl	per	Telephone Nu		Lice	nse Nun	nher		
Mr. Mike Panepresso			215-2	44-13	00		609-914-4279	)	2.00	1100 1101	01185		
Scheduled Start Date (1	0) 8	Scheduled Com	pletio	n Dat	e (11)		Name of OSH	A Monitor					
3-8-2018			3-26-				J&S Environm	nental Laborat	ories, Inc				
Occupancy Status Durin Facility Closed/\	g Abatem	ent (Check only	one)	E A L _ 4			Street Addres				20		
Abatement Perfo	ormed Out	side of Normal	Hours	ADAL	emen	ι	2333 Route 2						
							City, State & 2	rib Code					
Describe: Pro	ject to be	conducted 2 <sup>nd</sup> :	shift 6	:00pm	to 2:	00am	Union, NJ 070	)83					
Facility Occupied Scope of Work (Check a	d During A	batement											
ocope of work (Check a	ш шагарр	iy)						N 5 40					
≥3 sf or ≥3 lf			$\boxtimes$	Ren	ovatio	on			ntainment w	vith Nega	ative Pr	essure	Э
≥160 sf ≥260 lf					nolitio				Bag Procedu	ures			
Locati	ion of				•			Non-Ex     No	cempted and				
Asbestos-0				Locat			Description Asbestos-Conf		Amoi		Abat	ement	Туре
Material	(ACM)	la de la companya de		olely l			Material (AC		(Spec				П
TO BE A				tenan			(i.e., thermal sy	stems	0. 0.	_, ,	Rer	20 3	nc
in Fa (1:			Custo	odial 8 (12)	Staff?		insulation, surfactor or other miscella				Remova	Repair	Enclosure
V	-,	İ	Yes	No	N/A		or other miscens	illeous)			<u>a</u>	7   5	late late
CPD area				$\boxtimes$		Floor	tile & mastic		1,123 SF	_		7	10
CPD area							ed plaster ceiling		415 SF				
													_
													П
												717	
													ili
Name of Registered Was	ste Hauler					Vaste	Cubic Yards of	Name of Reg	istered Land	dfill			
Resource Management (	Group II (				uler IE 35218		Waste TBD	C 1 15					
City, State	oup, LL(			100.	10210			Grows Landf					
Trenton, NJ							Disposal Date TBD	City, State Morrisville, P.	A				
Completed By (Print or T	ype)			Titl	e		Signature	7 /	-	Ir	Date		
Mr. Brian J. Haney	500 - 1200 500 - 1200				siden	t	13510	/1 X	///		2-23-20	18	
							11/1/	- L (.)	VLY				



Date of Notification (1)	Name of Building Owner/Operator (2)													
3/22/2018		Mercer County Improvement Authority												
Agencies Notified Type Notification		Street Address 80 Hamilton Avenue												
EPA Initial														
DEP X Amended Amendment	_ [	City, State, Zip Code Trenton, NJ 08611												
Emergency (	Name of Contact Telephone Number									ber				
DCA Cancellation	Al Co	llins				100000	609 278-8100							
Name of Facility Where Abatement is Taking	FAC	ILITY INFO	RMATION											
Mercer County Courthouse (Old Co					Type of Facility (4)									
Street Address	School (K-12						) 3 (Other than K-12)							
209 South Broad Street			private	vate & commercial buildings, homes,										
City (5)			Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age											
Trenton			~ 40,000	4	II FIOOIS		132	11ag. 7 0+	age					
County (6)	Code (7)		Current Use (Prior if being demolished)											
Mercer	USE ONLY)		Courthouse and Offices											
Name of Monitoring Firm Hired by Building C					e of Abatement Contractor (9)									
Pennoni Associates Inc.	0010	02	N	ental S	tal Services, Inc.									
Street Address 515 Grove Street Suite 1B	100	Street Address 42 Ridge Road												
City, State, Zip Code				City, State, Zip Code								-		
Haddon Heights, NJ 08035			Phoenixville, PA 19460											
Project Manager for Monitoring Firm Thomas Adams	ne No. 56-2912	10.000	Telephone No. License No. 610 933-4332 00836											
Start Date (10) 3/20/2018	1100000	Name of OSHA Monitor Neuber Environmental Services, Inc.												
Occupancy Status During Abatement (Check					t Address									
Facility Closed/Vacated During Entire Pe	ment			42 Ridge Road										
Abatement Performed Outside of Norma  X Other – Describe: Construction Personn	City				, State, Zip Code									
			- P	nixville, PA 19	xville, PA 19460									
Scope of Work (Check All That Apply)	_													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ation ition				Full Containment with Negative Pressure Mini-Enclosure									
	1011				Glovebag Procedure									
					×	Non-Exempte								
	on			Description of Intaining Material (ACM)			Amount			Abatement Type				
Location of Asbestos-Containing Material (ACM)	y y by	Ashasta	Descrip							.,	-			
TO BE ABATED	ntenar odial S		(i.e. th	ermal syst	tems	insulation,	ation, (Specify SF or LF)		76	Re	71	Enc	E	
In Facility (13)	(12)			surfacing, other misce						Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								/al	=	ılate	ure
Ground Floor Switch Gear Room		405-75	X	Flo	or Tile a	nd N	Mastic	3:	5 SF	2				
Exterior Buried				Tra	nsite Pip	e/C	onduit			2				$\neg$
										+				$\neg$
										$\neg$				
Name of Registered Waste Hauler				Yards Name of R		Registe	egistered Landfill							
Horizon Disposal	of Waste ~ 8			GROWS/T			Tullytown Landfill							
City, State	Disposal Date													
Trenton, NJ	3/2018				Morrisville, PA									
Completed by Patrick Larney	nager		Signal					Date	late 5/22/2018					
	-90		1				\	3/22/2010						



Date of Notification (1) Job #: 9694.01				Nam	e of Buile	dina Owne	r/Onerator (	2)		epiners action of the con-	e Pit			-11					
February 26,2018						realite of Ballating Owner/Operator (2)								010	1				
	Notification Type					Delaware River Port Authority Street Address							- 4	018	- Income				
		, po				9.34									No.				
⊠ EPA	☐ Initial Notification					One Port Center							- 1	2 /10	71				
☑ DEP   ☑ DOL	☐ Amend	led Indment	44		City,	City, State, Zip Code						Land							
⊠ DOH	☐ Emerg			7	Cam	Camden, NJ 08101						100 100 100 100 100 100 100 100 100 100							
☐ DCA	justific		ora a mig		Nam	Name of Contact							Telephone Number						
	□ Cance	llation			Chris	stina Og	uneuvi		856-772-6906										
									850-7	12-690	0								
Name of Facility Where	Abateme	nt is Ta	king Pla	ace (3)	FAC	JLIT IN	FORMATI	ON	Type of F	acility (4	1								
PATCO Lindenwold S				200 (0)					Type of Facility (4)  School (K-12)										
Street Address					Subchapter 8 (Other than K-12)														
801 Berlin Road N.									Other (i.e. private & (commercial buildings,										
City (5)									homes, etc.)										
Lindenwold										quare Feet # of Floors			A LONG CO.	g. Age	<b>†</b>				
County (6)					Cour	t. Cada	(7) (OTA	TC											
A-100-10-10-10-10-10-10-10-10-10-10-10-10		ONLY)	(7) (STA	IE	Current Use (prior if being demolished)														
Camden	112 11	D '' ''							Public transit										
Name of Monitoring Fir	m Hired by	/ Buildin	g Own	er (8)	ASCM	l No.	Name of	Contractor											
Criterion Labs Street Address					178			roup Reme											
0.0000000000000000000000000000000000000							Street Address												
400 Street Road City, State, Zip Code							O. Box	ox 6											
City, State, Zip Code							City, Sta	te, Zip Code	)										
Bensalem, PA 19020			Bensale	m, PA 1902	0														
Project Manager for Mo	mber		Telephor	ne Number		License Number													
Michael Panepresso	Ext. 26		215-533-	-3503		00858													
Scheduled Start Date (	n (11)	11) Name of OSHA Monitor																	
March 17, 2018			Criterior	Labs															
Occupancy Status Duri		Street Address																	
☐ Facility Closed/Vacated During Entire Period of Abatem							400 Stre	et Road											
					rs -		City, Stat	te, Zip Code	p Code										
Other – Describe:							Name and Associated	m, PA 1902											
Source of Work (Check	all that an	nlv)					Delisale	III, FA 1302	0		-120								
⊠ >3 sf or >3 lf	un triat ap	Pij)		MD.					8										
⊠ >3 sf or >3 lf								☐ Full Containment with Negative Pressure ☐ Mini-Enclosure											
					montion				g Procedure										
					xempted (*) and Non-Friable Procedure														
		10	Locati	on															
Is Location Normally Used						16							Abatement Type						
Location of Asbestos- Solely by						De	escription of	of	Amo	unt		1,700							
Containing Material (ACM) Maintenance/ TO BE ABATED Custodial								aterial (ACM	)	cify			_ m						
TO BE ABATED Custodial IN Facility Staff?							al systems acing, VAT	insulation,		SF or	LF)	Re	R	Encapsulate	Enclosure				
(13)			(12)				miscellane					Remova	Repair	aps	clos				
	, ,							207007171 <b>8</b>			<u>va</u>		ula	Sure					
	Ye			Yes No N/A										e					
Main Area		х			Pipe F	ittings			73 LF			X							
												-	-	-					
Name of Reg. Waste Ha	auler		N	JDEP W	/aste	Cubic '	Yards	Name of F	Reg. Landf	ill			1						
Hauler ID#						of Was													
Prime Group Remediation Inc. 19272						6			Berk Community Landfill										
City, State						Disposal Date City, State													
Bensalem, PA 19020						03/25/2			o, PA 1960	8									
Completed by Title							Signature												
Vincent Primavera Project Manager							March 22, 2018												
- a.c. a.l. l.		*Do	not us	e this fo	orm for a	sbestos	licensure	e exempted	activities										

		1		CATION	OF ASBEST to NJAC 8:60	OS ABATE			DEC	E	7	7 [	
Date of Notification (1) March 14, 2018	(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	22/0			ort-McMoR			perations	Constant A	P 9 (	- 00	10	The second secon
Agencies Notified	Type Notification			Street A	Address Bayway Av	/enue			THE WAY		20	18	- I home
DEP  DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Code oeth, NJ 072				Addica			101-6	<u>l</u>
DOH DCA	Emergency justification) Cancellation		122		f Contact				Telephone N 908-558-4		n ne	THE RESERVE	embro e rup
II DOY	Caricenation			Distriction and an	LITY INFORM	ATION			300-330-4	500			
Name of Facility Where			)	TAGI	LITT IN ON	IATION	Туре	of Facility (	4)				Autorities (
Freeport-McMoRar	n Bayway Opera	ations						School (K-1					
Street Address 48-94 Bayway Ave	nue ,						×		8 (Other than K- private & commer		dings.	home	es,
City (5) Elizabeth								re Feet	# of Floors	- 1	Bldg. A	0.750	
County (6) Union					Code (7) USE ONLY)			ent Use (Prio	or if being demoli				
Name of Monitoring Firm Detail Associates, I		Owner (8)		ASCN		100	of Aba	tement Con	ntractor (9)				
Street Address	Inc			0012			Addres		mental Servic	es, Ind	). ——		-
300 Grand Avenue						352	7 Sma	ıllman Str	reet				
City, State, Zip Code Englewood, NJ 07	7631				ş			ip Code , PA 152	201			*10	
Project Manager for Mor Stephen A. Jaracze				Telephor	ne No. 69-6708		hone N	o. 238 ext 1	1 01362	No.			
Start Date (10)					Date (11)			HA Monitor					
March 26, 2017 Occupancy Status Durin	a Abatement (Chec	April 15		8			Addres	A. Jaracze	ewski	-			
Facility Closed/Vac		٠		ont		1		Avenue	* .				
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility	Hours	ent		1000		ip Code d, NJ 07	7631				
Scope of Work (Check A	II That Apply)						101100	u, 140 07					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	*	processes.	enovat emoliti			>	Mir Glo	ni-Enclosure ovebag Prod				e	
Location	of		Locatio			Danadalia						ement rpe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Mai Cust	d Solel intenar odial S (12)	ice/ staff?	(i.e. ther	Description Containing Namal system urfacing, VA per miscellar	Material s insula T, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
D (T II)		Yes	No	N/A			_			$\perp$	1		
Roof Top "Bir	a House"			X	Нера	ir Transite	Pane	els	<3 sf	-	X		
									•				
Name of Registered Was	ste Hauler		N.	JDEP W	/aste Cu	ıbic Yards		Name of I	Registered Landt	ill			
No Disposal			H	auler ID	No. of	Waste	,	No Disp	A. S.				
City, State			1 10		Dis	sposal Date		City, State				OTHER E	
Completed by Fred C. Neumeyer	-	Title Presi	dent/s	Superv	visor /	Signature		1/8	/	ate March	14.2	2018	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1	1			- 11-							

PROJECT COMPLETE

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Deta et l'Es il (i)				(	Pursu	ant to NJ	IAC 8:60 and 5:	16)	E O - K	7.1	71-2		
Date of .4otification (1)	- 10 - 10						ing Owner/Operator		<u> </u>	- Frain-	2	4	_
Agencies Notified	Z7 /		_				OF PRINCETOR	N UNIVERSIT	Y	• • • • • • • • • • • • • • • • • • • •	7.7		
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amend				0-18000	et Address 00 ELM D		The state of the s	MAR 2 8 2	018			
⊠ DOH		iea lment # <u>*</u>	11-3/	20/1	City	, State, Zip	Code		XW 1977		1 717		
☑ DCA (NJAC 5:23-8)	☐ Emerge	ency (in			_ P	RINCETO ne of Conta	N, NJ 08544	- he			l.	ĺ	
	Cancel				11110000000	OBERT O			Telephone Nu 609-258-11			3.	
					F	ACILITY II	NFORMATION						
Name of Facility Where A	batement is	Taking	Plac	e (3)				Type of Facilit	v (4)			_	
PRINCETON UNIVE	RSITY - F	IREST	ONE	LIB	RARY			School (K-					
Street Address								Subchapte     Subchap	r 8 (Other than K-	12)			
1 WASHINGTON RO	AD							Other (i.e., homes, etc	private and comm	ercial	buildi	ngs,	
City (5)								Square Feet	# of Floors				
PRINCETON, NJ								1,000,000	# 01 Floors	1	3ldg. <b>70</b>	Age	
County (6)					Cou	inty Code (	7)(STATE USE ONLY)			linh n d\	70		
MERCER						,,	Menne out onely		TY LIBRARY	lisnea)			
Name of Monitoring Firm H	lired by Bu	ilding O	wner	(8)	ASCN	1 No.	Name of Abateme						
ATC GROUP SERVICE	CES LLC			2002	00	098		VIRONMENTA					
Street Address							Street Address	VIICOMMENTA	AL, INC.				
3 TERRI LANE							1123 BEAVE	PETPEET					
City, State, Zip Code								William Sections and Control of the Control					
BURLINGTON, NJ 08016  BRISTOL PA 19007													
Project Manager for Monito	ring Firm			Te	lephone	No.	Telephone No.	. 10007	License No.				
MICHAEL R. KEEHN				11		6-8800	215-788-6040		00509				
Start Date (10)		Schedu	led C			ate (11)	Name of OSHA M		00509				
12 /4 /	17					18		VIRONMENTA	L. INC				
Occupancy Status During A	Abatement (	(Check	only o	one)			Street Address		-,				
Facility Closed/Vacated	During Enti	ire Perio	od of	Abate	ement		1123 BEAVER	STREET					
Abatement Performed C	utside of N	ormal F	acility	/ Hor	re - De	scribe	City, State, Zip Co						
Time of Abatement: 6:0		PM/	PI	VI	AM		BRISTOL, PA						
Scope of Work (Check all the	nat apply)			e pine							1111-111		
≥3 sf or ≥3 lf		Б	⊠ Re	novat	ion			ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf		Ē		moliti			☐ Milli-Effcii	osure Procedure					
							☐ Non-Exen	npted (*) and No	n-Friable Procedu	ire			
Location of				Loca lorma						At	atem	ent T	vpe
Asbestos-Containing Ma	terial (ACN	1)	Use	d Sol	ely by	Ashes	Description of stos Containing Mate	orial (ACM)	N. B. Dillerik end Spring Sald	100	T	T	1
TO BE ABATE	D		Mai	ntena	ince/ Staff?	(i.e.	, thermal systems ir	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	4.5		Cust	(12)	Stall?		surfacing, VAT,	or	SF or LF)	oval	=	psu	Sur
		,	Yes	No	N/A		other miscellaneo	us)				late	0
PHASE 5A - LEVELS C	& B		5			PIPE INS	SULATION		1010 LF				
PHASE 5A - LEVELS C	& B					FLOOR	TILE & MASTIC			-			
PHASE 5A - LEVELS C	& B		5 1				fittings on fiberg	lass	43,057 SF 285 EA				
HASE 5A - LEVELS C	& B	T	5	П			pads on fiberglas						
ame of Registered Waste I	Hauler				JDEP V	-	Cubic Yards of		40 EA		Ш		
SERVICE TRANSPORT	T GROUP	, INC.		1 30	auler ID	No.	Waste	Name of Regis					
ity, State					20990		Disposel Data	MINERVA I	-ANDFILL			_	
NEW CASTLE, DE						1	Disposal Date	City, State WAYNESB	IIRG OH	7.2			
ompleted By (Print or Type)	)	Title					Signature	WATRESD					
BRIAN SCAFIRO		FST	IREA.	TOP			Signature	1 1.	/ Da	te /	1-	-	

PROJECT COMPLETE

Date of Jotification (1)				Nar	ne of Buildi	ng Owner/Operator	(a)	10 9	1 1	7	}	
	1	7				OF PRINCETON			101		S Townson	To any colors
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Agencies Notified ☐ Type Not ☐ Initial ☐ Amen		1			et Address 00 ELM D		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAR 2 6	20	18	27	الم
	aea dment #	#11 <b>-</b> 3.	20/1	City	, State, Zip	Code	1				+	
☑ DCA ☐ Emerg				P	RINCETO	N, NJ 08544					6.	
(NJAC 5:23-8) justific	cation)		3	Nan	ne of Conta	ct		Telephone Nun				32.7
☐ Cance	llation			R	OBERT O	RTEGO	· 107	609-258-18				
				F	ACILITY II	NFORMATION					-	
Name of Facility Where Abatement	is Takin	ng Plac	ce (3)				Type of Facility (	(4)				
PRINCETON UNIVERSITY - F	IRES'	TONE	LIB	RARY			School (K-12	)				
Street Address 1 WASHINGTON ROAD							Subchapter 8 Other (i.e., pr homes, etc.)	(Other than K-12 ivate and comme	2) ercial l	ouildir	ngs,	
City (5)	1						Square Feet	# of Floors	F	Bldg. /	A 00	
PRINCETON, NJ							1,000,000	8	1	70	ige	
County (6) MERCER				Cou	unty Code (7	7)(STATE USE ONLY)	Current Use (Pric		shed)			
Name of Monitoring Firm Hired by Br	uilding (	Owner	(8)	ASCN	No.	Name of Abateme						_
ATC GROUP SERVICES LLC				00	098		VIRONMENTAL	. INC				
Street Address						Street Address		,				
3 TERRI LANE						1123 BEAVER	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
BURLINGTON, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Te	ephone	No.	Telephone No.		License No.				_
MICHAEL R. KEEHN					6-8800	215-788-6040		00509				
Start Date (10)					ate (11)	Name of OSHA M	onitor					
12/4/17				0_ /	18	BRISTOL ENV	/IRONMENTAL	, INC				
Occupancy Status During Abatement	(Check	only	one)			Street Address						
Facility Closed/Vacated During En	tire Per	riod of	Abate	ement		1123 BEAVER	STREET					
Abatement Performed Outside of I Time of Abatement: 6:00AM-3:00	PM/	Facilit P	y Hou M	rs - Des	scribe	City, State, Zip Co BRISTOL, PA					2000	
Scope of Work (Check all that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re							_			
801 VAN 80			Loca				proc ( ) and iton	. Habie i Tocedai	-		T	
Location of Asbestos-Containing Material (AC			Norma	ally ely by		Description of				atem	Т-	-
TO BE ABATED	IVI)			ance/	Asbes	stos Containing Mate , thermal systems in	erial (ACM)	Amount	Removal	Repair	inc	Enclosure
IN Facility		Cus	todial (12)	Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	ova	ai-	sde	nso
(13)	ŀ	Yes	No.	N/A	-	other miscellaneo	us)		-		Encapsulate	9
PHASE 6 - LEVEL 1					ACOUST	TICAL CEILING F	PLASTER	6075 SF		П	П	
PHASE 6 - LEVEL 1						SULATION		200 LF				
PHASE 6 - LEVEL 1						CEILING TILES		4050 SF				
RUSTEES READING RM MEZZ					ACOUST	TICAL PLASTER	CEILING	450 SF				
lame of Registered Waste Hauler			IN	JDEP V		Cubic Yards of	Name of Registe			Ш	Ш	Ш
SERVICE TRANSPORT GROU	P, INC	•	H	auler IC 20990	No.	Waste	MINERVA LA					
NEW CASTLE, DE						Disposal Date	City, State WAYNESBU	RG. OH				
ompleted By (Print or Type)	Title					Signature						
BRIAN SCAFIRO	ES	TIMA	TOR			Brian X	Confino / is	Dat	120	1/8	7	

