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Date of Notification (1)			-	Name	of Building	7 ()	ner/Operator (2)				124 Y	1
	/	11		Pri	nceton U	nive	rsity - Office	e of Design and	Construction	VON			
	e Notificati Initial	ion		642000000000000000000000000000000000000	Address Elm Driv	/e				- 1	-1		
	Amended			City. S	State, Zip C	ode		101				7-11	id }
	Amendmen				nceton, N		544						
	Emergency justification		9		of Contact			المنافقة الآثار	Telephone Num	ber	2000	•	
The state of the s	Cancellatio			WAR 83	pert Orteg				609-258-184	A			
							MATION			_			-
N		Li Di	(0)	FA	CILITY IN	FUR	MATION	Tunn of Familia.	4)				
Name of Facility Where Abate			e (3)					Type of Facility (
Princeton University - J	ADWIN F	HALL						School (K-12) Subchapter 8	Other than K-12	2)			
Street Address Washington Road									ivate and comme		uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Princeton													
County (6)				Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Mercer													
Name of Monitoring Firm Hired	d by Buildir	ng Owner	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
ATC Associates Inc.				0009	98	В	RISTOL EN	VIRONMENTAL	, INC.				
Street Address						Stre	eet Address						
Bromley Corporate Cen	ter - Thre	ee Terri	Lane			1	123 BEAVE	R STREET					
City, State, Zip Code				-		City	, State, Zip Co	ode				-	
Burlington, NJ 08016							RISTOL, PA						
Project Manager for Monitoring	Firm		Tele	phone	No.		ephone No.		License No.				
Michael Keehn	9		1	9-386	OUNTRACE.	100000000000000000000000000000000000000	15-788-6040)	00509				
Start Date (10)	Isc	heduled (te (11)	-	ne of OSHA N						12.000
09 / 01 / 11					11 📞			VIRONMENTAL	INC.				
Occupancy Status During Aba					6		et Address		•				
☐ Facility Closed/Vacated Du				ment		100000	123 BEAVE	RSTREET					
☐ Abatement Performed Outs	-				cribe		, State, Zip Co			-			
Time of Abatement: 7:00A							RISTOL, PA						
Casas of Made (Charle all that	analu)						MOTOL, FA	(15007				-	
Scope of Work (Check all that □ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If	арріу)		enovat emolitic				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and Nor		re			
		1	s Local	ion	Г					Ab	atem	ent T	ype
Location of		2.507155	Norma	Part of the second			Description of			D	Z	т	m
Asbestos-Containing Mate		7.7	ed Sole aintena				Containing Ma rmal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		0.000	todial		(1.6.		urfacing, VAT		SF or LF)	val	=	usc	Sur
(13)			(12)	_		oth	ner miscellane	ous)				ate	(D
		Yes	No	N/A									_
3 rd floor			\boxtimes		Floor til	le an	id mastic		27,295 SF				
3 rd floor					Saddle	- Contract			85 each				
3rd floor			\boxtimes		wall vap	oor b	parrier mate	rial	220 SF			П	
3rd floor			\boxtimes		fittings				10 each			Ш	
Name of Registered Waste Ha SERVICE TRANSPORT		INC.	11330	JDEP V	O No.	Was	oic Yards of ste 20	Name of Regist GROWS La					
City, State				20990	,		oosal Date	City, State			-		
NEW CASTLE, DE 1972	0					2020	s needed	Morrisville,	PA 19067				
Completed By (Print or Type)		Title					Signature		Da	ate	/	/	
Brian Scafiro		Estima	itor				Buan	- Scafir	· 0	10/	3/	/1	7

		NOTI		TION	OF ASE	BESTOS AB C 8:60 and 5			EGE	B Wo	色	\mathbb{D}	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date of Notification (1)		000000000000000000000000000000000000000		Name	of Building	Owner/Operato	or (2)	1110		2 201	1	IU,	H
8 /	18 / 1	11		Pri	nceton U	Iniversity - Of	fice	of Design an	d Collettucti	ioa ZUI	1	harman	1
Agencies Notified ☑ EPA ☑ DOLWD ☑ DHSS ☑ DCA (NJAC 5:23-8)	Type Notificatio Initial Amended Amendment Emergency (justification) Cancellation	# <u>7-10/3</u> (including		Street 200 City, S Prin Name	Address Elm Driv state, Zip Conceton, No of Contact pert Ortes	/e Code IJ 08544		bane.	ACRESTOS	CONTROL ENSING	&		
						FORMATION							
Name of Facility Where A Princeton Universit Street Address Washington Road			(3)					Type of Facility (☐ School (K-12) ☐ Subchapter 8 ☐ Other (i.e., pr) (Other than K	12) mercial bu	ıilding	JS,	
City (5)							-	Square Feet	# of Floors	ВІ	dg. A	ge	
Princeton								oquu.o. oo.			-3	3	
County (6) Mercer				Coun	ty Code (7)(STATE USE ONL	.Y) (Current Use (Pri	or if being dem	nolished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abate	emer	nt Contractor (9)					
ATC Associates Inc	>.			0009	8	BRISTOL	ENV	IRONMENTAL	_, INC.				
Street Address						Street Address	s						
Bromley Corporate	Center - Three	e Terri L	.ane	100		1123 BEAV	VER	STREET					
City, State, Zip Code Burlington, NJ 0801	16					City, State, Zip BRISTOL,							
Project Manager for Moni	itoring Firm		Tele	phone l	No.	Telephone No.			License No			1,11,100,17	
Michael Keehn			60	9-386	-8800	215-788-60	040		00509				
Start Date (10)		eduled C				Name of OSH				740-510-			
09 /01 /		_11 /	18	_ / _	11 60%	BRISTOL	ENV	IRONMENTAL	_, INC.				
Occupancy Status During Facility Closed/Vacate	ed During Entire F	Period of	Abate			Street Address	VER						
Abatement Performed Time of Abatement: 7					cribe	City, State, Zip BRISTOL,							
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)	⊠ Re				☐ Mini-E	Enclo ebag	ninment with Neg osure Procedure opted (*) and Nor			4		
	-		Locat							Ab	atem	ent Ty	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Use Ma	Norma d Sole intena todial (12)	ely by	Asbe (i.e	Description stos Containing thermal system surfacing, V other miscella	Mate ms in AT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									
3 rd floor					Ceiling	Plaster			482 SF				
												Ш	

Name of Registered Was		NC.	N	IJDEP V	No.	Cubic Yards of Waste	f	Name of Regis	tered Landfill orth Landfill				
City, State NEW CASTLE, DE 1	-			20990	,	Disposal Date as needed		City, State Morrisville,	PA 19067				
Completed By (Print or Ty		itle		311-333		Signature)	1 1		Date	, , ,	1	

Brian Scafiro

Estimator

ASB-41 MAY 11 B 11096

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

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

Date of Notification (1)				_			1 117	Allera and the second second			111	1
	18 /	11	_			ling Owner/Operator University - Office		NOV - 2 and Constructio	201	1	1	
Agencies Notified EPA	Type Notific ☐ Initial	cation		Stree	t Address	S		ACRESTIS CO	NTROL	L &		
☑ DOLWD					State, Zip			LICENSI	140		-	-
☑ DHSS ☑ DCA		ment # <u>6-1</u>		A Comme		NJ 08544	i	- man a sent also period to the se	in a	Minden Jack	es pren	
(NJAC 5:23-8)	☐ Emerger justificat	ncy (inclu- tion)	ding		of Conta		Enade (1)	17.		e meier	- "	
	☐ Cancella	1100 C 100 C		No. of Charles	bert Ort			Telephone Nu	mber			
								QU9-/58-18	MI			
Name of Facility Where A	batement is	Taking Pi	ace (3)	FA	CILITY	INFORMATION	T=					
Princeton Universit			acc (5)				Type of Facili					
Street Address	,	TIMEL					School (K-	12) r 8 (Other than K-1	2)			
Washington Road							☐ Other (i.e.,	private and commo	ercial	buildi	inas.	
City (5)							homes, et	c.)			3-1	1
Princeton							Square Feet	# of Floors		Bldg.	Age	3
County (6)				10-								
Mercer				Coun	ity Code	(7)(STATE USE ONLY)	Current Use (I	Prior if being demol	ished)		
Name of Monitoring Firm I	Hirad by D. II	ding O	05 (0)	1000								
ATC Associates Inc.		uing Own	er (8)	ASCM	100000	Name of Abateme						-
Street Address	,			0009	8	BRISTOL EN	VIRONMENT	AL, INC.				
	Cambar Th	.				Street Address						-
Bromley Corporate	Senter - In	ree Terr	1 Lane			1123 BEAVE	R STREET					
City, State, Zip Code	•					City, State, Zip Co	ode					-
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			phone N		Telephone No.		License No.				-
Michael Keehn				9-386-	NEWSCHIEF	215-788-6040		00509				
tart Date (10)		cheduled			11.00	Name of OSHA M	onitor					-
//			/31	_ / _	11_	BRISTOL EN	/IRONMENTA	L, INC.				
occupancy Status During A						Street Address			-			_
Facility Closed/Vacated	During Entire	e Period o	of Abatem	nent		1123 BEAVER	STREET					
Abatement Performed C Time of Abatement: 7:0	ONLY E-200	rmal Faci			ribe	City, State, Zip Co	de			-		-
CIL + () Abatement. 1.0	UAIVI-3.30P	IVI/	PM	_AM	OPM	BRISTOL, PA						
EV# 6- 10/264 10/	28 ONLY	1-5:3	UMM -			DIVIDIOL, IA						-
EV# 6- 10/26 4 10/6 cope of Work (Check all the	28 ONLY nat apply)	1-5:3	UAM -			DIGITOL, FA						
	28 ONLy hat apply)						inment with Ne	gative Pressure				
] ≥3 sf or ≥3 lf	28 ONLY hat apply)	⊠F	Renovation Demolition	n			ninment with Ne	gative Pressure				
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] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf	A 8 ONL Y hat apply)		Renovation Demolition	n i			ninment with Ne osure Procedure	gative Pressure		atem	ent 7	7
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf Location of	A 8 ONLY hat apply)	⊠ F	Renovation Demolition Is Locatio Normally	n i		☐ Full Conta ☐ Mini-Enclo ☐ Glovebag ☐ Non-Exem	ninment with Ne posure Procedure npted (*) and No		At	patem	Т	-
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) floor	hat apply)	Us M Cu Yes	Renovation Demolition Is Location Normally sed Solely aintenance stodial St. (12) No	n / / by ce/ aff?	Asbes (i.e. Floor tile Saddle I	☐ Full Conta☐ Mini-Encle☐ Glovebag☐ Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e and mastic	ninment with Ne poure Procedure npted (*) and No erial (ACM) sulation, or us)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) floor	hat apply)	Us M Cu Yes	Renovation Demolition Is Location Normally sed Solely aintenance stodial Str (12) No	n / / by ce/ aff?	Asbes (i.e. Floor tile Saddle I	☐ Full Conta ☐ Mini-Enclo ☐ Glovebag ☐ Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e and mastic	ninment with Ne poure Procedure npted (*) and No erial (ACM) sulation, or us)	Amount (Specify SF or LF)	At Removal	Repair	Encapsulate	1
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) If floor If floor flo	hat apply) aterial (ACM) D	Us M Cu Yes	Renovation Demolition Is Location Normally sed Solely aintenance stodial Str (12) No	n // by ce/ aff? N/A F V F DEP Wa	Asbes (i.e.	Full Conta Mini-Encle Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, oother miscellaneous e and mastic block or barrier materia	ninment with Ne paure Procedure Inpled (*) and No paurial (ACM) Insulation, processing in the paurial in the pa	Amount (Specify SF or LF) 27,295 SF 85 each 220 SF 10 each	At Removal	Repair 🔲 🖂	Encapsulate	1
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) d floor d floor d floor d floor me of Registered Waste H SERVICE TRANSPORTAILS SERVICE TRANSPORTA	hat apply) hat apply) hat apply) hat apply) Haterial (ACM) Hauler T GROUP,	Us M Cu Yes	Renovation Demolition Is Location Normally sed Solely aintenance stodial Str (12) No No No No No No No No No No	n / / by ce/ aff? N/A Fill the properties of t	Asbes (i.e.	□ Full Conta □ Mini-Encle □ Glovebag □ Non-Exern Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e and mastic block or barrier materia Cubic Yards of Waste 120 Disposal Date as needed	ninment with Nepsure Procedure Procedure Intel (*) and No Perial (ACM) Sulation, Or Pus) Name of Regis GROWS La City, State	Amount (Specify SF or LF) 27,295 SF 85 each 220 SF 10 each lered Landfill Indfill PA 19067	At Removal	Repair 🔲 🖂	Encapsulate	1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility	hat apply) hat apply) hat apply) hat apply) Haterial (ACM) Hauler T GROUP,	Us M Cu Yes	Renovation Demolition Is Location Normally sed Solely aintenance stodial Str (12) No No No No No No No No No No	n / / by ce/ aff? N/A Fill the properties of t	Asbes (i.e.	□ Full Conta □ Mini-Encle □ Glovebag □ Non-Exern Description of stos Containing Mate , thermal systems in surfacing, VAT, of other miscellaneous e and mastic block or barrier materia Cubic Yards of Waste 120 Disposal Date as needed Signature	ninment with Nepsure Procedure Procedure Intel (*) and No Perial (ACM) Sulation, Or Pus) Name of Regis GROWS La City, State	Amount (Specify SF or LF) 27,295 SF 85 each 220 SF 10 each lered Landfill Indfill PA 19067	At Removal	Repair 🔲 🖂	Encapsulate	

Date of Notification (1)					Nam	e of Buildi	ing (Owner/Operator	(2)	NOV - 2	2011	- 1		+
8 / 18	/	11								and Constructi				1
Agencies Notified Type N	otificatio	n		-		et Address					ON NOL 1		1	1
⊠ EPA ⊠ Initi	al					0 Elm Dr			1	ASBEST OF ST	19			_
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	ergency fication)		ing	1		e of Conta		-	Specifical	Tolonbara N			5 0.00	
☐ Can	cellation					bert Orte				Telephone Nu				
					FA	CILITY II	NFO	DRMATION						
Name of Facility Where Abatemen			ce (3)				7.33	Type of Facilit	y (4)		-		
Princeton University - JAD	WIN H	ALL							School (K-	12)				
Street Address									Subchapte	r 8 (Other than K-	12)			
Washington Road									homes, etc	private and comm	ercial	buildi	ngs,	
City (5)			(06:3:6)						Square Feet	# of Floors	Ti	3ldg.	Age	
Princeton													3-	
County (6)					Cour	nty Code (7)(S	TATE USE ONLY)	Current Use (F	Prior if being demo	lished)		_	
Mercer			222								•			
Name of Monitoring Firm Hired by	Building	Owne	r (8)		SCM				ent Contractor (9					
ATC Associates Inc.					0009	98		BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address	- 1						922.0	treet Address					W V	
Bromley Corporate Center	- Inree	Terri	Lan	e				1123 BEAVE	R STREET					
City, State, Zip Code							1	ity, State, Zip Co						
Burlington, NJ 08016 Project Manager for Monitoring Fire			-1-					BRISTOL, PA	19007					
Michael Keehn	n			eleph			1	elephone No.		License No.				
Start Date (10)	Caba	الماد الماد				-8800		215-788-6040		00509				
		10				te (11)	1	ame of OSHA M		4 (2				
Occupancy Status During Abateme				200			-		VIRONMENTA	L, INC.				
☐ Facility Closed/Vacated During							10000	reet Address						
☐ Abatement Performed Outside of	f Norma	l Facili	tv Ho	urs -	Desc	rihe	_	1123 BEAVER						
Time of Abatement: 7:00AM-5:	30PM/	F	PM-		AM			y, State, Zip Co						2.0
REV#6-10/26+10/28 ON Scope of Work (Check all that apply	LY -	5:3	OF	M-	-/:	30 PM	1	BRISTOL, PA	19007					
	,	-						☑ Full Conta	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re					ii 9	Mini-Encl	osure	340 1 1000010				
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Location of	01.0		Norm	nally olely t	h.,			Description of				_	T-	1
Asbestos-Containing Material (A TO BE ABATED	CM)	Ma	inter	nance	e/	Asbes	stos	Containing Maternal systems in	erial (ACM)	Amount	l em	Repair	L L L	nc
IN Facility		Cus		I Staf	ff?	(1.6.	, ווופ	surfacing, VAT,	or	(Specify SF or LF)	Removal	¥.	aps	Enclosure
(13)		V	(12				ot	her miscellaneo	us)	5. 5. 2. 7	-		Encapsulate	6
3 rd floor		Yes	No	-	N/A								u	
3 1100r			Ø	7	1	Ceiling I	Plas	ster		482 SF				
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				T										
370		П			1	-	-				-] [
Name of Registered Waste Hauler			1000	NJDE		aste	Cub	oic Yards of	Name of Regist	tered Landfill		Ш	Ц	
SERVICE TRANSPORT GRO	JP, INC	.		Haule	er ID I	200	Was	ste	Annual Control of the	orth Landfill				
City, State				209	990			20 Dosal Date	City, State					
NEW CASTLE, DE 19720						1		s needed	Morrisville,	PA 10067				
Completed By (Print or Type)	Title						-		morrisville,					
Brian Scafiro	1000etum	stimat	or					Signature	Scalin	Da	te /0/2	, ,	1,	
	-		٠.					Drian,	2 casers		10/d	0/	11	

