NOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

B. (1) (5)			-1010-5	T				Track	EPE	11 1	11	12	1	1					
Date of Notification (1)	16					33	er/Operator (2) Education	<u> </u>	U									
Agencies Notified Type Notifica	ation			Street	Address				YAM	2 2	016	,	1	1					
⊠ EPA ⊠ Initial	0			331	Levis D	r			IAI W. I	4T-1									
☑ DOLWD☑ Amended☑ DHSSAmendment		A127	116	City, S	State, Zip (Code		- i		201	TO	Cil	2.	T					
□ DCA □ Emergence				Mt.	Holly, N.	J 080	60		ASBESTOS	NSIN	G	UL	Д						
(NJAC 5:23-8) justification		adding		Name	of Contac	ct			Telephone N	umber									
☐ Cancellat	tion			Bill	Buffa				2										
1				FA	CILITY IN	NFOR	MATION												
Name of Facility Where Abatement is T	Taking	Place	(3)		- China de Later (1971)			Type of Facility	(4)					-					
FW Holbein Middle School								School (K-1		- V282V									
Street Address								☐ Subchapter ☐ Other (i.e., p			l bui	ilding	9						
331 Levis Dr								homes, etc.		moroid	· Dui	lullig	Ο,						
City (5)	1000				100			Square Feet	# of Floors		Bld	ig. Ag	ge						
Mt. Holly																			
County (6) Burlington				Cour	nty Code (7	7)(STAT	E USE ONLY)	Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Build	ding O	wner ((8)	ASCM	No	Nam	e of Abateme	ent Contractor (9	\					_					
MECS, Inc	allig O	wilei (.0)	AGGIVI	NO.			VIRONMENTA											
Street Address							et Address	VIICOINIEITIA	L, 1140.										
PO Box 341							23 BEAVE	STREET											
City, State, Zip Code							State, Zip Co				_		_						
Chesterfield, NJ 08515						-0.000	RISTOL, PA												
Project Manager for Monitoring Firm			Tele	ephone	No		phone No.	10007	License No	for				_					
William Weisgarber				09-298		1	5-788-6040		00509	***									
	Schedu	ıled C	1	etion Da		220	e of OSHA M												
4 /18 /16	5			5 / .				VIRONMENTA	L, INC.										
Occupancy Status During Abatement (C		0.3	(*)			Stree	et Address												
Facility Closed/Vacated During Entir						11	23 BEAVER	R STREET											
Abatement Performed Outside of No Time of Abatement: AM-				rs - Des			State, Zip Co												
OF F SITE WED. 4/27 Scope of Work (Check all that apply)						n BF	RISTOL, PA				_								
≥3 sf or ≥3 lf		⊠ Re					Mini-Enc		gative Pressure	•									
∑ ≥160 sf or ≥260 lf	l	☐ De	moliti	on				p Procedure mpted (*) and No	on-Friable Proce	edure									
			Loca								Aba	ateme	ent Ty	уре					
Location of	.		Norma d Sol	ally ely by	Aaba		Description of ontaining Ma		Amount		Re	Re	En	En					
Asbestos-Containing Material (ACM TO BE ABATED	'	Ma	intena	ance/		e., then	mal systems i	insulation,	(Specify		Removal	Repair	cap	Enclosure					
IN Facility		Cust	odial (12)	Staff?			ırfacing, VAT,		SF or LF)		/al		Encapsulate	ure					
(13)		Yes	No			otne	er miscellane	ous)					te						
Throughout			\boxtimes		Pipe Fit	ttings	-Wrap and	Cut	1,575 LF	1	X								
Exterior			\boxtimes		Louver	caull	<		516 LF		X								
Gym, Gym storage, Stage			\boxtimes		Duct Vi	ibratio	on Cloth		108 SF	_									
Room 210 & 211			\boxtimes		Lab Tal	ble to	ps		144 SF		\boxtimes								
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	P. INC	2	- 2	NJDEP I Hauler II	O No.	Cubi	c Yards of te	Name of Regi	stered Landfill										
City, State	0,		30000	20990)	Disn	osal Date	City, State											
NEW CASTLE, DE 19720						Dispi			BURG, OH 44	688									
Completed By (Print or Type)	Title					1	Signature	0 0	1	Date	1	.50	/						
Brian Scafiro	Es	timat	tor				Brian.	Scofero /	-jl	4	12	7/1	16						

