CK U878

D&S Proj. #: 16-328

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

(	F	P	E	П	W	E	year.
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A		NOV	-	2	2016	1	Same and the same

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Date of Notification (1)	Name of	Building Ov	vner/Operator (2	2)				110	4	<u> </u>	UIU	1
1 0 / 2 7 / 1 6	Amie	Carabillo										
Agencies Notified Type Notifica	Street Ad						A	SREST	OS (			1 &
							L	L.	CEIV	OHVE	Z	
Amendment #	City, Sta	te, Zip Code								_		
DOL Emergency		awn, NJ 0										
DOH (including justification)	Name of		7 110				Telepho	ne Numb	per		_	
DCA Cancellation	11	s young					1		, , ,			
Caricellation	n <u>mom</u>								-		_	
Name of facility when a total		FAC	CILITY INFORM	OITAN	N							
Name of facility where abatement	is taking place (3)					Тур	e of Facility	(4) ol (K - 1:	21			
Amie Carabillo								9.5	365 -	4le 1	( 40)	
Street Address						=		napter 8 (Private/				
							Bldgs.	/Homes,	etc.			
City (5)	County (6)			Lo		= Sqi	uare Feet	# of Flo	ors	E	Bldg. A	\ge
	County (o)				unty Code (7) ate use only)	-				<u> </u>		
Fair Lawn	BERGEN			, , ,	are dee erriy)	Cu	rrent Use (F	rior it be	ing der	nolish	ned)	
Name of Monitoring Firm Hired by I	Bldg. Owner (8)		ASCM No.		Name of Abatem	nent Contra	actor (9)					
_					D & S REST	ORATIO	N, INC.					
Street Address					Street Address							
					20 California	a Ave.						
City, State, Zip Code					City, State, Zip Co	ode						
Project Manager for Monitoring Firm					Paterson, N.							
rioject Manager for Monitoring Firm		Phone Numb	per		Telephone Numb			License		70.75		
0. 15 . (10)					973-345-80 Name of OSHA				01169			
Start Date (10)	Sched. Comple	etion Date (1	1)		D & S Resto		C					
11/01/16	11/18/16				Street Address	ration, in	С.					
Occupancy Status During Abatemen					20 California	Avenue						
Facility closed/vacated during Abatement performed outside	entire period of aba	tement.			City, State, Zip Co	ode						
Describe:		urs-		_								
Other-Describe: NORMAL HO				_	Paterson, NJ	07503						
Scope of Work (check all that apply)						Full Co	ntainment w	/negative	e press	ure		
	Renovation						closure					
<u>≥</u> 160 sf or <u>≥</u> 260 lf	Demolition						ag procedur kempted (*)		-friable	proc	edure	
Location of	Is location normall by maintenance/cu		1						IR	R	E	
asbestos-containing material (acm) to be	staff(12)	otoulai			sbestos-containing	3	Amount (Specify S	E 0-	e m	e p	n c	E n
abated in facility (13)	Yes No	N/A	material (A	ACM)		-	(Specify S LF)	r or	0	a	a	C
BASEMENT			DIDE STATE				311		e	r	р	
BASEMENT	X	_	PIPE INSUI	LATI	ON	85	1 ft					
		4								$\sqcup$		
				114300-	2000 portuging the survey leadings				LH.	Щ		닏
Registered Waste Hauler	NJDEP Hauler	ID# I C	ubic Yards of W	/aste	Name of Registe	red Landfill				Ш	Ш	Ш
D & S RESTORATION, INC.	13506	ASSESSED 1 A.E.	yd		TULLYTOW.			COVER	RY			
DATERSON NI 07502		Disposal D			City, State					Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner		
PATERSON, NJ 07503		11/02/16			TULLYTOW	N, PA						
DOOD INTEGER	Title PRESIDENT		Signature		-			Date				
	Do not use this form	for ashesto	s licensure eve	mataa	nativities			10/27	/2016			

Oct 28 2016 03:51PM NJ	Asbestos Co	ontrol 609.	633.0664		page 1							
10/28/2016 12:31PM	9733458	858		D&	S RESTORATIO			) _ PA	GE (	82	34	$\mathbb{V}$
D&S Proj. #: 16-328	8	No (Pu	Alfication of As	e of P sbest IC 8:6	NJ os Abatement 50 and 12:120)	37	Commence of the commence of th		NC			2016
Date of Notification (1)  1 1 0 //2 17 //1 16  Agencles Notified Type Notifical Initial  DEP Amanded  Amanded  DOL Emergency	Aun Sires	ile Carabillo Address sate, zp coo	Xe	2)			1	ASE	BES	TOS	S CON	ITRO
DOH (including justification)	Name	of Contact	07410			Te	sphone Numb	<b>b</b> 7	34	>	Management,	
Cancellation	mo	nis young			**************************************	unque V	-					
Nome of facility when the			ACILITY INFORM	OITAN	N							
Name of facility where abatement is  Amie Carabillo  Street Address	s faking place (:	3)					acility (4) School (K - 12 Subchapter 5 ( Other (Private/ Bidgs./Homes,	Other t	han K	(-12)		
City (5)	County (8	)		Co	umly Code (7)	Square F	ect # of Floo	210	5	dg. A	ja e	
Fair Lawn	BERGE	N		(\$1	ate use only)	Current L	Jee (Prior if bei	ng den	-ollah	ed)		
Name of Monitoring Firm Hired by E	idg, Owner (8)		ASCM No.	_	Name of Abatemen	Contractor (	3)			~		
Street Address				_	D & S RESTOR	LATION, IN	C.		o Marcha La		Internal Int	
City, Siene, Ap Code	Market by the second				20 California A							
City, States, 2-p Code			V		City, State, Zip Code					C. Cancolin		
Project Manager for Monitoring Firm		Phone Nu	mber		Paterson, NJ 07 Telephone Number 973-345-8020		License	Numb 01169	er			
Start Data (10)	Sched, Con	pletion Date	(11)		Name of OSHA Mor			Wildleham	ioni egita	i i i i belia	Panel III III	
11/01/16 Occupancy Status During Abatement	11/18/16 (Check only of	200			Street Address			especie ma	- 90E		5100 Disease	
Facility closed/vacated during a  Abatement performed outside of	ntire period of	sbatement.			20 California A City, State, Zip Code		ned sample call the	Management		oerono.	Applicate.	
Describe: NORMAL RC	- Control of the last of the l			=	Paterson, NJ 07	7503						
□ ≥160 at or ≥280 # □ [	Renovation Remolition					Mini-anclosu Glovebag pro	S-7			dura	Parameter State Control of the Contr	
asbestos-containing	is location norm by maintenance stati(12)		Description material (	on of a (ACM)	ebestos-containing	Amo		HeEO>	Repai	Ecoap	Ecol	
BASEMENT			PIPE INSU	LAT	ON	85 1 ft		<sup>e</sup>	t d			
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				-		- Angesteskan	September September	뷤	H	H	H	
Registered Waste Rauler	THIS STE											
D & 5 RESTORATION, INC.	13506		1 yd	7481E	Name of Registered TULLYTOWN,	RESOURC	E RECOVE	ξX				
PATERSON, NJ 07503		11/02			City, State TULLYTOWN	. PA						
	ille RESIDENT		Signature	Camera de la Camer		- Commence of the commence of	Date	100-				
		lorm for asbe	stos licensure exe	empte	activities.		1_10/27	/2015			MODELLE .	

