#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

e of Notification (1) 3/21/2014		Name of Buildi Street Address	ng Owner/Opera V W V	Construction Inc	238				$\frac{1}{2}$
encies Notified Type of Notification  [ ] Initial Noti			31500W. 75030000	ffield Road	MAR 2	1 20	)14 ———		-
DEP [ ] Amended Amendme	Notification  nt # y (including	City, State, Zip	Code Wayne	, NJ 07470	shone Number				-
[x] Emergenc justification [ ] Cancellati	on)	Name of Conta	nny	Telep	onone Number				
] DCA	EA	CILITY INFO	RMATION						٦
ame of Facility Where Abatement is Taking Plac Residence		CIMIT			chool (k-12) ubchapter 8 (other the other (i.e., private &	han k-12	2) ercial b	uildings	i,
treet Address 1927 W. Railway					# of Floors F	Bldg. Ag	e e		-
Section 1 and 1 an	County (6)	County Code ( (STATE USE	(7) ONLY)	Square feet 1500 sf Current Use (Prior if be	1	, nug. 7 - 2	60		
Ortley	Ocean		Nome o	Residence Residence Contractor (9	e				
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)	ASCM No.	Street A	Guardian	Contracting, in	с			_
Street Address			347,500,4039	1889 Ro	ute 9, Unit 61				_
City, State, Zip Code		-			ver, New Jersey	0875	5-127	1	_
Project Manager for Monitoring Firm	Telephone Num	ber	732-3	one Number 349-9932	00624				
Scheduled Start Date (10)	Scheduled Com 3/26/14	pletion Date (11)			. Analytical				_
3/24/14 Occupancy Status During Abatement (Check of	nly one)		Street	Address 1056 St	elton Road				
[ X ] Facility Closed/Vacated     [ ] Abatement Performed O     [ ] Other – Describe	Dilling Little I cried of	Abatement ty Hours	City,	Zi- Codo	way, New Jersey	0885	4		
					with Negative Press	ure			
Scope of Work (Check all that apply)			Ĩ	] Mini-Enclosure					
] >3 sf or ≥3 lf	[ ] R	enovation	Į.	Glovebag Proced	are  and Non-Friable P	rocedur	e		
$\begin{bmatrix} x \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$	[x] E	emolition	[]	X ] Non-Exempted (*	1		ement 7	Tyme	=
[4]						Abate	ment		Γ.
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12)	1	Asbestos- Materia (i.e., there insulation	ption of Containing al (ACM) mal systems n, surfacing, AT, or scellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	I
	YES NO	N/A	tes siding		1500 sf	X			1
Exterior	X	Asbe	stos siding				_	-	+
	<del> </del>					1-	-	+-	+
	NIDER West	e Hauler ID No.	Cubic Yards o	f Waste Name of Regi	stered Landfill				
Name of Registered Waste Hauler		0223 Disposal Date	2	T.R.R.F.	-ia /				
Guardian Contracting, Inc			1 7	Calladown Pennsylva	nia 1				
City, State Toms River, New Jersey Completed by (Print or Type)	Title	3/27/14 Signa		unytown, roms)	//	Da	ite 21/20	14	

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

								70		22. 224				F	1
Date of Notification (1)	March 21, 2014		41		Name of	Building O	wner/Oper Miller		3		1130	3,8	84	j	
Agencies Notified  [ X ] EPA  [ ] DEP		Notific	ation tification		Street Ad			iffordto	own Lane		MAN .	2-7	2014		1
[x] DOL	Amen	dment ?			City, Star	te, Zip Code		rton, N	J 08087	* 1					الٰـــ
[ ] DCA		cation)		-	Name of	Contact Jim Mi	ller			Telephon	e Number				
	L			FACI	LITY	NFORM	ATION							<del></del>	
Name of Facility Where A	batement is Taking sidence	Place (3						Туре	of Facility (4)	Schoo	ol (k-12)				
Street Address	5 24 <sup>th</sup> Avenue								[ x ]	Other	napter 8 (oth (i.e., private s, etc.)			al build	ings,
City		Coun	ty (6)		County C	ode (7) USE ONLY	)	Square 1	e feet 1000 sf		Floors	Bldg	. Age 6	0	
South Seasi		Oce					80		nt Use (Prior Reside	ence	lemolished)				
Name of Monitoring Firm N/A		Owner (	8)	1	ASCM N	o.	Name of	Abateme	ent Contracto		ntracting,	Inc			
Street Address	n.						Street Ad	ldress			, Unit 61	1110.			
City, State, Zip Code	e, Zip Code anager for Monitoring Firm Telephone Num						City, Sta	te, Zip C	ode	easter 7-	New Jerse	ey 087	55-12	271	
Project Manager for Moni				mber			Telephor 732-34	9-9932	2		License No 00624	umber			
	art Date (10) Scheduled Comp 3/24/14 3/26/14			mpletio	n Date (1	1)	Name of			.L. Ana	lytical				
Occupancy Status During  [ X ] Fac	Abatement (Check cility Closed/Vacated	550		of Abate	ement		Street A	idress	1056 \$	Stelton	Road				
[ ] Ab	atement Performed					14)	City, Sta	te, Zip C		-			ren evo		
	ner – Describe										New Jerse	-	54		
Scope of Work (Check all	that apply)						l .		ll Containmer ni-Enclosure	nt with No	egative Press	sure			
[ ] >3	sf or ≥3 lf		[ ] R	Renovati	ion		j		ovebag Proce						
[x] ≥16	50 sf or ≥260 lf		[x] [	Demoliti	ion		[ x ]	No	n-Exempted	(*) and N	on-Friable I	rocedu	re		
												Abat	ement '	Гуре	
			Is Location				Description					R	R	Е	Е
Location Asbestos-Containing I	1977 T. C		Normally used Solely by	1			estos-Co: Material (A		5		mount ecify SF	E	E P	N C	N C
TO BE ABA	ATED	Mai	ntenance/Cust	odial		(i.e.	, thermal	systems			or LF)	М	A	Α	L
in facili	ty		Staff			insı	lation, su		,			v	I R	P S	O S
. (13)			(12)			oth	VAT, er miscell		)			A		U	U
+		YES	S NO	N/A				,				L		L E	R E
Exterior			X		Asbe	stos sidin	ıg			100	00 sf	X			
									**						
Name of Registered Waste			NJDEP Waste 1		ID No.	Cubic Ya	rds of Was	te N	lame of Regis	tered Lar	ndfill			20,175	
City, State	ontracting, Inc.			Dispos:	al Date		City, S	tate	1.K.K.F.						
Toms River	, New Jersey	1		3/27/	14				ennsylvan	ia //	/	T <sub>D</sub> .			
Completed by (Print or Ty Nicholas Fe		Title Proj	ect Manager	a di	Signat	Ture \	· Mar	11	2	/		3/2	: 1/14		

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 3/21/2014		Name of Building C	Owner/Opera Sakout	ator (2) is Brothers Disposa	al	2	3 8	8-	3
Agencies Notified Type of Notification [X] EPA [] Initial	Notification	Street Address	P O Bo	ox 84	MAD	0 7			
[x] DOL Amend	led Notification Iment # ency (including	City, State, Zip Cod		Neck, NJ 07722				9	
[ x ] DOH justific		Name of Contact John S	Sakoutis	Те	lephone Number		<b>.</b>	-	
	FAC	CILITY INFORM	ATION						
Name of Facility Where Abatement is Taking I Residence	Place (3)			Type of Facility (4)  [ ]  [ ]	School (k-12) Subchapter 8 (oth				
Street Address 1550 Meeting Hou	se Road			[x]	Other (i.e., private homes, etc.)			buildin	igs,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 2000 sf	# of Floors	Bldg.	Age 60	)	
Wall	Monmouth	(02 332 31		Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contractor (		Inc.			
N/A Street Address			Street A	ddress	oute 9, Unit 61				
City, State, Zip Code			City, Sta	te, Zip Code	iver, New Jers	ey 087:	55-12	71	
Project Manager for Monitoring Firm	Telephone Numbe	er		ne Number 19-9932	License N 00624				
Scheduled Start Date (10)	Scheduled Comple 3/26/14	etion Date (11)		OSHA Monitor	L. Analytical				
3/24/14 Occupancy Status During Abatement (Check  [ x ] Facility Closed/Vacated		batement	Street A		telton Road				
[ ] Abatement Performed	Outside of Normal Facility I	Hours	City, Sta	ate, Zip Code Piscata	way, New Jerse	ey 0885	54		
Scope of Work (Check all that apply)			[		with Negative Pres	ssure			
	f 7 -		l r	Mini-Enclosure Glovebag Procedo	ure				
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf	L J	ovation olition	[ x		*) and Non-Friable	Procedu	e		
		T				Abate	ment 7	уре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A	al (i	Descripti sbestos-Co Material ( e., therma sulation, s VAT, ther miscel	ontaining ACM) I systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sid	ling		2300 sf	X			
						+-		-	
Name of Registered Waste Hauler	NJDEP Waste Hau	_	Yards of Wa	Name of Regist T.R.R.F.	tered Landfill				
Guardian Contracting, Inc	Di	sposal Date	City,		ia /				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Auch	19/12	. 1	) Date 3/2	1/201	4	
Nicholas Pernicola		form for asbestos li	censure ex	empted activities.					1

#2273

Date of Notification (1	· · · · · · · · · · · · · · · · · · ·			Name	f Building	Owner/C	Inerator	(2)						===	=
	9-14			. 10 /10 0	. conditi		OPA		,					- t	i.
Agencies Notified	Type Notification			St. :et A	Address						0 -				
EPA EPA	[4] Initial		1				101	KIN,	e ceres	OZI,	~ )	KD 4	_7	001/	1
<b>DEP</b>	Amended	_	1	Chy, St	ate, Zip (	Code	_	_		-	[*:	7	_ /	(a) 2 ) "	
DOL	Amendment Einergency		-				TUM	150.	as res	<u> </u>					
DOH	justification)		į	Name (	of Contac	1				9					
☐ DCA	Cancellation				II ITV IN	FORMAT	CAL								10-
Name of Facility Whe	e Abatement is Takin	g Flace (3	3)		ILII I III	- CHEMIA I	- I	Type o	f Facility	(4)					*
7,7	Goodma							M s	chool (K-	12)					
Street Address								T S	ubchapter	r 8 (Other	than K-	12)			
	7 BEARE	COEL	3 /~	ري			1		ther (i.e. ; .c.)	private & c	mmen	cial buil	dings	, hom	<b>es</b> ,
City (5)	Rums	Ga a J					Ť	Square		# of F	oors	E	3ldg. A	\ge	
	noms		000000000000000000000000000000000000000						502)	تي ا			4 8	· >	69
County (6)	mou	noul	6	C: mty	Code (7)	<b>y</b>				ior if being		shed)			
	Í					. ()				pace		3			
Name of Monitoring F	im Hired by Building	Owner (8)	B.	430	M No.					ntractor (9	!	0000000 <del>00000</del>		-50.00	
Stront Address				1					ion Co.	, HTC.					
Street Address								Address	e Road	н					
City, Siate, Zip Code							-	tate, Zip							
							1.0000000000000000000000000000000000000		N.J. 07	7722					
Project Manager for M	ionitaring Firm		7	Thepho	ne No.			one No.			cense	No.			
								294-17			0029	V.000			
Start Date (10)		Scheduk	ed Cor	ncietion	Date (11	)	Name	of OSHA	Monitor						
Occupancy Status Du	14	<u> </u>	J.:	5	4		<u> </u>								
Occupancy Status Du	ring Abatement (Chec	k Only Or	ie)				Street /	Address							
Facility Closed/V	acated During Entire I	Period of A	Abaten	ne t					-					_800000000	
Other - Describe	med Outside of Norm	idi Faciley	Hours	9			City, St	late, Zip	Code						
Scope of Work (Check											****				
23 sf or 23 ff	( All Mary ppi)	14	enova	46			Barrie .	l							
≥160 sf or ≥260 h	r e		emova emolit					Mini-	Containm Enclosure	ent with N	egative	Pressu	re		
<del>37</del> 5.2							4	Glove	ebag Pro:	čedu e					
		1			T			Non-	Exempte	d (*) and f	lon-Fria	ble Pro	a local de	-	
	72	1	Locati	35-35-17					ì				200	ment	
Locat Asbestos-Containi		Use	d Sole	h sy	Ashu	De: stos Cont	scription		ACEA)	5 m	ent		Ţ		-
TO BE A	BATED		intenal			thermal	systems	insulati		Ams (Spe		3		E S	E
In Fa	37.000 (5)	1	(12)	242:11			cing, VAT niscelland		1	SF of	LF)	Ramoya	Repair	aps	Enclosure
* **		Yes	No	N/A	1	0.1107 11	11000110110	cous	i			Val	=	Encapsulate	ure
	DFIE WAIIS			i —		2.02.	.30	<del></del>							
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Name of Registered W	aste Hauler		N	JOEP W	/aste	Cubic	Yards	77	Name of	Registere	Landfil	السنا	لــــا		
Ace Insulation Co.			70	auler ID 2 /86	No.	of Was	ile J	1.	IESE	9,010,01					
City, State		·				Diagos	al Date		Ciry, State	e					
Colts Neck, New J	ersey						-5257			em, Pa					
Completed by	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Title				1	gnature			,	70	ate			
George Wuest		Presid	dent			- 1	4	Very	e ples	ronf		3-/	19-	14	-
							1		<i>S</i>						
SB-41 (R-06-08)							· Do not	use this	form for	asbestos I	icensur	e exem	pted a	ctiviti	ies.

