01/			NOT	IFIC	JA	ПО	N C	OF AS	BESTOS	AB	ATEN	MENT	2002			н	D //	-1	more and a
_ NO CY			(P	ur	sua	ant	to !	N.J.A	<u>.C.</u> 8:60 a	nd 1	12:12	(0)	\mathbb{D}_{r}	E C	E		\mathbb{W}_{-}		M
Date of Notification	(1) 2/2	/17							Owner / Ope		(2)			MAY	′ - {	2 2	017	discount of the same	IJ
Agencies Notified EPA	Type I	Votifica	ation		S	tree	t Ad	dress						WAI) (UII	- 1	
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☐ DCA		Canc	ellation		Δ	lex	Bay	lor											
Nome of Facility VAII	A1					FA	CIL	ITY INI	ORMATIO										
Name of Facility When Humboldt Central			ent is Taking F	Place	e (3))			Type of F	acility ool (K									
Street Address						40.77.077				100	35.0	ther th	an K-12	2)					
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Newark			Essex						Current Use (Prior if being demolished) COMMUNICATIONS										
Name of Monitoring					(8)		AS	SCM No	Name of Abatement Contractor (9)										
USA ENVIRONME Street Address	ENTAL	_ IVIAN	IAGEIVIENT	-			1		BRISTOL ENVIRONMENTAL INC Street Address										
8436 ENTERPRIS	SE AVE	=							1123 BEAVER STREET										
City, State & Zip Co									City, State & Zip Code										
	LADELPHIA PA 19153 ect Manager for Monitoring Firm							nber	BRISTOL, PA 19007 Telephone Number License Number										
MARK JENKINS)	215-788	-6040)			icense		050	9		
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SERVICE TRANSI	PORT	GRO	UP, INC.			1	uler 990	ID No.											
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	mpleted By (Print or Type) TRICK T. DECARO							MGR.	Patri	atrick T. De Caro / jl Date 2/2/17									

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2/2/17 VERIZON COMMUNICATIONS MAY - 8 2017 Agencies Notified Type Notification Street Address \boxtimes EPA 67 Bloomfield Avenue DEP Initial City, State & Zip Code OS CONTROL S $\overline{\boxtimes}$ DOL X Amended #3 - 4/26/17 LICENSING Newark New Jersey X DOH Emergency Name of Contact Talanhana Number DCA Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Humboldt Central Office** School (K-12) Street Address Subchapter 8 (Other than K-12) 67 Bloomfield Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 46596 75 Newark Essex Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON Site 5/1/17 5/9/17 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM -1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Removal Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A nd Floor Generator Room X Exhaust duct insulation 55 SF nd Floor Generator Room Exhaust duct insulation 150 SF ame of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL ty, State Disposal Date City, State **EW CASTLE, DE 19720** WAYNESBURG, OH 44688 impleted By (Print or Type) Patrick P. D. Caro/j Date **ITRICK T. DECARO** PROJ. MGR. 2/2/17

15009

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

Date of Notification	(1)								1176	後也	5 Bc	200	LF		
- atto or reotification	2/2/17			Nam	e of Build	ing Owner	Operator (2)	1105	and the same of th			L-3		
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☐ DEP	☐ Initial			City	State 9 7	d Avenue									
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													24000000		
Name of Facility Wh	ere Abateme	ot is Taking F	11 (6	FAC	CILITY IN	FORMAT					_				
Humboldt Centra	Office	it is Taking P	race (3	3)		Type	of Facility (4)							
Street Address							chool (K-12								
67 Bloomfield Ave	enue					∐ s	ubchapter 8	(Other than	K-12)						
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City (5)	Ic	ounty (6)	10-			Square	e Feet	# of Floors	3		dg. Age		.)		
Newark		ssex	Cou	inty Co	ode (7)		16596	1 4	4		-5. 7 191	75			
	15	ssex				Curren	t Use (Prior	if being dem	olished)		10			
Name of Monitoring F	irm Hirod hu f	0				COM	MUNICATIO	ONS		<i>'</i>					
USA ENVIRONMEN	ITAL WALLA	CEMENT	er (8)	1	ASCM No		of Abatemer	t Contractor	(9)	-	Name of the last o		-		
Street Address	WINIYA	CLIMENI				BRIST	OL ENVIR	ONMENTA	LINC						
8436 ENTERPRISE	AVE					Street Address									
City, State & Zip Code						1123 BEAVER STREET									
PHILADELPHIA PA	19153					City, State & Zip Code BRISTOL, PA 19007									
Project Manager for Me	ct Manager for Monitoring Firm Tele					BRIST	DL, PA 190								
MARK JENKINS	K JENKINS 215-					215-788	ne Number		License Number						
Scheduled Start Date (uled Start Date (10) Scheduled Completic				(1)					0	0509				
ON Site 5/1/17	1		510147		11)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC									
Occupancy Status Durin	ng Abatement	(Check only	one)			Street Ac	drane	NMENTAL	INC						
L Facility Closed/	vacated Durin	g Entire Peri	od of A	batem	nent		AVER ST	DECT							
Abatement Peri	ormed Outside	e of Normal	Hours -	- 7am	to 3pm	City State	e & Zip Cod	ALE I							
Describe: 5:0	0 PM -1:30 A	M				BRISTO	L, PA 1900	C 17							
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cope of Work (Check a	II that apply)					1									
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State			2055	, 0	3		MINERVA	LANDFILL	_						
CASTLE, DE 19720					Disp	osal Date	City, State					-			
leted By (Print or Type			T'''				WAYNES	BURG, OH	44688						
ICK T. DECARO			Title	1 850	Signa	ature O+	Tol D	D'Caro,	-	Date					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1)	2/17		Name VER	of Buildin	g Owner /	Operator (2)		12 12	11/	1	8	2017		
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☐ EPA			67 BI	omfield	Avenue			4.5	BES	TOS	COL	VIROL		
DEP	Initial		City, S	tate & Zip				-		IOE	409	10		
Ø DOL Ø	Amended R#	1 - 2/10/17		rk New J							1001 A - 1000			
□ DOH □	Emergency			of Contact										
DCA	Cancellation		Alex E						1	elep	hone	Numbe		
			FAC	ILITY IN	FORMATI	ON			_			2		
Name of Facility Where Al	batement is Tak	ing Place	(3)		Туре с	of Facility (4)	1.500-3776-500-					-		
Humboldt Central Offic	ce				☐ Sc	chool (K-12)								
Street Address					□ SL	ubchapter 8 (0	Other than k	(-12)						
67 Bloomfield Avenue					▼ Ot	her (i.e. priva	te & comme	ercial bui	Idinar	, ha		-4-1		
					Square	Feet	# of Floors	or Ciai Dui				etc.)		
City (5)	County (6	3) C	ounty Co	de (7)	→	6596	011 10015		Bldg. Age					
Newark	Essex	,	· · · · · · · · · · · · · · · · ·	40 (1)			4	27-51			75	1		
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long of the item Fig. 11			-			UNICATION								
Name of Monitoring Firm Hi	red by Building	Owner (8)	P	SCM No.	Name o	f Abatement	Contractor ((9)	THE PARTY OF	All This said	-	Military Company Company		
JSA ENVIRONMENTAL	MANAGEME	N E			BRIST	OL ENVIRO	NMENTAL	. INC						
Street Address					Street A		/ P							
436 ENTERPRISE AVE					1123 BI	EAVER STR								
ity, State & Zip Code			- Julius			te & Zip Code								
HILADELPHIA PA 1915						L, PA 1900								
roject Manager for Monitori	ng Firm	Telepi	hone Nu	mber	Telephor	ne Number		License	Muse	bor				
ARK JENKINS		215-3	65-5810)	215-788			License			6			
cheduled Start Date (10)	Scheduled (Completion	Date (1	1)	Name of	0	050	3						
ON HOLD			,	,		L ENVIRON		ILIO						
cupancy Status During Ab	atement (Check	only one	***********	WATER COLUMN TO THE PARTY OF TH	Street Ad	dress	EITERIAL	1180						
Facility Closed/Vacat	ed During Entire	Period of	Abatem	ent ·		AVER STRI	EET-							
Abatement Performed						& Zip Code								
Describe: 5:00 PM	-1:30 666		o rank	io opin										
Facility Occupied Duri					BKISTO	L, PA 19007								
ope of Work (Check all that														
ope of Fronk (Check all Illa)	apply)					<u> </u>								
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≥3 sf or ≥3 lf ≥160 sf ≥260 lf		Tomas and the	Renovation			L) IViin	I-Enclosure							
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TO BE ABATED in Facility		Mainten	ance or		e., thermal		1	,	Re	1 2	nc:	E		
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oor Generator Room				Exha	ust duct i	insulation	55	SF	X					
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ate	220			MINERVA	LANDFILL									
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CASTLE, DE 19720						WAYNESB	URG, OH	14688						
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CK T. DECARO		PR	OJ. MG	R. O	- 1 /	2,000		21	2/17			1		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

	CD # 2151
Date of Notification (1) 2/2/17	Name of Building Owner / Operator (2)
Agencies Notified Type Notification	VERIZON COMMUNICATIONS
☐ EPA	Street Address 67 Bloomfield Avenue
DEP Initial	City, State & Zip Code
☑ DOL2972 ☐ Amended ☑ DOH3405 ☐ Emergency	Newark New Jersey
☐ DOH3 405 ☐ Emergency ☐ DCA ☐ Cancellation	Name of Contact
☐ DCA ☐ Cancellation	Alex Baylor Telephone Number
	FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place Lumboldt Central Office	(3) Type of Facility (4)
Street Address	School (K-12)
7 Bloomfield Avenue	Subchapter 8 (Other than K-12)
	Other (i.e. private & commercial buildings, homes, etc.)
ity (5) County (6) Co	Unity Code (7) Bldg. Age
ewark Essex	10000
New Yorks and Advisory and Advi	Current Use (Prior if being demolished) COMMUNICATIONS
ime of Monitoring Firm Hired by Building Owner (8)	ASCM No. Name of Abatement Contractor (9)
SA ENVIRONMENTAL MANAGEMENT eet Address	BRISTOL ENVIRONMENTAL INC
36 ENTERPRISE AVE	Street Address
, State & Zip Code	1123 BEAVER STREET
ILADELPHIA PA 19153	City, State & Zip Code
ect Manager for Monitoring Firm Telepho	Discrete Number License Number Licen
KR JERKINS 215-36	5-5810 215-788-8646 License Number
3/17 Scheduled Completion	Date (11) Name of OSHA Monitor
ipancy Status During Abatement (Check only one)	BRISTOL ENVIRONMENTAL INC
Facility Closed/Vacated During Entire Period of A	Street Address
Abatement Performed Outside of Normal Hours	- TEO DENTELLO INCEL
Describe: 5:00 PM -1:30 AM	
Facility Occupied During Abatement	BRISTOL, PA 19007
of Work (Check all that apply)	
≥3 sf or ≥3 lf	novation Full Containment with Negative Pressure
>160 of >260 if	
Li Dei	molition Glove Bag Procedures
Location of Is Locati	ion Description of Amount About
Asbestos-Containing Normally L	Jsed Asbestos-Containing Amount Abatement Type
Material (ACM) Solely b TO BE ABATED Maintenance	Material (ACM)
in Facility Maintenand Custodial S	taff? insulation, surfacing, VAT
(13)	taff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	ce or (i.e., thermal systems taff? insulation, surfacing, VAT or other miscellaneous)
Generator Room	Fyhaust dust inquistion
	D S5 SF D D D
egistered Waste Hauler NJDE	P Waste Cubic Yards Name of Registered Landfill
	ID NO. Of Waste
TRANSPORT GROUP, INC. 20990	I I I I I I I I I I I I I I I I I I I
TLE, DE 19720	Disposal Date City, State
3y (Print or Type) Title	WAYNESBURG, OH 44688
FREEER	MGR. Date
	Potrick T NoCax Ma 212/17
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Date of Notification (1)			Name o	f Building Owner	/Operator	(2)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11	MAY	- 8	2017	111
5/3/17			Arthu	R. Henry Inc	.		int	per-	351,774.1	Aut.	LU11	Lund
Agencies Notified	Type Notification		Street A	ddress								
⊠ EPA			3031	Ocean Heigh	ts Ave		V. A	AS	BESTOS			&
DEP	Initial Amended		City, Sta	ate, Zip Code			\$ 			ENSIA	49	
DOL	Amendment		Egg F	larbor Towns	hip NJ (82	34					
⊠ DOH	Emergency justification)		Name o	f Contact				Tel	enhana Niur	mhar		
DCA	Cancellation		Grant	Achey				-	2			
	L—		FAC	LITY INFORMA	TION			•	-			-
Name of Facility Where	Abatement is Takin	g Place (3)				Ту	pe of Facility (4))			32.00.00	
Vacant House			107 Allemon den 200				School (K-12					
Street Address							Subchapter 8				dinaa bar	
						X	Other (i.e. pri etc.)	vate o	x commerci	ai buik	ungs, noi	nes,
City (5)						Sq	uare Feet	# of	f Floors	В	ldg. Age	
Rio Grand NJ 0824	12					10	+000	2		3	35+	
County (6)				Code (7)		Cu	rrent Use (Prior	if bei	ng demolish	ned)		
Cape May			(STATE	USE ONLY)		Н	ouse					
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	ΛNo.	Name	of A	batement Contr	actor	(9)			
Horizon Environme	ental Group				Perr	nac	o Inc.					
Street Address	·				Street	Add	Iress					
PO Box 316					PO	Вох	329					
City, State, Zip Code					City, S	tate	, Zip Code					
Thorofare NJ 0808	6				Wes	t B	erlin NJ 0809	91				
Project Manager for Mor	nitoring Firm		Telepho	ne No.	Teleph	one	No.		License N	lo.		
Steve Flanigan			856-8	48-0800	856-	753	3-9800		00727			
Start Date (10)		Scheduled Co	mpletion	Date (11)	Name	of C	SHA Monitor					
5/16/17		5/26/7			Sam	ie						
Occupancy Status Durin	g Abatement (Chec	k Only One)			Street	Add	ress					
X Facility Closed/Vac	ated During Entire	Period of Abate	ment		4							
Abatement Perform Other – Describe:	ned Outside of Norm			City, State, Zip Code								
Scope of Work (Check A	All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo			<u> </u>	1 ;	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure	157 1			
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Location	n of	Norma	ally		escription	of					Туре	
Ashastas Containing		Used Sc	lely by	4 - 16 AT THE WAR	escription		rial (ACM)	۸	mount			

						Non-Exempte	d (*) and Non-Frial	ole Pro	cedur	е	
Location of		Locati Normal			Description of					ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/		stos Containing Mater thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	(D
please see attached			х		please see attach	ned		x			
Name of Registered Waste Hauler		 N	IJDEP W	/aste	Cubic Yards	Name of	Registered Landfil				
Transformation Ent.		9	lauler ID 8952	No.	of Waste 30	Cape	May County La	ndfill			

Title

President

Disposal Date

Signature

5/26/17

Date

5/3/17

Woodbine NJ 08270

City, State

Egg Harbor City

Anthony T Perna

City, State

Completed by

DEGELVED

Scope of Work:

Material	Location	Amount Language Control
Floor Sheeting	1st Floor Kitchen, Utility	Total of all 3 locations
	Closet & Hallway	249 SF
Transite Pipe	Utility Closet	5 LF
Drywall under wall paper	2 nd floor Hallway, Kitchen	Total of all 5 Locations
	Bathroom, Bedroom 1, Stairs	1232 SF
Ceiling Plaster	2 nd floor Hallway, Kitchen	Total Of all 6 locations
	Bathroom, Bedroom 1	642 SF
	Bedroom 2, Bedroom 3,	
	Stairs	
Transite Exterior Shingles	Exterior under vinyl	2310 SF

2017 11:32 5/0 3 /201	AM NJ Asbe	estos Cor 201329	ntrol 6					page REMOV	1			AC	AGE	
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	5/3/17				Nam	PR Md	P.A.	Permier (2)	ANESS	ANJAY.				
Agencie: No	artest: JAb	initial Amended	n ·			Address				MAY	7	1/_	1	***
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Name of Pag	Thy Was abstern	est is Takebus	Flance (Ti		PA	Company of	555 MM	TION						_
Street Address	MR O	MANCE)		٠		1	Type of Facility Sobool (-	- Sections	and the last of th
City (5)									Substitute Other (L	n-(2) Ne 6 (Other than K-). R private & administr	2) ial bull	dings,	home	L, 900
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County (6)	3520	EN	-	************	Court	y Code (7)	_		2000 www.ue.o	rior if being demolis	vori)	1	71	0
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Street Address	l						-		Remova					
City, Steen, Zi	Carle	-					ven.	450	South Riv	ver Street				
	or the Monturing P							Clay, State	s, Zip Code orusack, N		- Contraction		COMPANY COM	
		122			Telaph	one No.		Telephone		Licoton	357.55			
Start Dept (10)	14/17		•	od Can	Tyletion:	Decs (11)	_	Name of C	SHA Mecho	7	0388			-
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Scope of West	(Clasok All That Ap	ply)			- Property	-	7		CONTROL OF STREET	mand 149 0100	-			
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Albeitop (CONTENTING MANUAL (COLUMN ASSAULT) In Partity	(ACM)	Upa hd	od Sole simpon todial S (12)	hy by named	On thems	Condia system V	oription of hing Mister on insulation 'AT, or incellences	d, suscing .	Associate (Specify 2F or LF)	Rossora	Ruspade	Emp	Recloser
	(13)		STREET, SQUARE, CO.	- male	NA	1			•		正	1	date	Nation 2:
CRACOL			Yes	No	IVA						1	-	-	
CKAUL	SPACE		Yes	No	I VA	THECHAL S	<u> ५९१</u>	84 p) ju	Melan	95LF	×		-	
CRAWL			Yes	No	NA	DIECHAL S	नेदा	84 1 81 Ju	CTOLIBA	95LF	×			
Name of Regulation	SIACE STATES		Yes	T No.	IDEP W	aste (C.	Specific Year				×			
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CH4Le97

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 6:16)

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K		Ø	3002	2/0	004		
		MAY	-	8	2017		
7.3							

Date of Notification (1)		T	Name of Buildir	g Owner/Operator (2)		1	L	ÇEN	SIN	G
05 / 01 / 17			NJ Dept of	Military&Veterar	ns Af	falm/Blame	rk Constr Co	rp. ,	加井	- 1	7.0
Agencies Notified Type Notification		+	Street Address						-11.		Ų.,
⊠ EPA ☐ Initial		1	1010 Egger	ts Crossing Roa	d [Dr	N - 10 D	AY			
☑ DOLWD ☐ Amended		t	City, State, ZIP		1		11-10-10		_	-	
☐ DCA ☐ Emergency (In			Lawrencev	Ille, NJ 08648	1						
(NJAC 5:23-8) Justification)	icio onig	r	Name o' Conta	ct		1	e aphone Nut	DOE .	1-		
☐ Cancellation			Peter Yous	sef / Bismark Co	nstr,		Ltel I'				
			FACILITY I	NFORMATION				_6			1.0
Name of Facility Where Abatement is Taking	g Place (3	3)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TVD	OF FRENCH	TED ADD	AH	D-	-+	
Teaneck Armory Guard	,				MS	chool (C.13)	IEN MILL	1 (111)			
Street Address					☐ S	Subchapter 8 (Other than K-12	2)			
1799 Teaneck Road						Other (I.e., privi nomes, etc.)	ate and comme	rolai ou	illding	\$.	
City (5)		The second			_	are Foot	# of Floors	BI	dg. A	Q0	
Teaneck					1			4	В1 уг		
County (6)			County Cade (7) (STATE USE ONLY)	Curr	ent Use (Prior	If being demoll		-	_	• •
Bergen					1 0.00 A.	mory guard		100 mm 100 mm			
Name of Monitoring Firm Hired by Building (Owner (8)	TA	SCM No.	Name of Abatem	ent Cr	ontractor (8)					
The Whitman Companies				Lilich Corpo	retion	n					
Street Address		1		Street Address							
7 Pleasant Hill Road				606 McBride	Ave						
City, State, Zip Code				City, State, Zip C							
Cranbury, NJ 08512				Woodland Pa	rk, N	J 07424					
Project Manager for Monitoring Firm		Telep	phone No.	Telephone No.			License No				100
Kevin Lovely			2-390-6868	973-225-8400)		01104				
			ion Date (11)	Name of OSHA N	Monito	r					
			/_17	Iris Environm	ental	Laboratorie	s, LLC				
Occupancy Status During Abatement (Chac				Street Address							100
Facility Closed/Vacated During Entire Pa				2333 Route 2		est					
Abatement Performed Outside of Normal Time of Abatement:AMPI				City, State, Zip Co Union, NJ 07							
Scope of Work (Check all that apply)				- linu	ited	cont. w	negat.ai				
[] ≥3 \$1 or ≥3 If	⊠ Rano	vatic	20	☐ Full Con	Minis	ant with Negat	negat.a.i.	7.0			
☑ =160 sf or ≥260 ff	⊠ Reno	olitio	n	⊠ Gloveba	g Pro	cedure WIA	p/repair/c	cut			
	,			☐ Non-Exe	mpte	d (") and Non-	Friebla Procedu	ire .			
Location of		mal		Description		1			stem		· * · ·
Asbestos-Containing Material (ACM)	Used :	Solei	ly by Ash	estos Conteining Ma		(AOM)	Amount	Removal	Repair	Encapsul	Lindow
TO BE ABATED IN Facility	Maint			a., thermal systems		itlon,	(Specify	186	Dair.	Sdr	X
(13)		12)	No.	surfacing, VAT other miscellane		-	SF o: LF)	1 BE		ulate	200
	Yes	No	N/A							ro .	
lat floor:men's/ladies room			⊠ pipe ir	sulation/elbows	joint	s	150 LF		×		I.
basement(mens/shower/lckr/rooms)]	Dipe in	sulation incl elb	owsl	Joints	185 LF		×		I.
Room; 311, 204, 205, 206		5	⊠ pipe Ir	sulat.incl sibows	sijoir	211	430 LF		×		C
basement & room 311	0 0	5	⊠ debris	clean up			100 SF	[2]			E
Name of Registered Waste Hauler			JDEP Waste	Cubic Yerds of	Na	me of Registe	red Landfill			F-11 ***	-
Lilloh Corporation			suler IC: No. 18724	Wasta	(SROWS Lan	dfill				
City, State				Disposel Date	Cit	y, State					
Woodland Park, New Jeresey						Morrisville, F	PA				
Completed By (Print or Type) Title	9	•		Signature ;	Por.	× :- \		ate	1	_	- 10
	residen	t		1	1,4	Lucary "	ر و بوده و در ۱۰۰ محمد معاده و را و درانا در . دو بوده و در ۱۰۰ محمد معاده و درانا	23	01	13,	1
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* Do not use this form for esbestos licensure exempted activities.