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Date of Notification (1)			,	1/15/09/00		NJAC 8:60 and 5	1 5		1		1	i
	18 /	11		Na	me of Bui Princetor	lding Owner/Operaton In University - Offi	or (2)	a CONTROL	. & ion		1	
Agencies Notified EPA	Type Notificat	ion		Str	eet Addre	SS	-	the said and the	and the last of th	-		
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☑ DHSS	Amendmer					n, NJ 08544						
□ DCA (NJAC 5:23-8)	☐ Emergency justification	/ (includ	ling		me of Con			1=				
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								C04-258-	841			
Name of Facility Where	Abatement is Tal	king Pla	200 (3)		ACILITY	INFORMATION	T=					
Princeton Universit			ice (3)				Type of Facility					
Street Address		IVEE					☐ School (K-1) ☐ Subchapter	2) 8 (Other than K	1121			
Washington Road							Other (i.e., p	rivate and com	mercial	build	ings,	
City (5)							homes, etc.)				
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Name of Monitoring Firm		g Owne	r (8)	ASCI	M No.	Name of Abaten	nent Contractor (9)					
ATC Associates Inc	•			00	098		VIRONMENTA					
Street Address						Street Address			-	-		_
Bromley Corporate	Center - Thre	e Terr	Lane			1123 BEAVE	R STREET					
City, State, Zip Code				100		City, State, Zip C	ode					
Burlington, NJ 0801						BRISTOL, P.	A 19007					
Project Manager for Monit	oring Firm		Tel	ephone	e No.	Telephone No.		License No.				_
Michael Keehn		,	6	09-38	6-8800	215-788-604	0	00509				
Start Date (10)		eduled	Compl	etion D	ate (11)	Name of OSHA	Nonitor				-	
09 /01 / _		10	/ _3	1_/	11	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During						Street Address					-	_
☐ Facility Closed/Vacated	During Entire P	eriod o	f Abate	ment		1123 BEAVE	R STREET					
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Scope of Work (Check all t	hat apply)									-		_
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-End			lure			
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Location of Asbestos-Containing Ma			Norma ed Sole		Ach	Description o	f			_	T	-
TO BE ABATI		Ma	aintena	nce/	(i.e	estos Containing Ma e., thermal systems i	nsulation.	Amount (Specify	Removal	Repair	Encapsula	Linconna
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	usq	100
(13)		Yes	No	N/A	1	other miscellaned	ous)				late	1
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ame of Registered Waste	Hauler			IDEP V		Cubic Yards of	Name of Registe				П	
SERVICE TRANSPOR	T GROUP, IN	С.	Ha	uler IC 20990	No.	Waste 120	GROWS Lan					
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7.44				-		Suan)	vagero /	1	10	///		

Date of Notification (1) Name of Building Owner/Operator (2) NOA 8 18 11 Princeton University - Office of Design and Construction Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☑ Initial 200 Elm Drive LICENSING : □ DOLWD City, State, Zip Code **⊠** DHSS Amendment #5-10/21/11 ☐ Emergency (including Princeton, NJ 08544 DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Ortego **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University - JADWIN HALL ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Washington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates Inc. 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Bromley Corporate Center - Three Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 01 11 10 / 31 / 11 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:30PM/ REV#5-10/21/11 ONLY 5A PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, **Custodial Staff?** (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 3rd floor \boxtimes П П Ceiling Plaster 482 SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP, INC. Waste GROWS North Landfill 20990 120 City, State Disposal Date City, State NEW CASTLE, DE 19720 as needed Morrisville, PA 19067 Completed By (Print or Type) Title Signature rian Scalin /il 10/21/11 **Brian Scafiro** Estimator

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Date of Notification (1)				N	ame of Build	ding Owner/Operator	(2)					1
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(NJAC 5:23-8)	justification			Na	me of Cont	act		Telephone N	umber	,		_
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Name of Facility Where A			ace (3)			100000000000000000000000000000000000000	Type of Facility	(4)		-		
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ATC Associates Inc.		3	. (0)		098		ent Contractor (9)					
Street Address			-	00	U30		VIRONMENTAL	., INC.				
Bromley Corporate (Center The	00 Town				Street Address					-	
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						City, State, Zip Co			-			
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monito	oring Firm		Te	lephon	e No.	Telephone No.		License No.		-	-	_
Michael Keehn			€	09-38	6-8800	215-788-6040		00509				
Start Date (10)	Sc	heduled	Compl	etion D	ate (11)	Name of OSHA M	onitor	1 0000				
09/01/	11	10	/ _3	1_ /	_ 11		/IRONMENTAL	INC				
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Abatement Performed O	utside of Norr	nal Facil	itv Hou	rs - De	scribe	1123 BEAVER						
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	iat apply)					M Full Control						
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≥160 sf or ≥260 ff			emoliti	on		☐ Glovebag	Procedure					
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Cancellation Robert Ortego Facility Where Abatement is Taking Place (3) Shoot (K-12) S		☐ Emerge	ency (inclu	ding									
Nobert Ortego Princeton University - JADWIN HALL Street Address Washington Road County (6) Princeton County (6) Princeton County (6) Mercer Name of Montering Firm Hired by Building Owner (8) ATC Associates Inc. Street Address Brometey Corporate Center - Three Terri Lane City (5) Buildington, NJ 08016 Start Date (10) 09 / 01 / 11 09 / 01 / 01 00 / 01 00 / 01 00 / 01 00 / 01 00 / 0	(NJAC 5:23-8)								Telephone N	lumber			
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County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ATC Associates Inc. Street Address Bromley Corporate Center - Three Terri Lane City, State, Zip Code Burlington, NJ 08016 Telephone No. Michael Keehn Sart Date (10) 09 / 01 / 11 0 / 31 / 11 Scheduled Completion Date (11) Pacifility Closed/Acated During Entire Period of Abstement Datement Performed Outside of Normal Facility Hours - Describe Tipe of Abstement: 1:00AM-5:30PM PM. AM BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State, Zip Code BURITION, NJ 08016 Telephone No. 215-788-6040	City (5)							nomes, etc.)	D:				-011
Mercer Name of Monitoring Firm Hired by Building Owner (8)	Princeton							Square Feet	# of Floors		Bldg	Age	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. O0098 BRISTOL ENVIRONMENTAL, INC.	County (6)				To		(2) (2)						
Name of Monitoring Firm Hired by Building Owner (8)	* * *				100	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr	or if being dem	olished	3)		_
ATC Associates Inc. O0098 SRISTOL ENVIRONMENTAL, INC.		irod by D. il	1-1: 0	(5)									
Street Address Bromley Corporate Center - Three Terri Lane Street Address Bromley Corporate Center - Three Terri Lane City, State, Zip Code BRISTOL, PA 19007 Telephone No. Michael Keehn Start Date (10) 99 / 01 / 11 10 / 31 / 11 Scheduled Completion Date (11) Poccupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Titing of Abatement: 7:00AM-5:30PM PM-AM 23 sf or 23 if 2160 sf or 2260 if Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) For In Facility (12) For In Facility (13) For In Facility (12) For In Facility (13) For In Facility (13) For In Facility (12) For In Facility (13) For In Facility (14) For In Facility (15) For In Facility (16) For In Facility (17) For In Facility (18) For In Facility (19) For In Facility (19) For In Facility (10) For In Faci		irea by Buil	iding Own	er (8)			Name of Abateme	ent Contractor (9)				-	
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Start Date (10)	Project Manager for Monitor	ring Firm		Te	lephon	e No.			T1:				_
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floor Ceiling Plaster	(13)			(12)		_	other miscellaneou	s)	SF of LF)	<u> 100</u>		Sul	1
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me of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. NJDEP Waste Hauler ID No. 20990 Disposal Date EW CASTLE, DE 19720 Title Cubic Yards of Waste GROWS North Landfill GROWS North Landfill City, State Morrisville, PA 19067	floor					Ceiling F	Plaster		102 65	-		_	+
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Date of Notification (1) 8 / 18	/ 11			Name of Bu	ilding Owner/Opera	tor (2)	ASSEST O LUN	lG	-	, a.2	_	
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☑ DCA ☐ Eme	ndment #3.	-9/21/ luding	-	City, State, Z Princetor	n, NJ 08544							
Cano	ication)		1	Name of Cor			Telephone	Numb	Nr.		_	
- Cana	enation			Robert O	rtego		500-000		SI			
Name of Facility Where Abatement				FACILITY	INFORMATION				_	-		
Princeton University - JADY	IS Taking I	Place (3)			Type of Facility	(4)				_	
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ATC Associates Inc.	20020		0	8000					- 240 -			
Street Address		Terrilane			Street Address	BRISTOL ENVIRONMENTAL, INC.						
Bromley Corporate Center -	Three Ter	ri Lar	ie		1123 BEAVE	ER STREET					-	
City, State, Zip Code					City, State, Zip (_	
Burlington, NJ 08016					BRISTOL, P							
Project Manager for Monitoring Firm Michael Keehn			elepho		Telephone No.		License No.					
	-			86-8800	215-788-604	0	00509					
Start Date (10) 09	Scheduled				Name of OSHA I	Monitor	1 00003				_	
				/	BRISTOL EN	VIRONMENTAL,	INC.					
Occupancy Status During Abatement	(Check on	ly one)			Street Address						_	
Facility Closed/Vacated During End Abatement Performed Outside of N	Normal Fac	ility Ho	ure . D	onerib -	1123 BEAVE City, State, Zip C							
Time of Abatement: 7:00AM-5:30 9/22 × 9/23/// - 7 A/ cope of Work (Check all that apply)	4 - 12	AM	AI	M 	BRISTOL, PA							
⊇3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova	ion		Glovebad	ainment with Negat losure Procedure mpted (*) and Non-F		lire				
Location of		Is Loca Norm					10080		hata		=	
Asbestos-Containing Material (ACM	1) Us	sed So	ely by	Ashe	Description of stos Containing Mat				bater	T	-	
TO BE ABATED IN Facility	Cu	lainten	ance/ Staff?	(i.e.	, thermal systems is	nsulation	Amount	em	Repair	S		
(13)		(12)			surfacing, VAT.	or	(Specify SF or LF)	Removal	ar.	apsi		
	Yes	No	N/A	1	other miscellaneo	us)	•	-		Encapsulate		
floor		×		Floor tile	e and mastic		27,295 SF		-	-	1	
floor		\boxtimes		Saddle b	olock		85 each		무		+	
floor				wall vap	or barrier materi	al	220 SF	+	7		+	
floor		Ø		fittings							1	
ne of Registered Waste Hauler		N	JDEP V	Naste To	Cubic Yards of	Name of Registere	10 each	\boxtimes			1	
ERVICE TRANSPORT GROUP, State	INC.		auler IC 20990) No.	Waste 120	GROWS Land						
				Ī	Disposal Date	City, State					_	
EW CASTLE, DE 19720					as needed	Morrisville. PA	19067					

- Samuel (6)			(Marie de) est	n week	elik er	Secretary of	enter in the	Auguston (B)	100
		E	C	E		V	E	n	
BATE (5:16)	M			_		1200	1		
-1 (0)		+-				1000		1	

Agencies Notified EPA DOLWD DOLWD DHSS DCA (NJAC 5:23-8) Name of Facility Where Abatement is T Princeton University - JADWIN Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.	ent #3 cy (include) ion aking P HALL	Place (3	1 (1)))	Street Address 200 EIm E City, State, Zi Princeton Name of Cont Robert Or FACILITY County Code	Prive p Code , NJ 08544 lact tego INFORMATION	Type of Faci School (K Subchapt Other (i.e. hornes, el	Telephone lity (4) (-12) er 8 (Other than I., private and contc.)	Numbe K-12)	al buil	dings
DCA (NJAC 5:23-8) □ Emergen justificatio □ Cancellat Name of Facility Where Abatement is T Princeton University - JADWIN Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.	cy (included) ion aking P HALL	Place (3) AS	Princeton Name of Cont Robert Or FACILITY County Code	, NJ 08544 lact tego INFORMATION (7)(STATE USE ONLY)	School (K Subchapt Other (i.e. hornes, e	lity (4) (-12) (-12) (-13) (-14) (-15) (-15) (-16) (-17) (-17) (-18) (-1	K-12)	al buil	dings
Name of Facility Where Abatement is T Princeton University - JADWIN Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.	aking P HALL	er (8)) AS	Robert Or FACILITY County Code	tego INFORMATION (7)(STATE USE ONLY)	School (K Subchapt Other (i.e. hornes, e	lity (4) (-12) (-12) (-13) (-14) (-15) (-15) (-16) (-17) (-17) (-18) (-1	K-12)	al buil	
Princeton University - JADWIN Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.	ng Own	er (8)	AS	County Code	(7)(STATE USE ONLY)	School (K Subchapt Other (i.e. hornes, e	er 8 (Other than I , private and con lc.) # of Floors	nmercia	Bldg	
Princeton University - JADWIN Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.	ng Own	er (8)	AS	County Code	(7)(STATE USE ONLY)	School (K Subchapt Other (i.e. hornes, e	er 8 (Other than I , private and con lc.) # of Floors	nmercia	Bldg	
Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin	ng Own	er (8)	AS	CM No.		School (K Subchapt Other (i.e. hornes, e	er 8 (Other than I , private and con lc.) # of Floors	nmercia	Bldg	
Princeton County (6) Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.			AS	CM No.		Square Feet	# of Floors		Bldg	
Mercer Name of Monitoring Firm Hired by Buildin ATC Associates Inc.			AS	CM No.		Current Use (Prior if being den	nolishe		gg
Name of Monitoring Firm Hired by Buildin ATC Associates Inc.			AS	CM No.			ii being den	ionsne		
ATC Associates Inc.						1			u)	
	e Teri		1 0	8000	Name of Abatem	nent Contractor (9)				
Direct Address	e Teri				BRISTOL EN	IVIRONMENTAL, INC.				
Bromley Corporate Center - Thre		Terri Lane			Street Address					
City, State, Zip Code		Terri Larie			1123 BEAVE					
Burlington, NJ 08016					City, State, Zip C					
Project Manager for Monitoring Firm		Te	lepho	one No.	BRISTOL, PA	19007				
Michael Keehn				386-8800	215-788-6040		License No.	i i		
Start Date (10) Sch	neduled			Date (11)	Name of OSHA M		00509			
09 / 01 / 11	10	1 _3	31	/	BRISTOL EN		VI INC			
occupancy Status During Abatement (Cho	eck only	y one)			Street Address		TE, INC.			<u> </u>
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facil	of Abate	ement ırs - D	t Pescribe	1123 BEAVER					
Time of Abatement: 7:00AM-5:30PM/ EV# 3 - 9/22 - 9/23/11 - 5 cope of Work (Check all that apply)		DIA			City, State, Zip Co BRISTOL, PA					11
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf	⊠ R □ D	enovat emoliti	ion on		☐ Glovebao	Sure Procedure	gative Pressure			
Location of	100	s Loca Norma				7 (/	mable Proced			
Asbestos-Containing Material (ACM)	Us	ed Sole	ely by	Ashae	Description of			100000	oaten	
TO BE ABATED IN Facility (13)	Cus	aintena stodial (12)	ince/ Staff?		tos Containing Mate thermal systems in surfacing, VAT, o	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A		other miscellaneou	s)	or or ery	1 22		sulate
floor		×		Ceiling P	laster		482 SF			
								+		
ne of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC		N.	IDEP (ubic Yards of	Name of Registe	ered Landfill			
	·.		20990		Vaste 120	GROWS No				
State		15575				city, State				
EW CASTLE, DE 19720					as needed	Morrisville,	PA 19067			

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

Date of Notification (1) 8 / 18 /	11		Name of Building Owner/Operator (2) NOV - 2 2011 Princeton University - Office of Design and Construction								
Agencies Notified Type Notification				et Address		e or Design and	Construction			-	
			200-12	00 Elm Dr		ASSESS				1	
☑ DOLWD ☑ Amended				State, Zip		1 1	with Sind			1	
☑ DHSS Amendment			3.0	100	NJ 08544			**		5, 1	
☑ DCA ☐ Emergency		ng		e of Conta	.	7-25	0.200	78		7.00	
(NJAC 5:23-8) justification							Telephone Num	nber			Bittok
LI Caricenation	1			obert Orte			E0 = 258-18		<u> </u>		_
Name of Facility Where Abatement is Tak	ing Play	00 (3)	F.A	CILITY	NFORMATION	T= ,= ,,,,	- 4	**			
Princeton University - JADWIN H		,E (U)				Type of Facility (4 ☐ School (K-12)	,				
Street Address						Subchapter 8	(Other than K-12	2)			
Washington Road						Other (i.e., pri	vate and comme	ercial t	ouildir	ngs,	
City (5)						Square Feet	# of Floors	E	Bldg. /	Age	
Princeton										-5	
County (6)			Cou	inty Code ((7)(STATE USE ONLY)	Current Use (Prio	or if being demoli	shed)			
Mercer							20060000000000000000 - 000000000000000000				
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
ATC Associates Inc.			000	98	BRISTOL EN	VIRONMENTAL	, INC.				
Street Address					Street Address				-	-	
Bromley Corporate Center - Three	e Terri	Lane			1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Burlington, NJ 08016					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Michael Keehn			09-386		215-788-6040		00509				
	eduled (Comple	etion Da	ate (11)	Name of OSHA M	onitor					
09 / 01 / 11	10_	/ _3	1 /	11_	BRISTOL EN	VIRONMENTAL,	, INC.				
Occupancy Status During Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire P					1123 BEAVER	STREET					
Abatement Performed Outside of Norma	al Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement: 7:00AM-5:30PM/		'M	АМ		BRISTOL, PA	19007					
Scope of Work (Check all that apply)					D - " • .						
≥3 sf or ≥3 lf	⊠ R	enovati	ion			ainment with Nega	tive Pressure				
⊠ ≥160 sf or ≥260 lf		emolitic			☐ Glovebag	Procedure					
			41		☐ Non-Exer	npted (*) and Non-	Friable Procedur	e			
Location of		s Locat Norma			Description of			Ab	atem	ent T	ype
Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbe	Description of stos Containing Mat		Amount	R	Re	En	5
TO BE ABATED	Cus	aintena stodial	Ince/		., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)	Cus	(12)			surfacing, VAT, other miscellaneo		SF or LF)	à		Encapsulate	Enclosure
(.5)	Yes	No	N/A	1	Other miscenaries	us)				ate	
3 rd floor				Floor til	le and mastic		27,777 SF				
rd floor				Saddle	block		85 each	Ø			
rd floor		\boxtimes		Wall var	por barrier mater	ial	320 SF	\boxtimes			
rd floor		\boxtimes		Fittings			10 each	Ø			
lame of Registered Waste Hauler		10000	JDEP V		Cubic Yards of	Name of Register	red Landfill	1			100000
SERVICE TRANSPORT GROUP, IN	C.	100	lauler ID 20990		Waste 120	GROWS Land	dfill				
ity, State			20000		Disposal Date	City, State			10 100		
			20000			City, State Morris ville, P	A 19067				