No Cherr.		· (P		to NJAC								-7	F.	
Date of Notification (1) 03/21/14				of Building Townshi			(2) ducation	4			5540 11 5			- 1
Agencies Notified Type Notification	n			Address					W.F	7-2	7	)01A ,015		
EPA Initial Amended		-		lendricks ate, Zip Co		enue							-	
DOL Amendme	nt #2 y (including	- [	Brick,	New Je		724								
DOH justification Cancellation	1)			of Contact s Edward	ds		342		Telenho	ne Nur	nher			
Name of Spailite Miles About 11 Tu			FAC	ILITY INF	ORMATI	ON						0-00 2/5	_	-
Name of Facility Where Abatement is Tak Brick Township High School	ing Place (3	)					Type of Fac							
Street Address 346 Chambers Bridge Road		÷					Subch		(Other th			dings	hom	es,
City (5) Brick, New Jersey 08724							Square Fee 50,000	t	# of Floo	ors	366	3ldg. <i>A</i> 55+	\ge	
County (6) Ocean ;				Code (7) USE ONLY	)		Current Use High Sch		f being d	emolish	ned)			
Name of Monitoring Firm Hired by Buildin Brinkergoff Environmental Service	g Owner (8) es		ASCI	M No.			of Abatemen Corporati	t Contra	actor (9)					
Street Address 1805 Atlantic Avenue				4		Street	Address McBride A	X 10 10 10 10 10 10 10 10 10 10 10 10 10					5.00 mm	
City, State, Zip Code Manasquan, New Jersey		-11-77			-	City, S	State, Zip Cod dland Park	е	Jersey	0742	1			
Project Manager for Monitoring Firm Jason Hooper			Telepho	one No. 23-2225		Teleph	none No. 225-8400	, INCW	Lic	ense N			=	
Start Date (10) 11/18/13	Schedule 04/15/1	ed Con		Date (11)		Name	of OSHA Mo			104				
Occupancy Status During Abatement (Ch		00000	******				Environme Address	ntal L	abs, LL					
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of A	batem	nent			2333	Route 22	SECTION AND ADDRESS.				-	0	
Other – Describe: 2PM-11:30PM	•				-		n, New Jei		7083					
Scope of Work (Check All That Apply)			52											
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enova emolit				×	Full Conta Mini-Encl Glovebag Non-Exer	osure Proced	lure					
	Is	Locati	on				I TOTT EXC	I I	) and Ivo	II-I Hab	T	Abate	ement	
Location of Asbestos-Containing Material (ACM)		lormall d Sole		A-1	Des	cription	of		- second and a second		-	Ту	ре	
TO BE ABATED In Facility (13)		ntenar odial S (12)		(i.e.	thermal surfac	systems cing, VA niscellan	faterial (ACM s insulation, T, or neous)	)	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
Interior/Cutorio M	Yes	No	N/A										e e	
Interior/Exterior Masonary Openin	gs	X	-	caulk, g	glazing	frame	caulk wind	BY	9,745	SF	X			
			<del> </del>											
			-		-			-			-			
Name of Registered Waste Hauler		N.	JDEP W	Vaste	Cubic \	Yards	Nam	e of Re	gistered l	andfill				
Lilich Corporation			auler ID 3724	No.	of Was 80	te	700000000000000000000000000000000000000		S Land					
City, State Woodland Park, New Jersey 0742					Dispos 04/18/	al Date 14		State risville	, Penns	sylvan	iia			
Completed by Tatiana Kalenikova	Title Vice F	Orgali	dont		Si	gnature	1		1-1	Dat				
Totalia Naiellinova	vice i	resid	uent			1001	lear	Ma	lel	03	/21/1	4		

														-
Date of Notification (1) 02/17/14				Building ( ownship				on ;		MAP :	2.7	2014		
Agencies Notified Type Notification		1.1	Street Ad 101 He	ddress endricks	on Ave	nue								14 (4
DEP Initial Amended Amendment #				te, Zip Co New Jer		724		1						
Emergency (in justification)	cluding	- 1		Contact Edward	ls				Tele	phone Num	ber		<u>j</u> u }	
			FACI	LITY INFO	RMATI	ON			.г					
Name of Facility Where Abatement is Taking I Brick Township High School	Place (3)	)					⊠ s	of Facility (4 chool (K-12	2)					
Street Address 346 Chambers Bridge Road							T C		ivate 8	er than K-12 commercia	al build	255555		s,
City (5) Brick, New Jersey 08724							Square 50,00	e Feet 00	# of 2	Floors	3.24	ldg. A 5+ `	ge	
County (6) Ocean			County (	Code (7) JSE ONLY)		_		nt Use (Prio School	r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ov Brinkerhoff Environmental Services	vner (8)		ASCM	l No.				ement Cont oration	ractor	(9)				
Street Address 1805 Atlantic Avenue							Addres McBrid	s de Avenu	——— е					
City, State, Zip Code Manasquan, New Jersey							State, Zip odland		w Jer	sey 0742	4			
Project Manager for Monitoring Firm Jason Hooper			Telephor	ne No. 23-2225			hone No			License No	0.			
				Date (11)				A Monitor onmental	Labs	LLC			- 17	-
Occupancy Status During Abatement (Check		/31/	14				Addres							
Facility Closed/Vacated During Entire Pe	riod of A	Abatem	ent			2333	3 Route	e 22 Wes	t					
Abatement Performed Outside of Norma Other – Describe: 2PM-11:30PM	Facility	Hours					State, Zij on, Nev	p Code w Jersey	0708	3				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit	70.70	1 14			Min Glo	i-Enclosure vebag Proc	edure	Negative P			•	
		-		<del> </del>			M Nor	1-Exempled	(*) an	d Non-Friab	T Pro	Abate	-	
No construence and angle	70.55	Locati Vormal	NTO SEE				500 00 <b>4</b>						ре	E
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa	system cing, V	Material ns insula		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
i.	Yes	No	N/A										rD .	
Interior/Exterior Masonry Openings	erior/Exterior Masonry Openings			caulk,g	lazing	frame	caulk	window	9,7	45 SF	Х			
			<del> </del>								+	-		
				-										
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubic	Yards		Name of I	Registe	ered Landfill				
Lilich Corporation			lauler ID 8724	No.	of Wa 80	7.588		G.R.O.\		andfill.				
City, State Woodland Park, New Jersey 07424		4.				sal Date		City, State Morrisy		ennsylav	ania			
Completed by	Title					Signatur		-			ate			
Tatiana Kalenikova	Vice	Presi	dent			Tol	in	-/(ei	KIN	en 1	2/1	7/1	4	

Print Form

Date of Notification (1) 11/05/13 CK#289	7 \$200				f Building Townshi				n		4	MAF		7	201	ı
Agencies Notified	Type Notification			Street A	ddress endricks	on Ave	enue					WI A		<u> </u>	<u> </u>	*
DEP  DOL	Initial Amended Amendment	t	_	City, Sta	ate, Zip Co New Jer	de				P			20.00		=	
▼ DOH DCA	Emergency (i justification) Cancellation	ncluding	- 1	Name o	f Contact Edward				•	Tele	ephone	Numh	er M	-	-	
				FAC	LITY INFO	RMAT	ION	111								
Name of Facility Where A Brick Township Hig		Place (3)						-	f Facility (4 chool (K-12	1741			57:010-01			
Street Address 346 Chambers Brid	ge Road			6				0	ubchapter t ther (i.e. pr c.)	8 (Otherivate &	er than I	K-12) ercial	build	lings,	home	es,
City (5) Brick, New Jersey (	)8724			13				Square 50,00		# of 2	Floors		650	ldg. A 5+	ge	
County (6) Ocean					Code (7) USE ONLY)				t Use (Prio School	r if bei	ng demo	olished	j)			
Name of Monitoring Firm Brinkerhoff Environ				ASC	ΛNo.			of Abate Corpo	ment Cont oration	ractor	(9)					
Street Address 1805 Atlantic Avenu	ie							Address McBrid	e Avenue	e						
City, State, Zip Code Manasquan, New J	ersey							State, Zip dland F	Code Park, Nev	w Jer	sev 07	424			F= -	
Project Manager for Mon Jason Hooper	itoring Firm	L Cottadulad Out			ne No. 23-2225		Teleph	none No. 225-84			Licens 01104	e No.				
Start Date (10) 11/18/13		Scheduled Co 02/28/14					Name	of OSHA	Monitor nmental	labs						
Occupancy Status During	Abatement (Check	Only One	2)					Address					54.50			0000000
Facility Closed/Vaca	ated During Entire P	eriod of Al	batem				1,340,71,341,41	Route	22 Wes	t 						
Other – Describe: 2	PM-11:30PM					_	1001011500000		Jersey (	0708	3		30000		!	
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ir rnat Apply)	\$1000000	enova emoliti				×	Mini- Glove	Containment Enclosure ebag Proce Exempted	edure	(52				e	
l fi			ocatio							-				Abate	ment	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Used Mair Custo	Solel tenar	y by ice/		tos Cont thermal surfa		faterial (/ s insulati T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Interior/Exterior Mas	sonry Openings		Х		caulk,gl	azing	frame	caulk w	vindow	9.7	45 SF					
			1						THE SERVICE STREET		10 01	Ť				
												-				
Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic	Yards	- 1	Name of R	egiste	red Lan	dfill			-	
Lilich Corporation		NJDEP Hauler I 18724			0.0000000000000000000000000000000000000	of Was		10 3 1	G.R.O.W							
City, State Woodland Park, New	Jersey 07424					Dispos 03/03	sal Date 3/14		City, State Morrisyil	le, Pe	ennsyl	avan	ia			
Completed by Tatiana Kalenikova		Title Vice P	resid	dent			ignature Tal e		Kar	la	en	Date 11/0	5/1	3		

CHECK # 8238

Data of Natification (4)		_			TNI	- ( D. 11.11.	_		-					-	
Date of Notification (1)  03 /	20 /	14						ner/Operator ( <b>Enginering</b> l	<sup>2)</sup> Department	o e				ļ.	
Agencies Notified	Type Notifi	cation			Street	Address		MBC Providence		144	_		-		
					920	Broad S	tree	t, Rm 412		MA	R 27	7	2014		
□ DOLWD	☐ Amende				City. S	State, Zip C	ode	1							- 1
☑ DHSS	Amend	7-			Temporal Vice	wark, NJ		12							4
DCA	☐ Emerge		cluding	1		of Contac				Telephone N	lumbor				
(NJAC 5:23-8)	justifica				2222			ammadish (	Director)	relephone is	vuilibei			42.0	
	- Cariceii	ation			-		7000		Directory	*					
					FA	CILITY IN	IFOF	RMATION	No. 100 100 100 100 100 100 100 100 100 10						
Name of Facility Where				(3)					Type of Facility						
South Ward Fireho	use, Engir	e # 19	9						School (K-12		( 10)				
Street Address 526 Frelinghuysen	Avenue							11-2-14-2-20-1	Subchapter 8 Other (i.e., property of the context)	ivate and com		bui	ilding	s,	
City (5)			-						Square Feet	# of Floors		Dia	la A	70	
Newark									20,000 SF	2			lg. A	ge.	
County (6)		-			Cour	ty Codo /7	VCTA	TE USE ONLY)	Current Use (Pri	5 TOTAL			704		
Essex					Cour	ity code (i	ДОТА	ITE OOL ONLT)	Firehouse	or it being der	nonsned	1)			
Name of Monitoring Firm	Hirod by Ru	ildina (	Junor	(0)	ASCM	No	No	ma of Abetom		_					
Health & Safety Se			JWIIEI	(0)		NO.	1		ent Contractor (9)						
Street Address	rvices, inc	6			117				laz Mat Remov	ai, inc.					
318 12 <sup>th</sup> Street							10070000	eet Address	10000						
								94 E. 41 Str							
City, State, Zip Code							2000	y, State, Zip C							
Hammonton, NJ 08								aterson, NJ	07504						
Project Manager for Mon	itoring Firm			Telephone No. Telephone No.						License No	<b>)</b> .				
James J. Proctor				609-704-8850				73-345-0022	2	00507					
Start Date (10)	2002				etion Da		Nai	me of OSHA N	Monitor						
04 /07 /	_14_		)4 /	_2	5_/.	14	E	ast Coast H	laz Mat Remov	al, Inc.			10		
Occupancy Status During	g Abatement	(Checl	k only o	one)			Stre	eet Address							
☐ Facility Closed/Vacate							4	94 E. 41 Str	eet						
Abatement Performed						cribe	City	, State, Zip C	ode						
Time of Abatement: 7		JPM/	P	M	AM		P	aterson, NJ	07504						
Scope of Work (Check al	I that apply)					V	N. S.	П			82				
□ >3 sf or >3 lf			⊠ Re	novat	ion			☐ Full Con	tainment with Neg	ative Pressure	е				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ De					⊠ Gloveba	g Procedure						
								Non-Exe     Non-Exe	mpted (*) and No	n-Friable Proc	edure				
			100	Loca					50			Aba	atem	ent T	уре
Location Asbestos-Containing		M		Norma ed Sol	ely by	Acho	ctoc	Description of Containing Ma		A	- 7	R	Re	щ	m
TO BE ABA		ivij	2.555	inten				emal systems		Amount (Specify		Removal	Repair	cap	Clo
IN Facili	ity		Cus	todial (12)	Staff?			surfacing, VAT		SF or LF	)   [	<u> </u>	_	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	ot	her miscellane	ous)					ate	
Basement : Various I	ocation/R	ms	П			Pipe Ins	sula	tion		475 LF		<b>a</b>			
First FI Rms: Electric						Pipe In:				406 LF		<u> </u>			H
Stairwell, Radio, Kito					+-					.00		7			H
Radio Rm - Window		05/11/11/11/11				Transit	e Pa	nelboard		32 SF		<u></u>	H		
Name of Registered Was	te Hauler				NJDEP I	Waste	Cut	oic Yards of	Name of Regis			_			
East Coast Haz Mar		Inc.			dauler II	D No.	Wa	회사 맛이 되지 않아 하다고 있다고 있다.	GROWS, W						
City, State			0		10002	-		posal Date	City, State						
Paterson, NJ 07504	ļ.							4-25-2014	Morrisville	, PA 12506					
Completed By (Print or T	ype)	Title	9					Signatule <sub>1</sub>	011/		Date		VC-	. 17 640	1/4
Leslie Olszewski		P	roject	Man	ager			Www	Plub/		03	-2	20-	14	