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Date of Notification (1)		1		Building O			1						A SPECIAL DE	
5/3/17				MS.	DIA	AH	V19	DAL	AS	BESTOS	COL	TR	71 8	
Agencies Notified Type Notification		1	Street Ad	dress		70	76	d-re-tr-	1 150	LICE	ISIN	IG.		
□ EPA □ Initial														
☐ DEP ☐ Amended	20	(City, Stat	e, Zip Code			_		7	0704	7			
DOL Amendment #		- L			t B	ERG	250	. 12	72	0704				-
DOH justification)]]	Name of	1 :					lele	phone Number	м		_	
□ DCA □ Cancellation			MS	-									5.	-
Name of Facility Where Abatement is Taking P	ace.(3)		FACIL	JTY INFO	RMAI	TON	Type o	of Facility (4	•)					
HS. VIDA								ichool (K-12						
Street Address							T 9	whehanter 8	Other	than K-12)				
Sueet Addition				7.			20	Other (i.e. pr	ivate &	commercial b	uilding	gs, hor	nes, e	ic.)
City (5)				7 14			Square	Feet	# of	Floors		dg. A		
City (5)	= n)							000		2 -		1.9	45	
NORTH BERG		T	County C	ode (7)					if being	demolished)				
County (6)				SE ONLY)				RES						
Name of Monitoring Firm Hired by Building Ov	wher (8)		ASCM	No.		Name	of Abate	ment Contra						
, was of the same and of parameter	(0)			50000 00		Be	st Re	moval I	nc					
Street Address		-				1	Address					3377		
Julia Palata					•	15	O Sou	nth Rive	r Stre	et.				
City, State, Zip Cocle							tate, Zip							
City, State, Zip Code								ack, NJ	0760	l				
Project Manager for Monitoring Firm		1	Telephon	e No		Teleph	one No.			License No.				
Flores wange to montoring in in			rereption	0110.		1	201-3	29-7444	1	003	88			
Start Date (10)	Scheduled	Comp	letion Da	te (11)		Name	of OSH	A Monitor						
5/18/17			9/1	7		On	nega.	Environ	ment	al		8		
Occupancy Status During Abatement (Check Or		-1.		-		Street /	Address							
☐ Facility Closed/Vacated During Entire Per	iod of Abate	ment				28	0 Hu	yler Str	eet				- ~ ~	
D Abatamant Danformand Outside of Nicomel 1	Coolin Llaur	-	- Pr	1	100	City, S	tate, Zip	Code		11.07/0/				
Other - Describe: 6:22 /2M	20 5	,; 0	5(1	·	- -:	So	outh b	lackens	ack, I	VJ 07606				
Scope of Work (Check All That Apply)						V			883					
≥3 sf or ≥3 lf	Æ Re	novati	ion	911		Ė				Negative Press	sure			
☐ ≥160 sf or ≥250 lf	□ De	moliti	ion			Æ		ii-Enclosure vebag Proce						
							l Nor	-Exempted	(*) and	Non-Friable I	roced	ure		
	Т											Abate	ment	
Y	1000	ocati			D.	escription	of	and the same of th				Ty	pe	
Location of Asbestos-Containing Material (ACM)	Used	Solei	y by	Asbes	tos Cont	taining M	aterial (ACM)	0.77	mount			E	Per
TO BE ABATED		ntenar		(i.e. the	mal syst	tems insu	lation, s	urfacing,		Specify For LF)	Removal	Repair	Encapsulate	Enclosure
In Facility (13)		(12)			other	VAT, or miscellar		-	31	J ,	оуа	pair	sula	Sur
1	Yes	No	N/A						100	v)			6	
	165	140	-							CIG	×	-		
BASEMENT				THERM	AL SI	YSTEM	145	JLATION	6	SLF	1	-		-
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	+ +		†											
Name of Registered Waste Hauler		N	UDEP W	aste	Cubic	Yards		Name of	Register	d Landfill				
			lauler ID		of Wa	ste						т	TC	
Best Removal Inc			1710	09		Ze	75			va Enter	prise	S, L	LU	
City, State						sal Date	. –	City, Stat		OII 4	1600	2		
Hackensack, NJ 07601	Ter					119/		Way	nesbu	rg, OH 4	+000			_
Completed by	Title				1	Signature	1	`	جر	L/A	21.	1.	7	
J. Maiorano	Est	tima	tor			X	1/0	Man		>	91.	2/1		
						(,	Do	uea thic fa	m for ×	bestos licensu	ne exe	mpted	activ	ities
ASB-41 (R-06-08)						V	TO DOI	r rac mrs 101	in in a			P		

Ch 5524			CATION	ate of New Jerse NOF ASBESTOS to NJAC 8:60 and	ABATE			E C	Tomas of the Control	IJ	int Fo				
Date of Notification (1) 5/3/17				f Building Owner/0 'TARDI	Operator	(2)	med Back	18.24	Y -	ŏ í	2017				
Agencies Notified Type Notification			Street A	ddress			As	BEST							
EPA X Initial Amended Amendment #				ate, Zip Code NNE, NJ			196 I dela manage y distance		ICEN	ISIM	<u>IG</u>				
DOH justification Cancellation	ricidaling		Name o	f Contact			Telephone Nu	mber							
New (Feeth Man Alexander Feet	DI	2)	FACI	LITY INFORMATI	ON		_								
Name of Facility Where Abatement is Taking BAYONNE	Place (3)				Type of Facility School (K-									
Street Address						Subchapte	r 8 (Other than K-1 private & commerc		dings,	home	es,				
City (5) BAYONNE						Square Feet	# of Floors	of Floors Bldg. Age							
County (6) HUDSON				Code (7) USE ONLY)		Current Use (Pri home	(Prior if being demolished)								
Name of Monitoring Firm Hired by Building O	wner (8))	ASCN	/ No.	100000000000000000000000000000000000000	of Abatement Co LEAD PROFE									
Street Address			1			Address HITE DOVE C	OURT								
City, State, Zip Code						State, Zip Code EWOOD, NJ 0)8701								
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone No. License No. 732-668-9078 1200									
	Schedul 5/16/1		npletion	Date (11)		of OSHA Monitor LEAD PROFE									
Occupancy Status During Abatement (Check						Address HITE DOVE C	OURT								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma					City, S	State, Zip Code									
Other – Describe:					LAK	EWOOD, NJ (8701								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion		Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc										
	A 283	Locati								emen pe	t				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenal stodial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
INTERIOR				Linole	um Flo	poring	300SF	х							

NJDEP Waste Hauler ID No. 04509

Title

OWNER

Cubic Yards

Disposal Date

Signature

of Waste

5/16/17

4

Date

Name of Registered Landfill

BETHLEHEM PA

IESI

City, State

NEWARK, NJ

Completed by

City, State

Name of Registered Waste Hauler

NEWARK CARTING

JOSEPH PERLSTEIN

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

2017 03:22PM NJ Asbestos	Control 60	0,633,0	664	pag	ge 1					
85/81/2817 88:24						HO.823 1882)_[9 [
CH3910	NOTIFIC	CATION Pursuan	OF ASI	ow Jeresy BESTOB ARAT C 8:60 and 5:16	5)	001 -	10	MA DA	1	-8 -
Date of Notification (1)	17		of Building	Owner/Operator (2)	- Continues	-	SEG	TOS	CON
Agendes Notified Type Notific			Addrese ohn Fibal	Olena		MAY		-11	/	
☑ EPA ☐ Initial ☐ Amended			iale, Zip C					1		1
☑ DCA ☑ Emergen	cy (including	100000000000000000000000000000000000000	of Contac			-MANIES	MI)	5	110	4
(NJAC 5-23-8) Justification			angette B	ALCO MANAGEMENT AND ADDRESS OF THE PARTY OF		1			-	-
			CILITY IN	FORMATION	Type of Facility	741		,		\dashv
Name of Facility Where Abatament is New Jersey Department of Lat Street Address	or Bullding				Genool (K-1)	2) B (Olher than K-12) rivsta and commen	cial bu	uiidlng	B, '	
1 John Fitch Plaza City (5)		<i>i</i> i 0	1		3quare Feet	# of Floors	- 1	dg. A	ia.	\neg
Tranton		. 10 '-	11. C - 1 13	NSTATE USE UNLY)	60,000	12 rior if being demote		40		\dashv
County (G) Mercer			100		Office Bull	ding	1447			_
Name of Monitoring Firm Hired by Buil USA Environmental Managem	ding Owner (5)	ASCM	No.	1	eni Contractor (a onmanta), LLC					
Street Address 344 West State Street				Street Address \$23 Cutler Av	AGUUÐ					
City, State, Zip Code				City, State, Zip C	ode					
Trenton, NJ 98618				Maple Shade	. NJ 08052					
Project Manager for Monitoring Firm William Welsbarger	.	elephone 609-915		Telephone No. 356-766-0095	3	1/c=nse No. 00842				
Start Date (10)	Scheduled Com			Name of OSHA N		1711.0				
Occupancy Status During Abatement (Chack only one	<u>, · · · · · · · · · · · · · · · · · ·</u>	-14	Street Address						
Feelity Closed Vacated Buring Entit	re Period of Abi	itement		200 Route 13		ALTO DESCRIPTION OF THE PARTY O				
Abstement Performed Outside of N Time of Abstement:AM	ormal Facility H PM/5:00PM	-1:00am MA <u>90:1</u> -1	scribe	City, State, Zip C Cirinaminsor						
Scope of Work (Check all that apply) ⊠ ≥5 at or ≥3 if □ ≥160 at or ≥260 if	⊠ Renov			図 Mini-Eng 図 Gloveba	g Procedura	gative Pressure	' 8	455.302		
		callon	T		- Her L	1	-	malan	oni T	/pe
Location of Asbestos Containing Material (ACA TO BE ABAYEO IN Facility (15)	(I) Used 6 Mainte Custod	mally Solely by anance/ inl Stall? 12)		Description of the Containing Manager of the Containing Manager of the Containing Collans of the	rierizi (ACM) Inaulation; . or	Amount (Specify SF or LF)	Removal	Repair	हिमदान हात पर्वार ह	Enclos: Ire
PP11		N/A ol	-			6.5	501	1		
1st Ficor West Bide Machine Ros			Plpe In	ualation		6 LF				
						1, 11,				
Name of Registered Waste Hauler Freehold Certago		Hauler II	D No.	Cubic Yerds of Waste	GROWS	istored Landfill North Landfill				
Clty, State Freehold, NJ			constant of action	6/2/2017	Cky, Glose Morriaviii	e, PA				
Completed By (Print or Type)	Title		D= **	Bignature			ite	⊿ □		
Christina Lynch	Vice Pres	ident of	Operatio	us (Mrs			11-	11		

AS9-41 JAN 13

^{*} Do not use this form for asbestos ticensure exempled activities.

110 9360 4947	6			to NJAC 8				41	Comment of Street or	ni -		- 75	004	-
Date of Notification (1) 05/02/2017				Building (ampbell		perator	(2)				MAY	- 6	201	1
Agencies Notified Type Notification			Street Ac	dress					ACADI MAN	ASB	ESTO	SC	TNC	ROL
EPA Initial DEP Amended Amendment #				te, Zip Co wood, N		0			Į.		LIC	ENS	ING	
Emergency (ii justification) DCA Cancellation	ncluding			Contact ampbell					Tel	enhone Nu	ımber			
DOA E3 Cancellation			201000000000000000000000000000000000000	ITY INFO		ON					1		10000000	
Name of Facility Where Abatement is Taking House	Place (3)						Ту	pe of Facility (School (K-1						
Street Address							×	Subchapter Other (i.e. p	8 (Oth			dings,	home	s,
City (5) Maplewood							So	etc.) Juare Feet A	# or N/A	f Floors	164 204	ldg. A	.ge	
County (6) Essex			County C	Code (7)			Cı	urrent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	l No.			of A	Abatement Cor patement, In		(9)			-	
Street Address						Street	Add	dress						
City, State, Zip Code		-				City, S	State	engren Ave	nue					
						1000	0.00	, NJ 07512			NI-			
Project Manager for Monitoring Firm			Telephor			Designation.	345	5-8685		License 01311	NO.			\$10e5-71e
	Schedule 05/13/2		pletion [Date (11)		100000000000000000000000000000000000000		OSHA Monitor patement, Ir	IC.					
Occupancy Status During Abatement (Check	Only On	e)				Street								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Occupied	eriod of A al Facility	batem Hours	ent			City, S	State	engren Aver e, Zip Code , NJ 07512	nue			127-, 11		
Scope of Work (Check All That Apply)						1010	owa	, 103 07312		=*****			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				>	X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	_			e	
	Is	Locati	on	g					8				ement rpe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel ntenar odial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfa	scription taining M system cing, VA niscella	Mate ns in: AT, o		(5	amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							Ti de la companya de			te	LD
Basement		Х			Pipe	Insula	atio	n	1	25 LF	Х			
							-					_		
			IDEDIA		Louisia	V		Name of	Domint	arad Landi	511			
Name of Registered Waste Hauler D&S Abatement, Inc.	Н	JDEP W auler ID 0996		of Wa	Yards ste				ered Landi gement					
City, State Totowa, NJ				Dispo:	sal Date	Э	City, Star Morris		'A					
Completed by Ned Joksimovic	Title Proie	ct Ma	nager		5	Signatur	e	FA/			Date 05/02/	2017		

State of New Jersey

05/02/2017 13:07

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Date of Notification (1)					,		,	Check 70	112		-	
5-3-20				Nar	ne of Build	ling Owner/Opera	tor (2)	In E	n E	1	W	TE
Agency Notified	Type Notification			10-	4 . 1/1	EGÉR					121	
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DCA	justification) Cancellation			T T	O	TER.		Talenhone Nu	nbec (ON	TH	T
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Name of Facility Where	Abatement is Taking F	face (3	2		LILIT IN	FORMATION						
J. RIEG			7		10	20	Type of Faci	献y (4)				
Street Address	<u> </u>				-		School (K	-12)				
City (c)							Subchapt Other (i.e.	er 8 (Other than K-12 private & commerci	2) al builda	ngs,		
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County (6)	93			Cour	nty Code (7) (STATE USE		(Prior if being demoi	shed)	8 1	1/12	_
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Name of Monitoring Fire (8)	in Hised by Building Ow	ner	ASC	M No.		Name of Abate	ment Contractor	(9)				
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Street Address						Street Address		110				
City, State, Zip Code						450 Sou	th Rive	r St				
Only, Other, Zip Code						City. State, Zip	Code	_ 00				
Project Manager for Mor	niinring Fina					Hackens	ack, N.	J. 07601				
. reject manager for mor	moins Lan	Te	elepho	one No	-	Telephone No.		License No.				
Start Date (10)	Scheduled (201-329		00388				
5-17-17	5-	1 X -	1011	ae (11 7	}	Name of OSHA		•				
Occupancy Status Durin	g Abatement (Check or	dy one)				Street Address	Environ	nental				
☐ Facility Closed/Varate	ed Destina Entire Desired	-5 41 -7		. V								
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es outer - Describe:	AMS PM		- 4-	- "				,N.J. 07	606			
Scope of Work (Check a	I that apply)		11/2-20			#8 (AVX					_	
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(13)		5	当部? (12)			surfacing, VAT other miscellane	. OF	SF or LF)		Removal	acte	Enclosure
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Hackensack	, N.J. 076	501			1	5-18-17		burne Of	1100	^		
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SB-41				for ast	estos lice	nsure exempted a	ctivities.		2 -	201	1	
							control of the process					

Date of Notification (1) 5-3-2017 Agencies Notified Type Notification Street Address 615 Jersey Avenue City, State, Zip Code Jersey City, NJ 07032 Emergency (including justification) Cancellation Name of Contact Gerald Eglentowicz FACILITY INFORMATION Telephone FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than Fother) Other (i.e. private & comme etc.) City (5)	(-12)	S C ENS	ONT		
EPA	LIC Number	ENS	ONT	ROL	
Street Address Initial	LIC Number	ENS	ING	1102	
Amendment #	(-12)			AND WALL TO SHAW	
Emergency (including justification) Name of Contact Telephone	(-12)		******		
Type of Facility (4) Residential Street Address Type of Facility (4) Street Address Cancellation Gerald Eglentowicz FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than Facility (4) Other (i.e. private & comme etc.)					
Name of Facility Where Abatement is Taking Place (3) Residential Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than Fixed Common Private & Common Place) Subchapter 8 (Other than Fixed Common Place)					
Residential School (K-12) Subchapter 8 (Other than Foundation of the cities of the ci					
Street Address Subchapter 8 (Other than let a comme etc.) Subchapter 8 (Other than let a comme etc.)					
etc.)					
	ercial build	lings,	home	s,	
	1	ldg. A	ge		
Jersey City, NJ 07304 4744 2		0+			
County (6) County Code (7) Current Use (Prior if being demo					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Green Environmental Services,	LLC				
Street Address Street Address 235 Virginia Avenue					
City, State, Zip Code City, State, Zip Code Jersey City, NJ 07304					
Project Manager for Monitoring Firm Telephone No. Telephone No. Licens 201-333-8855 01174					
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor S-19-2017 Same as above					
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: City, State, Zip Code				-	
Scope of Work (Check All That Apply)					
≥3 sf or ≥3 lf □ Renovation □ Demolition □ Full Containment with Negative Mini-Enclosure □ Glovebag Procedure Non-Exempted (*) and Non-F					
Is Location			emen /pe	t	
Location of Solely by Description of Used Solely by Ashestes Containing Material (ACM)	-	Τ'	T	\Box	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Asbestos Containing Material (ACM) 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	Enclosure	
Yes No N/A			Ф	\perp	
Roof X Roofing material 1000 SF		-			
Chimney X Black flashing 130 SF	X	-	-		
Perimeter Wall X Black Flashing 26 SF	X	_			
Name of Registered Waste Hauler Green Environmental Services NJDEP Waste Hauler ID No. of Waste 0034889 Cubic Yards Of Waste G.r.o.w.s. North La					
City, State Disposal Date City, State Jersey City, NJ 5-24-2017 Morrisville, PA			-		
Completed by Liliana Serrano Title Office Manager	Date 5-3-20)17			

Print Form

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



Date of Notification (1) 05/03/2017					Building Ov			(2)	-		F	C	F	7 1	<i>//</i> / [
Agencies Notified	Type Notification		5	Street Ad	ldress					D			<u>L</u>		<u>y</u> [
EPA DEP DOL	Initial Amended Amendment		_ (City, Stat	e, Zip Code N NJ	Э						MAY	-	8 20)17	COLLEGE PROPERTY OF
DOH DCA	Emergency (justification) Cancellation	including			Contact RD CRE	SSMA	AN			Teleph	one N		. 3 (CON	TRO	L &
				FACIL	ITY INFOR	RMATIC	N		1				EN	SINC	3	
Name of Facility Where A RESIDENTIAL	Abatement is Taking	g Place (3)						Type of Facil						-, -		
Street Address								Subchar Other (i. etc.)	oter 8 (C	Other to te & co	han K omme	(-12) ercial b	uildi	ngs, h	omes	s,
City (5) PITMAN								Square Feet 1391	9	# of Flo 1	oors		Blo 87	lg. Ag	е	
County (6) GLOUCESTER				County C STATE U	ode (7) SE ONLY)		_	Current Use RESIDEN		being	demo	lished)			
Name of Monitoring Firm ACER ASSOC.	Hired by Building (Owner (8)		ASCM	No.			of Abatement URED ENV				SER	VIC	ES I	NC.	
Street Address 1012 INDUSTRIAL	. DRIVE							Address CLEMS RU	IN							
City, State, Zip Code WEST BERLIN NJ	08091						City, S MUL	tate, Zip Code LICA HILL	NJ 08	062						
Project Manager for Mor MATT DEPALMA	nitoring Firm			Telephor 856-80	ne No. 09-1202			one No. 304-4676		15.000	icense					
Start Date (10) 05/15/2017		Scheduled 05/16/2		pletion [Date (11)		Name EMS	of OSHA Mon L	itor							
Occupancy Status Durin																
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire in ned Outside of Norn RESIDENTIAL-VAC	period of Ac nal Facility I CANT DURI	Hours NG F	REMOVA	L			tate, Zip Code NAMINSON		8077						
Scope of Work (Check A	III That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(MARKING)	novat moliti				ř	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
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Name of Registered Wa	H	JDEP Wauler ID 034895	No.	Cubic of Was			e of Reg									
City, State MULLICA HILL NJ	· · · · · · · · · · · · · · · · · · ·					Dispos	al Date 7/2017		State YNES	BUR	G, O	Н				
Completed by RON SWANSON		ERA	L MAN	AGER	S	ignatu	Luxel	Juxu	4000	1	Date 05/		2017			

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Date of Notification (1) 05 /	0.2 /	17				of Building		er/Operator ((2)		De bo	MAY	- 8	2017	7
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☑ DOH	Amendme	nt #				tate, Zip C		40							
☐ DCA	☐ Emergend		ng			lison, NJ		40							
(NJAC 5:23-8)	justificatio	2.5		100 A		of Contact				ı	Telenhone Ni	ımher			
	Cancellati	on			Jos	eph Altie	r								
				F	FAC	CILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is T	aking Pla	ce (3)						T	ype of Facility (4)				
Commercial										School (K-12)					
Street Address										☐ Subchapter 8 ☑ Other (i.e., pri			uildin	~~	
119 South Avenue									1	homes, etc.)	ivate and comi	nerciai L	ullulli	ys,	
City (5)									S	quare Feet	# of Floors	E	ldg. A	ae	
Garwood, NJ													3.	3	
County (6)				Ic	oun	ty Code (7	VSTAT	E USE ONLY)	C	urrent Use (Prid	or if being dem	olished)			
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Name of Monitoring Firm	Hired by Ruild	ing Owne	r /8\	ASC	CM	No	Non	a of Abatama	ont	Contractor (9)					
Bio Terra Solutions		ing Owne	1 (0)	ASC	CIVI	NO.	10000			AGEMENT LL	0				
	•						100		/IN/	AGEWENT LL	_C				
Street Address								et Address							
P.O. Box 1224							1873	Outwater							
City, State, Zip Code								State, Zip Co							
The state of the s	Union, NJ							arfield, NJ	07	7026					
I will be a second of the seco	roject Manager for Monitoring Firm						Tele	phone No.		License No.					
Rick Eustaquio	160			973-494-3762 973-928-4888							1188				
Start Date (10)		cheduled	Comp	oletion Date (11) Name of OSHA Monitor 13 / 17 ALL PRO MANAGEMENT						nitor					
05 /13 /	_17_	06	/ _	13	1_	17	A	LL PRO MA	N/	AGEMENT LL	_C				
Occupancy Status During	g Abatement (C	Check onl	y one)				Stre	et Address							
□ Facility Closed/Vacate	ed During Entir	e Period	of Aba	temen	nt		27	Outwater	La	ne					
☐ Abatement Performed							City	State, Zip Co	ode	9					
Time of Abatement: _	AM	PM/	PI	VI		AM	378	arfield, NJ							
Scope of Work (Check al	Il that apply)							, , , , , , , , , , , , ,	200						
		24 <u>. 112.</u>								nment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demol	ation						sure					
△ ≥100 Si 0i ≥200 II			Jenion	uon				☐ Glovebag Non-Exe		oted (*) and Nor	n-Friable Proce	dure			
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City, State Shirley, NY								osal Date	,	City, State	ra OU				
							11	_//	,	Waynesbu	ig, UH				
Completed By (Print or T	ype)	Title						Signature :/	1	DATE /		Date 5/	1,1		
Zlata Veskov		Offic	e Mar	nager	r			- X	18	101		5/	3/1	/	

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on,	Amount (Specify SF or LF)	Remova	Repair	Encapsu	Enclosur	

Date of Notification (1) 5 / 5 /	17		1	of Buildin	g Owner/Operator (2) / Job #170	F 2470	Chk	4460	*	2011	
					abuk	7300 #170	5-2170	Chk.			MTO	01.8
Agencies Notified Type Notificat ☐ EPA ☐ Initial	ion		Stree	t Address				the water build	ICE.	1000	# 1 7 4	UL :
☑ DOLWD ☐ Amended	- t - H		City,	State, Zip	Code							
☑ DHSS Amendme ☐ DCA ☐ Emergence		_			on, NJ 08077							
DCA Emergenc (NJAC 5:23-8) Justification		g	Name	of Contac	at		Telepho	ne Numb	er			
☐ Cancellation	on		Ilha	an Cabuk	(
			FA	CILITY IN	VFORMATION		4		9			
Name of Facility Where Abatement is Ta	king Plac	e (3)		0.2	Ortination	Type of Facility	(4)				100 T	
Residential Property						School (K-12	\$ 10°					
Street Address						☐ Subchapter 8 ☑ Other (i.e., p	3 (Other th rivate and			ıilding	js,	
City (5)						homes, etc.) Square Feet	# of Flo		T D	-l - A		
Cinnaminson						2259	2	oors		dg. A 58	ge	
County (6)			Cour	aty Code (7)(STATE USE ONLY)	Current Use (Pr		domelia		50		
Burlington			Cour	ity Code (i	INSTATE OSE ONLT)	Vacant	ioi ii beirig	demoils	nea)			
Name of Monitoring Firm Hired by Buildi	na Owner	(8)	ASCM	No	Name of Abatoms	07000.00.000						
Horizon Environmental	ng Owner	(0)	ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.									
Street Address			Street Address									
PO Box 316					3859 Sylon B	oulovard						
City, State, Zip Code												
Thorofare, NJ 08086					City, State, Zip Co							
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	10 00000	License	a No				
Dave & Steve Flanigan		1	56-848		609-702-0400		0086					
Start Date (10) Sc	heduled (Comple	letion Date (11) Name of OSHA Monitor									
			16_ / _16_ EMSL Analytical, Inc.									
Occupancy Status During Abatement (Cl	neck only	one)			Street Address						-	_
☐ Facility Closed/Vacated During Entire			ment		200 U.S. Rout	e 130 North						
☐ Abatement Performed Outside of Nor	mal Facili	y Hou	rs - Des	cribe	City, State, Zip Co				-			
Time of Abatement:AM	_PM/	PM		AM	Cinnaminson							
Scope of Work (Check all that apply)												
☐ ≥3 sf or >3 lf	⊠ R	enovat	on			ainment with Neg	ative Pres	sure EM	Elw	UR	-	
≥160 sf or ≥260 lf		emolitic			☐ Glovebag	Procedure						
					☐ Non-Exer	mpted (*) and No	n-Friable F	rocedure	9			
l postine of		S Loca Norma							Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM)		ed Sole		Ashe	Description of stos Containing Mat		Amo	unt	Re	Re	En	m
TO BE ABATED		intena todial			., thermal systems i	nsulation,	(Spe		Removal	Repair	cap	Enclosure
IN Facility (13)	Cus	(12)	Stall?		surfacing, VAT, other miscellaned		SF or	LF)	la la		Encapsulate	ure
	Yes	No	N/A		other miscellane	ous)					te	
Office, Family Rm & Laundry Rm			\boxtimes	Floor T	ile		450	SF				
Office, Family Rm & Laundry Rm			\boxtimes	Mastic			520	SF	\boxtimes			
		П	П							П	П	
Name of Registered Waste Hauler		I	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Land	Ifill				
Waste Management		H	auler II		Waste	Grand Cen						
City, State			17273		5 Disposal Date	City, State						
Lafayette, NJ					5/16/17	Penn Argyl	e PA					
	Γitle		<u> </u>		Signature //	, Jim Algyi	-, -, -,	Det				
Kimberly A. Trumbetti	Office	Coore	linator	-3	Signature			Dat	e ガ-ガ	-1-	1	
ASB-41						4) 9	1	1	