ASB-41 MAY 11 B S / 6 0 / 0

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

State of New Jersey

Date of Notification (1) 3	NOCK		N	TOP					TOS ABAT 60 and 5:1		DE	E.	图[2			
Agencies Notified		44 /	4.0							1		MAY	2	2(116		U)
Second Control Seco				_		Mo	unt Holly	y Twp	. Board Of	Education		WAI	_	_ `	310	1	
			tion			Stree	t Address										
County (6) County (70 Cou						33	1 Levis D)r			ASI	BEST	OS CO	NC.	(RO	L &	
County Code (7) STATE USE ONLY) County (6) County Code (7) STATE USE ONLY) County (6) Bullding Comer (8) ASCM No. Name of Charles (7) State (7			nt #4-	4/27	/16	City,	State, Zip (Code					The Part of the	_ 15			_
Name of Facility Where Abatement is Taking Place (3)						Mt.	Holly, N	J 080	60								
FACILITY INFORMATION School (K-12) Schoo	(NJAC 5:23-8)	justificatio	n)					ct			Tele	phone N	Numbe	r			
Name of Facility Where Abstement is Taking Place (3) FW Holbein Middle School Street Address 331 Levis Dr County (5) Mt. Holly County (6) Mt. Holly County (7) Mt. Holly County (8) Mt. Holly County (9) Mt. Holly County (9) Mt. Holly County (9) Mt. Holly County (1) Surrington Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address PD Box 341 Street Address Street Address 1123 BEAVER STREET Street Address No Obsolution Opposition Date (11) Name of Osha Monitor PRISTOL, PA 19007 Policy Manager for Monitoring Firm Name of Osha Monitor PRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1123 BEAVER STREET Street Address 112										-							
School (K-12) Street Address Stree	Name of Eacility Whore A	hatament is Te	احماداه	Diago	(2)	FA	CILITY IN	NFOR	MATION	T=							
Subchapter 8 (Other than K-12)			aking	Place	(3)												
Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet Se of Floors Bidg. Age		3011001			_							er than h	K-12)				
County (6) Burlington	CONTRACTOR SINGS											and com	nmerci	al bu	ilding	JS,	
McCS, Inc Surrington Name of Monitoring Firm Hired by Building Owner (8) MECS, Inc ME												£ = 1	,,	- Di			
County (6) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. MECS, Inc Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Weisgarber Start Date (10) 4 / 18 / 16 Scheduled Completion Date (11) Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Albert Port State	The second secon									Square Feet	# 0	it Floors		BIG	ag. A	ge	
Burlington Name of Monitoring Firm Hired by Building Owner (8) MECS, Inc Street Address PD Box 341 Street Address PD Box 341 Street Address PD Box 341 Street Address PO Box 341 Street Address						Cour	nty Code (7\/STAT	E LISE ONLY	Current Hee	/Drior if h	oina dor	moliah	24/			
BRISTOL ENVIRONMENTAL, INC.						000	nty Code (/	INOINI	L USL ONLT)	Current Ose	(F1101 11 bi	enig der	HORSIN	∌u)			
Street Address PO Box 341	The state of the s	Hired by Buildi	ing Ov	wner	(8)	ASCM	No.	Nam	ne of Abatem	ent Contractor	(9)						
PO Box 341	MECS, Inc							BI	RISTOL EN	VIRONMEN	TAL, INC	Ο.					
City, State, Zip Code	Street Address							Stree	et Address								
Project Manager for Monitoring Firm Telephone No. C15-788-5040 O0509	PO Box 341							11	23 BEAVE	R STREET							
Project Manager for Monitoring Firm Telephone No. G09-298-4070 215-788-6040 20509	City, State, Zip Code			9 5				City,	State, Zip Co	ode	1111/2012				- 7,00		
William Weisgarber Scheduled Completion Date (11) Start Date (10) 4	Chesterfield, NJ 08	515						BI	RISTOL, PA	19007							
Start Date (10) 4 / 18 / 16 5 / 6 / 16 Scheduled Completion Date (11) BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM. PM/6:00PM-2:00AM OFF STE WED. 4/27 - 0 // STE H2X AT CM Scope of Work (Check all that apply) 23 sf or 23 If Demolition Renovation Demolition Asbestos-Containing Material (ACM) IN Facility (13) Room 210A Room 210A Room 202-208 Disposal Date Normally Ose of Drain Insulation Normally Ose of Drain Insulation PAGE OSE OF A SERVICE TRANSPORT GROUP, INC. Title SERVICE TRANSPORT GROUP, INC. SERVICE TRANSPORT GROUP, INC. Title Estimator Service Considering Material PAGE OFF STEAM Normally Used Soley by Ose of Drain Insulation Normally		3			Te	lephone	No.	Tele	phone No.		Lic	ense No) .		25 10 10 10	1.1	
A								21	5-788-6040)	C	0509					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Check only one	Control of the Contro										TAI INC	}					
State Sta			9.90							VIICONNILIN	IAL, INC	<u>" </u>	-71-21				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM6:00PM-2:00AM						ement		80800.60		D STDEET							
Ser Site wed After PM/6:00PM-2:00AM Ser Site wed After PM/6:00PM-2:00AM Ser Site wed After PM/6:00PM-2:00AM Series PM/6:00AM Series PM/6:00PM-2:00AM Series PM/6:00AM Series							scribe										
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Scope of Work (Check all that apply) Scope of	Time of Abatement:	AM-,	PM/	6:00	PM-	2:00AM	_										
□ 33 sf or ≥3 lf □ 260 sf or ≥260 lf □ Demolition □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ Description of Asbestos Containing Material (ACM) (Specify SF or LF) □ De	Scope of Work (Check all	that apply)	-01	5	ITI	= 4/28	AT 61/	ay D.	10101,17	(10001							_
Is Location of Asbestos-Containing Material (ACM) Vaced Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	≥3 sf or ≥3 lf									losure g Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Room 210A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Roof Drain Insulation Public Plants Room 202-208 Disposal Date Date SERVICE TRANSPORT GROUP, INC. Signature Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Title Brian Scafiro SSB-41 B S (6 (2) / (1) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Asbestos Containing Material (ACM) Amount (Specify SF or LF) City NATION (Specify SF or LF) City State Waste Hauler Service Plants Cubic Yards of Waste Mineral (ACM) Amount (Specify SF or LF) City State Waynesburged Landfill Mineral Landf									Non-Exe	mpted (*) and	Non-Friat	ole Proc	edure		_		
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Room 210A Throughout Room 202-208 Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Name of Registered By (Print or Type) Brian Scafiro SSB-41 B 5 (6 0 / 6) Used Solely by Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Asbestos Containing Material (ACM) (Specify SF or LF) Page 1 Asbestos Containing Material (ACM) (Specify SF or LF) Page 2 Page 2 Page 3 Page 4 Page 3 Page 4 Pa	Location	of							D	,			-	Aba		ent T	ype
Security (13) Security (12) Security (12) Security (13) Security (12) Security (12) Security (12) Security (13) Security (12) Security (13) Security (12) Security (13) Security (13				Use	d Sc	lely by	Asbe				1	Amount		Rer	Rep	Enc	Enc
Completed By (Print or Type) SB-41 6 5 (6 0 / 6) Completed By (Print or Type) Brian Scafiro Completed By (Print or Type) Brian Scafiro Cother miscellaneous Cother mi							(i.e							nov	bair	aps	losu
Yes No N/A		у									5	r or LF))	<u>m</u>		ulat	Гe
Throughout Room 202-208 Glue dots 1,760 SF Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Brian Scafiro Roof Drain Insulation Glue dots 1,760 SF Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBURG, OH 44688 Completed By (Print or Type) Brian Scafiro Signature Frium Signatu				Yes	- A1000	N/A										Ф	
Room 202-208 Glue dots] [200	10			No poer								
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Brian Scafiro NJDEP Waste Hauler ID No. 20990 Disposal Date City, State WAYNESBURG, OH 44688 Signature Estimator Signature Frian Scafiro Signature Frian Scafiro Signature Frian Scafiro Signature Frian Scafiro	Throughout						Roof Di	rain Ir	nsulation			9 LF					
SERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990 Waste MINERVA LANDFILL	Room 202-208] [Glue do	ots			1,	760 SF					
SERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990 Waste MINERVA LANDFILL		- upto] [
City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Brian Scafiro SB-41 6 5 (6 0 / ()			INC.		- 10												
NEW CASTLE, DE 19720 Completed By (Print or Type) Brian Scafiro Signature Frian Scafiro Signature Signature Frian Scafiro Signature Frian Scafiro Signature Frian Scafiro Signature Frian Scafiro						20990)	Dien	nsal Date								
Brian Scafiro Estimator Brian Scafiro / 4/27/16		9720						Dispo	osai Date		SBURG,	OH 44	688				
Brian Scafiro Estimator Brian Scafiro / 4/27/16	Completed By (Print or Ty	pe)	Title						Signature			,	Date				
		50 50		imat	tor				Brian	Scale	ero /-	2			/2%	7/1	6
		-	* Do	o not	use	this form	for asbest	tos lice	nsure exemp	ited activities.	11						

