State of New Jersey

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Project Manager for Mo	nitoring Pirm	Te	lephone :	No	Telephone No.	1757	UU	029			
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* Do not use this form for asbestos licensurelexempted activities.

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Date

10/16/12

City, State

Tullytown, PA

Disposal Date

Signature

TB D

Title

Project Manager

City, State

Totowa, NJ

Completed by

Deanna Brkusanin

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

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State of New Jersey HOTHICATION OF ASBESTOS ABATEMENT

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Agencies Notified	Type Notification				Address ol Place				A	WE C	700		- 0	4	
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X DOL	Amendmen Emergency		_	Moon	achie, N	J 070	74		¥ +-	- C	-ICENS	ing		6 Tin	
DOH DCA	justification Cancellation)			of Contact oh Tait		2000			Te	lenhone Nii	mhor		H. A.	
_ box	Caricellation				ILITY INF	ORMA	TION					*			
Name of Facility Where A	Abatement is Takir	ng Place (3)				ORINA	11014	Туре	of Facility	(4)					
Funeral Home Street Address									School (K-	12)					
1908 New York Ave	enue								Other (i.e.		er than K-1: & commerci		ldings	, hom	ies.
City (5)						-		_	etc.) are Feet	1#0	f Floors		Bldg.	Δαο	10
West New York, NJ	07093							18,0		2	1110013	1 436	30+	nge	
County (6) Hudson					Code (7) USE ONLY)		Curre	ent Use (Pri eral Hom	or if be	ing demolis	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.	-	Name	35-2 (5):323	atement Co	20.75	(9)			- 55	
J&S Environmental									es Corpo	ration					
Street Address 2333 Route 22 Wes	t						Street 426 6		ss Street						
City, State, Zip Code Union, NJ 07083			100.000						Zip Code						-
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph		g, NJ 070)93	License N	^			
				908-20	06-0073		201-2				01074	J.			
Start Date (10) 10/22/12		Scheduled 10/25/20		npletion	Date (11)				HA Monitor above						
Occupancy Status During	Abatement (Chec	k Only One)				Street	Addres	ss						
Facility Closed/Vaca Abatement Performe	ted During Entire	Period of Al	oaten	nent			011 01	-: <u>-</u>							
Other – Describe: 8:	:30 AM	lai Facility i	nours	S 			City, Si	tate, Z	ip Code						
Scope of Work (Check All	That Apply)	120921777	3715						-		***************************************				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova					Ful	I Containme	ent with	Negative P	ressu	re		
- 100 01 01 - 200 11		<u> </u>	mont	1011			×	Glo	ni-Enclosure ovebag Prod	cedure					
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(13)		-		T		other	miscellane	eous)				oval	air	Encapsulate	Enclosure
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		+	_							4					
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Freehold Carting	2.) (3.7) (3.)		Н	auler ID	C100000000	of Wa			Waste N						
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Po Box 5010						tbd			Tullytow		dfill				
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TABL LEGIES ALAST 网络一次一种 第二次 计图 State of New Jersey (Pursuant to NJAC 8:50 and 12:120) Manus of Building Camer Coincins (2) Dale of Notification (1) 20 4月月 Street Address Agency Noti 00 58 TT 80 [17] DEPA - Marie -CRY, Shafe, Zip Code () C Amended STO C DEP OpenA VIEW O Breezeway (Industry O DOH Cancellatio O DCA FACELTY REPORTATION Name of Pacific Where Ababased in Taking Place (6) Type of Facility (4) - 47 U School (K-12)
U Supchajiter 5 (Other than K-12)
Coller (i.e. palesto & commercial indicings, fromes, etc.) New York Ane Square Feet City (5) 3500 County Code (7) (STATE USE CNLY) Current Use (Pri County (6) Roskfew y Firm Hired by Building Comer Name of Abstement Contractor (9) ASCH No. AM VOE LLC **(B)** Street Address 1212 Burbodes Ave City, State, Zip Code Oily, State, Zip Code NJ 08075 DETANCO Project Wantager for Manipulny From Telephone No. 01070 Start Date (10) Schedislad Completion Date (11) = ". 10-29-12 10-5-Occupancy Status During Abatement (Clusch only wie) 16-5-12 Street Address Pacify Greed/Versied During Entire Period of Abstances
 Abstances: Performed Cutable of Housel Facility House
 Other — December: City, State, Zip Gode Scape of Wark (Check all that apply) - C Pul Contensors with Regulive Passeure C blist-Emileure C Govern Procedure U 28 der 250 f Li Renovation O Hon-Exempted Clark Hon-Fibits Procedure is Location Houselly Used-Solely by Location of Containing Meterical (RCM) IO SE ASATEO Description of Astronomy Containing Statement (ACM)
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Date of Notification (1)	24 / _	12				npbell So	Owner/Operator (2	2)	2012 NOV	-2 P	М.З	:50	230
Agencies Notified EPA	Type Notifica	tion				Address ampbell	Place	19	ASHFSTI	30 00		- 08	
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DCA	☐ Emergend justification	cy (inc	luding		- 30,500	of Contac			Telephone Nu	ımber		6	劃
(NJAC 5:23-8)	☐ Cancellati				10 040 TO 10 TO TO	is Schoe	ns:		, coopiione	- •			
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking	Place	(3)				Type of Facility	(4)				
Former Sears								☐ School (K-12	,				
Street Address								☐ Subchapter 8 ☑ Other (i.e., p			uildin		
1300 Admiral Wilso	n Blvd							homes, etc.)		nerciai L	ullulli	JS,	
City (5)								Square Feet	# of Floors	. 8	ldg. A	ge	
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Name of Monitoring Firm	Hired by Build	ling O	wner (8	3)	ASCM	No.	Name of Abateme						
Langen Engineers					0009	9	Alliance Envi	ironmental Sys	tems				
Street Address							Street Address						
River Drive Center	1, 4 th Floor						550 East Unio	on Street					
City, State, Zip Code	y, State, Zip Code Elmwood Park, NJ 07407						City, State, Zip Co	ode					
Elmwood Park, NJ	07407						West Cheste	r, PA 19382					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Vijay Patel				2	01-794	-6900	610-701-9000	K n	00508				
Start Date (10)	2-5-200				etion Da		Name of OSHA M	lonitor		redoort drive		W. 80	
10 /29 /					3_/_	12	AET						
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	2.77						28 N. Pennel						
Abatement Performed Time of Abatement: 7			•			cribe	City, State, Zip Co Media, PA 19						
Scope of Work (Check al	I that apply)	Wan A					П				40, 92		
≥3 sf or ≥3 lf			Rer	novat	ion		☐ Full Cont	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			□ Der					g Procedure		Partico de Contra			
<u></u>								mpted (*) and No	n-Friable Proce			33°	
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()			Yes	No	N/A			,				Ф	
1 st & 2 nd Floor					\boxtimes	pipe ins	sulation		4000 LF				
Mech Rooom						Vibratio	on cloth		35 SF				
Windows, Doors, mir	rors				\boxtimes	misc. g	lue, caulk		1,850 SF				
electric room, elevate	or room					Brake p	oad, transite, ebo	ony board	122 SF				
Name of Registered Was	te Hauler			11013	NJDEP V		Cubic Yards of	Name of Regis	tered Landfill				
N.E.T.S.				1	lauler II 18947		Waste 25	Allied BFI	Imperial				
City, State					10071	160	Disposal Date	City, State					
Hazelton, PA							TBD	Imperial, P	Α				
Completed By (Print or Ty	ype)	Title	4	V-10-2			Signature		7,	Date 1		,	
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							17/014	L. 1130	,	101	1	10	

			1			. 0.00 0.10	6 6	Property and				
Date of Notification (1)				Name o	f Building	Owner/Operator (2	2) 14 [2]	CENED			Serente.	
10 / 19	9 / 12		- 1	Cam	pbell So	up	65004					
Agencies Notified Ty	pe Notification			Street A	Address		2012 NO	V-2 PM 3:	18		W. C. T. L.	
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□ DCA □	Emergency (inc	luding	-		of Contact		,,	Telephone Numbe	r 6	-		
(NJAC 5:23-8)	justification) Cancellation				s Schoer			Telephone Numbe	4 62	5		
	Cancellation									-	-100	-
				FAC	ILITY IN	FORMATION	T 6 F - 10b . /	4)				
Name of Facility Where Abat	tement is Taking	Place	(3)				Type of Facility (
Former Sears							☐ School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pr	ivate and commerci	al bu	lding	s,	
1300 Admiral Wilson I	Blvd		1960				homes, etc.)		T=-			
City (5)							Square Feet	# of Floors	1	lg. Ag	je	
Camden							200000	3	1	00		
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ed)			
Camden							Manufacturi	ng				
Name of Monitoring Firm Hir	red by Building O	wner (8	3) /	ASCM N	No.	Name of Abateme						
Langen Engineers				0009	9	Alliance Envi	ronmental Sys	tems				
Street Address	2002					Street Address						
River Drive Center 1,	4 th Floor					550 East Unio	on Street					
City, State, Zip Code				1-0.00		City, State, Zip Co	ode					
Elmwood Park, NJ 074	407					West Cheste	r, PA 19382					
Project Manager for Monitor	ing Firm		Tele	phone h	No.	Telephone No.		License No.				
Vijay Patel			20	1-794-	6900	610-701-9000		00508				
Start Date (10)	Sched	uled Co	mplet	tion Dat	e (11)	Name of OSHA M	Ionitor					
10 / 23 / _	12 _ 1	1_/	9	_ / _	12	AET						
Occupancy Status During A	batement (Check	only o	ne)			Street Address			7. 7	evitarii e		
☐ Facility Closed/Vacated I				nent		28 N. Pennel	Road					
☐ Abatement Performed O	utside of Normal	Facility	Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: 7:00	<u>0</u> АМ- <u>3:30</u> РМ/	PI	л	AM		Media, PA 19	063					
Scope of Work (Check all th	at apply)											
						☐ Full Con ☑ Mini-End	tainment with Neg	jative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Re ☑ De				☐ Gloveba	g Procedure					
M 2100 31 01 2200 11					V	Non-Exe ■ Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedure	_			
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Asbestos-Containing Ma TO BE ABATE			intena			stos Containing Ma ., thermal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facility		Cust	odial	Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	ure
(13)			(12)	T	-	other miscellane	eous)				te	
		Yes	No	N/A								
1 st & 2 nd Floor				\boxtimes	pipe ins	sulation		4000 LF				
Mech Rooom				\boxtimes	Vibratio	on cloth		35 SF	Ø			
Windows, Doors, mirro	ors			\boxtimes	misc. g	lue, caulk		1,850 SF				
electric room, elevator	room				Brake p	oad, transite, eb		122 SF				
Name of Registered Waste				JDEP \		Cubic Yards of	Name of Regis					
N.E.T.S.			H	18947		Waste 25	Allied BFI	Imperial				
City, State				10341		Disposal Date	City, State		VIII.			
Hazelton, PA						TBD	Imperial, P	A			10.5	
	e) Title	<u> </u>				Signature	1/1	Dat	е	/	-/	
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John Heemer		Juild				1//	<u>/</u>	. . C	7	-7	/ /	
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MAY 11

Date of Notification (1)			-	Name	of Buildin	ng Owner/Operator (2)	CENTE	P. Mary		201755	
10 / 08 /	12				mpbell S							
Agencies Notified Type Noti	fication			Stree	t Address		ZUIZNI	DV -2 PM 3:	50			- THE C.
⊠ EPA ⊠ Initial					ampbell	Place		STOS CONTR LICENSING	40			
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<u>_</u>	dment#			10000000	mden, N		· & 1	LICENSING	UL.			
	ency (incl	luding	3		of Contac			Telephone Numb	-c-(1	9		_
(NJAC 5:23-8) justific	50				ris Scho			relephone Numb	Del 404	9		
1200				1/		NFORMATION						
Name of Facility Where Abatement i	is Taking I	Place	(3)	гА	CILITYII	NFORMATION	Type of Facility	(4)				
Former Sears	is raking i	lacc	5 (3)				Type of Facility					
Street Address			7.0				School (K-12	²) 8 (Other than K-12)				
1300 Admiral Wilson Blvd							Other (i.e., p	rivate and commer		uildin	gs,	
			- 111				homes, etc.)				200	
City (5)							Square Feet	# of Floors	B	ldg. A	· · · · · · · · · · · · · · · · · · ·	
Camden				T-			200000	3		100		
County (6)				Cou	nty Code (7)(STATE USE ONLY)		ior if being demolis	hed)			
Camden			1				Manufactur					
Name of Monitoring Firm Hired by B	uilding Ov	vner	(8)	ASCM	No.	Name of Abateme						
Langen Engineers				NA		Alliance Env	ironmental Sys	stems				
Street Address						Street Address						
River Drive Center 1, 4 th Floo	or					550 East Uni						
City, State, Zip Code						City, State, Zip Co	ode					
Elmwood Park, NJ 07407						West Cheste	r, PA 19382					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Ross Caldwell			2	01-794	-6900	610-701-9000	1	00508				
Start Date (10)	Schedu					Name of OSHA N	lonitor					
				_ ′	12_	AET						
Occupancy Status During Abatemen	COLONIO CONTRACTOR CON					Street Address						92
☐ Facility Closed/Vacated During E						28 N. Pennel						
☐ Abatement Performed Outside of Time of Abatement: 7:00AM-3:3						City, State, Zip Co						
						Media, PA 19	063					
Scope of Work (Check all that apply))					П г.:: 0						
≥3 sf or ≥3 lf	Г	∃ Re	enovat	ion		☐ Full Cont	ainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			molitic			⊠ Glovebag	Procedure					
						Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedure	-			
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Location of Asbestos-Containing Material (A	CM)		ed Sole		Ashe	Description o estos Containing Ma		Amount	Re	R	m	m
TO BE ABATED	J.V.)		intena		(i.e	e., thermal systems i	insulation,	(Specify	Removal	Repair	cap	응
IN Facility		Cus	todial (12)			surfacing, VAT,		SF or LF)	<u>a</u>	,	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellane	ous)				ate	
1 st & 2 nd Floor					nine in	sulation		4000 LF				
			-						-		片	
Mech Rooom	-					on cloth		35 SF				
Windows, Doors, mirrors			Ш		-	lue, caulk		1,850 SF				
electric room, elevator room] [oad, transite, ebo		122 SF				
Name of Registered Waste Hauler			0000	JDEP \		Cubic Yards of Waste	Name of Regis					
N.E.T.S.				18947		25	Allied BFI I	mperial				
City, State	10.00					Disposal Date	City, State					
Hazelton, PA						TBD	Imperial, P	A			10	,
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John Heemer	Est	imat	tor	Ģ.		1	4/		16	10	/1	\neg
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Date of Notification	(1)		N	ame o	of Bui	Idina (Owner / Operato	r (2)							
	10/25/12					w Je		. (-)		· -	~	3			
Agencies Notified	Type Notifica	ation		treet /			44			Ů.	7117	3		1	
☐ EPA							et, 9 th floor			80 (1)	_ 2	2	977		
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Name of Facility Wh							Type of Facili School (2 7	J .			-0.500	
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120 West State 6	licot						Square Feet	, pilec	# of Floors		Bldg.			,,	
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Trenton		Mercer				,	Current Use (Prior i	l f beina dem	nolished)		- 22			
							Executive F								
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.	Name of Abat	temen	t Contractor	r (9)					
USA Environmen							Bristol Envi								
Street Address							Street Addres								
120 North Warren							1123 Beave								
City, State & Zip Co Trenton, NJ 0860							City, State &								
		irm	Teleph	one N	dumb	er	Telephone Nu			License	Numb)Or	-	No. 15	
	oject Manager for Monitoring Firm II Weisgarber				101	Ci	(215)788-60			00509	Mullik	,,,,			
Scheduled Start Dat	te (10)	Scheduled Cor					Name of OSH		nitor	10000					
11/12/12	0.70		11/12/		` ,		Bristol Envi								
Occupancy Status D	Ouring Abater	nent (Check or	nly one)	,			Street Addres	ss			8				
2000		During Entire P					1123 Beave						. 0.		
		utside of Norma	al Hour	rs – 7a	am to	3pm	City, State & 2								
Describe:	8AM - 330	15/45/5/7/15/2					Bristol, PA	19007							
	upied During														
Scope of Work (Che	eck all that ap	ppiy)						П	Full Contai	nment with I	Negat	live	Pres	SUITE	
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≥160 sf ≥260) If			Demo	olition	ı		茵	Glove Bag	Procedures					
										pted and No					
	cation of			ocatio			Description			Amount		Aba	teme	ent T	ype
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ir	Facility		Custoo		aff?	i	nsulation, surfac	ing, V	AT			Remova	Repair	Clean Up	Enclsoure
	(13)			(12)	N/A		or other miscella	aneou	s)			<u>a</u>	=	p	Te
					IN/A								_		
Governors ramp					밁		Pipe Insula			9 LF		4	닖	부	H
Governors ramp	corridor		H		밁		Pipe Insula	tion		25 LF		╣	\square	Η	H
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Name of Registered	Waste Haule	er	ш	NJD	EP V	Vaste	Cubic Yards	Name	e of Registe	red Landfill					
				100000000000000000000000000000000000000	ler ID		of Waste	100000000000000000000000000000000000000							
Bristol Environm	ental, Inc.			187	06		1		WS Land	fill					
City, State			11				Disposal Date	City,				Sec. Only			
Bristol, PA							11/13/12	Mori	isville, PA	<u> </u>					
Completed By (Print	7.175			Title			Signature			1 7	Da		E 14	2	
Patrick T. DeC	aro				ject nage	,	Patrick	1) D'Ca	u/N	110	IZ	5/1:	2	
				Ingical	·age	•	1 John C	/	* nex - 8 V	11					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

1207-4513 Check #4652

Date of Notification (1		3///						Owner / Operato		(2)							
The second secon	10/26/12 ype Notifica	otion		Stree				iblic Schools		COLL M	14-5	PM 3:	40				
EPA	ype Nounce	tion (Street	200	i i						t	
DEP							Zip C			408ES	STOS	CONTR	eni N				
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	Emer	gency					ntact					T	PIPE	Hor	ne N	umb	er
DOHDCA		ellation	10	Cele	ste	Ric	ketts	5				18					
				FΛ	CI	LITY	/ INF	ORMATION	_			T					
Name of Facility Whe	re Abateme	ent is Taking P	lace (3		101	L:::	1141	Type of Faci	ilitv	(4)			1,500				
Camden City Adm								School									
Street Address								Subcha	pte	r 8 (Other tha	n K-12	2)					
201 North Front St	reet							Other (i.	.e.	private & com	nmercia	al building	js, h	ome	es, e	tc.)	
								Square Feet	t	# of Floo	ors	В	ldg.	Age)		
City (5)		County (6)	Co	unty	Co	de (7	7)						-				
Camden		Camden						Current Use	(Pr	rior if being d	emolis	hed)					
		C HARRIES ALL						Administra	atic	n Building	Total Commence						
Name of Monitoring F	irm Hired b	y Building Owr	ner (8)		7	ASC	M No.	Name of Aba	ater	ment Contrac	tor (9)						
PARS Environmen	ital					-200		AbateTech		nc.							. 15
Street Address	ANTONIO MARKATA ANTONIO							Street Addre									
500 Horizon Drive,)						PO Box 25									
City, State & Zip Code								City, State &									
Robbinsville, NJ 0		irm	Telep	hone	o NI	umh	or	Telephone N			Iı	icense N	umb	or			_
Project Manager for N Firoz Jan	nonitoring F	Irm	215-				er	609-265-32			ľ	licerise ivi)52	9		
Scheduled Start Date	(10)	Scheduled Cor			_	-		Name of OS	_					-	_	_	
11/12/12	(10)	Scriedalea Col	11/30			(11)		EMSL Ana									
Occupancy Status Du	ring Abater	nent (Check or						Street Addre	_								
		During Entire P			oate	mer	nt	108 Haddo	n A	Ave.						ages of the same	
Abatement Pe	erformed O	utside of Norm	al Hou	urs –				City, State &	Zip	p Code							
Describe:								Westmont,	, N.	J 08108							
Facility Occup	pied During	Abatement							35)								
Scope of Work (Chec	k all that ap	ply)								7 5 " 0					_		
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23 sf or ≥3 lf			\bowtie			atio			F	Mini-End							
≥160 sf ≥260	IT		Ш	De	mo	lition	E		F	Glove B	-	d and Non	Eric	hlo	Dro	codu	ıra
Loo	ation of		le	Loca	tion	. 1		Description				mount					ype
1 2 2	ation of s-Containin	n	Norn			2.5		Asbestos-Cor				Specify	Ľ	1	terri		JPC
	ial (ACM)	9		olely		-		Material (A				or LF)		_		ш	l m
	ABATED		Main			10000		(i.e., thermal						Removal	Repair	Encapsulate	Enclosure
	Facility		Custo			aff?	j	nsulation, surfa or other miscel						No	pair	sul	usc
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Throughout 2 nd Flo			103				Ding	Insulation/Elk	hou	ve/Eittings		63 LF	-	X	П	\Box	
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Name of Registered V	Naste Haul	or .	اللا	N.	IDE	=P W	Vaste	Cubic Yards	IN	Name of Regi	stered	Landfill			ш.		
Traine of regionales	racio i laan	٥.					No.	of Waste	1								
AbateTech, Inc.					1	875	0	TBD	1	TRRF Landi	fill						
City, State								Disposal Date		City, State				HE COLD	*****		
Lumberton, NJ		¥					4	11/30/12	1	Fullytown, F	PA				- 15		
Completed By (Print of				1.826	tle		7)	Signature	_	1	_		Da			_	
Gwen Trumbett	i i			10000	ffi				/	KLK			10)/2	6/1	2	
I				10	00	rd			1				1				