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	The E	6	E	- []	W
5 / 3	, 17				Jo	IONNE AA	NSOOTS				COLUMN PLAN	
Agencies Notified Type No	otification			Street	Address	1			MAY	_	8 2	017
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	rgency (in	cluding		Mana	40	frfierd	N.D 01	026 ASB	2511	15 (150)	JUN	liri
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				FAC	ILITY IN	IFORMATION						
lame of Facility Where Abatemen	The state of the s	g Place	(3)				Type of Facility (4					
RESIDONO	E						☐ School (K-12) ☐ Subchapter 8	(Other than K-12)				
Street Address		\wedge					Other (i.e., pri homes, etc.)	vate and commerc	ial bu	ilding	S,	
GARFIELS	,	•	***************************************	TRILLEY AMERICAN SETS	en er were en	•	Square Feet	# of Floors	Bk	ig. A	je	
County (6)	-			Count	ty Code f	()(STATE USE ONLY)	Current Use (Pric	i or if being demolish	ned)			
BULGON				00011	() Codo (/		30	in a oning donner				
lame of Monitoring Firm Hired by	Building (Owner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)					
						A.MAC Conti	acting Inc.					
treet Address	Mary Carlot					Street Address						
						185 Vreeland	Ave					
ity, State, Zip Code			Property and the second			City, State, Zip Ci	ode					
						Midland Park	, NJ 07432					
roject Manager for Monitoring Fir	rm		Tele	phone N	Vo.	Telephone No.		License No.				
						201-262-5841		00156				
Start Date (10)	Sched	duled C	omple	tion Dat	e (11)	Name of OSHA N Omega Envir	lonitor onmental Servi	ces				
Occupancy Status During Abatem	ent (Chec	k only o	one)			Street Address						
Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		280 Huyler S	t					
Abatement Performed Outside						City, State, Zip Ci	ode					
Time of Abatement:AM	IP	M/	_PM-		ΑM	Hackensack,	NJ 07606					
Scope of Work (Check all that app	oly)					<u> </u>	<u> </u>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☑ Re				Mini-End Gloveba	g Procedure	ative Pressure n-Friable Procedure	e			
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(13)		Van	(12) No	NIZA		other miscellane	ous)				ate	19
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Newark Carting			20000	lauler ID	No.	Waste 2		ered Landiii th lahem Landfil	l Coi	.b		
ity, State		······		04509		Disposal Date	City, State					
Newark, NJ				#1		5/15/170a		, PA				
Completed By (Print or Type)	Title	e				Signature		Dat	e			
Joseph Vocaturo	V	ice Pr	eside	ent		A	Voratur	accounts a standard	5	[3]	רו	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1 late of Notification /41						JAC 8:60 and 5:	1)1	60.00	0 0	017	1	
Date of Notification (1)	191	17		Nai	me of Build	ing Owner/Operato	r (2)	L WAY -	8-2	UH-		in
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June 1	e Notificatio	ח		Stre	eet Address	COTON	- IN UNDER	ASEESTOS	CON	THE	3 - 8	1
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(bad !	Amended			City	, State, Zip	Code	c o Minge					
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Name of Facility Where Abater	ment is Taki	na Dla	20 (2)	F.	ACILITY I	NFORMATION		÷				
					1 .	9.00	Type of Facilit				************	man
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UNION	2 Tata							SIAGN HAC.	131100)	65		
Name of Monitoring Firm Hired	by Building	Owne	(8)	ASCA	л No.	Name of Abatem	nent Contractor (9))				
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AIGGE AUGIESS						Street Address						-
ity, State, Zip Code		The state of the s				185 Vreeland	d Ave					
ay, state, cip code						City, State, Zip C						****
roject Manager for Monitoring	Eiros					Midland Parl	k, NJ 07432					
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tart Date (10)	Cak-	م ال حاق والم	1	- 61 -	ate (11)	201-262-5841		00156				
5/15/17	_ _	7_	ق ا	etion Di	ate (11)	Name of OSHA N	lonitor ronmental Sen	vices	1-24-00-00		mmenue	
ccupancy Status During Abate	ement (Chec	k only	one)			Street Address						
Facility Closed/Vacated Durin	ng Entire Pe	riod of	Abate	ment		280 Huyler S	t					
Abatement Performed Outsid	ie of Norma	Facili	y Hou	rs - De	scribe	City, State, Zip Co						-
Time of Abatement:A		IVI/	PM		_AM	Hackensack,		≦•				
cope of Work (Check all that ag	oply)		When the strong of the land			J						-
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* Do not use this form for asbestos licensure exempted activities.

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	i aking Piac	æ (3)				Type of Facility					
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1500 PLAN	EIMA		AUE			homes, etc.)		GI GIGI	ounun	iys.	
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The Control of the Co			Cou	nty Code (7)(STA	IE USE UNLY)	Current Use (Pri		ished)			
Middlesex						CHU	PCH				
Name of Monitoring Firm Hired by Build	ding Owne	(8)	ASCM	No. Nar	ne of Abatem	ent Contractor (9)	www.inexensedictions.initg/spiding.com				-
			- 12	A	.MAC Conti	racting Inc.					
Street Address					et Address					**********	-
					85 Vreeland	Aug					
City, State, Zip Code	Non-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	***************************************									
only, otate, zip code					, State, Zip C						
					idland Park	, NJ 07432					
Project Manager for Monitoring Firm		Tel	ephone	No. Tele	phone No.		License No.	******			-
				2	1-262-5841		00156				
Start Date (10)	Scheduled	Comple	etion Da	te (11) Nan	ne of OSHA N	Ignitor					-
5 / 16 / 17			» /	1		onmental Servi	cae				
						Omnonia Jervi	065				
Occupancy Status During Abatement (i				1	et Address						
Facility Closed/Vacated During Entir	re Period o	Abate	ment	28	10 Huyler St	i .					
Abatement Performed Outside of No	ormal Facili	ty Hou	rs - Des	cribe City	State, Zip Co	ode					
Time of Abatement:AM	PN/	PIVI		AM H	ackensack,	NJ 07606					
Scope of Work (Check all that apply)											-
	/				☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf	China and a second	enovat			Mini-Enc						
② ≥160 sf or ≥260 If	Πр	emoliti	on			Procedure					
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* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)				Name (of Building	Owner/	Operator ((2)		MAY	- 8	20	17
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₩ DOL	Amendmen Emergency		_	Engles	wood. N	NI 076	31						
M DOH	justification)	ſ	Name o	wood, Nortact				Telephone N	umber			
□ DCA	☐ Cancellation	1		Harry	Hahn		1011						
Name of Facility Where A	Abatement is Takir	ng Place (3)		FAC	ILITY INF	-ORIVIA I	ION	Type of Facility	(4)				
Englewood Hospita	al and Medica	l Center						☐ School (K	-12)				
Street Address								Subchapte	er 8 (Other than K- private & commer	·12)	Idinaa	hom	
350 Engle Street								etc.)	private & commer				es,
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Bergen					USE ONLY	n		25	7.20	isiieu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	Hospital Por of Abatement Co	mer Plant ontractor (9)				
Hillman Environm	ental Group.	LLC					Degn	or Inc.					
Street Address				3.00				Address					
1600 Route 22F					100000000000000000000000000000000000000		511 C	anal Street -	3rd Floor				
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Union, NJ 07083 Project Manager for Moni	itorina Firm		-	Telepho	ne No			York, NY 10 one No.	013 License	No			
,				. о.оро				31-0696		140.			
Start Date (10)		Scheduled	d Con	npletion	Date (11)			of OSHA Monitor	01150				
05/16/2017		05/19/20	017				EMS	L Anal					
Occupancy Status During	Abatement (Che	ck Only One)				Street	Address	1.011				
☐ Facility Closed/Vaca ☐ Abatement Performs	ted During Entire	Period of Al	aten	nent			307 W	Vest 38th Str	eet				
Other - Describe: 3	3:00 PM to 11	:00 PM	Tours	•				ate, Zip Code	210				
Scope of Work (Check Al	That Apply)		-				inew i	Ork, NY 100 Mini Enclous	THE STATE OF THE S				-
≥3 sf or ≥3 lf		₩ Re	nova	tion					ure nent with Negative	Pressu	ire		
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14													
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<u> I. Robert Dombrow</u>	Bus	iness S	Sales		h /2	19011 1	in Direction 5	/5/20	17				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 05/04/2017 Dr. Erno L. Hollo, President Agencies Notified Type Notification Street Address 340 South Finley Ave EPA Initial DEP Amended City, State, Zip Code LICENSING 1 DOL Basking Ridge NJ 07920 Amendment # Emergency (including Name of Contact Telephone Number DOH justification) Marko Stankovic, Project Manager DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Basking Ridge Animal Hospital School (K-12) Street Address Subchapter 8 (Other than K-12) 340 South Finley Ave Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Basking Ridge, NJ 10,000 45 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Somerset Unoccupied Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Checkmark Industrial Street Address Street Address 109 Heritage Lane City, State, Zip Code City, State, Zip Code Hamburg, NJ 07419 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-570-2645 01334 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/5/2017 5/10/2017 Checkmark Industrial Occupancy Status During Abatement (Check Only One) Street Address 109 Heritage Lane Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hamburg, NJ 07419 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A treatment & surgical room X floor tiles 1200 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Weigle Trucking Co. Minerva Landfill City, State Disposal Date City, State Linden, PA Minerva, Ohio Completed by Title Signature Date Corey Stankovic CEO 5/4/2017

State of New Jersey

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

Corey Stankovic

CEO

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5/4/2017

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 05/04/2017 Hugo Neu Realty Management LLC Agencies Notified Type Notification Street Address 78 John Miller Way **EPA** Initial City, State, Zip Code DEP Amended DOL Amendment # Kearny, NJ 07032 Emergency (including Name of Contact Telephone Number DOH justification) Marko Stankovic, Project Manager DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kearny Point Industrial Park School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 30 Campus Drive, Building 120 etc.) City (5) Square Feet # of Floors Bldg. Age Kearny 20,000 60 County (6) County Code (7) Current Use (Prior if being demolished) Hudson (STATE USE ONLY) Unoccupied Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Checkmark Industrial Street Address Street Address 109 Heritage Lane City, State, Zip Code City, State, Zip Code Hamburg, NJ 07419 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-570-2645 01334 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/13/2017 5/20/2017 Checkmark Industrial Occupancy Status During Abatement (Check Only One) Street Address 109 Heritage Lane Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hamburg, NJ 07419 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A break room & bathroom X white floor tile 400 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Weigle Trucking Co. Minerva Landfill City, State City, State Disposal Date Linden, PA Minerva, Ohio

Completed by

Corey Stankovic

Title

CEO

Date

5/4/2017

Signature-

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 05/05/2017 Astoria Federal Saving and Loan Assocations Agencies Notified Type Notification Street Address 1 Corporate Drive STOS CONTROL **EPA** Initial City, State, Zip Code DEP Amended LICENSING Zurich, IL 60047 1 DOL Amendment # Emergency (including Name of Contact Telephone Number DOH justification) Joe Notare, Project Manager DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 103 North Spring Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Bloomfield 1500 60 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Checkmark Industrial Street Address Street Address 109 Heritage Lane City, State, Zip Code City, State, Zip Code Hamburg, NJ 07419 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-570-2645 01334 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/14/2017 5/24/2017 Checkmark Industrial Occupancy Status During Abatement (Check Only One) Street Address 109 Heritage Lane Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hamburg, NJ 07419 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X pipe insulation 20 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Atlantic Carting Waste Management City, State Disposal Date City, State Wayne, NJ Tullytown PA Completed by Title Signature Date Corey Stankovic CEO 5/5/2017

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te of Notification (1) 5/03/2017			Nar R(me of Bui OBIN L	lding Owner/Op EWIS	erator (2)		MAY	- 0	2017	f	-
gencies Notified	Type Notification		Stre	eet Addre	ess						energy of the		
l EPA	✓ Initial		Cit	y, State, Z	Zin Code			- AS	BESTOS	OOI NOIN	(Th C	iL ä	1
DEP	Amended Amendment #_		W	y, State, 2 /ILLING	BORO NJ C	8046					4 34		1
DOL	Emergency (indigustification)	cluding		me of Co				Telepho	ne Numbe	er			
DOH DCA	Cancellation		- 800	OBIN L		ON					15		
ame of Facility Where	Abatament is Taking	Place (3)		FACILIT	Y INFORMATI	JN	Type of Facility (4)						
ame of Facility Where a RESIDENTIAL	Abatement is running.						School (K-12 Subchapter 8) (Other th	an K-12)				
treet Address							Other (i.e. pr	ivate & co	mmercial b	ouilding	gs, ho	mes,	
							etc.) Square Feet	# of Flo	ors		. Age		
city (5) WILLINGBORO							1184	1		50-	F		
			C	ounty Cod	de (7)		Current Use (Prio RESIDENTIA	r if being o	demolished	d)			
County (6) BURLINGTON			(S		E ONLY)		f All -to-mont Con	tractor (9)					
Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCM N	lo.	ASS	SURED ENVIRO	DNMEN	TAL SEF	RVICE	ES IN	IC.	
ACER ASSOC.						Stree	Address						
Street Address 1012 INDUSTRIA	L DRIVE					1	CLEMS RUN						_
City State Zip Code						City,	State, Zip Code LLICA HILL NJ	08062					
WEST BERLIN N			17	elephone	No	Telep	hone No.	L	icense No				
Project Manager for Mo MATT DEPALMA	onitoring Firm		'	856-809	9-1202	610	-304-4676)1145				
Start Date (10)		Scheduled		pletion Da	ate (11)	Name	e of OSHA Monitor						
05/16/2017		05/17/20	100/10050			Stree	at Address						
Occupancy Status Dur						200	RT. 130 NOR	ГН					
Facility Closed/Va	acated During Entire F	Period of Ab nal Facility F	atem	ent DE VACA	NIT	City,	State, Zip Code NNAMINSON N	1.08077	,				
Other - Describe	rmed Outside of Norm RESIDENTIAL-WO	RK AREA V	VILL	BE VACA	INT	CII	VINAIVIINSON	00077					
Scope of Work (Check	k All That Apply)						Full Containm	nent with N	Negative P	ressure	е		
≥3 sf or ≥3 lf	ı.	Re De	nova molit	tion ion			Mini-Enclosus Glovebag Pro	re					
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		le i	ocat	ion						1	Abate Ty _l		
Loca		N	orma	0.000	ا	Descript	ion of	An	nount			Ш	-
LUCA	tion of				Asbestos C	ontainin	g Material (ACM)	1000000	pecify	Re	Repair	Encapsulate	Liciocai
Asbestos-Contain	ition of hing Material (ACM)	Mair			(i.e. thern	nal syste	ems insulation,		or I -)	2	0	JS.	9
TO BE	ning Material (ACM) ABATED facility	Mair		Staff?	su	nal syste rfacing,	VAT, or		or LF)	Remova	ar.	8	
TO BE	ning Material (ACM) ABATED	Mair	odial (12)	Staff?	su	nal syste rfacing,	VAT, or llaneous)		or LF)	noval	air	late	L
TO BE. In F	ning Material (ACM) ABATED facility 13)	Mair	odial	Staff?	su othe	nal syste rfacing,	VAT, or llaneous)	SF	or LF)	moval	air	late	
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CK 4076 2017

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

Date of Notification (1)		1		Building Owner/O			6					
5/4/17			MS	KATHY	CA	APPU	cci	AOL COL	000	77.1		1 0
Agencies Notified Type Notification		S	Street Ad					T ASCISIO	CEN	STAL	3	
□ EPA ☑ Initial												
□ DEP □ Amended		(City, Stat	e, Zip Code	0			07/ -				
DOL Amendment #	chydina	- L	1	DCHELLE	YAI	5x-	NJ.	07662 Telephone Numb				-
DOH justification)	cidding	1	Tame or	contact .				Telephone Numb	er			
□ DCA □ Cancellation				CAPPUCE				-	2 11 1			
The state of the s	(2)		FACII	ITY INFORMA	TION	Type o	f Facility (4	1		Secretary in the	-	
Name of Facility Where Abatement is Taking Pla	ice'(3)	00.				1						
MS, KATH	7 CA	110	ca				chool (K-12	2) (Other than K-12)				
Street Address						0	other (i.e. pr	ivate & commercial b	uildin	zs, hor	nes, et	tc.)
						-	Foot	# of Floors	I Bi	dg. A	pe.	
City (5)				134 XXX		Square				19.		
ROCHELE PARI	<u></u>						2800	if being demolished)		/	24	
County (6)				Code (7)		Curren	t'Use (PTIOT	ESIDEN C	E			
BEKGEN					1 37	CALOR	ment Contra					
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	i No.	0.0000000000000000000000000000000000000							
						Address	moval I	nc				
Street Address								~				
							th Rive	r Street	-			
City, State, Zip Code				100000000000000000000000000000000000000	State, Zip		07601					
# # # # # # # # # # # # # # # # # # #						ack, NJ	License No.		-			
Project Manager for Monitoring Firm		1	Telephon	ie No.	Teleph	hone No.	29-7444					
							Monitor	00.	700			
Start Date (10)	Scheduled			ite (11)	12 m 10 m					13		
5/22/17		24	117			Mega.	Environ	mentai	-			
Occupancy Status During Abatement (Check On	ly One)			*			yler Str	eet			~~	
☐ Facility Closed/Vacated During Entire Peri ☐ Abatement Performed Outside of Normal F				5 TE		State, Zip						
Other - Describe: ?30AM TO	200(M	15		<u> </u>	S	outh F	Tackens	ack, NJ 07606				
					1							
Scope of Work (Check All That Apply)					2		c	nt with Negative Pres	CUTA			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovati emoliti			Į.		i-Enclosure		Suit			
☐ ≥160 St Gt ≥200 II		Mitoria	OIL		-	FT Glov	vehag Proce	edure	. ,	200		
					[□ Non	-Exempted	(*) and Non-Friable	Tocea		ement	
	Is	Locatio	on							1000	pe pe	
Location of		ormally i Soleh			escription							
Asbestos-Containing Material (ACM)		intenan		Asbestos Cor (i.e. thermal sys	ntaining N	Material (ACM)	Amount (Specify	×	_	En	E
TO BE ABATED In Facility	Cust	odial S	taff?	(i.e. thermal sys	VAT, or		maonig,	SF or LF)	Removal	Repair	aps	Enclosure
(13)		(12)		other	miscella	meous)			val	F	Encapsulate	ure
	Yes	No	N/A	1				0.2				
210=25:3	+			d=4114 =		.,10.,		LSOLF	×			
BASEMENT	-		-	THERMAL S	78164	שטניוו	MIDN	100 4	1	_		
										-	-	
						400000						
2		***										
Name of Registered Waste Hauler		l N.	JDEP W	aste Cubi	c Yards		Name of	Registered Landfill	,	,	-	
			auler ID	No. of W	aste	970			-	e T	IC	
Best Removal Inc			171			e7s		linverva Enter	Pilst	3, L	الد	
City, State					osal Date		City, Stat		1699	2		
Hackensack, NJ 07601	T-mi:			5	1241		Way	nesburg, OH 4	te.	,		-
Completed by	Title				Signature		, -	1	5/2	1.	7	
J. Maiorano	<u>Es</u>	tima	tor		/	10	صردند		7/2	11	(

1 (2238		(Pur	suant to	NJAC 8:6	30 and 12	:120)					************			
Date of Notification (1) 5-3-2017				Building Ov Rhodi, LL		ator (2	2)		1.2	į. A	AY	- 5	201	7
Agencies Notified Type Notification		1 5	treet Ad 15 Jer	dress sey Aver	nue				Name and Address of the Address of t	L ASBE	STYNS	200	NTO.	01 0
EPA Initial Amended Amendment #		С	ity, State	e, Zip Code City, NJ	;		-			- AODE	LICE			
➤ DOL Amendment #_ Emergency (inc	cluding	N	ame of (Contact					Tele	ohane Nur	nber			\dashv
DCA Cancellation		G		Eglentov					1				200	
Name of Facility Where Abatement is Taking F Commercial Street Address	Place (3)		FACIL	ITY INFOR	WATION		Туре	School (K-12 Subchapter 8 Other (i.e. pr	?) 3 (Othe			linas.	homes	S
317 Johnston Avenue City (5)							Squ	etc.) are Feet	# of	Floors	В	ldg. A		
Jersey City, NJ 07304				. /=\			238		3	a domolish		20+		_
County (6) Hudson			ounty C	ode (7) SE ONLY)		- '	Curr	ent Use (Prio	r it bein	g demonsi	iea)			
Name of Monitoring Firm Hired by Building Ow	/ner (8)		ASCM	No.				atement Cont nvironment			.C			
Street Address						treet A		ess nia Avenue)					
City, State, Zip Code					117.000			Zip Code ity, NJ 073	04			-,0,		
Project Manager for Monitoring Firm		T	elephon	e No.	10000	elepho		No. 8855		License N 01174	0.			
	cheduled (5-18-2017		oletion D	Date (11)	10000			SHA Monitor above						
Occupancy Status During Abatement (Check C	Only One)				St	treet A	Addr	ess						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Aba Facility Ho	teme ours	ent		Ci	ity, Sta	ate,	Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Dem	iovati	on			×	N G	ull Containme lini-Enclosure Slovebag Proc Ion-Exempted	edure	J		cedur	e ement	
Location of	ls Lo Nor	mally	30,000		Descri	intion (of						ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enan	ce/	(i.e. t	os Contain hermal sys surfacing other miso	ing Ma stems g, VAT	ateri inst r, or	ulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Roof		X			roofing	mate	eria	ı	14	75 SF	X			
Name of Registered Waste Hauler		l N.	JDEP W	/aste	Cubic Ya	ards		Name of	Registe	red Landfi				
Green Environmental Services		100000000000000000000000000000000000000	auler ID 134889	3,000,000	of Waste 10					rth Land	fill			
City, State Jersey City, NJ					Disposal 5-18-20	17		City, State Morrisv						
Completed by Liliana Serrano	Title Office I	Man	ager			nature i L		elase	RIG	1	ate -3-20	17		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1 victor kotynski jr May /2/2017 ASBESTOS CONTROL & Street Address Type Notification Agencies Notified Initial EPA City, State, Zip Code Amended DEP Nutley Amendment # X DOL Emergency (including Talenhane Nú Name of Contact justification) DOH Victor Kotynski jr Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) Bldg. Age # of Floors Square Feet City (5) 60 Yrs 100 2 Nutley Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) **Empty** bergen Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) All Solutions Contracting inc N/A Street Address Street Address 24 church st City, State, Zip Code City, State, Zip Code Elmwood Park License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01301 201-873-9418 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) All Solutions Contracting INC 05/14///2017 05/12/2017 Street Address Occupancy Status During Abatement (Check Only One) 24 church st Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other – Describe: family home empty Elmwood park NJ 07407 × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A Yes No 70Lf X pipe insulation Basement Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Grand central Atlantic Carting TDB City, State Disposal Date City, State Pen Argyl PA 18072 TDB Pen argyl Date Signature Completed by 05/02/2017 President Luis Arcila