ASB-41 B 5 / 6 0 / 0

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)						_		er/Operator (2		ارندا			-	711					
6/	26 /	15		Princeton University-Office of Design and Construction															
Agencies Notified	Type Notificat	tion				Address Elm Dr.		4			MAY	2 20	16		1				
□ DOLWD			10014	_	City, St	ate, Zip C	ode			1	ASBESTOS	CONIT	201	8					
□ DHSS	Amendme			6	Prin	ceton, N	J 085	544		,	LICEN		1101	. α					
☐ DCA (NJAC 5:23-8)	☐ Emergenc		ng	ŀ	Name o	of Contact					Telephone Nu		Personal		and the same of th				
(140/10/0.20-0)	☐ Cancellation	10.00			Rob	ert Orteg	10			17.1									
					FΔC	ILITY IN	FORI	MATION											
Name of Facility Where	Abatement is Ta	aking Pla	ce (3)	1710				Type of F	acility (4	4)								
Princeton Universi			(-	,					Schoo										
Street Address	ty 1 11 00 to 110	,							Subch	apter 8	(Other than K-	12)	مناطنه						
Washington Rd										(ı.e., prı s, etc.)	vate and comm	ierciai c	ullair	igs,					
City (5)									Square Fe		# of Floors	E	ldg.	Age					
Princeton									***										
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Current U	se (Pric	or if being demo	olished)							
MERCER						, , , ,			Librar										
Name of Monitoring Firm	Hired by Build	ina Owne	er (8)		ASCM I	No.	Nam	ne of Abateme	ent Contrac	tor (9)									
ATC Associates In			(+)				Section 1944	RISTOL EN			., INC.								
Street Address							Street Address												
Three Terri Center							11	123 BEAVE	R STREE	Т									
City, State, Zip Code						-	City.	State, Zip Co	ode						-				
Burlington, NJ 080	16						BRISTOL, PA 19007												
Project Manager for Mor			1-	Геle	phone h	No.	Telephone No. License No.												
Michael Keehn	<u>S</u>			60	9-386-	-8800	215-788-6040 00509												
Start Date (10)	S	cheduled	Con	plet	ion Dat	e (11)	Nam	ne of OSHA N	Onitor										
12 / 21 /					/		В	RISTOL EN	VIRONME	ENTAL	., INC.								
Occupancy Status Durin		Sheck onl	v one	5)			Stre	et Address											
☐ Facility Closed/Vacat					nent		11	123 BEAVE	R STREE	Т									
☐ Abatement Performe	d Outside of No	rmal Fac	ility F	lour	s - Des	cribe	City	State, Zip Co	ode					1111					
Time of Abatement:	7:00AM-3:30P	M/ <u>5:00</u> P	M- <u>1:</u>	30A	M			RISTOL, PA											
Scope of Work (Check a	all that apply)			-															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		_	Reno					Mini-End Gloveba	closure g Procedur	re	ative Pressure								
								Non-Exe	mpted (*)	and Nor	n-Friable Proce	dure							
			Is L									A	bate	ment	Туре				
Location		, ,		rmal Sole	lly ely by	Asha	stos (Description of Containing Ma		/I)	Amount	70	Repair	En	Enc				
Asbestos-Containing TO BE AB		,	Maint	ena	nce/			rmal systems			(Specify	Removal	pair	Encapsulate	Enclosure				
IN Faci	lity	C		dial (12)	Staff?			urfacing, VAT ner miscellane			SF or LF)	<u>a</u>		ula	иге				
(13)		Ye		No.	N/A		otn	ier miscellane	eous)					te					
Throughout Levels	C, B and A					Floor ti	le an	nd mastic			2,035 SF	D							
Level C North Atriun	n	×	1 [П	Windov	vs				14 ea								
Level A offices						Windov	vs		20 ea	D	3 [
Ext. Trustees Reading	na Room	X	1 [7	☐ Waterproofing 1300 SF ☐														
Name of Registered Wa	1077			N	JDEP \	Naste -	Cub	ic Yards of	Name o	f Regis	tered Landfill								
SERVICE TRANSP		INC		Н	lauler II		Was	ste	G.R.	o.w.s	. LANDFILL								
City, State					20990)	Disr	oosal Date	City, St	ate									
NEW CASTLE, DE											LLE, PA 1906	67							
Completed By (Print or	Туре)	Title						Signature	1	2	1.0	Date	1.	. /					
Brian Scafiro		Estir	nato	r				Drian	Scr	liso	1 gl	7	129	/16	2				

ASB-41 MAY 11 BS 15068A

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 26 Princeton University-Office of Design and Construction 15 Agencies Notified Type Notification Street Address ☐ EPA 200 Elm Dr. **⊠** DOLWD City, State, Zip Code ASBESTOS CONTHOL & □ DHSS Amendment #11-4/29/16 LICENSING Princeton, NJ 08544 Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Ortego **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Princeton University-Firestone Library Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Washington Rd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Library Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Three Terri Center 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12 / 21 / 15 5 / 31 / 16 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure ☐ Demolition Glovebag Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Enclosure Used Solely by Remova Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (Specify (i.e., thermal systems insulation, Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A B LEVEL SECURITY OFFICE \boxtimes PIPE INSULATION (WRAP & CUT) 20 LF M П M C LEVEL FLOOR TILE & MASTIC 900 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Hauler ID No. SERVICE TRANSPORT GROUP INC G.R.O.W.S. LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE MORRISVILLE, PA 19067

MAY 11 B51506 8A

Completed By (Print or Type)

Brian Scafiro

Title

Estimator

Signature

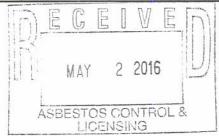
^{*} Do not use this form for asbestos licensure exempted activities.