1209-4555 Check #4651

Date of Notification (1)		Nam	ne of B	uildin	g Owner / Opera	ator (2)	in the	IVED		-
10/26/12		NJ.	Trans	it	,	20	12 NOV			
Agencies Notified Type Notification		Stre	et Add	ress			7	PM 3: 4	۵	
☐ DEP ☐ Initial			State			<u>as</u>	ESTOS C & LICENS	4	7	
□ DOL □ Amended #					7105-2246	€.	& 1105 C	ONTRA	,	
□ DOH □ Emergency		Nam	e of C	ontac	103-2246	•	- LICENS	ING	Telephone Nun	
DCA Cancellation			sell S					-	r relebitione Nun	nber
		F/	CILIT	TY IN	FORMATION				1*	
Name of Facility Where Abatement is Taking	g Place (3)			Type of Fa	cility (4)				
Newark Penn Station Substation #1 Street Address						I (K-12)				
							Other than K-			
1035 Raymond Blvd.									ngs, homes, etc.)
City (5) County (6)	Co	untv	Code	(7)	Square Fee	et	# of Floors		Bldg. Age	
Newark Essex		y	oouc	(,)	Current Use	e (Prior i	I f being demol	ichod)		
					Substatio		i being demoi	isnea)		
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	CM No			t Contractor (9	2)		
TTI Environmental					AbateTecl		t Contractor ("		
Street Address				10-70-000	Street Addr	ess	***			
1253 North Church Street City, State & Zip Code					PO Box 2					
Moorestown, NJ 08057					City, State & Lumberto					
Project Manager for Monitoring Firm	Telep	hone	Numb	oer	Telephone i		8048	License N	lumbor	-
Jim Guilardi	856-8	840-	0088		609-265-32			License i	00529	
Scheduled Start Date (10) Scheduled C			te (11))	Name of OS		nitor			
11/14/12 Occupancy Status During Abatement (Check	11/16				EMSL Ana					1
Facility Closed/Vacated During Entire	Period one) of Ab	atemei	nt	Street Addre	2000				
Abatement Performed Outside of Nor	mal Hou	ırs —	atomo		City, State 8		de		un de la companya de	
Describe: 5 PM Start					Westmont					
Facility Occupied During Abatement		- 27				,				
Scope of Work (Check all that apply)				, V 1056				(A) (2000) (m) (m)		
≥3 sf or ≥3 lf	M	Don	ovatio	_					egative Pressur	e
☐ ≥160 sf ≥260 lf	\bowtie		nolition				Mini-Enclosur			
	ш	Dell	iontion				Glove Bag Pro		-Friable Proced	
Location of	ls L	ocati	on		Descriptio			Amount	Abatement	
Asbestos-Containing	Norm				Asbestos-Cor	ntaining	100	Specify	Abatement	Type
Material (ACM) TO BE ABATED	Mainte	lely b			Material (A		S	F or LF)	2 5	m
in Facility	Custo			75	(i.e., thermal s		т		Repair	ncio
(13)		(12)		8	or other miscel				Encapsulate Repair Removal	Enclosure
D: 0	Yes	No	N/A						6	
Pipe Chase	141	Щ		Da	amaged Pipe I	Insulati	ion :	30 LF		
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	HH	뮈	H			207-201				
	12	H	H						<u> </u>	11
	ㅐ	H	H							H
Name of Registered Waste Hauler		NJE	DEP W	aste	Cubic Yards	Name	of Registered	Landfill		
AbotaTask Iss		Нац	ıler ID	No.	of Waste		- 	Landini		
AbateTech, Inc. Dity, State			18750	3	3		Landfill			
_umberton, NJ					Disposal Date 11/16/12	City, S				
Completed By (Print or Type)	-	Title			Signature	lullyt	own, PA	*	Data	
Gwen Trumbetti		Off				A	-		Date 10/26/12	
		Co			(h	11 I			10/20/12	

1210-4566 Check #4612 RECE/VED

Date of Notification (1) 10/23/12		Name o		Owner / Operat	or (2)	ESTOS	Cont
Agencies Notified Type Notifica	ntion		Address		Ace	ESTOS CONT LICENSING	3: 1.0
□ EPA □	1		enn Plaz		708	ESTAS	46
☐ DEP ☐ Initial ☐ Amen			ate & Zip		ં હ	LICENSUNT	Rai
☑ DOL ☐ Amen ☑ DOH ☑ Emer	ided #		of Contact	105-2246		-42/MB	T. 1
	ellation		II Samar				Telephone Numbe
	7.117.117.717.						
Name of Facility Where Abateme	nt is Taking Place		ILITY IN	Type of Fac	ility (A)		
Newark Penn Station	int is Taking Flace	(3)		School			
Street Address	-14-21				pter 8 (Other th	nan K-12)	
1048 Raymond Blvd.							igs, homes, etc.)
				Square Feet	# of Flo	oors I	Bldg. Age
1	County (6)	ounty Co	ode (7)				South Control of the
Newark	Essex				(Prior if being	demolished)	
Name of Maritarian Firm Hind In	D 11/2 0 //	2)	1001111	Train Stati			
Name of Monitoring Firm Hired by TTI Environmental	Building Owner (8	3)	ASCM No	Name of Aba AbateTech	atement Contra	ctor (9)	
Street Address				Street Addre		- None-	
1253 North Church Street				PO Box 25			
City, State & Zip Code				City, State &			
Moorestown, NJ 08057	¬				, NJ 08048		
Project Manager for Monitoring Fi Jim Guilardi		ephone N 5-840-88		Telephone N 609-265-32		License N	
	scheduled Complet			Name of OS			00529
10/24/12		29/12	(11)	EMSL Ana			
Occupancy Status During Abatem				Street Addre			
Facility Closed/Vacated D	moderning and residence of the professional and the second		ement	108 Haddo			
Abatement Performed Ou		ours –		City, State &			
Describe: 3:30 PM Sta				Westmont,	NJ 18108		
Scope of Work (Check all that app							
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≥3 sf or ≥3 lf	\boxtimes	Renov			Mini-En		
≥160 sf ≥260 lf		Demo	lition			Bag Procedures	
Location of	l la	Lagation		D			-Friable Procedure
Asbestos-Containing		Location mally Us		Descriptio Asbestos-Cor		Amount (Specify	Abatement Typ
Material (ACM)		Solely by		Material (A	CM)	SF or LF)	
TO BE ABATED in Facility		ntenance todial Sta		(i.e., thermal s			Encapsulate Repair Removal
(13)	Cus	(12)	311 ?	insulation, surfactor or other miscell			pair
, , ,	Yes		N/A				
Basement				Drain Pi	pe	160 LF	
		141	4				
			4				
Name of Registered Waste Haule			ED Wasta	Cubic Yards	Nome of Dead	istered Landfill	
Traine of regiotered vester radio	7		er ID No.	of Waste	ivanie or Regi	istered Landilli	2//
AbateTech, Inc.			8750	3	TRRF Land	fill	
City, State				Disposal Date	City, State	- SWA	
Lumberton, NJ			=	10/29/12	Tullytown, I	PA	74
Completed By (Print or Type)		Title	27-20	Signature	L		Date
Gwen Trumbetti		Offic		\mathcal{N}	W		10/23/12
		14.600	E E E	11,			I .

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

City, State Lumberton, N.	J						12/31/12 Signature	Tu	ilytowii,	.,	Date	2	-		
011 01 1								Tool	llytown,	PΔ					
AbateTech, Inc	:		-		18	750	TBD Disposal Date	City	, State						
Name of Register	red Waste Ha	uler			auler	ID No.	Cubic Yards of Waste		RF Land						
				П			To his Vasta	Mar	ne of Peg	istered Landfill					
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			11	H	1						<u> </u>	11-	#	뷰	ዙ
Buildings #78, 81 & 821					2001111111					15	Щ	닏	님		
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	(13)		Yes	(12) No	N/A	4	wanderstand bestellige 200							Ö	1.55
10	in Facility	<u>,</u>	Custo	odial			insulation, surfac	ang, \ aneou	IS)		<u> </u>	١	5	Encapsulate	Enclosure
	aterial (ACM) BE ABATED		Main	olely tenan		r	(i.e., thermal sy	stem	S		Removal	Zepa		caps	nclo
Asbe	estos-Contain			nally l			Asbestos-Cont Material (AC	CM)		SF or LF)	Rei			Ē	ш
	Location of	111 1111		ocat			Description	of		Amount (Specify	Ab	ater	nen	it 1)	ype
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	3 If				ovati			\boxtimes	Mini-Enc						
Scope of Work (C	heck all that a	apply)					1			ainment with N	gative	Pre	essi	ure	
Facility Oc	cupied During				777							_	-		_
Describe:							Westmont, N	NJ 08	3108						
Facility Clo	t Performed C	Outside of Norm	al Hou	irs			City, State & Z								
Occupancy Status	During Abate	ement (Check o During Entire F	Period o) of Aba	ateme	ent	108 Haddon	Ave							
10/23/1	12	1 (0)	12/31				Street Address								
Scheduled Start D		Scheduled Co	mpletion	n Dat	e (11)	Name of OSH		nitor						h
Eric Houseknec	ht		908-21	18-11	08_		609-265-2107		-11		0052	3	_	_	-
Bridgewater, NJ Project Manager fo	or Monitoring	Firm	Teleph	none	Num	ber	Telephone Nur	mber		License Nu	mber 0052	0			
City, State & Zip C							Lumberton,	NJ 0	8048				_		_
907 Doolittle Dri					_		City, State & Zi	ip Co	de						
Street Address							Street Address PO Box 25	•							
AET, Inc.	g i min i mou i	,					AbateTech, I						- 00 T	_	\dashv
Name of Monitoring	Firm Hired h	y Building Owr	ner (8)		ASC	M No.	Name of Abate		Contracto	or (9)					
Bridgewater		Somerser				551	Superfund Si	ite						_	\dashv
City (5)		County (6) Somerset	Coul	ity O	Juo (.,	Current Use (P	rior if	being den	nolished)	Part of the last				
		County (6)	Cour	nty Co	ode (7)									
20 Polhemus La	ne						Square Feet	Pilvai	# of Floors	Bld	g. Age				
Street Address							Subchapte	nrivat	e & comm	nercial buildings	, home	s, e	tc.)		
American Cyana	mid Superf	und Site		y			School (K-		Whor then	K 12)					
Name of Facility W	here Abateme	ent is Taking Pla		1 /10			Type of Facility								
				FAC	ILIT	/ INFO	RMATION						_		_
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DOL DOH DOH		gency		me o			-			OS CONTRE	anhan	△ NIı	ımh	ner	
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Agencies Notified	Type Notifica	tion		eet A			206			- I'M 3: E	6				
Date of Notification	10/22/12			izer l					CIII2 NOV	-2 PM 3: 4	10202		_		\dashv
Date of Notification	(1)		Na	me o	f Buil	ding Ow	ner / Operator (2	2)	00	- to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

Accredited Environmental Technologies, Inc.

RECEIVED
2012 NOV -2 PM 3: 46
ASBESTOS CONTROL
& LICENSING

Building #78

- Black duct sealant about southeast corner office 5 sf
- Brown 12"x12" floor tile and mastic in center section bathrooms and offices 900 sf
- Black roofing felt on west section exhaust fan control room roof 230 sf
- Black gas pipe coating on metal equipment box at exterior southeast corner 2 lf
- Wall sealant caulking on metal wall dividers between east and center sections 1350 lf
- White/beige paint on brick dividing wall between west and center sections 5500 sf
- Roof flashing on brick/block wall above center section 650 sf

Building #81

- Exterior roof flashing sealant 100 sf
- Exterior/interior column caulking 80 lf

Building #821

- Exterior textured stucco wall paint 1600 sf
- Door frame caulking (2 doors) 40 lf

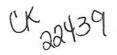
		(Pu	rsua	ant t	:o <u>1</u>	V.J.A	<u>.C.</u>	8:60 and 1	12:12	20)	B#2	36	8			
Date of Notification	(1)		I	lame	of E	Building	Ow	vner / Operator	(2)							
	10/25/2012							oard of Educ			150					
Agencies Notified EPA	Type Notifica	ation		Street 2565		dress ncetor	ı Pi	ke			3	e L	2012 NOV	rent and	=1 <u></u>	
DEP	Initial					& Zip					80	11	Z		n	
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	100000000000000000000000000000000000000	gency				Contact					=	(S) Teler	hone	Niji	mbe	r
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Name of Facility WI	nere Abateme	ent is Taking Pi	ace (3)				School (k	(-12) N	ON SUBC	HAPTER 8	긐	بب	-	ر	
Street Address	lediate Scii	301			-		-			Other than I		$\widetilde{\underline{\mathbf{c}}}$	5			
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66 Eggert Cross	ing Road							Square Feet		# of Floors	-	Bldg.				
0:1(5)		County (6)	ICo	unty (20de	2 (7)	-	loquale i cot		01110010						
City (5)		County (6)	100	uiity (Jour	= (1)		Current Use (Drior i	heing dem	olished)					\dashv
Lawrenceville		Mercer						School	riioi ii	being dem	olistica					
		5 " " 0	(0)		TA	2014 14		Name of Abat	omon	Contractor	(0)		-0.836			\neg
Name of Monitoring		y Building Own	er (8)		A:	SCM N	0.	Bristol Envi								
Environmental C	connection							Street Addres		entai, inc						_
Street Address	- 044							1123 Beave		of						
120 North Warre		100						City, State & 2						- X	9,000	
City, State & Zip Co								Bristol, PA								
Trenton, NJ 0860	r Monitorina E	irm	Tolor	hone	Nu	mher	- 20	Telephone Nu			License	Numb	oer			
Project Manager for Monitoring Firm Telephone Num Ryan Broadwater 609-392-4200								(215)788-60			00509					
Scheduled Start Da		Scheduled Con			_			Name of OSH		nitor						
11/8/201			11/8/			,		Bristol Envi								
Occupancy Status		210000	The state of the s	THE RESERVE AND ADDRESS OF THE PARTY.				Street Addres			V/.				50.00	
Facility Clo	sed/Vacated	During Entire P	eriod	of Ab	ater	nent		1123 Beave		et						
		utside of Norma						City, State & 2								
K	6:00 PM - 1			257/201				Bristol, PA	William Street							
	cupied During															
Scope of Work (Ch						1122/4/00					200	ese T	200	90		
Coope of trom (on		-1-77								Full Contain	inment with	Nega	tive F	ress	sure	1
≥3 sf or ≥3	If		\boxtimes	Rer	nova	ation				Mini-Enclo						
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	ocation of			Locat				Description			Amount	- 1	Abate	eme	nt Ty	/pe
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	BE ABATED			tenar odial				(i.e., thermal si sulation, surface					Remova	Repair	sqe	clso
	in Facility (13)		Cusi	(12)		"		or other miscell					<u>a</u>	₩.	Encapsulate	ure
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Name of Registere	ed Waste Hau	ier		12000		r ID No	1000	of Waste	Ivaiii	c or region	orou carran					
Camileo Transno	ort Inc			1116	2000	990	.	1 cu yd	Gro	ws Landfi	11					
Service Transpo	ort iiic.						-	Disposal Date		State	and the second s				F 10 25	
City, State New Castle, DE								11/9/2012		risville, P.	Α					
Completed By (Pri			i.	Ti	tle		S	Signature				D	ate			
					roje	ct		11. 0		. ,	1.0	1	0/25	5/12	2	
Gino Pizzigoni Project Manager							Gino Per	zzez	ione /	K						

Ck#2367

Date of Notification (1)	-			1			Owner/Operator (2						
	5 /	12	_		Princ	eton Uni	versity-Office of	of Design and C	onstruction	~1		- 6-2	
Agencies Notified Ty	ype Notifica	ition	ī	- 5	Street A	ddress	ŧ		, Cur	2	-		
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] Amended			1	City, Sta	te, Zip Co	de		F-03	AGA	2 2 2 2 2 2		
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Z DOM -] Emergen		uding	h		f Contact		T	Telephone Numl	ber	TO STATE OF THE PARTY.		
(NJAC 5:23-8)	justification			1		rt Ortega	a				K. C.		
	J Caricellat						ORMATION		57	ω	11		
					FACI	LITTINE	ORMATION	Type of Facility (4	1 20	<u> </u>	- Interest	}	
Name of Facility Where Aba				3)				☐ School (K-12)	´ _ P	CO			
Princeton University-	Firestone	Libra	ry					Subchapter 8	(Other than K-12)			
Street Address								Other (i.e., priv	vate and comme	rcial bui	laings	•	
Washington Rd									# of Floors	Bld	g. Age	e	\dashv
City (5)							12	Square Feet	# 011 10013		9.7.9		
Princeton	201							Current Use (Prio	s if boing domoli	shed)			\dashv
County (6)					County	y Code (7)	(STATE USE ONLY)		or it being demois	sileu)			
MERCER								Library					-
Name of Monitoring Firm H	ired by Buil	ding Ov	vner (8) /	ASCM N	lo.		ent Contractor (9)					
ATC Associates Inc.								VIRONMENTAL	., INC.				
Street Address			- 5/6			MACON STREET	Street Address						
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Burlington, NJ 08016	5						BRISTOL, PA	19007					
Project Manager for Monito	and the same of th			Tele	phone N	lo.	Telephone No.		License No.				
Michael Keehn				60	9-386-	8800	215-788-604)	00509				ŧ.
Start Date (10)		Schedu	iled Co	mple	tion Dat	e (11)	Name of OSHA						
11 / _08 / _					_ / _	A Committee of the Comm	BRISTOL EN	IVIRONMENTAL	., INC.				
Occupancy Status During		(Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated	During En	tire Peri	ind of A	hate	ment		1123 BEAVE	R STREET					
☐ Abatement Performed	Outside of I	Normal I	Facility	Hour	s - Desc	cribe	City, State, Zip C						
Time of Abatement: 7:	00AM-3:30	PM/_	PN	/- <u></u>	AM		BRISTOL, P.						
							2						
Scope of Work (Check all	tnat apply)							ntainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re				Mini-En	closure ag Procedure					
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Non-Ex	empted (*) and No	n-Friable Proced	lure			
			le	Loca	tion	Ι					atem	ent T	уре
Location	·•			lorma			Description	of		70	Z	т	ш
Asbestos-Containing N		(M)			ely by		stos Containing M		Amount	l en	Repair	nca	nclo
TO BE ABA	TED				ance/ Staff?	(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
IN Facility (13)	у			(12))		other miscellar	eous)				ate	Œ
(10)			Yes	No	N/A								
Level B East Core			\boxtimes			Floor ti	ile and mastic		450 SF				
			-						20 LF		П	П	
Level B East Core			\boxtimes			Pipe in	sulation		20 1.		_	1=	
												Ш	Ш
	la Havilea				NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill			1	
Name of Registered Was		INIO			Hauler I		Waste	V (6)	. NORTH LAN	IDFILL			
BRISTOL ENVIRON	MENIAL,	INC.			1870	6		- Section approximation to					
City, State							Disposal Date	City, State	II I E DA 4006	7			
BRISTOL, PA 19007						12 July 200	1	MURKISV	ILLE, PA 1906				
Completed By (Print or Type) Title						Signature	1.1.	10	Date	125	1,2		
Brian Scafiro		E	stima	itor			Brian	. Scefero/	The	10/	XO	10	.
ASB-41								moted activities					