			(	Pursi	uant to N.	SBESTOS ABA JAC 8:60 and 5:	TEMENT		)			
Date of Notification (1)							5.				,	_
03/	21 / _	14			n Danatos	ling Owner/Operator	(2)				F	
Agencies Notified	Type Notifica	tion		_	eet Addres			и				
☐ EPA	X Initial			500000		-0		MAP	0.7	201.	A	
X DOLWD X DHSS	Amended			Cit	y, State, Zip	eld Avenue		EVI.7	6 t	LU 14	Ť	
□ DCA	Amendme  Emergence		— ina			eights, NJ 07604					8.	
(NJAC 5:23-8)	justificatio	n)		Na	me of Conta	act	1	Telephone N	umber	_		-
	Cancellation	on ————		Jim	Danatos							-
Name of Facility Whose A				F	ACILITY	INFORMATION				-		<u> </u>
Name of Facility Where Al Private home	patement is 18	iking Pla	ce (3)				Type of Facilit	y (4)				_
Street Address							School (K-	12)				
302 Springfield Avenue							Subchapter  Other (i.e.	8 (Other than K-1 private and comm	1 2)	<b>L</b> . or an		
City (5)							nomes, etc	2.)	ierciai	Dullai	ngs.	
Hasbrouck Heights, NJ	07604						Square Feet	# of Floors	T	Bldg.	Age	
County (6)	07004			TCo	sisty Code (7	7 (OT/TE 1195	1					
Bergen				Çu	unity Code (7	) (STATE USE ONLY)	Current Use (F	rior if being demo	olished	)		
Name of Monitoring Firm F	fired by Buildin	na Owne	r (8)	TASC	M No	16.						
		•	(-/	730	IVI INO.	Name of Abatem	ent Contractor (9	9)				
Street Address						Gr Tech LLC						
						Street Address			300-30-37.			_
City. State, Zip Code						576 Valley Rd #	<sup>‡</sup> 283					
						City, State, Zip C				- 17		
Project Manager for Monito	ring Firm		Tel	ephon	s No	Wayne, NJ 0747	70					
			101	ehnon	e NO.	Telephone No.		License No.				_
Start Date (10)	Sci	neduled	Compl	etion D	ate (11)	973-638-1777		01127				
03/31/	14				14	Name of OSHA N						
Occupancy Status During A	hataman: (Ch					Environicion Co	le +	120				
	Date Hell (Ch	eck only	one)	-		Envirovision Co	iisuitants, inc					
X Facility Closed/Vacated	During Entire	Pariod o	Fiher	ement		Street Address						
X Facility Closed/Vacated  ☐ Abatement Performed O	During Entire	Period o	f Abate	0-	escribe	Street Address 20-21 Wagaraw	Road, Bldg #	34A				
X Facility Closed/Vacated Abatement Performed O Time of Abatement:	During Entire tutside of Norm AM-	Period o	f Abate	0-	escribe _AM	Street Address 20-21 Wagaraw City, State, Zip Co	Road, Bldg .#	34A				_
X Facility Closed/Vacated Abatement Performed O Time of Abatement:	During Entire tutside of Norm AM-	Period o	f Abate	0-	escribe _AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07	Road, Bldg .# ode 7410					_
X Facility Closed/Vacated Abatement Performed O Time of Abatement:  Scope of Work (Check all th	During Entire tutside of Norm AM-	Period o nal Facili PM/	f Abate ty Hou PM	rs - De	escribe _AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07	Road, Bldg .# ode 7410 and decontamin	nation with negative	/e pres	sure		
X Facility Closed/Vacated Abatement Performed O Time of Abatement:  Scope of Work (Check all the	During Entire tutside of Norm AM-	Period of nal Facility PM/	f Abate ty Hou PM enovat	rs - De	escribe _AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont. Mini-Encl	Road, Bldg .# ode 7410 and decontaminal annment with Negosure	nation with negativ gative Pressure				
X Facility Closed/Vacated Abatement Performed O Time of Abatement:  Scope of Work (Check all the	During Entire tutside of Norm AM-	Period of nal Facility PM/	f Abate ty Hou PM	rs - De	escribe _AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag	Road, Bldg # ode 7410 and decontaminal annment with Negosure	nation with negativ gative Pressure Tent with Negativ	e Prec			788
X: Facility Closed/Vacated Abatement Performed O Time of Abatement:  Scope of Work (Check all th  > 3 sf or > 3 lf  > 160 sf or > 260 lf	During Entire tutside of Norm AM-	Period of nat Facility PM/	Abate ty Hou PM  enovate emolities Local	ion ion	escribe _AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag	Road, Bldg # ode 7410 and decontaminal annment with Negosure	nation with negativ gative Pressure	e Pres	sure		
Xi Facility Closed/Vacated Abatement Performed O Time of Abatement:  Scope of Work (Check all th  > 3 sf or > 3 lf  > 160 sf or > 260 lf  Location of	During Entire rutside of Norn AM- at apply)	Period or nal Facili PM/ Re	Abate ty Hou PM  enovate emolities Local	ion ion ion	_AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpited (*) and No	nation with negativ gative Pressure Tent with Negativ	e Pres	sure         	ent T	- УІ
X Facility Closed/Vacated Abatement Performed O Time of Abatement:  Scope of Work (Check all th 3 >3 sf or >3 if 2 160 sf or >260 if	During Entire rutside of Norm AM- at apply)	Period of pal Facility PM/ Representation PM/ Its Uses Ma	Abate ty Hou PM enovate emolities Local Norma ed Sole intena	ion ion illy ely by nce/	Asbes	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate	Road, Bldg .# ode 7410 and decontamir annment with Neg osure Procedure  procedure  proted (*) and No	nation with negativ gative Pressure Tent with Negativ	e Pres ure	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)	Period or nail Facility PM/ Representation PM/ Its Uses Ma	Abate ty Hou PM enovate emolities Locat Norma ed Sole intena	ion ion illy ely by nce/	Asbes	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate, thermal systems in	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpited (*) and No	nation with negative gative Pressure Tent with Negativ n-Friable Procedu Amount (Specify	e Pres ure	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)	Period of Period	Abate ty Hou PM enovate emolities Local Norma ed Sole intena	ion ion illy ely by nce/	Asbes	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure mpted (*) and No erial (ACM) asulation, or	nation with negative gative Pressure Tent with Negativ n-Friable Procedu Amount	e Pres	sure		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the composition of Asbestos-Containing Material (13)	During Entire rutside of Norm AM- at apply)	Period or nail Facility PM/ Representation PM/ Its Uses Ma	Abate ty Hou PM enovate emolities Locat Norma ed Sole intena	ion on lly ely by nce/Staff?	_AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate , thermal systems in surfacing, VAT.	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure mpted (*) and No erial (ACM) asulation, or	nation with negative gative Pressure Tent with Negativ n-Friable Procedu Amount (Specify	e Pres ure	sure         	en Encapsulate	Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)	Period of Period	Abate ty Hou PM. enovat emoliti s Locat Norma ed Sole intena todial (12)	ion on lly by nce/	_AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate ., thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) isulation, or us)	nation with negative Pressure Tent with Negativen-Friable Procedu Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the composition of Asbestos-Containing Material (13)	During Entire rutside of Norm AM- at apply)	Period of Period	Abate ty Hou PM. enovat emoliti s Locat Norma ed Sole intena todial (12)	ion on lly ely by nce/Staff?	_AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate ., thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) isulation, or us)	nation with negative gative Pressure Tent with Negativ n-Friable Procedu Amount (Specify	e Pres ure	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the composition of Asbestos-Containing Material (13)	During Entire rutside of Norm AM- at apply)	Period of Period	Abate ty Hou PM. enovat emoliti s Locat Norma ed Sole intena todial (12)	ion on 'lly by nce/ Staff?	_AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate ., thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) isulation, or us)	nation with negative Pressure Tent with Negativen-Friable Procedu Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)	Period of Period	Abate ty Hou PM. enovat emoliti s Locat Norma ed Sole intena todial (12)	ion on 'lly by nce/ Staff?	_AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate ., thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) isulation, or us)	nation with negative Pressure Tent with Negativen-Friable Procedu Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)  terial (ACM)	Period of Period	Abate ty Hou PM enovat emolities Local Norma edition (12) No	ion on lly ely by nce/Staff?	Asbes (i.e	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate ., thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) insulation, or us)	nation with negative Pressure Tent with Negative n-Friable Procedu  Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)  terial (ACM)	Period of Period	Abate Abate PM	ion ion illy illy by nce/ Staff?  N/A	Asbes (i.e	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate ., thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) insulation, or us)	nation with negative Pressure Tent with Negative n-Friable Procedu  Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the Sco	During Entire rutside of Norm AM- at apply)  terial (ACM)	Period of Period	Abate Abate PM	ion on lly ely by nce/Staff?	Asbes (i.e	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate L, thermal systems ir surfacing, VAT other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Inpted (*) and No erial (ACM) insulation, or us)	nation with negative Pressure Tent with Negative n-Friable Procedu  Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the state of the	During Entire rutside of Norm AM- at apply)  terial (ACM)	Period of Period	Abate Abate PM	ion ion illy illy by nce/ Staff?  N/A	Asbes (i.e	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate , thermal systems ir surfacing, VAT, other miscellaneo	Road, Bldg .# ode 7410 and decontamir annment with Neg osure Procedure Inpted (*) and No erial (ACM) insulation, or us)  Name of Regist	nation with negative Pressure Tent with Negative n-Friable Procedu  Amount (Specify SIF or LF)	e Pres	sure         		Ť
Abatement Performed O Time of Abatement:  Scope of Work (Check all the Sco	During Entire rutside of Norm AM- at apply)  terial (ACM) D	Period o nal Facili PM/  Re De  Use Ma Cus  Yes	Abate Abate PM	ion ion illy illy by nce/ Staff?  N/A	Asbes (i.e	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate , thermal systems in surfacing, VAT, other miscellaneo  clation  Cubic Yards of Waste TBD  Disposal Date	Road, Bldg .# rde r410 and decontamir annment with Neg osure Procedure Interpreted (*) and No erial (ACM) asulation, or us)  Name of Regist T.R.R.F. Inc City. State	nation with negative Pressure Tent with Negativen-Friable Procedu  Amount (Specify SIF or LF)	e Pres	sure         		Гур
Abatement Performed O Time of Abatement:  Scope of Work (Check all the State of Stat	During Entire rutside of Norm AM- at apply)  terial (ACM) D	Period o nal Facili PM/  Re De  Use Ma Cus  Yes	Abate Abate PM	ion ion illy illy by nce/ Staff?  N/A	Asbes (i.e	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0  Clean up Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mate , thermal systems in surfacing, VAT, other miscellaneo  clation  Cubic Yards of Waste TBD  Disposal Date	Road, Bldg .# ode 7410 and decontamir annment with Negosure Procedure Interpreted (*) and No erial (ACM) insulation, or us)  Name of Regist T.R.R.F. Inc	nation with negative Pressure Tent with Negativen-Friable Procedu  Amount (Specify SIF or LF)	e Presure At Removal	sure         		Ť