ASR-41

CL 2515	NC		ATION	ate of New Jers I OF ASBESTOS to NJAC 8:60 at	BABATE		B	E C		3	$\mathbb{V}$	E		
Date of Notification (1)	16	Na	ame of	f Building Owner	Operator	(2) Sen	Con	18	V -	4	2016	A AND		
Agencies Notified Type Notification  EPA Initial			110	ddress 3 1 Adu 6	SHOT	al Phi	my.	y Edg	18	6	NTR	OL 8		
DEP Amended Amendment		- Ci	ty, Sta	ate, Zip Code	1/1	D8726	1		ハンニ	1400	113			
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding	1,000,000		f Contact lackis	V		Telephon	ne Num	ber					
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFORMA	TION	Type of Facility	(4)							
Street Address Della A	DIA.	2	`				12) r 8 (Other tha private & com			dings	home	es,		
City (5) 17 C L P 1 G 2	ONLL	<u>и</u>				etc.) Square Feet	# of Floor	rs	В	ildg. A	ige			
County (6)	auov			Code (7)		Current Use (Pri	ior if being de	molishe	ed)	<u>ر</u>				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.	H	of Abatement Co		VVV	-					
Street Address	100		2.2/		Street	Address Box 915	J.							
City, State, Zip Code					City, S	tate, Zip Code	/ 08723							
Project Manager for Monitoring Firm		Те	lephor	ne No.	none No. )899-7499		nse No							
Start Date (10) 10/28/16	Scheduled	Compl	etion (	Date (11)	of OSHA Monitor		30		-					
Occupancy Status During Abatement (Check	Only One)	1 (	11.	Ю	Street	Address								
Facility Closed/Vacated During Entire Pour Abatement Performed Outside of Normal Other – Describe:			nt		City, S	tate, Zip Code								
Scope of Work (Check All That Apply)	710 N3 - V 0	9-11-1												
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		novatio nolitior				Full Containm Mini-Enclosur Glovebag Pro	e cedure							
	Isla	ocation				Non-Exempte	d (*) and Non	-Friable		Abate	ement			
Location of	No	rmally Solely I			escription	of laterial (ACM)	Amount			Ту	pe _			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Custoo	enance lial Sta 12)		(i.e. therma		s insulation, T, or	(Specify SF or LF	y	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A						=		ate	ci ci		
				Winds	W (	flazing	6005	F	X					
Name of Registered Waste Hauler Brick Industries Inc.		100 No. 100 To 100	EP W ler ID	707	c Yards aste	Name of GROW	Registered La /S Inc.	andfill						
City, State Brick, New Jersey				Dispo	sal Date	City, Stat	e							
Completed by Eric Plackis	Title Preside	ent			Signature	A / 1/1		Pate	5/7	7[	16			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name, of Building Owner/Operator (2) Agencies Notified Type Notification Street A ASBESTOS CONTROL **EPA** Initial DEP City, State, Zip Code, Amended × DOL Amendment # Emergency (including Name of Contact -- Number DOH justification) Eric Plackis DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet City (5) # of Floors Bldg. Age County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (732)899-7499 01196 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Brick Industries Inc. GROWS Inc. 21602 City, State Disposal Date City, State Brick, New Jersey PA Completed by Title Signature Eric Plackis President

State of New Jersey

Dubbis Yangs of

0-29-16

Norm of Registreed Language

Waynesburg,

Minerva Enterprises , LLC

Oh, 44688

10-26-16

Name of Registered Vibras Hauter

R. WELDRAN

Best Removal Inc

Hackensack , N.J. 07601

H GERGAN CENTRAL

17109

ID No.

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Estimator

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Date of Notification (1)	00 /	40						er/Operator (	2)		0V -	2 2	016	1000		
	28 / _	16				d Marke	WICZ			Led Ind						
Agencies Notified  EPA	Type Notifica	tion			Street	Address				ASBE	STOS	CON	TRO	DL &		
□ DOLWD	☐ Amended				City, S	tate, Zip C	ode				LICEN	ISIN	G_			
⊠ DOH	Amendme		ina					each, NJ 08	3742							
DCA (NJAC 5:23-8)	justification		iiig		Name	of Contact				Telephone Number						
**************************************	☐ Cancellati	ion			Tod	ld Marke	wicz									
					FAC	CILITY IN	FOR	MATION				38.0				
Name of Facility Where A	Abatement is T	aking Pla	ice (	3)					Type of Facility	4)						
Markewicz Resider	nce						2)	12)								
Street Address									Other (i.e., phomes, etc.	8 (Other than K- private and comm )	nercial bu	uilding	IS,			
City (5)									Square Feet	# of Floors	BI	dg. A	ge			
Point Pleasant Bea	ch								1,000	2 80						
County (6)					Coun	ity Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being demo	lished)					
Ocean									Residence							
Name of Monitoring Firm	Hired by Build	ling Owne	er (8	) /	ASCM	No.	)									
N/A									onmental, LLC							
Street Address							0.000	et Address								
N/A								23 Cutler A	ALCO TO THE OWNER.							
City, State, Zip Code N/A							0.000	, State, Zip C laple Shade								
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No.						
N/A				N/	9/9		8	56-755-0099	)	00842						
Start Date (10)		cheduled					100000000000000000000000000000000000000	ne of OSHA N								
//					_ / _	16		MSL Analyt	ical, Inc.							
Occupancy Status During	749 1954							et Address								
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						oribo	_	00 Route 13								
Time of Abatement:								, State, Zip C	oae n, NJ 08077							
1000 mg/s	. Je							IIIIaiiiiisoi	1, NJ 00077							
Scope of Work (Check al	i that apply)							☐ Full Con	tainment with Ne	gative Pressure						
≥3 sf or ≥3 lf				ovati				☐ Mini-End	closure g Procedure							
☐ ≥160 sf or ≥260 lf			Dell	TOTILIO	111				empted (*) and N	on-Friable Proce	dure					
				_ocat							Al	atem	ent T	уре		
Location		. 1		ormal I Sole	lly ly·by	A a b a	-4 (	Description Containing Ma		Amount	Re	Re	En	En		
Asbestos-Containing TO BE ABA	Materiai (ACM ATED	'   1	Mair	ntena	nce/			rmal systems		(Specify	Removal	Repair	cap	Enclosure		
IN Facili		C	usto	odial 3 (12)	Staff?	31,0000		urfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	иге		
(13)		Ye	es l	No	N/A		Otr	ner miscellane	eous)				te			
Exterior						Transit	e Flu	ie Packing		25 SF						
				П		-	0-2-				П	In	П	П		
					2-7 - 000											
No f Doubleton d Wise	ta Haylan				JDEP V	Mosto	Cub	oic Yards of	Name of Reg	stered Landfill				1		
Name of Registered Was Freehold Cartage	ste Hauler			25.0	auler II 15939	D No.	Was			nd County La	ndfill					
City, State							-	oosal Date	City, State		74 <i>75</i> 77					
Freehold, NJ							1	1/15/2016	Newburg,	PA						
Completed By (Print or T	ype)	Title						Signature	1		Date		)			
Christina Lynch Operations I						jer		Ohion			10/2	1/1	U			