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

MAY 11



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

RECEIVED

Date of Notification (1) 10/25/2012					Name of Pine Be		Owner/Operator (2) rprises 2012	40V -	2 PM	3: 41		*
Agencies Notified () EPA (X) DOL (X) DOH () DCA		(X)Initial N () Amend () Cancel	otification ed Notification	on	Street Ad 1088 Rd City, Sta Lakewo Name of Michae	te, Zip Cood, NJ Contact	ode 08701	STO: LICE	COP ENSIN	ITROI		·
				FACILITY IN	FORMATI	ON					1	
Name of Facility Where A		Taking Place	(3)		Type of I							
Pine Belt Enterprises					() Scho		(other than K-12)					
Street Address 71 Route 37 East							vate & commercial blo	dgs., hon	nes, etc.	.)		
City (5) Toms River	County (6 Ocean)	County C (State Us		Sq. Feet Bldg. Ag	e: <u>50 ye</u>	ars					
					Current	Use (prio	r if being demolished)	Reside	ntial Ap	artmen	ts	
Name of Monitoring Firm Environmental Health	Hired by Blo	lg. Owner (8)	ASCM No 00140	0.			Name of Co Superior A					
Street Address 655 West ShoreTrail					Street A		ive, Ste A					
City, State, Zip Code Sparta, NJ 07871	***				City Stat	e, Zip Co						
Project Manager for Moni JP Von Doehren	toring Firm	Telephone (973) 729		2	Telephor (973) 80	ne Numb		Licens 00411	e Numb	er		
Scheduled Start Date (10 11/05/2012	Date (11)		r Abaten	Monitor nent, Inc.								
						rson Dr	ive, Ste. A					
Construction barriers will Occupied portion of the b	be placed to	isolate the wo	ork areas fro	m the	City, Sta West Ca		oge NJ 07006					
Source of Work (Check a	II that apply)											
() Demolition (X) Re (X) Large Proj. (>160 SF (X) Full Containment wit	enovation or >260 LF	ACM)()SM	Proj. (>25<1	60 SF or >10 <	260 LF ACI		Minor Proj. (<25 SF o			of Remo	val.	
Location of Asbestos-Cor		Location Nor	nally Used	Description of	ACM (i.e.	thermal	Amount (Specify SF					
Material (ACM) in Facility		olely by Maint.	/Custodial	systems insul		cing,						
		taff? (12) NA YES	NO	VAT, or other	misceii.)		11		Rem.	Rep.	Encap	Enclose
West Show Room & Sou West Corner Cubicle Ar	uth		х	Floor Tile an	d Mastic		3,965 SF	- (0.5)	х			
North Entrance Hall			x	Floor Tile an			200 SF		Х			
North Center Show Roo			x	Floor Tile an	d Mastic		1,440 SF		Х			
Service Area & Bathroo Center Room, Office, Re	n, Office, Rear x Floor tile				Mastic		1,000 AF		х			
Hall and Bathroom												
							1					a katigarane ka
Name of Reg. Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID # SW2117				ID#	Cubic Ya	ards of W	/aste		of Reg. va Lan			
City, State New Castle, DE						Disp. D 11/10/2			Minerva		688	
Completed by (Print or Type) Nick Petrovski Title President				G	Signatur		Makes	Date 10/25/				
					110	1-6		DIMANDO	001405	FOTO	0/40	/00

Courtesy Notification

Job #:	1210-1683
Check #	NA - Government
Property	· ·

								PE				
10/25/12 McGuire						Owner / Operato	or (2)	RECEI	VED			
Agencies Notified Type Notific	ation	5	Stree	t Addr	ess		- La	12 NOV -				
		2	2403	Tusl	keege	e Airman Aver	nue	-1-5 b	M 2 .			
DEP Initia					& Zip C		A 5	BFC-	., 0. 4	Ï		
	nded				AFB, N	IJ	562 E	23105 CO	11-			
	rgency	1	Vame	e of Co	ontact		4.	LICENS	TERPHY	ne N	umb	er
DCA Can	cellation	E	Rob	ert Ja	ques		<i>'</i>	ESTOS COLLICENSIA	San Ja	T 011	20	
			FA	CILIT	Y INF	ORMATION			3	ď		-
Name of Facility Where Abatem	ent is Taking P	lace (3	3)			Type of Facili	ity (4)					
McGuire Air Force Base Bu	ilding #2101					School (K-12)					
Street Address							oter 8 (Other th					
2101 West Arnold Avenue								mmercial buildir	ngs, hon	ies, e	tc.)	
0: (5)						Square Feet	# of Flo	oors	Bldg. Ag	е		
City (5)	County (6)	Co	unty	Code	(7)	13,000	2		1956			
Wrightstown	Burlington					Current Use	Prior if being	demolished)				
						Vacant-Cen	tral Heat Pla	ant				
Name of Monitoring Firm Hired b	y Building Owr	ner (8)		ASC	CM No.	Name of Aba	tement Contra	actor (9)				
Horizon Environmental			16	. Harris		Asbestos a	nd Mold Ser	vices, Corp.				
Street Address PO Box 316						Street Addres		-3				
City, State & Zip Code			-			3859 Sylon						
Thorofare, NJ 08086						City, State & Hainesport						
Project Manager for Monitoring F	irm	Telen	hone	Num	her	Telephone No		License I	Number			
Dave or Steven Flanigan		856-8			DCI	609-702-040		Licerise	0086	32		
	Scheduled Cor	1)	Name of OSH			0000	-		
11/7/12	1/7/13				,	EMSL Analy						
Occupancy Status During Abate	ment (Check or	nly one	:)			Street Addres	ss					
Facility Closed/Vacated				ateme	ent	107 Haddor		**				
Abatement Performed O	utside of Norma	al Hou	rs			City, State & 2	Zip Code					
Describe:						Westmont,	NJ 08108					
Isolated Area Scope of Work (Check all that apply)												
Check all that apply,	M							ntainment with Neg	native Pre	ecure	Q	
								e Pressure Enclos		ssuie	α	
≥3 sf or ≥3 lf			Ren	ovation	1		Mini-End	closure				
≥160 sf ≥260 If		\boxtimes	Den	nolition				ag Procedures				
l continue of								empted and Non-F				
Location of Asbestos-Containin		Norm	ocat			Description		Amount	Aba	atem	ent T	ype
Material (ACM)	9		lely			Asbestos-Con Material (A)		(Specify SF or LF)				
TO BE ABATED		Maint				(i.e., thermal sy		Si Oi Li')	٦	77	nc	ᄪ
in Facility		Custo			i	nsulation, surfac) j	Repair	aps	CIS
(13)			(12)			or other miscella			Removal	<u>≅</u> .	Encapsulate	Enclsoure
		Yes	No	N/A							é	
South End Interior Areas			× ×	무	Transit	Siding Panels		13,000 SF	×			
Electrical Panel/Circuit Breaker Room		H	Ø	믐	Floor T	Siding Panels		4,000 SF 350 SF			-	
Office Area			\boxtimes		Floor T			150 SF		H	H	
Upper Level Laboratory Room Breech Stacks-Boiler #5 & #6		무	×			gging Insulation		300 SF				
Throughout Building			X X	믐		Lagging Insulation tings (elbows/tees/v	ralvos/flangos)	5,500 SF 625 each		믐	무	
					assoc.	with fiberglass Pipe		025 each		ш		
Throughout Building Throughout Building		8	X X	믐	Pipe In:			900 LF	⊠ ⊠			-
Name of Registered Waste Hauler		-		DEP W		Cubic Yards of	Name of Regis	400 LF stered Landfill				
Horizon Disposal			Ha	uler ID	100000000	Waste						
			1	2261	2	25	GROWS Land	ITIII				
City, State Trenton, NJ						Disposal Date 1/7/13	City, State Morrisville, PA	A				
Completed By (Print or Type)		T _K	Title	е		Signature/			Date			
Kim Trumbetti		37	Adı	min.		assul		40	10/25/	12		

D&S Proj. #: ME 12-379

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

										20121		1.5 [1	<u> </u>				_	
Date of Notification	(1)		Nam	e of Build	ing Owner	r/C	perator (2)			2812 NOI	1-2	Die .						
1 10 1/12 14			JO	SEPH G	ROSS					0		TH 3:	-	100				
Agencies Notified EPA	Type Notification Initial			et Address		_			5°	& LIC	OS (CONTRA		ť				
☐ DEP	Amended	- 11			STREE	1			_	210	L H	SING	_					_
	Amendment #:	_		State, Zip									100					
⊠ DOL	Emergency		_	_	rown, l	N.	07960	es Maria en				Telephon		ber	_			
☑ DOH	(including justification)		Nam	e of Conta	act							Liciopilon						
☐ DCA	Cancellation		J	OSEPH	GROSS	_								=-	=	_		=
					FACII	LIT	TY INFORM	ATION			7=-	. F. 181	(4)					
Name of facility wh	nere abatement is t	taking	place	(3)							Тур	e of Facility	(4) ol (K-	12)				
	~~											☐ Subch			er tha	n K-1	2)	
JOSEPH GRO	88					_			-			Other						
Street Address												Bldgs	./Home	es, etc.			Λ	
59 MILLS STI	REET					_					So	uare Feet	# of	Floors		Blac	. Age	,
City (5)		C	ounty	(6)						code (7) se only)	-	urrent Use (F	Prior if	heina		ished)	
		١.	10 D	DIC				(State	us	se only)		urrent Ose (r	1101 11	Deling (201110	101100	,	
MORRISTOV				RIS		-	ASCM No.	LIN	Var	ne of Abatement	Contr	ractor (9)						
Name of Monitoria	ng Firm Hired by Bl	lag. Ov	vner	(0)		1	43CIVI INO.	11		& S RESTOR								
						_=				et Address	AII	JII, HIO.				_		
Street Address								"		20 California A	ve.							
						_		_		, State, Zip Code				A		-9-0-0		
City, State, Zip Co	de									Paterson, NJ 0								
						_		-		ephone Number	1303		Lic	ense N	lumbe	r		
Project Manager for	or Monitoring Firm			Ph	one Numb	oei	ſ	11'	I CIC	973-345-8020)			01	169			
									Nai	me of OSHA Mo								=0,0
Start Date (10)		Sc	hed.	Completion	on Date (1	1)				D & S Restora		Inc.						
10/29/12		1	1/10	12					Str	eet Address								
Occupancy Status	During Abatemen	t (Che	ck on	ly one)					2	20 California A	venu	ie						
☐ Facility clos	ed/vacated during	entire	perio	d of abate	ment.				City	y, State, Zip Cod	е							
Abatement	performed outside	of norr	nal fa	acility hou	rs-													
Describe:	cribe: NORMAL H	OURS						_	_	Paterson, NJ 0					_			
	check all that apply					_						Containmen	t w/ne	gative	oress	ure		
>3 sf or >3		Renov	vatio	1						⊵		i-enclosure						
	=	Demo								-	J Glov	vebag proced n-Exempted	(*) and	Non-f	riable	proce	dure	
≥160 sf or	≥260 If				used sole	dy			-		11401	LXomptou	,		R	R	Е	E
Location of		by m	ation	nance/cus	stodial	,ıy		tion of as	she	estos-containing		Amoun	t		e m	e p	n	n
asbestos-o material (a		staff(_		I (ACM)	550	.0.00 00		(Specifical LF)	y SF o	r	0	a	a	C
abated in f		Ye	s	No	N/A										v e	l i	р	-
					 -	=	Boiler In	sulation	-			40 SQ FT			M			
BASEMENT		-	=	_ X_	4	븍	Bone, an		-									
					#	-			_									
		-			4	=			_									
					#	-			-									
					JL T	_	ubic Yards o	of Waste	TN	lame of Register	ed La	ndfill			7.000			
Registered Wast	e Hauler ORATION, INC.		135	EP Hauler 506		1	YD		1.	TULLYTOW	N, RE	SOURCE	REC	OVER	Y			
City, State					Disposa			X/-28- X		City, State	ת זג							
PATERSON	NJ 07503				10/30	/1			1	TULLYTOW	IN, P	-		Date	_			
Completed by (F	Print or Type)	Title		TD 700			Signature						100	10/24	12			1895
BOGDAN JO	OLDZIC	PRI	ot us	ENT e this form	n for asbe	sto	os licensure	exempted	d a	ctivities.								

CK 004519

D&S Proj. #: MS 12-378

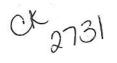
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

					(0)		7013	עחעו ל					_	
Date of Notification	(1)	- 11	ne of Buildin				5017	MUA	-2 PM 3	: 39				
1 10 1/12 14	_//1_12_1		ESIDENTI	AL BUII	LDING									
Agencies Notified EPA	Type Notification Initial	1	et Address		, i		5thir	211	OS CONT CENSING	ROL	ě.			
	Amended	200	12 GLENN		VENUE		t .:		CENSING	17.0			-	_
☐ DEP	Amendment #:	City	, State, Zip (Code						17.4				
DOL	Emergency		LEONARD						Telephone	Number				
□ DOH	(including justification)	Nan	ne of Contac	t					relephone	Number				
☐ DCA	Cancellation		JIM DALL	AS					_					
	Cancellation				TY INFORMA	ATION								
		laking plac	0 (3)					Тур	oe of Facility (4	4)				
Name of facility w	here abatement is	aking piac	5 (3)							(K - 12)			•	
RESIDENTIA	L BUILDING							11	Maria de la compania	apter 8 (Ott Private/Co			2)	
Street Address									Other (Bldgs./	Private/Col Homes, etc	ninero	iai		
412 CLENIM	ARY AVENUE							So	quare Feet	# of Floors		Bldg	. Age	,
	AKI AVENOE	Count	v (6)			County	Code (7)	1 _						
City (5)						(State	use only)	C	urrent Use (P	rior if being	demo	lished)	
LEONARDO)		HTUOMN				(1)	1	ractor (0)					_
Name of Monitor	ing Firm Hired by B	ldg. Owner	(8)		ASCM No.		ame of Abateme							
							D & S RESTO	RATI	ON, INC.					
Street Address						S	treet Address							
87281							20 California					-		
City, State, Zip C	ode						ty, State, Zip Co		ë					
	1					_	Paterson, NJ			License	Numb	er		
Project Manager	for Monitoring Firm		Pho	ne Numbe	r	11,	973-345-80			Totalista America (C.)	169			
							lame of OSHA							
Start Date (10)		Sched	. Completion	Date (11))		D & S Restor		Inc.					
11/12/12		11/23	3/12			1	Street Address							
	is During Abatemen						20 California	Avenu	1e				_	
☐ Facility clo	sed/vacated during	entire perio	od of abatem	nent.			ity, State, Zip Co	ode						
Abatemen	t performed outside	of normal	facility hours	-					<u>s</u>					
Describe:	scribe: _NORMAL H	OURS				= 11	Paterson, NJ							_
Scope of Work	(check all that apply	v)							Containment	w/negative	press	ure		
>3 sf or >3		Renovation	on						i-enclosure vebag proced	ure				
		Demolitio						A No	n-Exempted (*) and Non-	friable	proce	edure	
≥160 sf or		Is location	n normally u	sed solely							R	R	E n	E
Location	of -containing	by maint	enance/custo	odial	Descrip	tion of as	bestos-containin	g	Amount (Specify	SF or	m	р	c	n
material (acm) to be	staff(12)		Т	materia	I (ACM)			LF)	0, 0,	O V	l a	a p	Ľ
abated in	facility (13)	Yes	No	N/A							e	-	<u> </u>	┢
BASEMENT			X		PIPE INS	ULATI	NC		184 L FT			무	片	片
BASEMENT											╬	片	片	뷰
								-			#	片	片	井
											井	片	片	붜
									1611		_ _		Ш	
Registered Was	ste Hauler		EP Hauler I		ubic Yards o	of Waste	Name of Regist TULLYTOV	tered La	andfill ESOURCE F	RECOVE	RY			
D & S REST	ORATION, INC.	13	506		2 YDS		City, State	714, 10	LJO O KOD I			-		
City, State				Disposal I 11/13/1			TULLYTO	WN, P	A					
	N, NJ 07503	T =		11/13/1	Signature		1			Date				
Completed by (Print or Type)	Title PRESI	DENT				5-2			10/24	/12	_		
BOODAN 3	OLD LIC	* Do not u	ise this form	for asbest	tos licensure	exempte	d activities.							

Check # 1716

Date of Notification (1) 10-23-2012			Name of I	Building Ov range Sci dress rk Ave	vner/O	perator (2	2)	UE/I	(ED)				-340)		
Agencies Notified Type Notification			Street Ad	dress		2012	HOY	-2 PM	1 3: 3	57		ipurc.			
EPA Initial Amended Amendment			City, State	e, Zip Code range, N.	9	45g 17 d	EST!	OS COI ENSIN	VTR0)L,					
Image: Image of the property o			Name of or Dr. Mor					-1101A	Tele	phone N	umber				
Name of Facility Where Abatement is Takir	ng Place (3)	FACIL	ITY INFOR	RMATI	ON	Type of	f Facility (4	1)						-
Gordon Parks Academy		,		Water to the second			☐ So	chool (K-12	2)		40)				
Street Address 98 Greenwood Avenue						Total Control	X Su	ubchapter ther (i.e. pi	8 (Othe rivate &	r than K- commer	12) cial bu	ildi	ngs,	home	s,
City (5) East Orange							Square 65,00	Feet	# of 3	Floors		Blc 40	lg. A	ge	
County (6) Essex			County C (STATE U	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if bein	g demoli	shed)				
Name of Monitoring Firm Hired by Building Whitman	Owner (8)		ASCM 00110			Name o		ement Con	tractor ((9)					
Street Address 116 Tices Lane, Unit B-1					eles - cen	Street A		irg Turnp	oike						
City, State, Zip Code East Brunswick, NJ, 08816						City, Sta	ate, Zip								
Project Manager for Monitoring Firm Kevin Lovely		Т	Telephon		2877	Telepho 201-7	one No.			License 01084	No.				
Start Date (10)			mpletion D			Name o	of OSH	A Monitor							
11/7/2012	11/17/2					GL G	3 35								
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			ment					irg Turnp	oike						
Abatement Performed Outside of Norm Other – Describe:	mal Facility	Hour	s		_	City, Sta Bloom	50 50	Code ale, NJ 0	7403						
Scope of Work (Check All That Apply)								-							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Salara and	Renova Demoli				×	Mini- Glov	Containme -Enclosure rebag Proc -Exempted	edure	11, 11, 11, 11, 11, 11, 11, 11, 11, 11,					
	le	Local	tion				INOI	-Exemples) and	I NOII-I II	abici		Abate	ment	
Location of	1	Norma	State of the state			scription						1	ly	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena	nce/ Staff?	(i.e. th	nermal surfa	taining Ma systems cing, VAT miscelland	insulat Γ, or		(S	mount pecify or LF)	Kemoval	-	Repair	Encapsulate	Enclosure
Boiler Room	140	INA	Boli	er #1	pipe in	sulation	on	25	50 LF	x	+				
Boiler Room						#1 brea			6	0SF	х		******		
Boiler Room				Bolie	er #1 bri	icks		2 cu	yards	Х					
										+				1100	
Name of Registered Waste Hauler			NJDEP W	The state of the s	Cubic of Wa	Yards ste		Name of	Registe	red Land	lfill				
GL Group, Inc	C	033034		TBD	and Date		Grows					-			
City, State Bloomingdale, NJ					TBD	sal Date		City, Stat Morrisv		A					
Completed by Elena Solakov	ident	17.		8	Signature		m Stolla	ز		Date 10-23	3-2	012			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