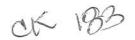
PROJECT COMPLETE

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

Date of Notification (1)		-		Nan	ne of Buildi	ing Owner/Operator	(2)	9	The state of the s	and the same of the same		
	27 /	17				OF PRINCETON				7	75	
Agencies Notified  ☑ EPA  ☑ DOLWD	Type Notificatio Initial Amended	n		1111	et Address 00 ELM D			MAR 2 6	201	0	The state of the s	
⊠ DOH	Amendment	#11-3	20/18	8 8	State, Zip		1 1		110.00		-	- 1
☑ DCA	☐ Emergency (			PI		N, NJ 08544	į k			Three .		Cale Loan
(NJAC 5:23-8)	justification)			200	ne of Conta	1000	742	Telephone Nur	nber	1.1		+
	☐ Cancellation				OBERT O			609-258-18	41			211 221
Name of Facility 18/1				F	ACILITY II	NFORMATION						
Name of Facility Where A	Abatement is Taki	ng Plac	e (3)				Type of Facility	(4)				
PRINCETON UNIVE	RSITY - FIRES	IONE	LIBE	RARY			School (K-12	2)				
1 WASHINGTON RO	DAD						Other (i.e., pr	(Other than K-1 rivate and comme	2) ercial b	ouildir	ıgs,	
City (5)							Square Feet	# of Floors	F	Bldg. /	Ane	
PRINCETON, NJ							1,000,000	8		70	,gc	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
MERCER							UNIVERSITY		000)			
Name of Monitoring Firm		Owner	(8)	ASCN	1 No.	Name of Abateme						-
ATC GROUP SERVI	CES LLC			00	098		VIRONMENTAL	INC.				
Street Address						Street Address		-				
3 TERRI LANE						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					_
BURLINGTON, NJ 0						BRISTOL, PA	19007					
Project Manager for Monit				phone		Telephone No.		License No.			7	10
MICHAEL R. KEEHN					6-8800	215-788-6040		00509				
Start Date (10)	535.255				ate (11)	Name of OSHA M	onitor					
//				)_ /	18	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement: 6:	Outside of Norma 00AM-3:00PM/	I Facilit	y Houi M₋	s - Des	scribe	City, State, Zip Co	de			20 110-110		
Scope of Work (Check all t						BRISTOL, PA	19007					
☐ ≥3 sf or >3 lf	ас арріу)	⊠ Re	novati	on		Full Conta	ainment with Nega	ative Pressure				
⊠ ≥160 sf or ≥260 lf		□ De	molitic	n			Procedure npted (*) and Non-	-Friable Procedu	ге			
l		1	Locat Norma						Ab	atem	ent T	vpe
Location o Asbestos-Containing M			d Sole		Ashes	Description of stos Containing Mate	oriol (A CNA)		2.00	_		_
TO BE ABAT	ED		intena todial s		(i.e.	, thermal systems in	nsulation,	Amount (Specify	Removal	Repair	nca	Enclosure
IN Facility (13)		Cus	(12)	otan?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Sure
1870-187		Yes	No	N/A		other miscellaneo	us)				ate	
RUSTEES READING						SULATION		85 LF				
WALL OUTSIDE COTS						PROOFING		250 SF	$\boxtimes$			
PRESERVATION ROOF	-					PROOFING		150 SF				
EVEL 1 STAIR #4				$\boxtimes$	PIPE (W	RAP & CUT)		12 LF				
lame of Registered Waste				JDEP V		Cubic Yards of	Name of Registe	red Landfill			1000016	200
SERVICE TRANSPOR	RT GROUP, INC	<b>)</b> .		auler ID 20990		Waste	MINERVA LA	ANDFILL				
ity, State						Disposal Date	City, State					-
NEW CASTLE, DE						400 00 25545525	WAYNESBU	RG, OH				
ompleted By (Print or Type	e) Title					Signature		Dat				
BRIAN SCAFIRO	ES	STIMA	TOR			1.	Sufino/		18/8	1-		
B-41						Grean	markers /	16 0	118 /	20		

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

**JAN 13** 



#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3/16/18 St. Joseph Regional Medical Center Agencies Notified Type Notification Street Address EPA X 703 Main Street Initial DEP City, State, Zip Code Amended X Paterson, NJ 07503 DOL Amendment # X Emergency (including Name of Contact Telephone Number X DOH Frank Ribecca justification) 201-398-6530 DCA Cancelation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence П School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & Commercial buildings, homes, etc.) Paterson Square Feet # of Floors 1.016 3+ 1940 County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Passaic Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 32 Willow Way City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager fo Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/20/18 3/20/18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code X Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) X ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf X Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e. thermal systems insulation, (Specity Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13) other miscellaneous) N/A Yes No Front Stoop Roof over front entry door XXX Black Flashing 20 SF XX Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Regustered Landfill Unicorn Contracting Corp. 0035844 Fairless Hills Landfill City, State Disposal Date City- State Woodland Park, New Jersey TBD Morrisville, PA Completed by Signature Date Dimo Golcev General Manager 3/16/18

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

						MAR	2.6	1	1118	1
Date of Notification (1)		Na	ame of Build	MITC		LICHOLS				distance with an
Agencies Notified Type No	otification	Str	reet Addres	5 70		22/				
D BPA Initial		-		_ 23	KING	SI	_		- 10	
DEP Amer	naea nament#	Cit	y, State, Zip	Code	1.1.01-	U.T.	(-2	110	,	
Emer	gency (including	_		RIO GRU	am de 1			43		
	ication) ellation	Na	me of Conta			Telephone Num	ber			
				SAME		1	_		-	_
None of Facility 1875	. T-Li Blace (2)		ACILITY IN	FORMATION	TT 45-3	4:74				
Name of Facility Where Abatement	DENCE (3)	)			Type of Facil					
Street Address	2190				Subchapte  Subchapte  Other (i.e.	er 8 (Other than K-1 private & commerce		lding	5,	
City (5)	7 - 131				Square Feet	c.) # of Floors	TE	lldg.	Age	
WILDW	000	7			1500	7		50		
CAPE MA			ounty Code ( SE ONLY)	7) (STATE	Current Use (	Prior if being demoli	shed)			
Name of Monitoring Firm Hired by B	uilding Owner	ASC	M No.	Name of Abate	ement Contractor	(9)				
(8) N. M					cltm co	INC				
Street Address				Street Address	69 5 5	PRUCE A	ΙÉ			
City, State, Zip Code		i i		City, State, Zip	Code	HADE NI.				
Project Manager for Monitoring Firm	Te	elephon	e No.	Telephone No.		License No.				_
				856 7	7-0477	004	44			
Start Date (10)	Scheduled Comp			Name of OSHA	Monitor W / /	4				
Occupancy Status During Abatemen	nt (Check only one	)		Street Address						
☐ Facility Closed/Vacated During El					<u> </u>					_
Abatement Performed Outside of Other - Describe:	Normal Facility Ho	urs		City, State, Zip (	Code					
Scope of Work (Check all that apply							eta 190	5-1105-1		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit			☐ Mini-Er ☐ Gloveb	intainment with N nclosure lag Procedure (empted (*) and N	egative Pressure on-Friable Procedu	-0			
	Is Locat	ion	T	Deliver	cerripled ( ) and it	GIFT TRADE FTOCEGU	T -	bate	ment	
	Normal	•		5				Ту	oe	
Location of Asbestos-Containing Material (ACN	Used Sole () Maintena		Asbest	Description of os Containing Ma		Amount			Е	
TO BE ABATED	Custod Staff?		(i.e.,	thermal systems		(Specify	Rei	R	Encapsulate	Enclosure
IN Facility (13)	(12)	10		surfacing, VAT other miscellane		SF or LF)	Remova	Repair	psul	nso
()	Yes No	N/A	1				a		ate	19
	165 100	-	-	In. Aut C	*[	22525	V			
SIDING		X		RANSI	15	2750 SF	X	_	-	_
		-					_	-	-	_
							_	_		-
				0.41.7/	T. 15					_
Name of Registered Waste Hauler	1.	WDEP I		Cubic Yards of Waste	Name of Reg	istered Landfill	1.1	. A		
KLTMCO INC		15 9	04 1	< NO7	1	Ш.С. М.	U.	H		_
City, State WARLE SHAVE	NIJ			Disposal Date	City, State	WBINE	M	7,		
Completed By	Title C . O			Signature	1.000	Date	17	-1	8	
MICHAEL KLIMIN	SUP.			- 190	urn		1/		0	_

		4,5	70%	OLA.
Project#	3	TOTAL STREET	SSISS	100

Check # 4092

Date of Notification (1)			Name	of Building	Owner	Operator	(2)								
03/17/2018									Nintwint	11.5		(2)	7.1	- 1	100 mage
	Type Notification		-		cong To	WIISIII	p Scho	001 L	ISTRICT		1 12	U.7 -	12.0	1	-
					toneher	nge Dr	ive				J	74.1	111/22		27111414
	Initial Amended		H		tate, Zip C		140			-11	11:				
DOL	Amendment			Commence of Contract	sburg, I		65				1	MAR	21	20	)18
■ DOH	Emergency		3		of Contact		000			I:Te	ephone Nu	mber			_
DCA	justification) Cancellation				Fleming						8)21,3-29				
					ILITY INF		ION	-		I(ac	10/213-28	990	-		***
Name of Facility Where Al	batement is Takin	g Place (	3)					Тур	e of Facility	(4)	1 - 1	at.			
Lopatcong School									School (K-	-12)					
Street Address									Subchapte	er 8 (Oth	er than K-1	2)			
263 Rt 57									Other (i.e. etc.)	private	& commerc	ial bui	ldings	, hom	es,
City (5)								Squ	are Feet	# 0	f Floors	I	3ldg. /	Age	
Phillipsburg N	IJ												-	-	
County (6)					Code (7)			Curi	ent Use (Pi	rior if be	ng demolis	hed)			
Warren County				(STATE	USE ONLY	n									
Name of Monitoring Firm H	lired by Building	Owner (8	)	ASC	M No.		Name	of Ab	atement Co	ontractor	(9)				
RAMM							Nick I	Rest	oration L	LC.					
Street Address							Street	Addre	ess						
77 Nottingham Rd							72 Br	ooks	side Rd						
City, State, Zip Code							City, S	tate,	Zip Code						
Fair Lawn				393		Rand	olph	NJ 078	369						
Project Manager for Monito	oring Firm		Telepho	one No.		Teleph				License N	lo.				
Rodger Headrick				201)4	75-988	0	973-9	33-2	2550		01358				
Start Date (10)		Schedu	ed Cor	npletion	Date (11)	l)	Name	of OS	HA Monitor	r					
03/29/2018		04/02/2	2018				IRIS								
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	ess						
Facility Closed/Vacate	ed During Entire F	Period of	Abaten	nent			2333	RT 2	22						
Abatement Performed Other – Describe: 4	d Outside of Norm	nal Facilit	y Hours	3			City, S	tate, 2	Zip Code			- 17			
							Union	, NJ	07083						
Scope of Work (Check All	That Apply)						April 1	22							
≥3 sf or ≥3 lf		(PROPERTY)	Renova					Fi	ıll Containm	nent with	Negative F	ressu	re		
≥160 sf or ≥260 lf			Demolit	ion			h	M .	ini-Enclosur lovebag Pro						
											d Non-Friab	le Pro	cedur	е	
		15	Locati	on										emen	t
Location of	of		Normal	ly		De	scription	of					Т	ре	
Asbestos-Containing M			ed Sole aintena			stos Conf	taining M	lateria		A	mount			m	_
TO BE ABAT In Facility			todial S		(i.e.	thermal	systems cing, VA		lation,		pecify or LF)	Rer	Re	nca	End
(13)			(12)				niscellan		1	31	OI LIT	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1							=		ate	Ге
Custodial Closet area				TOL							+-	-		$\vdash$	
Oustodial Closet area	1	×		-	TSI					8 LF		×	_		$\square$
															$\Box$
Name of Registered Waste	Hauler	1		JDEP W		Cubic	Yards		Name of	Registe	red Landfill	1			
Nick Restoration LLC			10000	auler ID	No.	of Was	ste				105-70-7-7-10-0-1111				
City, State			33	3782		TBD			G.R.O.	a construction					
Randolph, N	J 07869						sal Date		City, Sta						
Completed by		Title	Wall got			TBD	A		Tullytov	vn, PA					
Nikica Mrda		Presi	dent			S	ignature	Λ	· Le	٠.	Da		040		
winda ivii ua		FIESI	utill			11	1	~	1	~	103	17/2	บาช		



Project #

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

Check # 4187

Date of Notification (1)		- 1	Name	of Building	g Owner/0	Operato	or (2)			1731 60	- <del> </del>	7	7-703-0	P
03/08/2018			Hazle	t Towns	ship BC	DΕ			rc 43		1			(A)
Agencies Notified Type Notification				Address	ornp = c							_	-	100 to
E EPA Initial			421 N	liddle R	ld			-	1711					
DEP Amended		Ì	City, S	tate, Zip C	Code					WAR	1 5	20	18	11
DOL Amendment			Hazle	t, NJ 07	7730			1	e Vilg				.0	11.
Emergency justification)		g	Name	of Contac	t				Te	lephone Nur	mber			1
DCA Cancellation			Jorda	n Reed				1	60	9-392-42	00	38.11	4	di.
			FAC	ILITY IN	FORMAT	ION			100	0 002 12	-		1,4	
Name of Facility Where Abatement is Takir	g Place	(3)				0	Ту	e of Facility	(4)					33371
Raritan Valley School								School (K						
Street Address										ner than K-12				
37 Cresci Boulevard								other (i.e.	private	& commerci	al bui	idings	, hom	es,
City (5) Hazlet, NJ 07730	li .						Sq	uare Feet	# 0	of Floors	T	3ldg. /	Age	
County (6)				Code (7)			Cui	rent Use (P	rior if be	ing demolish	ned)		-	
Monmouth County			(STATE	USE ONL	n			76-110-11-12-1-1-11-11-11-11-11-11-11-11-11-11		•				
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of A	batement Co	ontracto	r (9)				
Environmental Connection, Inc.						Nick	Res	toration L	LC	27.3525				
Street Address			-			Street								
120 North Warren St						72 B	rook	side Rd						
City, State, Zip Code		The Person of				0.00	0.500	Zip Code						
Trenton, NJ 08608				<u>::</u>		Rand	dolph	NJ 078	369					
Project Manager for Monitoring Firm			Telepho	one No.		Telep			,,,,	License N	0.			
Dominick Dercole		10	609)3	92-420	0	973-9	933-	2550		01358				
Start Date (10)	Schedu			Date (11)		Name	of O	SHA Monito	r					
03/30/2018	04/10/	2018				IRIS								
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addr	ess						
Facility Closed/Vacated During Entire I	Period of	Abaten	nent			2333	RT	22						
Abatement Performed Outside of Norm Other – Describe: OCCUPIED	nal Facilit	ty Hours	,			City, S	State,	Zip Code						
					- 1	Unior	n, No	J 07083						
Scope of Work (Check All That Apply)			The state of the s											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Contracting	Renova Demolit					N G	lini-Enclosus lovebag Pro	re ocedure	n Negative P			2	
	Τ.			Τ			<u> </u>	on-Exemple	d ( ) an	d Non-Friab	le Pro		e ement	
Location of		s Locati Normal			225	20.02							pe	ŝ
Location of Asbestos-Containing Material (ACM)	Us	ed Sole	ly by	Ashes	Des stos Cont	scription	1 Of Asteri	al (ACM)	١,	mount				
TO BE ABATED		aintenar stodial S		(i.e	. thermal	system	s insu	ilation,	(	Specify	R	771	Encapsulate	E
In Facility (13)		(12)	AGII I			cing, VA niscellar			SI	or LF)	Remova	Repair	aps	clos
()	-	Ι	Τ	1	oulei II	nscenai	leous	)			Val	=	ulat	Enclosure
Boiler Room	Yes	No	N/A	Poilor	insulati		_		000.0				Ф	
	-	_	-					230 5	SF.	×				
Boiler Room	×			Boiler	rope ga	asket			110 L	.F	×			
2013														
														- 1
Name of Registered Waste Hauler	-	N.	JDEP W	/aste	Cubic `	Yards		Name of	Registe	ered Landfill				
Nick Restoration LLC		1	auler ID 3782	No.	of Was	ste		G.R.O.						
City, State Randolph, NJ 07869						al Date		City, Star				A 20%		
Completed by	Title					ignature		Tullytov	VII, PA		-			
Nikica Mrda	dent			10	Guardie	U		~	03/	e 08/2	018			

PAID

Project #

Charlett	4400
Check # 4	1188

			11		L TO NOAC		March March 19			11-0			136	131	11.7	
Date of Notification (1)				Name (	of Building	Owner	/Operator	(2)	10 10							
03/08/2018					t Townsh	nip B	OE				3.1.4.15	~	. ,	010		
Agencies Notified Type	Notification				Address						WHIT	2	j /	Ulŏ		ind house
E EPA	Initial		L		liddle Ro				9							
DEP DOI	Amended	4			tate, Zip Co						. F.O	100				Į
DOL	Amendment Emergency (		— <u> </u>		t, NJ 077	730					2.7	- 10		100	Č	
DOH	justification)	1047-01-1100-10000 <del>10</del> 1			of Contact					Tel	ephone	Num	ber			
DCA	Cancellation				n Reed					609	9-392	420	0			
Name of Facility Where Abater	mont is Takin	a Place /	2)	FAC	ILITY INFO	ORMA"	TION	T = -		745						
Cove Road Elementary		g Flace (3	)				2.	Тур	e of Facility	(4)						
Street Address	SC11001								School (K- Subchapte		or thon	V 10				
8 Cove Rd									Other (i.e.					dings	hom	es,
City (5)									etc.)		vent. The servers					200
Hazlet, NJ 07730	)							Squ	are Feet	#0	f Floors		E	lldg. A	ge	
County (6)					Code (7)	SV		Cur	rent Use (Pr	rior if bei	ng dem	olishe	ed)			
Monmouth County					USE ONLY)	_										
Name of Monitoring Firm Hired		Owner (8)		ASC	M No.		1		patement Co		(9)	200000				
Environmental Connect	ion, Inc.								toration L	LC						
Street Address							Street	Addr	ess				111.772			
120 North Warren St									side Rd			- 25				
City, State, Zip Code							593.5		Zip Code		M.				2-12-1-1	
Trenton, NJ 08608	-							NJ 078	369							
Project Manager for Monitoring	Firm		1	Telepho			Teleph	none l	No.		Licens					
Dominick Dercole					92-4200		973-9				0135	8				
Start Date (10)				npletion	Date (11)			of OS	SHA Monitor							
03/30/2018		04/10/2					IRIS									
Occupancy Status During Abat		75	150				Street									
Facility Closed/Vacated D Abatement Performed Out							2333	2.5								
Other - Describe: OCCU	pied	ai r acility	Hours						Zip Code							
Scope of Work (Check All That	Annly)						Union	i, NJ	07083							
NAME OF TAXABLE PARTY.	прріј/	<u> </u>	• 120,000	********			F	7 _								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit						ull Containm lini-Enclosur		Negati	ve Pr	essu	e		
			· omone					G	lovebag Pro	cedure						
		T				-	B.	N	on-Exempte	d (*) and	Non-F	riable				-
		20 Dec 2008	Locati												ment pe	
Location of	-1 (4 CM)		Normall d Sole				escription					-		1 9	pe	$\vdash$
Asbestos-Containing Materi TO BE ABATED	iai (ACM)	Mai	intenar	ice/			ntaining M Il systems				nount		20	esei I	回	m
In Facility		Cust	odial S (12)	itaff?		surfa	acing, VA	T, or			or LF)	- 1	Remova	Repair	cap	nclo
(13)		<u></u>	( /			other	miscellan	eous	)			- 1	oval	air	Encapsulate	Enclosure
		Yes	No	N/A											te	
Boiler Room		x			Boiler in	sula	tion			230 S	F		×			
											•	-		_		
								-				-	_			-
N																
Name of Registered Waste Hau	ller			JDEP Wauler ID			Yards		Name of	Registe	red Lan	dfill				
Nick Restoration LLC			100000	3782	NO.	of Wa	iste		G.R.O.	W.S						
City, State			100	7702			sal Date		City, Stat						EL DATE C	
Randolph, NJ 0	7869					TBD.			Tullytov							
Completed by	2000	Title				-	Signature		\	,	T	Date				
Nikica Mrda	dent				0	~	1/1	~	1	03/0	8/2	018				
	ca Mrda President										1					