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M		NOV	_	2	201/	952	

Date of Notification (1) 8 /	18 /	11		N		uilding Owner/Operato			_	201		-
Ø EPA [Type Notificat ☑ Initial ☑ Amended	lion			treet Addre 200 Elm	Drive	ice of Design a	and Consesso LIC	ensin	TROL G	&	_
□ DHSS	Amendmer Emergency justification	(inclu	/ 06/1 ding	<u>.</u>	Princeto ame of Co	n, NJ 08544	The sales in the		* 1	590		,
	Cancellatio	11.00		1	Robert C			Telephone N	lumber	[
N					FACILITY	INFORMATION			NATION AND DESCRIPTION OF THE PERSON OF THE			
Name of Facility Where Aba Princeton University	JADWIN F	king Pla IALL	ace (3)			Type of Facility School (K-1					
Street Address Washington Road							→ Subchapter	8 (Other than K	-12) mercia	l buil	dings	
City (5) Princeton			219007-0-1				Square Feet	# of Floors		Bldg	. Age	3
County (6) Mercer				C	ounty Cod	e (7)(STATE USE ONLY)	Current Use (Pr	rior if being dem	olished	d)		
Name of Monitoring Firm Hire	ed by Buildin	g Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
ATC Associates Inc.				00	800		IVIRONMENTA					
Street Address						Street Address						
Bromley Corporate Ce	nter - Three	e Terr	Lan	е		1123 BEAVE	R STREET					
City, State, Zip Code		011111-00-07-0				City, State, Zip C				_		_
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitorin	ig Firm			lephon		Telephone No.		License No.				
Michael Keehn					36-8800	215-788-6040		00509				
Start Date (10) /	Sche				Date (11)	Name of OSHA M	Ionitor VIRONMENTAL					_
Occupancy Status During Aba						Street Address		-, 1140.				_
☐ Facility Closed/Vacated Du	ring Entire P	eriod o	Abat	ement		1123 BEAVER	STREET					
Abatement Performed Outs Time of Abatement: 7:00A	side of Norma	al Facili	ty Ho	ırs - De	escribe	City, State, Zip Co						
Scope of Work (Check all that			'M	AN	A	BRISTOL, PA						
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		⊠ Re	enova	tion on		☐ Glovebag						
			Loca					- House i rocede		hote		
Location of Asbestos-Containing Materi	al (ACM)	Use	Norma ed Sol	ely by	A=1-	Description of				baten	1	T
TO BE ABATED		Ma	intena	ince/	(i.e	estos Containing Mate e., thermal systems in	erial (ACM)	Amount	Removal	Repair	Enc:	Eliciosure
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT, o	or	(Specify SF or LF)	ova	1	squ	000
(1.4)		Yes	No	N/A	1	other miscellaneon	us)	- 22257776 4	-		Encapsulate	6
rd floor			\boxtimes		Ceiling	Plaster		482 SF	52			Ļ
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me of Registered Waste Haul	0.		<u> </u>	1055								
SERVICE TRANSPORT GI			H	JDEP V Juler ID 20990	No.	Cubic Yards of Waste 120	Name of Register GROWS Nort		1-			_
y, State							City, State					
IEW CASTLE, DE 19720						1		A 10067				
MEW CASTLE, DE 19720 mpleted By (Print or Type)	Title					as needed Signature	Morrisville, P	A 19067				

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NOV - 2 2011

Date of Notification (1) 8 / 18 /	11			Name of Bui	ilding Owner/Opera	or (2)			15	1	1
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende	ed			Street Addre	Drive	rice of Design a	nd Construc	etion	,		
☑ DHSS Amendr ☑ DCA ☐ Emerge (NJAC 5:23-8) justifica	ncy (inc	-8/23/ luding			n, NJ 08544						
Cancella			ľ	Name of Con Robert O		es one de la companya	Telephone	Numbe	er		
Name of Facility Where Abatement is	Takino	Place	31	FACILITY	INFORMATION						_
Princeton University - JADWII	HALI		٠,			Type of Facility			-		_
Street Address Washington Road						School (K-1) Subchapter Other (i.e., p	8 (Other than	K-12) nmerci	al bu	ilding	ıs,
City (5) Princeton		no.				homes, etc.) Square Feet	# of Floors			lg. Aç	
County (6) Mercer			1	County Code	(7)(STATE USE ONLY	Current Use (Pr	or if being der	nolishe	(d)	_	_
Name of Monitoring Firm Hired by Build ATC Associates Inc.	ling Ow	ner (8)		CM No.	Name of Abater	nent Contractor (9)					
Street Address					Street Address	NVIRONMENTAL	., INC.				
Bromley Corporate Center - Th	ree Te	rri Laı	ne		1123 BEAVE	R STREET					
City, State, Zip Code Burlington, NJ 08016					City, State, Zip C	ode					_
Project Manager for Monitoring Firm			ola = :		BRISTOL, P.	A 19007					
Michael Keehn			elepho	ne No. 86-8800	Telephone No.		License No.				_
	hedule	d Com		Date (11)	215-788-604		00509				
09 / 01 / 11	10	. / _	31	/11	Name of OSHA M	Monitor VIRONMENTAL	INC				_
Occupancy Status During Abatement (Ci					Street Address	THE PARTY OF THE P	, INC.				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Time of Abatement: 7:00AM-3:30PM	mal Fac	ility Ho	urs - D	escribo	1123 BEAVE City, State, Zip Co	ode					
cope of Work (Check all that apply)					BRISTOL, PA	19007					
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		Renova Demoli	lion	. 100011	Glovebad	ainment with Negat osure Procedure npted (*) and Non-F		ure			
Location of		Is Loc Norm					2010 7 10000		bater	neni	7
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Cu	sed So lainten stodia (12	lely by ance/ Staff?	(i.e.,	Description of itos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF)	Removal	Repair	_	_
floor	Yes	No IX	N/A	+						ē	
floor	+	×	岩	Saddle b	and mastic		27,777 SF	\boxtimes			
floor		⊠ ⊠	H	+			85 each	\boxtimes			
floor	10				or barrier materi	al	320 SF	\boxtimes			I
ne of Registered Waste Hauler	10		JDEP V	Fittings	Cubic V		10 each	\boxtimes			T
ERVICE TRANSPORT GROUP, IN	C.	H	auler ID 20990	No. V	Cubic Yards of Vaste	Name of Registered GROWS Lands					_
State EW CASTLE, DE 19720				D		City, State					_

	CEI	VEF	7
ABATEMEN d 5:16)	NOV - 2		
Office of Des	LICENSI	140	-31

8 / 18	/ 11			Name of Bu	ilding Owner/Operato	or (2)	FICENSING		-	9	
Agencies Notified Type I	Notification			Princeto Street Addre	on University - Of	ice of Design	and Constru	ction	an i	٠.	
- E2 mil				200 Elm	1000000 A	**					
I MAIN	nended	0.00		City, State, Z							
	endment #	-8/23/	11		n, NJ 08544						
(NJAC 5:23-8) just	tification)	ciuding	h	Name of Con	1, 140 00044						
☐ Car	ncellation			Robert O			Telephone	Numb	er		
					INFORMATION		600-750		2		
Name of Facility Where Abatemen	nt is Taking	Place (3)	TAGILITI	INFORMATION	T \$					
Princeton University - JAD	WIN HAL	L				Type of Facility					
Street Address						School (K-1	2) 8 (Other than I				
Washington Road						U Other (i.e., i	Drivate and com	K-12) nmerci	al buit	d:	
City (5)						morries, etc.)	micro	ai DUII	aing	
Princeton						Square Feet	# of Floors		Bldg	. Ag	
County (6)			10	County Code	/7VCTATE HOT ONLY					4 0.0	
Mercer			1	Joue	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolishe	d)		
Name of Monitoring Firm Hired by	Building Ov	mer (8)		CM No.							
ATC Associates Inc.	10,717,550.6			0098	Name of Abatem	ent Contractor (9)					
Street Address					SKISTOL EN	NVIRONMENTAL, INC.					
Bromley Corporate Center -	Three Te	rri Lar	e		Street Address					-	
City, State, Zip Code					1123 BEAVE						
Burlington, NJ 08016					City, State, Zip Co						
roject Manager for Monitoring Firm	1	T	elenha	ne No.	BRISTOL, PA	19007					
Michael Keehn				ne No. 86-8800	Telephone No.		License No.		-	_	
tart Date (10)	Schedule	d Com	Jolian	Date (11)	215-788-6040		00509				
09/01/11	10	/	relion i	Date (11) /11	Name of OSHA Mo					_	
ccupancy Status During Abatemen					BRISTOL ENV	TRONMENTAL	, INC.				
	I /Charle										
Facility Closed/Vacated During E	it (Check or	ly one)			Street Address					_	
Facility Closed/Vacated During En	ntire Period	of Ahai	ement		Street Address 1123 BEAVER	STREET					
Facility Closed/Vacated During Endantal Performed Outside of	ntire Period	of Abai	ement		The state of the s						
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3	ntire Period Normal Fac 0PM/	of Abai	ement		1123 BEAVER	le				_	
Facility Closed/Vacated During Er Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Sope of Work (Check all that apply)	ntire Period Normal Fac 0PM/	of Abai	ement		1123 BEAVER City, State, Zip Coo BRISTOL, PA	le 19007					
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Pope of Work (Check all that apply)	ntire Period Normal Fac 0PM/	of Abai	ement urs - Di Al		1123 BEAVER City, State, Zip Coo BRISTOL, PA	nment with Negal					
Facility Closed/Vacated During E. Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ntire Period Normal Fac 0PM/	of Abai cility Ho PM- Renova Demolit	ement urs - Di Al		1123 BEAVER City, State, Zip Coo BRISTOL, PA	le 19007 nment with Negal sure					
Facility Closed/Vacated During Er Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 cope of Work (Check all that apply) ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff Location of	ntire Period Normal Fac 0PM/	of Abaticility Ho PM Renova Demolit Is Loca Norma	ement urs - Di Al	escribe M	1123 BEAVER City, State, Zip Coo BRISTOL, PA	nment with Negal sure Procedure oted (*) and Non-			patemo	ent "	
Facility Closed/Vacated During Er Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 cope of Work (Check all that apply) ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff Location of	ntire Period Normal Fac OPM/	of Abate of	ement urs - D Al tion ion tion elly ely by	escribe M	1123 BEAVER City, State, Zip Coo BRISTOL, PA	nment with Negations of the Negation of the Ne	Friable Procedu	At		_	
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Sope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility	ntire Period Normal Fac OPM/	of Abar of Abar cility Ho PM- Renova Demolit Is Loca Norma sed Sol faintena stodial	ement urs - D Al tion ion tion elly ely by	escribe M	1123 BEAVER City, State, Zip Coo BRISTOL, PA	nment with Negations of the Negation Non-Incident (*) and Non-Incident (ACM) utation	Friable Procedu Amount (Specify	At		_	
Facility Closed/Vacated During Er Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Dope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED	ntire Period Normal Fac OPM/	of Abar of Abar ility Ho PM- Renova Demolit Is Loca Norma sed Sol faintena stodial (12)	ement urs - D Al tion ion tion elly ely by	escribe M	1123 BEAVER City, State, Zip Coo BRISTOL, PA	nment with Negations and Non-line (ACM) ulation,	Friable Procedu			_	
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Sope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	ntire Period Normal Fac OPM/	of Abar of Abar cility Ho PM- Renova Demolit Is Loca Norma sed Sol faintena stodial (12)	ement urs - D Al tion ion tion elly ely by	escribe M	1123 BEAVER City, State, Zip Coo BRISTOL, PA	nment with Negations and Non-line (ACM) ulation,	Friable Procedu Amount (Specify	At		Encapsulate	
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Ope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	ntire Period Normal Fac OPM/	of Abar of Abar ility Ho PM- Renova Demolit Is Loca Norma sed Sol faintena stodial (12)	ement urs - Di All tion ion tion ally ely by ince/ Staff?	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Contai Mini-Enclor Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	nment with Negations and Non-line (ACM) ulation,	Amount (Specify SF or LF)	Removal	Repair	_	
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Ope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	ntire Period Normal Fac OPM/ M) V A Cu	of Abar of Abar of Abar of Abar of Abar PM Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	tion on tion ally ely by ince/	escribe M	1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Contai Mini-Enclor Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	nment with Negations and Non-line (ACM) ulation,	Friable Procedu Amount (Specify	At		_	
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Ope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) U N Yes	of Abatility Ho PM- Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	tion ally by ince/	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Contai Mini-Enclor Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	nment with Negations and Non-line (ACM) ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Pacility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Dope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) Ves	of Abar of Abar of Abar of Abar of Abar PM Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	tion tion ally ely by ince/	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Contai Mini-Enclor Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	nment with Negations and Non-line (ACM) ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Expected From the Performed Outside of Time of Abatement: 7:00AM-3:3 Expected From the Performed Outside of Abatement: 7:00AM-3:3 Expected From the Performed Outside of Asbestos-Containing Material (ACI	M) U N Yes	of Abatility Ho PM- Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	tion ally ely by ince/	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Contai Mini-Enclor Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	nment with Negations and Non-line (ACM) ulation,	Amount (Specify SF or LF)	Removal 🛛 🗆	Repair	Encapsulate	
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Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Expected From the Performed Outside of Time of Abatement: 7:00AM-3:3 Expected From the Performed Outside of Abatement: 7:00AM-3:3 Expected From the Performed Outside of Asbestos-Containing Material (ACI	M) U Normal Fac OPM/ Yes	of Abai of Aba	tion ally ely by ince/	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Contai Mini-Enclor Glovebag I Non-Exemp Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	nment with Negations and Non-line (ACM) ulation,	Amount (Specify SF or LF)	Removal 🛛 🗆	Repair	Encapsulate	

NOTIFICATION OF ASBESTOS ABATEMENTNOV
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1) 8 Agencies Notified		11			Name of E	NJAC 8:60 and Building Owner/Open on University - (ator (2)	TOO CONTRO	# 2 L&	25	4	À
☐ EPA 0208 ☐ DOLWD0338 ☐ DHSS 0215	Type Notific Initial Amende	d		L	Street Add 200 Eln	ress		Vigitor	Peron	1 (n.)	1, -	*
⊠ DCA 0/6 / (NJAC 5:23-8)	☐ Emergen justificati ☐ Cancellat	cy (inc	luding	A	Princet Name of Co Robert			Telephone	Numbe	er		
Name of Facility Where	Abatement is T	aking I	Place (3)	FACILIT	Y INFORMATIO	N	*	-1841	-		_
Princeton Universit Street Address Washington Road City (5)	ty - JADWIN	HALL					Type of Fac School (I Subchap Other (i.e	K-12) ter 8 (Other than	K-12) nmerci	al bui	kding)s,
Princeton							Square Feet	# of Floors		Bld	g. Ag	ge
County (6) Mercer				- 1	County Cod	de (7)(STATE USE ON	Y) Current Use	(Prior if being der	nolishe	ed)		
Name of Monitoring Firm I ATC Associates Inc.	Hired by Buildi	ng Owi	ner (8)		CM No. 0098	Name of Abat	ement Contractor	(9)				_
Street Address	^ · · -					Street Address	ENVIRONMENT	TAL, INC.				
Bromley Corporate (City, State, Zip Code Burlington, NJ 08016		ee Ter	ri Lan	e		City, State, Zip						-
Project Manager for Monito Michael Keehn	oring Firm			elephor	ne No. 86-8800	BRISTOL, Telephone No.		License No.				_
Start Date (10) 09/01/	11 Sch	neduled	Comp	letion I	Date (11)	215-788-60 Name of OSHA	Monitor	00509				_
Occupancy Status During A Facility Closed/Vacated I Abatement Performed O Time of Abatement: 7:00	During Entire I	eck onlo	y one) of Abat	ement	on each -	Street Address 1123 BEAV City, State, Zip (Code	AL, INC.				_
cope of Work (Check all the ≥3 sf or ≥3 if ≥160 sf or ≥260 if	at apply)		Renova	ion		Gloveb	ntainment with Ne closure	gative Pressure	(IFA			_
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Us M Cus	Norma ed Sol aintena stodial (12)	ally ely by ance/ Staff?	Asb (i.	Description of the containing Market, thermal systems surfacing, VAT other miscellane	of aterial (ACM) insulation,	Amount (Specify SF or LF)		Repair	_	
floor		Yes	-	N/A	5.		,				ate	
floor		H	⊠ ⊠		 	le and mastic		27,295 SF	Ø			1
floor		1		1	Saddle			85 each	\boxtimes			T
floor	*************************************				fittings	oor barrier mater	rial	220 SF				
e of Registered Waste Ha ERVICE TRANSPORT (N. Ha	IDEP Violer ID	Vaste No.	Cubic Yards of Waste 120	Name of Registe	10 each ered Landfill ndfill	\boxtimes			
State W CASTLE, DE 19720)					Disposal Date as needed	City, State Morrisville,			_		_