DEP DEP DOL DOA	ype Notificat Initial Amended Amendmer			Es	me of Build ssex Cour	ing Owner/Operatory Vocational-1	or (2) Technical Ach	RECEIV		}		
DEP DEP DOL DOA	Initial Amended Amendmen Emergency justification			Str								
☑ DOL ☐	Amendmer Emergency justification	1 15-31				s n St	Asim	NOV-2 PM	3: ;	34		
□ DCA □	justification		ina		y, State, Zip oomfield,	Code NJ 07003	9 6	LICENSIN	TRE)1		
		n)	y		me of Conta			Telephone	er	3		=
		1122				IFORMATION				-5%		=
Name of Facility Where Aba Essex County Vocation	tement is Tal	king Pla	ce (3)			OKLIIIATION	Type of Facil	14.5 (a. 5 (a. 5)				
Street Address 620 Passaic Ave								er 8 (Other than K-1 , private & commer		ilding	js,	
City (5) West Caldwell							Square Feet 30,000 SF	# of Floors		Bldg. 70+	Age	-
County (6) Essex				US	ounty Code SE ONLY)	(7) (STATE		Prior if being demo	_ .		-	=
Name of Monitoring Firm Hir (8) Birdsall Services Gr	ed by Buildin oup, Inc.	g Owne	r	ASCI N/A	M No.		nent Contractor	(9)		_		
Street Address			_			Street Address	Ooristiactic	ni, iiic.				=
65 Jackson Drive					-15	1360 Clifton,	Avenue, PM	IB Suite 218				
City, State, Zip Code Cranford, New Jersey 0						City, State, Zip C Clifton, NJ (ode					=
Project Manager for Monitori Kevin Burns	ng Firm		0.000	lephone)8-497	e No. 7-9103	Telephone No. 973-389-00	89	License No.				
Start Date (10)	Sch	eduled	Comp	letion D	ate (11)	Name of OSHA						=
11/02/2012		1/05/20				DIA General	Constructio	n, Inc.				_
Occupancy Status During Ab						Street Address						_
Facility Closed/Vacated Dince Abatement Performed Out Other - Describe:	uring Entire F side of Norm	al Facil	f Abai	ement		City, State, Zip C	ode	IB Suite 218		_		=
Scope of Work (Check all tha	t apply)					Clifton, NJ 0	7012					_
>3 sf or >3 If >160 sf or >260 If	к арріу)		enova Demo	tion lition		Mini-End Goveba	closure g Procedure	egative Pressure				
000		N	Locat	y		IV NOII-EX	empted (*) and	Non-Friable Proce	9	Abate Ty		t
Location of Asbestos-Containing Materi	al (ACM)		d Sole		Ashaat	Description of os Containing Mate			-	Τ,	T	Т
TO BE ABATED IN Facility (13)	***************************************	C	ustodi staff? (12)	al	(i.e.,	thermal systems in surfacing, VAT, other miscellaneo	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	
Ves Vursery Area				N/A	Transite	Davida		(00.00	<u> </u>		ē	
				Λ	Transite	Dodrus		680 SF	X			
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ame of Registered Waste Ha ervice Transport Group	Ua					Cubic Yards of Waste 10	Name of Regi Minerva La	stered Landfill				_
ity, State New Castle DE			-1:			Disposal Date 11/05/2012	City, State Waynesbur		,			=
ompleted By rutarth Jagad	Title	esident				Signature		Date 10/25/2	2012			=

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D&S Proj. #: MS 12-377

Fax:

Oct 23 2012 01:44pm P001/001

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 42:120)

-	APPROVED)
Napepte	of Health & Ser	nior Services
F. 75.	93 (3	1:40AM

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Date of Notification (1)	The second second second second second	KR	ISTEN	KORL		Operator (2)		2012 NOV -2	PM 3	: 33				********		
☐ EPA ☐ Ir	pe Notification nitial mended	113000	t Addre	es ON ROA	A.D		L	SBFSTOS O	0							
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NA DAL	mergency			LAIR, N	JT	07043				. 2						
DOH (Including	1	of Cor	-	13 1	07042					ne Numb	160	_		_	
□ CCA —	ustification) Cancellation			N KOR	[A]	NN										
				FAC	CILI	TY INFORM	ATION									
Name of facility where a	batement is	taking place	(3)						Тур	e of Facility	(4)				- 6	
KRISTEN KUKIAN	4									Subo	nn! (K - 1: hapter 8	(Other			12)	
Street Address			i							Bldg	r (Private) 3./Homes	, etc.	BrC	esii		
19 ELSTON ROAL) 								Sq	uaro Foot	# of Flo	OCTS		Pig	g. A	la.
City (5)		County	(6)					ity Code (7)					L	-1-	-31	
MONTCLAIR		ESSE	-					e use only)		ırrent Use (Prior it be	ing de	noi	sne	<u>a)</u>	,
Name of Monitoring Fin	m Hirari by E	sidg. Owner (6	3)			ASCM No.		Name of Abatemen	i Gonu	actor (¥)						
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Street Address				· · · · · · · · · · · · · · · · · · ·	٠	to constant		Street Address	-							- West
								20 California	ve.							
City, State, Zip Code				-	-		-	City, State, Zip Code		7-11			-	-		
orti essei mb sere								Paterson, NJ 0								
Project Manager for Mor	itadaa Elem		I DI	tone Num	ha		-	Telephone Number		-	Licare	se Nun	bei	-	-	
SLOJOCE MISUSÕOL LOL MOL	secting Last		10	TONG IYUR	mén			973-345-802			-	0116				
								Name of OSHA Mo							-	
Start Date (10)		Sched. C	ompleti	nn Dale (*	11)			D & S Restora		nc.						
10/25/12		10/30/1	2				11	Street Address	200, 1					Mr. ve		
Occupancy Status Durin	a Abatemer							20 California A	venne							
Facility closed/vac	ated during	entire period	of abate	ment rs-				City, State, Zip Cod	-						-	
Describe:	NORMALTI	OURS			-		-11	Paterson, NJ 0	7/503				2			
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≥160 af or ≥260 If		Demolitica						f		Exempted (xı-frlab	e p	MCE	dure	
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asbestos-contain)	ng	by mediatena	nce/cus	itodia!		Description	on of as	bestos-containing		Amount		m		e p	n	n
material (acm) to	be	staff(12)		1	-	material ((Specif)	ar or	n	9	9	a	C
absted in facility ((T3)	Yes	Nφ	N/A	1					_,		V		1	p	-
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Registered Waste Haule D & S RESTORATI		NJDEP 13506			1	bic Yards of \ YD	Nacto	Name of Registers TULLYTOWN	, RES	OURCE I	RECOVI	ERY				
City, State				Disposal			The state of the s	City, State	200000							
PATERSON, NJ 0	7503			10/26/	/12			TULLYTOW	, PA	<u> </u>						
Completed by (Print or 1		Title			T	Signature			· Contraction		Date)				
BOGDAN, JOLDZI		PRESIDE	T		1						10/2	3/12				
ASP 41		Do not use t		for asbas	i	licensure ex	empted	activities.				-	e.e.e.			

D&S Proj. #: MS 12-377

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

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	ſ	Signature	8				Date 10/23/	12			
City, State PATERSON, NJ 07503		10/2	6/12		TULLYTOW	VN, PA	1	I Data				
Registered Waste Hauler D & S RESTORATION, INC	NJDEP H 13506		1 YD	o. rradio	TULLYTOW City, State	N, RE	SOURCE RE	COVER	Υ			
	INIDEDII	aulor ID#	Cubic Yards	of Waste	Name of Registe	ered I a	ndfill			Ш	Ш	لـا [
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											닏	믺
21.021.22.12												口
BASEMENT		X	PIPE IN:	SULATIO	ON		90 L FT		Ø			
material (acm) to be abated in facility (13)	staff(12) Yes	No N/A	materi	al (ACM)			(Specify Si LF)	F or	0 V e	a i r	a p	C L
Location of asbestos-containing	Is location norr by maintenanc	nally used so e/custodial	30	ption of as	bestos-containing	1	Amount		R e m	R e p	E n c	E n
Scope of Work (check all that app					[Mini	Containment w/ -enclosure /ebag procedure -Exempted (*) a	е	riable		dure	
Other-Describe: NORMAL					Paterson, NJ			la a cartinum		urc	_	_
Facility closed/vacated during Abatement performed outsid	g entire period of a e of normal facility	abatement.			City, State, Zip Co	de						
10/25/12 Occupancy Status During Abateme	10/30/12	e) .			20 California	Avenu	ie					
2005-24 War (2005)					D & S Restor Street Address	ation,	Inc.	_		_	_	-
Start Date (10)	Sched. Com	pletion Date	(11)		Name of OSHA M							
Project Manager for Monitoring Firm		T Hone Nul	illooi		973-345-802			01	169			
		Phone Nur	nher	_	Paterson, NJ Telephone Number			License I	Numb	er		
City, State, Zip Code				C	city, State, Zip Coo							
					20 California							
Street Address					Street Address							
warne of Monitoring Fifth Three by	Diag. Owner (o)		/ NOOW 140.		D & S RESTO							<u> </u>
MONTCLAIR Name of Monitoring Firm Hired by	ESSEX Bldg Owner (8)		ASCM No.	-	Name of Abateme	nt Cont	ractor (9)				-	
	PACTO			(State	use only)	С	urrent Use (Pric	or if being	demo	lished	i)	
City (5)	County (6)				y Code (7)	1 _						
19 ELSTON ROAD						So	The state of the s	omes, etc		Bld	g. Age	е
Street Address							Other (Pr	rivate/Co	mmer			
KRISTEN KORIAN							=	oter 8 (Oth	ner tha	n K-1	2)	
Name of facility where abatement is	s taking place (3)					Тур	oe of Facility (4)	(K - 12)				
		FAC	CILITY INFORM	NOITAN								
☐ DCA ☐ Cancellation	KRIS	STEN KOR	IAN					-LELIS				
DOH (including justification)	Name of	Contact					Telephone I	Number				
DOL Emergency	— MON	TCLAIR, N	NJ 07042									
DEP Amended Amendment #:		te, Zip Code	Ų.	,	-LIVERSIN	- ·	*4 : 1)					
☐ EPA ☐ Initial		STON ROA	AD.	ASSE	STOS CON	TROL	1					
Agencies Notified Type Notification		TEN KORLA	AN									_
Date of Notification (1)	11		ner/Operator (2	2012 N	10Y -2 PM :	3: 33			£1			
			10		2000							

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Date of Notification (1)			^ -	Building (Owner/0	Operator	(2)			EN				
Agencies Notified Type Notification			Street Ac		. ,	D//	<i>-</i> √	ROA	NOV .	-2 PM	3: 3	2		
EPA Initial Amended Amendment #_	, r	_ [City, Stat	te, Zip Co	de p	LAI	~/ NF;	ELD	ESTO	S-CO	TRO	80		
Emergency (indiginal plants) DOH justification) Cancellation	cluding		Name of						Tele	phone N	umber	11		2
			FACIL	ITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking F	Place (3)						of Facility (4 School (K-1) Subchapter	2)	or than K.	12)			
Street Address 751 CLiff Ro	AD							Other (i.e. p etc.)	rivate 8	commer	cial build			s,
SEWAREN							N		1	Floors J / A		ildg. A ん/	_	
County (6) MIDDLESEX			County C (STATE U	ode (7) ISE ONLY)			Curre	nt Use (Prio				ion	,	
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)		0045					tement Con SYSTEMS	tractor	(9)				
Street Address 64 BROAD STREET							Addres	ss EHEAD A	AVE.			***		
City, State, Zip Code MATAWAN, NJ 07747				ACCES AND THE TOTAL PROPERTY OF THE PARTY OF				ip Code IVER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 0-2217			hone No 432-8			License 01111	No.		18	
Start Date (10)			npletion [Date (11)				HA Monitor	S OF A	AMERIO	CA INC	 >.	27	
Occupancy Status During Abatement (Check	Only On	/ <i>O</i>	112			Street	Addres		was a survey				•	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: OUT DOORS						City, S	State, Z	ip Code		2				
Scope of Work (Check All That Apply)	-		•	Minoral P.S.										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure	1000			·e	
	le	Locati	ion						3-1		T	Abat	ement	i :
Location of	1	Normal	lly		De	escriptio	n of					I <u>y</u>	/pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/		therma	ntaining l al system acing, V/ miscella	ns insula AT, or	ation,	(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
			-	10	100	0	- L		11	LF	-×			
OUTSIDE SwiTCH YARD		X		AC	171	Soc			ac	,				
				10014000										
Name of Registered Waste Hauler		13 (3.0)	IJDEP W		Cubic of Wa	c Yards		Name of	8-10-0000 11 111-0-0-4-	red Land	fill			
WASTE MANAGEMENT			lauler ID 1125	140.		osal Date		GROW City, Stat						
City, State ELIZABETH, NJ			31		11	121	12	MORRI			Data			
Completed by LAROL RAIMO	Title OF	=;c	E	MGR.		Signatur	ara	e La	ur,		Date 10/2	6/	12	1

DEP Amended Amendment #_		14	CBOK	ENM	パス	905 07030		Tolopho	one Number				4
Emergency (incli	uding	Name	e of Con	tact			1.	relepric	Julie rom				
DCA Cancellation		F	ACILITY	INFORMAT	ION	Type of Fac	iiin (A)					-	-
me of Facility Where Abatement is Taking P	lace (3)		200			4.							
MRS SPARKS							(K-12) apter 8 ((Other th	han K-12)	Idina	, hon	200	
						区 Other etc.)	i.e. priv	ate & co	ommercial bui				
1777 PARK AVE						Square Fee	t I	# of Flo		Bldg.	Age		
ty (5) Hu Beiche						650	U			5	6		-
ounty (6)		Cou	inty Cod	e (7)		Current Us	e (Prior	if being An	demolished)				
ounty (6) Ifulsor		(STA	ATE USE	ONLY)		e of Abatemen							-
ame of Monitoring Firm Hired by Building Ov	vner (8)	A	SCM No) .	Nam	e of Abatemer Mac Contra	cting I	Inc.	,				
					1	et Address							
treet Address					10	5 Lowell Ro	ad						
					City.	State, Zip Co	de						
City, State, Zip Code					Gle	en Rock, N	.J. 074						_
Project Manager for Monitoring Firm		Tel	lephone	No.		phone No.			License No. 00156				
and the same of th					1 1000000	1-262-584							
Start Date (10) /	Schedyled	Gompl	etion Da	ite (11)	Nan	ne of OSHA M mega Envir	ionitor onmer	ntal Se	rvices Inc.				
Start Surj ()	11/6	112	-			170.00							_
11/5/12		1			Circ	2291hhA to							
Occupancy Status During Abatement (Check	Only One))			Stre 28	eet Address 30 Huyler S	treet						
Occupancy Status During Abatement (Check	eriod of Ab) atemer	nt		28 City	30 Huyler S	ode				:		_
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Check #_	801	
Check #_	0	
ECELL		

Date of Notification (1)		T	Name of	Building	Owner/C	perator	(2)	2017	May		ten !	./	
11/16/01			MR	TA	YLUN				10A -5	PM	2		
Agencies Notified Type Notification EPA Initial			Street A	ddress Z	7 BRI S	KIE	PLACÉ NJ C	ASBE	STOS	ne	J.	3/	
DEP Amended Amendment		_[City, Sta	te, Zip Co	ode LFunn	9	NJ C	764	PENS	ING	RE	L	
DOH Emergency (justification) Cancellation	87.0		Name of	Contact TA	170:				phone Num			-	
Name of Facility Where Abatement is Taking	Dlass /0		FACI	LITY INF	ORMATI	ON					<u>-</u> _		
TAYLO:	g Place (3	9)					Type of Facility						
Street Address							School (K-		r than K-12)				
718 ZABRISKIE PL									commercia		lings,	home	es,
218 ZABRISKIE PL City (5) NEW MILFORD							Square Feet	# of	Floors		ldg. A	ge	
County (6) BE1266			County C	Code (7) JSE ONLY	,		Current Use (Pr	ior if bein		ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.			of Abatement Co lac Contractin		(9)				
Street Address	***************************************						Address Lowell Road						
City, State, Zip Code							State, Zip Code	7452					
Project Manager for Monitoring Firm	*		Telephor	ne No.			none No. -262-5841		License No				
Start Date (†0)	Schedule //	d Con	npletion [Date (11)		5.10000000000000	of OSHA Monitor		ervices Inc	c.			-
Occupancy Status During Abatement (Chec	- /						Address		- W. Com Ullyman				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten	nent				Huyler Street						
Other – Describe:			•				State, Zip Code kensack, NJ 0	7606					10
Scope of Work (Check All That Apply)	F7-1					Ę.	7						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit					Glovebag Pro	re ocedure					
	le	Locati	ion			L	Non-Exempte	ano (*) ano	Non-Friadic	Pro	120000 000	ement	
Location of	1	Vormal	ly		Des	scription	n of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intena	nce/	Asbes	tos Cont	aining M	Material (ACM) s insulation,	100000	nount pecify	77		g	m
In Facility (13)	Cust	todial 9 (12)	Staff?	(1.0	surfac	cing, VA	T, or		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		omer n	niscella	neous)			val	=	ulate	ure
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						2/							
Name of Registered Waste Hauler	11	TA	IDED W	lanta	Loubia	V		De dele					
Rovic Transport		H	JDEP Wilauler ID 1 0785	ST 10 10 10 10 10 10 10 10 10 10 10 10 10	of Was				ed Landfill lehem La	ndfill	Cor	p.	
City, State Riverdale, New Jersey 07457						sal Date			A 18015			-	
Completed by R. McDonald	Title Pres	ident				ignature			Date	0/	+7/	1	

D&S Proj. #: MS 12-376

State of NJ

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

	WIS 12-370			(Fuis	uant to NJAC	, O.	ou and 12:120)		2012 M	EC/	3/1,	· n		
Date of Notification			Name of I	Building Ow	ner/Operator (2))		-	28124	- 4,	-1 b	EI)	
1 10 1/12 13			LAURI	E PETERS	SEN				Call H	01-5	DM	_		
Agencies Notified EPA	Type Notifica Initial	ition	Street Add	Iress		7			ASACO		1.79	3. 5	5	1
☐ DEP	Amended	- 11	906 GA	ARDEN ST	TREET				3 &1	ros c	ำกมา			
☑ DOL	Amendment #		City, State	, Zip Code						ICENS	THE	110	-	
	Emergency (including	1 1	-	KEN, NJ	07030									
☑ DOH	justification) 1	Name of C	ontact					The second secon	ne Numb				
☐ DCA	Cancellatio	n	LAUR	IE PETER	SEN									
				FAC	ILITY INFORM	ATIC	N							
Name of facility wh	ere abatement	is taking pl	ace (3)						Type of Facility					
LAURIE PETE	RSEN							- 1 1	=	ol (K - 12	.50			
Street Address	-							-		apter 8 (
906 GARDEN	STREET								Bldgs.	(Private/ /Homes,	etc.			
City (5)		Cou	nty (6)			Co	unty Code (7)	=	Square Feet	# of Floo	ors	5	Bldg. /	Age
							ate use only)	11	Current Use (P	rior if bei	na der	nolish	ned)	
HOBOKEN Name of Monitoring	Firm Hirad by	00/00/00	JDSON			,		Ш						
realitie of worthorning	, i iiii i iiieu by	Blug. Own	ei (o)		ASCM No.		Name of Abatem							-22
Street Address						_	D & S REST Street Address	ORA'	TION, INC.					
							20 California	α Ανα						
City, State, Zip Code						-	City, State, Zip Co		•					
1		1					Paterson, N.		03					
Project Manager for	Monitoring Firm	1	F	hone Numb	er	_	Telephone Numb	er		License	Numl	oer	_	
							973-345-80			(1169		-	
Start Date (10)		Sched	. Complet	ion Date (11	1)		Name of OSHA							
11/02/12		11/1	5/12				D & S Resto	rauor	i, inc.			_		
Occupancy Status D							20 California	Aver	nue					
☐ Facility closed/☐ Abatement per	vacated during	entire perio	od of abat	ement.			City, State, Zip Co	-		_		-	_	_
Describe:			iacility not	ırs-		_	1000							
Other-Describe						-	Paterson, NJ	0750)3					
Scope of Work (che		563						=	l Containment w	/negative	press	ure		8.
Victoria (Control of Control of C	⊠	Renovatio							ni-enclosure ovebag procedur	P				
≥160 sf or ≥26	011 🔲	Demolition			_				n-Exempted (*)		friable	proc	edure	
Location of asbestos-conta	ainina		n normally enance/cu	used solely stodial							R	R	E n	E
material (acm)	to be	staff(12)			material (A		sbestos-containing	1	Amount (Specify S	F or	m o	р	С	n
abated in facili	ty (13)	Yes	No	N/A					LF)		V	a i	a p	L
BASEMENT			\square X		PIPE INSUL	ATI	ON		62 L FT		e			
CHIMNEY PACKING (R	EPLACE)		$\square X$		CHIMNEY I	PAC	KING (REPLAC	CE)	1 SQ FT		\boxtimes			
Registered Waste Ha	uler	LAUDE	P Hauler	ID# 1 C	ibic Yards of Wa	acto	Nome of Desista		4611					
D & S RESTORA		135		1333	YD	asie	Name of Register TULLYTOW			COVER	Y			
City, State	0.7.50	1	1	Disposal Da	2.74	HIES-	City, State		1				-	
PATERSON, NJ				11/05/12		_	TULLYTOW	N, PA						
Completed by (Print o BOGDAN JOLD)		Title PRESIDI	ENT		Signature					Date 10/23/	12			-
ASB-41				for asbestos	licensure exen	npted	activities.			10/23/	12	_		-