### CK3143

## PAIN

Date of Notification (1) 3/15/18	Check					r/Operator	(2)			E	77 'E	2003	on com	719.2 F	
Agencies Notified	Type Notification	#3143			seph the	e Car	penter				15	j, i		.5	1.7
EPA	Initial			Street A	ast Thir	d Ave									1
DEP DOL	Amended Amendment		_		ate, Zip Co e, NJ, C					d.	įvį	AR Z	Į.	U18	
DOH DCA	Emergency justification)				f Contact Jansser	1					ephone N 8-241-1				10.00
	E Cancellation				LITY INF	30	TION			30	0-241-1	250			
Name of Facility Where		g Place (3)		1 701		OINMA	HON	Туре	of Facility (4	-)					
St. Joseph the Car	penter							×	School (K-12	2)					
Street Address 140 East Third Ave								Ħ	Subchapter of Other (i.e. pr				ildings	, hom	es,
City (5)						1111111			etc.) are Feet	# c	f Floors		Bldg.	Age	
Roselle								2,00		3			50+		
County (6) Union				County (	Code (7) USE ONLY	)		Curre	ent Use (Prio ool	r if be	ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	1 No.		Name EA S		atement Cont	ractor	(9)				
Street Address N/A							Street	Addre	ss						
City, State, Zip Code							426 6		st Zip Code						
N/A				Telepho			Gutte	enber	g, NJ, 070	93					
N/A							Teleph 201-2				License 01074	No.			
Start Date (10) 03/17/18		Scheduled 3/19/18	d Cor	npletion I	Date (11)		100		HA Monitor above				711-3-		
Occupancy Status During	g Abatement (Chec	k Only One	<del>2</del> )				Street	Addre	SS						
Facility Closed/Vac	ated During Entire F	Period of Al	oaten	nent			N/A								
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	3		_	City, S N/A	tate, Z	ip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mir Glo	II Containmer ni-Enclosure ovebag Proce	dure					
		T					×	l No	n-Exempted	(*) an	d Non-Fria	able Pr		Value circus	
Location	o o f	144000000	.ocati ormal	8891977		_	0000/4 12	9						ement /pe	
Asbestos-Containing	Material (ACM)	Used		ly by	Asbes	tos Co	escription ntaining M	laterial	I (ACM)	А	mount			m	
TO BE ABA		Custo	dial S	33773373373	(i.e.		al systems acing, VA		ation,		pecify or LF)	Remova	Re	ncap	Encl
(13)			(12)				miscellan			-	o ,	noval	Repair	Encapsulate	Enclosure
Poilor P		Yes	No	N/A	Daila									in in	
Doller Ko	Boiler Room					r roor	n housir	ng ma	aterial		3 LF	-	X		
											-	-			
												+	+		
Name of Registered Was	te Hauler		10000	JDEP W		100000000000000000000000000000000000000	c Yards		Name of R	egiste	red Landf	ill			
Tri-State Transfer As		auler ID 9551	No.	of W	aste		Minerva	Entre	eprise Ir	ic					
City, State Bronx, NY						Dispo	osal Date		City, State Waynest	ourg,	ОН				
Completed by Title							Signature	(A)	7	J.		ate			
Gina Betances	Mar	nager				W.	luas –	9		3/14/	18				

3144CK

## PAID

Date of Notification (1) 3/15/18 Check	#3144			Building Ov nevieve S			(2)			N. S. a.	rs a	~ 0	040		
Agencies Notified Type Notification		100	Street Ac 209 Pri	ldress inceton R	.d				1.4	30/3	P 2	JE	<del>VIV</del>		
EPA Initial DEP Amended Amendment				te, Zip Code eth, NJ, 0					L.		* , **	ħ.		i i	
DOH justification)  Cancellation	modification at the	100	Name of Rector	Contact						ephone N 8-355-3			1 t		
			FACIL	ITY INFOR	MATIO	N			-						
Name of Facility Where Abatement is Takin St. Genevieve School	g Place (3)						EURO)	f Facility (4) chool (K-12							
Street Address 209 Princeton Rd							0	ubchapter 8 ther (i.e. pri c.)				ilding	s, h	ome	s,
City (5) Elizabeth							Square 2,000		# of 2	Floors		Bldg 50+	Age	Э	
County (6) Union			County C	Code (7) ISE ONLY)			Curren	t Use (Prior ol	if bei	ng demol	lished)		5,000		
Name of Monitoring Firm Hired by Building N/A	Owner (8)	27	ASCM N/A	No.			of Abate ervice	ement Contr S	actor	(9)					25
Street Address N/A						200	Address 39th st								
City, State, Zip Code N/A							tate, Zip enberg	Code , NJ, 070	93						
Project Manager for Monitoring Firm N/A			elephon V/A	e No.			one No. 295-17			License 01074					
Start Date (10) 03/28/18	Scheduled 3/30/18	d Com	pletion D	Date (11)			of OSHA e as al	A Monitor DOVE							
Occupancy Status During Abatement (Chec	k Only One	<del>;</del> )					Address	3							
Facility Closed/Vacated During Entire In Abatement Performed Outside of Norm			ent			N/A Citv. S	tate, Zip	Code							
Other – Describe:		9.00			- 1	N/A									
Scope of Work (Check All That Apply)						V.A.SS	80A								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				×	Mini- Glov	Containmer -Enclosure rebag Proce	dure	2000000					
	T	7778				<u> </u>	u Non-	-Exempted	(*) an	a Non-Fr	iable Pi	7.5%	ure aten	nent	
		ocation or mall											Тур		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solel ntenan odial S (12)	y by ce/		s Conta	ystems ng, VA	Material ( s insulat .T, or		(5	mount Specify or LF)	Remova	repair		Encapsulate	Enclosure
	Yes	No	N/A											e e	
Bsmt Hallway		Χ		Sea	ams @	2" d	lia pipe	Э	;	3 LF		X			
Cafeteria	Χ		Elbow	& T va	alve @	g) side	pipe	1	.5 LF		X				
Bsmt Girls Room	X		Т	valve	above	e door			1 LF		X				
Name (Section III)			IDED W	- L	0.1	( d -		Name of R	!		Jen L				
Name of Registered Waste Hauler Tri-State Transfer Associates		Ha	JDEP Wauler ID 9551	Septiment of the second	Cubic Y of Wast			Minerva	_						
City, State Bronx, NY	-				Disposa TBD	al Date		City, State Waynes		ОН					
Completed by Gina Betances	Title Office	Man	ager		Sig	gnature	1 452 8 1	ueas	_		Date 03/14	/18			

### IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1721

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

CHECK# 1730

	PAI	The same of the sa	(P	ursuani	t to NJAC	8:60 an	d 12:12	0)	CI	HEC	K# 1	/3(	)		
Date of Notification (1) 03/15/2018		20.00		MAP	of Building LEWOO	Owner/D III L	Operator LC	r (2)		-4-10-10-10-10-10-10-10-10-10-10-10-10-10-	(0)	Production of the state of the	CL C		***
Agencies Notified T	ype Notification				Address MAPLE	WOOL	D DRIV	/Ε	the second secon			Ž.	7	2	
DEP DOL	Amended Amendment #		_	City, St MAPI	ate, Zip C LE SHA	ode DE NJ	08052				MAR o	^ 20	)18		
DOH DCA	<ul><li>Emergency (i justification)</li><li>Cancellation</li></ul>	ncluding		Name of DAN	of Contact						ephone Nur 6-206-21				
Name of E. 100 Mar. At				FAC	ILITY INF	ORMAT	ION		- I	1. 155				5	
Name of Facility Where Aba PARK CROSSING AF	PARTMENT H	Place (3 OMES	3)					Ту	pe of Facility School (K-						
Street Address 5 ASHWOOD COURT	Т							7	Subchapte	er 8 (Othe	er than K-12 commerci	2) al buil	dings	hom	es,
City (5) MAPLE SHADE	9.5							Sq 80	uare Feet	# of 1	Floors		8ldg. <i>F</i> 50+	\ge	
County (6) CAMDEN					Code (7) USE ONLY	)		Cu R	rrent Use (P ESIDENT	rior if beir	ng demolish ARTMEN	ied) TS			
Name of Monitoring Firm Hit ACER ASSOC.	red by Building O	wner (8)		ASCI	VI No.		Name ASS	of A	batement Co ED ENVIF	ontractor RONME	(9) ENTAL SE	RVI	CES	INC	
Street Address 1012 INDUSTRIAL DI	RIVE						Street 570		ress EMS RUN						
City, State, Zip Code WEST BERLIN NJ 08	3091						City, S MUL	state,	Zip Code A HILL N	J 08062	)				
Project Manager for Monitor MATT DEPALMA	ing Firm			Telepho 856-8	ne No. 09-1202	2	Teleph 610-	none	No. I-4676		License N	0.			
Start Date (10) 03/15/2018		Schedule 03/26/	ed Con 2018	npletion	Date (11)		Name EMS		SHA Monito	r					
Occupancy Status During Al	batement (Check	Only Or	ne)				Street	Addi	ress						
Facility Closed/Vacated Abatement Performed (	d During Entire Pe Outside of Norma	eriod of A	Abatem Hours	nent			City, S	tate,	130 NOR						20.00
Other – Describe:							CIN	NAN	MINSON N	JJ 0807	7				
Scope of Work (Check All Th	hat Apply)	_					_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(MINORE)	Renova Demolit				ř	l N	Full Containm Mini-Enclosur Blovebag Pro Mon-Exempte	re ocedure	ō			0	
		ls	Locati	on					TON Exemple	a ( ) and	TYON-I Hab	110	Abate		
Location of		- N	Normall	ly		De	scription	of					Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Ma Cust	d Sole intenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa	aining N	fater s insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
2ND FLOOR BED	DROOM	Yes	No	N/A		OINT	20115	<u> </u>						Ф	
A SECONDARIO E EN RESENTANTA DE LA SELA				X		OINT		07/51/15			32	X			
BATHROOM				Х		OINT (			100.000	1	20	Х			
KITCHEN/LAUNDR	RY ROOM			X	J	OINT (	COMP	OUI	ND	9	90	Х			
Name of Registered Waste H	Hauler		h1	JDEP W	lasta	Cubic	Vasd-		NI.	D	11				
ASSURED ENVIRONM		/ICES	H	auler ID 034895	No.	of Was				55777	ed Landfill NDFILL				
City, State MULLICA HILL NJ							al Date 7/2018	$\sim$	City, Sta WAYN		RG, OH				
Completed by RON SWANSON		Title GEN	ERAL	MAN	AGER	S	ignature	Ku	eeb	VCU1091	7 Dat 03		2018		

## IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1721

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

CHECK# 1731

Date of Notification (1) 03/15/2018	PA				f Building EWOOI			r (2)			E	7	1. The state of th	11.77	in the second
Agencies Notified	Type Notification Initial				ddress MAPLE	WOOE	DRI\	/E	-3-3-3-10-2-15-	The second second	MA MA	R 2	6 /	2018	Company of the
DEP DOL	Amended Amendment		_	ity, Sta MAPL	ate, Zip Co E SHAD	de DE NJ	08052	2		1	L		5 AM (12)	.010	
DOH DCA	Emergency ( justification) Cancellation	(T.)	223	lame of DAN	f Contact						ephone Nu 56-206-2				- Ř.
Name of Facility Where PARK CROSSING	Abatement is Takin	g Place (3)		FACI	LITY INFO	DRMAT	ION	Туре	of Facility	(4)					
Street Address 6 LOCUST COUR			<del></del>			-			Other (i.e.	r 8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) MAPLE SHADE									e Feet	# 0	f Floors		3ldg. /	Age	
County (6) CAMDEN					Code (7) USE ONLY)			Currer	nt Use (Pr IDENTI	ior if bei	ng demolis ARTMEN	ned) TS	1100000		
Name of Monitoring Firm ACER ASSOC.	Hired by Building (	Owner (8)		ASCN	/ No.		Name ASS	of Abat	ement Co ENVIF	ntractor RONME	(9) ENTAL SI	ERVI	CES	INC	
Street Address 1012 INDUSTRIAL	DRIVE							Address	s IS RUN						
City, State, Zip Code WEST BERLIN NJ	08091			5				State, Zip LLICA	Code HILL NJ	0806	2				
Project Manager for Mor MATT DEPALMA	itoring Firm			elephor 356-80	ne No. 09-1202			hone No -304-4			License N 01145	lo.			
Start Date (10) 03/15/2018		Scheduled 03/16/20	Comp	letion [	Date (11)		Name		A Monitor						
Occupancy Status Durin Facility Closed/Vac	g Abatement (Check ated During Entire P		toma	nt.				Address RT. 13	s 0 NOR	ТН			8	1000 450	
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility H	ours	iit.		_		State, Zip	Code NSON N	J 0807	77	-			
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	ovatio				_	Mini Glov	-Enclosur rebag Pro	e cedure	Negative F				
		10000	cation					_ Non-	-Exempte	d (*) and	d Non-Friab	le Pro	Abate	ement	
Location Asbestos-Containing	Material (ACM)	Used S Mainte		by	Asbest	os Cont	scription aining N	flaterial (	(ACM)	А	mount		1)	/pe	
TO BE AB, In Facil (13)		Custod			(i.e.	surfac	system: cing, VA niscellar		ion,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
6 LOCU	IST	Yes 1	No	N/A X	10	OINT (	CMP	OUND			8	-		te	(D
0.2000			+	^		Olivi	JOIVII	OUND			0	Х			
Name of Registered Was	te Hauler		NIF	DEP Wa	aste	Cubic	Varde		Name of	Pogiata	50d   05dfill				
ASSURED ENVIRO		VICES	Hau	iler ID I 34895	No.	of Was					red Landfill NDFILL				
City, State MULLICA HILL NJ							al Date 5/2018		City, Stat WAYN		RG, OH				
Completed by RON SWANSON		Title GENEF	RALI	MANA	AGER	S	ignature	Kuse	ebu	XMO6	M Da		2018	}	

### 1 1001L 2 Utter

	- FAII									I port					
Date of Notification (1) 03-19-18	yes it it is a second				of Building Instein Pr			or (2)	1		MA	R 2 (	20	18	
Agencies Notified	Type Notification			Street A	ddress ast Mair	St.			-		<u></u>				1
DEP DOL	Initial Amended Amendmen	t#			ate, Zip Co		4			F 1	1		-	-	
DOH DCA	Emergency justification	(including	_  -		f Contact					Te	lephone N	lumber			
DCA	Cancellation				Burkart						73) 256-				
Name of Facility Where	Abatement is Takir	ng Place (3)	1	FAC	ILITY INFO	ORMAT	ION	Tv	pe of Facility (4	1)					
Commercial Proper	rty Building # 1	2						П	School (K-1	6					
Street Address 101 East Main St.								1F	Subchapter Other (i.e. p	8 (Oth			ldings	, hom	es,
City (5)									etc.) uare Feet	# c	f Floors		Bldg.	Age	
Little Falls	and the second second												3	-3-	
County (6) Bergen					Code (7) USE ONLY			Cu	rrent Use (Pric	r if be	ing demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.				batement Con ontracting L		(9)				
Street Address				1	**		Street 522	t Add	ress						
City, State, Zip Code									, Zip Code		-				
							Unio	on C	ity NJ 0708	7					
Project Manager for Mor	itoring Firm			Telepho	ne No.		Telep 201		No. -9603		License 01206	No.			
Start Date (10) 03-29-18		Scheduled 04-04-1		npletion	Date (11)		100000000000000000000000000000000000000		SHA Monitor Ontracting LI	_C					
Occupancy Status During	g Abatement (Che	k Only One	e)				Street	Add	ress						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Al	batem	nent			522	2. 128/03							
Other – Describe:	7:00 am- 5:00 pm		riours				155.00		Zip Code ity NJ 0708	7					
Scope of Work (Check A	Il That Apply)								-	<u> </u>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova emolit	CT. T. 6.40				- N	Full Containme Mini-Enclosure Glovebag Proc		Negative	Pressi	ıre		
									Non-Exempted		d Non-Fri	able Pro	ocedu	re	
			ocati											ement	١
Location Asbestos-Containing	Material (ACM)	Used	Sole	ly by	Asbest		scription taining		ial (ACM)	А	mount		T		
TO BE AB		Custo	dial S	하게 (하였다	(i.e.		system				Specify or LF)	Remova	Re	ncap	Enclosure
(13)			(12)				niscella					loval	Repair	Encapsulate	sure
4-4-51		Yes	No	N/A								_		69	
1st Flo	oor	1	Х		Ceilii	ng Co	rk-Like	Ins	ulation	16	40 SF	X		-	
	-, -											+	-	-	$\vdash$
												+	+	-	
Name of Registered Was	ste Hauler		0,000,00	JDEP W	77.77		Yards		Name of F	tegiste	red Landf	ill			
Delfa Contracting LL	.C		H	auler ID 35240	30.0000	of Wa			Tullytow	n Re	source l	Recov	ery F	acili	ty
City, State Union City, NJ				33.7			sal Date 04-18	1	City, State Tullytow		١				
Completed by	100	Title				5	Signature	e /				Date		- 0 - 1	
Jaime Delgado		Proj. N	/lana	iger.	C-0.00023113-200			11	A		(	)3-19-	18		