### State of New Jersey

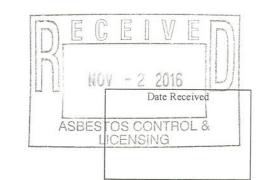
Jh 9 19	N			o NJAC 8:							TALC:	0	001	
Date of Notification (1) 10/28/16				Building O Vanzile					The state of the s	i i	€O‡	- 2	ZUI	G
Agencies Notified  Type Notification  EPA DEP  Initial Amended			Street Ad	dress e, Zip Cod	le				and the same of th	ASBE	STO LIC	S CO ENS	ONTI ING	ROL
DOL Amendment #			and become	awkin No	J 080	50			Telephon	ne Num	her			_
DOH justification)  DCA Cancellation		100	Robert						тетерног	ic reali				
Name of Facility Where Abatement is Taking	Place (3)	)	FACIL	ITY INFO	RMAT	ION	Тур	e of Facility (4	)					
Robert Vanzile Private Home								School (K-12 Subchapter 8		n K-12	)			
Street Address							×	Other (i.e. pr etc.)	ivate & com	mercia	l build			\$,
City (5) Manahawkin NJ 08050								are Feet 00+	# of Floo	rs		dg. Aq 5+	je	
County (6) Ocean			County C	code (7) ISE ONLY)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	rent Use (Prio me	r if being de	molish	ed)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.		Name		natement Cont	ntractor (9)					
Street Address						Street PO E								
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm	-   7	Telephor	ne No.		Telepi 856-		No. -9800	Lice	ense No	0.				
							of O	SHA Monitor						
11/8/16 Occupancy Status During Abatement (Check	11/14/1 Only On					Street		ess						-
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe:	eriod of A	Abatem	atement ours City, State, Zip Code											
Scope of Work (Check All That Apply)						F								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renovat Demoliti					- N	Full Containme Mini-Enclosure Glovebag Proc	edure					
	T					12	×	Non-Exempted	(*) and No	n-Friab	_		ement	
Location of	1	Location Normall	у		De	escriptio	n of				_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Cus	ed Solel intenar todial S (12)	nce/ Staff?		therma surfa	ntaining last system acing, Variation miscella	ns ins AT, o	r	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
Futurior Cidina	Yes	No	N/A X		Evt	erior S	idino	,	1000	Sf	x			
Exterior Siding		^		LXU	61101 0	iuli ig	3	1000						
			JDEP W	lasto	Cubi	o Vardo		Name of	Registered	Landfill				
Name of Registered Waste Hauler United Roll Off	Н	auler ID 2459		10000	bic Yards Waste  Name of Registered Landfill G.R.O.W.S.									
City, State Elm NJ						osal Dat 4/16	е	City, Stat Morrisv	e ille PA 19	9067				
Completed by Anthony T Perna	ident					Signature Date 10/28/16				1201240				

# Ch 201030

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Ch 30 638	NO	TIFIC		N OF ASBES		BATEMENT 20)		G			<u>_</u> E
Date of Notification (1) October 27, 20	16			Name of Building		erator (2) Route 35 Associa	ates, LLC	3/	06	2 20	16 S
f 1 nm	al Notifi	cation otification		Street Address		Grand Central A	venue ASE			ONTI	
[X] DOL Am	endment	#including		City, State, Zip C		lette, NJ 08735					
[ 1 ] 5011	cellation			Name of Contact Bob			Telephone Numbe	r			
21 45 31 45			FAC	CILITY INFORT	MATION						
Name of Facility Where Abatement is Taking Building	g Place (	3)				Type of Facility (4	School (k-12)				
Street Address 1601 Grand Cents	ral Ave	enue				[ x ]	Subchapter 8 (o Other (i.e., priv homes, etc.)				ldings,
City	Coun	ity (6)		County Code (7) (STATE USE ONI	_Y)	Square feet 1500 sf	# of Floors	Blo	lg. Age	60	
Lavallette	Oce				#		if being demolished	i)		00	2011
Name of Monitoring Firm Hired by Building	Owner (	8)		ASCM No.	Name of	Abatement Contracto	or (9)				
N/A Street Address		-			Street Ac	Guard Idress .	lian Contracting	, Inc.			
City, State, Zip Code				ti e	City, Stat	te, Zip Code	Route 9, Unit 6	1			
Project Manager for Monitoring Firm		Telephone	e Number		Telephon	Toms te Number	River, New Jers			271	
Scheduled Start Date (10) 11/8/16				on Date (11)	732-34 Name of	OSHA Monitor	00624				
Occupancy Status During Abatement (Check	only one	11/9/	16		Street Ad		S.L. Analytical				
[ X ] Facility Closed/Vacate [ ] Abatement Performed	d During	Entire Peri				1056	Stelton Road				
Other – Describe		or rounter i	definy 110		City, Stat	e, Zip Code Piscat	away, New Jerso	ey 088	354		
Scope of Work (Check all that apply)					[ ]		nt with Negative Pres	ssure			
[ ] >3 sf or ≥3 lf		[ ]	Renovat	ion	l J	Mini-Enclosure Glovebag Proced	1				
[ X ] ≥160 sf or ≥260 lf		[ x ]	Demolit		[x]		*) and Non-Friable	Procedi	ıre		
		Is Location	an.		Description	F		Aba	tement	Туре	
Location of	N	Normally u			pestos-Con		Amount	R	R	E	Е
Asbestos-Containing Material (ACM)		Solely b		1	Material (A	CM)	(Specify SF	E	E P	N C	N C
TO BE ABATED in facility	Main	tenance/C Staff	ustodial		., thermal s		or LF)	M O	A	A	L
(13)		(12)		ins	ulation, sur VAT, or			v	I R	P S	O S
		()		oth	er miscella			A	K	U	U
	YES	NO	N/A	***************************************		**************************************		L		L E	R E
Exterior		X		Asbestos sidir	ıg		1350 sf	X			
Name of Registered Waste Hauler	l x	JDEP Was	te Houles I	D.No.   Collins	edo of W	I No. of	1,				
Guardian Contracting, Inc.			0223	3	rds of Waste	Name of Registe T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey			Disposa 11/10/		City, Stat	e					
Completed by (Print or Type)	Title		11/10/	Signature	1 ullyto	wn, Pennsylvania	4	Date			
Nicholas Fernicola	Projec	ct Manag	er		\	11		1,000,000,000	7/20	6	