ck 004501 D&S Proj. #: MS 12-373

State of NJ

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

RECEIVED

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Date of Notification	1/112		ame of Bu EVA RU	5754 	er/Operator (2)			2012 NOV -2 SESTOS C & LICENS	PM 3.	* 0			
Agencies Notified	Type Notificati	on St	reet Addre	ess		CR.00		じ前とでする		6		_	
☐ EPA ☐ DEP	☐ Initial ☐ Amended	7		ETT AV	ENUE		3	& LICENS	ONTRO	1	E)		
	Amendment #:	C	ity, State,	Zip Code	N				MG				
☑ DOL	Emergency		IEDCEX	CITY, N	II 07306					. 1			
⋈ DOH	(including	l No	me of Co		13 07300			Tolonho	a a Musebaa				
Z 5011	justification)	l live	ine or co	Illact				releption	ne Number				
DCA	☐ Cancellation		EVA R	USSELL									
				FAC	LITY INFORM	ATION							
Name of facility wh	nere abatement is	s taking pla	ce (3)					Type of Facility School	(4) of (K - 12)				
EVA RUSSEL	L							☐ Subch	napter 8 (O	ther t	han k	(-12)	
Street Address									(Private/Co./Homes, e		ercial		
135 JEWETT A	AVENUE	T 0			200000000000000000000000000000000000000			Square Feet	# of Floor	s	В	ldg. A	ge
City (5)		Coun	ty (6)				nty Code (7) te use only)	Current Use (F	Prior if hein	a den		ed)	
JERSEY CITY			DSON						nor ii beiii	g den	iolisti	euj	
Name of Monitorin	g Firm Hired by E	3ldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					0,000
							D & S RESTOR	ATION, INC.					
Street Address						_	Street Address						
							20 California A	ve.					
City, State, Zip Cod	le .		*****		-	-	City, State, Zip Code					-	
only, onato, Esp ood													
	=		15				Paterson, NJ 07	/503					
Project Manager for	r Monitoring Firm		P	none Numb	er		Telephone Number		License				
							973-345-8020		0	1169			-
Start Date (10)		Sched	Completi	on Date (11	1)		Name of OSHA Mon D & S Restorati						
10/24/12		10/31	/12				Street Address	ion, mc.					
Occupancy Status I	During Abatemen	t (Check or	nly one)				20 California Av	venue					
Facility close	d/vacated during	entire perio	d of abate	ement.			City, State, Zip Code			_	_		
	erformed outside	of normal f	acility hou	rs-									
Describe: Other-Descri	be: NORMAL H	OURS				-	Paterson, NJ 07	7503					
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		Renovation	п					Glovebag procedu	ire				
≥160 sf or ≥2	260 If	Demolition	Ĝ				Ï	Non-Exempted (*)		riable	proc	edure	
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asbestos-cor	ntaining		nance/cus	stodial	Description	n of a	sbestos-containing	Amount		e	е	n	E n
material (acn		staff(12)		_	material (obootoo oomamii g	(Specify S	SF or	m	p a	C	c
abated in fac	ility (13)	Yes	No	N/A				LF)		v	ľ	a p	L
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basement			\perp_{X}		PIPE INSU		ON	50 L FT		Ш	Ш	Ш	
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850 NOC 40 CD													
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Registered Waste F	lauler	INJE	P Hauler	ID# I C	ubic Yards of V	Vaeto	Name of Registered	Landfill	-	Ш	Ш		
D & S RESTOR		135			YD	Vasic	TULLYTOWN,		COVER	Y			
City, State				Disposal D			City, State			100 100 100 100 100 100 100 100 100 100			
PATERSON, N	J 07503			10/25/1	50 744an		TULLYTOWN,	PA		-			
Completed by (Print		Title			Signature		TODDITOWN,	***	Date				
BOGDAN JOL		Title PRESIDI	ENT		Digitature				10/19/	12			
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Street Address Stre
Name of Monitoring Firm Hired by Biog. Owner (8) ASCM No. Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number Start Date (10) Start Date (10) Start Date (10) Facility dococd/vocated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: City, State, Zip Code Start Address 20 California Ave. Paterson, NI 07503 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Start Date (10) Start Date (10) Start Date (10) City State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Paterson, NI 07503 Full Containment winage®ve pressure Amount to see a procedure Non-Exempted (*) and Non-frable procedure Dy maintenance/custodial Amount to see a procedure Amount to
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City, State, Zip Code Project Manager for Moniforing Firm Phone Number Project Manager for Moniforing Firm Phone Number Project Manager for Moniforing Firm Phone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Cocupancy Status During Abstement (Check only one) Facility decod/vacated during entire period of abstement. Abstement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment winegetive pressure Mini-enclosure City, State, Zip Code Paterson, NJ 07503 Full Containment winegetive pressure Mini-enclosure City and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Amount of a F R E E E
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10/24/12 10/31/12 Street Address 20 California Avenue
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Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Paterson, NJ 07503
Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Sope of Work (check all that apply) Sope of Society and Non-frielde procedure ≥160 sf or ≥260 if Demolition Location of Society by maintenance/custodial Amount Society S
Cother-Describe: NORMAL HOURS Scope of Work (check all that apply) ≥ 3 sf or >3 if Renovation ≥ 160 sf or ≥260 if Demolition Location of iş location normaliy used solely by maintenance/custodial
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≥3 sf or >3 if Renovation Mini-enclosure
□ ≥160 sf or ≥260 if □ Demolition □ Non-Exempted (*) and Non-friable procedure Location of □ is location normally used solely □ by maintenance/custodial □ Non-Exempted □ Amount □ E □ E □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Location of is location normally used solely by maintenance/custodial by maintenance/custodial
by maintenance/custodial Amount 6 e n
material (acm) to be stam (2) (Specify SF or (a) Specify SF or (b) Specify SF or (c)
abated in facility (13) Yes No N/A
basement PIPE INSULATION 50 L FT
Basement Boiler Boiler Insulation 50 SQ FT
Registered Waste Hauter NJDEP Hauter ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY
D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State
PATERSON, NJ 07503 10/25/12 TULLYTOWN, PA
Completed by (Print or Type) Title Signature Date
BOGDAN JOLDZIC PRESIDENT 10/19/12
ASB-41 Do not use this form for asbestos licensure exempted activities.
135 Jewett Avonue, Jersey City, NF
Hudson County.
Hidson County.
Hudson County.
Hidson County NO Dept of Health & Senior Services

CK 2393

Date of Notification (1) October 26, 2012				Building or Sabol		Operator	(2)		2012	STOS	-	1	VE.	D	
Agencies Notified Type Notification EPA Initial			Street A 29 Cla	ddress remont	Drive				4586	Sino	2 1	M	3:	26	
DEP Amended Amendment				te, Zip Co ro, NJ 0					€.	CEA	CO	17	Pa		
■ Emergency (in justification) ■ DCA ■ Cancellation	ncluaing			Contact averner					Tel	ephone N	lumka	2			
Name of Facility Where Abatement is Taking Site of Demolished Home	Place (3)		FACI	LITY INFO	RMAT	ION	_	of Facility (200508 Oneses						
Street Address 1 Gladys Avenue							X C	School (K-1 Subchapter Other (i.e. p	8 (Oth			uild	ings,	home	es,
City (5) Manville	- Walter	8884		-				etc.) re Feet	# 01	Floors		ВІ	dg. A	ge	
County (6) Somerset			County C	Code (7) JSE ONLY)				nt Use (Pri of Demo			ished)	77			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	l No.				tement Cor ki Corpor		(9)		0.000			
Street Address						235		ung Ave	nue						
City, State, Zip Code							state, Zi t Oran	p Code ge, NJ 0	7052					54 55 4 55	
Project Manager for Monitoring Firm			Telephor				none No 243-9			License 01171	No.			505	
10/27/2012	Scheduled 10/27/20)12	pletion [Date (11)		Name N/A	of OSH	A Monitor	2			F. 1963			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P		1080	ent			Street	Addres	s							
Abatement Performed Outside of Norm Other – Describe: Site of Demolished H	al Facility H				_	City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	П					Г	1	0.4:	- 1 '41		_				
≥3 st of ≥3 if ≥160 sf or ≥260 lf		nova moliti				×	Min Glo	Containmoni-Enclosure vebag Production -Exempted	e cedure					9	
23	E 2000	ocatio	2000		111111111111111111111111111111111111111				7					ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar dial S (12)	ly by nce/ staff?		os Con therma surfa	escription taining M I systems icing, VA miscellar	faterial s insula T, or		(S	mount pecify or LF)	Kemovai	,	Repair	Encapsulate	Enclosure
Site of Demolished Home	Yes	No X	N/A		Trar	nsite sid	ding		50sf	approx	Х				
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards	Т	Name of	Registe	red Landf	FIII				-
Kielczewski Corporation			auler ID 034721	No.	of Wa	ste		Conesto							
City, State West Orange, NJ				sal Date 9/2012		City, State , Morgan		own, PA 19543							
Completed by Slawomir Kielczewski	Title Presid	ent			5	Signature	Ke	۰			Date 0/26	/20)12		

1511

Fax:

Oct 23 2012 07:58am P002/002

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D&S Proj. #: MS 12-375				tion of Asb nt to NJAC	8:60 s	nd 12:120)	No peptyel He	PROVED alth & Seni	or Se	rvices		
	***				D	ECHVED	1 - Wall	Siffusinie)	24_	_	+	
Date of Notification (1)	11	me of Build ONI ROI	Telefolistics	Operator (2)	410.	IVEL	Data 1/12		7:3	981		
Agencies Notified Type Notification	-	est Addres	110 4		#12 N(W-2 PM 3: 27	W	nw		THE REAL PROPERTY.		
EPA Initial		154 SUM		FFT A		- 111 3: 67			1/4			
DEP. Amended	-	y, State, Zi	The second secon	ODAY O) <u> </u>	TUS CONTROL	**************************************					
DOL Emergency		ORANGI		51	& L	TUS CONTROL				^	P#4	-
DOH (including justification)	Na	me of Cont	lact				Telephone	NUMBER		ě.		
☐ DCA ☐ Cancellation		TONI RO	DBINSON				<u> </u>			-		
			FACIL	ITY INFORMA	NOITA							
Name of facility where abatement is	taking plac	æ (3)				Ty	pe of Facility (4) (K - 12)				
TONI ROBINSON	_						Subche	pter 8 (Oth			(2)	
Street Address	,							Private/Con- lomes, etc.		ial		
154 SUMMER STREET			Annual Control					of Floors	T	Bid	g. Ag	e
City (5)	Count	y (6)				ty Code (7)	Durrant Use (Pri	or lé hoing	James .	Siehe:	47	
ORANGE	ESS	EX .			11			of trooping .			.,	
Name of Monitoring Firm Hired by E	1			ASCM No.		Name of Abatement Con	trector (0)					
					_	D & S RESTORATI	ON, INC.	-				 ,
Street Address				COLUMN TO THE PARTY OF THE PART		Street Address						
					_	20 California Ave.						
City, State, Zip Code						City, State, Zip Code						
		PL.	N		-	Paterson, NJ 07503 relephone Number	Aware Consultation	License N	unte	1		
Project Manager for Monitoring Firm		Pn	one Numbe)r		973-345-8020		01				
Start Dale (10)	Sched	. Completio	n Dato (11)		Name of OSHA Monitor						
10/23/12	10/30					D & S Restoration, Street Address	inc.		taurunts	-		
Occupancy Status During Abatemen	THE REAL PROPERTY.					20 California Aven	ie .					
Facility closed/vaccted during	ontire perio	d of abater			1	City, State, Zip Code						
Abatement performed outside Describe:		acility hour	3-									
Other-Describe: NORMAL H	OURS					Paterson, NJ 0750						
Scope of Work (chark all that apply).	i					Containment w	rnegative p	ressi	ire		
⊠ >3 sfor>3 ff ⊠	Renovatio					⊠ Glo	vebag procedu	re s				
≥160 af or ≥260 if	Demolition			,		No	n-Exempted (*)	and Non-fr	able	Proce		,
Location of	le location by mainte	normally unance/cus	used scleiy Iodjal	1	.	b sautalulus	Amount	1	9	C	E	0
asbestos-containing material (acm) to be	staff(12)			material		ibestos-containing	(Specify S	For	m o	p	c a	C
abated in facility (13)	Yes	No	N/A				LF)		8	i	P	-
BASEMENT AND CRAWL SPACE		X		PIPE INST	ILATI	ON	125 LFT		Ø			
BASEMENT		X		BARE HE	ATINO	PIPES(RECLEAN)	45 L FT				X	
											딮	무
									井	H	1	쓔
Registered Waste Hauler	18/ 95/	Pilauleri	D# 1 C	ubic-Yards of	Waste	Name of Registered La	ndfill		<u></u>	لسا	Ш	لمسا
D&S RESTORATION, INC.	135	06	2	YDS		TULLYTOWN, RE		COVER	Y			
CAY COMES		1 1 1	10/24/1		15	City, State TULLYTOWN, PA	Δ					
PARTIES ON NJ 07503	Title		10/27/1	Signature		10,401,10,11	<u> </u>	Date	la constante		الثاميي	
BOEDAN JOLDZIC	PRESID	ENT					(V	10/22/1	2			

Do not use this form for abbestos licensure exempted activities.

D&S Proj. #: MS 12-375

State of No	
Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)	free, a
(Pursuant to NJAC 8:60 and 12:120)	MEL
	". a te

D&S Proj. #: MS 12-375			(Pursu	ıar	nt to NJAC	8:60	and 12:120)	RE(Elven									
Date of Notification (1)				ier/	Operator (2)		2012 NOV -2 PM 3: 27 & LICENSING											
<u> </u>			***************************************	-			25/08 raus											
L Link	1 1	54 SUI	MMER ST	ΓR	EET		. 6	LICE	NSINTROL									
DEP I	-						~ n											
☑ DOI	— II ,	ORAN	GE, NJ 07	705	51													
DOH (including				-	7		Telephone Number											
		TONI I	ORINGO	M														
☐ Cancellation		TONTI				ATION					77.75							
Name of facility where abatement is	taking plac	e (3)	1710		TT IIII OIUW		•	T	ype of Facility (4	-)		- 1 (d 2)						
Name of facility where abatement is	r taking place	C (O)								(K - 12)								
Date of Notification (1) 1 0 / (2 2 J / 1 2 Agencies Notified						-		_		pter 8 (C			12)					
Street Address									Other (F	Private/C Homes, e		cial						
154 SUMMER STREET	0.000,000,000							_ [# of Floo		Blo	lg. Aç	ge				
City (5)	County	y (6)					inty Code (7)	_ <u>-</u>										
ORANGE	ESSI	ΞX				(Sta	ate use only)		Current Use (Pri	or if beir	ig demo	olishe	a)					
				T	ASCM No.	_	Name of Abater	nent Cor	ntractor (9)									
	37.0						D & S REST	ORAT	ION, INC.									
Street Address	-			_			Street Address	-										
City State Zip Code							20 Californ	ia Ave.										
City, State, Zip Code							City, State, Zip C	ode										
				r	-		Paterson, NJ 07503											
Project Manager for Monitoring Firm		F	hone Num	bei	r		Telephone Num			License								
							973-345-8				1169	59						
Start Date (10)	Sched.	Comple	tion Date (1	11)			Name of OSHA D & S Rest		Inc									
10/23/12	10/30/	12					Street Address	oration,	mic.			_	-					
	nt (Check on	ly one)		_			20 Californi	a Aven	ue					- 81				
							City, State, Zip C	Code										
- Describe:		cility ho	urs-										•					
Other-Describe: NORMAL H	OURS			_		-	Paterson, N											
Scope of Work (check all that appl	y)							-	Containment w	/negative	press	ure						
>3 sf or >3 lf	Renovation	1							ni-enclosure ovebag procedur	·P								
≥160 sf or ≥260 lf	Demolition								n-Exempted (*)		-friable	proce	edure					
Location of	Is location	normali	y used sole	ly					i a		R	R	E	E				
asbestos-containing by maintenance			istodiai	1			asbestos-containi	ng	Amount (Specify S	F or	m	р	n c	n				
		No	N/A		materiai (ACM)		LF)	5/ (BA)	o v	i	a p	L				
DAGENGNIT AND CRAUT CRACE		$\overline{}$	\neg	-	PIPE INSU	TAI	ION	- 100-2	125 L FT		e			t				
		\Rightarrow	=	- 11			G PIPES(REC	LEAN)	45 L FT				Ø					
DASENENT		_^	#	╡														
				#	-													
<u>. 100 1 100 100 100 100 100 100 100 100 </u>				#				5.1										
Registered Waste Hauler			r ID#		bic Yards of V	Vaste	Name of Regis	tered La	ndfill	COVE	D.V.							
	1350	J6	IDiana	_				WN, RI	ESOURCE RE	COVE	KY			-				
City, State PATERSON, NJ 07503			10/24/				City, State TULLYTO	WN. P.	A		100							
Completed by (Print or Type)	Title		-1	Ť	Signature		-	,		Date								
BOGDAN JOLDZIC	PRESIDE									10/22	2/12							
ASB-41	* Do not use	this for	m for asbes	stos	s licensure exe	empte	ed activities.											

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

, _							ABATEME 10 13:130)		PECEI	VE	۶.					
Date of Notification (1)	1.	EARTH FERN CONTRAGTING														
Agencies Notified	S	155 Rt. 50 438FSTA 3:25														
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] 00L	Amendment #	gnibular	-	lame of C		-GN	1=151	FLD , D. J. CERS, PIRO								
] 00H	justification) Cancellation		. ^			Br	EU MI	6								
	, 1, 1			FACILIT												
ame of Facility Where		Place (3)						Type of Facility (School (K-12)								
	DENCE		_	===			==-	Subchapter 8	(Other than !	K-12)	ulana	5.				
GO H	10 Don Su	12.1						homes, etc.)	F of Floors		Bido					
icr (5)								1000	. 2		4	o t				
	BSBORG		T	County C	ode (7	(STA	TE	Current Use (Pri		molshe	d)					
OUNIY 161 VILLA	GTON		.	USE ON	נא	Uses	o/ Abalem	our Coursidor (8)	JONY			=	==			
are of Maritoring Firm	Hired by Building	Dwner	1	SCM No.		No.	LEM	co IN	ci				=			
treet Aggress	//\		1=	7		Sveel	Address S	. SPRU	E AVE	·						
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Hy. State. Zip Code							MAP	CE SHAI	1 License N	10		=	=			
I deci manader la Mon	niloning Firm		dele	none No.		I Mobi	6-77	9-0472		44	4_		_			
	Sche	dued Com	pleix	on Date (11)	Harne	of OSHA h	donkay / / ~ ry	M	-						
Sian Daie (10) - 11/12/13	2 1	1/19	11	2			Address.	OKALEM			===	_	=			
Ciatus Divis	on Abatement (Che	ck only on	(0)	ent		3000	3695	SPILUE	=100	1		·	_			
Facility Closed/Vaca Debatement Performs	led During Entre P	y Facility t	Hours			City.	State, Ago C	SHAD	= N	T. 0	ልአያ	57				
Ower - Descripe: T			_			_==					===		=			
Scope of Work (Check	all that apply)						MIN. ED	nlainment with Ne closure	gatre Press	nis						
23 51 0/ 23 11		□ Rend	olitica olitica	n .				empted (') and N	on-Friable Pi	00000	e	Datemen.				
		1s Lo										100				
Location	ol.	Used S	maly solely	by	Asher	une Co	escription of	Itenal (AUM)	Amour		F		673			
A spesios · Containing	Malerial (ACM)		lodia	tial (i.e., thermal systems insulation. SF or LF)							Removal	Roger	Era applidate			
10 86 AC	ry	(2000)	aH7 12)			0000	miscelland	ious)			Ē	•	1 2			
	(, .·	Yes	No	NIA					2000) zź	X	-	1			
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		-									<u> </u>	<u> </u>	1			
	V-J-		T	DOEP W	54 t .		oic Yards	Name of R	2,0,00	C.						
name of Registered W	o ENC.		1	1790	No.		Yasie 5	Civil Civil					_			
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MAPLESI	IADE N	5,08	50.			=ك:	Signature	. 10		0318	1.	1	1:			
Completed By	. '	106		KR) A	rayh 10		<u> </u>	_		=			

· Do not use this form for aspestos licensure exempled activities.