### State of New Jersey

MO#21382895665	-					:60 and 5:16						
						ner/Operator (2		-				7
Date of Notification (1)	21		1/13	me or	Building Ow	Menoperator (2	£.					
03 /	21 / 14	_		l Rab								긤
Agencies Notified	Type Notification	7.55	St	eet Ad	dress			MAR 27	2014	1		
☐ EPA			7 F	larvar	d Avenue							-
□ DOTMD	Amended		Cr	ty, Stat	e, Zip Code						2	ŧ
▼ DHSS	Amendment #_	luding	Ma	plew	ood, NJ 07	7040						_
DCA (NJAC 5:23-8)	Emergency (inc	luumig			Contact			- Telephone Number	ř.			4
(NUMO 0.20"0;	Cancellation		Ph	il Rab	bat				- 68			_
	1 <del>-1</del> -1		707			RMATION						
Name of Facility Where	Abatament is Taking	Diane (3					Type of Facility	(4)				
	Apatement is raking	, 1205 (0	,				School (K-1	2)				
Private home			-				Subchapter	8 (Other than K-1 2) private and commercia	al build	inas		
Street Address							homes, etc		ar Duna	mgs.		-
7 Harvard Avenue							Square Feet	# of Floors	Bidg	. Age		
Oity (5)							Oqual C 1 dot					
Maplewood, NJ 0704	0			^ -	0-1-77/07	ATE USE ONLY)	Current Use (F	Prior if being demolishe	ed)			
County (6)				County	Code (7) (5)	ATE USE ONLT)	Odirent ose (i		2000			
Essex							Cantroptor (	2)				-
Name of Monitoring Fire	m Hired by Building C	)wner (δ)	AS	SCM N	o.   1	lame of Abatem	ent Contractor (	5)				
				7.0-2.00	The second second second second	r Tech LLC						
Street Address						Street Address						
					5	76 Valley Rd	#283					_
City, State, Zip Code					(	City, State, Zip C	Code					
					V	Vayne, NJ 074	70					_
Project Manager for Mo	enitoring Firm		Telepi	none N	0.	Telephone No		License No.				
110,000					9	73-638-1777		01127	- L			
Start Date (10)	Sche	duled Co	mpletio	on Date		Name of OSHA	Monitor					
03 / 30		03 /			1.4	envirovision C	onsultants,Inc					
		1000			1-	Street Address	Onsultants, me					
Occupancy Status Dur	and During Entire Pr	ariod of A	hátem	ent			v Road, Bldg .	# 34 A				
Abatement Perform	ated Duffing Entire Fe	t Facility	Haurs	- Desc	cribe	City, State, Zip	orie	# J4A		0.00	-	
Time of Abstement	:AMF	M/	PM_	A	1.67							
					l l	air Lawn, NJ	U/410	nination with negative	pressi	ure		-
Scope of Work (Check	all that apply)					H Full Co	up and decontain intainment with I	Negative Pressure				
✓ >3 of or >3 If		<b>⊠</b> Rer	novatio	n		MAIn: E.	aclecure		Deces			
>3 sf or >3 lf > 160 sf or >260 lf		Der	nolition	1		Glovet	ag Procedure	Tent with Negative Non-Friable Procedur	Plessi	ne		
						I NOTI-E.	kempled ( ) and	NOTE: Habit 1 1000da		atema	ent Ty	me
			Locati tormall			Description	o o f			_		
Locati	ion of	17.1	d Sole	*	Achee	Description tos Containing N	non Material (ACM)	Amount	Removal	Repair	inc	Enclosure
Asbestos-Containis TO BE A		Ma	ntenai	nce/	(i.e.	, thermal system	s insulation,	(Specify	lou	air	aps	OSL
IN Fa	100 Page 100	Cust	odial S	Staff?		surfacing, VA	AT, or	SIF or LF)	/al		Encapsulate	ē
(1	3)		(12)	_	-	other miscella	neous)				ē	
		Yes	No	N/A					IN			-
Basement				X	Pipe insu	lation		12 LF	X			
Date of the last			П	П								
		부		=			***		TE	П	1	
									+=		-	-
											-	1
Name of Registered \	Naste Hauler		MJI	EP Wast	e Hauler ID No.	Cubic Yards of W	laste Name of R	egistered Landfill				
				10227	05	TBD	T.R.R.F. I	nc				
Gr Tech LLC				00337	02	Disposal Date	City. State	THE RESERVE THE PARTY OF THE PA			-	
City. State		¥										
Wayne, NJ 07470						TBD	Tullytown		ate			
Sompleted By (Print	or Type) T	itie				Signature	1	0	ate			

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

Owner

# Check #

8239 N			noibling !	8:60 and 12 Owner/Oper	ator (2)			14						
of Notification (1)	Na	me of E ounty	of Pas	saic					- 14	AR 2	7 20	14		
20/2014		ant Ad	dress	ania Aver	nue						-		$\dashv$	
ncies Notines	3	17 Pe	e, Zip C	ode									-:	
EPA Initial Amended Amendment #	B P	aters	on, NJ	07503				Teleph	one N	lumber				
DOL Fmergency (including	N	ame of	Contac	t				1			÷		-	
DOH justification) Cancellation	N	Ar. Ja	ck Nigi	FORMATIO	N						*		7	
DCA L	(3)	FACI	LITTIN	FORMATIO	Т		of Facility (4							
me of Facility Where Abatement is Taking Place ounty of Passaic	(0)						School (K-1 Subchapter Other (i.e. p	8 (Other	than h	(-12) ercial bui	ildings, t	nomes	à,	
reet Address					1.7		etc.)	# of F			Bldg. Ag	ge	-	
1 Hamilton Street						Squa 300,	re Feet	# 01 1	-10015		50 + 9			
ity (5)						300,	ent Use (Pr	ior if bein	g dem	olished)				
Paterson		County	Code (	(7) NLY)		Cou	irt House	)						
County (6) Passic		30	CM No.		Name	of Ab	atement Co	ontractor	(9)	Inc				
dame of Monitoring Firm Hired by Building Owner	(8)	N/A			East	Coa	st Haz N	lat Reii	Ovai	, 1110.				1
Langan Engineering					Street	Addr	ess 1 Street				0			1
Street Address					City S	State.	Zip Code							1
River Drive Center 1  City, State, Zip Code					Pate	ersor	1, NJ 0/5	604	1 11-	ense No.				1
Flmwood Park, NJ 07407		Tele	phone N	lo.	Telep	hone	No.		005					
Project Manager for Monitoring Firm		201	-794-6	5900	973	-345	-0022 SHA Moni	tor						
Mr. Vijay Patel	neduled C	omplet	ion Date	e (11)	Name	sar	ne as ab	ove						4
Start Date (10)	arch 25,	2014					dress							
Ctatus During Abatement (Check O	nly One)		õ				Ti. Cade							
Facility Closed/Vacated During Entire Peri	Facility Ho	tement ours			City	State	e, Zip Code							-
Other - Describe: Officery									ur Ni	antive P	ressure			
Scope of Work (Check All That Apply)	□ Par	novatio	n			H	Full Cont Mini-Enc	osure		galive	10000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Rer	nolition	1			×	Glovebag Non-Exe	Procedu	ire and N	Non-Friat	ole Proce	edure		
>160 st or 2200 ii							Non-Exe	mpted ( )						
2100 01								T I			1	Typ		
100 01 21		ocation				tion (	of			Oli Ji way <b>k</b> o		Тур	m	豆
Location of	No	ormally Solely	by	Asbestos	Descrip Containi	na M:	aterial (AU	M)	Am (Sp	ount ecify	-		Encar	9
Location of	Used Mair	ormally Solely ntenand	by ce/	(i.e. the	Containi ermal sys	ng Ma tems	aterial (ACI insulation, L, or	M)	Am (Sp		-	Repair	Encapsula	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mair	ormally Solely	by ce/	(i.e. the	Containi	ng Ma tems	aterial (ACI insulation, L, or	M)	Am (Sp	ecify	Removal		Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Mair	ormally Solely ntenand odial St	by ce/	(i.e. the	Containi ermal sys surfacing ther miso	ng Ma tems J. VAT cellan	insulation, r, or eous)		Am (Sp SF	ecify	-		Encapsulate	Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally Solely ntenand odial St (12)	by ce/ aff?	(i.e. the	Containi ermal sys surfacing ther miso	ng Ma tems J. VAT cellan	aterial (ACI insulation, L, or		Am (Sp SF	ecify or LF)	Removal		Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mair Custo	ormally Solely ntenand odial St (12)	by ce/ caff?	(i.e. the	Containi ermal sys surfacing ther miso	ng Ma tems J. VAT cellan	insulation, r, or eous)		Am (Sp SF	ecify or LF)	Removal		Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally Solely ntenand odial St (12)	by ce/ caff?	(i.e. the	Containi ermal sys surfacing ther miso	ng Ma tems J. VAT cellan	insulation, r, or eous)		Am (Sp SF	ecify or LF)	Removal		Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally Solely ntenano odial St (12)	by ce/aff?	(i.e. the	Containi ermal sys surfacing ther misc	ng Matems J. VAT cellan	aterial (AC) insulation, r, or eous)	n Name of F	Am (Sp SF	ecify or LF) LF	Removal	Repair	Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  2nd Fl. Office Area	Used Mair Custo	ormally Solely Internance Solely Internance	by cel caff?	(i.e. the	Containi ermal sys surfacing ther miso	ng Matems atems a, VAT cellan coint	aterial (AC) insulation, r, or eous)	n Name of F	Am (Sp SF	ecify or LF) LF	Removal	Repair	Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  2nd Fl. Office Area	Ves No	ormally Solely Solely No	by ce/aff?	(i.e. the	Containiermal sys surfacing surfacing ther miso	ng Matems J. VAT cellan coint	Insulation, r, or eous)	n lame of F	Am (Sp SF )	ecify or LF)  LF  ered Lan	Removal	Repair	Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  2nd Fl. Office Area  Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.	Ves No	ormally Solely Solely No	by ce/ caff?	(i.e. the	Containiermal sys surfacing surfacing ther miso	ng Matems J. VAT cellan coint ards e	Insulation, r, or eous)	n Name of F	Am (Sp SF )	ecify or LF)  LF  ered Lan	Removal X	Repair	Encapsulate	closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  2nd Fl. Office Area  Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.	Ves No	ormally Solely Solely No	by ce/ caff?	(i.e. the	Containiermal sys surfacing ther miscontainiermal sys surfacing ther miscontained the misco	ng Mitems I, VA Pellan Oint Oint ards e	insulation, r, or eous)  Insulatio	n lame of F	Am (Sp SF )	ecify or LF)  LF  ered Lan	Removal X	Repair		closure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  2nd Fl. Office Area  Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.	Yes Title	ormally Solely Solely Itenanobdial St (12)	by ce/ caff?	Pipe E	Containiermal sys surfacing ther miscontainiermal sys surfacing ther miscontained the misco	ng M: tems tems to VAT ellan  oint  ards e	insulation, r, or eous)  Insulatio	n lame of F North G City, State	Am (Sp SF )	LF  LF  VS, Inc	Removal  X  dfill  - WM  Date 03/20	Repair 0/20	14	

#### State of New Jersey APPROVED : CINDY MATCHELL, NJDOH

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

	(Pu	rsuan	it to	N.J.A.	C. 8:60 and	12:120)	(	2# á	25.8	16		
Date of Notification (1) 3/20/14					Owner / Operator of Education	or (2)					77.	
		149 City	90 Pr y, Sta entor	ddress ospect te & Zip 1, NJ 08 Contact	Code <b>638</b>			MAR .	2 7 <i>(</i>		lumb	ner .
	cellation			rett O.				1				,
			ACII	LITY IN	FORMATION							_ =
Name of Facility Where Abaten Grace Dunn MS	nent is Taking Pla	ace (3)			Type of Facil School (		CUBCUA	DTED 0				136
Street Address					The second secon	oter 8 (Other						
401 Dayton Street						e. private &		cial building	s, hom		etc.)	
City (5)	County (6)	Count	tv Cod	de (7)		" 0.	1 10013		ug. ng			
Trenton	Mercer				Current Use	(Prior if bein	ng demoli	shed)				
Name of Monitoring Firm Hired	by Building Own	er (8)	I	ASCM No		tement Con	tractor (9	3)				-
<b>Environmental Connection</b>					Bristol Env			,				
Street Address					Street Addres							
120 North Warren Street City, State & Zip Code					1123 Beave							
Trenton, NJ 08010					City, State & Bristol, PA							
Project Manager for Monitoring Ryan Broadwater		Telepho 609-39			Telephone N			License Nu	ımber			
Scheduled Start Date (10)	Scheduled Com				(215)788-60 Name of OSI			00509				-
3/20/14	Concurred Con	3/20/14		(11)	Bristol Env		il Inc.					
Occupancy Status During Abate Facility Closed/Vacated Abatement Performed C Describe: 3:00 PM –	During Entire Pe Outside of Norma	eriod of A		ment	Street Address 1123 Beave City, State & Bristol, PA	Zip Code						
☐ Facility Occupied During			101.00									
Scope of Work (Check all that a  ≥3 sf or ≥3 lf  ≥160 sf ≥260 lf	apply)		Renov Demol			Mini-	Enclosur e Bag Pr	nent with Ne e ocedures ed and Non-				
Location of		Is Loc			Description		17 (24)	Amount	Aba	item	ent T	уре
Asbestos-Containi Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Normali Solei Mainten Custodia (1) Yes N	ly by ance al Sta 2)	or	Asbestos-Con Material (A( (i.e., thermal s insulation, surfac or other miscell	CM) ystems cing, VAT		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclsoure
B-36					ACM debris - c	clean up		4 SF	$\boxtimes$			
		닏!늗	<del>-</del>    -	4					12		Ц	
		片누	┽┼╞	$\dashv$			_	_	井	Η	H	H
		$H \vdash$	┽┼┾	╡┼─					井	H	H	H
		러누	╅┼╞	$\dashv$				_	H	H	H	H
Name of Registered Waste Hau				P Waste or ID No.	Cubic Yards of Waste	Name of R	Registered	d Landfill			<u>.</u>	
Bristol Environmental, Inc.			1870	6	<1 Cu yds.	Grows La	Control of the Contro					
City, State Bristol, PA					Disposal Date 3/21/2014	City, State Morrisvil						
Completed By (Print or Type)  Gino Pizzigoni		1	Title Proje Mana		Signature Line Pu		1.	l	Date 3/20	/14		