Print Form

Date of Notification (1) 5/2/17			e of Buildin	ng Owner/Operator	(2)	MAY - 8 2017										
Agencies Notified	cation			et Address			ASBESTOS CONTROL 8									
☐ EPA	Initial			-	/ Hall		ASBESTOS CONTROL 6									
DEP X DOL	ed nent#		37805.07	City, State, Zip Code												
⊠ DOH	Emergency (including						P.O. Box 95120, Camden, NJ									
DCA	Cancella				Name of Contact Telephone Number James Rizzo											
	~~~			FA	FORMATION			=			_					
Name of Facility Where Al		Taking Pla	ce (3)				Type of Facilit									
Abandoned Warehous	se					School (K-12)										
Street Address NE Federal and River	Ave.						Subchapter 8 (Other than K-12)  Other (i.e., private 8 commercial buildings, homes, etc.)									
City (s)		2011					Square Feet	# of Floors Bldg. Age 60 yrs								
Camden,				T Cou	inti Codo	(7) (STATE	10,000 SF	_	-   -	0 yr	S	_				
Camden, NJ			USE	E ONLY)		Current Use (Prior if being demolished) Warehouse										
Name of Monitoring Firm F (8)	lding Owne		ASCM	No.	AEi2, LLC	ment Contractor (9)										
Street Address			Street Address													
					361 E. Flemin	g Pike										
City, State, Zip Code					City, State, Zip Code											
Drainet Manager for Me	rm	NI-	Hammonton, NJ 08037  Telephone No. License No.													
Project Manager for Mo	[111]	1 0	ephone	NO.	609-481-212	1 00/00										
Start Date (10) Scheduled Comple					ate (11)	Name of OSHA Monitor AEi2, LLC										
5/12/17 Occupancy Status During		5/20/17 (Check onl	v one)			Street Address										
Facility Closed/Vacate			361 E. Fleming Pike													
Abatement Performed (	lormal Facil		City, State, Zip Code													
Other - Describe:						Hammonton, NJ 08037										
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 lf ×>160 sf or ≥260 lf	enovat emolitic		Glovebag Procedure													
△ 100 \$1 01 ≥200 11						⊠ Non-Ex	empted (*) and N	d Non-Friable Procedure								
Is Location									Abatement Type							
Location of Used So Asbestos-Containing Material (ACM) Mainter					Achae	Description of tos Containing Mate		Amount	E E			E				
TO BE ABATED			ustodia	al		thermal systems in	nsulation,	(Specify	R e m	R e	n c	n c 1				
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneo	SF or LF)	0	Pa	p	0 5					
(13)			T	T					a 1	i	1 a	r e				
Interior Office		Yes	No	N/A X	Floor T	ile		325 SF	X		t e	$\vdash$				
Interior Basement			-	X	Flue Pa			2 SF	X	-	-	$\vdash$				
Interior Office			+-	X		ompound		385 SF	X	-						
		$=$ $\vdash$	-	Λ					A							
Name of Registered Waste Hauler				JDEP 1	Vaste	Cubic Yards	Name of Reg	stered Landfill		_	-					
AE:2 LLC				lauler II 1376	O No.	of Waste	TBD									
City, State						Disposal Date	City, State									
Hammonton, NJ				TBD	TBD											
Completed By Wm. Minnick	Title Program		Signature/	me	Date 5/2/17											
ASB-41		_ rogran	II IVIS	1,		011.11	11100	312111								

NOCH		N	ОТІ		MOITA		BES	Jersey STOS ABAT :60 and 5:1						1			
Date of Notification (1)	- ixinotes				Name	of Buildin	g Ov	ner/Operator (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
5/		New Jersey Department of Military and Veterans Affairs 2017															
Agencies Notified		Street	Address														
⊠ EPA						Eggerts	Cro	ssing Road		ASBUSTOS CONTRACTOS							
☑ DOLWD	VD					State, Zip	Code			ASBLES I STATE OF A							
☑ DOH ☑ DCA	57.50		Lav	vrencevi	lle, I	NJ 08648	Leading to the second										
(NJAC 5:23-8)	Emergency (including justification)					of Contac		Telephone Number									
( , , , , , , , , , , , , , , , , , , ,		Lle	wellyn C	harl	es	,											
								RMATION									
Name of Facility Where A	Abatement is	Taking P	lace	(3)					Type of Facility	(4)							
New Jersey Nationa	nance	No. 8			12)												
Street Address						☐ Subchapter 8 (Other than K-12)											
1060 Hamilton Stre	Other (i.e., private and commercial buildings, homes, etc.)																
City (5)									Square Feet	# of Floors	1	Bld	g. Ag	ie.			
Somerset									Annual Control of the				30				
County (6)	-	Cour	aty Code (	7\/CT/	TE USE ONLY)	9546494406	nolichor										
Somerset		Cour	ity Code (	1)(01)	TE OOL ONET	Current Use (Prior if being demolished) Field Maintenance Shop											
Name of Monitoring Firm	NIO	man of Abotomo	ent Contractor (9)		,												
TTI Environmental,	iei (	0)	ASCM 0000		Assemble												
						onmental, LLC		10000									
Street Address 1253 N. Church Stre		Street Address															
	623 Cutler Avenue																
City, State, Zip Code Moorestown, NJ 08	City, State, Zip Code  Maple Shade, NJ 08052																
Project Manager for Moni	No.	Telephone No. License No.															
Mike Stocku	85	6-840-8800 856-755-009				9 00842											
Start Date (10) Scheduled Completion Date (11)								Name of OSHA Monitor									
05 /08 /	_17_	05	_ /	19	_ /	17_	EMSL Analytical, Inc.										
Occupancy Status During	Abatement (	Check or	nly o	ne)			Street Address										
☐ Facility Closed/Vacated During Entire Period of Abatement								200 Route 130 North									
☐ Abatement Performed Outside of Normal Facility Hours - Describe							City, State, Zip Code										
Time of Abatement:AMPM/PMAM								Cinnaminson, NJ 08077									
Scope of Work (Check all	that apply)						-	M Full Cont	-investigate No.	tiv- D							
		$\boxtimes$	Rer	novatio	on		<ul> <li>☑ Full Containment with Negative Pressure</li> <li>☑ Mini-Enclosure</li> </ul>										
								☐ Non-Exe	mpted (*) and No	n-Friable Proc	edure						
Is Lo									a a			Abat	teme	nt Ty	/pe		
Location ( Asbestos-Containing N		Iormal d Sole		Ashe	etne	Description o Containing Ma	2	Amount	1	D	Re	En	田田				
TO BE ABA		Maintenance/					rmal systems i		(Specify		Remova	Repair	cap	Enclosure			
IN Facility			Custodial S (12)					urfacing, VAT,		SF or LF		<u>i</u>		Encapsulate	ure		
(13)			es	No	N/A		oti	ner miscellane	ous)					ate			
Boiler Room			]	П		Skim C	oat o	over Pork Ch	nop Gasket	60 SF		3	П	П	П		
Boiler Room			]					Gasket Material		100 LF		3					
Boiler Room				П					plete Demo)					n	ī		
Boiler Room				$\overline{\Box}$	П			ching (Comp		50 SF 🛛 🖂 🖂					$\overline{\Box}$		
									Name of Registered Landfill								
Freehold Cartage Hauler ID No.							Cubic Yards of Name of Registered Landfill Waste GROWS North Landfill										
159						31-25-2	4										
City, State Freehold, NJ							Colombolia	oosal Date 119/2017	City, State  Morrisville	e, PA							
Completed By (Print or Type) Title								Signature		Date							
						neration											
Christina Lynch Vice President of Operations								MA	S/17								

						-				
(W# 3150	NOTIFICATIO	MAFA	New Jersey ASBESTOS AB JAC 8:60 and 1	ATEM 2:120)	ENT	), E C E				
Date of Notification (1)  Agencies Notified Type Notification  EPA Initial Amended Amendment #	Street.	Address	ip Code	it to	Jersey C	ASBESTOS O ASBESTOS O	ONT SING	HOL.	<u>(C)</u>	ENGAPERAGE STREET, STR
DOH justification) Cancellation	60%		Y INFORMATIO	N	Type of Facility (4)				And the second s	
Street Address 151 Bradway City (5) Wag Branch	Cour	nty Cos	ie (7)	<b>Y</b>	Other (i.e. privetc.) Square Feel Current Use (Prior	Other than K-12) ate & commercial b # of Floors  2 if being demolished	Bldg.		MOS.	The state of the s
County (6)  Mame of Monitoring Firm Hired by Building Own	1	<i>TE USE</i> SCM N	e oùlly)	Ace	of Absternant Control Insulation Co., I	actor (9) nc				and appendix to any control of
Street Address  City, State, Zip Code				95 I	Montrose Rd State, Zip Code Is Neck, New Jer	sev				Service Constitution of Services
Project Manager for Monitoring Firm	ve ese	phone	No.	Teles	phone No. 2 294 1757	License No. 00029				Service of the service of the service of
Start Date (1d)  5 13 17  Occupancy Status During Abatement (Check Company Classed Vacated During Entire Per Company Control of Normal Control of Normal Control of Normal Control of Normal	riod of Abatemen Facility Hours	7_	ate (11)	Stre	et Address State, Zip Code					
Abatement Performed Outside  Other – Describe: ————————————————————————————————————	Renovation Demolition	n ı			Mini-Enclosure	ent with Negative P cedure d (*) and Non-Friab	ile Proc		nent	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Is Location Normally Used Solely Maintenanc Custodial Sta (12)	by æl	Asbestos Co (i.e. therm	ntainir al sysi facino.	tion of ng Material (ACM) ems insulation, VAT, or Slaneous)	Amount (Specify SF or LF)	Removal	Repair	777	Enclosure
basement basement	Yes No	N/A L	Pipe	052 bx	Iction o insolition	100 LF	X	Ecological designation of the control of the contro	A control to the control of the cont	
hosemen +	and the second s	9	17. Yec C.			and the second s	Total Control	National Property and Company of the	Angeloni otherws	

NJDEP Waste

Hauler ID No.

12086

Cubic Yards

Distosal Date

of Waste

Bree McGuire

Completed by

City, State

Name of Registered Waste Hauler

Ace Insulation Co., Inc.

Colts Neck, New Jersey

Name of Registered Landill

City. State

Minister Fairless (

CK 5525	N		CATION	ate of Ne I OF ASB to NJAC	ESTOS A	ABATE				LE C			WPr	nt For
Date of Notification (1) 5/4/17				f Building Contrac			(2)			NI A	11	73	2017	3.4.0
Agencies Notified Type Notification		119	Street A	ddress	July LL				The second second	ASBES	TOS JOEN			)L.&
EPA   X Initial   Amended   Amendment	#			ate, Zip Co					Annual Control	E.		14.		-
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			FACI	LITY INF	ORMATIC	ON			6					-
Name of Facility Where Abatement is Takin Lkwd	g Place (3	)					Туре	of Facility (4 School (K-1)	100					
Street Address							×	Subchapter Other (i.e. p	8 (Oth	er than K- & commerc	12) cial bui	ldings	, hom	es,
City (5) Lakewood							Squa	ire Feet	# of	Floors		Bldg.	Age	
County (6) Ocean			County (STATE)	Code (7) USE ONLY	)		Curre	ent Use (Prid	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	ЛNo.				atement Con D PROFE						
Street Address						Street 6 WH		ss DOVE CO	URT					
City, State, Zip Code								ip Code OD, NJ 08	3701	17793				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6				License	No.			
Start Date (10) 5/14/17	Schedule 5/16/17		npletion	Date (11)				HA Monitor D PROFE	SSIO	NALS	200-1			
Occupancy Status During Abatement (Chec	85%	50)				Street			LIDT					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	nent		_	City, S	tate, Z	DOVE CO ip Code OD, NJ 08						
Scope of Work (Check All That Apply)								,					I WALL	-
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Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509		Oubic Your of Wasi			Name of F	Registe	red Landfi	H	1		
City, State NEWARK, NJ					Disposi 5/16/1		- 1	City, State		1 PA				
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Si	gnature		1		D	ate			

(h) 5525		(Pu	rsuant	to NJAC 8	8:60 an	id 12:120	))			MA	4Y -	8 2	017	
Date of Notification (1) 5/4/17				Building (				ICE .	1. L					
Agencies Notified Type Notification  EPA Initial			Street A	ddress /ENTUR	A DR	RIVE		= 11 Ø	À	SBES	TOS (	CON	ITRO G	L &
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Emergency (inc justification)	cluding	1.0	Name of SHLOI	Contact					Talo	nhane N	lumher			
			FACI	LITY INFO	RMAT	ION			<b>-</b> %				-	
Name of Facility Where Abatement is Taking F Lakewood	Place (3	)					Тур	e of Facility ( School (K-1						
Street Address							×	Subchapter Other (i.e. p	8 (Othe			lding	s, hom	es,
City (5) Lakewood							Squ	etc.) iare Feet	# of	Floors		Bldg.	Age	
County (6) Ocean				Code (7) USE ONLY)			Cur	rent Use (Pri	or if bein	g demol	lished)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	1 No.		100		oatement Cor		THE RESERVED AND A SECOND ASSESSMENT OF THE PERSON OF THE	-		-31k E	
Street Address						Street	Addr	scenace. Primare-chilana						
City, State, Zip Code								Zip Code OOD, NJ 0	8701					
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph 732-		No. -9078		License 1200	No.			
	chedule 5/16/17		pletion	Date (11)				SHA Monitor AD PROFE	SSIO	NALS	-17-18-02-9-			
Occupancy Status During Abatement (Check	Only Or	ie)				Street								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:						City, S	state,	Zip Code						
						LAKI	EVV(	DOD, NJ 0	8701					
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		Locatio						-				Aba	itemen Type	t
Location of		Normall d Solel				escription						Т		$\Box$
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Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509		of Wa	c Yards aste		Name of IESI	registe	eu Land	ATIII.			
City, State NEWARK, NJ					Dispo 5/16	osal Date /17		City, Stat		I PA				
Completed by JOSEPH PERLSTEIN	Title	1ER				Signature	е				Date			

Print Form

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Date of Notification (1) 5/2/2017					Owner/Oper F WOOD			100000000000000000000000000000000000000	III.	4)	- 6	201	1	
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DEP Amended Amendment		0.00		e, Zip Cod BRIDGE	de E, NJ 070	095		ì						
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<u> </u>			FACIL	ITY INFO	RMATION									
Name of Facility Where Abatement is Taking CYPRESS RECREATION CENTER		)						of Facility ( School (K-1						
Street Address 881-915 WEST AVENUE							X	Subchapter Other (i.e. p etc.)	r 8 (Other than private & comm	K-12) ercial	buildi	ngs,	home	s,
City (5) WOODBRIDGE								re Feet	# of Floors		Blo	dg. A	ge	
County (6) MIDDLESEX			County C	Code (7) ISE ONLY)	7	_	Curre	ent Use (Pri	or if being dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C PEAK ENVIRONMENTAL, LLC	Owner (8)		ASCM	No.	10000				ntractor (9) CONTRAC	TING	6, INC	).		
Street Address 74 MAIN STREET, 2ND FLOOR					20050		Addre: REEL	ss _AND AV	ENUE					
City, State, Zip Code WOODBRIDGE, NJ 07095					7.55			ip Code , NJ 075	12					
Project Manager for Monitoring Firm ROB EDGAR			Telephor 732-32	ne No. 16-1010			one N 956-8		Licens 0049					
Start Date (10) 5/12/2017	Schedule 5/19/20		pletion [	Date (11)	3555			HA Monitor S (9) ABC						
Occupancy Status During Abatement (Chec	k Only On	e)			S	treet	Addre	ss						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	batem Hours	ent		C	ity, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)														
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					0.11.12			New	Desistand	n den				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	)	Н	JDEP W lauler ID 8743		Cubic Ya of Waste 10				Registered La		NT G	.R.C	).W.S	S.
City, State TOTOWA, NJ					Disposal 5/19/20			City, Sta	RISVILLE, P	A				
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT		nature	e Ne	60 K	Jan m	_5/2	te 2/201	7		

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Date of Notification (1)			Name	of Build	ling Owner/Opera	tor (2)	176	ANT "						
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Agencies Notified Ty	pe Notification		Street	Address					ASE	LICEN	SING	3		+
P	Initial		City S	State 7	ip Code									
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a DOL	Emergency (including	ng	Name	of Con	tact				Talanh	one Nimber				
DOH	justification)  Cancellation		M	s. R	ITA BRA	UTI	GAN							الـــــــــــــــــــــــــــــــــــــ
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Street Address							Address	D:	Citra	+				us.
Street Address						4:	50 South	River:	Surec	čl				
City, State, Zip Code						City,	State, Zip Co ckensacl	k NIO	7601					
							hone No.	1100	T	License No.				
Project Manager for Monitor	ing Firm		Tele	phone	No.	Telep	201-329	9-7444	1	0038	8			
				Dete	. (11)	Name	e of OSHA N	11.0.0				1000		
Start Date (10)		heduled (	5/1				mega Er		nenta	<u>al</u>				
5/18/1	7 Charle Only		3/1	6/1		Stree	t Address						~~	
Occupancy Status During A	batement (Creek Only	one)	mant		i.		280 Huy		et					
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: 7:3	od During Entire Period Outside of Normal Fact	ility Hour	SPM			City,	, State, Zip C South Ha	ackensa	ck, ì	NJ 07606				
Scope of Work (Check All	That Apply)				* *		Full C	ontainmen	t with	Negative Press	ure			
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≥160 sf or ≥260 lf			Miloridon				☐ Glove	ebag Proced	*) and	Non-Friable P	rocedu	ire		_
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Location	of		d Solely	by	A -Laston Co	Descript ntaining	<ul> <li>Material (A</li> </ul>	CM)		Amount (Specify	<b>7</b>	_	Enc	En
Asbestos-Containing TO BE AB	Material (ACM) ATED		intenance odial Sta	2000	(i.e. thermal sy	stems i	nsulation, su	rfacing,		SF or LF)	Remova	Repair	Encapsulate	Enclosure
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(13)		W	No	N/A				1					_	1
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Name of Registered Wast	e Hauler			DEP W		oic Yard Waste	ds					-	T ^	
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Best Removal I	nc			1/1	Dis	posal I		City, Star	te	OTT		Q		
City, State Hackensack, N	J 07601					5/1		Way	nest	ourg, OH	1400 ate	00		
Completed by		Title				Sign	ature P	\0.043	2		1000000	3	17	

Estimator

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

J. Maiorano

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DOLWD DHSS	Amendment #1-	5/2/17			on, NJ								
DCA	☐ Emergency (inclu			me of C					Telephone Numbe	r			
(NJAC 5:23-8)	justification)				Ortego			-					
	☐ Cancellation												
			F	ACILI	TY INFO	ORMATION	T	of Facility (4	)			1 - 32 3	2.5
me of Facility Where	Abatement is Taking I	Place (3)					21	hool (K-12)	,				
Princeton Univers	ity- Corwin Hall				55		T C.	behanter 8	(Other than K-12)				
reet Address							Ot	her (i.e., priv	rate and commerc	ial build	ings,		
Prospect Ave								mes, etc.)	Tu (51	Bldg.	Age		
							Squar	re Feet	# of Floors	Blug.	Age		
ty (5)										10			_
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ounty (6)													_
MERCER	D. Ildian O	upor (8)	IAS	CM No.		Name of Abateme	ent Co	ntractor (9)					
ame of Monitoring Fir	m Hired by Building O	wilei (o)	1	OWI 110		BRISTOL EN	VIRO	NMENTAL	., INC.				
ATC Group Servi	ces LLC		-			Street Address			7.50				
treet Address	100.0	202				1123 BEAVE	R ST	REET			-		
Bromley Corpora	te Center-Three Te	erri Lane	9			City, State, Zip C							
City, State, Zip Code						BRISTOL, PA		07					
Burlington, NJ 08	3016					Telephone No.	- 100		License No.				
Project Manager for M	onitoring Firm			one No	).		^		00509				
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Michael Keehn	Scheo	luled Con	npletio	n Date	(11)	Name of OSHA	Monito	r NMENTAI					
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Agencies Notified	Type Notifica	tion		Str	eet Addres	SS		-1-1-			1. U	1
⊠ EPA				9	5 Willian	n Street		ASDE	777			
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				_		INFORMATION						
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Market Central Offic			1.77				Type of Faci					
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Essex				00	unty Code	(7)(STATE USE ONLY		Prior if being dem		d)		
Name of Monitoring Firm H	red by Buildin	~ O	(0)	1000				ommunication				
USA Environmental			er (8)	ASCI	M No.		nent Contractor					-
Street Address	manayemen	rinc					NVIRONMENT	AL, INC.				
8346 Enterprise Aven						Street Address						
City, State, Zip Code	iue					1123 BEAVE						
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Philadelphia, Pa, 191						BRISTOL, P	A 19007					
Project Manager for Monitor	ring Firm			ephone		Telephone No.		License No.				_
Mark Jenkins				15365		215-788-604		00509				
Start Date (10)	Sch				ate (11)	Name of OSHA I	Monitor					_
04 /06 /	_	01	- 67	106	9	BRISTOL EN	IVIRONMENT	AL, INC				
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Facility Closed/Vacated D  Abatement Performed Out Time of Abatement:  Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  th/8th/9th Floor Hallways asement G Stairway Lai	During Entire F  utside of Norm  _AM at apply)  erial (ACM)  onding/Hall storeroom  anding  uuler	Period coal Facili PM/5:00	of Abate of Abate lity Hou on	rs - De: :30 AM ion ion illy illy by nce/ Staff?  N/A	Asbe: (i.e)  VAT/Ma:  VAT/Ma:  VAT/Maste No.	T123 BEAVR City, State, Zip C BRISTOL, PA  Full Con Mini-End Glovebar Non-Exe  Description of stos Containing Ma thermal systems if surfacing, VAT, other miscellaned stic  stic  stic  cubic Yards of Waste	tainment with Nellosure g Procedure mpted (*) and Nellosure grocedure mpted (*) and Nellosure grocedure mpted (ACM) nsulation, or ous)  Name of Regis MINERVA I	Amount (Specify SF or LF)  3200 SF  110 SF  270 SF  280 SF  tered Landfill  ANDFILL	Removal	-	T	
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Date of Notification (1)  03 / 1						Building Owner/Opera				17	7	0	
	7 /	17			Verizo	n Communication	s (2)		M	AY	-	0	2017
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(1.0/10/0.25=0)	Justificat	ion)		1	Name of C	ontact		17.					
	Cancella	ition			Alex Ba	ylor		Teleph	ione Nu	ımb	er		
Name of Facility Where Abate					FACILIT	TY INFORMATION							
Market Central Office	ment is	Faking	Place	(3)			Type of Facil	lity (A)					
Street Address							School (K						
95 William Street							── ☐ Subchapte	er 8 (Other H	han K-1	2)			