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Date of Notification (1)				Building o			al Liver									
Agencies Notified Type Notification		10.0	Street Ad 435 Hu	idress irfville C	rosske	ys Roa										
EPA DEP DOL Amended Amendment a Emergency (i		- [te, Zip Co sville, N		2										
DOH justification) DCA Cancellation			Mr. Lou Bergdoll							2/2	- 1 07					
			FACIL	ITY INFO	RMATIC	N										
Name of Facility Where Abatement is Taking Kennedy University Hospital	Place (3)				727		Тур	e of Facility (5.5							
Street Address 435 Hurfville Crosskeys Road							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings,	home	es,		
City (5) Turnersville, NJ 08012							are Feet 0,000	# o	f Floors	7.00	Bldg. Age 11					
County (6) Gloucester				Code (7) ISE ONLY)		_	Current Use (Prior if being demolished) Hospital									
Name of Monitoring Firm Hired by Building C Health & Safety Services	wner (8)		ASCM 11					e Manager			LC.					
Street Address 318 12th Street, LLC			<u> </u>			Street /		ess milton Ave	, Suite	e 202						
City, State, Zip Code Hammonton, NJ 08037			× 100 ×					Zip Code NJ 08619								
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone No. Teleph					ohone No. License No977-6159 01185									
Start Date (10)	I Con	npletion D	Date (11)			e of OSHA Monitor S Environmental Laboratories, LLC										
Occupancy Status During Abatement (Check	Only One		1 1-				Street Address									
Facility Closed/Vacated During Entire P	nent	2333 Route 22 West														
Abatement Performed Outside of Norm Other – Describe: 2nd Shift 4:30pm to		City, State, Zip Code Union NJ 07083											-			
Scope of Work (Check All That Apply)		Ti.							1 11200							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	12107		novation nolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	ocati	ion			-		- LACITIPIO	2 () () (d Holl I II	1	Abatement					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Norma Used Sol Mainten Custodial				nally polely by nance/ al Staff? 2) Description Asbestos Containing (i.e. thermal system surfacing, V other miscella					Amount (Specify SF or LF)		Repair	e Encapsulate	Endosure		
	Yes	No	N/A		F					FO OF			<u> </u>			
Laundry Room	-	X	-		Floor T	ile & N	/last	tic	1	50 SF	X			-		
Name of Registered Waste Hauler		N	IJDEP W	aste	Cubic `	Yards		Name of	Regist	ered Land	fill	<u></u>		<u></u>		
Newark Carting	Н	lauler ID 04509	No.	of Was			Waste	Mana	gement							
City, State Newark, NJ				Dispos TBD	al Date	i	City, Stat Morrisv		'A							
Completed by Brian Haney	Title Presid	ent														

RECEIVED

2012 NOV -2 PM 3: 15

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT STOS CONTROL
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10-12-2012				Building			(2)	LILENS	HNG			_	-		
Agencies Notified Type Notificati	on	-	Street A		orony i	Toopic			-				-		
X EPA X Initial	÷0		435 H	urfville (Crosske	eys Ro	oad								
DEP Amended				te, Zip Co		10							-		
DOL Amendmi	ent #_ cy (including	- [sville, N	47 080	12			7=-			7,000			
DOH justification	n)			Contact u Bergo	foll				l Tele	nhone N	lumhar				
	1011			LITY INF		ON			0.70		•				
Name of Facility Where Abatement is Ta	king Place (3	3)	- I Au	LITT HAT	ORMATI	ON	Туре	of Facility (4	()					-	
Kennedy University Hospital								School (K-1	2)						
Street Address						Subchapter 8 (Other than K-12) Other (i.e. private & commercial by					ildi	000	homo		
435 Hurfville Crosskeys Road							etc.)							5,	
City (5) Turnersville, NJ 08012	2					250,000 5 11			lg. A	ge					
County (6) Gloucester			(STATE L	Code (7) JSE ONLY	,	Current Use (Prior if being demolished) Hospital									
Name of Monitoring Firm Hired by Buildin Health & Safety Services	ng Owner (8)		ASCN 11					Abatement Contractor (9) ce Management Group, LLC							
Street Address 318 12th Street, LLC				19		Street Address 2115 Hamilton Ave, Suite 202							a a		
City, State, Zip Code Hammonton, NJ 08037	1				,	City,	City, State, Zip Code Trenton, NJ 08619								
Project Manager for Monitoring Firm		Telephor	ne No		Telephone No. License No.										
Mr. Jim Proctor	Jim Proctor 60						977-6			01185					
Start Date (10) 10/23/2012	Schedul 10/24/2		mpletion (Date (11)		A TOP OF STATE		HA Monitor onmental	Labo	ratories	s, LLC				
Occupancy Status During Abatement (C	neck Only O	ne)				100000000000000000000000000000000000000	t Addre	The same of the same							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: 2nd Shift 4:30pr	omal Facility					City,	State, 2	te 22 Wes lip Code	St					1	
	11 to 1.00 am					Unio	on NJ	07083							
Scope of Work (Check All That Apply)	हिन्द्री .														
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	Accomplete	Renov Demol				Full Containment with Negative Pressure Mini-Enclosure									
	-							ovebag Prod		d Non Er	iabla D		adı.ır	_	
	1				A	× Non-Ex			I () all	ו ואטנוירו	IADIE F			ement	
Location of		Loca Norma	illy		De	scriptio	n of					_	Ту	ре	
Asbestos-Containing Material (ACM)		ed Sol	ely by		stos Con	taining	Materia			mount				ш	_
TO BE ABATED In Facility		todial	Staff?	(i.e	. thermal	systen cing, V		ation,		pecify or LF)	Keinova		Repair	Encapsulate	Enclosure
(13)		(12)				niscella			0.	J. L. ,	lova		pair	sula	osur
	Yes	No	N/A					1			-	1		te	a
Laundry Room		Х			Floor	Tile &	Masti	С	15	50 SF	х				
	-														
Name of Registered Waste Hauler	- T - 2	NJDEP W	0.45 65 (0.57)		Yards		Name of	Registe	red Land	dfill					
Newark Carting	1	04509	NO.	TBC	Waste Management										
City, State Newark, NJ		Dis			Disposal Date City, State TBD Morrisville, PA										
Completed by	Title						Signature Date								
Brian Haney	Pres	dent								1	10/12	120	J12		- //

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

M. his	-0-
Check & d	785

				(FURSUAN	I TO NUA	C 0.00-7 A	ND 12.120-1			* 1	10	-)
Date of Notification (Name of E	Building O	wner / Oper	rator (2)	(ECC	1110	PL.	
10 / 15							ING COMP	ANY LLC	المراح والمالة	1 4 5-	1)	
/ /					Street Ad			2010	82			
Agencies Notified	Type of No		ion			NGSPORT		(117)	101-5	Obra		
☑ EPA	J	Initial				e, Zip Code	•			LU S	: 45	
니	tunud.	Amend	200		PAULSBO			4				
☑ DOH			dment #		Name of C		I.	A	Telephor	រថ ហេណ៍ប	er	
DOL DOL	님		ency w Ilation	/ justification	RAVI JAR	ECHA		હૈ	-10616	NIMI:	L.	
		Carice	liation	E.	ACILITY IN	FORMATION	N.			OHIG	63	
				17	ACILII I IIA	FORWATI	JIV.				63	
Name of Facility Who	ere Ahatem	ent is	Taking	Place (3)		Type of F	acility (4)					
PAULSBORO REFINI			runnig	1 1000 (0)		1,700 0.1.	admity (1)					
							School (K	-12)				
Street Address		Petro-Oute				V	Subchapte	er 8 (Other	than K-12	2)		
800 BILLINGSPORT I	ROAD					V	Other (I.e.,		cmmercia	al		
				_			bldgs., ho					
City (5)	County (6))		County Code	(7)	Square Fe		# Of Floor	S	Buildin		
	01 011050	TEB		5		NELA -	7,000		4 . 0		50 year	
PAULSBORO	GLOUCES	IER				SMRL-	15,750				50 yea	ars
				l		VACANT	se (Prior if	being dem	iolisnea)			
Name of Monitoring	Eirm Uirod	by PI-	la Our	or (8)	ASCM NO	The state of the s	Abatement	Contractor	(9)			
ATC ASSOCIATES	i iiiii niied	טא סונ	ig. Own	ei (0)	98	Hanne Of A	varement.	O O I I I I I I I I I I I I I I I I I I	(3)			
ATO AGGOGIATES					"	LVI Enviro	nmental Se	rvices Inc.				1
Street Address	*		-			Street Ad						
3 TERRI LANE						-						= }
City, State, Zip Code			7,000			462 Getty	Avenue					
BURLINGTON, NJ 08						City, State	e, Zip Code					
Project Mngr. For Mo	onitoring F	irm		Telephone Nu	mber							
JOHN LUTZ				908-688-7800		Clifton, NJ						
Sheduled Start Date	., .		10000	letetion Date (1		Telephon	e Number		License I	Number		
11 / 01	/12)2/	01/	13	070.7	70.000				0117	
/ / /	A b	L	/Chaal	Only (1)			2-3660 OSHA Moni	to.			0117	
Occupancy Status D				tire Period of		To Part of the Control of the Contro	nmental Se					
Facility CI Abatemen		teu Du	ing En	tile Fellou of		Street Ad		VICCS IIIC.				
		d Outs	ide of N	Normal Facility		Oli CCI Au	u1033					
Hours - De		u outo		tormar r admity		462 Getty	Avenue					
	scribe:	MON-F	RI				, Zip Code		-			
			M-3:30P	M	and the same of the same of	Clifton, NJ	07011					
Scope of Work (Che	ck All That	Apply)										
Demolition			/	Renovation	V		ainment wit	h Negative	Pressure	•		
≥3sf or≥3					\square	Mini - End						
	≥260 IT				Image: section of the content of the		Procedure pted (*) an		hla Proce	dura		
1						NOII-EXCI	ipieu () aii	u Non-i na	ible Floce	aure		
Location o	f		s		Descript	ion of			Abateme	nt Type		
Asbestos Conta	70 0	138	ation	As	bestos - C				R		E	ĮΕ
Material (AC	Maria Caracteria de la		mally		Material			Amount	E	R	N	N
TO BE ABAT	ED	Us	sed		e., therma			(Specify	M	E	С	C
in Facility		So	lely			facing, VA		SF or LF)		P	Α	L
(13)		00.00	Vlain-	ore	other misc	ellaneous)			V	A.	P	0
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SEE ATTACHED		1 2 9 1	JUNA						П			1
OLL ATTACHED			-						H	H	十十	1 1
		+++	117						H	- H	1 7	1
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Name of Registered	Waste Hau	ler	- 1	NJDEP Waste	Cubic	Name of F	Registered	Landfill				
Waste Management,				Hauler ID No.	Yards	G.RO.W.S	LANDFILL	(Non-Friab				
1001 Fairview St. Can		TOTAL SEA		17273	of Waste	Glouceste	r County So	lid Waste C	omplex (F	riable)		
City, State					Disposal	City. State		names and the				
EAST HANOVER, NJ				10	Date	MORRISV	ILLE, PA 19	067				
	- T			Tiale	2/1/2013		V	, ,	^		ID-4-	
Completed by (Print	or type)			Title HEALTH & SAI	EETV OEE	CEP	Signature	()	11 1) [Date	
DAN STABILITO				ILALIH & SAI	ZIT OFFI	OLIV	11 hou	.)ta	Verl	Do	+	10/26/12

Location of		ls		Description of		Abateme	nt Type		
Asbestos Containing	Lo	ocat	ion	Asbestos - Containing		R	l	E	ΙE
Material (ACM)	No	orma	ally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED	F 200000	Use	000	(I.e., thermal systems	Specify	M.	E	C	C
in Facility	1 5	Sole	lv	insulation, surfacing, VAT,	SF or LF)	V6)	Р	Α	L
(13)		/ Ma	•			1.0	Α	P	lo
		nan		20121	OV -2	A	1	s	s
	Cu	isto	dial		101 -5	PM 12: 4	R	U	U
	St	aff (12)		1	4		L	R
	YES	NC	N/A	7-3-35E	STACO	244-			
NELA- 1st Floor Exterior	V			White Block Pipe Insulation	5 T D C C 598 LE N 3	PHURD			
NELA- 1st Floor	7			Aircell Pipe Insulation	472-117	THE			
NELA- 1st & 2nd Floors	V			Ebony Board Switch Panels & Lab Table Tops	56 SF	V	A DO		
NELA- 1st Floor Oil Storage	4			Transite Wall & Ceiling Panels	752 SF	V			
NELA- 1st Floor Hallway	1			Corrugated Transite Ceiling/Roof Panels	100 SF	V			
NELA- 1st & 2nd Floors	7			Transite Lab Hoods	190 SF	V			
NELA- 1st Floor	J			9"x9" Red VAT & Black Mastic	955 SF	V			
NELA- 1st & 2nd Floors	1	IU	П	Tar & Mesh Flashing	420 SF	V			
NELA- 1st Floor	7			Ceiling Tile Glue Dots	1005 SF	7			
Leader Landson	_								
SMRL- Basement, Crawlspace,		님						1	
1st Floor, 2nd Floor, Exterior	回	Ш		White Block Pipe Insulation	1214 LF	V			\vdash
SMRL- Basement & 2nd Floor	N		H	Duct Insulation	257 SF	[J]		+ $$	-
SMRL- Basement, 1st & 2nd FI	7	-		Ebony Board Lab Table Tops	746 SF	7	H	+	++
SMRL- 2nd Floor	- Fi	H	H	Ebony Board Lab Hoods	162 SF		H	++	十十
SMRL- 1st & 2nd Floor	17	H	H	Transite Lab Hoods	204 SF	N		+-	H
SMRL- Basement Lunch Room	7	-	H	12"x12" Green VAT & Black Mastic	288 SF		H		
SMRL- Basement & 1st Floor	7	1	H	9"x9" Green VAT & Black Mastic	368 SF	T)	H		
SMRL- 2nd Floor Roof		H	H	Tar & Felt Flashing	925 SF		-	+	十一
SMRL- 1st Floor Roof	7		H	Tar & Mesh Flashing	200 SF	7			1
SMRL- 1st Floor	1	H	T	9"x9" Gray VAT & Black Mastic	650 SF	V			TH
	m	n	T	, , , , , , , , , , , , , , , , , , , ,		H		TH	TH
	T		Ħ			H	T	1 7	T
		T	T		-	H	n	1 7	I

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

Date of Notification ((1) / 12	, , , , , , , , , , , , , , , , , , , ,				wner / Ope			ME	CE	IVED			
 -io / -io /	/			Street Ac		WING COM	AITT LLO		20.	-	PM 2:45			
Agencies Notified	The second secon	lotification			NGSPORT	N. 19 S. H. 19 S.			112 NO	<u> </u>	-0			
☑ EPA		Initial Amended		City, Stat	te, Zip Cod	е				-2	PM 2:45			
□ DOH		Amendme	nt #	Name of	A STATE OF THE STA			Telepho	tabé kiromb	ën e				
DOL DOL			w/ justification					ı	- Li	CENS	ONTROL			
			F	ACILITY II	NFORMATI	ON		Assessment and a	-		(3)			
Name of Facility Who	oro Abator	mont is Taki	ng Place (2)		Tuno of E	acility (4)					43			
PAULSBORO REFINI			ig Place (3)		Trype or F	acility (4)								
						School (K								
Street Address 800 BILLINGSPORT I	POAD.						er 8 (Other							
000 BILLINGSPORT	NOAD					bldgs., ho	mes, etc.)	cmmercial						
City (5)	County (6	5)	County Code	(7)	Square F		# Of Floor	rs Building Age						
PAULSBORO	CLOUCES	STED			NELA - SMRL-		7,000 2 50 years							
PAULSBURU	GLOUCES	SIER			Company of the Compan	15,750 Ise (Prior if		CT 101 CT	+	50 ye	ars			
				VACANT										
Name of Monitoring	Firm Hired	d by Bldg. O	wner (8)			Abatement	Contractor	(9)	A					
ATC ASSOCIATES				98	CONTRACTOR DO	nmental Se	nuicos Inc							
Street Address					Street Ad		ivices inc.							
3 TERRI LANE														
City, State, Zip Code					462 Getty									
BURLINGTON, NJ 08 Project Mngr. For Mo		irm	Telephone Nu	ımber	City, Stat	e, Zip Code								
JOHN LUTZ	intolling i		908-688-7800	illibei	Clifton, N.	07011								
Sheduled Start Date	(10)	Sched. Cor	npletetion Date (*	11)		e Number		License	Number					
$\frac{10}{29}$	/12	_02_	/01_/	973-772-3660					00117					
Occupancy Status D	uring Abat	tement (Che	ck Only 1)			OSHA Moni	tor		- 0	0117				
			Entire Period of		The state of the s	nmental Se			Ĭ.	166				
Abatemen	Tarana da				Street Ad	dress								
Abatemen Hours - De		ed Outside o	f Normal Facility		462 Getty	Avenue								
Other - De		MON-FRI				e, Zip Code								
		7:00AM-3:3)PM		Clifton, NJ	07011								
Scope of Work (Chec	k All That	(Apply)												
☐ Demolition	1	V	Renovation	V	Full Conta	ainment wit	h Negative	Pressure	е					
≥3sf or≥3l					Mini - End		-							
☑ ≥160 sf or	≥260 If			Image: section of the content of the		Procedure npted (*) an		hle Proce	dura					
				۳	NOII-LACII	ipieu () aii	u NOII-i ila	DIE FTOCE	duie					
Location of		ls	120	Descript				Abateme	nt Type					
Asbestos Conta Material (ACI		Location Normally	79.55	sbestos - C Material			Amount	R E	R	E N	E N			
TO BE ABAT		Used	7/285	e., therma			(Specify	M	E	c	c			
in Facility		Solely			facing, VA		SF or LF)	0	Р	Α	L			
(13)		by Main-	or	other misc	ellaneous)			٧	A	P	o s			
		tenance/ Custodia	()					A L	l R	S U	U			
		Staff (12)								L	R			
OFF ATTACHED		YES NO N	A											
SEE ATTACHED			+					-	$\vdash \vdash$	++				
			1					H	H					
Name of Registered \ Waste Management, In		iler	NJDEP Waste Hauler ID No.			Registered I		(a)		W 5-000				
1001 Fairview St. Cam				of Waste		LANDFILL County Sol			riable)					
City, State		7		Disposal	City. State			1						
EAST HANOVER, NJ				Date 2/1/2013		ILLE, PA 19	067							
Completed by (Print of	or Type)		Title			Signature		1 1	0	Date				
DAN STABILITO			HEALTH & SAI	FETY OFFI	ICER	jev	rst	abi	to		10/15/12			

Location of	_	Is		Description (
Asbestos Containing	1 1		tion	Description of	1	Abatem	ent Type		
Material (ACM)			nally	Asbestos - Containing		R		E	E
TO BE ABATED	1 "	Use		Material (ACM)	Amount	E	R	N	N
in Facility	1	Solo	-	(I.e., thermal systems \/ insulation, surfacing, VAT,	(Specify	M	E	C	C
(13)				insulation, surfacing, VAT,	SF or LF)	0	P	A	li.
(1.0)		y ivi enar	ain-	or other miscellaneous)		٧	A	P	lo
***	1000		ice/	2012 NOV -2 PM 2:	d	Α	1	s	s
		taff			45	L	R	U	lū
			N/A	1				L	R
NELA- 1st Floor Exterior	17	-	17	MAN DI STATE OF THE PARTY OF TH	b				
NELA- 1st Floor	V	T	H	Aircell Pine Insulation	598 LF				
NELA- 1st & 2nd Floors	17	IT	H	Ebony Board Switch Panels & Lab Table Tops	4 LF	V			
NELA- 1st Floor Oil Storage	17	T	1	Transite Wall & Ceiling Panels	56 SF	1			
NELA- 1st Floor Hallway	177	In	15	Corrugated Transit O. III (2)	752 SF	1			
NELA- 1st & 2nd Floors	1	1	-	Corrugated Transite Ceiling/Roof Panels Transite Lab Hoods	100 SF	V			
NELA- 1st Floor	1		H		190 SF	4			
NELA- 1st & 2nd Floors	17	-	H	9"x9" Red VAT & Black Mastic	955 SF	7			
NELA- 1st Floor	-		1	Tar & Mesh Flashing	420 SF	1			
	1	-		Ceiling Tile Glue Dots	1005 SF	V			
	14	ш	Ш						
SMRL- Basement, Crawlspace,									
1st Floor, 2nd Floor, Exterior	님	H	H		1 1				
et i esi, zha i lesi, Exteriol	· ·		H	White Block Pipe Insulation	1214 LF	V			
SMRL- Basement & 2nd Floor	N			Duct Insulation					
SMRL- Basement, 1st & 2nd FI	7		+	FL. D. L. F.	257 SF	7			П
SMRL- 2nd Floor	7	H		Ebony Board Lab Table Tops	746 SF	- 🗸			
SMRL- 1st & 2nd Floor	7	H	H	Ebony Board Lab Hoods	162 SF	V			
SMRL- Basement Lunch Room	7		H	1011-1011 0	204 SF	V			
SMRL- Basement & 1st Floor	17	H		011-011 0	288 SF	7		T	
MRL- 2nd Floor Roof	-			T 0 F 1/ F/	368 SF	7			H
MRL- 1st Floor Roof	V	-	4	Tar & Felt Flashing	925 SF	V			H
MRL- 1st Floor	V			Tar & Mesh Flashing	200 SF	7			-
13(1100)	V			9"x9" Gray VAT & Black Mastic	650 SF	V	n	H	
	-	-						H	
	H		4	Name and the second sec					-
	-	4					T	n	H
				in the second se					