VOCK	N		ATION	OF ASBE to NJAC 8	STOS	ABATEN			7	E CE	E 229	68	\mathbb{V}		M
Date of Notification (1) 04-26-16				Building C			(2)			11.4	,	2	201	6	IIL
Agencies Notified Type Notification EPA Initial		11.5	Street Ad 700 Hi	ddress dden Rid	dge			i i i i i i i i i i i i i i i i i i i	الماذ	W.T.	i		1000000		
DEP X Amended Amendment #				te, Zip Coo TX 7503					A	SBEST L	ros ICE	CC NSI	NT NG	ROL	&
Emergency (in justification) DCA Cancellation	cluding	100		Contact Cingsbur	у			·	Tele	ephone N	Numb	er			
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Belleville C.O. Building	Place (3)						of Facility (School (K-1 Subchapter	2)	or than K	10\				
Street Address 282 Washington Avenue								Other (i.e. petc.)	rivate 8	& comme					es,
City (5) Belleville								re Feet		Floors			dg. A	ge	
County (6) Essex				Code (7) USE ONLY)			Curre	ent Use (Prid	or if bei	ng demo	lished	d)			
Name of Monitoring Firm Hired by Building Ov ESIS Health, Safety & Environmenta		6	ASCN	I No.				tement Cor Environme							
Street Address P.O. Box 430						200 8		Street							
City, State, Zip Code North Versailles, PA 15137								ip Code NJ 07072	2						
Project Manager for Monitoring Firm Brian Kingsbury			elephor 201-35	ne No. 56-5166		195-106-15-350	none N 939-6			License 00756		8		20,0779.	
	Schedule 08-31-		pletion l	Date (11)			of OSI n-Air I	HA Monitor nc.							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ent				Addres 9 Jac	ss kson Ave	nue						
Abatement Performed Outside of Norma Other – Describe:	Facility	Hours						ip Code nd City, N	Y 111	01					
Scope of Work (Check All That Apply)	- N 3 - A 10													=1	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	8				9	
19-		Locatio			-								Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Solely by Asbestos Containing Material (ACM) Amount						Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A	DI-	-I- D		Flast	-1	1.0	500SF		22			
Upper / Lower Roofs			X			imeter n Pock		- 17/	1,5	20SF		x			
Upper / Lower Roofs Upper Roof			X			apet W				100LF		x			
Upper Roof			X		•	nt Curb			1	20SF		x			
Name of Registered Waste Hauler		I NI	JDEP W			Yards	000	Name of	Reniste			2			
ATC, Inc. / JBT (50071)		Ha	auler ID	1.711717071	of Wa			Minerva	a Ente					0	
City, State Shirley, NY / Bronx, NY					Dispo TBD	sal Date	(City, Stat Wayne:		OH 44	1688	1			
Completed by Joseph Patrick	Title Proje	ct Ma	nager	9	S	Signature	1	N			Date 04-2		6		

Title Of Project: Belleville C.O. Building Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Upper / Lower Roofs	N/A	Black Roof Drain Sealant	25SF	Removal
Upper Roof Parapet Wall	N/A	Damaged Grey Paint	10SF	Removal
		; f		



MOCK

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

		200	(Pu	rsuan	t to NJA	8:6	0 and 5:16)			C	E	\ \(\bar{\psi} \)	7 [3 [
Date of Notification (1)	/28/16			Name	of Building	g Ow	ner/Operator	(2) Kerekes	K					A Part of the second of the se	
Agencies Notified	Type Notifica	ation		Street	Address					MAY	2	20	16	7	
EPA DEP DOL	Amended Amendme	ent#	_	City, S	tate, Zip C	ode	Ne	ew Brunswic	NASI	BESTO	S C	TNC	ROL	100	
⊠ DOH	Emergen	on)	' -	Name	of Contac			W Diunswic		ne Numb	ENS er	INC		+	
DCA	L Cancellat	ION		FA.			ee Segura		<u>_</u> _			7.7.3		-	
Name of Facility Where	Abatement is T	aking Place	(3)	FAC	CILITY INF	ORIV	IATION	Type of Facility	(4)					\dashv	
Street Address	F	Residentia	al					School (K-1 Subchapter Other (i.e., phomes, etc.	8 (Other the crivate & co	nan K-12 ommercia) ıl build	lings,			
City (5)								Square Feet	# of Flo	oors	Blo	dg. Ag		\neg	
County (6)	New	Brunswi	ck, N		nty Code (1	7) (S	TATE	2000 Current Use (P	rior if being	2 demolis	hed)	80-	- /-	=	
Mi	iddlesex				ONLY)	125.00.55			-	, doinione					
Name of Monitoring Firm (8)	n Hired by Build MECS	ding Owner		ASCM	No.	Nar		ent Contractor (9 ens Environ	0.147	Service	as Inc				
Street Address	MECS					Str	eet Address	CIIS LIIVII OIL	incinal c	oci vicc	3, 111	c.		=	
	PO Box	341							30x 322					_	
City, State, Zip Code	rosswicks,	NJ 0851.	5			City	/, State, Zip C	ode Allentow	n, NJ 08	3501					
Project Manager for Mo			1000000		hone No. Telephone No. License Ne-										
	eisgarber	Scheduled C	-		8-4070		(609) 25 me of OSHA 1			0	0493	5	_	_	
Start Date (10) 5/9/16			5/20/		ile (11)	INdi	THE OF OSHAT		IECS						
Occupancy Status Duri	ng Abatement					Str	eet Address	DO I	2.41					=	
☐ Facility Closed/Vaca☐ Abatement Performe						Cit	, State, Zip C		30x 341					_	
Other - Describe:			ly 110u			City	, State, Zip C	Crosswic	ks, NJ 0	8515					
Scope of Work (Check	all that apply)							to 5000 7.596	78 555					_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				Mini-En	ntainment with Ne closure ag Procedure empted (*) and N			re				
			Locatio					-				bater Typ			
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Mai C	d Solei ntenar ustodia Staff? (12)	ice/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						Encapsulate	Enclosure			
		Yes	No	N/A									Ö		
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Basem	ent	_	×	-	Th		al Duct In		80	<u>lf</u>	×			_	
-				-		-	Wrap & C	ut						\dashv	
Name of Registered Wa	aste Hauler	_		NJDEP Y		1000000	bic Yards	Name of Reg	istered Lar	ndfill				\dashv	
Stevens Environ	mental Ser	vices, Inc	<u>.</u>	tauler II 182	0 No. 292		Waste 2 CU		GROW	/S Lan	dfill			_	
City, State	Allentow	m. NJ				1	sposal Date 5/20/16 /	City, State	Morri	sville,	PA				
Completed By		Title	roiss	t Mar	Signature Date										
Mahlon E. St	evens		rojec	ct Manager 4/28/16											