0111	2279
(KH	12 +
( )	0 1

			Na	me of Bui	Iding Own	er/Oper	rator (2	)		-		1			
Date of Notification (1)	-21-14			h	102/2	I	Sei	0818	ALC	DU	there	14	7	001	_
Agencies Notified	Type Notification			eet Addre	ess	30	201	10:0	, Du	200	مراه رحوره	2	1	2014	+
	[] Initial				Zip Code			3,0							7
EPA DEP	Amended		Cit	y, State,	Zip Cade	10	1	ns							1:
2 DOL	Amendment #_ Emergency (in	cluding			NP3	12	_	70		Telepi	none Numbe	,			
TI DOH	justification)	Guung	Na	ame of Co	ntact	<i>(</i> 2			لے	, отор					
D DCA	Cancellation				10	2									
				FACILIT	Y INFOR	MATION	<u> </u>	Type of F	acility (4)						1
Name of Facility When	re Abatement is Taking	Place (3)					١.								
442/2	Sewerks	068					1	- 0.4	ool (K-12) chapter 8	Other	than K-12)				
								Oth	er (i.e. priv	ate & c	ommercial b	uilding	js, ho	mes,	
11. 1	BROOKS10	PU	en	200				etc.	)	# of F			. Age		$\dashv$
								Square F		# 01 P	10015		کد)		
City (5)	2/2/				- 107-107-107-107-107-107-107-107-107-107-			300	1	C 1 - 1	demolished		_		$\dashv$
County (6)			C	ounty Co	de (7)			Current I	Use (Prior	it being	demonstred	ا جعرت			
County (o)	oumouth		(5	TATE US	E UNLT) .		_		10	1001	o Hou	_			-
Name of Manitoring F	Firm Hired by Building O	wner (8)	1	ASCM N	NO.				ment Contr		9)				
Name of Montoning									on Co., li	nc		-			$\dashv$
Chroat Address			-					Address	D-4						
Street Address								ontrose							
City, State, Zip Code							City, S	tate, Zip	Code		7700				
City, State, Zip Code	192								New Jer						-
Project Manager for	Monitoring Firm		T	elephone	No.			one No.		1	License No.				1
Project Manager 101	Montorarg							294 175			00029				_
110		Scheduled	Com	pletion Da	ate (11)		Name	of OSHA	Monitor						1
Start Date (10)		4-15			0000 of 500.	1									
7/-/	During Abatement (Chec	k Only One)		/			Street	Address							
Occupancy Status D	Juring Abatement (Chec	1	otom	ont											
	Nacated During Entire F formed Outside of Norm			BIIL			City, S	State, Zip	Code						1
Abatement Per	be: JAM	7 PM	)			- 1									
								Bracker, and							
Scope of Work (Che	ECK All That Apply)	П		tion				] Full (	Containme	nt with	Negative Pre	essure	2		1
23 sf or ≥3 lf	0.14		nova molit				L	→ Mini-	Enclosure						
≥160 sf or ≥260	U II	12					+	Glov	ebag Proc	edure (*) and	Non-Friable	Proc	edure	1	
								2 14011	LACTIPICO	( )				ment	
			ocati					- 22	1				Ту	pe	
Loc	cation of	Used	Sole			Des	scriptio	n of Material	(ACM)	Α	mount			ш	-
Asbestos-Conta	aining Material (ACM)		itena		(i.e.	thermal	syster	ns insula	tion,	(5	Specify	Rei	æ	ncapsulate	Enclosure
	E ABATED Facility	Custo		Staff?	11100000	surfa	cing, V	AT, or	1	SF	or LF)	Remova	Repair	psu	USO
111	(13)		(12)			other r	miscella	aneous)				<u>a</u>	_	late	6
	\$100(100°C)	Yes	No	N/A											_
						P.	00/	1		.3	0004	0			
601	POORS LERIER			-	FI	(e2 -	1/2	B			50 4	ارز			
114	FRIER				11	1/1	12	/							
					-							7		-	-
		1						NA.							1
	J Masta Hauler			NJDEP V			Yards		Name of	Regist	ered Landfill				
Name of Registere				Hauler ID		of Wa		_	G.R.O	w.s					
Ace Insulation	Co., Inc.			12086			10		City Cta	to					
City, State	5-W-5				osal Da		City, Sta Tullyto		A						
Colts Neck, Ne				1	0:	-14		*****	Da	te		-			
Completed by		Title		76			Signati	ле <i>п. Ог.</i> /	ust-		3.000	3-2	ر سرار (	i	
George Wuest		Presi	t			1200	Jun			نساسا	2	1-1	_		

A mendes	de"		CATION		ESTOS	ey S ABATEI nd 12:120		0055	ible	Ne	r W	W	late	- (	
Date of Notification (1) 3/11/14						Operator of Ed.		l nistration	Build	ind	-/	Ue	U	رلها	,
Agencies Notified Type Notification  EPA Initial		2	Street Ac 201 N.	dress Front S	tr	S N	Itio	naL	M	ateri	N		N		,
DEP Amended Amendment	-			te, Zip Cớ en NJ 08		7900	500	000	TII.	e			C		
DOH justification)  Cancellation	including	1.8	Name of Steve I	Contact Nicolella	a	CK	1	88	Tele	enhone I	Numl	per		7	
Name of Facility Where Abatement is Taking	Place (3	)	FACIL	LITY INFO	ORMA	TION	Type	of Facility (	4)						16
Camden City Board Of Ed. Administrated Address 201 N. Front Street			ng	New				School (K-1 Subchapter Other (i.e. p	2) 8 (Othe	er than k	// / F (-12) ercial	2 build	7 lings,	2014 home	es,
City (5) Camden NJ 08102								etc.) e Feet +	# of	Floors			dg. A	ge	à
County (6) Camden			County C	ode (7) ISE ONLY)	·		Curre	nt Use (Pri	or if bei	ng demo	olishe	d)			*
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ÅSCM	l No.			of Abat	ement Cor	ntractor	(9)					
Street Address							Addres								
City, State, Zip Code		-		-				p Code n NJ 080	91						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none No	).		Licens				17.2	
Start Date (10) 3/10/14	856-753-9800   00727     Scheduled Completion Date (11)   Name of OSHA Monitor   Same														
Occupancy Status During Abatement (Chec	k Only On	ne)	12011	/ /			Addres	s							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: as needed	al Facility	Hours		a wile	Kend	City, S	State, Zi	p Code			99 <del>1-30</del> 13		5-12-12-79		
Scope of Work (Check All That Apply)	3				23 W					-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Sectional Co.	Renova Demolit				×	Min Glo	Containm i-Enclosure vebag Pro- n-Exempte	e cedure	_				е	
8	400.5	Locati	ASSESSES											ment pe	į
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Description of Used Solely by Appeals Containing Manager (ACM)								Encapsulate	Enclosure					
O Floor Through the Cth Floor	Yes	No	N/A			21 5					_			Ф	
8 Floor Through the 6th Floor	X					Glue Do	IS			known	-	x			-
8th Floor	X			FIG	200	Tile	-		146	00 5F	=	X			
Name of Registered Waste Hauler		1 0000	JDEP W	1200010000000	0.73312955573	ic Yards		Name of	Registe	red Lan	dfill				_
United Containers  City, State		lauler ID 2459	NO.	TBE			G.R.O.								
Elm						osal Date	E.	City, Stat Morrisv		1906	7				
Completed by Anthony T Perna	Title Presi	dent			1	Signature	97				Date	1/14			



Date of Notice 2/2				-0.00	wner /	Operator (2)		4- 1		
	pe Notificatio	11		ors Bank						
Agencies Notified X EPA	10	gency Notificati	on 101 JF			. Box 5008		MA	P 2	7 2014
X DEP		Notification	(50.9)	ate & Zip Co				r		
X DOL		ded Notification		Hills, NJ 0	7078	1				<u> </u>
X DOH	Cance	ellation		of Contact						Telephone Number
DCA			Dan M	lcKeon						-
			FAC	CILITY INFO	ORMA	ATION				*
Name of Facility Who		nt is Taking Pla ant Bank	ice (3)		Тур	of Facility (4) School (K-12)				
	485 Han	nilton Avenu	9		-			nmercia		lings, homes, etc.
O:h. /F)		O+(C)	T0	(7)	$  ^{\text{Squ}}$	are Feet	# 01 F100			Bldg. Age
City (5)		County (6)	County Co	oae (/)	_	5,000		2		60
Trentor		Mercer			Bar				ea)	
Name of Monitoring	Firm Hired by	y Building Owne	er (8)	ASCM No.		e of Abateme			LC	
Street Address						et Address Schoolhous	se Road			
City, State & Zip Coo	de					State & Zip C		8831	,	
Project Manager for	Monitoring Fi	irm	Telephone N	Number		phone Numbe			icense	Number
, ,	J					-605-9062				00714
Scheduled Start Date 3/1/14	e (10) S	Scheduled Com	pletion Date 3/10/14	(11)		ne of OSHA Me bal Abateme		ces, LI	LC	
Occupancy Status D		nent (Check on Ouring Entire Pe		ement		et Address Schoolhous	e Road			
1.50		tside of Norma				State & Zip C			-	
	Area Isolat	ed During Ab			0.000	roe Townsi		8831		
Scope of Work (Che		nlv)								
Demolition	o a	X Renovation	on			X Full Co	ntainment	with Ne	egative	Pressure
Large Projec	:t	***	561.18				closure		- 3	
	3 SF or ≥ 3	LF ACM					ag Proced	lure		
		260 LF ACM					Non-fria			(20)
	cation of		Is Location	on T	D	escription of		Amo	unt	Abatement Type
	os-Containing	,	Normally U	Section 1		stos-Containin	ıg İ	(Spe		(Specify: Removal,
	erial (ACM)		Solely by			aterial (ACM)	·	Square		
	E ABATED		Maintenanc			hermal systen		0	San com	or Enclosure)
in	Facility		Custodial St			on, surfacing, \		Linear	Feet)	4 89
	(13)		(12)		or othe	er miscellaneo	us)			
	Basement					proofing re	mnants	1,320	) SF	Removal
	•		.00							
Name of Registered	Waste Haule	er I	NJDEP Was	te Hauler ID	#	Cu. Yds. of V	/aste		of Reg	l istered Landfill
Freehold Carta	age			18693		20		TRRF		
City, State						Disposal Date		City, St		
Freehold, NJ		= =				2/28/	14	Tullyte	own,	PA
Completed By (Print Dominick Trin		Title Project	Manager			Signature	. [ -		<i>[.</i>	Date 2/27/14
Dominion IIII	a.iagei			Domin	ick In	ngai	7	2,21,17		
SR-41 JUN 95 G4	007							_		

Ch=1024326

Date of Notification (1) 3/19/14					f Building nvironm				- 7	9	12	17.		1	
	Type Notification		-	Street A	ddress Rt. 23 S	. Unit 1	1		1115	0.7.5	inn A				
EPA DEP DOL	Initial Amended Amendment			City, Sta	ate, Zip Co e, NJ 07	ode			MAR	21 4	914				
DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact a Nicofia				Tol	lanhana	Num	hor	-	•	
N				FACI	LITY INF	ORMAT	ION								
Name of Facility Where A Exxon Gas Station	batement is Taking	Place (3	3)					Type of Faci			18				
Street Address 1620 Oaktree Road	#							Subcha Other (i	pter 8 (Oth .e. private				dings	, hom	es,
City (5) Edison								etc.) Square Feet	# 0	f Floors		В	Bldg. A	Age	
County (6)	7				Code (7) USE ONLY	,		Current Use	(Prior if be	ing dem	olishe	ed)	200 BB		
Name of Monitoring Firm I	Hired by Building C	wner (8)		ASCN	/ No.			of Abatement Contracting			tal C	Cons	sultin	g Ind	c.
Street Address								Address Rt. 23							
City, State, Zip Code		- 300						tate, Zip Code							
Project Manager for Monit	oring Firm	W - 1855	T	Telepho	ne No.		Teleph	ione No. 328-9500		Licens					
Start Date (10) 3/31/14		Schedule 4/2/14	ed Cor	npletion	Date (11)		Name	of OSHA Mon							
Occupancy Status During	Abatement (Check	Only Or					Street	Address				0.00			
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norma	eriod of A al Facility	Abaten Hours	nent			City, S	1 Wagaraw tate, Zip Code awn, NJ 07	1	J. 34 A	-				
Scope of Work (Check All	That Apply)						1 all le	2WII, NO 07	410						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,77	_	Renova Demolit				×	Mini-Enclo Glovebag	inment with sure Procedure pted (*) an					•	
	_		Locati						1	<u>u mon r</u>	, and a		Abate	emen	t
Location of Asbestos-Containing N		Use	d Sole	ly by	Ashes		scription taining M	of laterial (ACM)	Δ	mount					
TO BE ABA In Facility (13)	<u>red</u>			(i.e. thermal systems insulation, all Staff?  Stratce)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Other miscellaneous						Encapsulate	Enclosure				
Black roof flashing	, motal roof	169	NO						-	10.05	-				
Brown/white outside		-	X							12 SF		X			
Black/white fl				x				700		20 SF 4 LF		x			-
Black flashing alo				x							-				
	Name of Registered Waste Hauler				lasta	Cubic	Varda	LName		0 LF		X			
J.R. Contracting & Environmental Consulting				IJDEP W lauler ID 7819		of Was		1969 198	of Registe O.W.S	ered Lan	аш				
City, State Wayne, NJ 07470				a 1	2	Dispos	sal Date	City/S Mori	State isville, P.	A					
Completed by Jadranko Bijelonic	28	Title Proje	ct Ma	anager		S	Signature	1			Date 3/1	9/14	ļ		