10 ° St.	b	W"HIT'S	State of New Jersey
	A	1 1	NOTIFICATION OF ASBESTOS ABATEMENT
(74)	35 (30%)	_100 L (000+1)	(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 03/16/2018	Page 1	of 2			of Building J Prope		Operator (2 C	2)	A CONTRACTOR OF THE PARTY OF TH	MA	R 2	6 7	2018	200.000
Agencies Notified	Type Notificatio	n			Address	1120	24		1 1					-
X EPA	x Initial				ıckingha		id		6	SBES	A cause			<u>-</u>
DEP X DOL	Amended Amendmer	nt#			tate, Zip Coln Park,		035				Jire i			- OL
X DOH	Emergency justification	(includin	g		of Contac				Tologh	ana Ni				
DCA	Cancellation			10000000	Carpino				Teleph 908-4					
Name of Facility Where A	hatament is Tele	as Disse	/O\	FAC	CILITY INF	FORMAT						-		
Residence	Abatement is Taki	ing Place	(3)					ype of Facility	(4)					
Street Address								School (K-	12) r 8 (Other th	an K 1	121			
								Other (i.e.	private & co	mmerc	ial bu	ldings	, hom	ies,
City (5)							5	etc.) Square Feet	# of Flo	ors	- 1	Bldg.	Aae	-
West Orange												- 3	3-	
County (6) Essex				County (STATE	Code (7)	Y)		Current Use (Pr	ior if being o	lemolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name of	Abatement Co	ntractor (9)					
Briggs Associates In	IC.							nstruction Co		1				
3 Crosswicks Street							Street Ac		45 9400	8.				
City, State, Zip Code								ute 46 Suite	15 #182					
Bordentown, NJ 085	505							e, Zip Code vay, NJ 078	66					
Project Manager for Monit	toring Firm			Telepho			Telephon			ense N	lo.			
Mike Hoodak					98-5520		973-66	9-2900	5000	231				
Start Date (10) 03/28/2018		Schedu 04/04/			Date (11)			OSHA Monitor der Laborato	ories Glob	al Inc				
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street Ad		01100 0100	ar mic	••			
Facility Closed/Vacat	ted During Entire	Period of	Abate	ment			2512 W	/ Cary Stree	t					
Abatement Performe Other – Describe:	d Outside of Norr	mal Facilit	y Houi	rs				e, Zip Code	20000000					
Scope of Work (Check All	That Apply)			-			Richmo	ond, VA. 232	220					
23 sf or ≥3 lf	тист грргу ј	П	Renov	otlos			×							
x ≥160 sf or ≥260 lf		_	Demol				×	Full Containme Mini-Enclosure	ent with Neg e	gative F	Pressu	re		
<u> </u>							×	Glovebag Prod Non-Exempted	cedure	n Eriah	lo Dro	ooduu		
		ls	s Loca	tion				14011 Exchipted	( ) and No	II-I IIaL	T		ement	t
Location			Norma			Des	scription of					Т	ре	
Asbestos-Containing N TO BE ABA	/laterial (ACM) TED	Ma	aintena	ince/			aining Mate		Amou		77		m	m
In Facility (13)	/	Cus	todial (12)		(1.0)	surfac	cing, VAT, o	or .	(Speci SF or L		Removal	Repair	cap	Enclosure
(10)		Van	Na	T N//A	-	otner n	niscellaneo	ıs)			oval	air	Encapsulate	sure
Basemer	nt	Yes	No X	N/A		D'			2.22				Ф	
Basemer					FI 101	(2)	insulatio		80LF		Х			
Througho			X		Flue/Cr			oiler Gaske	38SF		X			
			Х				Plaster		35008	F	Х			
Basement/Launo Name of Registered Waste			X	LIDED			oor tile		30081		X			
Century Waste	riduler			IJDEP W lauler ID		Cubic of Was		T 2000 0000	Registered L	andfill	-			
								Fairless	Landfill					
City, State Elizabeth, NJ						Dispos	al Date	City, State						
Completed by		Title				91	ignature	Morrisvi	IIE, PA	Dai	10			4
Barbara Reed		Presi	dent				neile	210 110	ed	49.50	te /16/2	018		
						11	0190000	ve !			~0.103 <del>7</del> /1/8			

		NOTIF	CATIO	N OF ASI	BESTOS	ABATE	MENT	5	尼	(P)	E	1	7 [		
Date of Notification (1)		,,							6	G	IJ.	) 	# [] [	=======================================	
	Page 2 of 2			of Building J Proper			r (2)	IKI						Appropriate to	
Agencies Notified Type N	otification		Street	Address	Address of the second					MAR	2 (	- 20	)18	and a second	
	itial			ckingha		d 									
	nended nendment #			tate, Zip C In Park,		035			P	) )(.; '7)	271	: ivi	CL	ĈŁ.	
	mergency (including stification)	g	Name	of Contact					Tel	ephon	e Nur		A A STATE OF THE	Philippe 1	292
	ancellation			Carpino					90	8-489	9-16	94			
Name of Facility Where Abateme	nt is Taking Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	acility (4)							
Residence		6 - 195						ol (K-12)							
Street Address							Subc	hapter 8 (i.e. priv	(Oth	er than	K-12	2) al buil	dinas	hom	29
City (5)							etc.) Square Fe			f Floor					
West Orange							Oquare i e	e.	# 01	FIUUI	5	1	Bldg. A	ige	
County (6) Essex				Code (7) USE ONLY	0		Current Us	se (Prior	if bei	ng der	nolish	ed)			
Name of Monitoring Firm Hired by Briggs Associates Inc.	Building Owner (8	)	ASCI	M No.			of Abateme								
Street Address 3 Crosswicks Street				2.1		Street	Address Route 46								
City, State, Zip Code				Thair cons			tate, Zip Co		5#1	102					
Bordentown, NJ 08505							away, NJ								
Project Manager for Monitoring Fir Mike Hoodak	rm		Telepho 609-29	one No. 98-5520			one No. 369-2900			Licen 0123	se No	).			
Start Date (10) 03/28/2018	Schedu 04/04/		npletion	Date (11)			of OSHA Mo								
Occupancy Status During Abatem							eider Lab	oratori	es G	lobal	I Inc.	8			
Facility Closed/Vacated Durin	na Entire Period of	Abaten	nent				W Cary S	Street							
Abatement Performed Outsid Other – Describe:	e of Normal Facilit	y Hours	i				tate, Zip Coo mond, VA		)						
Scope of Work (Check All That Ap	ply)								10						
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Renova Demolit				×	Full Cont Mini-Enc Glovebag	losure g Proced	ure						
	Is	Locati	on			<u>r</u>	Non-Exe	mpted (*	) and	Non-l	-riable		cedure Abate		
Location of		Normal ed Sole	ly			scription							Ту	ре	
Asbestos-Containing Material ( <u>TO BE ABATED</u>	Ma Ma	intenar todial S	nce/				aterial (ACM insulation,	1)		nount pecify		ZJ.	_	Enc	ш
In Facility (13)	Cus	(12)	itan:		surfac other m	ing, VAT	Γ, or eous)			or LÉ)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									'al	=	late	лге
Sun Porch		X		1	Floor til	es w/n	nastic		83	BSF		X			
Throughout		X			Wind	low Ca	ulk		30	SF		X			
Name of Registered Waste Hauler Century Waste		7 (75)	JDEP W auler ID		Cubic \ of Was		N 599 57	ne of Reg			ndfill				
City, State								rless La	andf	ill					
Elizabeth, NJ					Dispos	al Date		State risville	, PA	W.					
Completed by Barbara Reed	Title Presi	dent			Si	grature		600	0		Date 03/	16/2	018		

	1 1 发展基力		NOTIF (F	CATIO	N OF ASB	ESTOS 8:60 an	ABATE d 12:12	MENT 0)		i E	G	F	Ci Ci	1.7	, a	7
Date of Notification (1) 03/16/2018	Page 1 of	2		Name GBS.	of Building J Propert	Owner/eies LL	Operator C	r (2)		1	and grand in the con-			) - 4 -	7	17000
Agencies Notified T	ype Notification				Address ckinghan	n Road	d				MAR	2 6	20	118	Section Contract	뾔
DEP X DOL	Amended Amendment #				tate, Zip Co In Park, I		035			Pic.				110	G C	
Ď DOH DCA	<ul><li>Emergency (in justification)</li><li>Cancellation</li></ul>	cluding			of Contact Carpino						lephone 8-489		ber		2071	÷
Name of Escility Whore Abo	tomost is Table	DI/	- 1	FAC	ILITY INFO	ORMAT	ION									
Name of Facility Where Aba Restaurant	itement is Taking	Place (	3)					_	Facility (							
Street Address 303 Mt. Pleasant Aver	nue							Su X Ot	hool (K-1 bchapter her (i.e. p	8 (Oth	er than & comm	K-12) nercial	buil	dings,	hom	ies,
City (5) West Orange								Square		# 0	f Floors		В	ldg. A	.ge	
County (6) Essex					Code (7) USE ONLY)	5 <del>6 </del>		Current	Use (Pric	r if bei	ing dem	olishe	d)			
Name of Monitoring Firm Hin Briggs Associates Inc.		vner (8	)	ASCI	M No.			of Abate	ment Con							
Street Address 3 Crosswicks Street							Street	Address	6 Suite	-						
City, State, Zip Code Bordentown, NJ 08505	5		-31	98			City, S	tate, Zip			102					
Project Manager for Monitori Mike Hoodak	ng Firm			Telepho	one No. 98-5520		Teleph	one No. 669-290			Licens					
Start Date (10) 04/05/2018		chedul	ed Con		Date (11)		Name	of OSHA		ries C			111 1			
Occupancy Status During At	patement (Check (	Only Or	ne)					Address	2001010	103 0	Jiobai	IIIC.				-
Facility Closed/Vacated Abatement Performed 0	During Entire Per Dutside of Normal	riod of A	Abatem Hours	ent				W Can	Street							
Other – Describe:						-			/A. 232	20						
Scope of Work (Check All Th	at Apply)	_														
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Pemolit	200000000000000000000000000000000000000			×	Mini-E Glove	ontainme nclosure bag Proce xempted	edure					6	
			Locati											Abate	ment	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)	erial (ACM) D	Use Ma	iormali d Solei intenar odial S (12)	y by nce/	(i.e. t	os Conta hermal: surfac	cription of aining Management of the second	aterial (A insulatio Γ, or	CM)	(S	mount pecify or LF)		Remova	Ty <sub>I</sub> Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>		ate	Гe
Basement/Crawl	Space		X			Pipe	insulat	ion		7	5LF	X				
Basement			X		Е	Boiler F	Rib Pad	cking		3:	5SF	X				
Throughout 2nd	Floor		X			Р	laster			450	00SF	X				
2nd Floor Room & S			Χ			Lir	oleum			45	0SF	X		1		
Name of Registered Waste H	auler		111 200000	JDEP W	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Cubic Y		N	ame of R	egister	ed Lan					
Century Waste			116	adici ID	110.	UI VVaS	ie.	F	airless	Land	fill					
City, State Elizabeth, NJ						Disposa	al Date		ity, State Iorrisvill	e, PA	ζ.					
Completed by Barbara Reed		Title Presid	dent			Sig	gnature	hace	: -16	ed	7	Date 03/1	6/2	018		



		(	Pursuar	nt to NJAC	8:60 ar	nd 12:12	0)	1 - 1	E	(F)	Par Lat	11.5	77
Date of Notification (1) 03/16/2018 Page 2 of	of 2			of Building J Proper			(2)		<u>(</u>	U.J			
Agencies Notified Type Notification				Address					N	AR	21	20	18
X EPA X Initial				ıckinghar		d		1 Art 10 S					
DEP Amended Amendment	#			tate, Zip Co In Park,		035			<i>F</i> . :	1.0			355
DOH Emergency justification)	(includin	g		of Contact				Telepho			į, ė	+	
DCA Cancellation				Carpino				908-48					
Name of Facility Where Abatement is Takin	- DI	(0)	FAC	CILITY INF	ORMAT	ION							
Restaurant	g Place	(3)					Type of Facility						
Street Address 303 Mt Pleasant Avenue								12) r 8 (Other tha private & con			ldings	, hom	es,
City (5) West Orange							Square Feet	# of Floo	ors	E	Bldg.	Age	
County (6) Essex				Code (7)	)	_	Current Use (Pr vacant	ior if being de	molish	ed)			
Name of Monitoring Firm Hired by Building 0 Briggs Associates Inc.	Owner (8	3)	ASC	M No.			of Abatement Co onstruction C						
Street Address 3 Crosswicks Street						Street	Address Route 46 Suite						
City, State, Zip Code Bordentown, NJ 08505							tate, Zip Code away, NJ 078	66					
Project Manager for Monitoring Firm Mike Hoodak			Telepho 609-2	one No. 98-5520		Teleph	one No. 369-2900		nse No	),			
Start Date (10) 04/05/2018	Schedu 04/18/		mpletion	Date (11)		Name	of OSHA Monitor eider Laborato						
Occupancy Status During Abatement (Check	Only O	ne)					Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent			City, S	W Cary Stree ate, Zip Code						
Scope of Work (Check All That Apply)						Richr	nond, VA. 232	220				Later Hill	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	processor .	Renova Demolit				×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
	10	s Locati				12					Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	scription	of		-		Ту	ре	
TO BE ABATED In Facility (13)	Cus	aintenar todial S (12)	Staff?	(i.e.	thermal surfac	aining M systems sing, VAT niscelland		Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
2nd Fl Alcove & Room	Yes	No	N/A									е	
		X				noleum		125SF		X			
Parapet Walls, perimeter edging		X				Flashi		450SF		X			
Basement		Х			Boiler	Rib Ga	sket	25SF		X			
Name of Registered Waste Hauler		I N	IDED W		0.11.1								
Century Waste		E-75/2	JDEP W auler ID	2000 000 000	Cubic \ of Was		Name of F	Registered La Landfill	indfill				
City, State Elizabeth, NJ					Dispos	al Date	City, State Morrisvi						
Completed by Barbara Reed	Title Presi	dent			Si	gnature	aca Ma	and a	Date 03/		018		

CK 23029

Date of Notification (1) 3/14/2018			Name NJD0	of Building	Owner/C	perator (	2)		MD 0	_	2010	, 37	The second secon
Agencies Notified Type Notification  EPA   X   Initial	on			Address BOX 600			1 4	MA	AR 2		<u> 2018</u>		Himmon.
DEP Amended Amendme	ent # y (including	_	TREN	tate, Zip Co NTON, No		5 -0600		<i>j</i>				6.	
☑ DOH   justificatio     ☐ DCA   Cancellatio	n)			of Contact NDRA PA	TEL			Telephor					
Name of Facility Where Abatement is Tal DOT SUMMIT MAINTENANCE	king Place (3	)) )G #		ILITY INFO	DRMATIC		Type of Facility						
Street Address 46 SPRINGFIELD AVENUE			1000				Other (i.e.	12) r 8 (Other tha private & com	n K-12 nmercia	) I bui	ldings	, hom	ies,
City (5) SUMMIT							etc.) Square Feet	# of Floo	rs	1	Bldg. /	Age	
County (6) UNION			County (STATE	Code (7) USE ONLY)			Current Use (Pri	or if being de	molishe	ed)			
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL CONNECTION	g Owner (8) ON INC.		ASCI	M No.		Name of	f Abatement Cor BROTHERS	ntractor (9) CONTRA(	CTING	S, IN	IC.		
Street Address 120 NORTH WARREN STREET						Street A	<sup>ddress</sup> EELAND AV	ENUE		30			
City, State, Zip Code TRENTON, NJ 08608							te, Zip Code WA, NJ 0751	12					
Project Manager for Monitoring Firm DOMINICK DERCOLE				92-4200		Telepho 973-9	ne No. 56-8700	Lice 004	nse No 194	9			
Start Date (10) 3/26/2018	4/9/201	8	mpletion	Date (11)			OSHA Monitor AS (9) ABO	VE					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe: VACANT	Period of A	haten	nent			Street A	ddress te, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
Location of	0.000	ocati					zion zionpio	( ) and ivon	Tilable	110	Abate	ement pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used Main Custo	Sole tenar	ly by nce/	(i.e. th	s Contai hermal sy surfacir	ription of ning Mat ystems ir ng, VAT, scellaned	erial (ACM) asulation, or	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No X	N/A	W	VINDO	W CAL	IL IZ	475.15				ite	Ф
					VIINDO	VV CAC	JLK	175 LF		Х			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Ya	ards	Name of F	Registered La	ndfill				
TWO BROTHERS CONTRACTING	3	3555	auler ID I 3743	No.	of Waste 8	)		MANAGE		ΓG	.R.O	.W.S	3.
City, State TOTOWA, NJ					Disposal 4/9/201	1.00	City, State	SVILLE, PA	A				
Completed by VIVECA RAMOS	Title PROJE	ECT	COOR	DINATO		nature	4 11 d X 3		Date 3/14	/20	18		

CK 14287



Date of Notification (1) 3/15/2018			Name Pequ	of Building Owne annock, Linco	r/Operato	or (2)	irfield Sev	verage	Autho	ritv	17	1	.7
Agencies Notified Type Notification  X EPA Initial			Street	Address In Blvd	-				MAR		20	18	
DEP Amended  Amendment  Emergency		_		tate, Zip Code In Park, NJ 07	7035			12-1-				1	i'i.
DOH justification)  DCA Cancellation			Micha	of Contact ael E. Solla					phone N 3-696-4			0	33 D
Name of Facility Where Abatement is Takin	n Place (*	3)	FAC	ILITY INFORMA	TION	Tune	e of Facility (	(4)					
Two Bridges Wastewater Treatment Street Address Lincoln Blvd	nt Plant					×	School (K-1 Subchapter Other (i.e. p	2) 8 (Othe			ildings	, hom	nes,
City (5) Lincoln Park						1,87	are Feet 75	# of 1	Floors	- 1	Bldg. 40	Age	
County (6) Morris				Code (7) USE ONLY)			ent Use (Pric						
Name of Monitoring Firm Hired by Building C Lighthouse Environmental, Inc.	Owner (8)		ASCI	M No.			atement Cor nvironmer			Inc.			
Street Address 3 Vose Avenue						t Addre	7.70						
City, State, Zip Code South Orange, NJ 07079				4	City,	State, 2	Zip Code Ile, PA 19	460					
Project Manager for Monitoring Firm Sarah Calandra		T	Telepho 973-2	one No. 75-5000	Telep	hone N	lo.	T	License	No.			
Start Date (10) 4/2/2018	Schedule	ed Con	npletion	Date (11)	1000		HA Monitor nvironmer			Inc.			
Occupancy Status During Abatement (Check	Only On	ie)				t Addre							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	Abatem	nent			Ridge State, Z	Road ip Code			- N			
Other – Describe:							lle, PA 19	460					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if		enova emolit	ion (By	/ Neuber er Abatemer	nt)	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
	9 553	Locati									Abat	emen	t
Location of Asbestos-Containing Material (ACM)		lormal d Sole			escription		(ACAA)				1	уре	
TO BE ABATED In Facility (13)	1.0000000000000000000000000000000000000	ntenar odial S (12) No				s insula AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Grit Building	100	110	X	Roof	ing/Fla	china		1 07	5 SF	X	-		
Grit Building			X		k on H	-			SF	X	-		
Grit Building			X		work p	Harry Street		250		X			
Grit Building			X		ge Gas			45		X			
Name of Registered Waste Hauler		N.	JDEP W		Yards		Name of R						
Rovic Transport			auler ID 1785	No. of Wa	iste		PWS Be						
City, State Riverdale, NJ				Dispo 4/20	sal Date 18		City, State Bethlehe						
Completed by Timothy Walter	Title Projec	ct Ma	nager		Signature	-7	Was	=	10.370.00	ate /15/18	3		

CHOOT \$ 24434

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

Date of Notification (1)	- 74 50	10.00		Nam	e of Buildir	ng Owner/Operator	(2)	construction of the Act	the streets	2071 H.		7
//	17	_				Company	(-)		1 12	1.27		
Agencies Notified Type Notified	cation			Stre	et Address		- 1 1 1 e			30, 33	111	
☑ EPA ☑ Initial				19	04 J. T. E	Baker Way	1/7/1	0.000	0 001	O.	The state of the s	
☑ DEP   ☐ Amende     ☐ DCA (NJAC 5:16)   Amenda					State, Zip			MAR 2	6 201	3	11096540	4
DCA (NJAC 5:16) Amenda	nent #_	cluding		Pł	illipsbur	g, NJ 08865					+	
☐ DCA justificat	tion)	Juani	y		e of Contac			Telephone N	umher	/x	راء	- 1
(NJAC 5:23-8)	ation				n Johnso		4	267-688-9		140.30	•	1
				FA	CILITY II	NFORMATION				'X		
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility	(4)				
J. T. Baker Company							School (K-12	2)				
Street Address							Subchapter 8	Other than K	-12)			
1904 J. T. Baker Way							Other (i.e., pr homes, etc.)		rcial bui	dings	,	
City (5)							Square Feet	# of Floors	В	ldg. A	lge	
Phillipsburg							8932	2		50+		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Warren							Prior use ch	emical comp	any			
Name of Monitoring Firm Hired by Buil		wner (	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Environmental Connection, In	С			003	0	Diamond Hui	ntbach Constru	ction Corpo	ration			
Street Address						Street Address						
120 North Warren Street						500 East Luz	erne Street					
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08608						Philadelphia,	PA 19124					
Project Manager for Monitoring Firm			Te	lephone	No.	Telephone No.		License No.				
Roland Jones				309-392		215-739-8166	ì	00646				
					ate (11)	Name of OSHA M						
03 /18	05	- 15		4_ /	18	SAME AS AB	OVE					
Occupancy Status During Abatement (						Street Address						
<ul><li>☐ Facility Closed/Vacated During Enti</li><li>☐ Abatement Performed Outside of No.</li></ul>	re Perio	od of	Abate	ement	21.							
Time of Abatement: 7AM-5PM/	PM-	-acility	_AN	ırs - De:	scribe	City, State, Zip Co	ode					
Scope of Work (Check all that apply)			20000	<del>}</del>			SIRVOVANO TAKA MARKAMAN	1000				
≥3 sf or ≥3 If	Г	□ Rei	nova	tion		☐ Full Cont☐ Mini-Encl	ainment with Neg	ative Pressure				
≥160 sf or ≥260 If	D	☑ Der					Procedure					
		le	Loca	tion	T .		mpted (*) and Nor	-Friable Proced	dure			
Location of		N	lorma	ally		Description of	f		Ab	atem	ent Ty	уре
Asbestos-Containing Material (ACM	1)			lely by ance/	Asbe	stos Containing Mat	terial (ACM)	Amount	교	R	Щ	Щ
TO BE ABATED IN Facility				Staff?	(i.e., the	rmal systems insula VAT, or	ition, surfacing,	(Specify	Remova	Repair	icap	lclo
(13)	-		(12)	)	1	other miscellaned	ous)	SF or LF)	val	-	Encapsulate	Enclosure
		Yes	No	N/A							ate	
Exterior Building	[		$\boxtimes$		Transite	e Panels		2920 SF				
Exterior Building	[		$\boxtimes$		Window	/ Caulk		846 SF				
interior Building	[		$\boxtimes$		Pipe ins	sulation		1768 LF				
Next page	]									П		П
Name of Registered Waste Hauler			1	NJDEP 1	Vaste	Cubic Yards of	Name of Regist	ered Landfill			_	_
Service Transport Group			F	dauler II A901:	D No. <b>#20990</b>	Waste 80	Minerva La					
City, State			-			Disposal Date	City, State					
New Castle, DE						as needed	Waynesbur	g, OH				
Completed By (Print or Type)	Title					Signature		Ti	Date			
Wayne Huntbach	Pro	ject	Man	ager		in)ca	~		7-11	L	2	