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755



### DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:	Notification:	cation:					
I. TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled): O	II. IS ASBESTOS PRESENT?	(Yes/No): Y					
III. FACILITY INFORMATION (identify owner, removal cont	tractor and other operator)							
OWNER NAME: 1601 Route 35 Asso	ociates, LLC							
Address: 1601 Grand Central	Avenue							
City: Lavallette Stat	te: New Jersey	Zip: 08735						
Contact: Bob		Tel: 732-830-5551						
REMOVAL CONTRACTOR: Guardian C	Contracting, Inc.	NJ License: 006	524					
Address: 1889 Route	e 9, Unit 61							
City: Toms River Stat	te: New Jersey	Zip: 08755						
Contact: Nicholas Fo	ernicola	Tel: 732-349-9932						
OTHER OPERATOR (if different)		NJ License:						
Address:								
City: State	e:	Zip:						
Contact:		Tel:						
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E - Emergency	Renovation): D						
V. FACILITY DESCRIPTION (Including building name, num	ber and floor or room number)							
Building Name: Building								
Address: 1601 Grand Central	Avenue							
City: Lavallette State	e: New Jersey	County: Ocean						
Site Location: Exterior								
Building Size: 1500 sf # of	Floors: 1	Age in Years: 60						
Present Use: Building	Prior Use:	Building						
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, II	F APPROPRIATE, USED TO DET	TECT THE PRESENCE OF ASBESTOS MATI	ERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?  VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	7.		Nonfriable					
Regulated ACM to be removed	RACM		Asbestos Material					
<ol><li>Category I ACM not removed</li></ol>	То Ве	LOCATION	Not To Be Removed					
Category II ACM not removed	Removed		Cat I Cat II					
Pipes (Linear feet):								
Surface Area (Square feet): 1350 sf	Asbestos siding	Exterior						
RACM Off Facility Component (Cubic feet):								
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 11/8/	/16 Complete: 11	/9/16					

	NOTIFICATION	OF DEMOLI	TION AND RENOVA	TION (continued)	FREIWER
Χ,	DESCRIPTION OF PLANNED DEMOLITION C	R RENOVATION W	ORK, AND METHOD(S) TO	BE USED	NOV - 2 2016
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:			AS	BESTOS CONTROL & LICENSING
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be plant	e roped off with caution to ced in double 6 mil. Bags	tape and warning signs. Plastic shee s, sealed and labeled and placed in a	ting will be placed on the groun locked container for disposal.	d below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	g, Inc.		
	Address: 188	9 Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip: (	08755
	Contact Person: Nich	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	lentown Road			
	City: Tullytown	State:	Pennsylvania	Zip: 1	9007
	Telephone: 215-943-9732			1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEA	ASE IDENTIFY THE AGENCY	BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M.	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ons or would cause equ	uipment damage or an unreason	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLEI	OWED IN THE EVEN ), PULVERIZED, OR	NT THAT UNEXPECTED ASI REDUCED TO POWDER	BESTOS IS FOUND OR PI	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE	REQUIRED TRAINING HAS	REEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Open	rator)	October 27, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT	_ /	/	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Open	rator)	October 27, 2016 (Date)

State of New Jersey NOTOCESTION OF ASSESTED ABANESED (Present to NIAC Sign and 12:120)  Deta of Notation (1)  Oct 27-16  Person of Seeing Outer Committee (2)	E G E I V E NOV - 2 2016
Agricia Notated Type Notate of Street Address  ASTRONOMY OF THE LAND THE LA	DESTOS CONTROL & LICENSING
Name of Ferry (Mary Answers Ferry Co. Street Answers Ferry Co. Street Answers Ferry Co. Street Answers Ferry Co. Street Answers	
Clip (a) W: Mixtus town NI Sumo Per Sentence Some Sentence Sentenc	S. Age
Street Address  Street Address  City, State, In Code  City, State, In Code  City, State, In Code	
Sent Date (10) Schemes Completon Date (11) Nov. 6 14 - 16 Nov. 10 10 10 10 10 10 10 10 10 10 10 10 10	District Carriers
The Abstract Parismed Curation of Normal Parisment  Chicagonic Parisment Curation of Normal Parisment  Chicagonic Parisment Curation of Normal Parisment  Chicagonic Parisment P	To the state of th
is Location of Loc	
DISTING CONTROL OF THE STATE OF	THOOTHER CONTRACTOR CO
ANI JUE LLC CURVETS CORVETS REMEDITED BY TO DEPOSE THE SET OF THE	and the same and t

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1104	-2	2016	
SBESTO	2.00	NTDO	71 8