		(Pursu	ant to NJAC	C 8:60-7 and 12	:-120-7)	Page	2 1	00		_		
Date of Notification (1) 10/26/12				Name of Bui Princeton U	lding Owner/O niversity	perator	50EIVED	4					
. Seme)	e Notification		7	Street Addre	ess	2812	NOV -2 PM 2: 4	3					
EPA	x Initial Notific	ation	1 12	City, State,		4.53	ESTOS CONTRO	L					
DEP DCA	Amende			Princeton N		{	LICENSING	- A CONTINUE	har				
DOH	Notific		- 11	Name of Co			reiepn	Offic 33 mm	ibei				
	Cancell:	ation		Robert Oteg		·ON							
				FACILIT	Y INFORMAT	ION	Type of Facility (4)						
Name of Facility Where Abatemer Princeton University 144 Alexa	nt is Taking Pla ander Street	ice (3)				School (K12) Subchapter 8 X Other (i. e. Pi	(Other t	han K12	2) cial			
Street Address							buildings, ho	mes, etc.	.)				
144 Alexander Street							Square Feet # of Fl	oors	Bldg. Ag	ge			
City (5)	County	(6)			County Code (
Princeton				- 1	(STATE USE ONLY)	Current Use (Prior if b	cing den					
Name of Monitoring Firm Hired	by Ruilding Ov	ner	(8)		ASCM No.	Name	of Abatement Contractor	r (9)					
Pennoni Associates Inc	by building o					Associ	ated Specialty Contraction	ng					
Street Address							Address						
515 Grove Street Suite 1B							Crue Avenue State, Zip Code						
City, State, Zip Code						Glen !							
Haddon Heights NJ				Telephone	Number	Telep	Numbe	r					
Project Manager of Monitoring I			856-547-05			64-9622		1103					
Alan Lloyd	Sched	Com	pletion Date	(11)	Name	of OSHA Monitor							
Scheduled Start Date (10) 11/07/12	,ciicu.		11/30/12		Criter	rion Labs							
Mandh /Doy/Voor			Mo	onth/Day/Ye	ar	Street	t Address						
Occupancy Status During Abate Facility Closed/Vacated I	ment (Check or	ily on Period	e) lof Al	batement			Progresive Drive						
Abatement Performed O	utside of Norm	al Fac	ility				State, Zip Code						
Hours - Describe:7	00 AM - 3:30 F	M				Bensa	alem PA 19020						
Other - Describe:						لل	Full Containment with	Negativ	e Pressii	re			
Scope of work (Check all that ap	pply)			D		x	Mini - Enclosure	ritegani	C 1 1 C 3 3 4				
Demolition			X	Renovatio	ou.	x	Glovebag Procedure						
>3 sf or >3 if						x	Non-Friable Procedur	·e					
x >160 sf or >260 lf	T	Is						A	batement	10000			
Location of		cation			scription of		Amount	R		E N	E N		
Asbestos - Containing	1 100000	mally			tos-Containing erial (ACM)		(Specify	E	R	С	C		
Material (ACM)		sed lely			hermal systems		SF or	M	E	A	L		
TO BE ABATED In Facility	10 7 0.000	Main		insulation	n, surfacing, VA	AT,	LF)	O V	PA	PS	O S		
(13)	ten	ance/		or othe	r miscellaneous	s)		A	I	U	U		
(,		stodia ff (12)						L	R	L	R		
	Yes		N/A				1.00	x	+		E		
Basement		x		flu packii	ng		2 SF		+		-		
Basement	x		metal par	n panel		11 SF	x		-	-			
1st & 2nd fls	x		window o	caulk		345 LF	x		┼	-			
rear garages	x		window §			92 LF	X						
Name of Registered Waste Hau			EP Waste ler ID No.	Cubic Yard of Waste		Name of Registered I	Landiiii						
Horizon Disposal			Disposal Da										
City, State					As needed								
Trenton NJ Completed By (Print or Type)		Title	e ject Manage	r	Sign	nature Nar Westur	_		Date 10	26%			

NOTIFICATION OF ASDEST OF ABILLARIA

10/26/12				Princeton	University	Operate	of (AL C. F. F.)	See Lat					
Month/Day/Year													
Agency Notified EPA	Type Notificati x Initia			Street Add		20	12 NOV -2 PI	1 2: 43					
DEP		 tificatio	n		e, Zip Code	Α.	-050500 00	UTBOL	-				
DCA	Ame	nded	- T	Princeton	Control of the Contro	A.	SESTOS CO						
DOH	Not	tificatio	n	Name of C	Contact		& LICENS	relephone,Ni	mber				
	Can	cellatio	n	Robert Ot	ego				•				
				FACILI	TY INFORMA	ΓΙΟΝ							
Name of Facility Where Abate Princeton University 144 A			(3)		-		Type of Facility School		than k	(12)			
Street Address								i. e. Private &					
144 Alexander Street								ngs, homes, et					
G: 45								# of Floors	Bldg.	Age			
City (5) Princeton	Cour	nty (6)			County Code (STATE USE ONL)		Current Use (Pri	2 or if being de	50+	4)			
Timeeton					(STATE USE ONL	.,	University	or it being ue	monsne	1)			
Name of Monitoring Firm Hir Pennoni Associates Inc	ed by Building (Owner	(8)		ASCM No.		of Abatement Contiated Specialty Con						
Street Address			-			Street	Address						
515 Grove Street Suite 1B						98 LaCrue Avenue							
City, State, Zip Code Haddon Heights NJ						100000000000000000000000000000000000000	State, Zip Code Mills, PA 19342						
Project Manager of Monitorin Alan Lloyd	g Firm			Telephone 856-547-05			hone Number 64-9622		Liceno 1103	e Numb	ber		
Scheduled Start Date (10) 11/07/12	10.00	Sched	. Com	pletion Date	(11)		of OSHA Monitor						
Month/Day/Year			onth/Day/Ye	ar									
Occupancy Status During Aba Facility Closed/Vacated		batement			Address Progresive Drive								
x Abatement Performed			ility				State, Zip Code				-000		
Hours - Describe: Other - Describe:	7:00 AM - 3:30	PM			_	Bensa	lem PA 19020						
Scope of work (Check all that a	apply)			- 8 VV 500		200	Full Containment	Il Containment with Negative Pressure					
Demolition			X	Renovation	1	x	Mini - Enclosure						
>3 sf or >3 if						x	Glovebag Proced						
x >160 sf or >260 lf						X	Non-Friable Proc						
Y		Is						Alt	atemen				
Location of Asbestos - Containing		cation rmally	- 1		ription of s-Containing		Amount	R		E N	E N		
Material (ACM)		sed			rial (ACM)		(Specify	E	R	C	C		
TO BE ABATED	1,000	olely	- 1		ermal systems		SF or	M	E	A	L		
In Facility	by	Main-		insulation,	surfacing, VAT	Γ,	LF)	0	P	P	0		
(13)	- 25	nance/		or other	miscellaneous)		0.77	V	A	S	S		
	(2000)	stodial						A	I	U	U		
	Yes	ff (12)	N/A					L	R	L	R E		
Basement crawl space	163	X I	WA	pipe insula	tion		33 LF	x			E		
Garage		x	\dashv	cement boa	rd siding		160 SF	x					
		 	\rightarrow	- Content Don			100 01						
		_					X						
								x					
Name of Registered Waste Hau			P Waste	Cubic Yards		Name of Registere	ed Landfill			-2744			
Horizon Disposal	1	iaule	r ID No.	of Waste		GROWS							
City, State				Disposal Date		City, State							
Trenton NJ			As needed	ą.	Morrisville PA								
Completed By (Print or Type)		In	Title			Signat				Date			
Mark Goshow		100		t Manager	*	Signat	ansoli	in		10-20	671		
ABS-41													

JUN 95

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

09535	8		(Purs		C 8:60-7 and 1			Pogl	! !	0%			
Date of Notification (1) 10/26/12	-		T	Name of Bu Princeton U	ilding Owner/C	perator	(2)	-					
Month/Day/Year				=		V -2	PM 2: 42						
	ype Notification			Street Addr	ess		111 - 10						
EPA	x (Initial	320		P.O. box 21	58 : A S = F =	Tine	CONTROL				- (
DEP	Notifi		L.	City, State,	Zip Code 4	IICE							
DCA	Amend Notific			Name of Co		LIUL	MOTING S	Telephone Nu	mher				
DOH	Cancell		- 1	Robert Otes			~1	ri elephone iva	mbei				
	Cancer	atton			Y INFORMAT	ION			_				
Name of Facility Where Abatem Princeton University - 132-34			3)				Type of Facility School Subcha		than I	(12)			
Street Address								i. e. Private &					
132-34 Alexander Street								ngs, homes, et	_				
								# of Floors	Bldg.	Age			
City (5) Princeton	County	(6)		- 0	County Code (STATE USE ONLY	Surgery 1	10000 2 50+ Current Use (Prior if being demolished) University						
Name of Monitoring Firm Hired Pennoni Associates Inc	l by Building Ov	vner ((8)		ASCM No.	71.1955.2375.3.5.0	of Abatement Con ated Specialty Cor	42 5					
		- 2											
Street Address 515 Grove Street Suite 1B			047 <u>- 1-2-</u>				Street Address 98 LaCrue Avenue						
City, State, Zip Code Haddon Heights NJ				Telephone I		City, State, Zip Code Glen Mills, PA 19342							
Project Manager of Monitoring Alan Lloyd	Alan Lloyd						Telephone Number Licence Number 610-364-9622 1103						
Scheduled Start Date (10) 11/07/12	Com	pletion Date 11/30/12	(11)	6.077	of OSHA Monitor ion Labs								
Month/Day/Year				nth/Day/Yea	r								
Occupancy Status During Abate	ement (Check on	ly one	:)		77, 84, 3, 3, 3, 4, 3		Address						
Facility Closed/Vacated				atement			Progresive Drive						
x Abatement Performed C			lity				State, Zip Code lem PA 19020						
Hours - Describe: 7 Other - Describe:	:00 AM - 3:30 P	IVI			-	Delisai	ICIII FA 19020						
Scope of work (Check all that a	pply)					х	x Full Containment with Negative Pressure						
Demolition	- 100, 44,000 07		X	Renovation	Œ.	x	x Mini - Enclosure						
>3 sf or >3 if						x	x Glovebag Procedure						
x >160 sf or >260 lf						х	Non-Friable Pro	4.500.000		· m			
	200	S						Al	oatemer I	t Type E	E		
Location of	Loca Norn	ation			ription of s-Containing		Amount	R		N	N		
Asbestos - Containing Material (ACM)	Use	300000			ial (ACM)		(Specify	1 (4)	R	C	C		
TO BE ABATED	Solo			(ie. The	ermal systems		SF or	M	E	A	L		
In Facility	by N	1ain-			surfacing, VA	Γ,	LF)	0	P	P	0		
(13)	tena		- 1	or other	miscellaneous)		S.	V A	A	S	S		
	1 27 73	odial						L	R	L	R		
	Staff Yes N		N/A					"	I K	1	E		
1st fl living, dinning, and bedro	VIA	floor tile ar	nd mastic		1052 SF	x							
exterior		window gla	zing		702 SF	x							
1st & 2nd fls		joint compo	ound		10085 SF	х							
1st & 2nd fls		plaster		12720 SF x									
Name of Registered Waste Hau		DEP Waste Cubic Yards of Waste			Name of Registe	red Landfill							
Horizon Disposal City, State	-		Disposal Date										
Trenton NJ			As needed	Morrisville PA									
Completed By (Print or Type) Mark Goshow		1.5	Fitle Projec	et Manager		Man Selm Date				6111			
THE R COSHOT	3-			1//	unio ser	- W		V	1.00				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

Page 29/

Date of Notification (1) 10/26/12					Building Owner/ University	Operato		line of V last) 				
Month/Day/Year							2012 NOV -	2 PM 2	10				
Agency Notified	Type Notificat	ion		Street Add	lress			- 111 2.	42				
EPA	x Initi	ial		P.O. box 2	158		Atarona						
DEP	No	tificati	on	City, State	e, Zip Code		200 C 2 L D	SCONTA	101				
DCA	Ame	ended		Princeton	NJ 08543		& LIC	ENSING					
DOH	No	tificati	on	Name of C	ontact			ENSING	umber)				
	Can	cellatio	on	Robert Ot	ego				90				
					TY INFORMAT	TION							
Name of Facility Where Abate	ment is Taking	Place	(2)				Type of Facility	(4)					
Princeton University 132-1			(3)										
Trinceton University 132-1	34 Alexander 5	urcci					School (K12) Subchapter 8 (Other than K12)						
Street Address						x Other (i. e. Private & commercial							
132-134 Alexander Street								ings, homes, e					
152-154 Alexander Street							Square Feet	# of Floors	Bldg.	Age			
City (5)	Cou	nty (6)	7/2	County Code	(7)	10000	2	50+	6-			
Princeton	100.00				(STATE USE ONLY		TANCE WERE WAS AND THE WORLD CO. TO SEE THE CO. TO						
							University			-/			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)		ASCM No.	Name	of Abatement Con	ntractor (9)					
Pennoni Associates Inc	7		100 miles				iated Specialty Co	50-001-00-001-001-001-001-001-001-001-00					
0					4								
Street Address						1	Address						
515 Grove Street Suite 1B						98 La	Crue Avenue						
City, State, Zip Code						City,	State, Zip Code						
Haddon Heights NJ							Mills, PA 19342						
Project Manager of Monitorin	g Firm			Telephone	Number	11-	hone Number		Licen	ce Numl	her		
Alan Lloyd	griim		3	856-547-05					110		DEI		
Scheduled Start Date (10)	100 B (1940 PM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Name	of OSHA Monitor	•					
11/07/12				11/30/12		Criter	ion Labs						
Month/Day/Year				onth/Day/Yea	ar								
Occupancy Status During Aba						Street	Address						
Facility Closed/Vacate	d During Entire	e Perio	d of A	batement		3370 1	Progresive Drive		-	7.7			
x Abatement Performed	Outside of Nor	mal Fa	cility			City, S	State, Zip Code						
Hours - Describe:	7:00 AM - 3:30	PM				Bensa	lem PA 19020						
Other - Describe:													
						Full Containment with Negative Pressure							
Scope of work (Check all that	appiy)			_		Full Containment with Negative Pressure							
Demolition			X	Renovation	1	x	x Mini - Enclosure						
>3 sf or >3 if						x	Glovebag Proce	dure					
x >160 sf or >260 lf						X	Non-Friable Pro	cedure					
		Is						I A	batemer	t Type			
Location of	L	ocation	6	Desc	cription of				T	E	E		
Asbestos - Containing	No	rmally			os-Containing		Amoun	t R	1	N	N		
Material (ACM)	ι	Jsed		Mater	rial (ACM)		(Specify	E	R	C	C		
TO BE ABATED	S	olely		(ie. The	ermal systems		SF or	M	E	A	L		
In Facility	by	Main-	.	insulation,	surfacing, VAT	Γ,	LF)	0	P	P	0		
(13)	te	nance/		or other	miscellaneous)			l v	A	S	S		
	Cu	stodial	1					A	I	U	U		
		aff (12)						L	R	L	R		
	Yes	No	N/A								E		
1st fl kitchen		x		mastic			110 SF	x					
crawlspace		x		pipe insual	tion		6 SF	x					
	-						+		_				
1st floor kitchen/bathroom		sheet floori	ing		112 SF	x			L				
Basement		x		flu patch			2 SF	x					
Name of Registered Waste Ha	NIDE	P Waste	Cubic Yards		Name of Registe	red Landfill							
ivalie of registered waste Hal		er ID No.	of Waste		Name of Acgiste	i cu Danullii							
Horizon Disposal	115 : 104	80		GROWS									
City, State					Disposal Date								
Trenton NJ				As needed			Morrisville PA				w		
Completed By (Print or Type)			Title	ile !			Many &	1		Date			
Mark Goshow						11	1 unit	My		10	26-1		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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限四	6000G	1	01	7
1 500	w Call	$f \vdash f$	70	0

CK 29407					AC 8:60-7 and 1		//	747 F	20	7			
Date of Notification (1) 10/26/12				Name of B Princeton	uilding Owner/G University	Operato	2012 NOV -2	PM 2					
Month/Day/Year Agency Notified Ty	ype Notificati	on	-	Street Add	ress				41				
EPA	x Initia			P.O. box 2			ASBESTOS	CONT.		400			
DEP	Not	ificati	on	City, State	, Zip Code		& LICEN	COMIT	रण		200		
DCA	Ame	nded		Princeton	NJ 08543		1051	SING					
DOH	Not	ificati	on	Name of C	ontact	3400	Tele	nh **	iec L				
	Can	ellati	on	Robert Oto	ego								
				FACILI	TY INFORMAT	ION							
Name of Facility Where Abatem Princeton University - 112-116		Place	(3)				Type of Facility (4) School (K1 Subchapter 8	(Other	than K	(12)			
Street Address							x Other (i. e.			ercial			
112-116 Alexander Street						buildings, homes, etc.)							
400						Square Feet # of Floors Bldg. Age							
City (5) Princeton	Cour	ity (6)		County Code (STATE USE ONLY	10000							
Name of Monitoring Firm Hired Pennoni Associates Inc	by Building	Owne	r (8)		ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting						
Street Address 515 Grove Street Suite 1B						Street Address 98 LaCrue Avenue							
City, State, Zip Code Haddon Heights NJ						City, State, Zip Code Glen Mills, PA 19342							
Project Manager of Monitoring Alan Lloyd			Telephone 856-547-05			hone Number 64-9622		Liceno 1103	e Numb	er			
Scheduled Start Date (10) 11/07/12	Sche		npletion Date			of OSHA Monitor ion Labs							
Month/Day/Year Occupancy Status During Abate Facility Closed/Vacated I			ne)	onth/Day/Ye	ar		Address Progresive Drive		·				
X Abatement Performed Of Hours - Describe:7: Other - Describe:	utside of Nori	nal Fa				100000000000000000000000000000000000000	State, Zip Code lem PA 19020			=			
Scope of work (Check all that ap	nly)		<i>(1)</i>			x Full Containment with Negative Pressure							
Demolition	P-37		x	Renovation	n	x Mini - Enclosure							
>3 sf or >3 if						x Glovebag Procedure							
x >160 sf or >260 lf						x	Non-Friable Procedu	re					
		Is						Ab	atemen	t Type			
Location of	Lo	catio	1	Desc	cription of					E	E		
Asbestos - Containing	No	rmall	V	Asbest	os-Containing		Amount	R		N	N		
Material (ACM)	1000	sed		777772270	rial (ACM)		(Specify	E	R	C	C		
TO BE ABATED		olely			ermal systems		SF or	M	E	A	L		
In Facility		Main			, surfacing, VA	Γ,	LF)	O V	PA	PS	OS		
(13)		nance/ stodia		or other	miscellaneous)			Å	i	U	Ü		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ff (12						L	R	L	R		
		No	N/A								E		
1st fl living, dinning, and bedroo		x		sheet floor			230 SF	х					
exterior	X		window gl	azing		1600 LF	х						
exterior		х		window ca	ulk		720 LF	x					
1st & 2nd fls		х		joint comp	ound	2301 SF x							
Name of Registered Waste Haule		_	NJD	EP Waste	Cubic Yards		Name of Registered L	andfill					
Horizon Disposal		100000000000000000000000000000000000000	of Waste										
City, State Trenton NJ				Disposal Date As needed	te City, State Morrisville PA								
Completed By (Print or Type) Mark Goshow		Title Proje	ect Manager		Signature Date 10 26 11								
		1			-//								