# CK# 10820

#### State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1)  March 19	. 2014	ı.				Name of Building Owner The Valley Hospita		1				
Agencies Notified	,		otification	Type		Street Address	и.	11.65	0.7	1014		
⊠ EPA		IX.			fication	223 North Van Dier	a Avanua	MA.	9 2 7	4.774		
DCA		100	4 ILIIC	ai ivoli	lication	The state of the s	Avenue					
Manufacture and the second sec						City, State, Zip Code		September 197				1
x DOL		X	Emerg	jency (	including	Ridgewood, NJ 0	)7450-27	36			. 1	i
I □ DEP		100		cation)		Name of Contact			nhone Nu	mher		
x DOH		1600	Juotine			William Stasiak				IIIDG <u>I</u>		
					3FACILITY IN	IFORMATION						
Name of Facility Where Abate	ment is	Taking	Place (3)			Type of Facility (4)						
The Valley Hospital						School (K-12)	1					
						Subchapter 8 (other tha	n K-12)			#		
Street Address				- 777		Other (i.e. private &		huilding	a hamas	oto \		
970 Linwood Avenue						Sq. Feet: Unknown					+ yea	rs
City (5)	County	(6)		County	/ Code (7)							
Ridgewood	Berg	0.000			Use Only)	Current Use (prior if being	g demolishe	d): Ho	spital			
Name of Monitoring Firm Hired	hy Blde	Own	er (8)	ASCM	No	Name of Contractor (9)		- —				
Colden Corporation		, OWIN	<u>01 (0)</u>	AOOM	NO.	GREENWOOD ABA	TEMENT	CONSU	JLTANT	S, INC		
Street Address						Stroot Address						
	c.					Street Address						
28 Washington Street						268 MAIN STREET						
City, State, Zip Code						City State, ZipCode						
Ballston Spa, NY 120					Butler, NJ 07405							
Project Manager for Monitoring	Firm	Te	lephone N	Number		Telephone Number		Licer	se Numbe	er		
Jim Miades		3	47.435	3561		973-492-0477		008	Per Denote and	_		
Scheduled Start Date (10)					on Date (11)	Name of OSHA Monitor		1000			10000	
March 21, 2014			arch 28			EMSL inc.						
Occupancy Status During Ab												
					440	Street Address						
Facility Closed/Vacate	d Durin	g Entir	e Period	of Abate	ment	4050 04-14						
Abatement Performed	Outside	e of No	rmal Fac	ility Hour	rs – 7am-6pm	1056 Stelton Road						
Describe						City, State, Zip Code						
Other - Describe: Reg	ular Ho	urs				Piscataway, NJ 088	54					
Source of Work (Check all that	annly)								99500			
The state of the s	apply)						Full Ossit		NI	n	5700	
							Full Conta		with Nega	itive Pre	ssure	
_ ≥ 3 sf or ≥ 3 lf					Renovation		Mini-End	losure				
□≥ 160 sf or ≥ 26	60				Demolition		Glovebag	Procedi	ure			
							Non-Exem			Friable	Proced	lure
Location of Asbestos-Containing	ng Is	Locatio	on Norma	lly Used	Description of As	bestos Containing Material	Amo		Abatem	ent Type		
Material (ACM) in Facility (13)			Maint./Ci	ustodial	(ACM) (i.e. therm	nal systems insulation, surfaci	ing, (Spe	cify SF				
		aff? (12			VAT, or other mis	scell.)	or LF	)	Remove	Repair	Encap I	Enclose
	Y	ES	NO	NA								
1 <sup>st</sup> Floor			I	X	Vat & Mastic		100	sf	区	Τ-	Г	
	_									-		
Name of Dec 14/2-1-11		1	DED		L				1	1		
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2		DEP Was ee Below		rID#	Cubic Yards of Waste:	10		e of Regist dowfill L		<u>ndfill</u>	
Hauler #1) Greenwood A		ent C	onsulta	nts, Ind	c Butler, NJ 0		Disposal D			City, Stat		
NJ DEP # 12561						March 2	0, 201		Bridgepo			
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551					NJ DEP # 19551					04-842-		
Completed by (Print or Type) Title					Signature		Date	1 4				
Marin Course						100000000000000000000000000000000000000	rch 19,	2014				
MANAGER					Maria Graure		1419		2014			
CAC#2014 425		IMIA	NAGER									_

GAC # 2014-435

CK 3989

Date of Notification (1)					Name o	f Building	Owner/	Operator	r (2)		<u> </u>	7,0				
3/20/14							Private						:7	B	5	1
Agencies Notified  EPA	Тур	e Notification	2		Street A 1507 F	ddress Paul Bl	vd								- 1	
EPA DEP DOL		Amended Amendment	#		City, Sta Manah	ate, Zip C	ode NJ 080	)50			MAR	27 2	2014	<i>t</i>	11	
DOH DCA	×	Emergency ( justification) Cancellation	· · · · · · · · · · · · · · · · · · ·			f Contac					Tele	onhe **	•			
DOA .		Caricenation	-				ORMAT	ION			_1					
Name of Facility Where George Sous Priva			g Place (3	3)	1.40		Ortina	ion	-	of Facility	N. 154					-
Street Address 1507 Paul Blvd			112			-	_			School (K- Subchapter Other (i.e. <sub>I</sub>	8 (Othe	er than K-1	12) cial buil	ldings	, hom	es,
City (5) Manahawkin NJ 0	8050								Squar	etc.) re Feet	# of	Floors	T	3ldg. /		
County (6)	0000				County	Code (7)			1000		2	na damelia	100 To 10	35+		
Ocean					(STATE	USE ONĹ			Hom	1000		12.0	inea)			
Name of Monitoring Fir N/A	m Hire	a by Building (	Owner (8)		ASCN	/I No.			of Abar naco Ir	tement Cor 1C.	ntractor	(9)		٠		
Street Address	- de la	-							Addres	233						
City, State, Zip Code					4			City, S	State, Zi		NO4			1000000		
Project Manager for Mo	nitorin	g Firm			Telepho	ne No.			hone No		181	License I	No.			
Start Date (10)			Schedul	ed Cor	mpletion	Date /11	,		753-9	800 IA Monitor		00727				
3/21/14			3/24/1	4	mpieuon	Date (11	,	Sam		A WORRO						
Occupancy Status Duri Facility Closed/Va Abatement Perform	cated I	During Entire F	Period of	Abater	nent s		W.		Addres							
Other – Describe: Scope of Work (Check		ot Applia														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All ITTe	к Арріу)	-	Renova Demoli				<u> </u>	Min Glo	l Containm i-Enclosur vebag Pro n-Exempte	e cedure	20000			re.	
			100	Locat				-		· Literapie	<u> </u>	2110111110		Abat	emen	t
Location Asbestos-Containin		orial (ACM)		Norma ed Sole		A = b =		scription		4000			-	T !	/pe	
TO BE AF In Fac (13	BATED Sility		Cus	intena todial (12)	Staff?	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify Representation)						Enclosure				
Exterior	Cidia		Yes	No	N/A										Ф	
Exterior	Sidilli	9	1-	-	X		Exte	erior Si	ding		13	00 SF	x	-	-	-
Name of Registered Wa	aste He	auler		1.	NJDEP W	laste	T Ch:-	Yards		Nave	D1-1					
United Containers	AGIG 1 10	AGIGI		ŀ	Hauler ID 2459		of Wa			G.R.O.	Section Section 1	red Landfi	11-			
City, State Elm NJ								sal Date	•	City, Stat		19067				
Completed by Anthony T Perna	12	Title President						Signature	e.	omov		D	ate /20/1	4		

Date of Notification (1) March 20, 2014		ne of Bu ark Bell	ilding Owner/Op and	perator (	2)	Che	ck#	7231	>-	A-144		
Agencies Notified Type Notification		et Addre	ess son Avenue					The state of the state of				
■ EPA     ■ Initial     ■ Amended     ■ Amendment #     ■ Emergency (including)	City	, State,	Zip Code wn, NJ 0809	8			M	AR 2.7		1		
Emergency (including justification)  DCA  Emergency (including justification)  Cancellation	100000	me of Co ark Bel					Teler	phone Nun	her	1	1	
		FACILIT	Y INFORMATION	NC	T	a ailite (A)			74.7		:	-
Name of Facility Where Abatement is Taking Place (3) Residence					Sch	acility (4) ool (K-12) chapter 8	(Othe	r than K-12	2)	100		
Street Address 23 E. Wilson Avenue					Othetc.	er (i.e. pri	vate &	commerci	al buildi	ngs, ig. A		i,
City (5) Woodstown					5,000		2	ng demolis	10			
County (6) Salem		ounty Co	de (7) E ONLY)		Reside	nce						
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM N	No.	Name Shad	of Abaten de Envir	nent Contr onmenta	actor al, LL	(9) .C				
Street Address P.O. Box 341					Address Cutler A	ve.						
City, State, Zip Code				City, S Map	State, Zip o	Code e, NJ 0	8052			H		
Chesterfield, NJ 08515 Project Manager for Monitoring Firm		elephone		Telep (856	hone No. 3)755-00	99		License 1 00842	No.			
	d Completion Date (11) Name of OSHA Monitor											
March 31, 2014 April 2,					t Address					-		
Occupancy Status During Abatement (Check Only On					Haddor	Ave						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:	Abateme Hours	ent		City, We	State, Zip stmont,	Code New Jer	sey (	08108				
Scope of Work (Check All That Apply)												
X ≥3 sf or ≥3 lf	Renovation Demolition				Mini-	Enclosure	edure	h Negative			re	
					Non-	Exempted	( ' ) ai	IQ INOII-FII	able i it		temen	it
1 1	Locatio									1	ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normally ed Solely aintenan stodial Si (12)	y by ice/ taff?	Asbestos Co (i.e. therm sur	Description of					Encapsulate	Euclosure		
Yes	No	N/A	Done	per on Ductwork 178 S					X	+	+	T
Basement	XXX		Раре	er on D	UCIWOIK			1700				
										-	+	+
				ta Varia		Name of	Regis	stered Land	dfill			
Name of Registered Waste Hauler Freehold	Н	IJDEP W lauler ID 5939	·uoto	oic Yard Vaste	5	Grows					11	
City, State Mount Holly, New Jersey 08060				posal Da /14	ate	City, Sta Tullyto		PA.			-0303	
Completed by Title		s Mana	ager	Signa	ture	Po	2		Date 3/20/	2014		

### State of New Jersey

neck	(Pui	ATION	to NJ	New Jersey SBESTOS A AC 8:60 and	ABATEME 1 12:120)		4.	1/25 CHS/K	>		\ <u></u>
e of Notification (1) -21-14		Name o Mark		ing Owner/C a	perator (2	2)		1/35	PH		
encies Notified Type Notification		Street A 44 Jo		s ow Ave				1850	\$ 19.		
DEP Initial Amended Amendment #		City, St Wald		p Code NJ							
DOH Emergency (include justification)	600	Name Mark					Tel	ephone Numbe	er		
DCA Cancellation		FA	CILITY	INFORMA	TION						
ame of Facility Where Abatement is Taking Pla 4 John Dow Ave	ce (3)					<b>T</b> 5	of Facility (4) School (K-12)				
rreet Address 4 John Dow Ave							Subchapter 8 (Oth Other (i.e. private etc.)	& commercial			nes,
ity (5)						Squar 3000		of Floors	Bldg. 50	Age	
Vayne		Coun	ity Cod	e (7)		Curre	nt Use (Prior if be	eing demolishe	d)		
ounty (6) Bergen				ONLY)		Res	idence				_
lame of Monitoring Firm Hired by Building Own	ner (8)	AS	SCM N	0.	Indi	an Arr	tement Contracto ow Industries	Inc			
Street Address		'			144	t Addre	st				
City, State, Zip Code					City, Pat	State, 2 erson	Zip Code NJ 07501				
Project Manager for Monitoring Firm		Tele	phone	No.	Tele 973	phone 1 3-653-	No. 9652	License No 1183	o. 		
Start Date (10)	cheduled C	Comple	tion Da	ate (11)	Nam	e of Os ian Ar	SHA Monitor row Industries	s Inc			
03-21-14 Occupancy Status During Abatement (Check C						et Addr 4 Mill					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Aba	tement	t		City	, State,	Zip Code n NJ 07501				
Scope of Work (Check All That Apply)									-		
Scope of vvork (Cleck All That Apply)  ≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Ren	novation nolition	n 1			×	Full Containment Mini-Enclosure Glovebag Proced	lure			
						×	Non-Exempted (*	) and Non-Fria	ble Proc	Abate	ment
	No	ocation rmally			Descrip	ition of		Amount		Ту	ре
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ACM)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)						Removal	Repair	Encapsulate		
	Yes	No	N/A		т	SI		40 Lf	x		
Basement		Х									
								* 3	-	-	-
		l NI	JDEP V	Naste	Cubic Ya	ırds	Name of F	Registered Land	dfill	1	_
Name of Registered Waste Hauler Atlantic Carting		H	auler II		of Waste		G.R.O.V	V.S.			
City, State Wayne NJ					Disposa TBD		City, State Morrisvi		Date		
Completed by Goran Igev	Title Secre	etary			Sig	nature	HU		03-21	-14	