Date of Notification (1) 10/27/16			Name of Shlom			144		UT	2	<u> </u>				
Agencies Notified Type Notification  EPA				te, Zip Co		11 (4. 300.00				-	ASBE			ONTR SING
	(including		Name of Shlom	71			nii — — —		Tele	ephone N	Number	•		
Name of Facility Where Abatement is Takin	g Place (3)		FACI	LITY INFO	ORMAT		] s	of Facility (4 chool (K-12 ubchapter 8	)	or than K	-12\			
City (5) Lakewood	·					S	T c	other (i.e. pri tc.) Feet	ivate 8		rcial bu		gs, ho	
County (6) Ocean			County (	Code (7) JSE ONLY	)			nt Use (Prior		ng demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	l No.				PROFES						
Street Address			Street Address 6 WHITE DOVE COURT											
City, State, Zip Code		· .	<del>-</del>	.,.		City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No.				License No.				
Project Manager for Monitoring Firm Start Date (10)	Scheduled		Telepho			732-66	8-90			1200	: INO.			
11/9/16 Occupancy Status During Abatement (Chec	11/10/16	300000	pietori	Jale (11)			EAD	PROFES	SSIO	NALS				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	atem	ement 6 WHITE DOVE COUR											
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	BATTER/TROOM	nova noliti				×	Full Containment with Negative Pressure Mini-Enclosure G!ovebag Procedure Non-Exempted (*) and Non-Friable Procedure					dure		
,	Is Lo	cati			-								atema Type	ent
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo (	Sole enar	ly by nce/		tos Cor therma surfa	escription of staining Mat il systems in scing, VAT, miscellaned	terial nsula or		(5	mount Specify or LF)	Kemovai		Renair	Enclosure
Exterior						Siding			20	000SF	X			
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509		of Wa			Name of R		ered Land	Hill			
City, State NEWARK, NJ	Title		Disposal Date City, State 11/10/16 BETHLEHEM			Л РА								
Completed by JOSEPH PERLSTEIN	R					Signature Date 10/27/16								

	S	State of No	ew Jer	sey - Notific	cation of Asbestos A	Abatemen	The state of the s	G (	9 E I	1 1///	E D
11/10/16	1.0							E	3 E I	Į Ų	_5_1
(h)4	+()		(Pursi	ant to N.J.A.C	. 8:60-7 and 12:120-7)						The contract of the contract o
Date of Notification (1)					Name of Building Owner/	Operator (2)		0.04	<del>0V - 2</del>	2016	<del>9   </del>
October 25, 2016					Medexpress	Operator (E)	hol har				3 5000
Agencies Notified		Notification	Туре		Street Address						
		☑ Initi	al Notif	fication	370 Southpointe Dr	r. Suite 10	<b>p</b> A		STOS CO	201	OL &
X EPA		Amended	Certific	ation	City, State, Zip Code				LICENS	ING	
DCA x DOL		Postponed	By Ow	ner	Canonsburg, PA 1:	5317					
X DEP			gency (	including	Name of Contact		Teleph	none N	umber		
x DOH		justific			Mr. Ryan Rodeheaver						
51505505000		☐ Cance	lled						250		
				FACILITY INF							
Name of Facility Where Abate					Type of Facility (4)						
Vacant Building – Fro	nit Bull	aing			School (K-12)	17.40)					
Street Address					Subchapter 8 (other than		uildings	homos	oto \		
1680 N. Olden Avenu	е				Other (i.e. private & Sq. Feet: Unknown					/oare	. 1
City (5)	County (6	5)	County	Code (7)	<u>oq. r eet.</u> Onknown	# 011 1001	<u> 3.</u> 1 <u>D</u>	nug. A	<u>ge.</u> 10	years	
Ewing	Mercer	_		Use Only)	Current Use (prior if being	demolished)	):				
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)						_
<b>Environmental For</b>	ensics.	LLC		<del></del>							
	,	The state of the s			GREENWOOD ABAT	EMENT C	ONSUL	_TAN	TS, INC.		
Street Address					Street Address						
3 Clementon Way					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Lawrenceville, NJ 08	648				Butler, NJ 07405						
Project Manager for Monitoring	g Firm	Telephone N			Telephone Number		License	e Numb	er		
Lance Berens		609.495.	4069		070 400 0477		0004	_			1
Scheduled Start Date (10)		Scheduled C	amplatio	n Data (11)	973-492-0477 Name of OSHA Monitor		00840	U		-	
October 27, 2016		Novembe	-	ACCUSATION OF THE PARTY OF THE	Name of OSHA Monitor						
0010501 21, 2010		140 veille	01 00, 2	-010	EMSL inc.						
Occupancy Status During Ab	atement (	Check only o	ne)		Street Address						
Facility Closed/Vacate					1056 Stelton Road						1
Abatement Performed			ility Hour	S -	City, State, Zip Code						-
xDescribe - Vacant Other - Describe: Scl			aliaha	. al	Oity, Otato, Esp Oodo						
Other – Describe: SCI	redured	to be dell	ionsne	au	Piscataway, NJ 088	854					
Source of Work (Check all that	apply)										
						Full Contain	ment wit	th Nega	ative Press	sure	
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo	sure				
$\square \ge 160 \text{ sf or } \ge 2$	60			x Demolition		x Glovebag				-	
Location of Asbestos-Containing	na lista	ocation Normal	ly I Ised	Description of Ash	bestos Containing Material	x Non-Exem			on-Friable nent Type	Proce	aure
Material (ACM) in Facility (13)	-	ly by Maint./Cu			nal systems insulation, surfaci		100000000000000000000000000000000000000	E-ro-roman		900000 Juli	
		f? (12)		VAT, or other mis	cell.)	or LF)		Remove	Repair E	ncap E	nclose
	YES	S NO	NA	1/4 T O BE //		0.500	-	1571			
Interior			X	VAT & Masti	С	8,500		X			
Exterior			X	Transite		1,200		X			
Exterior			X	Built up Roo	oting	14,00		X			
Interior		Luce	X	TSI		70 lf		X		1611	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	)	NJDEP Was See Below		10#	Cubic Yards of Waste:		-		stered Land Landfill	IIII	
See Hauler Below # 1 & 2		See Below			200		G.R.C		_andiii		1
Hauler #1) Greenwood	Abateme	ent Consult:	ants. In	c Butler N.I (	7405	Disposal Da			City, State		
NJ DEP # 12	J. Dation, 110 C		Novembe	300030000		Route 2, B	ox 68				
Hauler #2) STG Transpor	stle DE- T. 215.76	68.1366	2016			Bridgeport 304-842-2					
<b>1</b> 200									004-042-2	, 04	
Completed by (Print or Type)		<u>Title</u>			<u>Signature</u>		<u>Date</u>	0.00			
Marin Graure		SENIOR PI		T	Marin Graun	2.0.	Octo	ber 2	25, 2016		
		MANAGER	3		44500.0000 00.000000	rur					1