ASB-44

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

	9149
CHECK #	1011

			(Pt	ırsuant	to NJAC 8	3:60 and	12:120)	Γ	DE		I I	7 E	1		
Date of Notification (1)	128/16				f Building (Owner/C	perator ((2) 1 E C	PAUL	ENU	E, LC				
Agencies Notified EL EPA	Type Notification			Street A					NOY R				7 10	2=	2
⊠ DEP ⊠ DOL	☐ Amended Amendment # ☐ Emergency (ir		_ [City, Sta	ite, Zip Co 10/LA	de			WJASE	SEST S	9600N	TROL	_		
☑ DOH □ DCA	justification) Cancellation			DAU			,			_ Tele	ephone Nu	mber	^	_	
Name of Facility Where A	Abatement is Taking	Place (3)		FACI	LITY INFO	DRMATI	ON	Туре	of Facility (4	4)					
Street Address 343 SPR	2INGPIELD	AU	 E						chool (K-1 ubchapter other (i.e. p	8 (Othe			lings,	home	es,
City (5) SUMMIT								Squa	etc.) re Feet	# of	Floors		Bldg. A	1000	- Contractive
County (6) UNION				County (Code (7) USE ONLY)			Curre	nt Use (Price			ned)			
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASC	M No.			of Aba	tement Con	tractor ((9)				
Street Address				L			1	Addres /reelan		to to the	THE PERSON NAMED IN				
City, State, Zip Code									p Code k, NJ 07432	?		-			
Project Manager for Moni	toring Firm			Telep	hone No.			one No 262-58			License N 00156	lo.			
Start Date (10) 5/7	/16	Schedule	ed Con	pletion /	Date (11)		4		A Monitor	Service	es Inc.				
Occupancy Status During Facility Closed/Vaca Abatement Performe	ted During Entire Pe	riod of A	bateme	ent			280 F	Addres	555 (m				A CONTRACTOR OF THE CONTRACTOR		
Other - Describe:	d Outside of Norma	1 donity	iouis			_			, NJ 07606						
Scope of Work (Check A □ ≥3 sf or ≥3 if ⊠ ≥160 sf or ≥260 if	Il That Apply)		enovati emolitio		-			Mini-	Containmer Enclosure ebag Proce	edure					
		14 A A A A A A A A A A A A A A A A A A A	Location										Abat	ement	t
Asbestos-Containing TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous)								(S	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								_		Ū	
BASEMENT				X			47	-			5,000	X			
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												+			
Name of Registered Wasi	te Hauler	1		JDEP W		Cubic			Name of F	Register	ed Landfill		1		
Newark Carting, Inc			H	auler ID 04509		of Was	ste /O		IESI F	PA Beth	lehem Lan	dfill Co	р.		
City, State, Zip Code Newark, NJ 07105						3	al Date	کده		ehem, F	ode PA 18015				
Completed by R. McDonald		Title Presid	ent			S	ignaturé	C.//	nojy Jonah	el (Da	ate /	27/1	6	and all control of the second

							(il)).	الحال	0 5 1	ש	5		
Date of Notification (1)	/			Name of	f Building Owne ルムをレター	er/Operator	6 REALTY	. 41	fy C 2	2016			
Agencies Notified	Type Notification			Street A	ddress	**************	Frail Law	- Wind	44	in blake			T
□ EPA ☑ DEP ☑ DOL	☑ Initial □ Amended Amendment		_	City, Sta	ite, Zip Code MILFU	ro 1	UT 076	SBES	TOS COI	VTRI VG	JL 8		
☑ DOH □ DCA	 □ Emergency (i justification) □ Cancellation 	ncluding	Ī	Name of	Contact SVRY		 		phone Num		-		
				FACI	LITY INFORM	ATION							
Name of Facility Where A	batement is Taking	Place (3)					Type of Facility (4	,					
Street Address							Subchapter (i.e. prectc.)	8 (Other			ings,	home	s,
City (5) NEW MILL	FURN			Control was an exercise			Square Feet	1	Floors	B	ldg. A		INCOME NATIONAL
County (6) BERGEN				County (STATE L	Code (7) USE ONLY)		Current Use (Pric	or if being	g demolishe	d)		-	<u> </u>
Name of Monitoring Firm	Hired by Building O	wner (8)		ASC	M No.	Name A. M.	of Abatement Con AC Contracting Inc	tractor (9	9)				
Street Address							Address /reeland Ave.	and the state of the state of		ne de Colorac.			PET ALCOHOLO
City, State, Zip Code							State, Zip Code and Park, NJ 07432					ACTION COLUMN	
Project Manager for Monit	toring Firm		100	Telepi	hone No.		none No. -262-5841		License No 00156				
Start Date (10) 5 /7/	16	Schedule ک	ed Con	pletion [Date (11)	0.000	of OSHA Monitor	Service	es Inc.				
Occupancy Status During Facility Closed/Vaca	ted During Entire P	eriod of A	bateme	ent		280 1	Address Huyer Street						
☐ Abatement Performer☐ Other - Describe:		al Facility I	-lours		-		state, Zip Code ensack, NJ 07606						
Scope of Work (Check A	li That Apply)	Minus Processing	L. Commis	100 - 100 <u>100 - 100</u>	NOTES THE PROPERTY OF THE PROP		A CONTRACTOR OF THE CONTRACTOR						
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf			enovati emolitio			X X	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure					
		ls	Locati	on			1					ement	t
Location	of	1 1	Vormal	ly		Description	of			<u> </u>	Ty	/pe	3
Asbestos-Containing I TO BE ABA In Facilii (13)	TED	Ma Cusi	d Sole intenar todial S (12)	nce/ staff?	(i.e. then			(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	MATERIAL MAT								
BASEMEN	<i></i>			×		PIPE			35-LF	X			
f _i						ndriant/Promined Co.		int National					

Name of Registered Wast	e Hauler		N	JDEP W		bic Yards	Name of F	Registere	ed Landfill		-		
Newark Carting, Inc			Н	auler ID I 04509		Naste /		-	ehem Landf	fill Cor	p.		
City, State, Zip Code Newark, NJ 07105						posal Date	City, State		de A 18015		6	-	
Completed by R. McDonald		Title Preside	ent			Signature	LM Jones	H	Date	4/0	78/	15	-