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



MAR 2 6 2018

Code*	Location of material	Description of material	Amount of ACM	SF/LF	Abatement
FRI	Interior	Pipe Insulation Debris	90	SF	Removal
NF1	Interior	Asbestos Floor Tile	10,221	SF	Removal
FRI	Interior	Asbestos Tank Insulation	90	SF	Removal
NF1	Interior	Transite bench tops	38	SF	Removal
NF1	Interior	Transite fume hoods	1230	SF	Removal
NF1	Interior	Oven window gasket	3	LF	Removal
					-

APPROVED BY: CK3337

State of New Jersey
Franklin Meyer, DOL NOTIFICATION OF ASBESTOS ABATEMENT
3/13, 2:30pm

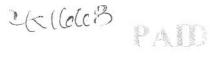
(Pursuant to N.J.A.C. 8:60 and 12:120) CML# 3332

Date of Notification			Name of Building Owner / Operator (2) State of New Jersey Department of Human Services													
	3/13/18							ersey Departm	ent of F	łuman Se	rvices					
Agencies Notified	Type Notific	cation		1000		Add				7 - 14718 FD96	TO CO ST			er marri	v. e <sup>n</sup> . e a .	FO 1 127
☐ EPA	<u> </u>							222 South War	ren Stre	et	EGE	,-9	1	7 5	a .	
DEP	Initia						& Zip			San San	*******			10. Text	1	111
□ DOL		ended					NJ 08			1-5						111
□ DOH		ergency		Na	me	of C	ontact				MAR :	Tele	epho	ne N	umb	er
☐ DCA	☐ Can	cellation		Pa	me	la T	ye-Ha	ırlan		[4 4]	men i	609	-29	2-18	56	21
					FAC	CILIT	TY INI	FORMATION		L.					*	
Name of Facility Wi								Type of Facil		· F.			80	1.6		1
Hunterdon Devel	opmental	Center – Cot	tage					School (		W. F. S. G			190.0			(0) 04 (0)
Street Address										her than K-						
40 Pittstown Roa	Id									& commer					etc.)	
O:t- (5)		To						Square Feet	#	of Floors		Bldg	J. Ag	е		
City (5)		County (6)	C	oun	ty C	ode	(7)									
Clinton		Hunterdon						Current Use		eing demol	ished)					
N								Various Se								
Name of Monitoring	Firm Hired	by Building Ow	ner (8	3)		AS	CM No				9)					
Whitman Street Address						1		Bristol Env		ntal, Inc.						
7 Pleasant Hill								Street Addres								
City, State & Zip Co	do							1123 Beave								
Cranbury, NJ 085								City, State &		)						
Project Manager for		Firm	Tole	nho	no	Num	hor	Bristol, PA Telephone N			Tr :					
Kevin Lovely	Morntoning	11111	732				bei	(215) 788-6			License 1 00509	Num	ber			
Scheduled Start Dat	te (10)	Scheduled Cor		10 -0.00	_		1	Name of OSH		or	00303					
3/19/18		00,1044,04		3/18		0 (11	,	Bristol Env								
Occupancy Status D	ouring Abate	ment (Check o	nly or	ne)				Street Addres						-		
		During Entire F						1123 Beave	r Street							
	Performed O	utside of Norm	al H	ours	<b>-</b> 7	am t	o 3pm	City, State &	Zip Code							
Describe:								Bristol, PA	19007							
Facility Occu	upied During	Abatement 7A	.M- 3	30 F	PM											
Scope of Work (Che	ck all that a	oply)										•		_		
≥3 sf or ≥3 lf			$\boxtimes$	E	2enr	ovatio	n			ull Containn ini-Enclosu		1ega	itive	Pres	sure	
≥160 sf ≥260						olitio				love Bag Pr						
			Ш	L	CIII	Ontio	11			on-Exempte		n Er	ioblo	Dro	20411	
Lo	cation of		Is	Loc	ratio	nn.	Τ	Description			Amount	1-511				
	os-Containir	g	Nor					Asbestos-Con		10 9	(Specify	-	Aba	terne	ent T	ype
Mate	erial (ACM)			Sole				Material (A			SF or LF)				ш	-
	E ABATED		100000000000000000000000000000000000000			e or		(i.e., thermal sy					Re	R	nca	inc
in	Facility		Cus			taff?		insulation, surfac					Remova	Repai	psu	Enclsoure
	(13)		Yes	(1 N		N/A		or other miscella	aneous)				'al	-	Encapsulate	Гe
Office Chase			163			IN/A						_	-			
Office Space			H		4	$\vdash$	Car	pet Mastic, VA	T & Mas	stic 1	1300 SF	_		Ш		ᆜ
			븜	<del>   -</del>	┽	⊢						_	Щ	Ш		ᆜ
			井	+-	┽	<u>H</u>						_			니	닏
			H	+	╬	H						_	님	닖	님	님
			H	┼╞	╬	H						_	닖	닏	님	무
Name of Registered	Wasta Haul	or		14	NIF	LED /	Mosto	Cubic Yards	Nome e	f Danists	-l llcu					Ш
riamo or riogistorea	vvasto riaul	GI .					No.	of Waste	ivame o	f Registere	d Landilli					
Service Transpor	t Inc.			- 1	209			15 Cu YD	Minery	a Landfill						
City, State			-	- 1				Disposal Date	City, Sta							
New Castle, DE								3/23/18		sburg, Ol	1 44688					
Completed By (Print	or Type)				Title	)		Signature	-			D	ate			
Gino Pizzigoni	V20024 - 005			- 1	Pro	ject		Divis R	7		1 MA	1,735	/13/	118		
				- 1	Mai	nage	er	IMNB T	why	gora !	9/00					

4 24 61

Date of Notification (1)			Name	of Duital		10		16	1/			- 4.	147
03/16/18			Wes	stwood	ng Owner Regiona	Operato	r (2) ol District		1.0	R ·			
Agencies Notified Type Notification	n			Address			or Blothlot		3117	111 2	6	2018	- []
EPA Initial			710	Ridgew	ood Rd	l		+	L				1
DEP Amended Amendme	nt#			State, Zip				-	<u> </u>				8
Emergence	y (includin	g	low	nship.o	f Washi	ngton,	NJ 07676		21				
DOH justification				of Conta				50	lephone N				
					I IFORMAT	TION		20	01-664-0	880			2
Name of Facility Where Abatement is Tak	ing Place	(3)	IA	CILITIN	PORIVIA	IION	Type of Facility	(4)					
Westwood Regional Middle Scho	ool						School (K						
Street Address 23 3rd Ave				-			Subchapt	er 8 (Oth	er than K-	12)			
							Other (i.e. etc.)	private of	& commerc	cial bu	ilding	s, hon	nes,
City (5) Westwood							Square Feet	# 0	f Floors	Т	Bldg.	Age	
County (6)													
Bergen			(STATE	Code (7	) .n		Current Use (P	rior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	)		M No.		Nome	-5 04 -4 - 1 0						
Westchester Environmental Inc.		,	001				of Abatement Co demy Constru						
Street Address					116		Address	iction ii	10.				
1248 Wrights Ln							Route 46 We	st Suite	14				
City, State, Zip Code							tate, Zip Code						
West Chester, PA 19380 Project Manager for Monitoring Firm			-			Toto	wa, NJ 07512	2					
Phillip Conteh		1		one No.	-		one No.		License N	10.			
Start Date (10)	Schodu	od Co		131-754 Date (11			832-4244		01155				
03/29/18	04/14/	18	mpletion	Date (11	)		of OSHA Monitor e as Above	ſ					
Occupancy Status During Abatement (Che							Address						
Facility Closed/Vacated During Entire	Period of	Abatar	nent			Oli cel /	nuuress						
Abatement Performed Outside of Non Other – Describe:	nal Facility	/ Hour	S			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
23 sf or ≥3 If	101					Part							
≥3 \$1 \$1 ≥3 \$1 ≥160 \$f or ≥260 \$1		Renova Demoli				X	Full Containm	ent with	Negative F	ressu	ire		
	-					X	Mini-Enclosur Glovebag Pro	cedure					
	T			T	-		Non-Exempte	d (*) and	Non-Friab	le Pro	cedu	e	
Location of	10 0.0	Locat Vormal										ement rpe	t
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbe	Des	scription of	of aterial (ACM)	۸		-	Τ'	)	
TO BE ABATED In Facility		intena todial S		(i.e	. thermal	systems	insulation.		nount pecify	R	77	Enc	m
(13)		(12)			other m	cing, VAT	or eous)	SF	or LF)	Remova	Repair	apsı	Enclosure
	Yes	No	N/A	1						Val	=	Encapsulate	ure
See attached.										-	-		
		-	-								<u> </u>		
										_	_		
Name of Registered Waste Hauler	1_1	LN	JDEP W	/not-	10.11								
Academy Construction Inc		H	auler ID		Cubic \ of Was	7.35 m con-	1		ed Landfill				
City, State		0;	34422		5		Fairles	s Landi	ill				
Totowa, NJ					Disposa	al Date	City, State						
Completed by	Title				TBD		Tullyto	wn, PA					
John Geleski	PM				Si	gnature	MI	/	Dat		10		
	1	-				jou	Mest		03	/16/	10		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	(11-1) 11-11-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	Enter only Square Foota		Enter only Lineal Foota	
Tunnel #2 / Crawlspace #1	Yes	PIPE TSI RUNS & ELBOWS		sf	271	11
Tunnel #2 / Crawlspace #1	Yes	FLOOR DEBRIS	590			It
Tunnel #7 / Crawlspace #2	Yes	PIPE TSI RUNS & ELBOWS	+	sf	714	11
Tunnel #7 / Crawlspace #2	Yes	FLOOR DEBRIS	1900			- 11
Small Storage	Yes	PIPE TSI RUNS & ELBOWS		sf	110	11
Stair Landing	Yes	PIPE TSI RUNS & ELBOWS		sf	47	-
Maintenance Shop	Yes	PIPE TSI RUNS & ELBOWS		sf	57.9	11





Date of Notification (1) 03/15/2018					Building Sonnella		Operator	(2)		E		a !		i.	2	
Agencies Notified	Type Notification			Street A	SCHOOL SCHOOL SCHOOL SCHOOL				1112	i i					-11	111
X EPA	Initial								.11		MAR	9.6	201	8	11.4	
× DEP	Amended	ш1			te, Zip Co Hills, NJ		0		The State	1	-1050				a contraction	W- rewells.
5000000	Amendment Emergency	(including	-	CONTRACTOR OF THE	Contact	0/0/	0			L/Tol	ephone l	lumb	or		ul Ac	- 1
DOH DCA	justification) Cancellation				Sonnella					riei	epriorie i	MULLIE	71			
				FACI	LITY INFO	ORMAT	ION							-		
Name of Facility Where House	Abatement is Takin	g Place (3)	)					Type	of Facility (4	1)						
Street Address									School (K-1) Subchapter		or than K	( 12)				
Street Address								×	Other (i.e. p				ouild	ings,	home	S,
City (5)									etc.) ire Feet	# 0	f Floors		BI	dg. A	qe	
Short Hills								N/A		N/A			10000000	Ά	J	
County (6)				County (	Code (7) USE ONLY				ent Use (Pric	r if bei	ng demo	lished	1)			
Essex		- (1)		8	- 2			Hou	10000000		·->					
Name of Monitoring Firm N/A	n Hirea by Building	Owner (8)		ASCN	No.				atement Con tement, In		(9)					
Street Address								Addre	ss gren Aver	1110						
City, State, Zip Code							100	The second	Zip Code	iue						
							Toto	wa, N	J 07512							
Project Manager for Mor	nitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	hone N 345-8			License 01311					
Start Date (10) 03/22/2018		Schedule 03/23/2		npletion	Date (11)				HA Monitor tement							
Occupancy Status Durin	g Abatement (Che							Addre					_			_
Facility Closed/Vac	ated During Entire	Period of A	baten	nent			11 R	losen	gren Aver	iue						
Abatement Perform  Other – Describe:		nal Facility	Hours	3					Zip Code	83				8		
Scope of Work (Check A							1010	wa, r	NJ 07512							
≥3 sf or ≥3 lf	ш тистрыу)	X R	enova	ation			Г	] Fi	III Containme	nt with	Negativ	e Pre	eeur	0		
≥160 sf or ≥260 lf		-	emoli				212	Mi	ni-Enclosure		rivegativ	10110	SSUI			
							Ś	No.	ovebag Prod on-Exempted		d Non-Fi	riable	Proc	edur	е	
		1	Locat	7-30										Abate Ty	ement	
Locatio			lorma d Sole		A - L		escription		1/4014			+		ı y		
Asbestos-Containing TO BE AB		Mai	intena				ntaining N Il system				mount Specify		Re	ת	Encapsulate	En
In Faci (13)		Cust	(12)	Stall?			acing, VA miscellar			SI	or LF)		Remova	Repair	apsu	Enclosure
(10)		Yes	No	N/A		outer	modelia	neous)					/al	=	late	ЛГе
1st Floor E	ntrance		Х				VAT			1	50 SF	$\top$	Х			
Stairs to the	Basement		Χ				VAT			6	0 SF		Х			
Name of Registered Wa				JDEP W Hauler ID		Cubic of Wa	c Yards aste		Name of I							
D&S Abatement, Inc	C:			0996	UNIVERSE	TBD	Company		Waste I	viana	gemen	t of F	Α			
City, State Totowa, NJ						Dispo	osal Date	•	City, State Morrisv		A					
Completed by		Title					Signature	е "	Je /			Date				
Ned Joksimovic		Proje	ct Ma	anager				(	7/			03/1	5/2	018		

Date of Notification (1) 03/15/2018				Building (		Operator	Cont. 13	4 344 -	127	1 -	2010			H	
Agencies Notified Type Notification			Street A	ddress				1			4918				
X EPA X Initial						-390	ļ	L						1	
EPA Initial Amended Amendment				ite, Zip Coi lair, NJ 0			+							1	
DOH justification)  DCA Cancellation		- 1		Contact	nell				Tele	ephone i	Number		111		
	8			LITY INFO	250,000	ION			_						
Name of Facility Where Abatement is Takin House	g Place (3	)					Туре	of Facility (4)	)						
Street Address							5	School (K-12 Subchapter 8 Other (i.e. pri	(Othe			iildi	ngs,	home	es,
City (5) Montclair							— е	e Feet	# of N/A	Floors		Blo N/	ig. A	ge	
County (6) Essex				Code (7) USE ONLY)			Currer	nt Use (Prior se	if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	l No.				ement Contre		(9)					
Street Address						Street	Addres								
City, State, Zip Code						City, S	state, Zi					_			
Project Manager for Monitoring Firm	1	Telepho	ne No.		Teleph	none No 345-86	).		License 01311						
Start Date (10)	Schedule	d Com	pletion I	Date (11)				A Monitor		01011		_			
03/28/2018	03/29/2			, ,		D&S	Abate	ement, Inc	i.						
Occupancy Status During Abatement (Chec	k Only On	e)					Addres								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	batem	ent				state, Zij	ren Avenu	ie .			_			
Other - Describe: occupied	idi i dollity	110010	7.		-	53300		J 07512							
Scope of Work (Check All That Apply)						L	200								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enovat emoliti				×	Min Glo	Containmer i-Enclosure vebag Proce	dure						
	T		201			<u></u>	1 Non	-Exempted	(*) and	l Non-Fr	iable P	-	115 TON	ment	
Location of	100000	Location Location	5333									-	Ту		5
Asbestos-Containing Material (ACM)		d Solel			os Cor	escription staining N	/laterial		1000	mount				Ш	_
TO BE ABATED In Facility		odial S		(i.e.	therma surfa	I systems acing, VA	s insula .T. or	tion,		pecify or LF)	Kemova	1	Repair	ncap	Enclo
(13)		(12)				miscellar					loval		oair	Encapsulate	Enclosure
	Yes	No	N/A											ē	,,,
Basement		Χ			Pipe	e Insula	ition		6	0 LF	X				
Basement		Χ				VAT			50	00 SF	Х				
						V = 1 1									
Name of Registered Waste Hauler		7.75	JDEP Wauler ID		Cubic of Wa	Yards aste		Name of R				OV.			
D&S Abatement, Inc.	Abatement, Inc. 20996							Waste M		gement	of PA	4			
City, State Totowa, NJ					Dispo	sal Date		City, State Morrisvil		Д					
Completed by Ned Joksimovic	Title Proje	ct Ma	nager			Signature		TO			Date 03/15	/2	018		

	A CAR		(Pt	ursuant	to NJAC	8:60 an	d 12:120	0)		医作	U 1 1 1	· Name of the second			
Date of Notification (1) 03/15/2018					f Building ine Tobi		Operator	(2)			10 10				The state of the s
	e Notification			Street A	ddress			35		161	H 26	2018			
X EPA X DEP X DOL	Initial Amended Amendment #		[		ate, Zip Co wood, N		50			<i>j</i> .		91			Linda a s s
× DOH □	Emergency (ir justification) Cancellation	cluding			f Contact	as				Tel	ephone Nu	ımber	,	-	
				FACI	LITY INFO	DRMAT	ION								
Name of Facility Where Abate House	ment is Taking	Place (3	3)					F700001	of Facility						
Street Address								×	School (K- Subchapter Other (i.e. petc.)	8 (Oth	er than K- & commerc	2) cial buil	dings	home	es,
City (5) Ridgewood									are Feet	# of N/A	f Floors		Bldg. A	\ge	
County (6) Bergen					Code (7) USE ONLY)			Curre	ent Use (Pri ISE	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired N/A	by Building O	wner (8)		ASCN	/I No.				atement Cor tement, Ir		(9)				
Street Address							Street 11 R		ss gren Ave	nue				-E-1105-	
City, State, Zip Code	- 2000								ip Code J 07512						
Project Manager for Monitoring	j Firm			Telepho	ne No.		Teleph 973-3				License I	No.			
Start Date (10) 03/27/2018		Schedule 03/28/2		pletion I	Date (11)				HA Monitor ement						
Occupancy Status During Abar	tement (Check	Only Or	ne)				Street								
Facility Closed/Vacated D Abatement Performed Out Other – Describe: occupi	itside of Norma	riod of A	Abatem Hours	ent			City, S	tate, Z	gren Ave	nue					
Scope of Work (Check All That							Toto	wa, N	J 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Друу)	- Constituted	Renovat Demoliti				×	Mir Glo	II Containm ni-Enclosure ovebag Pro n-Exempte	e cedure				e	
		Is	Location	on		1						T	Abate	ement	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Use Ma	Normall d Solel intenan todial S (12)	y by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial insula T, or		(S	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
Basement		100	X	INA		Dino	Inculo	tion		0	ELE	37			
Dasement			^			Pipe	Insula	uon		Ö	5 LF	X			
						11000									
Name of Registered Waste Ha	uler		1.15555	JDEP Wauler ID		Cubic of Was	Yards ste		Laurence or a		red Landfil				
D&S Abatement, Inc. City, State				996		TBD					gement o	t PA			
Totowa, NJ		000	<u></u>	ī		TBD	sal Date		City, Stat Morrisv		A				
Completed by Ned Joksimovic		Title Proje	ct Ma	nager		S	ignature	· ·	TA	7	1	ate 3/15/2	2018		

### State of New Jersey

PAID

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

<b>多</b>	人製具具										Ch	# 8	886	i
Date of Notification (1) 3/14/18			e of Buildi trude J			perator (2)		E	in.					
	Notification		t Address						4.0					-
[] EPA													1	
[X] In	itial tification								MAR	2 6 20	18		1	1
	uncation	City,	State, Zip	Code	9							T		1
	nended	Eng	lewood	J, NJ	076	31						1		
[X] DOH No	tification	Name	e of Conta	not	-			T-1-1-6		- 1				
[] DCA [] Car	ncellation	10000000	n Stark	77.70				Telephone N	dmul	er 👵				
		Dila	ii Stair	чеу					_	-				
			9-1-11	FAC	CILITY	INFORMATION								
Name of Facility Where Abateme	ent is Taking	Place (	3)					Type of Facility (4)						
Residence								School (K-12) Subchapter 8 (Other) Other (i.e. private)	er tha	an K-12)	50 80 83			
Street Address								[x] Other (i.e. private homes, etc.)	and o	commercial	buildi	ngs,		
City (5)	: Cal	inty (6)			Count	ty Code (7)		Square Feet # c Flo	oors	Blo	lg. Age	9		
Englewood		rgen				TE USE ONLY)		Current Use (Prior i	lemo		J			-
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Name of Monitoring Firm Hired b														
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#3007 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 03 16 18 Victor Panico Type Notification Street Address Agencies Notified X Initial ☐ EPA Amended **⋈** DOLWD City, State, Zip Code Amendment # X DHSS Short Hills, NJ 07078 Emergency (including □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Victor Panico FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) Short Hills, NJ 07078 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 03 / 28 / 18 03 / 27 / 18 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\_\_AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf 2 160 sf or 2260 lf Renovation
Demolition Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Remova Repair Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A 150 LF X Pipe insulation Basement П П NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc 0033785 TBD Gr Tech LLC City. State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature 03/16/18 Owner N.Jevtic

Date of Notification (1)		+			Name	of Building	g Own	er/Operator (2	2)			_	1 10	65
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Project Manager for Mon	itoring Firm		-	Tele	ephone	No.		phone No.		License No.				
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\* Do not use this form for asbestos licensure exempted activities.