1					State of New						
- N - NO			N	OTIFICATI	ON OF ASBESTO	OS AB	ATEMENT	Λ			
or diso,				(Pursuant to	NJAC 8:60-7 and	1 12:-1	267VFD	Dan	7	of:	L
Date of Notification (1)					5-40	tar.	COMMON CO.	age	- d	1)0	
10/26/12				Name o	of Building Owner	r/Oper	rator (2)	U			
Month/Day/Year				Frince	ton University	unV	-2 PM 2:41				
	pe Notific	ratio	n	Street	Address 2012	MUT	<u></u>				
EPA		nitial		P O bo	2159		WAS CONTROL				1
DEP			ication	City S	tate Zin Coda 3	is ES	TUS CONTRACT	40			
DCA		meno		Princet	on NJ 08543	2	TICENZING	9			
DOH	1	Notifi	ication	And the Control of th	of Contact			elenha >			
	C	ancel	lation	Robert				рірпиль» -	eı		
					LITY INFORMA	TION			-		
Name of Facility Where Abateme	nt is Takir	ng Pl	ace (3)								
Princeton University 112-116	Alexander	Stre	et				Type of Facility (4 School				
Street Address							Subchapt	er 8 (Othe	er than	K12)	
112-116 Alexander Street							x Other (i.	e. Private	& com	mercial	
112 110 Alexander Street							building	gs, homes, e	etc.)	200000	
City (5)	Co	ounty	(6)		Court C. I.	(5)		of Floors	Bldg	g. Age	
Princeton	100	, unity	(0)		County Code (STATE USE ONL)		10000	2	50+		
					(STATE USE ONL)	r)	Current Use (Prior University	if being do	emolish	ed)	
Name of Monitoring Firm Hired b	y Buildin	g Ow	ner (8)		ASCM No.	Nan	ne of Abatement Contra	ector (0)			
Pennoni Associates Inc						Asso	ociated Specialty Contr	acting			
Street Address						-	et Address				
515 Grove Street Suite 1B							aCrue Avenue				
City, State, Zip Code							, State, Zip Code				
Haddon Heights NJ					27	Glen	Mills, PA 19342				
Project Manager of Monitoring Fire	rm			Telephor	ne Number		phone Number		17.		
Alan Lloyd				856-547-			364-9622		Licer 110	ice Nun	iber
Scheduled Start Date (10)		Isc	hed. Co	mpletion Da	te (11)				110	3	
11/07/12				11/30/1	(2)		e of OSHA Monitor erion Labs				
Month/Day/Year			N	Ionth/Day/Y	ear	Cinc	Tion Labs				
Occupancy Status During Abateme	nt (Check	only	one)			Stree	t Address				
Facility Closed/Vacated Dur	ring Entir	e Per	riod of	Abatement	6.		Progresive Drive				
Abatement Performed Outs	de of Nor	mal	Facility		1	City,	State, Zip Code				
Hours - Describe: 7:00 Other - Describe:	AM - 3:30	0 PM			1	Bensa	alem PA 19020				
		_			_						
Scope of work (Check all that apply)						Full Containment w	ith Negativ	e Press	ure	
Demolition >3 sf or >3 if			X	Renovatio	n	x	Mini - Enclosure		C 1 1 C33	uic	
x >160 sf or >260 lf						x	Glovebag Procedure				
x >100 st or >260 ft						x	Non-Friable Procedu	ire			
Y		Is					T		otemen	t Type	
Location of Asbestos - Containing	1 5000	ocati			cription of			740	atemen	E	E
Material (ACM)		rmal	ly		os-Containing		Amount	R		N	N
TO BE ABATED	V., 52	Jsed olely			erial (ACM)		(Specify	E	R	C	C
In Facility		Mai	n-	inculation	nermal systems		SF or	M	E	A	L
(13)	100	nance		or other	, surfacing, VAT, miscellaneous)		LF)	0	P	P	0
	(0.000)	stodi	10	or other	scenaneous)			V	A	S	S
		ff (12						A L	I R	U L	U
st & 2nd floor	Yes		N/A			Secretary 1		_ ~		-	R E
		X		plaster			3700 SF	x			- 47
st floor		x		floor tile			80 SF	x		\vdash	_
st floor hall closet		x		pipe insula	tion	-	6 LF	-			
		-	+-		100 00 117.1 118		VEF	x			
ame of Registered Waste Hauler	لــــــــــــــــــــــــــــــــــــــ	L	1				11 11 11 11				
and of registered waste Hauler			1 100000	P Waste	Cubic Yards		Name of Registered L	andfill			
orizon Disposal			liaute	r ID No.	of Waste		CDOWG				
ity, State		_			Diamond Date		GROWS				
renton NJ					Disposal Date As needed		City, State				
					As needed		Morrisville PA				

Title Project Manager

Mark Goshow

Completed By (Print or Type)

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

				S	tate of New	Jersey					
No					OF ASBESTO						
100 mack			(P	ursuant to NJ	AC 8:60-7 and	12:-120-		ston a			
Date of Notification (1)				Name of B	uilding Owner/	Operato	PEC				
10/02/12					University	Operato	(-)				
Month/Dav/Year							2012 NOV -	2 PM	2.14		
Agency Notified	Type Notifica			Street Add					1000 JF.		
EPA DEP	Inji			P.O. box 2			#SAFSTO	दे विकास	The		
DCA		otifica ended	00.00	Princeton	e, Zip Code		2110	PISIN	LKA	•.	
DOH		otifica		Name of C			& STESTO & LICI	nhone Nu	mher f	96	
	Car	acellat	ion	Robert Ot	ego				3882.00	50	
				FACILI	TY INFORMA	TION	•				
Name of Facility Where Abate			e (3)				Type of Facility (4)	800-00			
Princeton University 87 Pr	ospect -Room	107					School (Ki		than I	12)	
Street Address			11111				Other (i. e.				
Main Campus		34					buildings,				
GI. (5)	- 10		-					Floors	Bldg.	Age	
City (5) Princeton	Cot	inty (6)		County Code (STATE USE ONL)		Current Use (Prior if	heing der	50+	1)	
Timecton					STATE USE ONL	1)	University	being der	nonsucc	., .	
Name of Monitoring Firm Hir Pennoni Associates Inc	ed by Building	Own	er (8)		ASCM No.		of Abatement Contract iated Specialty Contrac			2	
Street Address 515 Grove Street Suite 1B						110	Address Crue Avenue				
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342				
Project Manager of Monitorin Alan Lloyd	ig Firm				Telephone Number Telephone Number Licence 856-547-0505 610-364-9622 1103						oer
Scheduled Start Date (10)		Sch	ed. Co	mpletion Date	(11)	Name	of OSHA Monitor				
10/18/12				12/14/12	100 0	Criter	ion Labs				
Month/Day/Year		<u> </u>		Ionth/Day/Yea	ar		.,,				
Occupancy Status During Aba Facility Closed/Vacate				batement			Address Progresive Drive				
x Abatement Performed						1	State, Zip Code				
Hours - Describe: Other - Describe:	7:00 AM - 7:00) AM	1-000 (1-00) (1 -0			Bensa	lem PA 19020				
Scope of work (Check all that	apply)					11 x	Full Containment wit	h Negativ	e Pressu	ıre	
Demolition			x	Renovation	1		Mini - Enclosure				
>3 sf or >3 if							Glovebag Procedure				
x >160 sf or >260 lf							Non-Friable Procedu	re			
T		Is						Ab	atemen		
Location of Asbestos - Containing	23500	ocatio ormall			ription of os-Containing		Amount	R		E N	E N
Material (ACM)		Used	•		rial (ACM)		(Specify	E	R	C	C
TO BE ABATED		olely			ermal systems	_	SF or	M	E	A	L
In Facility (13)		y Maii nance			surfacing, VA' miscellaneous)	г,	LF)	O V	P	P	O S
(13)		ıstodia	133	or other	miscendificous			A	I	U	U
		aff (12	_					L	R	L	R
Room 107	Yes	No x	N/A	floor masti	c	1 - W - FW	576 SF	x			E
Room 107		x	1	fireproofin	g		24 SF	x			
Name of Registered Waste Hau	aler			EP Waste er ID No.	Cubic Yards of Waste		Name of Registered L	andfill			
Horizon Disposal					5		GROWS				
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA				
Completed By (Print or Type) Mark Goshow			Title	ct Manager		Signat	Jail Agli	<i>.</i> .		Date	26-1
ARS_41			1.010	- manager		10	Inniversity	L		10	10 1

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

Date of Notification ((1) / 12			Name of I	Building O	wner / Ope NNG COMP	rator (2)	EGE	IVE	n				
//	/			Street Ad	dress	portugación de construir a	2012 N	מטו	******	3.7				
Agencies Notified EPA		otification . Initial		City, State	NGSPORT e, Zip Cod		4	OV -2	PM Z	i je				
□ DOH	7	Amended Amendment #	# _1	PAULSBO Name of 0	The state of the s		2000	Teleriha	na Ni unj	per				
DOL DOL			// justification	RAVI JARECHA COL										
	-		FA	ACILITY IN	IFORMATI	ON				()				
Name of Facility Who			Place (3)		Type of F	acility (4)								
		7.03.1				School (K	Control of the State of the Sta		20					
Street Address 800 BILLINGSPORT F	ROAD				V		er 8 (Other , private & mes. etc.)							
City (5)	County (6)	County Code	(7)	Square F	eet	# Of Floor		Buildin					
PAULSBORO	GLOUCES	STER			NELA - SMRL-	7,000 15,750				50 yea 50 yea				
			<u> </u>			lse (Prior if			†	T)				
Name of Monitoring	Firm Hired	hv Blda, Own	ier (8)	IASCM NO	VACANT Name of	Abatement	Contractor	· (9)						
ATC ASSOCIATES		w, =a.	01 (0)	98				(0)						
Street Address	-				LVI Enviro	nmental Se dress	rvices Inc.							
3 TERRI LANE														
City, State, Zip Code BURLINGTON, NJ 08			A No. 1 No.		462 Getty	Avenue e, Zip Code								
Project Mngr. For Mc		irm	Telephone Nu	mber	City, State	e, zip coue								
JOHN LUTZ			908-688-7800	ALTERNATION OF THE PROPERTY OF	Clifton, NJ 07011									
Sheduled Start Date	(10)	Sched, Comp 02	13	Telephone Number License Number										
		/			Control of the Contro	72-3660			(00117				
Occupancy Status D		tement (Check ted During Ent			19000000000000000000000000000000000000	DSHA Moni					-			
Abatemen	t	-			Street Ad									
Abatemen Hours - De		ed Outside of N	lormal Facility		462 Getty	Avenue								
TOTAL AND SECTION OF THE PROPERTY OF THE PROPE	scribe:				City, State	e, Zip Code								
Scope of Work (Chec		7:00AM-3:30P	M		Clifton, NJ	07011								
25		Apply)												
☐ Demolition ✓ ≥3sf or≥3l	200	V	Renovation		Full Conta	ainment wit	h Negative	Pressure	е					
 ✓ ≥3sf or≥3l ✓ ≥160 sf or 				Image: Control of the		Procedure								
				J	Non-Exen	npted (*) an	d Non-Fria	ble Proce	edure					
Location of		Is		Descripti	on of			Abateme	nt Type					
Asbestos Conta	3333	Location	As	bestos - C	ontaining			R	1	E	E			
Material (ACI TO BE ABAT	3130 Tues	Normally Used	0.0	Material (e., thermal			Amount (Specify	E M	R	N C	N C			
in Facility		Solely	insul	lation, surf	facing, VA		SF or LF)	Ö	P	Ă	Ľ			
(13)	1	by Main-		other misc				٧	A	P	0			
	1	tenance/						A	1	s	S			
	- 1	Custodial Staff (12)						L	R	L	U R			
		YES NO N/A							-	-	-			
SEE ATTACHED					uniterativa (il como en conse									
										1				
Name of Registered \	Naste Hau	ler	NJDEP Waste	Cubic	Name of F	Registered L	andfill							
Waste Management, I	nc.		Hauler ID No.	Yards	G.RO.W.S	LANDFILL	(Non-Friabl							
1001 Fairview St. Cam	iden, NJ					County Sol	id Waste C	omplex (F	riable)					
City, State EAST HANOVER, NJ				Disposal Date 2/1/2013		ILLE, PA 19	067							
Completed by (Print	or Type)		Title	2/1/2010	- 	Signature	1		1999	Date				
DAN STABILITO			HEALTH & SAF	ETY OFFI	CER	Tha	Stoll	lul.	#	+	10/26/12			

Location of	T	Is	5	Description of		TAL 4			
Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	t t C S	Norm Us Sol by M enai usto taff	ely lain- nce/ odial (12)	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous 2012 NOV	SF or LF)	Abateme R E M O V	R E P A I	E N C A P S U	E N C L O S U
	YE	SN	Q N/A	1985	Pậ CUN	Tim		<u> </u>	R
NELA- 1st Floor Exterior	V			White Block Pipe Insulation	EGHING	1301			
NELA- 1st Floor	V	10		Aircell Pipe Insulation	698 57 NO				
NELA- 1st & 2nd Floors	V		II.	Ebony Board Switch Panels & Lab Table Tops	56 SF	Q16			
NELA- 1st Floor Oil Storage	1		Ī	Transite Wall & Ceiling Panels		Z S			
NELA- 1st Floor Hallway	N	Ī	П	Corrugated Transite Ceiling/Roof Panels	752 SF	V			
NELA- 1st & 2nd Floors	17	IT		Transite Lab Hoods	100 SF	V			
NELA- 1st Floor	V	In	H	9"x9" Red VAT & Black Mastic	190 SF	1			
NELA- 1st & 2nd Floors	1	IT	11	Tar & Mesh Flashing	955 SF	7			
NELA- 1st Floor	D		H	Ceiling Tile Glue Dots	420 SF	<u> </u>			
				Ceiling Tile Glue Dots	1005 SF	7			
	-	-	-						
SMRL- Basement, Crawlspace, 1st Floor, 2nd Floor, Exterior				White Block Pipe Insulation	1214 LF			E E N N C C C A L P O S S S U U L R	
SMRL- Basement & 2nd Floor	D		H	Duct Insulation					
MRL- Basement, 1st & 2nd FI	7		-		257 SF	V	П		
SMRL- 2nd Floor	\[\frac{1}{2}\]	-		Change Daniel L. L. L.	746 SF	7			
SMRL- 1st & 2nd Floor	7	H		Ebony Board Lab Hoods	162 SF	7		Ti	H
MRL- Basement Lunch Room	2		H	12" 42" 0 1/47 0 51	204 SF	7			
MRL- Basement & 1st Floor	7	-		12"x12" Green VAT & Black Mastic	288 SF				
MRL- 2nd Floor Roof	- Bananad		4	T 0 F 11 F1	368 SF	7	T		
MRL- 1st Floor Roof	V	-	H	Tar & Felt Flashing	925 SF	7		T T	
MRL- 1st Floor	V	4		Tar & Mesh Flashing	200 SF	7			H
	7			9"x9" Gray VAT & Black Mastic	350 SF	V			
	-						H		-
			Щ			7		-	-
	Ц					H	H		
				The second secon				-	

No check

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

RECEIVED

Date of Notification (1) 10/31/2012					g Owner/0	Operator	(2)		Leve Search 6				
Agencies Notified Type Notification	1			- Bayor Address	nne		- 2	012 NOV	1-2 F	M 2	: 37		
EPA Initial		¥			nd Stree	et ;		SBEST					
EPA Initial Amended Amendmer	nt#			State, Zip (Code ew Jerse	ev 0700	12	& LI	CENS	ine Ine	ROL		Wale live a
■ Emergency justification			Name	of Contac	it	,, 0, 0,			phone No		(
□	n			ey Hota		011							
Name of Facility Where Abatement is Taki IMTT - Bayonne	ng Place (3)	TAC	SILILI INI	FORMATI	ION	Type of Facility	y (4)					
Street Address							School (K	(-12) er 8 (Othe	a Albana 16 A				
250 East 22nd Street							Other (i.e etc.)	. private &	commerc	i2) cial bu	ildings	s, hon	nes,
City (5) Bayonne, New Jersey 07002							Square Feet	# of	Floors		Bldg.	Age	-
County (6) Hudson			County	Code (7))		Current Use (P	rior if bein	g demolis	1	30+		
Name of Monitoring Firm Hired by Building	Owner (8)	لـــا		M No.	. (۲)	Nome							22
Envirovision Consultants, Inc.	Owner (o)		000			Insul	of Abatement Cations, Inc.	ontractor (9)				
Street Address 20-21 Wagaraw Road, Bldg. 34A							Address Edwards Av			-			
City, State, Zip Code							tate, Zip Code	enue					
Fair Lawn, New Jersey 07410 Project Manager for Monitoring Firm					ı	Hara	han						
Guillermo Morales				one No. 36-914	5		one No. 733-5033		License N	lo.			
Start Date (10) 9/24/2012	Schedule 10/19/2	ed Co	mpletion	Date (11))		of OSHA Monito						-
Occupancy Status During Abatement (Che				*******			ovision Cons	uitants,	inc.				
Facility Closed/Vacated During Entire	Period of A	Abater	ment		[Wagaraw R	oad, Bld	g. 34A				
Abatement Performed Outside of Norr Other – Describe: Area unoccupied	nai Facility	Hour	s				ate, Zip Code awn, New Je	ersev 07.	410				
Scope of Work (Check All That Apply)	25.00			····				510Gy 01					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	PERMIT	enova emoli	03801100000			F	Full Containn Mini-Enclosu	nent with N	legative F	Pressu	re		
	_					×	Glovebag Pro	cedure	Von Friek	ia D			
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Location of Asbestos-Containing Material (ACM)	Use	lorma d Sole	ly by	Ashes	Des	cription	of aterial (ACM)			-	Ту	ре	
TO BE ABATED In Facility	12 1987050	ntena odial		(i.e	thermal s	systems ing, VAT	insulation,	(Spe	ount ecify	Re	מ	Enca	9
(13)	-	(12)	Т	1		iscellane		SF 0	r LF)	Removal	Repair	Encapsulate	Enclosure
Tank 4001	Yes	No	N/A									te	Ф
1 alik 400 l	+	X	-	ļ.,	Surfa	ce Mas	stic	41,23	33 sf	X			
	++		-	 		52						_	
					1								
Name of Registered Waste Hauler	-J	0.00	JDEP W		Cubic Y		Name of	Registered	d Landfill				\dashv
Freehold Cartage City, State			-2265		127		IESI						
Dunmore, PA					Disposa 12/31/2		City, Stat Bethleh	e nem, PA					
Completed by Aubrey Hotard	Title	rata	Cafet	Dire -t-	Sig	pature		Λ .	Dat	77			\dashv
	Corbo	ale	Salety	Directo	1 1	lul	vey Hot	ard	e l	10-	31-	12	

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

RECEIVER

10/31/2012			Name	of Building Own	er/Operati	or (2)	RE	A. 3-1-1	W P	1)		
Agencies Notified Type Notifica	tion			- Bayonne		2	012 NOV	- n -				
EPA Initial		:	Street Address 250 East 22nd Street City, State, Zip Code Bayonne, New Jersey 07002 Name of Contact									
DEP Amende		1		tate, Zip Code		#E3 2	STO	Ser	1817			
T	nent #_ ncy (includin	na		nne, New Jer	rsey 070	002	& LIC	ENSI	Me	YOL		
DOH justificati	on)	9		of Contact By Hotard			Tel	enhana		- 14	1	
Name of Ecollist IAI				ILITY INFORMA	MOLTA				m		-	
Name of Facility Where Abatement is Ta IMTT - Bayonne	aking Place	(3)			ATION	Type of Fac	lity (4)					
Street Address						School	875-W 36					
250 East 22nd Street						Subcha	pter 8 (Othe	er than H	(-12)			
City (5)						Other (i etc.)	.e. private &	comme	ercial l	buildir	ngs, h	ome
Bayonne, New Jersey 07002						Square Feet	# of	Floors		Bld	g. Age	
County (6)		- 17	Country	Code (7)						30-		1
Hudson		1.0	(STATE	USE ONLY)		Current Use	(Prior if bein	g demo	lished)		
Name of Monitoring Firm Hired by Buildin	ng Owner (8))	ASCN	1 No.	Nome	of Ab -1		Name and the second				
Envirovision Consultants, Inc. Street Address			0007		Insul	of Abatement ations, Inc.	Contractor (9)				
20-21 Wagaraw Road, Bldg. 34A						Address						
City, State, Zip Code						Edwards A	venue					
Fair Lawn, New Jersey 07410					City, S	tate, Zip Code						
Project Manager for Monitoring Firm		T ==			Haral	han						
Guillermo Morales		I	elephon	ie No. 6-9145	Teleph	one No.	TI	icense	No.			
Start Date (10)	Schedule				1	4-733-5033 01120						
11/12/2012	1 12/07/2	2012	J.CUOII D	rate (11)	Name o	of OSHA Monito Ovision Cons	or	12				_
Occupancy Status During Abatement (OL						AND BUILDING	THE PROPERTY.	ne				
Occupancy Status During Abatement (Che	eck Only On	e)			Street A	ddraes	suitarits, ii	110.				
Facility Closed/Vacated During Entire	Doring to		nt		Street A	Address			77			_
Facility Closed/Vacated During Entire	Doring to		nt	0	Street A 20-21	^{lddress} Wagaraw F						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Area unoccupied	Doring to		nt		Street A 20-21 City, Sta	ddress Wagaraw F ate, Zip Code	Road, Bldç	g. 34A	16			
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