CK 6-139

D&S Proj. #: 16-125

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

								ME	SE			F	7
Date of Notification (1)				er/Operator (2)								1	111
Agencies Notified Type Notificat		mil bont eet Addre						111 111	14 5	20	16	IIL]]
☐ EPA ☐ Initial	Str	eet Addre	SS					IT I'M	AI L			-	-
☐ DEP ☐ Amended								l	-				
Amendment #:	Cit	y, State, Z	Zip Code					ASBES	LICENS	ONI	HUL	a	
Emergency		summit,	nj 0790	1					LICENS	SING			
DOH (including justification)	Nai	me of Cor	ntact					Telephon	e Number		-		
DCA Cancellation	- 11	amil bon	temno					J					
Cancellation	<u> </u>			ILITY INFORM	ATION	V						_	
Name of facility where abatement	s taking plac	e (3)					Т	ype of Facility (
amil bontempo								=	I (K - 12)	ul 41	1/	10)	
Street Address									apter 8 (C Private/C			-12)	
									Homes, e		Iciai		
								Square Feet	# of Floor	s	Bl	dg. A	ge
City (5)	Count	y (6)				inty Code (7)	_				_		
summit	UNIC	ON			(Sta	ate use only)		Current Use (Pr	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatemer	nt Cor	ntractor (9)					
			1			D & S RESTO	RAT	ION, INC.					
Street Address					_	Street Address							
						20 California A	Ave.						
City, State, Zip Code						City, State, Zip Cod	е						
						Paterson, NJ (7503	3					
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Number			License		er		
						973-345-802	_		0	1169			
Start Date (10)	Sched.	Completic	on Date (1	1)		Name of OSHA Mo							
05/04/16	05/31/	16				D & S Restora Street Address	tion,	Inc.			+	-	
Occupancy Status During Abateme			-				l von						
Facility closed/vacated during			ment.			20 California A City, State, Zip Cod		ue			-		
Abatement performed outside						Oity, State, Zip Cod							
Describe: NORMAL F	IOURS				-	Paterson, NJ 0	7503	3					
Scope of Work (check all that appl								Containment w	/negative	press	uro		
	Renovation					- F	=	i-enclosure	rriegative	piess	ule		
≥160 sf or ≥260 lf	Demolition					፟፟፟፟፟	Glo	vebag procedur					
<u> </u>							Nor	n-Exempted (*)	and Non-				-
Location of asbestos-containing	Is location by mainten			V	25			Amount		R e	R	E	E
material (acm) to be	staff(12)			Description material (sbestos-containing		(Specify S	For	m	р	С	n
abated in facility (13)	Yes	No	N/A	matoriar	, (0,01)			ĹF)		o v	a i	a p	L
BASEMENT		- V		l pipa inquiat	ion			7614		e	r		-
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DASEMENT			-	DAKE HEA	11114	O FIFES		33111			屵	井	ዙ
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Registered Waste Hauler	INIDE	P Hauler I	D# 1.0	ubic Yards of \	Vaste	Name of Registere	ad I a	dfill		Ш	Ш	Ш	
D & S RESTORATION, INC.	1350		500	yd.	. 4010	TULLYTOWN			COVER	Y			
City, State			Disposal D	DOMESTIC STATE OF THE PARTY OF		City, State							
PATERSON, NJ 07503			05/14/1	6		TULLYTOWN	N, PA	1					
Completed by (Print or Type)	Title			Signature					Date	N. 60 person			
BOGDAN JOLDZIC	PRESIDE	over two to the		<u> </u>					04/22/	2016			THE RESERVE
ASR-41	Do not use	this form	for aspesto	os licensure ex	emnte	d activities							

x 6740

ASR-41

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-130 Name of Building Owner/Operator (2) Date of Notification (1) 2016 MAY 0 4 / 2 2 / 1 6 david tieman Agencies Notified Type Notification Street Address ASBESTOS CONTROL & EPA Initial LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency WESTFIELD, NJ 07090 (including DOH Telephone Number Name of Contact justification) ☐ DCA david tieman Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) david tieman Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldas./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) WESTFIELD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 05/09/16 05/24/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of Ε е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) Yes No N/A V p P pipe insulation 30 1 ft X BASEMENT laundry,2 storage Rms X pipe insulation 18 L FT BASEMENT rec rm. above ceiling Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd Disposal Date City, State City, State 05/10/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title BOGDAN JOLDZIC 04/22/2016 PRESIDENT Do not use this form for asbestos licensure exempted activities.

CK 00589

Type Notification

Initial
Amended

Amendment #:

Emergency (including

Name of facility where abatement is taking place (3)

justification)

Cancellation

D&S Proj. #: 16-126

0 4 / 2 2 / 1 6

Date of Notification (1)

Agencies Notified

☐ EPA DEP

X DOL

⊠ DOH

☐ DCA

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

FACILITY INFORMATION

Name of Building Owner/Operator (2)

MAPLEWOOD, NJ 07040

PAISLY RAGONESE

ANNE RAGONESE

Street Address

Name of Contact

City, State, Zip Code

DEC	EIV	EM
MAY	2 2016	A CONTRACTOR OF THE CONTRACTOR
ASBESTO	OS CONTRO DENSING	DL &
Telephone	e Number	
Subcha Other (I Bldgs./h	4) (K - 12) apter 8 (Other ti Private/Comme Homes, etc. # of Floors	
Current Use (Pri	ior if being dem	nolished)
DRATION, INC.		
Ave. ode 07503		
er 20	License Numb	oer
Monitor ration, Inc.		
Avenue		

ANNE RAGONESE							=	apter 8 (C	ther t	han K	-12)			
Street Address							Other (Private/C	omme		- 17			
						ŀ		Homes, e		BI	dg. Ag	ge		
City (5)	County (6)		Cou	nty Code (7)				3530					
MAPLEWOOD	00004			(Sta	te use only)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by I	essex Bldg Owner (8)		ASCM No.	Ц,	Name of Abatemen	t Co	ontractor (9)							
,	ziagi e iiiio. (e)		AGOW NO.		D & S RESTOR		700110-00-00-00-00-00-00-00-00-00-00-00-0							
Street Address					Street Address	CA.	HON, INC.							
					20 California A	ve								
City, State, Zip Code					City, State, Zip Code	-								
West 2, WEST					Paterson, NJ 0	750	03							
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number		License Number							
					973-345-8020			0	01169					
Start Date (10)	Sched. Con		Name of OSHA Monitor											
05/04/16	05/30/16		D & S Restoration, Inc. Street Address											
Occupancy Status During Abatemen	nt (Check only or		20 California Avenue											
Facility closed/vacated during			City, State, Zip Code											
Abatement performed outside Describe:		y hours-												
Other-Describe: NORMAL H	OURS			_	Paterson, NJ 0	750)3							
Scope of Work (check all that apply	/)						Il Containment w	/negative	press	ure				
\boxtimes >3 sf or >3 lf	Renovation				×		ni-enclosure	0						
≥160 sf or ≥260 lf	Demolition				⊠ Glovebag procedure □ Non-Exempted (*) and Non-friable procedure									
Location of	Is location norr by maintenance	mally used sole	ely						R	R e	Е	E		
asbestos-containing material (acm) to be	staff(12)	e/custoulai	Description material (sbestos-containing		Amount (Specify SI	E or		р	n c	n		
abated in facility (13)	terial (acm) to be staff(12)			(AOIVI)			LF)	-0 V		a i	a p	L		
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Registered Waste Hauler	NJDEP Ha	percentage and percentage and a figure	Cubic Yards of \	Waste	Name of Registered									
D & S RESTORATION, INC. City, State	13506	Disposal	1 yd.		TULLYTOWN.	, R	ESOURCE RE	COVER	Y	- 12-1		-		
PATERSON, NJ 07503		05/05/			City, State TULLYTOWN									
Completed by (Print or Type)	Title		Signature		TOLLETTOWN	,, 1	**	Date						
BOGDAN JOLDZIC	PRESIDENT		9.00					04/22/	2016					
ASB-41 *	Do not use this	form for asbes	tos licensure ex	empted	activities.									