Vec.	(Pu	irsuant	to NJAC 8:60	and 12:12	20)		_		orie	sina	e
ate of Notification (1) October 28, 201	1	1	Name of Buildin			(2) Iding Contractin	ng		CKI	168.	3
] DEP [] Amer	Notification nded Notification ndment #		Street Address City, State, Zip C	Code		and Central Avo	enue				
x] DOH [] Emer	gency (including lication) ellation	1	Name of Contact Sal N				lephone Number	1-513			
		FACII	LITY INFOR	MATION	_						
Name of Facility Where Abatement is Taking Residence Street Address 227 Harbor Drive	g Place (3)				Тур	[] [x]	School (k-12) Subchapter 8 (oth Other (i.e., privat			ial buil	ding
Ocean Beach II	County (6) Ocean		County Code (7) STATE USE ON	LY)		uare feet 700sf irrent Use (Prior if b Residence			. Age 6	0	
Name of Monitoring Firm Hired by Building	g Owner (8)	A	ASCM No.	Name of	Abat	tement Contractor (9) n Contracting,	Inc			
N/A Street Address				Street Ac	ddress	S	ute 9, Unit 61	me.			
City, State, Zip Code		-3875		City, Sta	ite, Zi	ipCode	ver, New Jerse	ev 087	755_11	271	
Project Manager for Monitoring Firm	Telephone N	umber		Telephor 732-34		ımber	License N 00624		755-12		
Scheduled Start Date (10) 10/28/11	Scheduled C 10/31/11		n Date (11)		((12/22)		. Analytical				
	k only one) ed During Entire Perio Outside of Normal Fa			Street Ad		1056 Ste	elton Road vay, New Jerse	y 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} $	[] [x]	Renovati Demoliti		[] [] [x]]]	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re		ıre		
								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO	ed	(i	Description Asbestos-Con Material (Asice, thermal Insulation, su VAT, other miscell	ntaini ACM syste urfaci or	ing I) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X		Asbestos si	ding			600 sf	X			
								-			-
Name of Registered Waste Hauler	NJDEP Waste	Hauler l	ID No. Cubic	Yards of Was	ste	Name of Register T.R.R.F.	ed Landfill				12
Guardian Contracting, Inc.	1 20	Disposa	al Date	City, S							
City, State Toms River, New Jersey		11/01/	/11	Taslies	tom	n, Pennsylvania					

Date Received
RAU a

DEMOLITION / RENOVATION NOTIFICATION

Operat	or Project #:	Postmark:		Notificati	on:	² 3	
I.	TYPE OF NOTIFICATION (O- Original R-Revised C-Ca	ancelled):	С	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contract	tor and other	r operator)				
	OWNER NAME: Mattia Building Contract	cting					
	Address: 1702 A Grand Central A	venue					
	City: Lavallette State:	New Jer	rsey	Zip:	08735		
	Contact: Sal Mattia			Tel:	732-830-5131		
	REMOVAL CONTRACTOR: Guardian Contraction	racting, Ir	ıc.		NJ License: 0062	24	
	Address: 1889 Route 9,	Unit 61					************
	City: Toms River State:	New Je	rsey	Zip:	08755		
	Contact: Nicholas Fernie	cola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:			Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	- Renovation	n E-Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number				*		
	Building Name: Residence					5	
	Address: 227 Harbor Drive						
	City: Ocean Beach II State:	New Je	rsey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 700 sf # of Floo	ors:	1	Age in Y	ears: 60		
	Present Use: Residence		Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	APPROPRIA	TE, USED TO DE	TECT THE PR	ESENCE OF ASBESTOS MA	TERIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?					Nonf	friable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCIUDING:		D. C.V			2000-000-000-000-000-000-000-000-000-00	s Material To Be
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION		noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 600 sf	Asbesto	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/2	8/11	Complete: 10	0/31/11	

х.	DESCRIPTION OF PLANNED DEMOLITION O	OR RENOVATION WO	ORK, AND METHOD(S)	TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND EAND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed to the state of the sta	ne roped off with caution ta	ne and warning signs. Plastic	sheetingvill be placed on the gro in a locked container for disposa	und below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.	3	
		9 Route 9, Unit 61			
ally as a feet	City: Toms River	State:	New Jersey	Zip:	08755
	50×295×25	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
AIII.	111101101010101	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732	*1	Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	MENT AGENCY, PLEA	ASE IDENTIFY THE AG	ENCY BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	n (MM/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe cond	litions or would cause e	quipment damage or an u	mreasonable financial burder	1
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL	LOWED IN THE EVE ED, PULVERIZED, O	NT THAT UNEXPECTE R REDUCED TO POWD	D ASBESTOS IS FOUND C ER	PR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINEI THE DEMOLITION OR RENOVATION AND I AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT THE	E REQUIRED TRAINING	G HAS BEEN ACCOMPLIS	RT M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u>r</u>	(Signature of Owner	/Operator)	October 28, 2011 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	ON IS CORRECT.	2. 12	1. 1	
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u>r</u>	(Signature of Owner	r/Operator)	October 28, 2011 (Date)

The said		(P	ursuan	t to NJA	AC 8:60 a	and 12:12	20)	1			Ori	Gine	S
Date of Notification (1) October 28, 201	11			Name o	f Building			r (2) nilding Contrac	ting		CK	gine H	3
1 2 3	ation al Notifica nded Not			Street A			A G	rand Central A	venue				
[x] DOL Ame	ndment # rgency (ir			City, St	ate, Zip Co		lette	e, NJ 08735			es .		
[] DCA _ justin	fication) cellation			Name o	f Contact Sal Ma	attia		Г	elephone Number				
	en orace est in		FAC	ILITY I	NFORM	ATION							
Name of Facility Where Abatement is Takin Residence	g Place (3)					Ty	ype of Facility (4)	School (k-12)				
Street Address 227 Harbor Drive		- CHILLY CONTROL OF THE CONTROL OF T						[x]	Subchapter 8 (of Other (i.e., privathomes, etc.)				ldings,
City	Count	y (6)		County C	Code (7) USE ONL	Y)	Sc	quare feet 700sf	# of Floors	Bld	g. Age	50	
Ocean Beach II	Ocea	723						Resider)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCM N	lo.	Name of	Aba	atement Contractor Guardi	(9) an Contracting,	Inc.			
Street Address						Street Ac	ddres	ss	oute 9, Unit 61				
City, State, Zip Code				0		City, Sta	te, Z		River, New Jers	ev 08	755-1	271	
Project Manager for Monitoring Firm		Telephone N	Number			Telephor 732-34	9-9	umber 932	License N 00624				
Scheduled Start Date (10) 10/28/11		Scheduled 0 10/31/1		on Date (11)				L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate	ed During	Entire Perio				Street Ac	ddres		telton Road				
Abatement Performed Other – Describe	Outside	of Normal Fa	acility Ho	ours		City, Sta	ite, Z		way, New Jerse	ey 088	54		
Scope of Work (Check all that apply)						[]		Full Containment	t with Negative Pre	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			Renovat Demolit			[] [x]		Glovebag Proced	ure and Non-Friable	Proced	ure		
	T =			ī					T	Ahai	tement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	N	Is Location formally use Solely by tenance/Cus Staff (12)	ed		Ask N (i.e. inst	Description bestos-Cor Material (A., thermal sulation, su VAT, cor er miscella	ntain ACM syst rfac or	ning 1) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbe	stos sidin	ıg			600 sf	X			
										_		-	
Name of Registered Waste Hauler	e Hauler	ID No	Cubic Va	rds of Wast	te	Name of Registe	ered Landfill				<u> </u>		
Guardian Contracting, Inc. City, State)223	al Date	2	City, St	ate	T.R.R.F.					
Toms River, New Jersey	I		11/01	/11				n, Pennsylvania	1	Date	33611		
Completed by (Print or Type) Nicholas Fernicola		ct Manage		Signat	The	bot	<i>!)</i> .	Jeur	<i>/</i>	07500000	28/20	11	
	*[o not use ti	his form	for asb	estos licen	sure exem	ipted	d activities.					

Date Received

DEMOLITION / RENOVATION NOTIFICATION

Postmark:	Nouncation.	
Cancelled): C	II. IS ASBESTOS PRESENT? (Yes/No): Y	
actor and other operator)		
acting		
Avenue		
New Jersey		
ntracting, Inc.	NJ License: 00624	
, Unit 61		
New Jersey	Zip: 08755	
nicola	Tel: 732-349-9932	
	NJ License:	
	Zip:	
	Tel:	
R - Renovation E - Emergency I	Renovation): D	
ber and floor or room number)		
New Jersey	County: Ocean	
loors: 1	Age in Years: 60	
Prior Use:	Residence	
F APPROPRIATE, USED TO DE	TECT THE PRESENCE OF ASBESTOS MATERIAL:	
	Nonfrish	ole .
	Asbestos Ma	aterial
RACM To Be	LOCATION Remove	
Removed	Cat I C	Cat II
Asbestos siding	Exterior	
Start: 10/28	8/11 Complete: 10/31/11	
	Cancelled): C actor and other operator) racting I Avenue New Jersey Intracting, Inc. 9, Unit 61 New Jersey Inicola R-Renovation E-Emergency Interest and floor or room number) E New Jersey Floors: 1 Prior Use: F APPROPRIATE, USED TO DE RACM To Be Removed Asbestos siding	Cancelled): C II. IS ASBESTOS PRESENT? (Yes/No): Y actor and other operator) racting I Avenue New Jersey Zip: 08735 Tel: 732-830-5131 Intracting, Inc. NJ License: 00624 9, Unit 61 New Jersey Zip: 08755 Tiel: 732-349-9932 NJ License: Zip: Tel: R-Renovation E-Emergency Renovation): D ber and floor or room number) Prior Use: Residence FAPPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: RACM To Be Removed Asbestos siding Exterior Asbestos siding Exterior

X .	DESCRIPTION OF PLANNED DEMOLITION O	OR RENOVATION WO	ORK, AND METHOD(S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONT	ROLS TO BE USED T	O PREVENT EMISSIONS	OF ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed to the procedure of the placed to the procedure of the placed to	e roped off with caution ta ted in double 6 mil. Bags,	pe and warning signs. Pla sealed and labeled and place	stic sheetingvill be placed on the ced in a locked container for disp	ground below and the asbestos will be osal.
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	a and the second
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	IENT AGENCY, PLEA	ASE IDENTIFY THE A	AGENCY BELOW AND AT	TACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Be	egin (MM/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe cond	itions or would cause e	equipment damage or a	n unreasonable financial buri	den
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL	LOWED IN THE EVE ED, PULVERIZED, O	NT THAT UNEXPECT R REDUCED TO POW	TED ASBESTOS IS FOUNE VDER	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NO	VIDENCE THAT TH	E REOUIRED TRAINI	NG HAS BEEN ACCOMPL	ISHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)		(Signature of Ow	ner/Operator)	October 28, 2011 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIC	N IS CORRECT.	1. 12	1.1	
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Ow	ner/Operator)	October 28, 2011 (Date)

1900

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

Date of Notification (1)	0/31/201	1				of Building Ow			SUTROL &	FICENS	/2BE		\top
	_					norial Hospital	of Salen	n County	.8 10gTist	,0 002			
Agencies Notified		otification	<u>on</u>		Street	Address		1.	1			1	וחו
(X) EPA	(X) In				-	Woodstown Ro	oad	110	1102	5	aon	_	\coprod
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(X) DOH		stification						- [[Tel. Nu	mber	9	目	6
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Name of Facility Where Abat	ement is	Taking F	Place (3)		FACILITY INF	Type of Facili	tv (4)		Service control constitution to the	المجرا ومري	Bear .		
Memorial Hospital of Salem (7 6111119	1000 107			() School (K	-12)			age of the same	X		
						() Subchapte							
Street Address 311 Woodstown Road						(X) Other (i.e.	private	& commer	cial buildings, ho	mes, e	tc.		
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<u>City (5)</u>						100000	Test/ Nexa His	TOOIS	Bldg. Age				
Salem, NJ 08079							6		25+/-				
County (6)			inty Cod ONLY	e (7) (ST	ATE	Current Use (being demo	lished)				
Salem		032	ONLT			HOspital							
Name of Monitoring Firm Hire	ed by	ASCM	No.		Name of C	ontractor (9)							
Bldg. Owner (8)					Prism	Response, Inc.							
Quad Three Group													
Street Address	0.7004084					t Address							
72 Glenmaura National Boule	evard					echnology Lan	e						
City, State, Zip Code						tate, Zip Code							
Moosic, PA						t, PA 15632							
Project Manager for Monitorin	ng Firm		phone N			hone No.	Licens						
Jack Jenkins		570-	342-520	00	(724)	325-3330	01121						
Start Date (10)	700700000	CT TO THE OWNER OF THE OWNER.	ompletio	n Date (1	1) Name	of OSHA Moni	tor						
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Describe:					0.07.	nato, Elp Godo							
() Other Describe:					Moosi	c, PA							
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Source of Work Tolleck all the	it apply)					(X) Full Conta	inment	with Negati	ve Pressure				
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(X) ≥160 sf or ≥260 lf		() [Demolitio	on		(X) Glovebag () Non-Exem			riable Procedu	re			
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(ACM)	ilai		ed Solely			Description	n of		Amount			m	
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Linden, New Jersey Completed by (Print or Type)	Title				Is				// // 5	te		30500	-
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		, commi	Sudayo	Cabbour	4	11	/						

Date of Notification (1)				Name of	f Building	Owne	r/Operator ((2)			- 1				1	1
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Agencies Notified	Type Notification			Street A	ddress				\$ - 1 · · ·	1	10V -	· L			-	1
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DOL	Amendment Emergency			Somers	et, NJ 0	8876	3		ļ	here the	F.0 - 1=					
DOH .	justification)			Name of	f Contact			8.0-2-100, DV, 10	-\	Tele	phone N	lumber				£
DCA	Cancellation			Roger F	Hamrah					855	323-11	33				ę.
		51 /6		FACI	LITY INF	ORMA	TION	-	redom via	- معاندسون						
Name of Facility Where	Abatement is Takin	g Place (3	3)					Type o	of Facility (4)							
Showroom									chool (K-12)		V	12)				
Street Address									lubchapter 8 other (i.e. pri				ildir	nas. I	nome	es.
Rt 27								e e	tc.)							
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County (6)				County (Code (7) USE ONLY			Currer	nt Use (Prior	if being	g demol	ished)				
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Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.		Name o	of Abate	ement Contr	actor (9)		7.			
Hillman Environmen	tal Group, LLC			00023	3		The MA	ACK (Group, LL	C.						
Street Address							Street A	Addres	S							
1600 Route 22 East						-2017-00/0	1500 K	(ings l	HWY N, S	TE 20	09					
City, State, Zip Code							City, St	ate, Zi	Code							
Union, NJ 07083							Cherry	Hill, I	NJ 08034							
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho	one No			License	No.				
Mike Nelson			9	908-688	3-7800		(973) 7	'59 - 5	5000	0	0781					
Start Date (10)		Schedule	ed Co	mpletion I	Date (11)		Name o	of OSH	A Monitor							
11/14/1	1			11/25/1	1		The MA	ACK (Group, LL	C.						
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street A	Address	S							
Facility Closed/Vac	ated During Entire	Period of	Abate	ment					HWY N, S	TE 20	09	-				
Abatement Perform	ned Outside of Norm	nal Facility	/ Hour	S			City, Sta	ate, Zij	Code							
Other - Describe:						-	Cherry	Hill, I	NJ 08034							
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Freehold / Newark, N	NJ	Title					Signature,		- A	, I A		Date				
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Mike Cooper		Presid	ient									0/3/1/	1 1			

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) Street Address Agencies Notified Type Notification Initial EPA Amended ** City, State, Zip Code DEP DOL 0807 Amendment # 786 **Emergency (including** Name of Contact Telephone Number DOH justification) DCA Cancellation Joanne 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, etc.) # of Floors Bldg. Age Square Feet City (5) 08077 50t-County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC N/A EPC TECHNOLOGIES, INC Street Address Street Address P.O. BOX 337 P.O. BOX 337 City, State, Zip Code City, State, Zip Code NEW EGYPT, NJ 08533 NEW EGYPT, NJ 08533 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00394 609-758-3365 609-758-3365 STEVE SCHENKER Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) EPC TECHNOLOGIES, INC 10/11 10/11 Street Address Occupancy Status During Abatement (Check Only One) P.O. BOX 337 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: NEW EGYPT, NJ 08533 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation

≥160 sf or ≥260 lf		Demoliti	on		GI GI	ni-Enclosure ovebag Proc on-Exempted		le Pro	cedur	e	
Location of		Location			Description of				Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/		estos Containing Materia e. thermal systems insul surfacing, VAT, or other miscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				100			te	
Basement	X	12-		Par	och on Ain Duct	joints	15 LF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		Н	JDEP Wauler ID 7000		Cubic Yards of Waste	A STATE OF THE PARTY OF THE PAR	Registered Landfill MANAGEMEN		F PA		
City, State NEW EGYPT, NJ 08533					Disposal Date	City, State MORRI	SVILLE, PA				
Completed by STEVE SCHENKER	Title PRE	SIDE	NT		Signature	DSJ	ne h Da	te 1 6	/3i	11.	1

1921/0

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator 1 0 11 11 MERCEDEZ BENZ USA, LLC Agencies Notified Type of Notification Street Address **USEPA** Initial ONE MERCEDEZ DRIVE DEP Notification X DCA/DOL Amended City, State, Zip Code DOH Cancellation MONTVALE, NJ 7645 Name of Contact Telephone Number DAVE LEE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12) MERCEDEZ BENZ USA, LLC) Sub-Chapter 8 (Other than K-12) Street Address X) Other (I.e. private & Commercial buildings, homes, etc.) ONE MERCEDEZ DRIVE SF of Bldg. # Floor Age of Bldg. City County County Code 1 MILLION +SF 3 State use Only Current Use (prior if being demolished) MONTVALE, NJ BERGEN Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor BUREAU VERITAS NORTH AMERICA INC. ACM CONSULTING CORP. Street Address Street Address 160 FIELDCREST AVENUE 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code EDISON, NJ 08837 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 11 2011 20 2011 EMSL ANALYTICAL Month Day Year Month Day Year Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 6:00PM TO 6:00AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition Full Containment with Negative Pressure >3sf or >3lf X Mini-Enclosure ≥ 160sf or ≥ 260lf X Glovebag Procedure Renovation X Non-Friable Procedure Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes NO N/A Removed (Specify SF/LF) Rem. Rep. Enc. 2ND FLOOR - MEN'S RM - LIBRARY - HALLWAY Encl. **FIREPROOFING** 132SF ROOFTOP COOLING TOWER TRANSITE PANELS 752SF X ROOFTOP COOLING TOWER COOLING TOWER FILL 10CY Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill TRI-STATE TRANSFER ASSOC., INC. SW1896 TBD MINERVA ENTERPRISES, INC. City, State Disposal Date City, State of Registered Landfill BRONX, NY TBD WAYNESBURG, OHIO Completed By (Print or Type) Title Signature Date TIMOTHY RYAN GENERAL MANAGER 10/31/2011

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

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Name of Monitor	ring Firm Hired	by Blda	Own	or (8)	IASCM NO			Contractor	(0)			
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TTI Environment	tal Incorporate	d				Slavco Co	nstruction I	Inc.				
Street Address			rate et al la constitución de la			Street Ad	dress					
253 North Churc	ch Street											
City, State, Zip C	ode					164 Getty	Avenue					
Moorestown, NJ	08057					City, State	, Zip Code	9				
Project Mngr. Fo	or Monitoring F	irm		Telephone N	umber	1						
Harold Baldwin				908-812-6742		Clifton, NJ	07011					
Sheduled Start [Date (10)	Sched.	Comp	letetion Date (11)	Telephon	e Number		License	Number		
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To Whom It May Concern:

Please consider our request for the 10 day notice waiver, as our furnace is broken and we are without heat for couple days now. PSE&G came to change the furnace, but they said they won't be able to do anything until we take care of the Asbestos around the pipes. We have hire Pyramid Contracting to do the removal.

Thanks for your consideration.

Mindy Schoen

Print Form		resistance.	0000		-
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Date of Notification (1)		200	Name	e of Build	ling Owne	r/Operat	or (2)		Mok	#	16	4
10/28/2011		St. Joseph Regional Medical Center										
Agencies Notified Type Notificati	on			t Addres Main S	-				Lance	W.		
DEP Amended Amended	ent #			State, Ziperson, N					40.0			
DOH justification Cancellat			The state of the s	of Conta				Telephone	Numb	er		
					NFORMA	TION		3 635 / 154	3480			
Name of Facility Where Abatement is Ta Private Residence	king Place (3	3)					Type of Facili	ty (4)				
Street Address 87-89 Mary St.							School (Subchap Other (i.e	K-12) iter 8 (Other than e. private & comm	K-12)	o vildin		
City (5) Paterson, NJ							Square Feet	# of Floors		Bldg	. Age	
County (6) Passaic			County (STATE	Code (7	7) -		2500 Current Use (I	2 Prior if being dem	olished	70		_
Name of Monitoring Firm Hired by Building	Owner (8)			M No.		Name	of Abatement C	Contractor (9)				
Street Address						Street	amid Contract Address enner Ave	ing Corp.				_
City, State, Zip Code			1000			City, S	State, Zip Code on, NJ 07013					_
Project Manager for Monitoring Firm		T	Telepho	one No.		Teleph	none No. 689-6281	License				
Start Date (10) 11/12/2011	Scheduled		npletion	Date (1	1)		of OSHA Monito	01099 or			-	
Occupancy Status During Abatement (Che		T. O. S. H. T.				Ctroot	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8:00am - 4:00pm	Period of Al	hatan	nent			3000000	tate, Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Property	nova moliti				×	Mini-Enclosus Glovebag Pro	nent with Negative re ocedure ed (*) and Non-Fri				100
And And		ocatio	SOLING IN				TVOII Excimple	d () and Non-Pi	able Pr	- 155.555	re emer	nt
Location of Asbestos-Containing Material (ACM)	Used	rmall Solel	y by	Asha		cription			-	T	уре	Т
TO BE ABATED In Facility (13)	Maint Custoo	tenan dial Si (12)	ce/ taff?	(i.e	thermal: surfac	systems ing, VAT iscellane		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A						<u>a</u>		late	
Outside		х		Ast	oestos T	ransit	Shingles	2,000 SF	x			
ame of Registered Waste Hauler		NJI	DEP Wa	aste	Cubic Y	ards	Name of	Registered Landfi				
ramid Contracting Corp	Ha	uler ID N 613		of Wast		GROW		11.				
y, State fton, NJ 07013	- 50,000			Disposa	I Date	City, State Morrisvi					_	
mpleted by no Golcev	Title V. Presi	ident		242	Sig	nature	///	7	ate 0/28/2		- 000	-

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Date of Notification (1) 10/28/2011				f Building seph Re				enter							
Agencies Notified Type Notification EPA Initial	1		Street A 716 M	ddress ain Stre	et					NOV	- 2	:01	1	1	
DEP Amended Amendmer		_	5000	ite, Zip Co son, NJ	ode			A 2	J 10-						
□ Emergency instification □ DCA □ Cancellation)			f Contact d Curry				, in the state of	Tel	ephone Nur	nber				
			FACI	LITY INFO	ORMATI	ON				W 1/2/2	68				
Name of Facility Where Abatement is Taki Private Residence	ng Place (3	3)					Тур	e of Facility (School (K-1	2)		2)				
Street Address 580 Straight St.							×	Subchapter Other (i.e. p etc.)				dings	, hom	es,	
City (5) Paterson, NJ							Squ 250	are Feet 00	# 0	f Floors		ildg. /	Age		
County (6) Passaic				Code (7) USE ONLY)		Curr	ent Use (Pri	or if bei	ng demolish	ned)	3			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				atement Cor Contractin							
Street Address						Street 78 F		ess er Ave			77				
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code J 07013							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-				License N 01099	0.				
Start Date (10) 11/09/2011	Schedule 11/16/2		npletion I	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8:00am - 4:00pm						City, S	State, 2	Zip Code					-		
Scope of Work (Check All That Apply)													-	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	olition Mini-Enclosure Glovebag Procedure								50				
		Locati					Non-Exempted (*) and Non-Friable Procedure Abate								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial S (12)	ly ly by nce/		tos Conta thermal surfac		Materia s insu T, or	lation,	(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A	A - I-	4 7	Fun - ni	· Chi	- also	2.5	00 SE			te		
Outside		X		ASD	estos T	ransı	Snii	ngies	3,5	00 SF	x				
Name of Registered Waste Hauler	210	JDEP W		Cubic of Was			100000000000000000000000000000000000000	-	red Landfill						
Pyramid Contracting Corp		1 223	2613	140.	9	21105		GROW		-77-11					
City, State Clifton, NJ 07013					Dispos	al Date		City, State		A					
Completed by Dimo Golcev	Title V. Pr	eside	nt		Si	ignature	/	1	1		ate 0/28/2011				

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Date of Notification (1) 10/28/2011					Owner/Op egional N		r (2) cal Center		NOV - 2	2011			
Agencies Notified Type Notification	n		Street A										
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X DEP Amended Amendmen	nt #			son, NJ	ode		l.						_!
	(including			f Contact			· President		Telephone N	umber			
DCA Cancellation			Edwar	d Curry					973-754-3	480	31		
Name of Facility Where Abatement is Tak Private Residence	ing Place (3	3)	FACI	LITY INF	ORMATIO	N		ool (K-12	2)				
Street Address 582 Straight St.									8 (Other than K- ivate & commer		dings	, hom	es,
City (5) Paterson, NJ							Square Fe 2500	eet	# of Floors 2	150	3ldg. <i>A</i> 70	∖ge	
County (6) Passaic			County (Code (7) USE ONLY	o		Current U	se (Prio	r if being demoli	shed)			
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCM	1 No.			of Abateme mid Cont						
Street Address			-				Address enner Av	е					
City, State, Zip Code							State, Zip Co on, NJ 07						
Project Manager for Monitoring Firm			Telepho	ne No.			hone No. 689-6281		License 01099	No.			
Start Date (10) 11/10/2011	Schedul 11/17/2		npletion I	Date (11)		Name	of OSHA M	lonitor					
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 8:00am - 4:00pm					_	City, S	State, Zip Co	ode		-	77 (
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit					Mini-En Gloveba	closure ag Proce	nt with Negative edure (*) and Non-Fria			e	
	Is	Locati	on									ement /pe	t
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	Yes	No	N/A								_	(D)	
Outside		x		Asb	estos Tr	ansit	Shingles	S	3,200 SF	×			
													
		200											
Name of Registered Waste Hauler Pyramid Contracting Corp		Н	JDEP W auler ID 2613		Cubic Y of Waste 9	е	GI	ROWS	e of Registered Landfill OWS				
City, State Clifton, NJ 07013					Disposa	I Date		y, State orrisvil					
Completed by Dimo Golcev	eside	nt		Sig	nature		/	/ /	ate 0/28/2	2011			



Date of Notification (1) 10/1112011					of Building			HOSE STORY		N/I	E	1		
Agencies Notified	Type Notification			Street A	Address lar Stree	et					1,100			
EPA DEP DOL	Initial Amended Amendment				ate, Zip C rk, NJ C			HI II N	0V - 2	2-2011		2.20		
DOH DCA	Emergency justification) Cancellation	-			of Contact min T. (eyo	1 A	Telep	phone N	lumber]		et southings on
				FAC	ILITY INF	ORMAT	ION			ACC 200 00000 ACC 1830				
Name of Facility Where A Wilson Avenue Sch		ig Place (3	3)					Type of Facility School (K-	12)			4	•	
Street Address 19 Wilson Avenue								Subchapte Other (i.e. etc.)				ildings	, hom	ies,
City (5) Newark						-		Square Feet	# of F	Floors		Bldg.	Age	
County (6) Essex					Code (7) USE ONL	0		Current Use (Pr School	ior if being	g demol	ished)			
Name of Monitoring Firm		Owner (8)		ASCN	ИNo.		Chicago and Company	of Abatement Co rocare Enterpr					-	
Street Address 1253 North Church	Street						78978555555	Address Broadway Sui	te 202					Ministry William
City, State, Zip Code Moorestown, NJ 08	057							tate, Zip Code ark, NJ 07104	7					
Project Manager for Mon James A. Guilardi	itoring Firm	***************************************		Telepho 856-84	ne No. 10-8800)	The Control of the Control	none No. 485-4000	1	License 01017	No.			
Start Date (10) 10/21/11		Schedule		mpletion	Date (11)		Name Amei	of OSHA Monitor risci					****	-
Occupancy Status During	Abatement (Chec	k Only On	ie)				Street	Address						
Facility Closed/Vaca Abatement Perform	ated During Entire I	Period of A	Abater	nent s			TOWNSON	East 30th Stre	et					
Other – Describe: _ Scope of Work (Check A	Il That Apply)						NY, I	NY 10016						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	,	-	enova emoli				×	City Coday 1 10	e cedure				re	
Account a series of the series		T la	Locat	ion				Abatement						t
Location		N	lorma d Sole	lly			scription		60	76	-	T:	уре	Т
Asbestos-Containing TO BE ABA In Facili (13)	TED	Mai	ntena		Asbes (i.e.	thermal surface	systems cing, VA niscellan		I (ACM) Amount ation, (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									10	
Room 1			X		V	Valls/Ce		lasters		SF	X	_		
Room 2			X			10/-1	Wall	1000	350		X	-		
Baseme	<u> </u>	-	X				Insulat	ng +510)	550 60		X	-	-	
Baseme			- 1 -	JDEP W		Cubic			Registere					L
Name of Registered Was Newark Carting	te Hauler		H	lauler ID 506		of Was			vn Re. F					
City, State Newark, NJ 07102	41110					Dispos	al Date	City, Stat Tullytov		71				
Completed by		Title				Si	ignature	E I		1.00	ate			ran et anteres e e
Uju Obiorah		Projec	ct Ma	anager			Ulu	clone		1	0/11/	11		



Date of Notification (1) 10/27/11 Ck:1599	\$200				of Building		Operator	(2)								
Agencies Notified	Type Notification			Street A	Address				- NOV							
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ivingsto ate, Zip C Brunswi	ode		ey 08901								
X DOH DCA	Emergency justification) Cancellation				of Contact ard T. Bi				Telep	hone Nu	mber	ì				
None of Facility Where	A	- Di (0)	FAC	ILITY INF	ORMAT	ION	T (F 10)	(4)							
Name of Facility Where A Residence	Apatement is Takir	ig Place (3)					Type of Facility School (K								
Street Address 144 Livingston Aver	nue							Subchapte	er 8 (Other private & o			ldings	, hom	es,		
City (5) New Brunswick, Ne	w Jersey 0890	1						Square Feet 10,000	# of F	loors	1	Bldg. 55+	Age			
County (6) Middlesex					Code (7) USE ONL)	0		Current Use (P Home	rior if being	demolis	hed)			10.00		
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	ЛNo.		100000000000000000000000000000000000000	of Abatement Co Corporation	ontractor (9))						
Street Address	-							Address McBride Aver	nue							
City, State, Zip Code								tate, Zip Code dland Park, N	lew Jerse	ey 0742	24					
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No. 225-8400	1000	icense N 1104	lo.					
Start Date (10) 11/07/11		Schedul 11/09/		mpletion I	Date (11)		100000000000000000000000000000000000000	of OSHA Monito Environmenta						** ***		
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Address								
Facility Closed/Vaca Abatement Perform Other – Describe: 8	ed Outside of Norn						City, S	Route 22 We tate, Zip Code		20.200						
Scope of Work (Check Al							Unio	n, New Jerse	y 07083							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	і тпас Дрріу)		Renov Demol				××	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				re			
		Is	Loca	tion				- Land	Troit Exempted () and treit			Abatement				
Location Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	Material (ACM)	Use Ma Cus	(12)	ely by ince/ Staff?		tos Cont thermal surfa		laterial (ACM) s insulation, T, or	Amo (Spe SF o	ecify	Removal	Repair	e Encapsulate	Enclosure		
		Yes	No	N/A			TOI		200			-		-		
Baseme	ent		X	-			TSI		200	LF	X	-				
			-								1	-	-			
												†				
Name of Registered Was Lilich Corporation	te Hauler		1	NJDEP W Hauler ID 8724		Cubic of Was		1	Registered .W.S Lan				***************************************			
City, State Woodland Park, New	Jersey 07424					1.1	sal Date	City, Sta Morris	te ville, Pen	nsylvar	nia					
Completed by Tatiana Kalenikova		Title Vice President					ignature									