MANAGER

page 1

From GREENWOOD ABATEMENT

19734920133

10/25/2018 09:37

NOV - 2 2016

State of New Jersey - Notification of Asbestos Abatement

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

Date of Nelification (1)		Name of Buildin		baretor (2)		ASBES	TOSC	ONTROL			
October 25, 2016			S SAME BARRIES		Modexpres	A STATE OF THE PARTY OF THE PAR			-/-	JOEN	SHIG
Agencies Notified		Notification :		edlas	370 Southp	ointe Dr.	Sulte 100	1	7	:	
X EPA		Amended			City State Zip	Code		4	1	ale-	
DCA		Postponed			Canonsbur	PA 15	317	1. /	/	:	1
x DOL		22 Emerg			Name of Conta		7	Telsphone	Number	Works to the same	
X DEP				reloging	Mr. Ryan Rod	er waret					
x DOH		Justific			Mil. rejanistos		, ,				
30 - 41 - 40 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1		□ Cancel	led						Contract of the last		
		too Pitore (A)		FACILITY INFO	Type of Facility	(4)					_
Name of Facility Where Abate	Mont B 18	(Ind Place (3)			School (K-12						
Vacant Building - Fr	OUt Maile	រពេទ្ធ		1			M 491				
Street Address				MINISTER CONTRACTOR	Subchapter &	lather men	commercial bu	Ildiann hame			
1680 N. Olden Avenu	8			1	So Feet U	e, private &	es es Elace	· 4 Diele	Ara: 70 V	o a Ph	
		-	Barrate	Code (7)	SO FARL U	UKUOWI	P OF P IOUT	r i Birm	DHE 10 1	A SEL DI	
City (5)	County (6		/Runta L	ise Only	Current Use (p	dar if halne	demolished):				
Ewing	Mercer		1 Charles and Pri	Ser Giller	Criteti Pas (b	HALLI BALLIB	Semi-Merice).				
Name of Montioring Firm Hire	d by Bilde /	S-00- /S\	AECMI	VA.	Name of Contra	ctor (9)	TONING OF THE PARTY OF THE PART		or resources of part to		
Name of Mornighted Path Will	d na pusit	- NO.	COLLEGE	787	STREET, STREET						1
Environmental For	ensics,	LLC			GREENWOO	DABAT	EMENT CO	NSULTAI	NTS, INC.		
Street Address		-			Street Addresse					Y-4-	
3 Clementon Way											- 1
0 0,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					511 MAIN S	TREET					
Chy. State, 20 Code					Chy Stale, ZipC						1
Lawrenceville, NJ 0	3648				Butler, NJ 0						-
Protect Manuscer for Monitorin	ng Eirm	Telephone h			Talephone Nun	IPEL		License Nur	DESI		
Lance Berens		609.485	4069		973-492-047	79		00840			
(4A)		Scheduled C	amalatia	- Data (55)	Name of OSHA		-	09094		- CONT CONT CONT.	
Scheduled Start Date (10) October 27, 2016		November			Native of Desire	MINIST					
October 27, 2016		MOASIIID	er out v	.010	EMS LINE						
Occupancy Status During A	batement	Chack only o	ne)		Street Address						
Facility Closed/Vapat	ed During I	Entire Period	of Abatan	nent		20 0					
Abatement Performe	d Outside d	Normal Fac	ility Houn	5·	1066 Stelle					And the second	
xDescribe - Vecan	et Retall	Space		-:	CIN State Zin						
Other - Describe: 80	heduled	to be den	nolisha	d	Piscatawa)	NION	REA				
A DECEMBER OF THE STATE OF THE					L MACHINANI)	1110 000	997				
								mestings entirely and		C Section 1	
Source of Work (Check all th	at about						Full Contains	ned with his	cellus Press	LIPA	
				_			Mini-Enclos		SERVE FISSE	2210	
_ ≥3 sfor ≥ 3				Renovation			# G je ve bad	New Property and the Property of the Property			
☐≥ 160 of or ≥	260			x Demoition			K Non-Exam		Non-Frieble	Precedu	Trans.
Lecation of Asbestos-Contain	alesa I ka I	ecation Norma	lly I lead	Description of Aab	setos Containing	Meterial	Amoun	I ADE	tement Type		
Reterial (ACM) in Facility (13	Bold	by by Maint.AC	ustodial	(ACM) (i.e. therm	si shatawa jushik	tion, surfact	ng, (Specif	U SE	ove Receiv E	neus fissi	nna
	Stat	A7 (12)		VAT, or other miss	call.)		or LF)	EURD	Carlot Francisco	THE PERSON NAMED IN	Substition
	45	S NO	NA			THE WASHINGTON	9 686	ef (2)			_
interior				Head & TAV	C		8,500				
Exterior		1	120	Transite			1,200		1 1		1
Exterior		1	DEC	Bull up Roc	fing		14,00			- 1	
Interior				TSI		William St. and .	70 H	X	1= 1	7511	
Name of Rag. Waste Hauler   NJDEP Weste Hauler ID #					Cubic Yards o				postured Lan	اللالك	
See Hauler Below # 1 & 2 See Balow						200		Meadowfi			
		<u> </u>				CATO PLETON APPROXIMATION	Diappasi Da	G.R.O.W.	City State		
Hauler #1) Greenwood Abatement Consultants, Inc Butler, N					7405		Novemb		Route 2. B		
NJ DEP # 12561 NY DEP #							2018	he mal	Bridgeport	, WVA	
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 1955							EU 10		304-842-2	784	
						# D4000		Finte	- Company of the Comp	To Employee	biolisations
Completed by (Print or Type	1	Itte		n.mr	Signature	-		Octobe	r 26, 2016	1	
Marin Graure		SENIOR P		0	Maria	Gran	2.6	000000	. wa' wa 18		
		MANAGE	PE		1	0				-	