City (5)							Other (i.e. homes, et	. Drivate and	comm	erc	ial bu	ildin	gs,
Newark							Square Feet	# of Flo	0000		Ter		
County (6)							425 442	12	0015			dg. A	
Essex				(	County Cod	de (7)(STATE USE ONLY	Current Use (i		demoli	chi	1	- 5	0
Name of Monitoring Firm Hired	by Buildi	na Ow	nor /0\	100			Verizon Co	ommunica	tion	3116	:u)		
USA Environmental Man	ageme	ng Ow	ner (6)	AS	CM No.	Name of Abaten	nent Contractor (	9)	1.011				
Street Address	3					BRISTOL EN	VIRONMENT	AL, INC.					
8346 Enterprise Avenue						Street Address							
City, State, Zip Code						1123 BEAVE							
Philadelphia, Pa, 19153						City, State, Zip C							
Project Manager for Monitoring F	irm		T	elepho	ne No	BRISTOL, PA	19007						
Mark Jenkins					55810	Telephone No. 215-788-6040		License I	No.				
Start Date (10)	Sch	edule	Comp	letion	Date (11)	Name of OSHA M		00509	)				
04/06/17	. 1	ON	1	HOL	-D			N N N N N N N N N N N N N N N N N N N					
Occupancy Status During Abatem	ent (Che	eck onl	y one)			Street Address	VIRONMENTAI	L, INC					
I racilly closed/vacated During	Cation F			ement		1123 BEAVR	CTDE==						
Abatement Performed Outside Time of Abatement:AM	of Norm	al Faci	lity Ho	urs - De	escribe	City, State, Zip Coo							
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200000 0000	у)						15007						
] ≥3 sf or ≥3 If ] ≥160 sf or ≥260 If			enova emoliti	tion on		⊠ Gloveban	Procedura						
			s Loca	tion	1	□ Non-Exem	pted (*) and Non-	-Friable Proc	cedure				
The state of the s	CAA	He	Norma	lly		Description of				Ab	atem	nent	Туре
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Asbestos-Containing Material (A TO BE ABATED		Yes	UNI	N/A								ate	
Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility (13)		Yes							D	7			
Asbestos-Containing Material (A TO BE ABATED IN Facility (13)		Yes		$\boxtimes$	Pipe Fit	ting Insulation		40 LF		7		ᆜ	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13) iler Room Water Pumps iler Room Condensate Tank		Yes						40 LF		7			
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Asbestos-Containing Material (A TO BE ABATED IN Facility (13)  iller Room Water Pumps iller Room Condensate Tank iller Room Tank Area Iller Room Adjacent Boiler		Yes	_		Pipe Ins	ulation & Fitting ing Insulation				+			
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⊠ DOH	⊠ Ame	ended			95 W	illiam Street				1	AS	BES	TOS	3 CO
□ DCA	Ame	ndme	nt #2-	5/3/17	City, Sta	ate, Zip Code						- [	JOE	NSI
(NJAC 5:23-8)	L cine	rgenc ication	V (incl	uding	Newa	rk, NJ. 0710	2							
	☐ Cano	Callor	7)		Name of	Contact								
		_			Alex E	Baylor				Telep	hone I	Numb	Or.	
Name of Facility Where Aba Market Central Office					FACIL					1		10/11/0	CI	
Market Central Office	atement	is Tak	king PI	ace (3)	· AOIL	ITY INFORM	ATION				_	_		
Street Address	<del>-</del>			3.5				Туре о	f Facility	(4)				
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Name of Monitoring Firm Hire	ed by D. I	ld:				,	JE DIVLY)	The Address of the Control of the Co	Use (Pri	or if being	demo	lished	1	- 50
Oilliella Ma	na~	iaing (	Jwner	(8)	ASCM No.	Namo -	A .	Verizo	on Com	munica	tion	- Cricu	7	
Street Address	agem	ent li	10			PDIO:	Abateme	III Lantra	cto- (O)					
8346 Enterprise Avenue		W-055/16				DVIS	OL EN	/IRONMI	ENTAL	INC				
City, State, Zip Code	9					-1.001710	uless							
Philadelphia 5						1123 E	BEAVER	STREE	Т					
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Project Manager for Monitoring	Firm			Tolo-1		BRIST	OL, PA 1	9007				72.5		
Mark Jenkins				relept	one No. 3655810	Telephone	No.							
Start Date (10)				210	355581n				1	I icenco A		_		
Λ	Sc	hedul	ed Co		200010	215-788	3-6040		1	License N	10.			
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Agencies Notified   Types Notification   September   Types Notification   Notif	Date of Notification (1)				(Fursuant to	o NJAC 8:	60 and	5:16)		1 F C	ECH
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DOC Amendment #12/4/8/17    Charles   Charles	M DOLLAR								1 7		- 2011
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Cancelation   Alex Baylor   FACILITY INFORMATION	, , ,	STILLEGILL	(חכ	luding	Newark,	, NJ, 07102	!		<u> </u>	LIO	EHONG
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Essex	County (6)								# of F	loors	Dida A
USA Environmental Management Inc  USA Environmental Management Inc  Street Address  Street Address  3346 Enterprise Avenue  City, State, 2p Code  City, State, 2p Code  Project Menger for Monitoring Firm  Mark Jenkins  Stere D4 / 05 / 17  O5 / 33 if  Stere Address  Telephone No. 215 788-8640  O5 / 17  O5 / 05 / 05 / 17  O5 / 05 / 05 / 17  O5 / 05 / 05 / 05 / 05  O5 / 05 / 05 / 05  O5 / 05 /	T				County Code	(7)/STATE 110	5.01		12		1
USA Environmental Management Inc  Street Address  3346 Enterprise Avenue  Street Address  3346 Enterprise Avenue  Street Address  1123 BEAVER STREET  City, State, Zip Code Philadelphia, Pa, 19153  Project Manager for Monitoring Firm  Mark Jenkins  Scheduled Completion Date (11)  Ocupancy Status During Abstement (Check only one)  Facility Closed/vacated During Entire Period of Abstement Time of Abstement Performed Outside of Normal Facility Hours - Describe Time of Abstement Table (19)  23 of or 23 if  Scheduled Completion Date (11)  Ocupancy Status During Abstement (Check only one)  Facility Closed/vacated During Entire Period of Abstement Time of Abstement Table Abstreen Table (19)  24 of or 23 of or 23 if  Scheduled Completion Date (11)  Described (19)  Facility Closed/vacated During Entire Period of Abstement Time of Abstement Table Abstreen Time of Abstement Table (19)  Assessos-Contining Material (ACM) To Be Abstreen In Facility Maintenancet Custodial Staff? (13)  Completion  Scheduled Completion Date (11)  Assessos-Contining Material (ACM) To Be Abstreen Custodial Staff? (13)  Completion  Scheduled Completion Date (11)  Assessos-Contining Material (ACM) To Be Abstreen Custodial Staff? (13)  Completion  Scheduled Completion Date (11)  Assessos-Contining Material (ACM) To Be Abstreen Custodial Staff? (12)  Completion  Scheduled Completion Date (11)  Assessos-Containing Material (ACM) To Be Abstreen Custodial Staff? (12)  Completion  Scheduled Completion Date (11)  Assessos-Containing Material (ACM) To Be Abstreen Custodial Staff? (13)  Completion  Scheduled Completion Date (11)  Assessos-Containing Material (ACM) To Be Abstreen Custodial Staff? (13)  Completion  Scheduled Completion Date (11)  Assessos-Containing Material (ACM) To Be Abstreen Containing Material (ACM) To Be Abstreen Custodial Staff? (14)  Completion  Street Address City, State Table  City, State  City, State  Completion  Completion  Completion  City State  Completion  City State  Completion  City State  Completion  City State  Completion  C					, = 500	WHO THIE US	E UNLY)	Current Use (	Prior if being	demolisha	T-50
Street Address 346 Enterprise Avenue  City, State, 2 pc Code Philadelphia, Pa, 1915  Project Manager for Monitoring Firm Mark Jenkins  Start Date (10) Q4 / 06 / 17 Q5 / 05 / 17  Scheduled Completion Date (11) Q4 / 08 / 17 Q5 / 05 / 17  Project Manager for Monitoring Firm Mark Jenkins  Start Date (10) Q4 / 08 / 17 Q5 / 05 / 17  Scheduled Completion Date (11) Q5 / 05 / 17  Project Manager for Monitoring Firm Mark Jenkins  Start Date (10) Q4 / 08 / 17 Q5 / 05 / 17  Scheduled Completion Date (11) Q5 / 05 / 17  Project Manager for Monitoring Firm Mark Jenkins  Start Date (10) Q6 / 17 Q6 / 17  Scheduled Completion Date (11) Q6 / 17 Q7 / 17  Project Manager for Monitoring Firm Mark Jenkins  Start Date (10) Q6 / 17 Q6 / 17  Scheduled Completion Date (11) Q6 / 17 Q7 / 17  Project Manager for Monitoring Firm Mark Jenkins  Start Date (10) Q6 / 17 Q7	USA Environmental Is	Building	Owne	r (8)	ASCM No	Al				tion	·u)
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City, State, Zip Code Philadelphia, Pa, 19153 Project Manager for Monitoring Firm Mark Jenkins  Start Date (10)  O4 / O5 / 17 Occupancy Status During Abstement (Check only one) Facility Closed/Vacated During Entire Period of Abstement Time of Abstement Performed Outside of Normal Facility Hours - Describe Time of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestion of Abstement - AM. PM/5:00PM-1:30AM Scope of Work (Check all that spipy)  Coestin Office of Check only one of Chec	The state of the s					BRIST	OL ENV	IRONMENT,	AL, INC		
Prilizedeliphia, Pa, 19153  Project Manager for Monitoring Firm Mark Jankins  Project Manager for Monitoring Firm Mark Jankins  Start Date (10)  O4 / O6 / 17  O5 / O5 / 17  Occupancy Status During Abatement (Check only one)  Facility (Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe  Fill Containment with Negative Pressure  Mini-Enclosure  Mini-E	City State 7: 0					Olicel Add	iress		1		
Project Manager for Monitoring Firm	Philadelata					1123 B	EAVER.	STREET			
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Scheduled Completion Date (f1)   Name of OSHA Monitor   BRISTOL ENVIRONMENTAL, INC	Mark Jenkins			215	TOTIE NO.	Telephone	No.		Title		
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement Time of Abatement: AM- PM/9:00PM-1:30AM		Schedi	iled Ci	Ompletie		215-788.	6040				
BRISTOL ENVIRONMENTAL, INC					Date (11)	Name of OS	HA Monit	tor			
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/5:09PM-1:30AM  Scope of Work (Check all that apply)    ≥3 sf or ≥3 if	Occupancy Status During Abatement (				1/	BRISTOL	ENVIR	ONMENTAL	1110		
Time of Abatement:AM					1	Street Addre	22	- THE PAL	, INC		
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BRISTOL, PA 19007  BRISTOL, PA 19007    State   State	Time of Abatement:AM	PM/	5:00P	mours - [ M-1 - 2n/	Describe C	City, State 7	n Code	KEET			
≥3 sf or ≥3 lf	Scope of Work (Check all that apply)			W-1.307	VIVI	BRISTO	PA 400				
Renovation Demolition    Secondary   Demolition   Description of Asbestos Containing Material (ACM)   Description of Asbestos Containing Material (ACM)   Description of Asbestos Containing Material (ACM)   Openity   Description of Asbestos Containing Material (ACM)   Openity   Openi	Disc.			1000000		J. (10 10 L)	FA 190	07			
Location of Asbestos-Containing Material (ACM)  IN Facility (13)  TO BE ABATED IN Facility (13)  To Be Abated (14)  To Be Abated (15)  Abatement Type  Abat	≥3 st or ≥3  f   ≥ >160 sf or >260  f	$\boxtimes$	Reno	vation		☑ Full C	ontainma	ant with A			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Sasement G Stairway Landing HS VAT/Mastic  SERVICE TRANSPORT GROUP, INC.  HS Stairway Landing HS VAT/Mastic  Cubic Yards of Waste HS Waste	2 0 2 200 11		Demo	lition		Mini-E	Enclosure	willi Negati	ve Pressure		1
Abatement Type    Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)						⊠ Glove	bag Proc	edure			. [
Abatement Type  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  To Be ABATED  IN Facility (13)  Yes No N/A  Wath/9th Floor Hallways  assement G Stairway Landing/Hall  Issement H Stairway Landing  The Stair	Location of		Is Lo	cation			xempted	(*) and Non-F	riable Proce	dure	1
Maintenance/ Custodial Staff? (13)  Yes No N/A  WAT/Mastic  assement G Stairway Landing/Hall  Assemint H Stairway Landing  The Stair	Asbestos-Containing Material (ACM)	lu	sed S	nally olely by		Description					
(13)  (12)  Yes No N/A  VAT/Mastic  assement G Stairway Landing/Hall  assement H Stairway Landing  Amount of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  State  EW CASTLE, DE  Title  Estimator  (12)  Surfacing, VAT, or other miscellaneous)  VAT/Mastic  3200 SF  VAT/Mastic  3200 SF  VAT/Mastic  270 SF  Wastle  Cubic Yards of Waste  49  MINERVA LANDFILL  Disposal Date  Title  Estimator  Alleged  WAYNESBURG, OH	TO BE ABATED	h	lainter	nance/	Asbestos	Containing to	80to=:-1 (0	1084)		Abate	
assement G Stairway Landing/Hall  Assement G Chillier plant storeroom  Assement H Stairway Landing  Ass		Cı			,,	mai system	S Insulation	on,		\cen \en	
asement G Stairway Landing/Hall  Assement G Chiller plant storeroom  Assement H Stairway Landing  Assement G Chiller Plant storeroom  Assement H Stairway Landing  Assement H Stairway Landing		Voc	1	1	1	unacing VA	I Or	1	SF or LF)	lova	aps   clos
Assement G Stairway Landing/Hall  Assement G Chiller plant storeroom  Assement H Stairway Landing  Asse	th/8th/9th Floor Hallways	165	No	N/A		····oochan	eous)		/	=	ure
assement G Chilier plant storeroom					VAT/Mastic						ē
assement G Chiller plant storeroom	assiment & Stairway Landing/Hall		П	M				3	200 SF	MI	
Assement H Stairway Landing  WAT/Mastic  W	asement G Chiller plant storeroom	+	-	1						+ -	
A State  The Composition of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  NUMBER Waste Hauler ID No. 20990  No.	asement H Stainway 1		Ш	M	VAT/Mastic				10 SF		
SERVICE TRANSPORT GROUP, INC.  NJDEP Waste Hauler ID No. 20990  V. State  EW CASTLE, DE  Disposal Date TBD  Title  Estimator  NJDEP Waste Hauler ID No. 20990  Cubic Yards of Waste MINERVA LANDFILL  City, State  WAYNESBURG, OH  Date  D	me of Registered W.			M				2	70 SF	MI	
Astate  Waste  Waste  Waste  Pauler ID No. 20990  Waste  Waste  Disposal Date  TBD  Title  Waynesburg, OH  Signature  Disposal Date  Waynesburg, OH  Date  Disposal Date  D	SERVICE TRANSPORT		N.					2	80 SF	+	
TEW CASTLE, DE  Disposal Date TBD  City, State WAYNESBURG, OH  Signature  Disposal Date TBD  Disposal Date T	STATE TRANSPORT GROUP, INC	).	Ha	uler ID I	·	Yards of	Name o	of Registered L	andfill		
Disposal Date TBD  City, State WAYNESBURG, OH  Signature  Date Disposal Date TBD  City, State WAYNESBURG, OH  Date Disposal Date TBD  Disposal Dat				20990	49		MINE	RVA LANDE	III I		
TBD WAYNESBURG, OH  Waynesburg, OH  Signature  Date  Dillage 194 (194)					Dispos	al Date	City, Sta	ite	v in in		
Signature  Date  Dillage 194 (194)	npleted By (Print or Type)				TBD						
Dillan 194 Part e Date	illan DeCaro		-		Sic	gnature		-cobuRG, C	)H		
*Do not use this form for asbestos licensure exempted = 11 17	CS	umato	7"			).00	000	1	Date	/	
not use this form for asbestos licensure exempted	3 0011007		5000		1/2	ullas f	I Can	1/20	24/	19/17	
	- Do	not us	e this i	form for	asbestos licensii	Ire evemnte-	1 005:	0		701	

Date of Notification (1)			(Pursuani	t to NJAC 8:	IOS AB,	ATEMENT		F Pu	TE II
03 /			Name o	of Building Own			1:11-	Po	2
Agencies Notified	/	_	Veriz	on Commun	er/Operato	r (2)			
□ EPA	Type Notification		Street A	er. Commun	ications		111	MAY	-3 201
Ø DOLWD	☑ Initial						1		- 401
Ø DOH	Amended  Amendment	***	City Stat	Iliam Street			1 1	property and	
DCA	Amendment #1-4.	/19/17	Manua.	te, Zip Code			1 700	NEST(	S CONTR
(NJAC 5:23-8)	Jackingallolli	ing	Name of (	rk, NJ, 07102					<u>Elizabilia</u>
	☐ Cancellation		Alax D	Contact			Tologi		
Name of E			Alex B				releph	one Num	ber
Name of Facility Where A	batement is Taking Plan	CE (3)	FACILI	TY INFORMA	TION				
Market Central Office Street Address	e	00 (0)				Type of Facility	(4)		
					1	School (K 1	21		
95 William Street						Subchantas	0 /0	120 K 401	
City (5)						Other (i.e., pi homes, etc.)	rivate and	commerce	ial build:-
Newark						homes, etc.)			iai bullaings,
County (6)					1	425,442	# of Flo	ors	Bldg. Age
Essex			County Coo	de (7)(STATE USE	ONLY	urrent Us	12		1
Name of Monitoring Firm Hir	ed by Building Owner (	0)				urrent Use (Prio	r if being c	demolishe	(d)
oillie lie in	anagement Inc	o)   AS	SCM No.	Name of A		Verizon Comi Contractor (9)	municati	on	20
The Contractions				BRISTO	DL FNVID	ONMENTAL,			
8346 Enterprise Avenu	е		And the second	Street Addi	ress	ONWENTAL,	INC.		
City, State, Zip Code					EAVER ST	TREE-			
Philadelphia, Pa, 19153				City, State,	Zin Code	KEEI			
Project Manager for Monitoring				BRISTO	L, PA 190	0.7			
Mark Jenkins		Telephoi	ne No.	Telephone N	10	07			
Start Date (10)	Scheduladio	21536	55810	215-788-6		L	license No	),	
	Scheduled Com		Date (11)	Name of OSI	HA Manita-		00509		
Occupancy Status During Ab.		05 /	17	BRISTOL	FMVIDO	VMENTAL, IN			
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outsid	one (Check only one)			Street Address	-14411(0)	VINENTAL, IN	C		
Abatement Performed Outsid	e of Normal Engine	tement							
Time of Abatement:Al	VI PM/5:00PM	urs - De	scribe	1123 BEAT City, State, Zip	VKSIRE	ET			
Scope of Work (Check all that ap	21.00	1.3UAM		RRISTO:	Code				
□ ≥3 sf or ≥3 lf	oly)			BRISTOL,	PA 19007				
≥ ≥ 160 sf or ≥ 260 lf		ion		⊠ Full Co	ontainment	social as			
_200 #	☐ Demolitic	חכ		Mini-E	nclosure	with Negative P	ressure		
				⊠ Gloveb	ag Proced	ure			
Location of	Is Locati Normal	ion			tempted (*)	and Non-Friable	e Procedu	ге	
Asbestos-Containing Material (A	(CM) Used Sole!	ly by		Description				7	ment Type
IN Facility	Maintenan	ice/	Asbestos	Containing MA		v) /			1
(13)	Custodial S (12)	taff?		ermal systems surfacing, VAT	Inculation	1 , 111	nount ecify	Remov	Enc
	Yes No	N/A	of	ther miscellane	, or ous)	SF	or LF)	Removal	Enclosure Encapsula
Boiler Room Water Pumps		-			responde		330	-	Enclosure Encapsulate
oiler Room Condensate Tank		⊠ P	ipe Fitting	Insulation					e
oiler Room Tank Area				tion & Fitting		40	LF		
						45 (	F		
piler Room Adjacent Boiler		-		Insulation	950	4 L			
me of Registered Waste Haules			oe Fitting I	Insulation			-		
ERVICE TRANSPORT GROUP	NJDE	P Wast	e Cubic		Name of D	5 LF	-   [	X DI	nini
, State	209	. 10 No.	Wast	е	MINED	egistered Landfi	ill		
EW CASTLE, DE			Dispo	sal Date (	OH OHEK!	A LANDFILL			
pleted By (Print or Type)			TBI		City, State				
llan DeCaro	Title			1	WAYNE	SBURG, OH			
	Estimator		5	ignature			Date		
00 17007				Sillen A	St Car	ان ا		19/17	
11001	* Do not use this form	n for ash	actor ties			172	1 71	7/17	

	NOTE		State of New Jersey N OF ASBESTOS A nt to NJAC 8:60 200		F	Ck# 3170
Date of Notification (1		(Pursual	nt to NJAC 8:60 and	RBATEMENT		EGAT
03 /				15:16)	Pg I	7-2-5-1
		Ver	of Building Owner/Oper	ator (2)	-371	11.
Agencies Notified  EPA 2083	Type Notification		Communication	ns	14	WAT - 3 21
DOLWD 2096	⊠ Initial	Street	Address			
DOH ESLE	Amended Amendment #	35 W	/illiam Street		ÁSÍ	2000
I LI DCA	Emergency (including	City, Sta	ate, Zip Code			BESTOS CONTR
(NJAC 5:23-8)	1-0:110011111	REWS	irk, NJ, 07102			Lionaria
	☐ Cancellation	Name of	Contact			
Name of E		Alex	3aylor		Telephone N	Vumber
Market of Facility Where A	batement is Taking Place (3)	FACIL	ITY INFORMATION			
Market Central Offic Street Address	a s , , , , , , , , , , , , , , , , , ,			17		~
				Type of Facili	ty (4)	
95 William Street City (5)				School (K-		
Newark				Other (i.e.,	12) r 8 (Other than K-1 private and comm )	12)
County (6)				homes, etc	)	ercial buildings,
Essex		T		Square Feet	# of Floors	
		County Coo	de (7)(STATE USE ONLY)	425,442	1 55	Bldg. Age
Name of Monitoring Firm Hire USA Environmental to	d by Building Owner (0)		014[1]	Current Use (Pri	ior if being demolis	+ - 50
	nagement Inc	SCM No.	Name of Abatemen	verizon Con	nmunication	
11,100,035			BRISTOI ELL	Contractor (9)		
8346 Enterprise Avenue			BRISTOL ENVI	RUNMENTAL	, IKC.	
City, State, Zip Code			1123 BEAVER S			
Philadelphia, Pa, 19153			City, State, Zip Code	REET		
Project Manager for Monitoring	-irm		BRISTOL, PA 19			
wark Jenkins	relephon	ne No.	Telephone No.	1007		
Start Date (10)	Scheduled C	55810	215-788-6040		License No.	
	Scheduled Completion D	Pate (11)	Name of OSHA Monito		00509	
Occupancy Status During At		_17	BRISTOL ENVISE			
Facility Closed/Vacated During  Abatement Performed Outside	Entire Ported ( )		BRISTOL ENVIRO	DRIMENTAL, IN	C	
Abatement Performed Outside of Time of Abatement:AM	of Normal Facility I	- 1				
Time of Abatement:AM-Scope of Work (Charle William)	PM/5:00PM-1:2044	cribe	1123 BEAVE STRE	EET		
Scope of Work (Check all that apply	IVIADOAINI		City, State, Zip Code	1-2		
= >3 sf or >3 W			BRISTOL, PA 1900	7		
≥ 160 sf or ≥260 lf	□ Renovation		Full Containmen	A		
-	Demolition			t with Negative P	ressure	
	lo I					
Asbestos-Containing	Is Location Normally		Non-Exempted (*,	) and Non-Friable	Procedure	
Asbestos-Containing Material (ACI TO BE ABATED	(f) Used Solely by	4	Doggaine	1		
IN Facility	Maintenance/ Custodial Staff?	Asbestos (	Oninine se .	M)	Abate	ement Type
(13)	(12)	St	Infacing VAT	(Spe	ount Removal	Enclosure Encapsulate
8th/eth Et	Yes No N/A	oth	er miscellaneous)	SF or	LF)   Nove	clos
8th/9th Floor Hallways					=	ure
ement G Stairway Landing/Ha	- 1 cm	T/Mastic				le
ement G Chiller plant storeroo	II D D VAT	T/Mastic		3200	SF 🛛 🗆	
mer pisnt storeroo	m 🗆 🗎 🛛 VAT		*	110 S		
ment H Stairway Landing	TO TO TO THE	/Mastic				
of Registered Waste Hauler	J W IVAT	/Mastic		270 S	F Ø	
WICE TRANSPORT GROUP, II	VC. NJDEP Waste Hauler ID No.	Cubic Y	ards of Ala	280 SF		
ate	20990 No.	Waste	I reallie of Re	gistered Landfill		
/ CASTLE, DE	7 7 97	Disposal	I IIIIVERV.	A LANDFILL		
ted By (Print or Tyres)	44.00	TBD	City, State			
1 DeCaro			WAYNES	BURG, OH		
	stimator	Sign	ature	7		
20 17067 .1			Ellen De Cous	to 1	Date / /	
100	Do not use this form for asbest	tos licero	-2-27/	10	3/17/19	
		incerisure	exempled and the		1.	L

Date of Notification (1)		(Pursuan	t to NJAC 8:60 and	5:16	
	/ 57	Name	of Building Owner/Oners	etor (2)	Pg 2