Date of Notification (1)				Name	of Buildin	g Owner/	Operato	r (2)	间上	<u> Pari</u>				
10/27/11 Ck:1598 Agencies Notified	\$200					ton Boa	rd of E	ducation	175					-
☐ EPA	Type Notification	n		222 F	Address Ridge R		NOV - 2 2011							
DEP X DOL	Amended Amendmer				tate, Zip (Arlingt		y 07031	Asia step Complete						
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Name of Facility Where A	batement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Fac	cility (4)				<u>_</u>	
Jefferson School									I (K-12)					
Street Address 100 Prospect Avenu	ie					75000000			apter 8 (Ot (i.e. private			ilding:	s, hon	nes,
City (5) North Arlington, Nev	v Jersey 0703	1						Square Feet # of Floors 20,000 2				Bldg. Age 55+		
County (6) Bergen				County Code (7) (STATE USE ONLY)				Current Use School	Prior if be	eing demoli	shed)			
Name of Monitoring Firm Birdsall Services Gro	Hired by Building oup Inc,	Owner (8	3)	ASC	M No.			of Abatemen Corporati		r (9)				
Street Address 65 Jackson Drive				Street Address 606 McBride Ave					venue					FIRE STATES STATES
City, State, Zip Code Cranford, New Jerse	y 07016							City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monit Charles Schneekloth		Telepho 918-4	one No. 97-8900)	Teleph	one No. 225-8400		License 01104						
Start Date (10) 11/10/11		Schedu 11/11/			Date (11)		Name	ne of OSHA Monitor S Environmental Labs						
Occupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe: 75	ed During Entire d Outside of Norn	Period of	Abater	nent s			2333 City, St	Address Route 22 tate, Zip Code n, New Jer	е	3				Processing of an
Scope of Work (Check All	That Apply)						in an angel							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- Charles	Renova Demoli				×	Mini-Enclo Glovebag	ninment with osure Procedure opted (*) an				· e	
Location		1	Locati Normal			Dec			9 11011 1114		Abatement Type			
Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM)	Ma	Used Solely by As					aterial (ACM) insulation, , or	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
1st Floo	r	Yes	No X	N/A		TSI We	t wran	& Cut	2	0 LF	x	_	e e	
7011100						101 110	wiap	- Cut	- 3	<u> </u>	1			
Name of Registered Waste	Hauler	1	IN	JDEP W	aste	Cubic	/ards	Name	of Registe	red Landfill		<u> </u>		J
ilich Corporation			Н	auler ID 3724		of Was		1	O.W.S L					
City, State Voodland Park, New ,	Jersey 07424					Disposa 11/14/		City, S Morr	State isville, Pe	ennsylvar	nia			
Completed by atiana Kalenikova		Title Vice	Presid	dent		Sig	gnature	1000 C	Callo	Da 10	te)/27/1	1		

GTATE OF NEW JERSEY NOTIFICATION OF ASSESTOS ASATEMENT (PURGUANT TO NIAC 5:00-7 AND 12:120-7 ANNUAL NOTIFICATION

ch#18/26

Date of Notificati	on (1)				Building Owner / Op	erator (2)			APPROV	FN			
_10 / _28	10 / 28 / 11				Verizon Bireet Address				NA Pept of Health & Sentor Serv				
) I S N - OF	100	otification			dress arson Street			Page	C. H	Ome			
Agencies Notified									(Signature	2)			
O EPA		Initial			a, Zip Code swick, NJ 08901		1ól:	3111	9:4				
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		Amendment		Mams of	-bluden		(eseption	e idelin	••				
O DO		Emergency v	vi justification	Alex Bayl	OF .		161-802		>				
	*	CHUCAHARION		ACILITYIN	PORMATION								
					T- 10 10 10								
Name of Facility	Where Abaten	nent le Taking	Place (3)		Type of Facility (4)								
Verlzon					Subcher	K-12) oter 8 (Other	than KA	21					
Street Address					Other ()	e., private S							
18-28 Paterson St			Gounty Code	/7\	bidgs., f Square Feet	omes, etc.)		Bulldin	a Aas				
City (8)	County (6	-	County Code	(1)	100,000		i		81485				
New Brunswick	INJUGINESA		<u> </u>		Current Use (Prior Telecommunications		ofished)	shed) 50+					
Name of Monitor	ing Elma Ulara	lay Bldg Dug	per (8)	TARCH NO	Name of Abatemen		(8)	J					
name of Montor			iet (o)	MOGNI NO	Slavco Construction		10)						
Street Address					Street Address								
1253 North Churc					164 Getty Avenue								
City, State, Zip C Mooreslown, NJ					City, State, Zip Coo	6							
Project Mingr. Fo		Inn	Tolophona No	umber	Cliffon, NJ 07011								
Herold Baldwin			908-812-8742		Telephone Number	n	nsa Number						
Shoduled Start D		Sohed. Com	pletetion Date (11)	973-478-4945		00724	Mellimer					
-/-	_/						100,24						
Occupancy Statu	is During Abe v Closed/Vac	tement (Check ited During Er	(Only 1) Itira Period of		Name of OSHA Mo Siaveo Construction								
Abate	ment				Street Address					A STATE OF THE STATE OF			
	ment Perform - Describe:		Normani Facilit	У	184 Getty Avenue								
	- Describe:	Barn to 4:30p	m DURING REM	OVAI	City, State, Zip Coo Clifton, NJ 07011	ie							
Scope of Work (The second second second		DOM: NO TIEN	5 V / NW									
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			1401101011011	H	Mml · Enclosure								
	f or ≥260 if				Glovebag Procedure								
L 200 -	I OI ZAOO II				Non-Exempted (*)	and Non-Frla	ble Proce	dure					
Locatio	n of	l le		Descrip	don of	1	Abatame	ent Type					
Asbestos C	15(1)(1)(5)	Location	A	sotesda	Containing		R		E	6			
Material		Normally		Material		Amount	E	R	N	N			
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			NJDEP Wast	alCubia.	Name of Registers	d Landsiii		1 4		1 4			
Name of Registe Siavco Constructi		JIEF	18508	Yarda	Cumbedand County								
City, State	GI IIIV.	_	1	Of Waste									
Citton, NJ				Date	Newburg, PA		75						
Completed by (P	dat or Time		Mile	TBD	Signetu	re .			Dete				
vivian Jurcavic	and of 1 spen		Administrative	Assistant	11/	on D	LIA.	116 1	10	/28/11			
Alaton Con Coale			I. WILLIAM CO.	. ,	I UIII	WI WH	por lice		1				



A Service Disabled Veteran Owned Small Business TTI Environmental Incorporated 1253 N. Church Street

Moorestown, New Jersey 08057

Tel: 856-840-8800 Fax: 856-840-8815

10/27/11

SLAVCO CONSTRUCTION, INC 164 Getty Avenue Clifton, NJ

Attention:

Robert Maviglia

Reference:

Emergency Asbestos Abatement

The replacement of a Air Handling Unit(AHU) at the Verizon New Brunswick CO located at 18 Paterson Street Mew Brunswick, NJ, have been delayed due to the discovery of 9" X 9" Vinyl Asbestos Floor Tiles(VAT) located under the old AHU \in the basement Power Room . Approximately 72 square feet of VAT/Mastic needs to be removed in order to facilitate placing a concrete for the new AHU to be mounted upon..

Accordingly, this condition requires the removal asbestos containing materials. These delays may in turn, cause an interruption in telecommunication service. Removal of the regulated materials is urgently required to provide a safe access for telecommunication equipment.

Sincerely Yours,

Harold E. Baldwin TTI Environmental, Inc.

State of New Jersey

Print Form

6		МОТ	IFICATIO (Pursua)	ON OF ASBESTO nt to NJAC 8:60	OS ABATI and 12:12	EMENT 20)	0)些	_6_6		10.	:E == .	```
Date of Notification (1) 10/26/11				of Building Own		or (2)		NOV	- 2	2011		
Agencies Notified Type Notification Initial DEP Amended	1			Address Gallison Drive				eggjere e				
DOL Amendmen	t #			tate, Zip Code eley Heights,	NJ 0797	4						32771
□ DOH		g	Name	of Contact y Augustinus		hen	Tele	ephone N	umber			
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	CILITY INFORMA	ATION							
House	ig i lace	(3)				Type of Facility						
Street Address 163 Gallison Drive						School (K Subchapte Other (i.e.	er 8 (Othe	er than K- commen	12) cial bui	ldings	, hon	nes,
City (5) Berkeley Heights			(2.17)			Square Feet N/A	# of N/A	Floors		Bldg. V/A	Age	
County (6)			County (STATE	Code (7) USE ONLY)		Current Use (P House	rior if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		of Abatement Co Abatement, I		(9)				
Street Address					100000000000000000000000000000000000000	Address osengren Ave	enue		-			-
City, State, Zip Code					City, S	State, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	none No. 345-8685	T	License I				
Start Date (10) 11/10/11	Schedu 11/11/		mpletion	Date (11)	Name	of OSHA Monitor		#00675				
Occupancy Status During Abatement (Chec						Abatement, In	nc.					
Facility Closed/Vacated During Entire	Period of	Abater	ment		100000000000000000000000000000000000000	osengren Ave	nue					
	al Facilit	y Hour	s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate, Zip Code wa, NJ 07512						
Scope of Work (Check All That Apply)							7				-	-
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Location of Asbestos-Containing Material (ACM)		Norma ed Sole		D	escription	of			_	Ty	ре	į.
TO BE ABATED In Facility (13)	0.000	todial (12)	230(7077000)	(i.e. therma	al systems acing, VA miscellan	aterial (ACM) insulation, T, or eous)	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								ate	œ .
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entrance foyer		X	-	floor tiles	s under l	inoleum	100	SF	х			
Name of Registered Waste Hauler O&S Abatement, Inc.		Н	JDEP W auler ID 20996				Registere Manage					
City, State otowa, NJ					sal Date	City, State	e					\dashv
Completed by Jeanna BRkusanin	Title Proje	ct Ma	nager		Signature	um R lin		Da 10	te /26/1	1		

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73792356	7	N		CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE				CC		17	721	1
Date of Notification (1) October 19, 2011					f Building of Ray			(2)	7	\$ 1	NOV	- 2	con		
	ype Notification		1	Street A	ddress chung F	Place	******		S. Carrier	1		L			4
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				FACI	LITY INF	ORMATI	ON								
Name of Facility Where Aba House	atement is Taking P	lace (3)				-		-	Facility (4						
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City (5) Summit								Square F N/A		# of	Floors		Bldg. A	ge	
County (6) Union					Code (7) USE ONLY)		Current	Jse (Prio		ng demolis				-
Name of Monitoring Firm His	red by Building Owr	ner (8)		ASCN	l No.			of Abatem			(9)				
Street Address	· · · · · · · · · · · · · · · · · · ·	-		l			Street	Address osengre							
City, State, Zip Code							City, S	tate, Zip 0 wa, NJ 0	Code						
Project Manager for Monitor	ing Firm		1	Γelepho	ne No.		Teleph	one No. 345-868			License N #00675			-	
Start Date (10) 11/02/11		heduled /03/11		pletion I	Date (11)			of OSHA Abatem		l :.					
Occupancy Status During Al								Address osengre	n Avon						
Facility Closed/Vacated Abatement Performed Other – Describe: Occ	Outside of Normal F	od of Ab acility F	atem	ent			City, S	tate, Zip C wa, NJ (ode	ue					
Scope of Work (Check All Ti	hat Apply)						10101	wa, NJ (7512						
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Name of Registered Waste H	Hauler		73.972	DEP W		Cubic `		N	ame of R	egiste	red Landfil	1		-	
D&S Abatement, Inc.				uler ID 0996	No.	of Was	32.7.4	*			ement o	f PA			
City, State Fotowa, NJ						Dispos TBD	al Date	10000	ity, State ullytow						

Completed by

Deanna Brkusanin

Date

10/19/11

Signature

Project Manager

19161598814.

Date of Notification (1)				Name -	f D. didie -	0 10			. 111	<u> </u>	and security	:			
October 25, 2011				Rose (f Building Cruz	Owner/C	Operato	or (2)	1		NOV	- 2	11		
Agencies Notified EPA	Type Notification Initial			Street A 255 Fo	ddress orest Str	eet			ini	unit i	•			-012-1-1-	
EPA DEP DOL	Amended Amendment	#	_ [The state of the s	ite, Zip Co y, NJ 07									2-1	
ĬX DOH	Emergency justification)		-		f Contact				. torsas	Tele	phone N	lumber	,	-	
DOH DCA	Cancellation			Rose (Cruz				3 6 8	201	-709-1	532			
Name of Facility Where A	batement is Takin	ng Place (3		FACI	LITY INFO	DRMATI	ON	Type	of Facility (4	4)					
House		19 1 1000 (0						_	School (K-1	0.50					
Street Address 255 Forest Street								×	Subchapter Other (i.e. p	8 (Othe			lding	s, hom	es,
City (5) Kearny									etc.) re Feet	# of N/A	Floors		Bldg.	Age	
County (6) Hudson				County (Code (7) USE ONLY			Curre	ent Use (Prid Se	or if bein	g demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	1 No.				tement Con ement, In		(9)				
Street Address								t Addre	ss gren Aver	nue					
City, State, Zip Code									ip Code J 07512						
Project Manager for Monit	toring Firm			Telephor	ne No.			hone N -345-8			License #0067				
Start Date (10) 11/08/11		Schedule 11/09/1		npletion I	Date (11)		5 23 7 33 2 33		HA Monitor ement, In	c.					
Occupancy Status During	Abatement (Chec	k Only On	e)				1000	t Addres							41
Facility Closed/Vaca	ted During Entire	Period of A	baten	nent					gren Aver	nue					
Abatement Performe Other – Describe: O	ccupied	nal Facility	Hours			_	2000 72000		ip Code IJ 07512						
Scope of Work (Check All	That Apply)	-				0.75	P	-							
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Asbestos-Containing I	Material (ACM)		i Sole ntenai			tos Cont	aining	Material			nount	_		m	m
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	*	+			******							-	-	+	
Name of Registered Wast	e Hauler		29%	JDEP W		Cubic	Yards		Name of F	Register	ed Land	fill -	_	_	
D&S Abatement, Inc.			0.00000	auler ID	No.	of Was	ste		Waste N	/Janag	ement	of PA			
City, State Totowa, NJ							al Date	9	City, State				-		
Completed by	,	Title					ig/fatur	e	7 11		TI	Date			
Deanna Brkusanin		Projec	t Ma	nager			110	MUU	Mille	in		10/25/	11		

Date of Notification (1)

October 25, 2011

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied

Amended

Amendment #

justification)

Cancellation

Emergency (including

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

128 Summit Avenue

Upper Montclair

House

City (5)

County (6)

Street Address

Start Date (10)

11/08/11

City, State, Zip Code

Project Manager for Monitoring Firm

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

main basement

Name of Registered Waste Hauler

D&S Abatement, Inc.

Deanna Brkusanin

City, State

Totowa, NJ

Completed by

≥3 sf or ≥3 lf

≥160 sf or ≥260 lf

Essex

N/A

X

×

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

Ellen Silver

Street Address

128 Summit Avenue

City, State, Zip Code

Name of Contact

Ellen Sllver

County Code (7) (STATE USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

X

Project Manager

N/A

NJDEP Waste

Hauler ID No.

#20996

Yes

Title

11/09/11

Name of Building Owner/Operator (2)

Upper Montclair, NJ 07042

FACILITY INFORMATION

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ASE	ew Jersey BESTOS ABATE 8:60 and 12:120						1			
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ess mit A	Avenue		ally,		7.251					
Zip C ontcl	ode air, NJ 07042								- 1	
ntact er			5.40	Tel	ephone	Num	ber			
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		Squar N/A	e Feet	# o	f Floor:	S		dg. A /A	ge	
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0.			tement Cor ement, In		(9)					
		Addres	s gren Aver	nue		52				
			p Code J 07512							
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e (11			IA Monitor ement, In	c.						
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	pipe insula	ition		6	31 LF		х			
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e	Cubic Yards of Waste TBD		Name of Waste				PA			-
	Disposal Date	1	City, Stat		Α			84		

Date

10/25/11

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

a commental state of the second

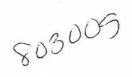
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Date of Notification (1) October 25, 2011				f Building (Kenned		perator	(2)		NOV	- 2	<u>:(1)</u>		100 mg/ 1900 mg/	
Agencies Notified Type Notification EPA Initial			Street A 1302 8	ddress 31st Dtre	et				270					:
DEP Amended Amendment		_		ite, Zip Co Bergen,		047				المراجعة ال مراجعة المراجعة المر	<u>.</u> ,	- n	~ * *** ***	
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				LITY INFO	9	ON			``		ν.			
Name of Facility Where Abatement is Takin House	g Place (3)						Facility (4)						
Street Address 1302 81st Street							Sul × Ott	bchapter 8 ner (i.e. pri	(Other t			dings,	home	es,
City (5) North Bergen				•			Square N/A		# of Flo	oors		ldg. A	ge	
County (6) Hudson			County (Code (7) USE ONLY)			1511/3017-177	Use (Prior	Commission of	demolish				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.			of Abater	ment Contr	Commence of the contract of th			50		
Street Address						Street	Address	en Avenu						
City, State, Zip Code							tate, Zip		ie					
						Toto	wa, NJ							
Project Manager for Monitoring Firm			Telepho	ne No.		The state of the s	none No. 345-868	35	10000	icense N 00675	0.			
Start Date (10) 11/08/11	Schedule 11/09/1		npletion (Date (11)			of OSHA Abaten	Monitor nent, Inc				**		
Occupancy Status During Abatement (Chec	k Only On	e)					Address	520						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Occupied					-04	City, S	osengre tate, Zip (wa, NJ		ie		-			
Scope of Work (Check All That Apply)						1010	wa, ivo	07512						
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		thermal surface				Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			i	4:		. 40.1		 		-	
basement		X		,	pipe	insula	tion		40		X			
Name of Registered Waste Hauler		- N	JDEP W	/aste	Cubic	Yarde	T 1	Name of R	egistered	Landfill	<u> </u>			
D&S Abatement, Inc.		Н	lauler ID 20996		of Was			Waste M						
City, State Totowa, NJ					Dispos	al Date		City, State Tullytown	n, PA					
Completed by Deanna Brkusanin	Title Proje	ct Ma	anager		S	ignature V XII	in P	Mun	·/	Da 10	ite 0/25/1	11		