#1/004

#### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

PAIN

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3/14/2018 Samantha Beato Agencies Notified Type Notification Street Address | Initial ☐ EPA DEP Amended City, State, Zip Code X DOL Amendment # Pitman, NJ 08071 Emergency (including DOH DCA justification) Name of Contact Telephone Number Cancellation Samantha Beato FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, homes, etc. City (s) Square Feet # of Floors Bldg. Age Pitman, NJ 08071 2100 SF 60yrs County Code(7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Camden Residence Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. AEi2, LLC Street Address Street Address 361 E. Fleming Pike City, State, Zip Code City, State, Zip Code Hammonton, NJ 08037 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 00689 609-481-2122 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/24/18 3/31/18 AEi2, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 361 E. Fleming Pike Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hammonton, NJ 08037 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure
Glovebag Proc ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Staff? m IN Facility surfacing, VAT, or SF or LF) p a i 0 (13)(12)other miscellaneous) u a 1 Yes No N/A Basement 140 lf TSI X X Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste AEi2, LLC TBD 21376 City, State City, State Disposal Date Hammonton, NJ 08037 TBD TBD Completed By Title Signaturé / Date Wm. Minnick 3/14/18 Program Mgr.



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							11.		d, NJ 074	18					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 073	764-2			License	No.			
Start Date (10)		Schedule	d Con	npletion	Date (11)				HA Monitor		703				
3/24/18		3/31/18					1,14,110	0, 00	i ii civioriitoi						
Occupancy Status During	Abatement (Chec	k Only One	∍)				Street	Addre	SS		55201ER				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of A nal Facility	baten Hours	nent			City, S	tate, Z	ip Code						
Scope of Work (Check Al															
	г глас Арргу)	- I		250			_	7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Name and Address of the Owner, where the Owner, which the	enova emolit				-		Il Containme ni-Enclosure		Negative	e Press	ure		
							×		ovebag Proc						
		T						J No	n-Exempted	(*) and	Non-Fri	able Pr	1000	310	
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Location Asbestos-Containing	1977 TO 10 10 10 10 10 10 10 10 10 10 10 10 10		ormal Sole				escription			0.2000			Т	ypc	T
TO BE ABA			tenar				ntaining M Il systems				nount pecify	R		E	Ш
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(10)		V				otner	miscellan	eous)				oval	ar	Encapsulate	Enclosure
baseme	ant.	Yes	No	N/A										0	-
Daseine	;;;t			X		pipe	e insulat	tion		30	) LF	X	-	-	-
		-						-					1		
		+ +										_		-	
Name of Registered Was	te Hauler			JDEP W		Cubic	Yards		Name of R	Register	ed Land	fill			
Freehold Cartage				auler ID	No.	of Wa			Western						
City, State			1	-500			sal Date		City, State			12 2-02-D.O			
Freehold NJ						TBD			Birdsbor		3				
Completed by		Title				1 5	Signature	/	1	1/1		Date			
A. Scott Higgins	ÿ.	Presid	lent					11				3/21/1	8		



PAI	D			CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		The state of the s		EG		W7		France
Date of Notification (1) 3/21/2018 check #					of Building			(2)	a Adhana				-1 -1-4		15 man
Agencies Notified	Type Notification				And Ma	andy Cr	ICCO				MAR	2.5	2018	***************************************	
	-	1 a		Street	Address		Ī		1	ŀ					
EPA DEP	Initial Amended		-	City, St	ate, Zip C	ode				b.	EGENT.	erene. A Gala	VIII.	i it	
× DOL	Amendmer				y City N		7			Y	1,6	eMil.			Non.
DOH DCA	iustification Cancellatio	)			of Contact y cricco					Te	elephone N	lumber			
	L			FAC	ILITY INF	ORMATI	ION								
Name of Facility Where	Abatement is Taki	ng Place (	3)					Туре	of Facility	(4)					
Street Address			-						School (K- Subchapte	r 8 (Oth	ner than K	-12)			50
								×	Other (i.e. etc.)	private	& comme	rciai bu	lidings	, nom	es,
City (5) Jersey City								100	5-T-1/2	2	of Floors		Bldg. 7 50 ye	-	
County (6) Hudson	9035				Code (7) USE ONLY	0	_	Curr	ent Use (Pr	ior if be	ing demol	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCI	M No.				atement Co						
Street Address							Street 24 C								
City, State, Zip Code							100000000000000000000000000000000000000		Zip Code NJ 0740	7	- жерін — п				
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph	none N	lo.		License	No.			
Start Date (10)		I Oakadal			D. 1. (11)		2018				01301				
03/23/2018		03/24/2	2018	npietion	Date (11)				HA Monitor ns contra		inc				
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street 24 ch			(*) (*) (*)					
Abatement Perform Other – Describe:	ated During Entire led Outside of Nor	Period of a mal Facility	Abaten Hours	nent s			City, S	tate, Z	Zip Code						
	II That Apply					_	Elmv	vood	NJ 0740	7					
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demolit				×	Mi Gl	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				·	
		le	Locati	ion				1100	n-Exemple	u ( ) ai	IG INOITH III	able F1	111111111111111111111111111111111111111	emen	t .
Location	n of	1	Vormal	ly		Des	scription	of				_	Ty	ре	
Asbestos-Containing TO BE AB			d Sole intena			tos Cont	aining N	lateria			Amount	_		ū	П
în Facil		Cust	todial 5 (12)	Staff?	(i.e.		cing, VA	T, or		Si	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other n	niscellar	reous)				oval	a-	sular	sure
		Yes	No	N/A										· O	
basemo	ent			X		pipe	insula	tion		6	0 LF	x			
												+	+		
												+			
Name of Registered Was	te Hauler		0.0000	JDEP W		Cubic			Name of	Registe	ered Landi	fill			-
Atlantic carting			1	auler ID	NO.	of Was			grand o		l				
City, State pen Argyl						Dispos TDB	al Date		City, Stat		18072				

Signature

4

Title

president

Completed by

Luis Arcila

Date

03/21/2018

#### State of New Jersey

	PAIN	(Pursuant to 1	N OF ASBESTOS ABATI NJAC 8:60-7 and 12	:120-7)	NEG		W		(1 2 )
Date of Notification	n· (1.)	110	ding Owner/Operato	r (2)					Control of the contro
3/22/1	(8	11 Kuth	RIZZO	go Acres	III MAR	2.6	2018		
Agencies Notified	Type Notificati	on Street Addre	ss		i i i i i i i i i i i i i i i i i i i		CU16		
[ ]EPA	[X]Initial	.		ŀ	Ļ	1 pp + 22		أسدا	
[ ]DEP	Notificati	City, State,	1 ~		Action		el est	- CE	
[X] DOL	[ ]Amended Notificati	ion / Fimul	ood Park,	NJ. OFZ	FO7		-marana	<del></del>	
[X] DOH	I Immonior	Name of Conta			one Number		-		
[ ]DCA	[ ]EMERGENCY	n / Ruth		į-					
	[ ]Cancellatio		TAIL TAILOU MANA	-					
Name of Facility Whe	re Abatement is		ITY INFORMATION	Type of Faci	lity (4)				
D 11 D				[ ]School					
Kuth Kizz	.0				pter 8 (Other	r than	K-1	2)	
Street Address	ceco- iii	1			(i.e., privat buildings, ho				
				Square Feet	# of Floor				
City (5)	Cou	inty (6)	County Code (7)	bquaze reet	. 01 2100		Lug.	2290	
Elmwood Pa	rv I	0,000	(STATE USE ONLY)	Current Use	(Prior if bei	ing de	moli	shed	.)
		otigti		Residen					
Name of Monitoring F: Owner (8)	irm hired by Bui	.lding ASCM No.		ment Contracto					
N/A		67		ianagement	, inc.				
Street Address			Street Addres	s topher St	-				
		1	A STATE OF THE STA		•				
City, State, Zip Code	2		City, State, Montclai	r, NJ 070	142				
Troject Manager for N	Monitoring Firm	Telephone Number	Telephone Num (973)744			0037		ber	
Scheduled Start Date	(10) Sched.	Completion Date (1	1) Name of OSHA	Monitor			ON 1000		
04 - 04 - 16 Month Day Yes			N/A						
Occupancy Status Duri [X] Facility Close			Street Address	5					
of Abatement Por		of Normal Facility	City, State, 2	Zin Code					
	ibe: OffHours De	escript»	02517 533007						
Scope of Work (Check	ail that apply)		ו (יים (	Containment w	ith Negative	Press	11 TE:		
[⋈≥3 sf or . []≥160 sf o		Renovation [ ]Demolition	[XMini- [X]Glove	Enclosure bag Procedure	<i>5</i> 50				
		Is	[ jNon-F	riable Procedu	ire	Aba	teme	nt I	
Location	**************************************	Location Normally	Description		Amount	R	R	E	E
Asbestos-Cont Material (		Used Solely	Asbestog-Cont Material (		(Specify	E	EP	CAPSU	NCHOSURE
TO BE ABA		By Main- tenance/	(i.e., thermal		SF or LF)	0	A	PS	0
In Facili (13)	ty	Custodial Staff (12)	insulation, surfa or other miscel		LE /	A	I R	U	U
(13)		Yes No N/A			1 2			-	E
Basement	s.comer	X	· pipe insu	Mation	100 LF	X			
Basement-bui		i X	plipe insu	lation	80 LF	X			
							-		
Name of Registered Wa		NJDEP Waste	Cubic Yards	Name of Regi	stered Landf		7 12	2 A	10
AZTECH MANAGE	EMENT, INC.	Haule: ID No. 17040	of Waste 2.0	Minery	a Enter	pn.	2C	11	v C
ity, State			Disposal Date	City, State	1	F1 7 7 -		1. 1	CO-
Montclair, NJ	07042		04/09/18	Hoaunes	burg, l	MIC	34	46	288.
Completed By (Print o	or Type) Title		Signature	1/1/	<u> </u>	Date			
Constantine Vi	The State of the S	ident	/ onsta	otive / trie	11-	3/2	22/	18	

#### State of New Jersey

		NOTI (Pursua	FICA	TION C	F ASBESTOS ABAT C 8:60-7 and 12	EMENT	The state of the s	(F) (F)	**************************************	11.7	7,2
Date of Notification (1)					ng Owner/Operato		LIN E			11	137
3/22/18		1	101	ourran	~						
Agencies Notified Type Notificat.	ion	Stree	+ AC	dress	e Bryair	lT		MAR	) .C	2018	
[ ]EPA [X]Initial		1	C 210	ACTESS				41/4:3 · · ·	- 92 55	2010-	-
[ ]DEP Notificat	ion	City	Sta	to 7;	p Code		4			10.55	أحب
[X]DOL []Amended	. 1					7 ~ "7	Acid	12 (1) (1) 1 (1) (1)		*	O.
[X]DOH Notificat	ion	Name o	of C	ontact	ir, NJ, C			racineral a rest			Material Control
[ ]DCA [ ]EMERGENCY	1	1				Telep	hone Number				
[ ]Cancellation	on	MO	ili	UC							
Name of Facility Where Abatement is	Molei	n= D1-	FA	CILITY	INFORMATION						
Monroe Bryant	Idki	ng Pia	ce (	(3)		Type of Fac					
Street Address						[ ]Schoo	1 (K-12)			- 2121	
Street Address	SAC -00-50 119					[x]Other	apter 8 (Ot) (i.e., priv	rate &	comm	er-	
						cial	buildings,	homes	, etc	:.)	
City (5)	inty	(6)		Co	unty Code (7)	Square Feet	# of Flo	oors	Bldg	. Age	
Montclair F	ESS	PV		(S	TATE USE ONLY)	Current Use	(Prior if h	eina a	lemo?	ieho	4)
Name of Monitoring Firm hired by Bui						Residen	ice	cang c	acmo <sub>1</sub>	TSHE	1)
Owner (8)	Lding	Vices on	No.	•	Name of Abatem	ment Contract	or (9)				707
N/A Street Address	1	67			AZTECH M		T, Inc.				
					86 Chris		4				
City, State, Zip Code	•				City, State, Z	October 1980 Control of the Control	L.			- 83 	10.00
		£3			Montclair		042				
Project Manager for Monitoring Firm	Tel	ephone	Num	ber	Telephone Numb			Licens	0 17.00	-1	
1	N/	A			(973)744-			003		mer	
Scheduled Start Date (10) Sched. C					Name of OSHA M	onitor					
Month Day Year Month	D-	3	Year		N/A						
Occupancy Status During Abatement (Ch	lack (	anlar on	101		Street Address					-	
[X] Facility Closed/Vacated During of Abatement											
[ ]Abatement Performer Outside of Hours - Describe: #0ffHours Des	f Nor	mal Fac	cili	ty	City, State, Zi	ip Code				-	
[ ]other - Describe: Other Occupa	ancy	<u>c»</u> Descrip	ot»								
Scope of Work (Check all that apply)											
⊠i≥3 sf or ;3 lf	ľΧ	Renova	tio	n	[X]Full Co	ontainment w	ith Negative	Pres	sure		
[ ]>160 sf or >260 lf		]Demoli			[ ]Gloveba	ag Procedure					
		Is			[ ]Non-Fr	iable Procedu	ure	l Ah:	ateme	nt T	TIMO.
Location of Asbestos-Containing	Nor	cation			Description Asbestog-Contag			R	1	E	E
Material (ACM) TO BE ABATED	So	Jsed blely Main-			Material (AC	IM)	Amount (Specify	E	R	CA	K C L
In Facility	ten	ance/	1	ins	(i.e., thermal sulation, surfact	ystems	SF or LF)	0	PA	PS	o s
(13)	Staf	f (12)	,_		r other miscella		LIE)	A. L	R	Ŭ	U R
Attic	es	No N	A	110%	2011/11/10		1 600 CA			-	Ē
	-	-	4	VCI	miculite.		: 600 SQ	X	-		
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	+		-					-	-		
Name of Registered Waste Hauler		P Wast		Cubi	c Yards	Name of Regis	stered Landf	ill			
AZTECH MANAGEMENT, INC.	Haul 170	ex ID 1	No.	of W	Taste 7.0	Mineria	3 Inter	00	20	111	C
.ity, State		-		Disp	osal Date	City, State	A UTICI	111		110	_
Montclair, NJ 07042				4	74/18/ 1	Malinost	oura 0	hid	9	4/1	1088
Completed By (Print or Type) Title				11	Signature/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 1	D-+		17	_
Constantine Vivlan Presid	dent	Ė			1	1-00 /	74	Date 3/2	7/1	0	
					(1 pn5/01	Fru //	Vian	2/2	-41	٥	

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

CHECK # 456

Date of Notification (1) 03/21/2018					Name of Building Owne	er/Operator (2)			SAME TO SER	290, 490 See	recension of
Agencies Notified		Notifica	tion Typ	e	Lisa &Patrick Carroll Street Address		- 15	1007	<i>a</i> 1		1
⊠ EPA				-			7/T				
□ DCA		☐ Ame			City, State, Zip Code Saddle River NJ 0	75/18		MAR	26	2018	1
☑ DOL □ DEP				notification (including	Name of Contact	1 340	Telepho		Mary Car	LUIU	
⊠DOH		justifica			Lisa Carroll		1 10100111	One no	IIIDCI		Ì
		_ Cuit	Cilcu			1	1		g j.	41. 5	1.8
Name of Facility Where Aba		Talaia a Di	(0)	FACILITY IN	IFORMATION				. The	4-	
Private House	itement is	Taking Pla	ice (3)		Type of Facility (4)  ☐ School (K-12)						
Street Address					☐ Subchapter 8 (other	r than K-12)					
<u>Street Address</u>					x Other (i.e. private & c Sq. Feet: # 2000 of Flo	ommercial bui	dings., ho	mes, e	tc.)		
City (5)	County (C)			1.0.1.7	Current Use (prior if bei	ng demolished	l):				
Saddle River NJ	County (6) Be	rgen		ounty Code (7) tate Use Only)			51				
Name of Monitoring Firm Hi	rod by Dla	- O	0) 40	2011	1						
N/A	ied by bid	g. Owner (	8) AS	CM No.	Name of Contractor (9)						
					BL Contracting Inc.	+9					
Street Address					Street Address						
					5 Marguerite Lane						1
City, State, Zip Code					City State, Zip Code						
Project Manager for Monitor	ing Firm	Telepho	ne Numi	her	Towaco NJ 07082 Telephone Number		T 1:	Missanh			
		TOIODITO	iic ivaiiii	<u> </u>	973-901-0153		License 01265	Numb	<u>ar</u>		
Scheduled Start Date (10)	- 4	0.1.1.	10	T							
03/24/18		04/25/18		oletion Date (11)	Name of OSHA Monitor BL Contracting Inc						
0											
Occupancy Status During Al  Facility Closed/Vacated D	Datement During Ent	(Check onl	y one) of Abates	ment	Street Address 5 Marguerite Lane						
☐Abatement Performed Out	side of No	rmal Facil	ty Hours	S -	5 Marguerite Laile						
Describe					City, State, Zip Code						
⊠Other - Describe: 7 AM-4	PM				Towaco NJ 07082						
Source of Work (Check all the	at apply)				4						
≥ 3 sf or >	3 If			⊠ Renov	otion	m Min: Factor					
≥ 160 sf or		f		☐ Demoli		☐ Mini-Enclos ☐ Glove-bag F					
					707030	☐ Non-Friable		е			
Location of Asbestos- Containing Material (ACM) in	Is L	ocation No		Description of A	sbestos Containing Materia			Abate	ement T	Туре	
Facility (13)		d Solely by nt./Custodi		surfacing, VAT,	mal systems insulation, or other misc.)	(Speci	fy SF or	Remove	Repair	Encap Er	nclose
	(12) YES				,	/					
Basement	16	S NO									
Dascinciit			×	Pipe Insulation		126 LF		X			
										_	
Name of Reg. Waste Hauler		NIDEDI	Vasta He		0.1:- 4 - 600						
		0036784	vasie Ha	auler ID #	Cubic Yards of Waste		Name of T.R.R.F	Regist	ered La	andfill	
BL Contracting Inc				***							
						Disposal Da	<u>ite</u>		ty, Stat		
						04/12/2018		10	nytowr	i, I*M	
Completed by (Print or Type)		Title			Signature	1	Date				
Nedo Vasilic		Project N	lanager		Nedo Vasil	lic	3/21/201	8			