Print Form

Nomox

Date of Notification (1) 03-21-14				Name of	f Building	Owner/Ope ry Industr	rator	(2)	on Con-1	-1			20	10-10-5	13	
Agencies Notified	Type Notification			Street A		ry mausii	IIdi/F	iackini	an Capi	aı			AN CAP		(***) *	
□ EPA	☐ Initial					Monica Bl	lvd				00 t		A	,	2	4
DEP	× Amended			City, Sta	ite, Zip Co	ode				-	-	-	-7	3	•	7
DOL	Amendment Emergency	#_ (including	-			CA 90025					6	20		0		- (3
DOH DCA	justification) Cancellation	in the control of the second			f Contact					Tele	phone	Mumb	er	-		1.3
	Cancellation				el Schro					· ·					3	
Name of Facility Where	Abatement is Takin	g Place (3	)	FACI	LITY INFO	ORMATION	1	Type o	f Facility (	41		٧	7		· S.	
Womderbread	e e							PERSON	chool (K-1				1			
Street Address								S	ubchapter	8 (Othe	er than	K-12)				
75 Demarest Rd								⊠ o	ther (i.e. p	rivate 8	comm	ercial	build	lings,	home	es,
City (5) Wayne								Square	Feet	10 00	Floors		В	ldg. A	ge	
County (6)				Carret	- I			44000		4				0-40		
Passaic				(STATE	Code (7) USE ONLY			Comr	t Use (Pri	or if beir	ng dem	olished	i)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	I No.	IN	lame		ement Cor	tractor	. (0)					
									w Indus							
Street Address						1 68		Address				7.0	_			_
City, State, Zip Code	- International Control							Mill St.								
ony, orato, zip oode								tate, Zip rson N	Code J 07501							
Project Manager for Mon	nitoring Firm			Telepho	ne No.	100		one No			Licens					
Start Date (10)		Schedule	ad Co	mnlation	Date (11)			353-96			1183					
03-21-14		08-15-	14	inpletion	Date (11)				A Monitor w Indust	ries In	C					
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)			S	treet	Address	3				10 10		-	
Facility Closed/Vac	cated During Entire	Period of A	bater	ment		_ 1	144 N	Mill St								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn	al Facility	Hour	S				tate, Zip	Code J 07501							
Scope of Work (Check A	All That Apply)						alei	SOITIN	3 0/501							
23 sf or ≥3 lf		☐ R	enova	ation			×	1 =	Cantainm		Nanati			1200		
≥160 sf or ≥260 lf			emoli					Mini-	Containme -Enclosure	,	negati	ve Pre	ssur	е		
								Glov Non-	ebag Prod Exempted	cedure	Non-F	riable	Pro	radur	2	
		ls	Locat	tion					Exompted	<u> </u>	114011-1	Tiable		Abate		
Location		N	Vorma			Descri	iption	of							ре	
Asbestos-Containing TO BE AB			intena			tos Contain	ing M	laterial (			nount				Е	
In Faci	lity	Cust	odial (12)	Staff?	(1.e.	thermal sys	g, VA	T, or	ion,		pecify or LF)		Rem	Re	ncap	End
(13)						other miscellaneous)					,		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	N/A										te	· CO
First FI			X	A COM INSCIDENT BUTTERS						12	53 Sf	2	2			
Second	l l	-	Х							12	53 Sf	2				
Third F			Х		AC	M Insula	ition	Burne	rs	12	53 Sf	2				
Each F			Х		38	T	SI			90	) LF	>				
Name of Registered Wa	ste Hauler			JDEP W lauler ID		Cubic Yar of Waste			Name of	100	red Lan	dfill				
Atlantic Carting			2	6085		TBD			G.R.O.\	N.S						
City, State Wayne NJ						Disposal I	Date		City, State Morrisv							
Completed by		Title				2000	ature	1	A	me,FA	-	Date				
Goran Igev		Secre	etary			J. J. J.	/	J/4	TA			03-2		4		

- 19 A
20 C
10 7 2587
W. Ab. Al

Date of Notification (1)				Name of Building Owner/Operator (2)											
3 / 21 /	14			Veri	zon			€ /	Par Par	١.	0				
Agencies Notified Type Notific	ation			Street	Address	10			PAGE 1	<del></del>					
⊠ EPA ⊠ Initial				15 East Montgomery Place, Lower Level											
☑ DOLWD ☐ Amended				City, State, Zip Code											
□ DHSS	_				sburgh, F		5212		~ ~						
DCA Emerger (NJAC 5:23-8)		luding			of Contact		DOTUM STATE								
☐ Cancella				000000000	hony Por										
		-		1 1 1 1 1 1 1 1 1 1	ILITY IN		MATION					-	_		
Name of Facility Where Abatement is	akina	Diaco	/3\	FAC	VILIT IN	FUK	WATION	Type of Facility (	4)		111				
Verizon Whippany CO	aking	riace	(3)					School (K-12)							
		-53-5-55-5	_					☐ Subchapter 8	(Other than K-12)						
Street Address 330 Route 10								Other (i.e., pr homes, etc.)	ivate and commerc	ial bu	ilding	S,			
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je			
Whippany								22.5							
County (6)				Coun	ty Code (7	)(STAT	TE USE ONLY)	Current Use (Pri	or if being demolish	ned)					
Morris								Office							
Name of Monitoring Firm Hired by Buil	ding O	wner (	8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)							
USA Environmental Managem	ent					В	RISTOL EN	VIRONMENTAL	., INC.						
Street Address			. Fr S			Stre	et Address								
8436 Enterprise Ave						11	123 BEAVE	R STREET							
City, State, Zip Code						City	, State, Zip Co	ode							
Philadelphia, PA 19153						В	RISTOL, PA	A 19007							
Project Manager for Monitoring Firm			Te	lephone	No.	Tele	phone No.	License No.							
Mark Jenkins			2	215-365	-5810	21	15-788-6040	00509							
Start Date (10)	Sched	uled C	omp	letion Da	te (11)	Nan	ne of OSHA N	A Monitor							
4 / 7 / 14	5	5 /		2_/	14	В	RISTOL EN	VIRONMENTAL	_, INC.						
Occupancy Status During Abatement	Check	only o	ne)			Stre	et Address								
☐ Facility Closed/Vacated During Ent	re Per	iod of	Abat	ement		11	123 BEAVE	ER STREET							
☐ Abatement Performed Outside of N					cribe	City	, State, Zip Co	ode							
Time of Abatement:AM	PN	// <u>5:00</u>	PM-	1:30AM BRISTOL, PA 19007											
Scope of Work (Check all that apply)							March 1997								
□ >3 sf or >3 lf		⊠ Re	DOV	ation				tainment with Neg	ative Pressure						
\(\simes \geq 160 \text{ sf or ≥260 lf}\)		De					Gloveba	g Procedure							
			West Street				☐ Non-Exe	empted (*) and No	n-Friable Procedur	_					
	+:	10000		ation nally				_	- 1	Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACI	A)	200000000		olely by	Ashe	Description of stos Containing Material (ACM)			Amount	Re	Re	四	四四		
TO BE ABATED	")	V		nance/			rmal systems		(Specify	Removal	Repair	сар	Enclosure		
IN Facility		Cus	todia (12	al Staff?		surfacing, VAT, or SF or LF)									
(13)		Yes	No			other miscellaneous)						te			
Basement Battery/Power Room		$\boxtimes$			Floor ti	le an	nd mastic		3400 SF						
Basement AC Equipment Room	2				Floor ti	le an	nd mastic		500 SF	$\boxtimes$					
Basement AC Equipment Room	3				Floor ti	ile an	nd mastic		400 SF	$\boxtimes$					
										$\boxtimes$					
Name of Registered Waste Hauler				NJDEP	Waste	Cub	oic Yards of								
SERVICE TRANSPORT GROU	P, INC	Э.		Hauler I		Was	ste	MINERVA LANDFILL							
City, State	850			2099	,	Dist	posal Date	City, State							
NEW CASTLE, DE 19720						,		WAYNESBURG, OH 44688							
Completed By (Print or Type)	Title	)	7 6			-	Signature		Da	te /		/	/		
Brian Scafiro	E	stima	tor				Frian	Scafere	/je -	3/2	1/.	14			

ASB-41 MAY 11 B 5 14 0/3

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

CK \$ 25443

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

Date of Notification (1)	/25/14		T	Name of Building Owner/Operator (2)  Chambers Properties, LLC												
Agencies Notified	Type Notification	n	Street Address 20 Nassau Street Suite 129													
EPA DEP DOL	Initial Amended Amendment		City, State, Zip Code													
DOH DCA	Emergency ( justification) Cancellation			Name of Contact  Jeremiah Obert												
				FACI	LITY INF	ORMATION										
Name of Facility Where Street Address	Retail	ing Place ( Space "	'C"_					than K-12) commercial buildings,								
City (5)			CCL				Square Feet	# of Floors								
County (6)	Pr	inceton		Count	y Code (7	) (STATE	30,000 Current Use (P	rior if being dem	olished)	- 00		ᅱ				
	Mercer		_	USE	ONLY) -			offices/ret	ail	_	_	=				
Name of Monitoring Fir	m Hired by Building MECS	g Owner	7	ASCM N	No.	Name of Abate Ste	ment Contractor (Sevens Environ	9) mental Serv	ices, In	c.						
Street Address		41	-1-			Street Address PO Box 322										
City, State, Zip Code	PO Box 3					City. State. Zip Code										
	Crosswicks, N	J 08515				Allentown, NJ 08501										
Project Manager for M	onitoring Firm Veisgarber Jr.	,		phone N 9) 298	No. 3-4070	00402										
Start Date (10)	Sch	neduled Co	mple	tion Dat		Name of OSHA Monitor MECS										
4/3/14 Occupancy Status Du	ring Abatement (Cl		/4/1 one)	4		Street Address										
☐ Facility Closed/Vac	ated During Entire	Period of	Abate	ment		PQ Box 341  City, State, Zip Code										
Abatement Perform  Other - Describe:	Abatement Performed Outside of Normal Facility Hours  Other - Describe:						Crosswicks, NJ 08515									
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  □ Demolition							☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
		1	ocatio						/	Abater Typ						
Locatio Asbestos-Containin TO BE AE IN Fac (13	g Material (ACM) BATED illity	Used Main Cu	Sole itenar istodia staff? (12)	ly by nce/ al	Asbes (i.e.	Description stos Containing N , thermal system surfacing, VA other miscellar	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
1		Yes	No	X X		Pipe Insul	×									
1st f	1001	=		^		Tipe mou		44 LF								
				1												
		_					I Nome of Do									
Name of Registered V		ices Inc		NJDEP Hauler II 1.8		Cubic Yards Name of Registered Landfill of Waste T.R.R.F., Inc. Landfill										
City, State		v.cressor	÷.L.	10		Disposal Date City, State										
Completed By	Allentown	n, NJ Title				4/7/14   Signature		Da	te			_				
Mahlon E. S	1		roje	ct Ma	nager				3/2	5/14	_	_				

ASB-41

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

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

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Jel -		Nan	ne of B	uilding (	Owner/Ope	rator (2)	/ lob i	‡1403-4	1737 C	neck #4	103	. 13   T		i
e of Notification (1)		Т	ruste	s of P	rinceton		13001		<u>ç.</u>	_114	B	: ")		1
3 / 21 /	14	1							- Didê		2	', î	1	
Net	ification	Stre	eet Add	ress	rinceton	Universi	ty E.A. N	lacMilla	an Blug	1				1
encies Notified		T	ruste	es of F	ode					新二	PH	10.	73	
EPA   MAmer	nded )	Cit	y, State	e, Zip Co	100544					-	-		7	7
DOLWD Amer	ndment #1	\ 1	Prince	ton, N	J 08544								Chigar.	
DHSS Eme	rgency (including ication)	Na	ame of	Contact	- DE			1	334	نسير.				7
	cellation		Robe	rt Orte	go, P.E.					•				$\dashv$
Li Cali	Cellation		FACI	LITY IN	FORMA	TION	Type of Fa	cility (4)	j.			,*	9	
	Dlace					100	The state of the s	401						
ame of Facility Where Abateme	nt is Taking Place	(3)			100,000		School Subch	apter 8 (	Other th	an K-12) commercia	al build	dings,		
Sayre Hall							M Other	(i.e., priv s, etc.)	rate and	COMMITTE				$\dashv$
Street Address		Earres	stal C	ampus					# of Flo	oors	1 = 0.00 m	g. Age		
Street Address 300 Forrestal Road, Prince	eton University	FOITE					Square 1 cot						_	
							29,000	Jan /Dric	or if being	g demolish	ned)			
City (5) Princeton			Coun	ty Code	(7)(STATE	JSE ONLY)	Current	Jse (File	J, 11 Do	J				
			Coun	ty occa-				(0)						1
County (6)			10011	No	Name	of Abatem	ent Contra	actor (9)						
Middlesex Name of Monitoring Firm Hired	by Building Owne	r (8)	ASCM		Aba	ateTech, l	Inc.							
Name of Monitoring 1	•		000	96	Chroni	Address								
ATC Associates					30	Maple Av	re. PO B	ox 25						
Street Address					City	State, Zip (	Code							
3 Terri Lane					City,	mberton,	NJ 0804	18						
City, State, Zip Code						phone No.			100000000000000000000000000000000000000	ense No.				
Burlington, NJ 08016	Firm	Te	lephon	e No.	Tele	priorie 140.	07		0	0529				
Project Manager for Monitorin					0.0	0 265-271	07							
Project Manager	91	\ 6	609-38	6-8800		9-265-21	Monitor							
Michael R. Keehn	Cohedule	ed Comp	609-38 oletion I	36-8800 Date (11	) Nam	ne of OSHA	A Monitor							
Michael R. Keehn	Schedule	ed Comp	609-38 oletion I	36-8800 Date (11	) Nam	ne of OSHA MSL Ana	A Monitor Iytical							
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Michael R. Keehn  Start Date (10)  4 / 02 / 1  Occupancy Status During Ab  Facility Closed/Vacated Description of Abatement Performed Order of Abatement:  Scope of Work (Check all the state of the st	Schedule  5  vatement (Check of During Entire Periodutside of Normal F  AMPM/  nat apply)  of Internal (ACM)  TED  T	ed Comp  /	by ation ours - In-12:00 ovation olition  ocation ormally intenance odial S (12)  No	Date (11  1 14  t Describe DAM  by ce/ taff?  N/A  U  JUDEP N  Hauler II	Asbesto (i.e., t	me of OSHA MSL Anal met Address 00 Route y, State, Zip Cinnamin  Full  Mini  Glow Non  Descrip os Containir thermal sys surfacing other misc  mpound  Asbestos  Cubic Yar Waste 5  Disposal 5/31/1	A Monitor  Iytical  S 130 Nor  P Code  Son, NJ  Containm  i-Enclosur  vebag Pro  n-Exempte  otion of  ng Materia  stems insu  J, VAT, or  cellaneous  s Panels  rds of  Date	ent with e cedure d (*) and al (ACM) lation,  Name C G.R.  City, S	of Regist O.W.S. tate	Amount (Specify SF or LF 75 SF 25 SI ered Land Landfill	t y = ) = F	Removal 🛛	Repair	Encapsulate
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Michael R. Keehn  Start Date (10)  4	Schedule  5 Datement (Check of During Entire Periodutside of Normal FAMPM/Date apply)  of Material (ACM)  TED  Ten  Ten  Ten  Ten  Ten  Ten  Ten  Te	d Comp    d of Aba   acility H   3:30PN    Renc   Dem    Is L   No   Used   Main   Custo   Yes	by ation ours - Indicate our - Indicate	Date (11  1 14  t Describe  DAM  by ce/ taff?  N/A  U  U  U  U  U  U  U  U  U  U  U  U  U	Asbesto (i.e., t	me of OSHA MSL Anal met Address 00 Route y, State, Zip Cinnamin  Full  Mini  Glow Non  Descrip os Containir thermal sys surfacing other misc  mpound  Asbestos  Cubic Yar Waste 5  Disposal 5/31/1	A Monitor  Iytical  S 130 Nor  P Code  Ison, NJ  Containm  I-Enclosur  Vebag Pro  P-Exempte  Otion of  Ing Materia  Stems insu  Insulation   ent with e cedure d (*) and al (ACM) lation,  Name C G.R.  City, S	of Regist O.W.S. tate	Amount (Specify SF or LF 75 SF 25 SI ered Land Landfill	t y = ) = F	Removal 🛛	Repair	Encapsulate	