State of New Jersey - Notification of Asbestos Abatement												
CK 1243	39			(Pursu	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)	east according to the state of	R	ECEIVE			
Date of Notification (1) October 25, 2016						Name of Building Owner/o	Operator (2)		NOV - 2 2016			
Agencies Notified			tification Initia	al Notif		Street Address 370 Southpointe Dr	. Suite 10	O AS	SBESTOS CONTROL &			
X EPA DCA			mended (			Cononchura DA 15	5217		LICENSING			
x DOL			ostponed mergeno			Canonsburg, PA 1:	3317	Telenh	none Number			
X DEP			justific		uding	Mr. Ryan Rodeheaver		relepi	TOTIE MUTIDEI			
x DOH			Cancel					l				
					FACILITY INF							
Name of Facility Where Abate				V		Type of Facility (4)						
Vacant Building – Ba	ick Bui	lding	3			School (K-12)	W 400					
Street Address						Subchapter 8 (other than  Other (i.e. private &		uildinge	homos ata\			
1532 Prospect Street	:					Other (i.e. private & Sq. Feet: Unknown						
City (5)	County	(6)		County	Code (7)	Oq. 1 cct.	11 01 1 1001	<u> </u>	10g. 71go. 10 your			
Ewing	Merce	er		(State I	Jse Only)	Current Use (prior if being	g demolished)	:				
Name of Monitoring Firm Hire			00000000000	ASCM	No.	Name of Contractor (9)						
Environmental For	ensics	, LL	C			GREENWOOD ABAT	EMENT C	ONSUL	_TANTS, INC.			
Street Address 3 Clementon Way						511 MAIN STREET						
City, State, Zip Code						City State, ZipCode						
Lawrenceville, NJ 08						Butler, NJ 07405						
Project Manager for Monitorin	g Firm		lephone N			Telephone Number		License	e Number			
Lance Berens		0	09.495.	4069		973-492-0477		00840	0			
Scheduled Start Date (10)		Scl	heduled C	ompletio	n Date (11)	Name of OSHA Monitor						
November 7, 2016		No	ovembe	er 30, 2	2016	EMCL inc						
Occupancy Status During A	hataman	t (Cha	ck only or	16)		EMSL inc. Street Address						
Facility Closed/Vacate				05/07/2014	ment	<u>Gurder ridardoo</u>						
Abatement Performed						1056 Stelton Road						
xDescribe - Vacan				•	Tr.	City, State, Zip Code						
Other - Describe: Sc	hedule	d to	be dem	olishe	d	Piscataway, NJ 088	854					
						, locatalitay, ito co.						
Source of Work (Check all tha	it apply)	_										
							Full Contain	ment wit	th Negative Pressure			
≥ 3 sf or ≥ 3 lf					Renovation		Mini-Enclo	sure				
$\square \ge 160 \text{ sf or } \ge 2$	260				x Demolition		Glovebag F					
Location of Asbestos-Contain	ina IIs	ocatio	on Normall	v Used	Description of Ash	pestos Containing Material	X Non-Exen		and Non-Friable Procedure Abatement Type			
Material (ACM) in Facility (13)			Maint./Cu		(ACM) (i.e. therm	al systems insulation, surfaci	ng, (Specif					
	E-11033	aff? (12 ES	2) NO	NA	VAT, or other miss	cell.)	or LF)		Remove Repair Encap Enclose			
Exterior	- 1		INO	X	Built up Roo	fina	4,500	ef	X			
LXterior				E	Dunt up 1000	iiig	4,500	31				
							ı					
Name of Reg. Waste Hauler	***	55,200	DEP Was		ID#	Cubic Yards of Waste:		-	of Registered Landfill			
See Hauler Below # 1 & 2	2	Se	ee Below	16.		80		G.R.C	owfill Landfill			
III#1\ Creenweed	Abatan	2004 (	Canaulta	unta In	a Dudlan N.I.C	7405	Disposal Da		City, State			
Hauler #1) Greenwood NJ DEP # 12					c. – Datier, NJ C	11700	Novembe		Route 2, Box 68			
Hauler #2) STG Transport Inc., 58 Pyles Lane, New Castle DE- T. 21						768.1366	2016	,	Bridgeport, WVA 304-842-2784			
Completed by (Print or Type) Title						Signature		Date	THE SCHOOL SHOOTHINGS			
Marin Graure			NIOR PR		T	Marin Graun	9.0	Octo	ober 25, 2016			
		MAI	NAGER			445000000 00000000000000000000000000000	00					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Date of Notification (1)  Name of Building Owner/Operator (2)											E (	G 1	Ē I		7 E	Samuel State
Date of Notification (1) 10/25/16					f Building Hauman		Operator	(2)	100	E Constant	Canaga	04	- 2	20	16	
Agencies Notified Type	Notification			Street A	ddress											Ĭ
⊠ EPA □ I	nitial										ASBES	STO	SC	ONT <del>UNG</del>	ROL	. &
	Amended Amendment	#			ate, Zip Co nawken		7006			L		LIU	1 4 1	76140		
X E	Emergency (		-		f Contact	, 145 07	000			I Tol		Nicon	h			
DOH     DCA     □ 0	ustification) Cancellation				an and see the second					Tel	ephone	Num	ber			
Name of Facility Where Abatem	ent is Taking	Place (	3)	FACI	ILITY INF	ORMAT	ION	Type	of Facility (	4)						
Glen Haumam	CITE O TAKIN	g i lace (	0)					_	•							
Street Address									School (K-1 Subchapter	8 (Oth	er than I	K-12)				
									Other (i.e. petc.)	rivate a	& comm	ercia	build	dings,	home	es,
City (5)									re Feet	# 0	f Floors		В	ldg. A	ge	
Weehawken								000000000000000000000000000000000000000							.=	
County (6)					Code (7)			Curre	nt Use (Pri	or if bei	ng dem	olishe	ed)			
Hudson County				-0.	USE ONLY						200					
Name of Monitoring Firm Hired to	y Building (	Owner (8)	)	ASCN	Л No.		The second second second	of Aba Abate	tement Cor ment	ntractor	(9)					
Street Address							Addres	ss Street S	uito A	1						
City, State, Zip Code									ip Code	uite A						
							Nort	h Berg	gen, NJ 0	7047						
Project Manager for Monitoring I	irm			Telepho	ne No.			none No 293-6			Licens 0122					
Start Date (10) 10/26/16		Schedul 11/08/		mpletion	Date (11)		120000000000000000000000000000000000000		HA Monitor	ILTIN	G LLC					
Occupancy Status During Abate	ment (Checl	k Only Or	ne)	-			Street	Addres	SS		V 111.C-1.V					
Facility Closed/Vacated Du	ring Entire F	eriod of	Abater	nent			1600	ROL	JTE EAS	TSU	TE 10	7				
Abatement Performed Outs Other – Describe:	ide of Norm	al Facility	y Hour	S		_			p Code J 07083							
Scope of Work (Check All That A	Apply)						1				7-12-11				V - E.S.	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demoli					Min Glo	l Containme ni-Enclosure ovebag Prod	e cedure						
		T			T		×	U Nor	n-Exempted	d (*) an	d Non-F	riable			ement	
			S Locat Norma												pe pe	
Location of Asbestos-Containing Materia	I (ACM)	Use	ed Sole	ely by	Asbes	De tos Con	scription taining N		(ACM)	А	mount				m	
TO BE ABATED In Facility			intena todial			thermal		s insula			Specify or LF)		Rer	Re	nca	Enc
(13)			(12)				niscellar			Si	OI LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									=	0.524	ate	.e
Basement							TSI			1	0 LF		х			
Name of Registered Waste Haul	1 /573	JDEP W			Yards		Name of	Registe	ered Lan	dfill						
NEWARK CARTING	3300	Hauler ID 4509	No.	of Wa			WASTE		NAGEN	ΛEΝ	T G	ROV	VS N			
City, State HILLSIDE, NJ				Dispos	sal Date		City, State MORRI		E PA							
Completed by		Title				5	Signatur	2111	an 1	119014	M	Date				
Bryan Parra		Proje	anager	<i>y</i> :			XY	GHIK	MIL	0	10/	25/1	6			