NOTIFICATION OF ASBESTOS ABATEMENT Check#3015 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 22 / 18 Jasmin Young Agencies Notified Type Notification Street Address □ EPA ✓ Initial **⋈** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # Union, NJ 07083 □ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Jasmin Young **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Subchapter 8 (Other than K-1 2)
Other (i.e., private and commercial buildings, Street Address homes, etc.) City (5) Square Feet # of Floors Bldg. Age Union, NJ 07083 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union 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. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 31 / 18 \_\_04\_\_ / \_01\_\_ / \_18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X 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\_ AM 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 lf 2 160 sf or 260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A П  $\boxtimes$ Basement X Pipe insulation 85 LF П П 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 Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N Jevtic Wenad Owner 03/22/18 ASB-41

State of New Jersey

3/19/18

### DATE

## State of New Jersey NOTIFICATION OF ASBESTOS ARATEMENT

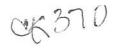
T FALL		(	Pursuan	it to NJA	C 8:60 ar	nd 12:12	:WEN (0)		loo	~ N	171	An	3	
Date of Notification (1) 3/20/18				of Buildin		Operato	r (2)		V-CC	- in	<u> </u>	l lo	/	
Agencies Notified Type Notification			7.0000000000000000000000000000000000000	SCHOOL STREET					E /	No F	11.7	1,75	17.7	#3. ***
EPA Initial			Street	Address					15 1	lg III.	1,12	127		
DEP Amended			City, Si	tate, Zip C	Code			11 11	Wal 1972					1
≥ DOL Amendmen			Engle	ewood,	NJ 076	331			M	AR 2 C	2018			1
➤ DOH Emergency justification		g	Name	of Contac	t			1 4	Te	lephone N	700000			
DCA Cancellation			Brian	Heytink	<			1		· opiioiio ii	u			*
			FAC	ILITY IN	ORMAT	ION								1
Name of Facility Where Abatement is Takir Home	g Place	(3)					Тур	e of Facility (	4)					
Street Address								School (K-1						
Street Address							×	Subchapter Other (i.e. p	8 (Oth	er than K-	12)	Idinas	ham	
City (5)								etc.)	iivate	a comme	ciai bu	lulligs	, HOH	65,
Englewood							1000	are Feet	10000	f Floors	19.0	Bldg.	Age	
County (6)							210		2			64		
Bergen				Code (7) USE ONL	Y)			rent Use (Prid	or if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	\	ASCI			LN	hor							
January States	owner (o	,	AGCI	VI INO.				atement Con rironmenta			C			
Street Address						Street				1000, EE				
						POE	3ox 4	483, 4 E G	ate D	rive				
City, State, Zip Code								Zip Code		in the discount of the same of				
						Glen	woo	d, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License	No.			
Start Date (10)							100000000000000000000000000000000000000	2276		703				
3/29/18	4/9/18		mpletion	Date (11)		Name	of OS	SHA Monitor		3) 31				
Occupancy Status During Abatement (Chec						Street	Addre	ess						
Facility Closed/Vacated During Entire F	Period of	Abater	ment			N. 1100-517-151								
Abatement Performed Outside of Norm  Other – Describe: basement	al Facility	y Hour	S			City, S	tate, 2	Zip Code	+					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	E27						7							
× ≥160 sf or ≥260 lf		Renova Demoli				×	Fu	III Containme	nt with	Negative	Pressu	re		
		20111011						ini-Enclosure ovebag Proc	edure					
	1						No	on-Exempted	(*) and	d Non-Fria	ble Pro	cedur	е	
		Locat											ement	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole				scription						13	ре	
TO BE ABATED	Ma	intena	nce/		tos Cont thermal					mount	71		m	Ш
In Facility	Cus	todial ( (12)	Staff?	(,,,,		cing, VA		ation,		pecify or LF)	\em	Repair	cap	nclo
(13)		(12)	_		other n	niscellan	eous)			***	Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A								_		ite	0
basement			X	tr	ansite (	exhaus	t pip	es	3	0 LF	x			
		83												
											-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	egister	red Landfil	1			
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City, State		1	1101		TBD	-1.0.			00101	o Gariita	y Lai	iuiiii		
Bridgewater NJ					TBD	al Date		City, State Easton,	DΛ					
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A. Scott Higgins	Presi	dent				griature		12	_		ate /10/1			

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School (K-12) Subchapter 8 Other (i.e. privetc.)		uildings, homes,
uare Feet 00	# of Floors 2	Bldg. Age 70
rent Use (Prior me	if being demolished	)
oatement Contra vironmental S	actor (9) Services, LLC	

Date of Notification (1)					of Building			or (2)	- P			U	10	2/	
3/19/18	T + 11 //6				es Howa	rd Rib	be		* * *	1 TORONO - 1	100 E	an and	197	2.75	
Agencies Notified	Type Notification			Street	Address				11: 1	ļ.J.	1.7	2 31	,		
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× DOL	Amendment				y, NJ 0						MAR 2	6 20	)18	Andrews of the second	]][
X DOH	Emergency justification)				of Contact					Tel	enhona M			ļ k-m	(pane)
DCA	Cancellation			Jame	s				į	, 1				1	ŧ.
Name of Facility Where	Abatament in Takin	a Dlass /	21	FAC	ILITY INF	ORMAT	ION		Ŧ				- 14	130	-
Home	Abatement is Takin	g Place (	3)					Туре	e of Facility (						
Street Address						2 / 2 / 2 / 2		H	School (K-1 Subchapter		or than K	12)			
								×	Other (i.e. p	rivate 8	& commer	cial bu	ildings	, hom	nes,
City (5)								Saua	etc.) are Feet	# of	Floors		Bldg.	Ane	
Nutley								220		2	1 10013		70	nge	
County (6)				County	Code (7)			Curr	ent Use (Pric	or if bei	ng demoli	shed)			
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Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCI	M No.				atement Con						
Street Address									ironmental	Serv	ices, LL	С		C. 2004	
								Addre	ss 83, 4 E G	ata Di	rivo				
City, State, Zip Code									Zip Code	ale Di	rive		-		
AC 9824							200000		d, NJ 074	18					
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph	hone N	lo.		License	No.				
Ct-+ D-+- (40)						973-	764-2	2276		703					
Start Date (10) 4/9/18		Schedule 4/23/18		mpletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	Abatement (Chec						C44	A 1.1							
Facility Closed/Vaca		2 10-10 (2 1 3 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1					Street	Addre	SS						
Abatement Performe	ed Outside of Norm	al Facility	Hours	nent s			City S	State 7	ip Code						
X Other – Describe: _				_			o.t.j.	riuto, 2	p code						
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		(Francisco)	enova				×	Fu	II Containme	nt with	Negative	Pressu	ıre		
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			Locat											emen	t
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TO BE ABA	TED		ntena odial S		(i.e.	thermal	aining M systems	raterial s insula	(ACM)		nount pecify	Z	_	Enc	Щ
In Facilit (13)	ty	June	(12)	otan:			cing, VA niscellan		4		or LF)	Remova	Repair	aps	Enclosure
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nan at sta	hall at stairs					(	ceiling			10	SF	Х			
Name of Registered Wast	te Hauler			וחבבייי											
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			1	5939		TBD			Western	Berk	s Landfi	II			
City, State Freehold NJ						20	al Date		City, State	202-201					
Completed by					TBD			Birdsbor	o, PA						
A. Scott Higgins		Title Presid	dent			S	ignature	11	1 1		1	ate	2		
00		. 10010	-0116					10			3	/19/1	5		1

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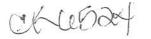
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Date of Notification (1) 03-21-2018				of Building		Operator	102-120			,		The second second	A CONTRACTOR AND A CONT
Agencies Notified Type Notification			Street	Address				, , , , ,	MAR 2	C 2	018	1	4
X EPA X Initial Amended Amendment	ш			tate, Zip C				ken di	· property		7.12	<u> </u>	and the same of the
Emergency (		9		erford N		0	=						
DOH justification) DCA Cancellation				of Contact nda Khal				l Te	lephone N	ımher			
Cancellation				CILITY INF		ION		i_					
Name of Facility Where Abatement is Taking Private Dwelling	g Place	(3)		JILLY IN	ONWAT	ION	Type of Facilities School (I	<b>(-12)</b>					
Street Address							Subchap Other (i.e etc.)	e. private	er than K- & commer	12) cial buil	ldings	, hom	es,
City (5) Rutherford NJ 07070							Square Feet N/A	# o N/	f Floors A	- 1	Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY	n	_	Current Use (I Private Dw		ing demolis	shed)			
Name of Monitoring Firm Hired by Building C Standard Environmental	)wner (8	)	ASC	M No.			of Abatement C		(9)				
Street Address 2108 Fulton St, Suite 2A							Address 3OX 734						
City, State, Zip Code Brooklyn NY 11233	****			<u> </u>			tate, Zip Code dland Park N	J 0742	4				
Project Manager for Monitoring Firm Kayode Adefisoye			Telepho	one No. 241-7673		Teleph	one No.		License I	No.			
Start Date (10)	Schedu	led Con		Date (11)			of OSHA Monit	or	01200				
04-03-2018	04-23		)) 			Ama	x Contracting	g LLC					
Occupancy Status During Abatement (Check	-						Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent s			City, S	ate, Zip Code	110740	4				
Scope of Work (Check All That Apply)						VVOO	dland Park N	IJ U/42	4				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-Enclose	ure ocedure				e	
	Is	Locati	on						y - 11		Abate	ement	1
Location of	100000000000000000000000000000000000000	Normal ed Sole	2			scription				-	Ту	ре	_
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenar todial S (12)	nce/		thermal surfac			(8	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	Ф
Basement			x		Pipe	Insulat	tion	10	00 LF	Х			
Name of Registered Waste Hauler  Amax Contracting LLC		H	JDEP Wauler ID	No.	Cubic of Was		1	f Registe	red Landfil				
City, State Woodland Park NJ 07424		U	036184	*	2 CY Dispos 04-30		City, Sta	ate			E.S.		$\dashv$
Completed by Tome Maslarkov	Title Proie	ect Ma	nager			gnature	Niviorns	ville PA	Da	ite 3-21-2	2019		



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

			(P	ursuant	to NJAC 8	3:60 and	d 12:12	0)		The state of the s	5.4.4.PS		0.04.0		1
Date of Notification (1) 03/13/2018		***************************************			f Building ( Messer		perator	(2)			MAR	20	2018		Toping to the same of the same
Agencies Notified	Type Notification			Street A	ddress					6		70.00	·	77.50m	1
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DEP X DOL	Amended Amendment				ate, Zip Coo beth,NJ,0										
DOH DCA	Emergency justification) Cancellation				f Contact Messer					Telep	hone Nu	ımber	*******		
- Install	1 =			FACI	LITY INFO	RMATI	ON								
Name of Facility Where PRIVATE HOUSE	Abatement is Takin	g Place (3	3)						of Facility (4) School (K-12		•				
Street Address	14							×	Subchapter 8 Other (i.e. pri etc.)	(Other vate & o	than K-1 commerc	2) cial buile	dings,	home	es,
City (5) Elizabeth									e Feet	# of F N/A	loors		lldg. A	ge	
County (6) Union					Code (7) USE ONLY)				nt Use (Prior VATE HOL		demolis	hed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	I No.				tement Contr TEMENT		))				
Street Address								Addres	s KLIN STRI	EET					
City, State, Zip Code	3	1000000							p Code N,NJ,075	14	ii.				
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No -333-5			License N 01274	No.			
Start Date (10) 03/14/2018		Schedule 03/14/			Date (11)				A Monitor TEMENT	LLC					
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)					Addres		7504					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norm						City, S	state, Zi	CLIN,NJ,07 p Code DN,NJ,075					*****	
Scope of Work (Check A	All That Apply)		307											-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	lenova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	dure					
		ls	Locati	ion				1 1101	1-Exempted	) and i	VOIT-I FIG	DIC 1 10	Abate		
Location		N	lormal d Sole	ly			scription					-	Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	Ma Cust	intena odial S (12)	nce/ Staff?		thermal surfac	aining N system cing, VA niscellar	s insula T, or		(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMI	ENT	Yes	No	N/A	P	IPE IN	NSUL/	TION		20	LF	X			-
			1										-	-	
Name of Registered Was	ata Ugudar		T A	JDEP W	(asta )	Cubia	Vanda		Name of D		4146				
EHW ABATEMENT			H	lauler ID 037095	No.	Cubic of Was N/A			Name of Re Tri sta tr			п			
City, State Paterson				Dispos	sal Date		City, State Bronx ,N	ΙΥ							
Completed by Victor Espíritu		Title Proje	ect Ma	aneger		S	ignature	al	Wy			ate )3/13/	2018		

Print Form



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

			46	ursuani	to NJAC	0.00 an	u 12.12	0)			MAD	9 /	- 101	Self-Si	11	
Date of Notification (1) 3/16/18					of Building nole Cor			r (2)	4 <u>1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>		BAILE IN T	£ (	1 3,0	AD.		Enail I
Agencies Notified  EPA	Type Notification			Street A	Address artlett A	ve	7.24.00			1			-		- Jack	
DEP	Amended			F	ate, Zip Co								-		-	
X DOL	Amendment Emergency		_		Creek, N		92									
Ĭ DOH	justification)		,		f Contact					4 7-1		••		_		
DCA	Cancellation	1			lynn Ca	243				-						
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	TV	pe of Facility	(4)						
									School (K-	2 <b>3</b> (1) <b>5</b> (						
Street Address								×	Subchapte	r 8 (Oth				dings,	home	es,
City (5) Ship Bottom								0.08	quare Feet 200	# 0	f Floors		В	ldg. A	ge	
County (6) Ocean					Code (7) USE ONLY	)		17.00	irrent Use (Prome	ior if bei	ng dem	olish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8	)	ASCN	И No.				Abatement Co				17			
Street Address							Street 6 Wh		dress E DOVE C	OURT						
City, State, Zip Code	-			1 400-40					e, Zip Code OOD, NJ 0	8701	b)					
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph 732-		No. 3-9078		Licens		١.			
Start Date (10) 3/26/18		Schedu 3/29/1		npletion	Date (11)		100000000000000000000000000000000000000		SHA Monitor		NALS					355
Occupancy Status Durin	ng Abatement (Chec	k Only O	ne)				Street	Add	iress							-
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn	Period of nal Facilit	Abaten y Hours	nent			City, S	tate	E DOVE C							
							LAKI	EW	OOD, NJ 0	08701					0-2-5	
Scope of Work (Check A	All That Apply)	finned					-	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					0	
		le le	Locati	ion					Non-Exemple	u ( ) am	u ivoii-i	Habit			ement	
Location	n of		Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) A <u>TED</u> lity	Ma Cus	ed Solo intenar todial S (12)	nce/ Staff?		tos Con thermal surfa		Mate s ins T, o	r	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
EVER	100	Yes	No	N/A											w	
EXTER	IOR					Siding			35	00SF		Х				
Name of Registered Was	eto Haulor		1 20	IDED 14	lanta	I 0	Vasili		I NI.	Destit		16				
NEWARK CARTING			Н	IJDEP W lauler ID 4509		of Wa	Yards ste		Name of IESI	Registe	red Lan	IIIID				
City, State NEWARK, NJ						Dispos 3/29/	sal Date 18		City, Stat		1 PA					
Completed by JOSEPH PERLSTE	IN	Title OWN	IER			S	Signature	)				Date	9			

Print Form



			2. 2. 19. 13.	- N			OF ASBE to NJAC 8				T	NE	(C)		1	11.7	NACTO 1	
	e of Notification (1) 9/18				10.7		Building C			(2)						-11		Arrisman 2, 10
Age	encies Notified		e Notification		100	Street Ad 411 As	ddress shley Ave	e			1 1-1	The state of the s	MAK	2 (		2018	2	
×	EPA DEP DOL	×	Initial Amended Amendment				te, Zip Coo ood, NJ		1		1	1						
×	DOH DCA	×	Emergency ( justification) Cancellation	ncluding		Name of Devora	Contact					Talanh	one N	ımhei		-4		
ш	BOA		Curiociiation			FACII	LITY INFO	RMAT	ION			_						
Nar	ne of Facility Where	Abate	ement is Taking	Place (3	)					Тур	e of Facility (4	1)						
Ct											School (K-1 Subchapter		nan K-	12)				
Stre	eet Address									×	Other (i.e. p				ildi	ngs,	home	s,
City	(5)									Squ	etc.) uare Feet	# of Flo	oors		Blo	ig. Ag	ge	$\dashv$
	kewood											2						
	unty (6) cean					County C	Code (7) USE ONLY)	-		100000000000000000000000000000000000000	rrent Use (Prid me	or if being o	demoli	ished)				
Nar	ne of Monitoring Firm	Hire	ed by Building (	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		batement Con AD PROFE							
Stre	eet Address			·					Street 6 WI		ress E DOVE CO	DURT						
City	, State, Zip Code						2				Zip Code	8701						
Pro	ject Manager for Mor	nitorir	ng Firm			Telephor	ne No.		Telepi 732-		No. -9078	1322	cense 200	No.				
	rt Date (10) 21/18			Schedule 3/26/18		npletion l	Date (11)		100000000000000000000000000000000000000		SHA Monitor AD PROFE	SSIONA	ALS					
	cupancy Status Durin	g Ab	atement (Chec						Street	Add	ress							
П	Facility Closed/Vac	100 mm				nent			6 WI	HITE	E DOVE CO	DURT						
×	Abatement Perform Other – Describe:	ned C						_			, Zip Code OOD, NJ 0	8701						
Sco	ppe of Work (Check A	All Th	at Apply)							_								
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				Τ.							Non-Exemple	a ( ) and iv	1011-111	able r	-		ment	
	Location	n of			Locat Norma	ly		D	escription	n of					_	Ту	ре	
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	(13)				(12)				miscella			0, 0,	,	0	Demoval	Repair	sula	osure
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	INTER	IOR						F	Floor Ti	le		700	SF	x				
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Na	me of Registered Wa	ste F	lauler		1	JDEP W	Vaste	Cubi	ic Yards		Name of	Registered	d Land	Ifill				
Acres .	WARK CARTING			- TO A 2 10 1 a 2 1 TO	10000	lauler ID 4509	No.	of W 10			IESI							
100	y, State WARK, NJ	1.9				dik i		3/26			BETHL	e EHEM F						
	mpleted by SEPH PERLSTE	IN		Title OWI	NER				Signatur	re				Date				