Date of Notification (1)	*				f Building		Operator	(2)	NOV		4 .				
10/28/2011	-				io Parra	ales		ill h	1						
Agencies Notified EPA	Type Notification			Street A 156 N	ddress Iorth Sti	reet		Land Indian	La-						
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ĭ DOH	Emergency justification)	(including	1		f Contact	Section of the Asset	****	, -		7	ephone N	lumber		-	-
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				FACI	LITY INF	ORMATI	ON							-	
Name of Facility Where A	Abatement is Takir	ng Place (3)						Type o	f Facility (4))					
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156 North Street									ubchapter 8 ther (i.e. pri				ldinas	. hom	ies.
								- et	c.)						10.00%
City (5) Jersey City, NJ 073	307						-	Square 1500	Feet	2	f Floors		30+	Age	
County (6)	307		-	County	Code (7)	1000	-		t I loo /Drior		na domoli		30+		
Hudson					USE ONLY)	_	Curren	t Use (Prior	II bei	ng demoi	isnea)			
Name of Monitoring Firm	Hired by Building	Owner (8)	1_	ASCN	l No.		Name	of Abate	ement Contr	actor	(9)		-	-	
							New	Ameri	can Rest	orati	on, Inc.				
Street Address						- 8		Address							
City, State, Zip Code									raight St						11
City, State, Zip Code								tate, Zip rson, N	VJ 07501						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.			one No. 925-13	4		License 00805		-		
Start Date (10)		Scheduled	Con	npletion I	Date (11)			SOURCES SA	Monitor		00000				-
11/08/2011		11/09/2	011		- 20121111		New	Ameri	can Resto	orati	on, Inc.				
Occupancy Status During	Abatement (Chec	k Only One)					Address		William		34-7-3975			
Facility Closed/Vaca									raight St						
Abatement Performed Other – Describe:	ed Outside of Nom	nal Facility I	lours	i			AND THE PARTY OF T	tate, Zip							
Scope of Work (Check Al	II That Apply)						Pate	rson, r	NJ 07501				NE L		
Sope of Work (Check A	ii mar Appiy)	X Re		47				1	_			(*) <u> </u>			
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Name of Registered Wast	te Hauler			JDEP Wa		Cubic `	Yards		Name of Re	giste	red Landfi	ill	<u></u>		Щ
New American Resto	oration, Inc.		200	auler ID I 5010	No.	of Was	te 3	100	Ġ.R.O.W						
City, State			1_			Dispos	al Date		City, State						\dashv
421-423 Straight St,	Paterson, NJ 0	7501							1530 Bor	den	town Ro	l. Mor	risvil	e, P	A
Completed by		Title				Si	gnature	1111	10.04	110	D	ate	32500000		
Mike Hadzic		Presid	ent					M	MULLIN	UC	- 1	10-28-	201	i	

8157095246	NC		ATION	OF ASBE	STOS			TO.		e E I	15.			
Date of Notification (1) 10/31/11				Building O		perator	(2)		NC	W 6				
Agencies Notified Type Notification			treet Ad					العا العا	147	JY - <u>2</u>			F 411	
EPA Initial DEP Amended DOL Amendment #_				e, Zip Cod Hills, NJ (9		-886	S-12.				
Emergency (inclinity property)	uding	N		Contact			-		Tele	phone Num	ber			
DCA Cancellation		'		ITY INFO	DALATI	ON	31	And property of the contract of		THE STREET		1		
Name of Facility Where Abatement is Taking PI House Street Address	ace (3)		FACIL	III INPO	RIVIATIO	JN	Тур	se of Facility (School (K-1 Subchapter	2)	er than K-12				
530 Park Ave							×	Other (i.e. p etc.)	rivate &	commercia	l build			s,
City (5) Orange		.,,					N/A		N/A		N.	dg. A	ge	
County (6) Essex				ode (7) ISE ONLY)				rent Use (Prio	or if beir	ng demolishe	ed)			
Name of Monitoring Firm Hired by Building Own N/A	ner (8)		ASCM	No.				patement Cor atement, In		(9)				
Street Address				************		Street 11 R		ress ngren Aver	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm		Т	elephon	ne No.		Teleph 973-		No. -8685		License No #00675).			
	heduled 1/15/11	0	pletion [Date (11)		10000000		SHA Monitor atement, In	c.		14.			
Occupancy Status During Abatement (Check O	0) 70 Pd 0					Street		ress ngren Aver	nie.					
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other – Describe: Occupied	od of Ab Facility F	ateme Hours	ent			City, S	State,	Zip Code NJ 07512	100		£1		300 (St 300)	
Scope of Work (Check All That Apply)						1010	, vvu,	140 07012			- 000			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Marie Control	enovati emolitio				2	<u> </u>	Full Containme Mini-Enclosure Glovebag Prod Non-Exempte	e cedure	77			e	
	le I	ocatio	_		DE 1697			ton-Exemple	4 () 4111	3 1101111100	T	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormally Solely ntenan odial S (12)	y by ce/ taff?	Asbest (i.e. t	os Cont thermal surfa	scription taining I system cing, VA niscella	Mater ns ins AT, o		(5	mount Specify For LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							-0.15	_			-
laundry room	\dashv	X			pipe	insula	ation	'	28	50 LF	Х			
		-												
Name of Registered Waste Hauler		10000	DEP W	CONTRACTOR OF THE PARTY OF THE	Cubic of Was	Yards		The second secon		ered Landfill				
D&S Abatement, Inc.		0.000000	0996	.,,,	TBD					gement of	PA			
City, State Totowa, NJ					TBD	sal Date		City, Stat		A				
Completed by Deanna Brkusanin	Title Projec	t Ma	nager		S	signatur ()	re WWW	y Rellica	iin	Da 10	te /31/1	11		

Date of Notification (1)				Name o	f Building	Owner/C	Operator	r (2)		E	- 11		-	/	
10/26/11 Agencies Notified	Torre Marie and			Liz Hic										<u> </u>	
_	Type Notification		-	Street A 71 Dal	ddress le Drive			1		NO	V - 2	2011			1
EPA DEP DOL	Amended Amendment		_		ite, Zip Co it, NJ 0					ASia,	Š: . · · .		·		
DOH DCA	Emergency justification) Cancellation			Name of Liz Hic	Contact ckey			4	- L	Tele	phone N	lumber	à,	k . 1877	aí
Non- of F-102-145				FACI	LITY INF	ORMATI	ON	**.540							
Name of Facility Where House	Abatement is Takir	ng Place (3	3)						f Facility (chool (K-1						
Street Address 71 Dale Driveq								X O	ubchapter ther (i.e. p c.)				dings,	home	es,
City (5) Summit								Square N/A		# of N/A	Floors		Bldg. A	ge	
County (6) Union		1400		County (Code (7) JSE ONLY) <u> </u>		Curren	t Use (Pri e	or if bein	ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				ment Cor ment, Ir		(9)				
Street Address			9787110					Address	en Ave	nue					
City, State, Zip Code								State, Zip wa, NJ	Code 07512						
Project Manager for Mor		Telephor	ne No.		200000000000000000000000000000000000000	hone No. 345-86			License #0067	1000 1000 7 10					
Start Date (10) 11/09/11	**************************************								A Monitor ment, Ir	nc.					
Occupancy Status Durin	g Abatement (Chec	ck Only Or	ie)	·				Address						10	_
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of A	Abaten	nent S			L S Arres	losengr State, Zip	code	nue					
							Toto	wa, NJ	07512						
Scope of Work (Check A	II That Apply)	П.					г	٦							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emolit				l ×	Mini- Glov	Containm Enclosure ebag Pro	e cedure					
		le le	Locati	ion				i Non-	Exempte	a (*) and	Non-Fri	able Pro	77.03	e ement	
Location		1	lormal	ly		Des	scription	of				_	Ту	ре	-
Asbestos-Containing TO BE AB. In Facil (13)	ATED	Ma	d Sole intena odial S (12)	nce/		thermal surfac				(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ļ	'n	
basem	ent		X		f	loor tile	s and	mastic		25	50 Sf	X			
Name of Registered Was	ste Hauler	LN	JDEP W	asto	Cubic	Varde		Name of	Degister	ed Land	fill				
D&S Abatement, Inc		Н	auler ID 20996		of Was		- 12	Waste I	1000						
City, State Totowa, NJ						Dispos TBD	al Date		City, Stat Tullytov						
Completed by Deanna BRkusanin	(4)	Title Proje	ct Ma	nager		S	ignátůre	Centro	RI	11/11	1.7	Date 10/26/	11		

*			NOT	State of Ne TIFICATION OF ASE (Pursuant to NJAC	ew Jersey	£	THE STREET OF THE STREET	Signaturan Marik	odina benerica	ж.т., _{Д.} ,	Print
Date of Notification (1) October 25, 2011	*				0.00 and 1	2:120) 🖟	ME	G E	5 //	<u> </u>	HTX:
Age poise N	Notification			Name of Building Barbara Mora	Owner/Ope bito	rator (2)		9 E	- !	<u>1</u> /	
EPA DEP	nitial Amended		æ	Street Address 143 Thomas S	treet	· ·	121 121 N()V	2	2077	1 1
X DON X E	mendment mergency	#_ (includi	na l	City, State, Zip Coo Newark, NJ 07	de 114		ASO	20.70	· Verr		
□ DCA □ C	ancellation			Name of Contact Jim Kupko		1	-	2018 110EA	1.1	4	
Name of Facility Where Abateme House	nt is Taking	Place	(3)	FACILITY INFO	RMATION		Approximately 1882	-572-	3870		
Street Address 143 Thornas Street	1					Sch	Facility (4) lool (K-12)				
City (5) Newark						X Other	chapter 8 (Other er (i.e. private & c	than K	(-12) rcial b	uilding	IS. homes
County (6) Essex			10	ounty Code (7)		N/A	eet # of FI N/A	oors .		Bldg.	- 1
Name of Monitoring Firm Hired by E N/A	Building Ow	ner (8)	13	ASCM No.			se (Prior if being o	demoli	shed)	AVA	
Street Address					_ Das	Abateme	nt Contractor (9) nt, Inc.				
City, State, Zip Code	-				Street .	Address Osengren	Avenue				
Project Manager for Monitoring Firm			Tele	ephone No.	City, St Totow	ate, Zip Cod a, NJ 075	9		_		
Start Date ((0)	Sch	eduled	1	tion Date (11)	Telepho 973-34	ne No. 15-8685	Lice	nse No	0.		
Occupancy Status During Abatement (Check Only	1010	11/	Date (11)	Name of D&S A	OSHA Mon batement	itos	0/5			
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Occupied			tement		Street Ac	dress engren A					
cope of Work (Check All That Apply)					City, State	, Zip Code , NJ 0751		_	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Reno	vation lition		×	Full Contain	ment with Negativ	e Pres	ssure		
Location of		ls Loca Norma	tion			Slovebag Pr lon-Exempt	ocedure ed (*) and Non-Fr	iable F	roced	ure	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility) M	ed Soli aintena	ely by	ASDESIOS Conta	cription of				Aba	ateme Type	nt
(13)		stodial (12)	Staff?	surfacir	ystems insung, VAT, or scellaneous)	lation,	Amount (Specify SF or LF)	Ren	Re	Enca	Enc
basement	Yes	No X	N/A					Removal	Repair	Encapsulate	Enclosure
basement		X			sulation sulation		52 LF	X	+		
	+				Julianon		30 SF	Х			
of Registered Waste Hauler Abatement, INc.		NJI	DEP Was	Oubic I di	ds T					-	
ate a, NJ		#20	aler ID N 1996	of Waste TBD	.	Waste Ma	egistered Landfill anagement of	PA			-
eted by a BRkusanin	Title			Disposal Da TBD	ate	City, State Tullytown					-
- Di musailin	Project	Mana	ger	Signat	te Manier P	110	Date				



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

				(Fulsualit to IV.	J.A.C. 1.20-2.12,	,						4
Date of Notification (1)					Name of Build							
10/17/2011 Agencies Notified	*	Notification	Туре		Paulsboro Ref	3	pany 1		NO /			
() EPA () DEP (X) DOL (X) DOH		() Initial Not (X) Amende () Cancelle	ed Certificat	tion X	800 Billingspo City, State, Zig Paulsboro, NJ	Code	act fallenting. Tage rise					
() DCA					Name of Conta	act		Tel. N	umber			
				EACILITY IN	IFORMATION			000-23	24-110148	1		
Name of Facility Where Al	natement is T	aking Place (3)	TACILITY	Type of Facility	v (4)						
Paulsboro Refining Compa					() School (K- () Subchapte	12) r 8 (other ti		laa ban				
Street Address 800 Billingsport Rd					(X) Other (i.e.					•		
City (5)	County (6)		County C	ode (7)	Sq. Feet N/A		# of Floor	S N/A	4	-		
City (5) Paulsboro	Gloucester		(State Us		Bldg. Age N/ Current Use (p		g demolished)	Oil Re	efinery			_
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM N	<u>o.</u>			Name of Co Kenny Atlan			rvices LL	.C	
Street Address				¥.	Street Address 800 Billingspo						18.201-0.2012	
					City State, Zip Paulsboro, NJ	Code						
Project Manager for Monit	oring Firm	Telephone	Number		Telephone Nu 856-224-4392	mber		Licens 00857	e Numb	<u>er</u>		
Scheduled Start Date (10) 10/31/2011		Scheduled (Completion	Date (11)	Name of OSHA Kenny Atlantic		Services LLC					
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	During Enti	Check only on re Period of A	batement		Street Address 800 Billingspor	3						
Other - Describe - Remov				de areas	City, State, Zip Paulsboro NJ						*	
Source of Work (Check all	that apply)											
() Demolition (X) Renov () Large Proj. (>160 SF o () Full Containment with N	r >260 LF A0	CM) (X) SM Pr ssure () Mi	roj. (>25<16 ni-Enclosur	e (X) Glove	ebag Procedure		oj. (<25 SF or <	52950400 509				
Location of Asbestos- Containing Material (ACM)	Is Loc	ation Normally by Maint./Cus	/ Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,	Amount ((Specify SF or	LF)	Abate	ment Typ	<u>oe</u>	
Facility (13)	YES	NO NO	NA	misc.)	, or other				Rem.	Rep.	Encap I	Enclose
Pipe along Colum 30, wes side of CU-6 unit.		X		Pipe Insulation	1	~15 LF			X			
Additional pipe running no and south of colum	rth	Х		Pipe Insulation	1 .	~30 LF			X			
			L						- (D	1 4511	L	
Name of Reg. Waste Haul Waste Management, Inc.	<u>er</u>	NJDEP Was 17273	ste Hauler I	<u>D#</u>	Cubic Yards of	vvaste				Landfill ounty Lar	dfill	
City, State South Harrison, NJ			2*2				Disp. Date Various			City, Stat South Ha		1 J
Completed by (Print or Type	oe)	<u>Title</u>			Signature			<u>Date</u>				
ANDREW GREEN		MANAGER	- KENNY A	ATLANTIC	And Site of	perations S	Supervisor	10/27/2	2011	×		
					7							

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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156			CATIO	theo of New Jorge N OF ASBESTOS I to MJAC \$180 an	ABATE		OCI 2,7	1011			
hate of Notification (1)	-	1	Name o	PLAN BUILDING OWNER		3 MON D	IM/MOR	_			
gencies Notified Type Notification	-~-	\neg	Street #	Address	_	IWA	VER APP	RC	VE	D.	†-
I EPA E Intilal		-		ate, Zip Code							
DEP G Amended Amendment Envergency	# Wind	[G	ate, Zip Code CZN (20 of Cuntact	ck	TUB	07450		···	s = 141%	
DCA D Carpathion)			Name :	of Contact TT HE	70	~	Tolophone Num	ibci	16	2	
	-	97		ILITY INFORMAT		Type of Paulity	(4)			-	
lamo of Facility Where Abetement is Token	n B	3)				☐ School (K-					
treet Address							r 8 (Other than K-12 private & commercia		ings,	home	35,
15 IONA YL.						Square Foot	# of Floors	В	ldg. A		
CUZN 1200K	<u> </u>			75.4 m		2200	for if being demolish	بل	/9	31	_
County (0)				Code (7)			FIOSON CQ	00)			
lamo of Monttoring Firm Hirod by Building	Owner (8))	ASCI	M No		o of Abatemorit Co					WEST.
Strool Address			<u> </u>			Address	I IIIC				-
						O South	River St				-
Ry, Stato. Zip Civido					1		,N.J. 07	760	1		
roject Managor for Munitering Firm			Telepho	no No		none No. -329-744	License No 4 0038				•••
Start Date (10)	Schedul	od Cur	nekklari	Date (11)	Name	of OSHA Monitor		***		•	.:.
10/29/11	10		0 1	1		ga Envir	onmental S	er	V i c	es	
coupency Sinus Ourng Abatement (Chec Fuellly Cloud/Vacanted During Entire I Abatement Performed Outside of Norm Other - Dopcison:	DANIAN AF	Δεστεσ	nent 1		280 City. S	Huyler State, Zip Code			A 7.6		-
Scope of Work (Check All That Apply)					1500	th dacke	nsack ,N.	, ,	1/0	UB	
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	T k	Lucat	ion						Abak		ī
Location of Ambonton-Containing Material (ACM) TO BL AMALED In Facility (13)	Use Ma Cus	Normal ed Sole sintona lodusi (12)	ally Loy recoul Stail?	Achoctos Cor (Le. therms surfi		Metorial (ACA1) as insulation, AT. or	Amount (Specify SF or LF)	Semeral	Repsir	Eroopsulzia	STOREUTE
d to out of the	Yes	No	NA	TILLAMA	16.1	AT 1.24	SOLF	×			-
precuent	+		-	THERMAR ST		THE PERSON NAMED IN COLUMN	SOSF	7			-
DIADERA,	+			The same of	1-1-1			Ė			
and of Registered Wester Heater DJM Transport , Inc		1	UDEP V fouler 10 2393	No at wa	2/2	Cumb	Registered Landid erland Cot	113 E.	y L	a210	df
South Kearny N.J.	07032	2			631 Date 30	1.	w burgh PA,	17:	242		
J. MAJOYRANO	Yttle	ima	tor		Signatur		7 5-		27,	10	
SB-41 (B-09-08)					- pan	of use this form to	r asbastos licensure	CXCC	rpiced	마다	LOS