CK2159

Date of Notification (1) 4/27/16 Agencies Notified Type Notification Street Address (Fdistailt to NSAC 8.86 alld 12.125) E G E W E Name of Building Owner/Operator (2) Kim Czacher MAY 2 2016									
Agencies Notified Type Notification Street Address LL MAY 2 2016 L	111								
	7								
EPA Initial City, State, Zip Code	-								
DOL Amendment # Madison, NJ 07950 ASBESTOS CONTROL &									
Emergency (including justification) Name of Contact Telephone Number	_								
DCA Cancellation Kim Czacher									
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)									
Czacher residence									
Street Address Subchapter 8 (Other than K-12)									
Other (i.e. private & commercial buildings, home etc.)	es,								
City (5) Square Feet # of Floors Bldg. Age									
Madison, NJ 07950 1500 2 50+ County (6) County Code (7) Current Use (Prior if being demolished)									
(STATE USE ONLY) residence									
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Yannuzzi Environmental									
Street Address Street Address 135 Kinnelon Rd Suite 102									
City, State, Zip Code City, State, Zip Code									
Kinnelon, NJ 07405									
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.									
908-218-0880									
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/9/16 5/9/16 Yannuzzi Environmental									
Occupancy Status During Abatement (Check Only One) Street Address									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 135 Kinnelon Rd Suite 102 City, State, Zip Code Kinnelon N I 07405									
Scope of Work (Check All That Apply)									
□ ≥3 sf or ≥3 lf □ Renovation □ Full Containment with Negative Pressure									
≥160 sf or ≥260 lf									
Non-Exempted (*) and Non-Friable Procedure	Non-Exempted (*) and Non-Friable Procedure								
Is Location Type	Abatement Type								
Location of Used Solely by Description of									
	Enc								
TO BE ABATED In Facility (13) In Facility (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) (Specif	Enclosure								
Yes No N/A	é								
Kitchen x VAT 150 sf x									
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste									
Yannuzzi Group 5 grows									
City, State 135 Kinnelon Rd Kinnelon NJ Disposal Date 5/10/16 City, State Morrisville, PA									
Completed by Title Signature Date John Mucha Sr. Project Man 4/27/16									

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

Ch#3011

Date of Notification (1)					TN					11	EG	5		W	5	1
	27 /	16			1000		-	vner/Operator (11.	إذ	Γ	20				1111
	/	16	-		Pri	inceton U	nive	ersity-Office	of Design and	1 C	onstructio	n	•	010	17.46	111
	ype Notific	ation			0.7000000	t Address				1	MAY	2	2	016		5
	☑ Initial ☑ Amende	d			34000	0 Elm Dr.										
⊠ DHSS	Amendm	625 cm ma				State, Zip (-	ASBESTO	S CC	ON	TRO	L &	6
] Emerger		luding			nceton, N		8544				ENS				
(NJAC 5:23-8)	justificat					e of Contac	270			7	Telephone N	lumbe	٢			
L	Cancella	ition	- 67		Ro	bert Orte	go			ĵ.						
		CILITY IN	IFO	RMATION	15											
Name of Facility Where Aba	Type of Facility (4)															
Princeton University-		School (K-12)														
Street Address	 ✓ Subchapter 8 (Other than K-12) ✓ Other (i.e., private and commercial buildings, 															
Frist Lane			homes, etc													
City (5)									Square Feet		# of Floors		В	dg. A	ge	
Princeton											lus many					
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior	if being dem	nolishe	ed)			
MERCER									Library							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.									ent Contractor (9							
ATC Group Services, LLC 00098									VIRONMENTA	L,	INC.		-			
Street Address								eet Address								
Three Terri Center								1123 BEAVER								
City, State, Zip Code								y, State, Zip Co								
Burlington, NJ 08016 Project Manager for Monitoring Firm Telephone No.								BRISTOL, PA 19007								
Michael Keehn	ilig Fillii			0.0-25			Telephone No. License No. 215-788-6040 00509									
555 555 5555								me of OSHA M			00509					
Start Date (10) Scheduled Completion Date (11) 6 / 3 / 16 6 / 17 / 16											INC					
							BRISTOL ENVIRONMENTAL, INC. Street Address									
Occupancy Status During Al Facility Closed/Vacated I							1183858									
☐ Abatement Performed Out						cribe		123 BEAVER								
Time of Abatement: 7:00)AM	_PM/_	F	PM-1	2:00A	Л		y, State, Zip Co								
Scope of Work (Check all that	at apply)							BRISTOL, PA	19007				_			
	at apply)								ainment with Ne	gati	ve Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	Rer				 ✓ Mini-Enclosure ✓ Glovebag Procedure 									
23 2 100 St 01 2200 II		L	_ Der	HOIL	1011				npted (*) and No	n-F	riable Proce	dure				
			Is	Loca	ition						110000000000000000000000000000000000000	T	Ab	atem	ent T	vne
Location of	NATION AND THE STREET, THE STR			orma		20. 30		Description of				+			_	
Asbestos-Containing Mat TO BE ABATE		1)			ely by ance/			Containing Matermal systems in			Amount		em	Repair	nca	nclo
IN Facility	_		Custo		Staff?	(1.6.		surfacing, VAT,			(Specify SF or LF)		Removal	=	Encapsulate	Enclosure
(13)		-		(12)	100		ot	her miscellaned	ous)		NEW SING CONT.				late	œ
			Yes	No	N/A											
Rooms 101, 101A, 103 8	104] [\boxtimes		Floor til	e ar	nd mastic			1012 SF					
Rooms 108,109,111,112,	,116,136] [\boxtimes		Pipe ins	ula	tion			235 LF		X			
137	, 142	Ī	n i										\boxtimes	П	П	
Rooms G06, G07 & G19				10-66		Dina Ina					00.1.5	-				
	lauler				LIDER	Pipe Ins		30.40/0-12	Nome of De 1		23 LF		X		Ш	Ш
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. NJDEP Waste Hauler ID No.							Was	oic Yards of ste	Name of Regis			וחריי	1			
					18706				G.R.O.W.S	. N	OK I H LAN	ANLIF				
City, State							Disp	oosal Date	City, State			_				
BRISTOL, PA 19007								<u></u>	MORRISVI	LLI	E, PA 1906	57				
Completed By (Print or Type)		Title					1	Signature	0	/	/	Date	/_	1		
Brian Scafiro Estimator								Drian	Scalino	/-	12	4/0	27	1/6	0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) City of Camden 4 29 16 Type Notification Street Address Agencies Notified 2016 MAY☑ Initial **⊠** EPA PO Box 95120 ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment #_ ASBESTOS CONTROL & Camden, NJ 08101 ☐ DCA LICENSING Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation John Bond FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MT. EPHRAIM RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50+ varies varies Camden Current Use (Prior if being demolished) County (6) County Code (7)(STATE USE ONLY) HOUSING DEEMED UNSAFE CAMDEN Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Controlled Environmental Systems Health and Safety Services 117 Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 PO Box 365 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 Berlin, NJ 08009 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. C 609-839-2432 215 542 7000 00847 Jim Proctor Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 5 / 30 / 16 4 / 29 16 CES Occupancy Status During Abatement (Check only one) Street Address 1121 N Bethlehem Pike -Suite 60 □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/____PM-___AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Removal Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)No N/A