Agencies Notified	s Notification	Veri	zon Communication	S	14 L 100 J 2017
	nitial	Street A			
Z DOLWD DA	mended	95 W	illiam Street		ASSESTOS CONTRO
A DON	mendment #	City, Sta	ite, Zip Code		LICENSPIG
(LUACE TO DE	mergency (includi-	Newa	rk, NJ, 07102		1000
, , ,	stification)	Name of	Contact		(*)
	incellation	Alex E	Baylor	100	Telephone Number
Name of Facility Where Abateme		FACIL	ITY INFORMATION		
Market Central Office	int is Taking Place (3)	)	TREORMATION		
Street Address				Type of Facil	ity (4)
95 William Street				School (K.	-12)
City (5)				Other (i.e.	er 8 (Other than K-12)
Newark				homes, etc	er 6 (Other than K-12)  private and commercial buildings,  c.)
County (6)				Square Feet	# of Floors Bido A-
Essex		County Cor	de (7)(STATE USE ONLY)	425,442	13 Joing Age
Name of Monitoring Firm Hired by E	T-1:		ONCINIE USE UNLY)		rior if being demolished)
USA Environmental Manage	uilding Owner (8)	ASCM No.	Name of At .	Verizon Co	mmunication
Street Address	ment Inc		Name of Abatemer	IL Confracto - to	
8346 Enterprise Avenue			Street Address	IRONMENTAL	L, INC.
City, State, Zip Code			oucet Address		
Philadelphia, Pa, 19153			1123 BEAVER	STREET	
Project Manager for Monitoring Firm			City, State, Zip Code	9	
Mark Jenkins	Telepi	hone No.	BRISTOL, PA 19	3007	
Start Date (10)	215	3655840	215-788-6040		License No.
_04_ / _06_ / _17	Scheduled Completion	n Date (11)	Name of OSHA Monit		00509
		/ _17	BRISTOL ELLIP	or .	
Occupancy Status During Abatement (C	Check only one)		BRISTOL ENVIR	UNMENTAL, I	KC
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Nor Time of Abatement:AM-	Period of Abatemen	t	Street Address		
Time of Abatement: AM-	mal Facility Hours - [	Describe	1123 BEAVE STE	EET	
Scope of Work (Check all that apply)		W	City, State, Zip Code		
			BRISTOL, PA 1900	07	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	Renovation		Full Containme	-t	
= = 1.00 St of 2200 If	Demolition		□ Full Containme     □ Mini-Enclosure     □	nt with Negative	Pressure
	7		☐ Glovebag Proce	dure	
Location of	Is Location Normally		Non-Exempted	(*) and Non-Fria	ble Procedure
Asbestos-Containing Material (ACM)	Used Solely by		Description of	1	Abatement Type
TO BE ABATED  IN Facility	Maintenance/	Asbestos	S Confeining Made	CM)	
(13)	Custodial Staff? (12)	1	nermal systems insulation surfacing, VAT, or		Specify Remov
	Yes No N/A	of	ther miscellaneous)	SF	Enclosure Encapsula Repair Removal
Boiler Room Water Pumps	5 5			1	Enclosure Encapsulate Repair Removal
Boiler Room Condensate Tank		Pipe Fitting	Insulation		
		Pipe Insulat	ion & Fitting	40	LF   X   D   D   D
oiler Room Tank Area		Dim - Price	on a ritting	45	LF Ø D D D
oiler Room Adjacent Boiler		Pipe Fitting		41	
ime of Registered Waste Haules		ipe Fitting I	nsulation		
SERVICE TRANSPORT GROUP, INC.	NJDEP Was Hauler ID N	ste Cubic		5 1	F   X I I I I I I
y, State	20990	o.   Waste	9	Registered Land	1811
'EW CASTLE, DE		Dispos	sal Date   City State	VA LANDFILI	1
apleted By (Print or Type)	462	TBC	1 7, 01016		
llan Nachen		10:	TAN 1 ME	SBURG, OH	
Estin	iator	3,	D'OL DED	1	Date /
10017007	**	- 6	Diller De Ca	ro lil	Date /19/19
, Do n	or use this form for as	sbestos licensi	ure exempted activities	10	
			Proo Burivinge	35-7	

- MOCK		NC	TIFIC	State of New Jersey CATION OF ASBESTOS AB	ATEMENT	State of the state	[FO]	E C	E	WE
Date of Notification (1)			(Fuls	Name of Buildin SETON HALL UN	g Owner/Opera	tor (2)				₩ LE
5 / 3 /17				Street Address						0045
Agencies Notified Type Notification				400 SOUTH ORA	ANGE AVENUE		7 7	MA	- 0	2017
EPA Initial Notification				City, State, Zip C		1				
X DOL X Amended Notification	1		#	SOUTH ORANGI	E. NEW JERSEY	07070	A.	PECT	OS COI	V 1-7-10-00 1
X DOL Cancellation X DOH X On Hold					-1.1.211 021.021	07079	File	11	CENSIN	MIHOL
X DCA EMERGENCY NOTII	EICATION	d		Name of Contact	-5	I- Iban	n Niumh	er	1354 1757	10
		V		VICTORIA PIVOV	/ARNICK					
Name of Facility Where Abatement is Taking Place	e (3)	-		FACILITY INFORMATION					-	
	(0)				Type of Fac	ility (4)	r			
SETON HALL UNIVERSITY					X Subch	(K-12)				
Street Address					Other	apter 8 (Other	than K-1	2)		
400 SOUTH ORANGE AVENUE - UNIVERSITY CE					Square Fe	ie. private & c	ommcl. L	oldgs., hor	mes, etc.)	
Cit. (F)	NTER				60,000	3	Jois		Bldg. Age 40+	<del>)</del>
SOUTH ORANGE County (6) SOUTH ORANGE				County Code (7)	Current Use	(Prior if being	demolish	ned)	40+	
Name of Monitoring Firm Hired by Building Owne	r (8)			(STATE USE ONLY)	UNIVERSIT	(				
THENVIRONMENTAL INC.	(0)			ASCM No	Traine of Ab	atement Cont	ractor (9	9)		
Street Address				3	PAR ENVIRO	DNMENTAL C	ORPOR	ATION		
1253 NORTH CHURCH STREET					Street Addres	ss ROCK ROAD				
City, State, Zip Code					City, State, Z					
Project Manager for Monitoring Firm	W JERS				SUFFERN. N	EW YORK 10	901			
JEFF SEAMAN				ne Number	Telephone No		_	Number		
EXPECTED START DATE (10): (RESTART)	lo i		-889-		845-369-7500		1101	radifibei		
5 / 16 /17	Sche			on Date (11)	Name of OSF	IA Monitor				
Month Day Year	l M	onth	11 /	30/ 17 Day Year	QUALITY EN	VIRONMENTA	AL SOLL	JTIONS &	TECH.	
Occupancy Status During Abatement (Check only one	)			Day rear	Street Addres			1.112		
X Facility Closed/Vacated During Entire Perio	d of Aba	tement	t		1376 ROUTE					
Abatement Performed Outside of Normal F	acility Ho	urs - D	escrit	oe:	I O I I O I I	3				
X Other - Describe: MON-FRI 7AM-12:00Al	M SATU	RDAY	7A	M-3:30 PM	City, State, Zip	Code				
Scope of Work (Check all that apply)				V F # O		WAPPING	ERS FA	LLS, NY	12590	
Demolition X	Renov	ation		X Full Cont X Mini-Enc	tainment with Ne	gative Pressur	re			
>3SF OR LF					g Procedure					
X  >160 SF OR 260 LF Location of				Non-Fria	ble Procedure					
Asbestos-containing	Is	Locati	on .	Description of A	sbestos-			Abo	atement Typ	
Material (ACM)		mally usolely b		Containing Mater	ial (ACM)	Amount	72	70 1	i m	)e
TO BE ABATED		nt/Cust		(ie. Thermal sy insulation, surfact	/stems	(Specify	/ S	REPAIR	NO.	
in Facility (13)		taff (12		or other miscella	ing, VAI,	SF or LF	REMOVAL	REPAIR	ENCLOSL	
Manual	Yes	No	N/A		ancous)		=	ULE OLE	ÜRE	
KITCHEN			X	PIPE FITTINGS		15 LF	V	1 1111	m	
BACK HALL			X	PIPE FITTINGS			X	-		
BACK HALL			X	SPRAY ON INSULATION		35 LF	X	-		
DISHWASHING AREA & ASSOCIATED			1	O. ANT ON INSULATION		500 SF	X			
HALL		1	V	DIDE STORY			Х			
RECEIVING AREA	-	-	X	PIPE FITTINGS		85 LF	X			
RECEIVING AREA	-	-	X	PIPE FITTINGS		15 LF	X			
			X	SPRAY ON INSULATION		1,530 SF	X			
BOARD DINING			Х	PIPE FITTINGS		25 LF			-	
SEVERY BAY 1				PIPE FITTINGS			X		-	
SEVERY BAY 1				SPRAY ON INSULATION		15 LF	X		-	
HALLWAY BETWEEN SEVERY BAYS						760 SF	X			
SEVERY BAY 2			7 Y	PIPE FITTINGS		15 LF	Х			
ITCHEN				PIPE FITTINGS		15 LF	Х			
ame of Registered Waste Hauler	NJDEP			FIRE WALL		40 SF	Х			
EWARK CARTING INC.	Hauler II			Cubic Yards of Waste	Name of Registe	red Landfill				
69 RAYMON BLVD.	W 85	913		200	GRAND CENTR	AL SANITARY	Y LANDF	FILL		
ity, State		. 10		Disposal Date	City Ot-1-					
EWARK, NEW JERSEY 07105  ompleted by (Print or Type)  Title					City States PLAINFIELD TO	WNSHID DA				
				Signature	( )	IDO	to /	-		
ENJAMIN SANCHEZ DIRECTOR OF OPE	RATION	S		1/7	X	Da	5	-5-	-17	

		NOTII	FICAT	State of New Jersey FION OF ASBESTOS ABA nt to NJAC 8:60-7 and 12:1	TEMENT					G		$\mathbb{V}$
Date of Notification (1)				Name of Building SETON HALL UNI	Owner/Operate	or (2)	1 100	1				
3 / 13 /17					VERSITY				-11	i.V		2047
Agencies Notified Type Notification		700	-	Street Address 400 SOUTH ORAN	IGE AVENUE		L	L	IVI ,	41	0	2017
EPA Initial Notification				City, State, Zip Coo			i					
DEP X Amended Notificat X DOL Cancellation	tion		#7	SOUTH ORANGE,		07079		ΛS			S CO ENSI	
X DOH	TIFICATION			Name of Contact VICTORIA PIVOVA	ARNICK	Telephone Nu	umber					27
Name of Capilla Miles Above 11 T. 1	1 (6)		F	ACILITY INFORMATION		_				1		
Name of Facility Where Abatement is Taking P	lace (3)				Type of Fac							
SETON HALL UNIVERSITY						apter 8 (Other than						
Street Address					Square Fe	ie. private & comn		igs., r		ldg.		
400 SOUTH ORANGE AVENUE - UNIVERSITY (	CENTER				60,000	3				40+	-	
City (5) County (6) SOUTH ORANGE ESSEX				County Code (7) (STATE USE ONLY)		(Prior if being den	nolishe	ed)				
Name of Monitoring Firm Hired by Building Ow	vner (8)			ASCM No.	Name of Ab	atement Contrac	tor (9)		-			
TTI ENVIRONMENTAL INC.				3		ONMENTAL COR						
Street Address 1253 NORTH CHURCH STREET					Street Addre							
City, State, Zip Code		-7-12			City, State, Z	ROCK ROAD						
MOORESTOWN	, NEW JERSE	Y 0805	57		250 C 348 A	IP Code IEW YORK 10901	ſ					
Project Manager for Monitoring Firm				Number	Telephone N		ense l	Numb	er			
JEFF SEAMAN Expected State Date (10)	10.1		889-5		845-369-750		01					
3 / 3 /17	Scried		pietio 1 /	n Date (11) 30/ 17	Name of OSI	HA Monitor IVIRONMENTAL :	eou i	TIONS	• • т	-011		
Month Day Year	Mo	nth		Day Year	QUALITY EN	WINONWENTAL.	SOLU	HONS	5 & 11	ECH.		
Occupancy Status During Abatement (Check only X Facility Closed/Vacated During Entire F	Period of Abate	ement			Street Addres							
Abatement Performed Outside of Norm X Other - Describe: MON-FRI 7AM-12:	nal Facility Hou	irs - De	Scribe	e: 4.3-30 DM	City Chata 7	- 0 - 1						
	OUTINI OTTOI	(DAT	/ Alv	1-3.30 FW	City, State, Z	IP Code WAPPINGER	S FAI	LSIN	IY 12	590		
Scope of Work (Check all that apply)						egative Pressure			11 12	000		
Demolition X	Renova	ation		X Mini-End								
		40011										
>3SF OR LF X >160 SF OR 260 LF				X Gloveba	g Procedure							
>3SF OR LF X >160 SF OR 260 LF Location of	Is	Locatio		X Gloveba	g Procedure ble Procedure	T	Т		Abate	emen	t Type	
>3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing	Is norm	Locationally us	sed	X Gloveba Non-Fria Description of A Containing Mate	g Procedure ble Procedure sbestos- rial (ACM)	Amount	RE				t Type	
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>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL BACK HALL DISHWASHING AREA & ASSOCIATED HALL	ls i norm so Main Si	Locationally usolely by	odial N/A X	X Gloveba Non-Fria  Description of A Containing Mate (ie. Thermal s insulation, surfac or other miscell  PIPE FITTINGS  PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF	x x x		ENCAPSUL		t Туре	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL BACK HALL DISHWASHING AREA & ASSOCIATED HALL	ls i norm so Main Si	Locationally usolely by	odial ) N/A X X	X Gloveba Non-Fria Description of A Containing Mate (ie. Thermal s insulation, surfac or other miscell  PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULATION	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF . 35 LF .	x x x		ENCAPSUL		t Type	
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>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL BACK HALL BISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA	ls i norm so Main Si	Locationally usolely by	odial  N/A  X  X  X	Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscell  PIPE FITTINGS  PIPE FITTINGS  SPRAY ON INSULATION  PIPE FITTINGS  PIPE FITTINGS  PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF . 35 LF . 500 SF 85 LF 15 LF	X X X X X		ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL BACK HALL BISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA BOARD DINING	ls i norm so Main Si	Locationally usolely by	odial ) N/A X X X X	X Gloveba Non-Fria  Description of A Containing Mate (ie. Thermal s' insulation, surfac or other miscell  PIPE FITTINGS  PIPE FITTINGS  SPRAY ON INSULATION  PIPE FITTINGS  PIPE FITTINGS  PIPE FITTINGS  PIPE FITTINGS  PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF . 35 LF . 500 SF 85 LF 15 LF 1,530 SF	X X X X X		ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  BACK HALL  DISHWASHING AREA & ASSOCIATED HALL  RECEIVING AREA  BOARD DINING  SEVERY BAY 1	ls i norm so Main Si	Locationally usolely by	sed y odial ) N/A X X X X	X Gloveba Non-Fria Description of A Containing Mate (ie. Thermal s insulation, surfac or other miscell  PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULATION  PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF . 35 LF . 500 SF 85 LF 15 LF 1,530 SF 25 LF	X X X X X X		ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL BACK HALL DISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA BOARD DINING SEVERY BAY 1 SEVERY BAY 1	ls i norm so Main Si	Locationally usolely by	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscell PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF . 35 LF . 500 SF 85 LF 15 LF 1,530 SF 25 LF	X X X X X X X		ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  XITCHEN BACK HALL BACK HALL DISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA RECEIVING AREA RECEIVING AREA RECEIVING AREA RECEIVING BACK	ls i norm so Main Si	Locationally usolely by	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal standard or other miscell PIPE FITTINGS SPRAY ON INSULATION PIPE FITTINGS SPRAY ON INSULATION PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF) 15 LF . 35 LF . 500 SF 85 LF 15 LF 1,530 SF 25 LF 15 LF 760 SF	X X X X X X X X		ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED HALL  RECEIVING AREA  BOARD DINING SEVERY BAY 1  HALLWAY BETWEEN SEVERY BAYS  SEVERY BAY 2  KITCHEN	Is norm st Main Si Yes	Locationally used to be a constructed by the construction of the c	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal s' insulation, surfactor of the miscell or other miscell or o	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF)  15 LF .  35 LF .  500 SF  85 LF  15 LF  1,530 SF  25 LF  15 LF  760 SF	x x x x x x x x x x x x x x x x x x x		ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED HALL  RECEIVING AREA  BOARD DINING SEVERY BAY 1  BEVERY BAY 1  BEVERY BAY 1  BEVERY BAY 2  KITCHEN  Name of Registered Waste Hauler	Is norm standard Main Standard	Locationally used to be a constructed by the construction of the c	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal s' insulation, surfactor or other miscell PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF)  15 LF 35 LF 500 SF  85 LF 15 LF 15 LF 760 SF 15 LF 15 LF 40 SF stered Landfill	x x x x x x x x x x x x x x x x x x x	REPAIR	ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL BACK HALL DISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA BOARD DINING SEVERY BAY 1 HALLWAY BETWEEN SEVERY BAYS SEVERY BAY 2 KITCHEN Iame of Registered Waste Hauler JEWARK CARTING INC.	Is norm standard stan	Locationally used to be a considered to be a consid	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal s' insulation, surfactor or other miscell PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)	(Specify SF or LF)  15 LF 35 LF 500 SF  85 LF 15 LF 15 LF 760 SF 15 LF 15 LF 40 SF	x x x x x x x x x x x x x x x x x x x	REPAIR	ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  BACK HALL  BISHWASHING AREA & ASSOCIATED HALL  RECEIVING AREA  BOARD DINING  SEVERY BAY 1  HALLWAY BETWEEN SEVERY BAYS  SEVERY BAY 2  KITCHEN  Lame of Registered Waste Hauler LEWARK CARTING INC.  169 RAYMON BLVD.  City, State	Is norm standard stan	Locationally used to be a constructed by the construction of the c	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal s' insulation, surfactor or other miscell PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)  Name of Regi GRAND CEN	(Specify SF or LF)  15 LF 35 LF 500 SF  85 LF 15 LF 15 LF 760 SF 15 LF 15 LF 40 SF stered Landfill	x x x x x x x x x x x x x x x x x x x	REPAIR	ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  BACK HALL  BIACK HAL	Is norm standard stan	Locationally used to be a considered to be a consid	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscell PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULATION PIPE FITTINGS	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)  Name of Regi GRAND CEN	(Specify SF or LF)  15 LF 35 LF 500 SF  85 LF 15 LF 15 LF 760 SF 15 LF 15 LF 40 SF stered Landfill	x x x x x x x x x x x x x x x x x x x	REPAIR	ENCAPSUL		t Type	
>3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  BACK HALL  DISHWASHING AREA & ASSOCIATED HALL  RECEIVING AREA  BOARD DINING  SEVERY BAY 1  HALLWAY BETWEEN SEVERY BAYS  SEVERY BAY 2  KITCHEN  Name of Registered Waste Hauler NEWARK CARTING INC.  369 RAYMON BLVD.  City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type) Title	Is norm standard stan	Locationally use lolely by I/Custonally use lolely by I/Custonally use lolely by I/Custonally I/	N/A   X   X   X   X   X   X   X   X   X	Description of A Containing Mater (ie. Thermal standard in sulation, surfactor of the miscell or other misce	g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT, aneous)  Name of Regi GRAND CEN	(Specify SF or LF)  15 LF	X X X X X X X X X X X X X X X X X X X	REPAIR	ENCAPSUL		t Type	

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		170-77-97	(	Pursu	ant to NJAC	2 8:60-7	and 12:1	20-7) Owner/Operat	(2)	111				<u> </u>	\frac{1}{2}
Date of Notification (1)					SE	ETON H	ALL UNI	VERSITY	or (2)	In	1				
2 / 27	/17				Str	reet Add	ress				-	WA	/		2017
	Notification				40	0 SOUT	H ORAN	IGE AVENUE		iwi b	1	211.71		O.	2011
DEP X	Initial Notification Amended Notification			4	Cit	ty, State	Zip Coo	le	-		-	- Professionary			
X DOL X	Cancellation				SC	OUTH O	RANGE,	NEW JERSEY	07079		ASB				VTRO
X DOH	On Hold				Na	ame of C	ontact		Telephone N	lumba	-	(_)	CE	NSIA	13
X DCA	EMERGENCY NOTIFIC	CATION			VIC	CTORIA	PIVOVA	RNICK	, (A) (1-)	iuiibe					
Name of Facility Where Abat	ement is Taking Blace	(2)			FACILITY IN	NFORM	NOITA								
The state of the s	ementis raking Place	(3)						Type of Fac			2-10-12-2				
SETON HALL UNIVERSITY								X Subcha	(K-12) apter 8 (Other tha	n K-1	2)				
Street Address		-						Other (	ie. private & com	mcl. b	ldgs., i	nomes	s, etc.	)	
400 SOUTH ORANGE AVENU	E - UNIVERSITY CENT	ER						Square Fe	et # of Floors	5	900210		ldg. A	Age	
	County (6)	200/40			Cou	unty Cod	ie (7)		(Prior if being der	molieh	od)		40+		
Name of Monitoring Firm Hire	ESSEX	0)				TE USE	ONLY)	UNIVERSITY	1						
TTI ENVIRONMENTAL INC.	ad by building Owner (	8)				AS	CM No.	Name of Ab	atement Contrac	tor (9	)	18			
Street Address							3	Street Addres	ONMENTAL COF	RPORA	ATION				
1253 NORTH CHURCH STREI City, State, Zip Code	ET							313 SPOOK	ROCK ROAD						
	MOORESTOWN, NEW	V JERSI	EY 080	)57				City, State, Z		600				-	
Project Manager for Monitoring	Firm				e Number			Telephone N	IEW YORK 1090		Numb	or		-	
Expected State Date (10)				-889-5				845-369-7500	2000 1000 No	01	1401110	CI			
3 / 3 /17		Sche		npletio	on Date (11) 30/	)	47	Name of OSH							
Month Day Yea		M	onth	1 /	Day		17 Year	QUALITY EN	VIRONMENTAL	SOLU	TIONS	S & TE	CH.		
Occupancy Status During Abate  X Facility Closed/Vaca	ernent (Check only one) ted During Entire Period	of Abot	oment					Street Addres							
Abatement Performe	d Outside of Normal Fac	cility Ho	urs - D	escrib	e:			1376 ROUTE	9						
X Other - Describe: N	MON-FRI 7AM-12:00AM	SATU	RDAY	7AN	M-3:30 PM			City, State, Zi	p Code					-	
Scope of Work (Check all that a	pply)					X	ull Contr	inment with No	WAPPINGER gative Pressure	RS FA	LLS, N	IY 125	90		
Demolition	X	Renov	ation			X	lini-Enck	o,	gative Pressure						
>3SF OR LF X >160 SF OR 260 LF	7 <u>0</u> 1							Procedure							
Location of		Is	Locati	on		Descript		le Procedure							
Asbestos-containing Material (ACM)		1,000,000	mally u		C	Containin	g Materi	al (ACM)	Amount	B	R	Abater		Type	
TO BE ABATED			olely b		in		ermal sy:	stems ng, VAT,	(Specify	MC	REPAIR	VCA	SC.		
in Facility (13)		S	taff (12	2)	1	or other			SF or LF)	REMOVAL	코	ENCAPSUL	ENCLOSURE		
KITCHEN		Yes	No	1	-					Ľ		E	RE		
BACK HALL	100-7		-	X	PIPE FITT				15 LF	X					- 1115-3170
BACK HALL				X	PIPE FITT	and a supplemental pro-			35 LF	Х					
DISHWASHING AREA & ASSO	CIATED		+	X	SPRAY OF	N INSUL	ATION		500 SF	X					
HALL	3,1120		-	x	DIDE FIZZ					X	-				
RECEIVING AREA	-			X	PIPE FITTI		-		85 LF	X	-				
RECEIVING AREA					PIPE FITTI				15 LF	X					
BOARD DINING				X	SPRAY ON		ATION		1,530 SF	Х					
SEVERY BAY 1				X	PIPE FITTI				25 LF	X					
SEVERY BAY 1				X	SPRAY ON	Tive description	ATION		15 LF	Х	-				
HALLWAY BETWEEN SEVERY	BAYS			X	PIPE FITTI		NON		760 SF	X					
SEVERY BAY 2					PIPE FITTI				15 LF	X					
KITCHEN					FIRE WALL				15 LF	X			-		
Name of Registered Waste Haule		NJDEP			Cubic Yards		te	Name of Regist	40 SF tered Landfill	X	Ш	-			
NEWARK CARTING INC. 369 RAYMON BLVD.		Hauler I	D No. 913			200			RAL SANITARY	LAND	FILL	L			
City, State			010		Disposal Da	ate		City, State	7	in.				u - Mary	
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				12/23-11/30	)/2017		PLANFIELD TO	OWNSHIP, PA		j		1		
BENJAMIN SANCHEZ	DIRECTOR OF OPER	RATION	IS		5	Signatur	14	(X	Date	1	1	27	1/1	7	

			NOT	IFICA	TION OF AS	BESTOS ABAT 8:60-7 and 12:1	TEMENT	The second second	m	E	C	F	$\mathbb{N}$
			1	uisui			Owner/Operato	r (2)	lary"	-			U C/ I
Date of Notification (1)						TON HALL UNIT		. (2)					
2 / 27 /1					Stre	et Address					MAY	-	R 2017
	otification				400	SOUTH ORAN	GE AVENUE		m) bu	i	m.c.i		0 2017
	itial Notification					, State, Zip Cod		-	-			0.01510.016	