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Date of Notification (1)				Name	e of Buildir	ng Owner	/Operator	(2)					4 10 11
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Agencies Notified	Type Notifica	tion		-	t Address			1	1			- Common	
□ EPA	☑ Initial								L		11 The Land	Ţ	
☑ DOLWD ☑ DHSS	Amended Amendme			City,	State, Zip	Code			Proceeding 17	3 1 6 4	* 100 CC		-
D DCA	Emergence		-	Jerse	y City, N.	1 07307		18000	**************************************	The Acc			100
(NJAC 5:23-8)	justificatio	n)	Э		e of Conta				Telephone 1	Number		-	
	Cancellati	on		Brian	Gittis								
				FA	CILITY	NFORM.	ATION						
Name of Facility Where A	Abatement is Ta	aking Plac	e (3)					Type of Facility	(4)				-
Private house								School (K-1	2)				
Street Address								Other (i.e.,	8 (Other than K private and com	(-1 2) omercial b	uildina	IS.	
City (5)								homes, etc		iniordiai d	anding	٥,	
								Square Feet	# of Floors	В	Bldg. Ag	ge	
Jersey City, NJ 07307 County (6)				Cour	nty Code (7)	/CTATE /	10F ONLY						
Hudson				Cour	ity Code (7)	(STATE C	ISE UNLY)	Current Use (P	rior if being der	nolished)			
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No	Name	of Ahatem	ent Contractor (9	1				
							h LLC	ciit Goritiactor (S	1				
Street Address							Address						-
						576 Va	alley Rd #	‡283					
City, State, Zip Code			4				tate, Zip C						
Decident of the							, NJ 074	70					
Project Manager for Moni	toring Firm		Tele	phone	No.	Teleph	one No.		License No	).			
Start Date (10)	Te.	cheduled (	\	Kan Da	4-7445		8-1777	2	01127				
03 / 30 /							of OSHA N	Monitor onsultants,Inc					
Occupancy Status During						-	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
□ Facility Closed/Vacate     □ Abatement Performed	ed During Entire	e Period of	Abate	ment		20-21	Wagaraw	Road, Bldg .#	35E				
Time of Abatement:	AM-	PM/	y Houi		AM		ate, Zip C						
Scope of Work (Check all	that apply)					Fair La	wn, NJ 0						
	ciac apply)	3 <u></u> .				Н	Full Con	p and decontami tainment with Ne	nation with nega dative Pressure	ative pres	sure		
>3 sf or >3 If ≥ 160 sf or >260 If			enovati emolitic			A	Mini-Enc	losure					
			Jillolliu C	211			Non-Exe	g Procedure mpted (*) and No	n-Friable Proc	edure	sure		
1			s Locat Norma	Total Control						At	pateme	ent Ty	/pe
Location Asbestos-Containing N			ed Sole		Ashe		scription o	of terial (ACM)	Amount	Z	R	щ	ш
TO BE ABA			intena todial			e., therma	l systems i	insulation,	(Specify	Removal	Repair	ıcap	Enclosure
IN Facilit (13)	у	043	(12)	Jiaii:			cing, VAT, miscellane		SIF or LF)	oval	=	Encapsulate	sure
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Basement				×	Pipe inst	ulation			20 LF			П	П
		П			1 - 2 - 2				J. L.				
			ī								님	님	님
			=		-							Ш	Ш
Name of Registered Wast	e Hauler		N.IF	ED Waste	Hauler ID No.	Cubic V	rdo of the	all Manager					
Fr Tech LLC								e Name of Regis	tered Landfill				
City, State			10	03378	3	TB1 Disposa	500	T.R.R.F. Inc					
Vayne, NJ 07470						la la la la la la la la la la la la la l		City, State					
Completed By (Print or Ty	pe) T	Title		101-2-2-201		TBI	nature /	Tullytown, P.	A	Dett			
I.Jevtic						SIĘ		who Wenad	0	Date			
SB-41		Owner					1/20	we wenad	·	03/20/18	}		

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Shade Environmental 1 >> 609 633 0664

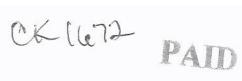
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MAD SE DOS

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

Date of Notification (1)						ing Owner/Operator	(2)	-		Fine	-		1.4
/	19 / -			N	chells C	lamente					76.		
Agencies Notifies  Si EPA	Type Notificatio	n		Stree	t Address		-				-	) mestant	-
S DOLWO	☑ Initial ☐ Amended					- 5.0 - w.5.0 (2007)							
Ø DOH	Amendment	ü		City.	Štate, Zip	Code		-	1 -		1		<del></del>
DOCA	⊠ Emergency		ė.	W	llingbor	o, NJ 08046			•	1	/	i	2
(NJAC 5:25-6)	Justification)			Nam	of Conti	id .			Telephona i	Vumhar			-
	☐ Cancellation			Nie	helle C	lemente			- Septione I	1			ì
				FA	CILITY	NFORMATION	<del></del>	i	ł		-	_	-
Name of Facility Where A		ing Plac	a (3)				Type of F	URIA.	(A)				
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Street Address							Subch:	ster 8	(Other than )	(-12)			
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City (5)							Square Fo		# of Figure		Bldg.	Ena.	
Willingboro							1,600		2	1	80	u-As	
County (5)			-	Cou	nty Code	(1)(STATE USE ONLY)	Current Us	POPI	of K being der	nolkhad	44	_	
Burlington						•	Reside			71-E1-E1 FEW			
Name of Menitoring Firm		Owner	(å)	ASCM	No.	Name of Abalema	ent Contract	7(5)			-		
MÓG Environmenta	I, LLC					Shade Enviro							
Street Address	74 V. 25 75 37					Street Address		-04 4			-	-	
1000 Maplewood Dr	ive, Sulte 207				4.7	623 Cutler Av	/enue						
City, State, Zip Code	-20/02/20					City, State, Zip Co	948						
Maple Shade, NJ 08						Maple Shade	NJ 0805:						
Project Manager for Moné	ering Firm		Te	lophons	No.	Temphone No.		-	Liberse No	).	-		
Chris Macri	22.5			856-756		854-785-0099			00842				
Start Date (10)				letian Do		Name of OSHA M	onitor .						
03 / 22 /				17 /	18	EMSL Analyti	ical, Inc.						_
Occupancy Status During	Abatement (Cha	ck only	(and		-	Street Address			000000000000000000000000000000000000000		-		
☑ Facility Closed/Vacates	During Entite P	eriod of	Abat	amont		200 Route 13	0 North						I
Abatement Parformed	Outside of Norm	al Facilit	y Ho	ura - Das	aribe	City, State, Zip Co		-	-				
Time of Abatement:		M'	PN	P	AM	Cinnaminson							-
Scope of Work (Check all	that apply)							-			-		
阿 >3 af or >3 if		⊠ Ra	SAVE	Slan		Full Cont.	ainment wit	Nej	etve Pressure				1
图 ≥3 af or ≥3 ff 图 ≥180 ef or ≥260 ff			Modis	lon		☐ Mini-Enet	Procedure						[
				- warning		Non-Exe	npled (*) ar	INC	Friable Proci	4ure			
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TO BE ABAT	ED	Mu	กเสก	ance/	(Li	is the containing was b., the mal systems i	naulation.		Ámount (Specify	Remova	Repair	2	8
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(14)		Yes	-	) NIA		other miscallenso	ous)					40,00	Lå
Throughout		-	-		<b>81</b>						-		
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Freehold Cartage	( Canol			Hipular IC		Cubic Yards of Waste			red Landfil				
City, State			1	15939		5	1	S NO	rth Landilli				A STATE OF THE PERSON NAMED IN COLUMN
Freehold, NJ	1.4					Disposal Date	City, Stali						
						03/27/2018	Morris	life,	PA				
Completed By (Print or Typ					200	Signature	F	~	T	Date	-		
Christina Lynch		/ICe Pro	esid	ont of C	peration	" LNS		-		34	11	Š,	
5B-41 UN 13		Ös net	rrees to	hte tom	for make a	os ricensure exemple	-	Been		<u> </u>	1- 1	9	
		man start	Res, I	na twitte	C 220 25	va in wisuld dromor	BU BCTVIHE:						

Date of Notification (1)		Name	e of Building Owner	Operator (2)	~;	1/	***************************************	-		
March 20	2012				hale	n-ARED	90			
Agencies Notified Type Notification	N	Stree	t Address	- A I	100	上月 1			73	
□ EPA 🐹 Initial		City	State 7in Code				1411			
DEP	#	. City,	State, Zip Code	h la al	Pank	NITOG	999	0.4	THE STATE OF THE S	
☐ Emergency (		Name	e of Contact	rung i	a.c.	Telephone N	umber	110	i in	restar.
DOH justification)  DCA   Cancellation		1	1/	rénge /						100
			CILITY INFORMA	TION			- 191	. 12	ă.	1
Name of Facility Where Abatement is Taking	73	11.50	•		e of Facility		•	4 1	12	
Street Address	DWE	III	)		School (K- Subchapte	12) er 8 (Other than K-	12)			
Cuccernation	7).	Λ.	10		Other (i.e.	private & commer	cial build	dings,	home	s,
City (5)	, ,	1	<b>A</b> 10 C	Squ	etc.) are Feet	# of Floors	В	ldg. A	ge	
Highland Par	LK, 1	UT	08904			12		30	t-	
County (6)			ty Code (7)	Сип	ent Use (Pr	ior if being demoli	shed)			
Middlesex	(0)			N======6.05	-1					
Name of Monitoring Firm Hired by Building (	Jwner (8)	AS	CM No.	Name of Ab	atement Co	chnole	nie (		Ta	
Street Address	3163		1.100	Street Addre	ess		310,	9 ,	111	-
Ro. Box 3	37			P.O.	Box	337				
City, State, Zip Code	MT	0	3533	City, State,	Zip Code	714 4	- 1	06	. 2	2
New Egypt	NO	U	23	Nem	Egy	DY W	U	0	J	2
Project Manager for Monif Iril g Firm	,	60°	hone No. 7 <i>58-33</i> 65	Telephone 1		License	No.	19	U	
Start Date/(10)	Scheduled		on Date (11)	Name of OS			0		-	
March 30,2018	Mak	ch.	30,2018	EP	C Tec	hnologies	s I	nc		
Occupancy Status During Abatement (Check	k Only One)			Street Addre		207				24-12-
Facility Closed/Vacated During Entire F	Period of Aba	atement		City, State,		337				
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	iai Facility in	Ours		A CONTRACTOR OF THE PROPERTY O	Egypt	417	na	52	2	F1
Scope of Work (Check All That Apply)				1 1	Sypi	700	00	رب		
≥3 sf or ≥3 if	☐ Rer	novation		□ Ft	ull Containn	nent with Negative	Pressu	re		
☐ ≥160 sf or ≥260 if	□ Der	nolition		~	ini-Enclosus lovebag Pro					
*	,					ed (*) and Non-Fria	able Pro			
		cation						Abate	ement pe	120
Location of		mally Solely by		escription of	ol (ACM)	Amount		1	İ	
Asbestos-Containing Material (ACM)  TO BE ABATED	Maint	enance/	(i.e. therm	ntaining Materia al systems insu		(Specify	R	Z	Encapsulate	Enclosure
In Facility		lial Staff? 12)		acing, VAT, or miscellaneous	1	SF or LF)	Remova	Repair	nsde	dos
(13)				miscellaricous	,		/ <u>a</u>	=	late	Jre
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Basement	X		ripe -	nsula	HION	10 LF	X	-	-	-
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Name of Registered Waste Hauler				ic Yards /aste		f Registered Land			,	1. A
EPC Technologie	S	17	000	4	Was	te Manage	emen	to	Et	W.
City, State			Disp	osal Date	City, Sta	uisville	PA			
New Egypt Completed by	NJ Title	`	19	Signature	- N		Date		,	
Steve Schenker		iden	-	Steres	Sch	when	3-	20	-	8
O'esc Acialina	1000				-			-		-



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	e of Notification (1) /19/2018	All Colors with the				f Building ( Bouman	Owner	/Operator	(2)	-01	V.	1.4.4	n	0.0	201		A to the second
Age	encies Notified	Type Notification			Street A	ddress						MA	H	<u> </u>	201		Brown
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(50,600)	DOL	Amendment # Emergency (ir		-		e, NJ 07	470			Ì		A MANAGEMENT OF	Mile e	Mill	٠.	6	1 1
X	DOH DCA	justification) Cancellation				f Contact Bouman					Tel	ephone N	Num	ber			
	56.1	E Carlocitation			2000	LITY INFO	RMA	TION									
	ne of Facility Where mmercial Buildin		Place (	3)					Ту	pe of Facility School (K-							
Street Address 150 Day Road									×	Subchapte Other (i.e. etc.)					ings,	home	es,
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County (6) County Code (7) Passaic (STATE USE ONLY)									urrent Use (Pr ommercial			lishe	ed)				
Nar N//	ne of Monitoring Firm	Hired by Building O	wner (8)	)	ASCN	/I No.				Abatement Co		(9)					
Stre	eet Address						. A. A. Karak		t Address Rosengren Avenue								
City, State, Zip Code City, S							City, S	State, Zip Code owa, NJ 07512									
Project Manager for Monitoring Firm Telephone No. Telep						Teleph	ohone No. License No345-8685 01311										
Start Date (10) Scheduled Completion Date (11) Name								ne of OSHA Monitor									
Occupancy Status During Abatement (Check Only One)  Street Addre									and the second of								
	Facility Closed/Vac	ated During Entire Pe	eriod of	Abatem	nent			11 R	osengren Avenue								
Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied								City, State, Zip Code Totowa, NJ 07512									
Sco	pe of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf																	
				Locati	on					TOT Example	Abatement						
	Location	ı of	1	Normal	ly		D	escription	n of						Ту	pe	
	Asbestos-Containing TO BE AB, In Facil (13)	ATED	Ma	ed Sole aintenar todial S (12)	nce/		therm sur	al system: acing, VA	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A											te	
	Ground F	Floor		Х		Owen Insula			atic	on 10 SF				Х			
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	nolless																
Non	ne of Registered Me	ste Hauler		l NI	JDEP W	lasto	Cub	c Yards		Nome -	Dogist	arod I are	1611				
I IX. S Angtement Inc				Н	auler ID		\$10 TO POST 100	aste /	Name of Registered Landfill Waste Management of PA								
Toto	, State owa, NJ						Disp	osal Date )	e City, State Morrisville, PA								
Completed by Title Ned Joksimovic Project Manager						Signature Date 03/19/2018											

Date of Notification (1) 03/19/2018	-				f Building Renolds		Operato	r (2)		1			-+		1		
Agencies Notified	Type Notification			Street A			MAR	0 =	20	lÿ	1-00	and the					
DEP DOL	Amended Amendmen Emergency		_	Clifton	ate, Zip Co I, NJ 070				3	i i	1, -2 · · · · · · · · · · · · · · · · · ·	£ \$ 17.			8		
DOH DCA	justification) Cancellation	_		John F	f Contact Renolds					Te	ephone I	Numb	er				
Name of Facility Where A	Abatement is Takir	ng Place (3)	)	FACI	LITY INF	ORMAT	ION		of Facility (	300							
Street Address								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ouilo	lings,	home	es,	
City (5) Clifton									are Feet	# o	f Floors A			ldg. A	lg. Age A		
County (6) Passaic				(STATE	Code (7) USE ONLY			Curre	ent Use (Pri	or if be	ing demo	olished	)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.				atement Cor tement, In								
Street Address							Street Address 11 Rosengren Avenue										
City, State, Zip Code							Toto	ry, State, Zip Code otowa, NJ 07512									
Project Manager for Monitoring Firm					ne No.		973-	chone No. License No. 01311									
Start Date (10) Scheduled Completion Date (11) 03/29/2018 03/30/2018							Name of OSHA Monitor D&S Abatement, Inc.										
Occupancy Status During Facility Closed/Vaca	ated During Entire	Period of Al	bater	nent			11 R		gren Aver	nue							
Abatement Perform  Other – Describe: 9	occupied	nal Facility	Hour	S					ip Code NJ 07512								
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	II That Apply)	-	enova					Fu K Mir	ill Containme		n Negativ	e Pres	sur	e			
_					Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							STORY STORY					
Location			ocat	lly	27.00	De	scription	scription of					Abatement Type				
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	Mair	ntena			thermal surfa	taining N I system cing, VA niscella	is insula AT, or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
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	00.000																
Name of Registered Was	to Hauler		LA	JDEP W	looto	Cubia	Varda		I Name of t	D - 1-4	- 11	1CII					
D&S Abatement, Inc			H	lauler ID 0996		of Wa	Yards ste	Name of Registered Landfill Waste Management of PA									
City, State Totowa, NJ						Dispo: TBD	sal Date	al Date City, State Morrisville, PA									
Completed by Ned Joksimovic Title Project Manager						5	Signature Date 03/19/2018										





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Date of Notification (1) March 20,	7010	Name o	f Building Owner	i		MEG	122	1 4	7	
Agencies Notified Type Notification	auto	Street A		ily L	-990		- 11		•	7
□ EPA 🗶 Initial	T.	01 01	. 7: 0 .			AUE	<u> </u>	201	0	And the same
DEP Amended Amendment	#	. City, Sta	ate, Zip Code	nville	N	T 17	901	~ U )	U	11274
DOH Emergency (i	ncluding	Name o	f Contact_	rivitle	- 14	Telephone N	umher		1.11.45.4	_
□ DCA □ Cancellation		Kel	ly Ega							5
Name of Facility Where Abatement is Taking	Place (3)	FACI	LUTY INFORMAT		of Facility	(4)				
Single family		lline			School (K-					
Street Address		7	,		Subchapte	r 8 (Other than K- private & commer		dinge	home	
0.4.45				( )	etc.)			-		3,
City (5)	07	901		Squa	are Feet	# of Floors	B	Idg. A	ge   <del>-  -   -</del>	
County, 6)	0 7		Code (7)	Curr	ent Use (Pri	ior if being demoli	ished)	10		$\dashv$
/VIORRI'S			USE ONLY)							
Name of Monitoring Firm Hired by Building C	owner (8)	ASCN	No.	Name of Aba	atement Co	CONTRACTOR MANAGEMENT	aia (	. '	T	
Street Address	7-		1-10-6	Street Addre	ess	<u>chnole</u>	310.	2_3	In	-
P.O. Box 3	5 t			P.O.	Box	354				
City, State, Zip Code	NZ	08	533	City, State, 2	Lip Code	AL ALT	0	25	13	3
Project Manager for Monif ri lgt-irm		Telepho	ne No.	Telephone N	lo.	License	No.	10		
Steve Schenken	<b>L</b>	609	758-3365			5 0	0	27	7	
Start Date (10)	Scheduled Cor	npletion	Date (11)	Name of OS		hnologie	- 7		•	
Occupancy Status During Abatement (Check	Only One)	10,	3010	Street Addre		i morogie	5 4	nc		-
Facility Closed/Vacated During Entire P				P-0.		337				
Abatement Performed Outside of Normal Other – Describe:	al Facility Hour	S		City, State, Z	Zip Code Egyot	117	00		_	
Scope of Work (Check All That Apply)				1400	-Sypt	N2_	00-	ي د		-
≥3 sf or ≥3 lf	☐ Renova	ation		□ Fu	II Containm	ent with Negative	Pressu	re		
☐ ≥160 sf or ≥260 lf	□ Demoli	tion			ni-Enclosur ovebag Pro					
	T					d (*) and Non-Frid	able Pro	Mark to the same		$\dashv$
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Location of Asbestos-Containing Material (ACM)	Used Sole Maintena	ely by	Asbestos Cor	escription of staining Materia		Amount			Ē	
TO BE ABATED In Facility	Custodial			il systems insul acing, VAT, or	ation,	(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)	(12)			miscellaneous)	1	selection to design the called	oval	air	Encapsulate	sure
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EPC Technologies	5	170		osal Date	City, Sta	te Manage		tol	- 1	V
City, State New Equat	NJ V		100000000000000000000000000000000000000	10-18		usville	PA			
Completed by	Title	1		Signature	C 0		Date	22	1 6	2
Steve Schenker	Presid	knt		Dlesso	DOCK	ohn	3-8	SOK	15	ン

#### 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

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

	I. NOTIFICATION INFORMATION	ON .	
☐ Initial ☐ Amended ☐ Cance	/ _2018 Ilation ☐ Emergency (must inc	MARI 2 5 2016 clude justification)	J. A.
	II. BUILDING INFORMATION		
Name of Building Owner/Operator:	Carol	yn Martin	
	City: Neptune	State: NJ Zip: 0	7753
Name of Contact: Carolyn Martin		elephone N	
	III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to T	ake Place	Martin Residence	
Describe Facility Use:			
Street Address:			7753
County Name: Monmouth		tate Use Only):	
Scheduled Start Date: 03 / 30			2018
Occupancy Status During Activity (check	only one):		
□ Facility Closed/Vacated During Entire Act     □	tivity		
Activity Performed Outside Normal Facili	ty Hours—Describe:		
Other—Describe:			
Scope of Work (check all that apply):			
☐ Floor Tile Square	Footage: 315 SF	Percentage Asbestos:	%
☐ Mastic Square	Footage:	Percentage Asbestos:	%
	IV. CONTRACTOR INFORMATI	ON	
Company Name: Shade En	vironmental IIC	Telephone No.: 856-755-0	199
Street Address: 623 Cutler Avenue			8052
New Jersey Asbestos License Number (if ap		Otato Zip	
Monitoring Firm (if applicable): Mgmt. &	phodeloj.	Telephone No.:609-298-40	070
· · · · · · · · · · · · · · · · · · ·	V. SIGNATURE		
Completed By (type or print legibly): Christ	ina Lynch Title:	Vice President of Operation	ns
Signature: Ohsberger		Date: March 19, 2018	