SEE ATTACHED			SEE A	E ATTACHED 200 YD per res							
											
Waste Management of NJ				Waste D No.	Cubic Yards of Waste 200/residenc	stered Landfill					
City, State Fairless Hills, PA					Disposal Date 5/30/16	City, State Tullytown	PA				
Completed By (Print or Type) Patricia Visco Title Office Manager					Signature	icia V	loce 0	ate	Z	1/2	طان

ASB-41 **JAN 13**

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

CK 25284

O,				(P	ursua	Int to NJA	L 8:	60 and 5:16) [-	7 6 6	R I	7\/7	R			
Date of Notification (1)						e of Buildin	g Owi	ner/Operator (2	2)	11 6	<u>B 1</u>	₩	5	M		
04 /				36	Renewal Lir	- 113	rship			angelow change						
Agencies Notified	Type Notifica	tion			Stre	et Address	2016		U							
⊠ EPA	Initial				c/	c/o The Community Builders Inc 95 Berkeley Street										
DOLWD	Amended Amendme				City,	State, Zip 0										
⊠ DOH □ DCA	Emergend		cluding	1	E	oston, M	A 02	2116	ASBESTOS CONTROL &							
(NJAC 5:23-8)		stification) Name of Con								Telephone	in Sin	IG				
	☐ Cancellati	ion				Ronald Wong										
Name of Equility Where A	Dlass	(2)	F	FACILITY INFORMATION Type of Facility (4)												
Name of Facility Where Abatement is Taking Place (3)									School (K-							
Bergenview/New H	tope Housi	ing								er 8 (Other than h	(-12)					
									Other (i.e.	, private and com		ouildin	gs,			
654 Bergen Avenu	е								homes, et							
City (5)									Square Feet	# of Floors		Bldg. A	ige			
Jersey City									84,000	7		92				
County (6)					Co	unty Code (7)(STA	TE USE ONLY)	The state of the s	Prior if being der	nolished))				
Hudson									Residentia							
Name of Monitoring Firm	(8)	ASCI			ne of Abateme		` '									
AHERA Consultan	ts, Inc				00	057		uperior Aba	tement Inc	•						
Street Address				Stre	eet Address											
PO Box 385								2 Henderso		iite A						
City, State, Zip Code							City	, State, Zip Co	ode							
Oceanville, NJ 08231-0385							West Caldwell, NJ 07006									
Project Manager for Moni	lephon	e No.	Tele	ephone No.		License No	٥.									
John Smoyer (609) 65								(973) 808	-1616	00411						
Start Date (10) Scheduled Completion Date								ne of OSHA M		- Va						
	2016	_06	/	_10	0 /	2016	S	uperior Abate	ment Inc.							
Occupancy Status During	Abatement (0	Check	only o	one)			Stre	eet Address		- 6						
☐ Facility Closed/Vacate							2	Henderson D	Drive, Suite A							
Abatement Performed Time of Abatement:	Outside of No	ormal	Facility	y Ho	urs - D	escribe	City	, State, Zip Co	ode							
X Facility Occupied					/	_AIVI	West Caldwell, NJ 07006									
Scope of Work (Check all	that apply)															
□ >3 ef or >3 If	nove	ation														
						on Slovebag Procedure										
								☐ Non-Exe	Non-Friable Prod	edure						
					ation						F	Abatem	ent T	уре		
Location Asbestos-Containing it		11		Norm	ially olely by	No.		Description o Containing Ma			a a	2 20	四四	T.		
TO BE ABA		1)	Ma	inter	nance/	(i.e		rmal systems i		Amount (Specify		Repair	cap	clos		
IN Facilit	У		Cus	todia (12	I Staff?			urfacing, VAT,		SF or LF) 8		Encapsulate	Enclosure		
(13)			Yes	No	-	_	oth	ner miscellane	ous)				ate			
Bsmnt 101, 102, 118, 11	0 120 121	123	1.5.5										-	+_		
106, 107, 115, 116, 117				×		Pipe	Insul	ation & Fitting	js	921 LF	₽	∢ □				
108, 112, 113, 114, 127	7			×		Pipe	Insula	ation & Fitting	ıs	331 LF	Þ					
108, 112, 113, 114, 127				×		VAT	& Ma	astic		2,290 SF						
SubBsmnt 001, 002, 00 007,008	3, 004, 005,	006,		X		Pipe	Insul	ation & Fitting	ıs	787 LF	D					
Name of Registered Waste Hauler						Waste	-503505555	oic Yards of	Name of Re	gistered Landfill						
Service Transport Inc.						ID No. 2117	Was	ste 150	Minerva	Enterprises						
City, State						<u> </u>	Dis	posal Date	City, State							
New Castle, DE							6/	10/16	Waynesb	urgh, OH						
Completed By (Print or Ty	rpe)	Title)				-	Signature	-		Date					
Nick Petrovski		Pr	esider	nt				Nic	k Petro	vski	4/27	/2016				
100 //								1					-			