	mended Notification ancellation			석	5 SOL	JTH ORANGE,	NEW JERSEY (	07079	/	ASBI	EST	OS (	CONTRO
	n Hold				Non	as of Castast		- I=	20 A T P 12		LI	CEN	ISING
	MERGENCY NOTIFIC	CATION				ne of Contact TORIA PIVOVA	RNICK	Telephone N	lumber		West Superior		
						FORMATION	- INTEREST			39			100
Name of Facility Where Abaten	nent is Taking Place	(3)			THOREST THE	Orthon	Type of Facil	ity (4)					
CETON HALL LININ/EDOLD/							School (						
SETON HALL UNIVERSITY							X Subcha	oter 8 (Other tha	n K-12	2)			
Street Address							Other (ie	e. private & com		dgs., l			
400 SOUTH ORANGE AVENUE	- UNIVERSITY CENT	ER					60.000	t # of Floors			В	ldg. A 40+	
	ounty (6)				Cour	nty Code (7)		Prior if being der	molish	ed)		40+	
	SSEX				(STATI	E USE ONLY)	UNIVERSITY			00000			
Name of Monitoring Firm Hired TTI ENVIRONMENTAL INC.	by Building Owner (	8)				ASCM No.	Name of Aba	tement Contrac	tor (9)	)			
Street Address						3	Street Address	NMENTAL COF	RPORA	NOITA			
1253 NORTH CHURCH STREET							313 SPOOK F	-					
City, State, Zip Code			10-60-000 (NOON)	2000			City, State, Zip		-				
Project Manager for Monitoring Fi	MOORESTOWN, NEV	V JERSI						EW YORK 1090	1				
JEFF SEAMAN	IIII				e Number		Telephone Nu		cense	Numb	er		
Expected State Date (10)	Weekler of the second of the s	Scher		-889-5	on Date (11)		845-369-7500 Name of OSH		01				
3 / 3 /16				1 /	30/	17		A Monitor /IRONMENTAL	SOLII	TIONS	S 9 TC	СП	
Month Day Year Occupancy Status During Abatem		M	onth		Day	Year		CHINEHTAE	OOLO	TION	3 Q 1E	CH.	
X Facility Closed/Vacate	d During Entire Period	of Abat	tomont				Street Address						
Abatement Performed	Outside of Normal Fac	cility Ho	urs - D	escrib	ρ.		1376 ROUTE !	9					
X Other - Describe: MC	N-FRI 7AM-3:30PM	SATU	RDAY	7AN	л-3:30 PM		City, State, Zip	Code	2			-	
Scope of Work (Check all that app	d. A						1	WAPPINGER	RS FAI	LLS, N	IY 125	590	
Demolition	X	Renov	ation				ainment with Neg	gative Pressure					
>3SF OR LF		Juction	audii		}		Procedure						
X >160 SF OR 260 LF							le Procedure						
Location of Asbestos-containing		18.53	Location	75.00 B		escription of As					Abate	ment	Туре
Material (ACM)			mally u solely b		Co	ontaining Materi (ie. Thermal sy	al (ACM)	Amount	R	REPAIR			
TO BE ABATED			nt/Custo			sulation, surfaci		(Specify SF or LF)	REMOVAL	PAI	S	CE	
in Facility (13)		-	taff (12			or other miscella		01 01 21 )	AL	R	ENCAPSULE	ENCLOSURE	
VITCHEN		Yes	No	N/A	-						m	R	
KITCHEN		-	-	X	PIPE FITTI	NGS		15 LF	X				
BACK HALL			-	X	PIPE FITTI	NGS		35 LF	X				
BACK HALL			1	Х	SPRAY ON	INSULATION		500 SF	X				
DISHWASHING AREA & ASSOCI	ATED		-						×				
HALL				Х	PIPE FITTI	NGS		85 LF	X				
RECEIVING AREA				Х	PIPE FITTI	NGS	Se settlettere et en en en	15 LF	X				
RECEIVING AREA				Х	SPRAY ON	INSULATION		1,530 SF	X				
BOARD DINING				X	PIPE FITTIN			25 LF	X	1			
SEVERY BAY 1				X	PIPE FITTIN			15 LF	x	+		-	
SEVERY BAY 1			1	X	december on the second	INSULATION				1			
HALLWAY BETWEEN SEVERY B	AYS			X	PIPE FITTIN			760 SF	X	-			
SEVERY BAY 2				X	PIPE FITTIN			15 LF	X	+			
CITCHEN				x				15 LF	X	-			
Name of Registered Waste Hauler		NJDEP	Waste	_	Cubic Yards		Name of Registe	40 SF	X				
NEWARK CARTING INC.		Hauler I				200	GRAND CENTE		LAND	ELI	l		
869 RAYMON BLVD. City, State			913		0.					1			
NEWARK, NEW JERSEY 07105					Disposal Da		City, State	NA/A 10:					
Completed by (Print or Type)	Title				12/23-11/30/ IS	Signature	PLAINFIELD TO	DWNSHIP, PA				<del>}</del>	
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATION	NS			125	$\sim$	Date	٠ _	31	>	11.	7.

		N	TIFICATION OF ASBEST	OS ARATEMEN	IT				5411	
			Name of Building	Owner/Operat	or (2)				m   E   M	
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	ation							1 1	LI MAN	0
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	VNO		Name of Contact		ITelephone N	ıım	-		BESTOS	CONTRA
RGENC	YNO	IFICA							ILICE	NSING
s Taking	Place	2 (3)	FACILITY INFORM						Topologic Guidan Marin o y	
	, , , , , ,	· (0)								
						n K-12	2)			
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ng Entire de of No	Perio	d of A	batement Hours - Describer	1376 ROUTE	9					
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( Par	novatio		X Full Con	tainment with Ne	gative Pressure				7753	
	iovatic	<i>I</i> 1								
			Description of A	sbestos-				Abater	ment Type	
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			or other miscell	aneous)	Si di Er)	\\	Z	JSc	OSC	
Yes	No							E	RE	
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-	_	X	SPRAY ON INSULATION		500 SF	X				
						X				
		Χ	PIPE FITTINGS		85 LF	X				
		Х	PIPE FITTINGS		15 LF					
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			PIPE FITTINGS		25 LF	1				
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	ended Noccellation Hold REGENC STAking VERSIT Party (6) EX WIN, NEW Check on ing Entire de of Noc FRI: SA X Rer Main	al Notification anded Notification anded Notification anded Notification and and a second second and a second	fication al Notification ended Notification #4 cellation Hold ERGENCY NOTIFICA IS Taking Place (3)  IVERSITY CENTER Inty (6) EX uilding Owner (8)  IVERSITY CENTER INTY (6) EX UILDING INTERPROVING INTE	ROTIFICATION OF ASBEST (Pursuant to NJAC 8:60-7 Name of Building SETON HALL UN Street Address 400 SOUTH ORA AND SOUTH ORANGE City, State, Zip Co SOUTH ORANGE SOUTH ORANGE CITY STATE USE ONLY) WERSITY CENTER Thy (6) EX  WERSITY CENTER Thy (6) EX  WILLITY INFORM STAKING Place (3)  WERSITY CENTER Thy (6) EX  WILLITY INFORM STAKING Place (3)  WIN, NEW JERSEY 08057  Telephone Number 856-889-5182  Sched. Completion Date (11) 11 / 30/ 17 Month Day Year  Check only one) Ing Entire Period of Abatement de of Normal Facility Hours - Describe: FRI SATURDY 7AM-3:30 PM  X Renovation  X Full Con X Mini-Enc X Gloveba Non-Fria  Is Location normally used solely by Maint/Custodial Staff (1) Yes No N/A  X PIPE FITTINGS  X PIPE FITTINGS	Name of Building Owner/Operat	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)  Name of Building Owner/Operator (2) SETON HALL UNIVERSITY Street Address 400 SOUTH ORANGE AVENUE  City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079  Precipion of Abatement and of Normal Facility Hours - Describers of Normal Facility Hours - Describers of Name of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Name of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Abatement and of Abatement and of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Normal Facility Hours - Describers of Name of Abatement and of Normal Facility Hours - Describers of Abatement and of Normal Facility Hours - Describers of Abatement and of Abatement and of Abatement and of Abatement and of Normal Facility Hours - Describers of Abatement and of Normal Facility Hours - Describers of Abatement and of Abat	NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT to NJAC 8:80-7 and 12:120-7)	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:607 and 12:1207)    Name of Building Owner/Operator (2)	NOLINCATION OF ASSESTOS ABATEMENT (Pursuant to NAGE 8:00 7 and 12:120-7)    Name of Building Owner(Operator (2)

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				(Pursuant t	me of	C 8:60-7 a	nd 12:120-7) Owner/Operato	r (2)		-(Car	- 1				7 1		W	/
Date of Notification (1)				SE	TON F	IALL UNIV	ERSITY	(2)				13	-		I The State of Street, or other	1	TOTAL CO.	
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X DCA EME	RGENCY	Y NO	TIFIC/	1000000		PIVOVA	RNICK									NOT	43	
				FAC	ILITY	NFORMA	TION	•			1				_	-		
Name of Facility Where Abatement is	Taking	Plac	e (3)				Type of Facil											
SETON HALL UNIVERSITY							School (											
							X Subchar	oter 8 (Other that b. private & com	in K-12	2)								
Street Address		1 - 0 - 0 - 0					Square Feet	# of Floors		ags., i		s, etc. 3ldg. /						
400 SOUTH ORANGE AVENUE - UNIV	ALL LANGE CONTRACTOR	Y CEN	ITER				60,000	3				40+						
City (5) Coun SOUTH ORANGE ESSE				7.2222377777		de (7)		Prior if being de	molish	ed)								
Name of Monitoring Firm Hired by Bu		wner	(8)	(SIAI	_	ONLY)	UNIVERSITY											
TTI ENVIRONMENTAL INC.			1-7		1	3	PAR ENVIRO	tement Contract	RPORA	) ATION								
Street Address							Street Address		010	111011								
1253 NORTH CHURCH STREET City, State, Zip Code							313 SPOOK R				Lacron Section							
MOORESTOW	N. NEW	JERS	SEY 0	8057			City, State, Zip	Code W YORK 1090										
Project Manager for Monitoring Firm				ne Number			Telephone Nu		cense	Numb	or	-			_			
JEFF SEAMAN			-889-				845-369-7500	170	01	NUITID	ei							
Expected State Date (10)	Sch			letion Date	(11)		Name of OSH	A Monitor		200					$\dashv$			
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Other - Describe.	A1- 5A1	IUKD	Y /AN	n-3:30 PM			City, State, Zip		30 FA		D. ( 40)							
Scope of Work (Check all that apply)				93	X	Full Conta	I inment with Neg	WAPPINGEI	KS FAI	_LS, N	NY 12	590						
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>3SF OR LF X >160 SF OR 260 LF							Procedure											
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BOARD DINING			X	SPRAY ON		LATION		1,530 SF	Х	_		_						
AND Mark Association	+		X	PIPE FITTI				25 LF	X									
SEVERY BAY 1	-	-	X	PIPE FITTII	100			15 LF	Х									
SEVERY BAY 1	-	_	X	SPRAY ON	INSU	LATION		760 SF	X									
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTII	NGS			15 LF	X									
SEVERY BAY 2			Х	PIPE FITTI	NGS			15 LF	х									
(ITCHEN		-	Х	FIRE WALL				40 SF	x									
Name of Registered Waste Hauler NEWARK CARTING INC.		EP Wa		Cubic Yards		occorde e	Name of Registe	ered Landfill										
69 RAYMON BLVD.	Inaule	913	VU.	84	200	10	GRAND CENTR	AL SANITARY	LAND	FILL		10						
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NEWARK, NEW JERSEY 07105				12/23-11/30	/2017		LAINFIELD TO	WNSHIP, PA		1		-	r					
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Date of Notification (1)						N HALL UNIV	Owner/Operato /ERSITY	r (2)					14	/ [			1			
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X DCA EMER	RGENCY	Y NOT	IFICA	TION VI	сто	RIA PIVOVA	RNICK						ŗ		-	with Souls		T I I I I I I	****	
Name of Facility William Alexander				FA	CILIT	Y INFORMA											1			
Name of Facility Where Abatement is	laking	Place	(3)				Type of Facil										1			
SETON HALL UNIVERSITY							X Subchar		:) 3 (Other thar	K-12	1									
Street Address									vate & comn			omes	, etc.)	)						
Street Address 400 SOUTH ORANGE AVENUE - UNIV	FRSIT	Y CEN	TER				Square Fee	1	# of Floors			В	ldg. A	-						
City (5)   Count		CLIV	1 111	Co	untv	Code (7)	60,000 Current Use (	Prior	if being den	oliehe	١٩/		40+							
SOUTH ORANGE ESSE	X					SE ONLY)	UNIVERSITY	1101	ii beilig deli	10115116	:4)									
Name of Monitoring Firm Hired by Bu TTI ENVIRONMENTAL INC.	ilding (	wner	(8)			ASCM No.	Name of Aba													
Street Address						3	PAR ENVIRO Street Address		NTAL COR	PORA	TION									
1253 NORTH CHURCH STREET							313 SPOOK F	70 h	K ROAD											
City, State, Zip Code	L NIEW	IEDO	E\( 0.0				City, State, Zip													
Project Manager for Monitoring Firm	N, INEVV			Number			SUFFERN, NI Telephone Nu				· (									
JEFF SEAMAN		9	-889-5				845-369-7500	mber	110	ense I 11	Numb	er								
Expected State Date (10)	Sci			etion Date	(11)	G (co-1)	Name of OSH	A Mo	2000			1.1 125			-10-5	$\dashv$				
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Occupancy Status During Abatement (C	heck on	ly one	)			1 Cal	Street Address	3						-		-				
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Scope of Work (Check all that apply)  Demolition	Ren	novatio	'n		X	Full Conta	ainment with Neg	gative	e Pressure							- 1				
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Location of Asbestos-containing		s Loca rmally				cription of As aining Materi			Amount	-		Abate		Туре	i.					
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TO BE ABATED in Facility (13)		int/Cus Staff (*	3000000			ation, surfaci			SF or LF)	8	AR R	APS	SO							
		No			01 0	ther miscella	ineous)			1		ENCAPSULE	UR							
KITCHEN			X	PIPE FIT	TING	S		15	LF	X		1.77	III							
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DISHWASHING AREA & ASSOCIATED						Administration of the second				X						$\neg$				
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BOARD DINING			Х	PIPE FIT	woody.			25		X										
SEVERY BAY 1			Х	PIPE FIT	TING	S		15		X				-/						
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HALLWAY BETWEEN SEVERY BAYS			Х	PIPE FIT	TING	S		15	Section 1	Х										
SEVERY BAY 2			Х	PIPE FIT	TING	S		15	LF	х										
KITCHEN			х	FIRE WA	LL			40		х										
Name of Registered Waste Hauler NEWARK CARTING INC.		EP W	000000000000000000000000000000000000000	Cubic Yar			Name of Regist				the second	-								
369 RAYMON BLVD.	mau	ler ID I 913	NO.		200	J	GRAND CENT	RAL :	SANITARY	LAND	FILL		All Indian	)						
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NEWARK, NEW JERSEY 07105  Completed by (Print or Type) Tit	10			12/23-11/3	_	-,-	PLAINFIELD TO	NWC												
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Date of Notification (1)			(Purs	Name o	AC 8:60-7 a f Building HALL UNIV	and 12:120-7) Owner/Operato	or (2)						31	L-,		+	Ц	W	E
12 / 19 /16				Street A		LINOITI						1	11						
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		/ NOTIFI	CATION	Name of	Contact IA PIVOVA	DNICK	Telen	hone Nu	ımber	8				HANAS	Dr. and arrange as	1100	TIME		
				100000000000000000000000000000000000000	INFORMA	The second second	_					_							
Name of Facility Where Abatement is T	aking	Place (3	)	TAGILITI	IN ORIVIA	Type of Faci	lity (4)									4			
SETON HALL UNIVERSITY						School X Subcha	(K-12) pter 8 (Ot	her than	K-12	)									
Street Address						Other (i	e. private		cl. blo	lgs., ł	nome	s, etc	.)						
400 SOUTH ORANGE AVENUE - UNIVE	RSITY	CENTE	R			Square Fee	t # of	Floors 3	1		Е	Bldg.	~						
City (5) County	(6)			County C	ode (7)	Current Use (	Prior if be		olishe	d)		40+	10			1			
SOUTH ORANGE ESSEX			(	STATE US		UNIVERSITY				u)									
Name of Monitoring Firm Hired by Build TTI ENVIRONMENTAL INC.	ding O	wner (8)		A	SCM No.	Name of Aba PAR ENVIRO	tement C	ontract	or (9)	TION									
Street Address						Street Addres		L COR	UKA	HON		-		_		-			
1253 NORTH CHURCH STREET City, State, Zip Code						313 SPOOK F	ROCK RO	AD											
MOORESTOWN,	NFW	JERSEY	08057			City, State, Zi													
Project Manager for Monitoring Firm			one Num	nber		SUFFERN, NI Telephone Nu			h	le san b			_						
JEFF SEAMAN		856-88				845-369-7500		110	ense N	Numbe	er								
Expected State Date (10)	Sch			Date (11)		Name of OSH	A Monitor					-	_						
Month Day Year	l M	11 / lonth	30/	Day	17 Year	QUALITY EN	/IRONME	NTAL S	OLUT	IONS	8 TE	ECH.							
Occupancy Status During Abatement (Che	ck onl	v one)			Teal	Street Address									_				
X Facility Closed/Vacated During	Entire	Period of	Abaten	nent		1376 ROUTE													
Abatement Performed Outside  X Other - Describe: MONDA	of Nori	mal Facili	ty Hours	- Describe	:	0: 0 =													
	1- OA 1	OND 1 77	(IVI-3.3U	РМ		City, State, Zip		INGER	EAL	1 C N	V 40	-00							
Scope of Work (Check all that apply)				X	Full Conta	ı inment with Neç	gative Pre	ssure	FAL	LS, N	1 12:	90							
Demolition X	Ren	ovation		X	Mini-Enclo										- 1				
X >160 SF OR 260 LF				X	Glovebag	Procedure e Procedure													
Location of	Is	Location		Descri	ption of As		1		Т		Abata		T						
Asbestos-containing Material (ACM)		mally use	d	Contair	ning Materia	al (ACM)	Am	ount	P.	2			Type	6					
TO BE ABATED		solely by nt/Custodi	ial	(ie. T	hermal sys	tems	7,557550	ecify	REMOVAL	REPAIR	ENCAPSU	ENCLOSU	1						
in Facility (13)	S	taff (12)		or oth	er miscellar	g, VAI, neous)	SFo	r LF)	X	R	PSI	.08	1						
	Yes	No N/	Α								JLE	RE							
KITCHEN	-	X	PIPE	FITTINGS			15 LF		X			T	-						
BACK HALL	-	X	PIPE	FITTINGS			35 LF		X										
BACK HALL		X	SPRA	AY ON INS	ULATION		500 SF		X										
DISHWASHING AREA & ASSOCIATED									x										
HALL		X	PIPE	FITTINGS			85 LF		X						$\neg$				
RECEIVING AREA		X	PIPE	FITTINGS			15 LF		Х						-				
RECEIVING AREA		x	SPRA	Y ON INSU	JLATION		1,530 SF	=	Х						$\neg$				
BOARD DINING		X		FITTINGS			25 LF		X			-			-				
SEVERY BAY 1		X		FITTINGS			15 LF												
SEVERY BAY 1		х		Y ON INSU	JLATION		760 SF		X X										
HALLWAY BETWEEN SEVERY BAYS		х		FITTINGS			15 LF						-		-				
SEVERY BAY 2		X	North Street	FITTINGS			15 LF		X						_				
KITCHEN		X	FIRE						X	-					$\dashv$				
Name of Registered Waste Hauler	NJDE	P Waste	_	Yards of W	aste	Name of Registe	40 SF ered Land		X		-	7			$\dashv$				
NEWARK CARTING INC. 369 RAYMON BLVD.	00.00	r ID No.		200		GRAND CENTR	AL SANI	TARY L	ANDF	ILL	L	A	)		$\dashv$				
City, State		913	Disco	al Detr		~ //	2	7.15.55 - 1.15.00		esmort.		and the same	50.						
NEWARK, NEW JERSEY 07105				sal Date 11/30/2017		City, State PLANFIELD TO	MNSHID	DΔ			,								
Completed by (Print or Type) Title				Signat	ure //	7//	THOMP	Date	1	7/	1	1	1	1-	-				
BENJAMIN SANCHEZ DIRE	CTOR	OF OPE	RATION	IS	1	/ X /\			1 -	4	16	1/	14						

a gar g				TIFICATION	NOF		SABATEMENT						
	-						d 12:120-7) wner/Operator	(2)		-17	~ 1	1	Pu II
'Date of Notification (1)				J 11395534		IALL UNIV	The state of the s	(2)		1000	$M_{\Gamma}$	E I	
12 / 9 /16					et Ad	78 7 7 7 7 mm.				11:	11		
Agencies Notified Type Notif							SE AVENUE			11	1	1.0	t.V
DEP Ame	I Notificended No cellation	otificatio	n	10000		e, Zip Code DRANGE, N	IEW JERSEY 0					191	
X DOH On H			.=			Contact		Telenhone	Numbe	r	110	in the second	HUS CYT
X DCA EME	RGENO	CY NOT	IFICA			A PIVOVAF	0.015330	_		200	F		CEV5Y
Name of Facility Where Abatement i	e Takin	a Place	(3)	FAC	ILITY	INFORMA"							
SETON HALL UNIVERSITY	o rami	gridoc	(0)					K-12) ter 8 (Other t					
Street Address								. private & co		ldgs., h			
400 SOUTH ORANGE AVENUE - UNI	IVERSI	TY CEN	TER				Square Feet 60,000	# of Flo	ors		В	ldg. Ag 40+	е
City (5) Cour	nty (6)	VE 255		Cou	nty Co	ode (7)	Current Use (F		demolish	ned)		40.	
SOUTH ORANGE ESS			20	(STAT	E USE	E ONLY)	UNIVERSITY	3					
Name of Monitoring Firm Hired by B TTI ENVIRONMENTAL INC.	uilding	Owner	(8)		A	SCM No. 3	Name of Abat PAR ENVIROR			*			
Street Address							Street Address						
1253 NORTH CHURCH STREET City, State, Zip Code		-	-				313 SPOOK R						
MOORESTON	VN, NE	N JERS	EY 08	3057			City, State, Zip SUFFERN, NE		901				
Project Manager for Monitoring Firm				e Number	34211211		Telephone Nur		License	Numb	er		
JEFF SEAMAN		_	-889-5				845-369-7500		1101				
Expected State Date (10) 12 / 23 /16	S			etion Date	(11)	922	Name of OSHA						
12 / 23 /16 Month Day Year		Month	1 /	30/ Day		17 Year	QUALITY ENV	TRONMENT	AL SOLI	JTION	S & TE	ECH.	
Occupancy Status During Abatement (							Street Address				- 7.1		
X Facility Closed/Vacated Du					****		1376 ROUTE 9	)					
Abatement Performed Outs  X Other - Describe: MON	ide of N IDAY - F				scribe:	•	City State 7:-	Code				_	
other beschbe. More	DAI-I	NIDAT	r Mivi-	3.30FW			City, State, Zip	WAPPING	SERS FA	ALLS N	VY 125	590	
Scope of Work (Check all that apply)					X	Full Conta	inment with Neg						
	X R	enovatio	on		X	Mini-Enclo	3.5						
>3SF OR LF X >160 SF OR 260 LF					X	1	Procedure e Procedure						
Location of	T	Is Loca	tion		Descri	ption of As		1	-		Ahate	ment 7	Tyne
Asbestos-containing	r	normally			ontair	ning Materia	al (ACM)	Amour	t R	ᇛ			,,,,,
Material (ACM) TO BE ABATED		solely laint/Cu	The state of the s			Thermal sys		(Specif		REPAIR	ENCAPSULE	ENCLOSURE	
in Facility (13)	100	Staff (				on, surfacir er miscella		SF or Li	F)   Š	一元	PSI	OSC	
20.9	Y	es No	N/A	1	567.00 Historia						E	JE	
KITCHEN			X	PIPE FITT	INGS			15 LF	X				
BACK HALL			X	PIPE FITT	INGS			35 LF	X				
BACK HALL			X	SPRAY O	N INS	ULATION		500 SF	X				
DISHWASHING AREA & ASSOCIATE	D								X				
HALL			X	PIPE FITT	INGS			85 LF	X				
RECEIVING AREA			X	PIPE FITT				15 LF	X				
RECEIVING AREA			X	SPRAY O		STATE OF THE PARTY		1,530 SF	X		+	1	
BOARD DINING			X	PIPE FITT	and the same			25 LF	X	_	_		
SEVERY BAY 1		+	X	PIPE FITT					_	_	-	-	
SEVERY BAY 1		+	x			LILATION		15 LF	X		+	-	
SEVERY BAY 2		+	×	SPRAY OF		OLATION		760 SF	X	+	-	-	
HALLWAY BETWEEN SEVERY BAYS		+		The state of the state of the	And Tours			15 LF	X	+-	-	-	
Name of Registered Waste Hauler		JDEP W	X	PIPE FITT Cubic Yard		Vaste	Name of Regist	15 LF	Х			-	
NEWARK CARTING INC.	_	auler ID		Jubio Fair	200	14316	GRAND CENT		RY LAN	DFILL			
369 RAYMON BLVD.		913									V	- An	
City, State				Disposal D			City, State				(0)	1	125
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title			12/23-11/3	0/201 Signa		PLATNFIELD TO		PA Date			1	/
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	Cht. 7	43	20	21	
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A	Date of Notification (1)	20 / 1	17		1	Name o	f Building	Owner/Operator (iversity-Office	2) of Design and (	Construction	- 8	20	17	1 1		
Second Service   Second Service   Second Service   Second Second Service   Second Service   Second	4 / _			2					Control Control					1		