Print Form

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Date of Notification (1) 10/27/2011				Name of Kirk &				(2)		NOV	- 2 💢);[
Agencies Notified	Type Notification		- 1	Street Ad 5 Byrne				14.		78.50					
EPA DEP DOL	Initial Amended Amendment			City, Stat West C			052			1			to seek o	أسبر	
DOH DCA	Emergency justification) Cancellation			Name of Kirk &		h Smith	1	*	3	Tel	ephone Nur	nber			
				FACIL	JTY INFO	ORMATI	ON								
Name of Facility Where A Private Residence	batement is Takir	ng Place (3)	20					Туре	of Facility (School (K-1	2)					
Street Address 5 Byrne Road								×	Subchapter Other (i.e. p etc.)	rivate a	& commerci	al build		0.000	es,
City (5) West Orange								250		2	f Floors	7	ldg. A O	ige	
County (6) Essex County				County C (STATE U		·	2	Curr	ent Use (Prid	or if bei	ng demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				atement Cor Contractin						
Street Address							Street 78 F		ess er Ave						
City, State, Zip Code	****								Zip Code J 07013				5)		
Project Manager for Moni	toring Firm		1	Telephon	e No.		Teleph 973-	hone N 689-			License N 01099	0.			
Start Date (10) 11/06/2011		Scheduled 11/07/20		npletion E	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	Abatement (Che	ck Only One)		-		Street	Addre	ess				-		-
Facility Closed/Vaca Abatement Performe X Other – Describe: 8	ed Outside of Non						City, S	State, 2	Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				>	M G	ull Containme ini-Enclosure lovebag Procon-Exempted	e cedure) 7 3.			e	
		lal	ocati	on										emen	t
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Used	ormal Sole itenar	ly ly by nce/		tos Cont thermal surfac		Materia s insu AT, or		(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A										Ö	
Baseme	ent		х		Pipe	Insula	ition a	nd Fi	ttings	8	5 LF	x			
		+							,			-	_		
		++										-			
Name of Registered Wast	te Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill				
Pyramid Contracting			12.00	auler ID I 2613	No.	of Was			GROW						
City, State Clifton, NJ 07013			- 50			Dispos	sal Date		City, State Morrisy		A				
Completed by Dimo Golcev		Title V. Pre	side	nt		S	ignature		1	/	Da 10	ite 0/27/2	2011		

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	(Purs	uant t	o NJAC 8	:60 and 12:1	20)		1										
					or (2)			VOV -	2 20	•							
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#	City	y, Stat	e, Zip Cod			-											
	Name of Contact				.Telephone Number												
				RMATION								-					
g Place (3)		TAGIL		N. T. C. C.	T		- 5.0 										
				*		Subchapter Other (i.e. p	8 (Othe			lings,	home	s,					
					S		# of	Floors	В	ldg. A	ge						
,					С	urrent Use (Prid	or if beir	ng demolish	ied)	-							
Owner (8)	1	ASCM	No.					(9)									
	,				Street Address 456 Highland Dr.												
					City, State, Zip Code Mays Landing,NJ 08330												
Project Manager for Monitoring Firm						Telephone No. License No. 609-377-6489 01134											
Start Date (10) Scheduled Completed 10/28/2011 11/11/2011												ental					
		·	Street Address 307 N. Walnut St.														
al Facility H	lours	ı			City, State, Zip Code WestChester,Pa												
			*		Mini-Enclosure Glovebag Prod	e cedure											
		Т			<u> </u>	Non-Exempted	d (*) and	Abatement									
103 103 103						2			Туре								
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Maint Custod				os Containing hermal system surfacing, V	ning Material (ACM) ystems insulation, ng, VAT, or			Amount (Specify SF or LF)		Repair	Encapsulat	Enclosure					
Yes	No I	N/A									е						
Roof				Roof Flash	ing/	Tar	5	00 sf	x								
+	+																
	INID	EP W	aste	Cubic Yards		Name of	Registe	red Landfill									
	Haul	ler ID I	10000000 P	of Waste													
	L			11/11/11		Tullytov	vn										
Hammonton, NJ Completed by Joan Giordano Title Admini					ire	<u> </u>	-	, Da	ite	2011							
	Scheduled 11/11/20 k Only One) Period of Abnal Facility H B Re De Is L No Used Main Custor Yes	#	#	#	### Street Address 4900 US Highway 9	# Street Address 4900 US Highway 9 City, State, Zip Code Howell, NJ Name of Contact Mark Stewart FACILITY INFORMATION General Place (3) County Code (7) STATE USE ONLY) Dwner (8) ASCM No. Name of City, State Address Ascalable Asca	Name of Building Owner/Operator (2) Wal Mart Super Center	Name of Building Owner/Operator (2) Wal Mart Super Center	Name of Building Owner/Operator (2) NOV -	Name of Building Owner/Operator (2) NOV - 2 NOV - 2 NOV - 2 Nover the content of the c	Name of Building Owner/Operator (2) NOV - 2	Name of Building Owner/Operator (2) NOV - 2					

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	(w)	NOTH	FICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 a	ABATE	161 - 141 5 5 6 1 7	ECEIL					
Date of Notification (1) October 17, 2011				of Building Owner. la Imhof	/Operator	(2)	NOV - 2 20):1				
	Notification			Address aremont Aven	ue		ASBESTON TOWNER.			-		
DEP A	mended mendment # mergency (including			ate, Zip Code nfield, NJ 0700)3	abica.	Service of the servic	-		_		
× DOH ju	estification)	9	Angel	of Contact a Imhof		***************************************	Telephone N	1	•			
Name of Facility Where Abateme House	ent is Taking Place	(3)	FAC	ILITY INFORMAT	TION	Type of Facility	e care	_				
Street Address 61 Claremont Avenue	SET COMMINICOLORS	20				Other (i.e. p	12) r 8 (Other than K-1. private & commerc	· Ildings	s, horr	nes,		
City (5) Bloomfield						Square Feet N/A	# of Floors N/A	3ldg. N/A	Age			
County (6) Essex	28		(STATE	Code (7) USE ONLY)		Current Use (Pri House	or if being demoi					
Name of Monitoring Firm Hired by N/A	y Building Owner (8	3)	ASC	И No.	D&S	ne of Abatement Contractor (9) aS Abatement, Inc.						
Street Address	(4				11 R	Address Ose <mark>ngren Ave</mark> r						
City, State, Zip Code			Totov	tate, Zip Code wa, NJ 07512								
Project Manager for Monitoring F		ne No.	973-3	one No. 345-8685	#00675							
Start Date (10) 11/01/11	11/03/	11	mpletion	Date (11)	100000000000000000000000000000000000000	d OSHA Monitor Abate ment, In	c.	1-20				
Facility Closed/Vacated During Abatement Performed Outsi Other – Describe: Occupied	ing Entire Period of de of Normal Facilit	Abaten	nent s		11 F.c	Address osengren Aver ale. Zip Code 6 a. NJ 07512	nue	-				
Scope of Work (Check All That Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Full Containme Mini-Enclosure Glovebag Prod		:re	re	88		
Location of Asbestos-Containing Material		s Locati Normal ed Sole	ly		scriptio :				emen ype	: T		
TO BE ABATED In Facility (13)	Ma	aintena stodial S (12)	1000 W7100-C			ulation,	Amount (Specify SF or LF)	Repair	Encapsulate	Enclosure		
bassand	Yes	No	N/A					-	ate	i c		
basement		X			insul. :	i-	70 LF					
Daşement		X		floor tile	es an	s::5	320 SF	;	ļ	-		
ame of Registered Waste Haule &S Abatement, Inc.	г	Н	JDEP Wauler ID				Registered Land	-		L		
city, State otowa, NJ				Dispos TBD	Sal Date	City, State Tullylow			-	*****		
Completed by Deanna Brkusanin	Title Proie	ct Ma	nager	S	19 (1)	Texten Do Min	10110					

08-23- 97 9b:31 FBUT-	(Pursuant to N.	New Jersey AC 8:50 and 12:120)	NOV -	2 30 1
Date of Notification (1)	Nema of St	ildina Owner Criamator (2)	Vineland	-
Agency Notified Type Notification	Street Addr	640 E 14	bod St	
© EPA Le Intel © DEF C Amended D COL Amended Amendments	City. State,		•	•
O DOH justification)	churing Name of Co		Telephone Number	IP -
D DCA D Cancellation		INFORMATION		
Name of Pacifity Where Abatement is Taking Street Address	GALAGE B	16c5. 03	of Facility (4) chool (K-12) ubchapter 8 (Other than K-12) ther (Le. private & commercial b ornes, etc.)	ulkings.
City (5) Vin Sand	NJ.	. Squa	re Feet \$ of Floors 1	ildg. Age
County (6) (umhenlan	County Code ONLY)	TO (STATE USE Curre	ant Use (Prior if being demolishe	d) .
Name of Monitoring Firm Hired by Building C	homey ASCM No.	Name of Abasement Co	miractor (9) LLC	
Street Address		Chand Relatement	Burlinger A	tre.
City, State, Zip Code		City, State, Zip Coda	CD NJ 0807	<u>خ</u>
Project Manager for Monitoring Farm	Telephone No.	Telephone No. 836 82409	License No.	,
Start Date (10)- Schedule	d Completion Date (11)	Name of OSHA Monitor	<i>a -</i> 12	. ,
Occupancy Status During Abatoment (Check	aniy ane)	Street Address		
2 Facility Closed/Vacated During Entire Peri I Abatement Parlonned Outside of Normal	od of Abstement actiny Hours	Gity, State, Zip Gode	.	
1 Other - Describe; leope of Work (Check all that apply) 1 2 3 af or 2 3 if 1 2 160 af or 2 260 f	C Renovation C Defination	O Gloveban Pr	ment with Negative Pressure as occurs and Non-Frieble Procedur	
i i	Is Location .	-		Abatement Type
Location of Asbestos-Containing Material (ACM) TO SE ABATED IN Facility (13)	Lised Solely by	Description of pestos Containing Malarial (F.a., thermal systems insulative surfacing, VAT, or other miscellancous)	Amount (Bpocify SF or LF)	Enclosure Encapsulate Repair Removal
SM Office	Yes No N/A	HOOR TILE! ACK	A) 12005F	1111
ROOF		TAL Medie Ro	-7006 SF	
DADAL PIE GARE		Debries Debries	160	14111
arno of Registered Waste Hattler	NADEP Waste Hauter ID No.	Curbic Yards of Name Waste	of Registered Landill WM of	Pu
J Bobinson Bellmawn	118387	Disposal Data City, S	Tullytown	
permanun Anglatad by Tisto	10.	Signature	Pate	-28-11
ci unii 1 V				-60-11
841 Der	ot use this form for asbestos f	consure dumment activities.	- (-	

No check

1	to the cle		(Pu	ırsuant	to NJAC	8:60 and	12:120	0)	[7]	CHE	CK # 17	7679	17.7	7,22			
Date of Notification (1) 10-27-11	- 1	Name of Building Owner/Operator (2) Malkin							r sage								
	ies Notified Type Notification					Street Address 47 Sierra Court					NOV	- 2	201	ı	11		
X EPA X DEP X DOL	Initial Amended Amendment		City, State, Zip Code Hillsdale, NJ 07642						1								
DOH DCA	Emergency justification) Cancellation	17.00	Name of Contact Albert Feliz						Te	elephone	Number 7866						
FACILITY INFORMA Name of Facility Where Abatement is Taking Place (3)								Tvn	e of Facility	(4)							
					School (K-					35							
Street Address 47 Sierra Court								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Hillsdale								2,9	uare Feet 900	2	of Floors		Bldg 42 y	Age rs.			
County (6) Bergen					Code (7) JSE ONLY)		_		rent Use (Private Resi			olished)					
Name of Monitoring Firm I N/A	Hired by Building	Owner (8)		ASCM	l No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.										
Street Address							Street Address 200 Broad Street										
								City, State, Zip Code Carlstadt, NJ 07072									
Project Manager for Monitoring Firm Telephone No.							Telephone No. License No. 201-939-6565 00756										
Start Date (10) Scheduled Completion Date 08-16-11(1)Project Postponed 11-01-11(2)12-31-11							Name Ever		SHA Monitor	•	1						
Occupancy Status During							Street Address										
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire of Outside of Norm	Period of Ab nal Facility F	atem	ent			10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101										
Scope of Work (Check All	That Apply)		30,000				Long	ISIA	and City, N	NY 11	101						
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Τπαι Αρριγ)	188300	novat moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								Ē		
		ls L	ocatio	on									Abatement Type				
Location of Asbestos-Containing Machine TO BE ABA In Facility (13)	rmally Solely tenandial S (12)	y by ce/ taff?		tos Cont thermal surfac	scription aining M systems cing, VA niscellar	Materi s insu T, or	N			Kemovai) Nepall	1	Enclosure				
Baseme	nt	Yes	No	N/A X			VAT			3	350 SF	x	+		+		
								350 5F			\dagger	-	+				
													1				
Name of Registered Waste Hauler NJDEP Waste Cubic							Yards		Name of	Regis	tered Land	dfill					
ATC, Inc. / TriState Transfer (AF-106B) NUMBER Waste Hauler ID No. SW2105						Cubic Yards Name of Registered Landfill of Waste TBD Name of Registered Landfill Minerva Enterprises											
City, State Shirley, NY / Bronx, N	ΙΥ		2000			Dispos TBD	al Date	- (4)	City, Sta Wayne		, OH 44	4688					
Completed by Tom Garcia		Title Project	t Mai	nager		S	ignature	E	-/ &			Date 10-27	-11				
							/										

NO Cheale

10/28/11	Kean University											-					
Agencies Notified		Street A			-	.e	1	L. ~ * ;			. 12.	-	1				
D EPA DEP DOL	☐ Initial ☐ Amended Amendment		_		ate, Zip Co		083		k k k	ng gladen i to de di				no to me or			
☑ DOH □ DCA	☐ Emergency (justification) ☐ Cancellation	including			of Contact eg Fra		i			Tele	phone Nu	mber)			
				FAC	ILITY INF	ORMAT	ION		udo com		-						
Name of Facility Where Kean Universi		lding					of Facility (School (K-1	12)									
Street Address 1000 Morris A						☐ Subchapter 8 (Other than K-12) ☐ Other (I.e. private & commercial buildings, home etc.)											
City (5) Union						Squar	re Feet	# of Floors Bldg. Age									
County (6) Union				County Code (7) (STATE USE ONLY)					nt Use (Pri	or if beir	ng demolis	hed)					
Name of Monitoring Firm	Hired by Building Comental Inc.	Owner (8)		-contransmissions					tement Cor			, In	c				
Street Address								Addres									
	Church Stree	et ————					235	235 Watchung Avenue									
City, State, Zip Code Moorestown, NJ 08057								y, State, Zip Code West Orange, NJ 07052									
Project Manager for Monitoring Firm Jim Guilardi				Telepho 609-	ne No. 314-16	83		none No -243-	License t 00559								
Start Date (10) Scheduled C					Date (11)			me of OSHA Monitor									
10/31/11 11/04/								hneider Laboratories Global Inc.									
Occupancy Status During Abatement (Check Only One)				251					et Address 12 W. Cary Street								
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:				curs City, s					State, Zip Code ichmond, VA 23220								
Scope of Work (Check A	II That Apply)								o & cut						-		
∑ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Demolitity							000	Full Min	Containment- i-Endosure vebag Productive n-Exempted	ent with e cedure							
		la!	ocati		1	-		,,,,,						emen	t		
Location	n of	N	ormal	ly		De	scription	of			Туре						
Asbestos-Containing Material (ACM)			Used Solely by Maintenance/ Custodial Staff? (12)				taining M systems cing, VA	riplior of inning Material (ACM) ystems insulation, ag, VAT, or scellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Endosure		
		Yes	No	N/A	0 31							x	_				
Exterior windows	and frames			x	Caulking,						9 SF		_	<u> </u>			
п				x	glazi						9 SF	X	_	<u></u>	_		
11		-		x	tran	site					45 SI	×		_	-		
Name of Registered Was	ste Hauler		TN	JDEP W	Jacte	Cubic	Yards		Name of	Denister	råd I andfi	1_		L.,			
Circle Rubbish			H	auler ID 18816	No.	of Wa			Name of Tullyto		source	Rec	ove	сy			
City, State Linden, NJ						Dispos	sal Date		City, Stat	e	Morri	svil	le,	PA			
Completed by	v.alei	Title		07.5		S	ignature	1/				ate					
Slawomir Kielczewski Presid				ent					10/28/11								