\/	NOTIFICA	suant to N	JAC 8	3:60 a	Πu V··· ,			#E986	1
- Locat	(Pur	Name of Bui		wner/O	perator (2)	/ Job #1403-47	37 Check	#5500	-
40 hoor	100	Name of Bui	Ilding O	inceto	n				1
	The same of the sa	Name of Bui	s of Pi	111001		» s:llar	Bldg.	_2	-
Date of Notification (1)	1 14	Street Addr	ress		universit	y E.A. MacMillar			2 / /
		Street	s of P	rincet	on Univers	-	,	J. 35 - 3	11
Notified Ty	pe Notification						, C		2
Agencies Notified	Initial Amended	City, State	ton N	J 0854	14	-			1
⊠ EPA ⊠ DOLWD	Amendment#1	Prince	Centac	<del></del>		la la	_		C STATE OF THE STA
☑ DHSS	T -mergency (Including	Name of Robe	Comac	no. P.	E		- 3	3	[7]
	instillcation	Robe	rt Ulle	y CODI	MATION	Facility (4)		ં	0
⊠ DCA (NJAC 5:23-8)	☐ Cancellation	FACI	LITY	NFUR	MATION	Type of Facility (4)		13)-0	
1					/	School (K-12) Subchapter 8 ( Other (i.e., prinhomes, etc.)	Other than h	mercial buildings	
	Abatement is Taking Place (	3)				Other (i.e., pri	rate and con		9
Name of Facility Where A	Datemon						# of Floors	Bldg. Ag	
Sayre Hall	d, Princeton University	-401 (	ampu	ıs		Square Feet			
Street Address	ton University	Forrestal				Current Use (Pr	- ing d	emolished)	
Street Address Roa	d, Princeton C.					Current Use (Pr	ior if being a	<b>J</b>	
300 Forresta	V.		1.00		TATE USE ONLY	1			
City (5)		Col	inty Co			+ Contractor (9	)		
Princeton		1			Name of Abate	ement Contractor	200		
County (6)		r (8) ASC	M No.	1	AbateTech	1, 1110.			
Middlesex	Firm Hired by Building Owner	00	0098						
Name of Monitoring				1000	Sinch and	Ave. 1			1
ATC ASSOCIATE					1 - 7	in ( .Cuc			
Street Address					City, State,	on, NJ 08048	Licer	se No.	\
a Torri Lane					Lumber	No	00	529	
7in Coo	e		TO N	0.	Telephone 1	2107			
City, State, Zip Consultation, No.	08016	Telep	hone N 9-386-	8800	609-265	-ZIO			
Burlington, No.	or Monitoring Firm	609	3-380-	- (11)	Name of O	SHA Monitor			1
Project Manager Michael R. Ke	ehn	uled Complet	ion Dat	41	EMSL	Analytical			
		uled Complete 4 /26	_ ' -		1	lance			
Start Date (10)	21 / 14	1 200)			000 R	oute 130			
3 -	us During Abatement (Checked Vacated During Entire Pe	k only one,	ment				77		
Occupancy State	us During Entire Pe	Facility Hol	ırs - De	scribe	City, oth				
☐ Facility Close	us During Abatement (Checked/Vacated During Entire Performed Outside of Normal Action 17:00 AM-3:30 PM/3	3.30PM-12:0	MA00		Cilina	Full Containment	with Negativ	e Pressure	
Abatement F	tement: 7:00AM-3:30PM/	3.00			×	Full Containment	With -		
Time of Aba	ped/vacated During 2:				Ī	Full Contains   Mini-Enclosure   Glovebag Proces	Jure	riable Procedure	Abatement Ty
a and of Work	(Check all that apply)	M Dann	vation		Ē	Mini-Enclosure Glovebag Proces Non-Exempted	*) and Non-		Abatement
Scope of	15	☐ Demo	lition		L	110			Encapsulat Repair Removal
□ ≥3 sf or ≥3	>260 If			T		Description of	. 0.55)	Amount	mo air
≥3 sf or ≥3   ≥160 sf or	2200	Is L	ocation		1	Description of ontaining Material (	ACIVI)	(Specify SF or LF)	Encapsulate Repair Removal
		1	Solely	by	Asbestos C	ontaining Material ( mal systems insulator orfacing, VAT, or	1011,	SF OI LI	/ / / @
	Location of	) Maii	atonalli	100	(I.e., thorse	nal systems war, or urfacing, VAT, or	1		1-1-
A chesto		Cust	odial Si	aft?	oth	er miscellaneous)		1,150 LF	N D C
Ashosie	TO BE ABATED IN Facility	L	(12)	N/A			33.20		TO O
	(13)	Yes	No	1	Dine and fit	ting insulation		1,280 SF	
1	1.0		I		Pipe and	nd Mastic		1,020 LF	
				10	Floor tile a	in indian		1,020	
1st Floor			Ø	-	Pine and f	itting insulation		1	
2 <sup>nd</sup> Floo	r			M	Fipe			gistered Landfill	
			10	70	\	Cubic Yards of	Name of Re	/.S. Landfill	
Attic	2**			NJDE	o wasie 1.	Naste			
**508 3	ttached page 2**			Haule	- II I NO.		City, State	D.A	
11-000	f Registered			187	50	Disposal Date	Tullyto	wn, FA	Date ;
Name	eTech, Inc.					4/26/14	1		3/21
						Signature	D. Di	1aunu	30.
City, S	tate N.I				1	Jenn	Res Pi		554570
	1	Title		ns Co	ordinator		ctivitie	es.	
	lated By (Print of Type)	Ot	peration			stos licensure exen	pted activition	s well	
la	nnifer Piraine		D = 201	use this	form for asbe	Sios nos			
11	The state of the s	*	Do Lor						
ASB-4 MAY	1								
MAI	The second secon								

		NOTIFICATI	ON UF	NJAC 8	3:60 at	nu o.	(2)		.740 Che	eck#	6108		
		(Purs			wner/O	perator	dol	#1403-4				19/2	1
			Vame or	Building C a Medica	al Cen	(e)						13	150 I
is action (1)		14_									矿沙	PA	1 5
Date of Notification (1)	21		Street A		oad St	reet					· ( /).	6.	:37
03	Type Notif	ication	509	tate, Zip C	ode				Telep	hone	Nun		3
Agencies Notified	☑ Initial	had		adbuiy,	• • • • • • • • • • • • • • • • • • • •	)96			85	6-853	3-2061	1170	$\rightarrow$
MEPA	Amen	idment #		of Conta	0.								
⊠ DOLWD	1	raency (IIIo.	Name	n Zangh	ii		ON		-ility (4)				
DHSS  DCA  DCA  5:23-8)	justi	fication)	No.	n Zangh ACILITY	INFOF	MAII	T	ype of Fa	(K-12)	416	on K-12)	dindS.	
(NJAC 5.25	☐ Can	cellation		ACILI			/ [	School	(K-12) apter 8 (Ot (i.e., privat	her the	commer	cial buildings,	
		ent is Taking Place (S	3)					⊠ Other				cial buildings,	
Wydilia	here Abatem	ent is Taking . Downs Building					\			# of F	loors		
Name of Facility	al Center -	Downs D						Square	rest	١	domo	lished)	1
Inspira								1	t Use (Prio	r if be	ing derne	,	
Street Address	et					OTATE	USE ONLY)	1 .1-0	- milai	-			\
40 Oak Stree				County (	Code (7)	(SIAIL		Hos	ntractor (9)				
City (5)				1		_	- s Ahale		100-				1
Woodbury				ASCM N	ο.	\ A	bate leur	.,					
County (6)	·	red by Building Own	er (8)			Str	et Addres	S DC	Box 25				\
Glouces of Monit	toring Firm Hi	red by -		1									
Name of the	Safety Serv	ices .				-tci	ty, State, 2	Zip Couc	08048		License	No.	
- Addres	55					1	umber	1011			0052	.9	
1 4240	Ju			752		-+7	-bone	No.			1		
State,	Zip Couc	037		Telephon	9 No.	0	609-26	5-2101	nitor				
Hammo	nton, NJ 08	sitoring Firm	1	71	14-00-	11-	609-26	Analytic	cal				
inct Ma	nager	inco. T	duled Co	ompletion 27	Date (1	,							
\ Jim Pro	3010		(1.5	-	<u>                                     </u>		Street A	ddress	0 North				
Start Date	(10)	1 17	ak only	one)			200 F	Zin C	ode			538 to	
03	-1 -24	ring Abatement (Ch	Darind of	f Abateme	nt	ibe	City, St	ate, Zip C	n, NJ 080	)77			
Occupar	ncy Status Du	cated During Entire	mal Facil	lity Hours	30AM		Cin	nammo		with 1	Negative	Pressure	
T Facil	L Dorfol	med Outon	PM/4:0	00PW-11				N Full C	ontainment	4412		= -cedure	
I IXI ADA	Lame	nt.						Mini-B	enclosure bag Proce	dure	d Non-Fri	able Procedure	Abatement
\ Tim	- V. (Che	eck all that apply)	12	] Renovat ] Demoliti	ion			Non-	Exempted	()			Repair
Scope	of Work (Cir.			Demoliti	on						1	Amount	Repair
A.	o If			Is Loc		T		Descrip	tion of ng Material stems insula	(ACM	0 /	(Specify SF or LF)	\ <u>a</u>   \
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	sf or ≥3 11 160 sf or ≥260					, \	Asbestos	Containii	insula	ation,	/	SF OI E. 7	1 1 1
		1-1	\	Used S	olely by		(i.e., th	surfacing	(VAT, or cellaneous)	ř	1		TATO
1	١	ocation of Material (A	(CM)	Custo	liai ou	f? \		other mis	cellaneous)		-+	75 SF	
1	Asbestos-Co	ocation of ntaining Material (A) BE ABATED		Guerr	12)				otic			100 SF	N C
	15	IN Facility (13)		Yes	100	1	Floor Til	e and Mi	astro				T N L
1		(13)		101	Ø ]		Floor Ti	le				18 LF	
					Ø		F1001 11	aulation				T	
F	ormer Res	troom			后	Ø	Pipe In	sulation			of Re	gistered Landfill	
-	Former Res	stroom			1-	TI	T		Yards of	Nan	me or re	V.S. Landfill	
-	Chas	ē				1	Waste	Waste		1	3.R.O.		
	Pipe Chas				-	Halllel	10		sal Date	Ci	ity, State	wn, PA	Date
	1	egistered Waste Ha	auler			187	50	Dispo	)5ai -	1	Tullyto		3/3
	Name of Re	ech, Inc.			300				Signature		1	hame	1010
					100				V AA A	NI	ser t	vaine	
	City, State	erton, NJ		Title			ordinato	or	140	-	d activit	ies.	
	Lumbe	erton, receipt on Type	e)	OF	eratio	ns CC	ordinato	hantos	icensure ex	empte	eu aoirri		
	Complete	fer Piraine				use this	s form for a	aspesios	licensure ex				
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	ASB-41												
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