□ EPA DOLVID 335  □ Amendment # □ Emergency (nocluding   DCA Amendment # Robert Ortego FACILITY INFORMATION  Name of Facility (Where Abatement is Taking Place (3) Princeton University- Corvin Hall  Street Adortess □ Control (Notice   DCA Amendment			n		1					ASBESTO	080	ONT	ROI	_&		
DISA 3-3-2-0	EPA 23Z7	100			-			ode			EH	HIG	1	_		
Date			t #		1	10000										
Name of Facility Where Abstement is Taking Place (3)				ding	١.			7 00044		Telephone Number	er					
Second   County   C	(NJAC 5:23-8)	1 12			1			0								
Name of Facility Where Abatement is Taking Place (3) Princeton University- Corwin Hall  Street Address Prospect Ave  City (5) Princeton  County (6) MERCER Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC  Street Address Bromley Corporate Center-Three Terri Lane  City, State, Zip Code Burlington, Nu 108016  Project Manager for Monitoring Firm  Michael Keehn  State Date (10) 5 / 1 / 17	7.	Cancellation	1								1					
Name of Facility Where Abstement, is faulty Flade (i.e., private and commercial buildings, propert Ave  Prospect Ave  Rect Griy (5)  Princeton  County Code (7)(STATE USE DINLY)  County Code (7)(STATE USE DINLY)  Rect Address  Rame of Monitoring Firm Hired by Building Owner (8)  ATC Group Services LLC  Street Address  Bromley Corporate Center-Three Terri Lane  City, State, 2p Code  Burlington, NJ 08016  Brolley Code (7)(STATE USE DINLY)  Rect Address  Bromley Corporate Center-Three Terri Lane  City, State, 2p Code  Burlington, NJ 08016  Bristol, PA 19007  Telephone No.  G09-386-8800  City, State, 2p Code  BRISTOL, PA 19007  Scheduled Completion Deta (11)  Scheduled Completion Deta (11)  Star Date (10)  Star Date (10)  Facility Closed/Avaseted During Entire Period of Abatement  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement Performed Outside of Normal Facility Hou						FAC	ILITY INF	ORMATION	Tune of Encility /	'A\						
Princeton University- Corwin Hall	Name of Facility Where	Abatement is Tak	king P	lace (	3)				530					1		
Street Address	Princeton Universi	ty- Corwin Hal	11						Subchapter 8	(Other than K-12)						
Prospect Ave	Street Address								Other (i.e., pr	rivate and commerc	ial bui	lding:	S,			
County (6)   Princeton   County (7)   County (8)   Cou	Prospect Ave										Bio	n An	e	-		
Princeton	City (5)								Square Feet	# 01 F10015	Die	9.719				
MERCER Name of Monitoring Firm Hired by Building Owner (8)  ATC Group Services LLC  Street Address Bromley Corporate Center-Three Terri Lane  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Start Date (10)  Stenduled Completion Date (11)  5 / 1 / 17									O t les (Dri	ior if hoing demolish	ed)					
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No. ATC Group Services LLC   Street Address	County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (PII	of it being demonstr	cuj			- 1		
Name of Montroring Paint Files by Country Services LLC  Street Address Bromley Corporate Center-Three Terri Lane  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Film Michael Keehn  Start Date (10) 5 / 1 / 1 / 5 / 2 / 17  Scheduled Completion Date (11) 5 / 1 / 1 / 5 / 2 / 17  Scheduled Completion Date (11) Start Date (10) 5 / 1 / 1 / 17 Scheduled Completion Date (11) Start Date (10) Start Date (10) Seheduled Completion Date (11) Shall project Manager for Monitoring Film Start Date (10) Start D	MERCER				1				10 1 1 10			-		-		
Street Address   Stre	Name of Monitoring Firm	Name of Abatement Contractor (9)										)				
Street Address Bromley Corporate Center-Three Terri Lane  1123 BEAVER STREET  City, State, Zip Code Burlington, NJ 08016  Project Menager for Monitoring Firm Michael Keehn  Start Date (10) 5 / 1 / 17 5 / 2 / 17  Cocupancy Status During Abatement (Check only one) Telephone No. Seption of Normally Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 7:00AM-3:30PM/ Asbestos-Containing Material (ACM) I DBE ABATED IN Facility (13)  Wen's Room 2 nd floor  Men's Room 1 nd floor  Men's Room 1 nd floor  Men's Room 1 nd floor  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Full Containment with Negative Pressure Glovebag Procedure  Abatement Type Abatement Type  Abatement Type  Abatement Type  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify (Specify Custodial Staff? (12) Window caulk  Men's Room 1 nd floor  Men									VIRONMENTA	L, INC.				-		
City, State, Zip Code Burfington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Start Date (10) 5 / 1 / 17  Scheduled Completion Date (11) Bar / 1 / 17  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Scope of Work (Check all that spelly Used Solely by In Facility (13)  Location of Asbestos-Containing Material (ACM) To BE ABATED IN Facility (13)  Nemn's Room 2 nd floor  Men's Room 1 nd floor  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State , Zip Code BRISTOL, PA 19007  Street Address  Street Address  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  Street Address  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  Street Address  Street Address  Street Address  Title Containment with Negative Pressure  Hauler (1) and Non-Friable Procedure  Abatement Type  Assetsos Containing Material (ACM) (Specify (1))  Assetsos Containing Material (ACM) (Specify (1))  Assetsos Containing Material (ACM) (Specify (1))  Men's Room 2 nd floor  Men's Room 1 nd floor  Men's Room				10000												
City, State, Zip Code   Burlington, NJ 08016   Froject Manager for Monitoring Firm   Telephone No.   609-386-8800   215-788-6040   00509	Bromley Corporate	e Center-Three														
Burlington, NJ 80816  Project Manager for Monitoring Firm Michael Keehn  Stephone No. 609-386-8800  Stert Date (10)  5 / 1 / 17  Scheduled Completion Date (11)  BRISTOL, PASSON  Stert Date (10)  5 / 2 / 17  Stert Date (10)  5 / 2 / 17  Scheduled Completion Date (11)  BRISTOL ENVIRONMENTAL, INC.  Steret Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) IN Facility (13)  Name of Registered Waste Hauler BRISTOL, PA 19007  Name of Registered Waste Hauler BRISTOL, PA 19007  Completed By (Print or Type)  Title  Telephone No. 1216-784 19007  Telephone No. 215-788-6040  1 Stephone No. 215-788-6040  Stephone No. 215-78																
Project Manager for Monitoring Firm   Michael Keehn   Telephone No.   609-386-8800   215-788-6040   00509		16							A 19007							
Michael Keehn					Telep	hone N	10.									
Start Date (10)					60	9-386-	8800			00509		STAR S				
Street Address   Street Address		Sc	hedul	ed Co	mplet	ion Dat	e (11)									
Street Address   Str		17	5	/	2	_ / _	17_	BRISTOL EN	IVIRONMENTA	L, INC.						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement: 7:00 AM-3:30 PM			heck o	only or	ne)											
Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement: 7:00AM-3:30PW	M Encility Closed/Vacat	ted During Entire	Perio	od of A	Abaten	nent		1123 BEAVE	R STREET							
Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Glovebag Procedure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempt	☐ Abatement Performe	d Outside of Nor	mal F	acility	Hours	s - Desc	cribe	City, State, Zip C	ode							
≥3 sf or ≥3 lf	Time of Abatement:	7:00AM-3:30PN	/i/	PN	/i	AM		BRISTOL, P.	A 19007							
≥3 sf or ≥3 lf	Cooper of Work (Check a	all that apply)								tive Dropouro						
Salid   Sal	Scope of Work (Check a	an charappiyy		<b>-</b> -		83		☐ Full Cor	rtainment With Ne closure	gative Plessure						
Signature   Sign	≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf							☐ Gloveb	an Procedure							
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13)  Men's Room 2 nd floor  Men's Room 1 st floor  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State BRISTOL, PA 19007  Completed By (Print or Type)  To BE ABATED (Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Window caulk  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Window caulk  20 LF  Window caulk  14 LF  Disposal Date  Cubic Yards of Waste MORRISVILLE, PA 19067  Date  Yes No N/A  Signature  Custodial Staff? (12)  Yes No N/A  Window caulk  14 LF  Disposal Date  City, State MORRISVILLE, PA 19067  Date  Yes Date	≥160 st or ≥260 ff		_	_ 50.	,,,,,,,,,		101	Non-Ex	empted (*) and No	on-Friable Procedure						
TO BE ABATED   IN Facility (13)				0.55							Ab	_		1		
TO BE ABATED   IN Facility (13)	Location	n of						Description	of	Amount	Rer	Rep	Enc	Enc		
Yes   No   N/A	Asbestos-Containing	Material (ACM)					Asbe	stos Containing iv	s insulation,	(Specify	Von	pair	aps	losi		
Yes   No   N/A				Cust		Staff?	(	surfacing, VA	T, or	SF or LF)	<u>a</u>		ula	re		
Men's Room 2 nd floor    Men's Room 1 st floor   Mindow caulk	1		-	1974		1		other miscellan	eous)				6			
Men's Room 2 nd floor    Men's Room 1 st floor   Mindow caulk				Yes	No	N/A				20 LF	M					
Men's Room 1st floor	Men's Room 2 nd floo	or				$\boxtimes$						-				
Name of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  Name of Registered Landfill FAIRELESS LANDFILL  Disposal Date  City, State BRISTOL, PA 19007  Completed By (Print or Type)  Title  Signature  Completed By (Print or Type)  Title  Signature  Cubic Yards of Waste FAIRELESS LANDFILL  City, State MORRISVILLE, PA 19067  Date  Y-20-(7)	Men's Room 1st floo	or				$\boxtimes$	Windov	v caulk		14 LF	-	-				
Name of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  City, State  BRISTOL, PA 19007  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 18706  Disposal Date  Cubic Yards of Waste Waste  FAIRELESS LANDFILL  City, State MORRISVILLE, PA 19067  Signature  Completed By (Print or Type)  Title  Completed By (Print or Type)  Title											1					
Name of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  City, State  BRISTOL, PA 19007  Completed By (Print or Type)  Title  BRISTOL ENVIRONMENTAL, INC.  Hauler ID No. 18706  Disposal Date  City, State  MORRISVILLE, PA 19067  Signature  Gradian School School Signature  Gradian School Schoo												Ш		Ш		
BRISTOL ENVIRONMENTAL, INC.  18706  Disposal Date  City, State  MORRISVILLE, PA 19067  Completed By (Print or Type)  Title  Completed By (Print or Type)  Title  Completed By (Print or Type)  Title	Name of Registered Wa	aste Hauler														
City, State  BRISTOL, PA 19007  Completed By (Print or Type)  Title  Signature  Completed By (Print or Type)  Title  Completed By (Print or Type)  Title	BRISTOL ENVIRO	NMENTAL, IN	C.		Н					SS LANDFILL						
BRISTOL, PA 19007  Completed By (Print or Type)  Title  Signature  Guidan Schun 190  4-20-(7	A second				-	-A		Disposal Date		WILE DA 40067						
Completed By (Print or Type)  Title  Signature  Gairga Schun 19th  4-20-(7)		07							MORRISV							
Brian Scaffro Estimator Brian Scaffro 9-20-17			Title					Signature	C 1:	) lou Da		7	1	7		
			Es	tima	tor			Bud	M SCHIM	0/4/	7-	$\alpha U$	- (			

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

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Date of Notification (1)				Nan	on of Buildi	ng Owner/Opera	tor (2)		The Contract of the Contract o			-	
	/17			P	rinceton	University-Off	ice of D	esign and (	Construction	7Y -	8	2017	,
Agencies Notified Type N	otification				et Address								1
☐ EPA ☐ Initia	al			20	00 Elm Dr	•**;			ASBES	TOS	000	TRE	51 8
☑ DOLWD ☑ Ame				City	State, Zip	Code				KJE			JL O
	endment #	- Total Co.				NJ 08544							
	ergency (in fication)	cludir	ıg		e of Conta				Telephone Nu	mher			
	cellation			100000000	bert Orto	170.74		, I	relephone ita	11001			
				FA	ACILITY I	NFORMATION					0 0		
Name of Facility Where Abatemer		Plac	e (3)				1	e of Facility (4	8500				
Princeton University- Corv	in Hall							School (K-12)		0)			
Street Address						đ.		Subchapter 8 Other (i.e. priv	(Other than K-1 vate and comm	2) ercial l	huildi	าตร	
Prospect Ave								homes, etc.)				190,	
City (5)							Squ	are Feet	# of Floors	E	3ldg.	Age	
Princeton													
County (6)				Cou	inty Code (	7)(STATE USE ONL	LY) Curr	ent Use (Prio	r if being demo	lished)			
MERCER													
Name of Monitoring Firm Hired by	Building O	wner	(8)	ASCN	1 No.	Name of Abate	ement Co	ontractor (9)	<del></del>				
ATC Group Services LLC	20121.02							NMENTAL,	INC.				
Street Address		1				Street Address							
Bromley Corporate Center-	Three Te	rri L	ane			1123 BEA	VFR ST	REET					
City, State, Zip Code					City, State, Zip Code								
Burlington, NJ 08016						BRISTOL,		07					
Project Manager for Monitoring Fire	m		Tel	ephone	No	Telephone No.			License No.				_
Michael Keehn	1		5-8800	215-788-60			00509						
Start Date (10)	Cahadi	ulad C			ate (11)	Name of OSH		,	00303				
5 / 1 / 17	A 100 TO		Service Service		17			NMENTAL,	INC.				
Occupancy Status During Abateme						Street Address							
☐ Facility Closed/Vacated During		100		ment		1123 BEAV		PEET					
☐ Abatement Performed Outside of					scribe	City, State, Zip		\LL1					_
Time of Abatement: 7:00AM-3:						BRISTOL,		07					
Scope of Work (Check all that apply	/)						ontoinmo	at with Naget	ius Dessaurs		12.72		1
≥3 sf or ≥3 lf	1	⊠ Re	novat	ion		☐ Mini-E		ent with Negat	ive Pressure				
☐ ≥160 sf or ≥260 lf		] De				☐ Glove	bag Proc	edure					
						⊠ Non-E	xempted	(*) and Non-F	Friable Procedu	re			
			Loca Iorma							At	atem	ent T	уре
Location of Asbestos-Containing Material (A	CNA			ely by	Acho	Description stos Containing !		A C 8 (I)	Amount	Re	Re	m	En
TO BE ABATED	(CIVI)	Mai	intena	nce/		, thermal system			(Specify	Remova	Repair	cap	clos
IN Facility		Cust		Staff?	,	surfacing, VA	AT, or		SF or LF)	val	-	Encapsulate	Enclosure
(13)	-	Yes	(12) No	N/A	-	other miscella	neous)					ate	
Men's Room 2 nd floor					Window	/ caulk			20 LF				
Men's Room 1st floor				$\boxtimes$	Window	caulk			14 LF				
2 ND Floor					Window	Caulk & Glaz	ing		40 LF				
THE TOTAL OF THE POST OF THE P					100,000,000,000	- 2003 2003-020-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		CANCELLA CHA.					
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Nam	ne of Register	ed Landfill				
BRISTOL ENVIRONMENTAL	, INC.		Н	auler II		Waste	FA	AIRELESS L	ANDFILL				
City, State				18706		Disposal Date	City	State					
BRISTOL, PA 19007						Disposal Date			E, PA 19067				
							141	OMMOVILL					
Completed By (Print or Type)	Title		0.00			Signature	0	1.1.	Da	te /	1	-	
Brian Scafiro	Est	imat	or			Drian	Acas	tero /1	(	5/02	11	/	

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

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

	- Year				_							2	55.53/6	3000	
Date of Notification (1)	20 /	1	7		Nam Pr	e of Buildir inceton L	ng O Jniv	wner/Operator rersity-Office	(2) of Design and	d Construct	MAY	-	8	2017	,
□ EPA □ DOLWD	Γype Notif ⊠ Initial ⊠ Amend	led			Stree 20	et Address  O Elm Dr  State, Zip					ESTO		201 Sin		JL &
□ DHSS   □   □   □   □   □   □   □   □   □	Amend				1	inceton, I				-					***************************************
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludii	ng	-	e of Contac				Telephone	Numb	er			
	☐ Cancel	100000000000000000000000000000000000000			Ro	bert Orte	go			1					
					FA	CILITY IN	VFC	RMATION							
Name of Facility Where Aba	atement is	Takin	g Plac	e (3)					Type of Facility	(4)			-		
Princeton University-									School (K-1	300000					
Street Address									☐ Subchapter	8 (Other than	K-12)		2.12		
Prospect Ave									Other (i.e., phomes, etc.		mmerc	ial b	uildir	ngs,	
City (5)					-				Square Feet	# of Floor	'S	IB	ldg.	Age	
Princeton														J	
County (6) MERCER					Cou	nty Code (7	r)(ST	ATE USE ONLY)	Current Use (Pr	rior if being de	emolish	ed)			
Name of Monitoring Firm His	red by Bu	ildina (	Owner	(8)	ASCM	No	IN	ame of Abateme	ent Contractor (9)					_	
ATC Group Services I		og		(0)	, 10011		1		VIRONMENTA						
Street Address							-	reet Address		L, 1110.		-			
Bromley Corporate Co	enter-Th	ree T	erri L	ane				1123 BEAVER	R STREET						
City, State, Zip Code				City, State, Zip Code											
Burlington, NJ 08016								BRISTOL, PA							
Project Manager for Monitori	ing Firm			Tele	phone	No.		lephone No.		License N	lo.				
Michael Keehn					- ALL	-8800		215-788-6040		00509					
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Na	me of OSHA M	onitor						
5/1/	17	_ ;	5/	4	_ /	17	E	BRISTOL EN	/IRONMENTAI	L, INC.					
Occupancy Status During Ab	patement	(Check	only	one)			Str	eet Address							
□ Facility Closed/Vacated D							1	123 BEAVER	STREET						
Abatement Performed Ou Time of Abatement: 7:00								y, State, Zip Co BRISTOL, PA							
Scope of Work (Check all tha	at apply)										- 77 37				
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			-	novati molitic				☐ Mini-Enclo							
				Locat								Ab	atem	ent T	уре
Location of		.		Normal d Sole				Description of		920000000000000000000000000000000000000				_	
Asbestos-Containing Mate TO BE ABATED		A)		intena				Containing Matermal systems in		Amount (Specify		Removal	Repair	ncal	nclo
IN Facility	_		Cus	todial 5 (12)	Staff?	(	S	surfacing, VAT,	or	SF or LF	)	val	-	Encapsulate	Enclosure
(13)		+	Yes	No	N/A		oth	her miscellaneo	us)					ate	
Men's Room 2 nd floor			res		N/A	Window	cai	ulk		20 LF		$\boxtimes$	П	П	
Men's Room 1st floor						Window				14 LF					
2 ND Floor						Window	Car	ulk & Glazing		40 LF	-	X			
	Re Million Co.	- 100 100	П	П	П					TANK BUTALIN	20/10/202				
Name of Registered Waste Ha	auler				JDEP V	Vaste	Cub	ic Yards of	Name of Regist	ered Landfill					
BRISTOL ENVIRONMEN		VC.		1000000	uler ID 18706		Was	ste	FAIRELESS						
City, State					.0.00		Disp	osal Date	City, State						
BRISTOL, PA 19007									MORRISVIL	LE, PA 190	67				
Completed By (Print or Type)		Title						Signature	0 1		Date	7	,		
Brian Scafiro	Es	timat	or				Drian x	Scalino /	il	5	12,	117	7		

ASB-41 B 517049

			21	1117	117	1
	己山	9 11 2	11	W	ir.	11
1	D 13	/ La	i.	12/	1	11

Date of Notification (1)				N	ame of Bui	ding Owner/Operato	or (2)	0,01017	102	-		-
	_ / _	17	-				ce of Design and	Construction	AY n	- 0	201	1
Agencies Notified Typ	e Notificat	tion		St	reet Addres	SS						
	nitial				200 Elm [	Or		ASBES	TOS	CC	NTF	101
	Amended			Cit	ty, State, Z	ip Code			LICE			
	Amendme		_	1		, NJ 08544						
□ DCA (NJAC 5:23-8)	mergenc ustification	y (inclu	ding		me of Con			' T' bi				
	Cancellatio	5.0			Robert Or			k	··mbe	r		
						- 3						
N	-				ACILITY	INFORMATION						
Name of Facility Where Abate		3000 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ace (3	3)			Type of Facility					
Princeton University- Co	orwin Ha	11				*	School (K-12	)				
Street Address							<ul><li>☐ Subchapter 8</li><li>☑ Other (i.e., pr</li></ul>	Other than K-	-12)	l buil	dinaa	
Prospect Ave							homes, etc.)	ivate and comi	HEICIA	n Dun	unigs	3
City (5)							Square Feet	# of Floors		Bldc	. Age	9
Princeton											5	
County (6)				Co	unty Code	(7)(STATE USE ONLY	Current Use (Pric	or if heing demo	nlisho	4)		
MERCER						, ,,		or it being derric	21131161	٠,		
Name of Monitoring Firm Hired	by Buildin	a Own	er (8)	ASC	M No.	Name of Ahaten	nent Contractor (9)					
ATC Group Services LLC		5	. (0)	,,,,,			NVIRONMENTAL	1110				
Street Address							VVIRONINIENTAL	, INC.				
	Thus	T:				Street Address						
Bromley Corporate Cent	er-inree	ierri	Lane	<del></del>		1123 BEAVER STREET						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 08016						BRISTOL, PA	A 19007					
Project Manager for Monitoring F	irm		T	elephon	e No.	Telephone No.		License No.				1973
Michael Keehn				609-38	6-8800	00509						
Start Date (10)	Sch	eduled	Comp	oletion D	ate (11)	Name of OSHA N	Monitor					
5/1/_17	_	5	/	2 /	17	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During Abater	nent (Che	ck only	one)			Street Address						
						1123 BEAVE	POTPEET					
Abatement Performed Outside					scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-	3:30PM/		РМ	AN	I							
Scope of Work (Check all that ap	nlv)					BRISTOL, PA	19007					18-
cope of work (offect all that ap	51.97					☐ Full Cont	ainment with Negati	ive Pressure				
≥3 sf or ≥3 lf		-	enova			☐ Mini-Enc	losure	1000010				
] ≥160 sf or ≥260 lf			emolit	tion		☐ Glovebag	Procedure					
		T 1		-4i	Т	⊠ Non-Exel	mpted (*) and Non-F	riable Procedu	-			
Landian of		1	s Loca Norm			5			Al	paten	ent T	уре
Location of Asbestos-Containing Material	(ACM)			lely by	Asha	Description of stos Containing Mat		A 4	R	R	Щ	П
TO BE ABATED	(,	18,000		ance/		, thermal systems in		Amount (Specify	Remova	Repair	cap	Enclosure
IN Facility		Cus	(12)	Staff?		surfacing, VAT,		SF or LF)	val		Encapsulate	Sun
(13)		Voc	T	1	1	other miscellaned	ous)				ate	100
en's Room 2 nd floor		Yes	No	N/A	Window	caulk		20 LF	N			-
en's Room 1st floor					Window			14 LF				
					**********	Jaum		14 LF	$\boxtimes$		Ш	L
		Ш										
me of Registered Waste Hauler			0.9	JDEP V		Cubic Yards of	Name of Registere	d Landfill				
BRISTOL ENVIRONMENTAL	, INC.		1	lauler ID	No.	Waste	FAIRELESS LA					
y, State				18706		Disposal Date	City, State			_		
RISTOL, PA 19007						z.spoodi Dato	MORRISVILLE	, PA 19067				
	1	-				Signature		Date				
mpleted By (Print or Type)	Title					Olgitatore	The second secon		-			
mpleted By (Print or Type)	200	timat	or			Prim	Scalina 1	^	1-5	20	1-	7

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