Print Form

OD CK			NOT		ATIO		BES	ersey TOS ABA 60 and 5:1		DE	G [		$\mathbb{V}$	E
Date of Notification (1)				-	Name	e of Buildin	na Owr	ner/Operator (	(2)					
9 /	19 /	16			Pri	nceton U	Jnive	rtsity - Offic	e of Design and	d Construction	DV .	- 2	201A	5
Agencies Notified	Type Notific	ation				t Address								
⊠ EPA					20	Elm Dr				ASBE				OL 8
⊠ DOLWD			40/0	E14.0	City,	State, Zip (	Code				LICE	NSI	1 <u>G</u>	
☑ DHSS ☑ DCA	Amendm  Emergen	_			Pri	nceton, I	NJ 08	544						
(NJAC 5:23-8)	justificati	ion)	ciuuiii	4	Name	e of Contac	ct			Telephone Nur	nber			
X 20.000 20.000000	Cancella				Ro	bert Orte	go							
					FA	CILITY IN	NFOR	MATION		4				
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility (	4)				
Princeton University	y- Enginee	ring (	Quadi	rangl	е				School (K-12)					
Street Address									Subchapter 8	(Other than K-1	2)			
Olden St									Other (i.e., pri	vate and comm	ercial b	uildin	gs,	
City (5)			-				//200		Square Feet	# of Floors	E	Bldg. A	ge	
Princeton														
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Price	or if being demol	lished)			
MERCER									37					
Name of Monitoring Firm I	Hired by Build	ding O	wner	(8)	ASCM	No.	Nan	ne of Abatem	ent Contractor (9)					
Cardno ATC Associ	ates Inc.						В	RISTOL EN	VIRONMENTAL	, INC.				
Street Address							Stre	et Address						
Bromley Corporate	Center-Thr	ee Te	erri La	ine			11	123 BEAVE	R STREET					
City, State, Zip Code							City	, State, Zip Co	ode					
Burlington, NJ 0801	6						В	RISTOL, PA	19007					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Tele	phone No.		License No.				
Michael Keehn				153		-8800	21	15-788-6040		00509				
Start Date (10)	5	Sched	uled C	omple	etion Da	ite (11)	Nam	ne of OSHA M	lonitor	2				
_10_ / _3_ /	16	_ 1	0_ /	_2	5_ /	16	В	RISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During			100	100			Stre	et Address			- 11222			
☐ Facility Closed/Vacated							11	123 BEAVE	R STREET					
Abatement Performed							City,	State, Zip Co	ode					
Time of Abatement: 7:	00AW-3.30F	-IVI/		VI	AIVI		BI	RISTOL, PA	19007					
Scope of Work (Check all	that apply)							D= "0						
≥3 sf or ≥3 lf			⊠ Re	novat	ion				ainment with Nega	itive Pressure				
≥160 sf or ≥260 lf			Samuel .	moliti				Gloveba	g Procedure	Marine State Cartilla 10				
			la.	1				☐ Non-Exe	mpted (*) and Non	-Friable Proced		mara <b>-</b> 2 a 7 a 7 a 7		(0000000
Location of	\f	İ		Loca Jorma				Description of	•		-	batem		
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe		Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABAT				intena	ince/ Staff?	(i.e		mal systems		(Specify	nov	a E	aps	losu
IN Facility (13)	/		000	(12)	otan.			urfacing, VAT, er miscellane		SF or LF)	<u>n</u>		Encapsulate	Гe
			Yes	No	N/A		17.70						O	
C402				$\boxtimes$		Floor ti	le an	d mastic		205 SF				
B118 - 1st Floor of B W	/ing			$\boxtimes$		Floor T	ile			116 SF				
B118 - 1 <sup>st</sup> Floor of B W	/ing			$\boxtimes$		Floor T	ile Ma	astic		180 SF	$\boxtimes$			
Name of Registered Waste	e Hauler			1000	JDEP		500000000000000000000000000000000000000	ic Yards of	Name of Registe	ered Landfill				
BRISTOL ENVIRONM		1	lauler I		Was	te	G.R.O.W.S.	NORTH LAND	DFILL					
City, State					1870	,	Disp	osal Date	City, State					
BRISTOL, PA 19007									MORRISVIL	LE, PA 19067				
Completed By (Print or Typ	oe)	Title					Т	Signature	2 .	/ D	ate	,	/	
Brian Scafiro	timat	or				A. T.	Souli	118	10/0	25/	16			
CD 41	_							xrean	Julie 1	1	1	11	-	

ASB-41 MAY 11 B 5 1 6 128

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

		NO				SBESTOS ABA AC 8:60 and 5:		何年级	E		9 [	
Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	(2)					
	19 /	16				Jnivertsity - Offi		nd Construction	n_	2 20	016	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Agencies Notified T	ype Notificatio	n		Stre	et Address			had been				1
	☑ Initial			20	00 Elm Dr			ASBEST	00.0	CONT	TDO	1 8
	Amended	#2 4A	14 2 14 0	City	State, Zip	Code			CEN			I O
⊠ DHSS	Amendment Emergency			Pr	rinceton,	NJ 08544		L		01:01	-1	
□ DCA (NJAC 5:23-8)	justification)		ng	Nam	ne of Conta	ct		Telephone Nu	mber			
	Cancellation			Ro	bert Orte	ego			200 miles			
				FA	ACILITY II	NFORMATION					-	
Name of Facility Where Aba	tement is Taki	no Plac	ce (3)	- '	(OILITT II	VI ORMATION	Type of Facility	(4)				
Princeton University-				le			School (K-1	10 10				
Street Address		,					Subchapter	8 (Other than K-1				
Olden St							Other (i.e., p	rivate and comm	ercial	buildi	ngs,	
City (5)			-				Square Feet	# of Floors		Bldg.	Δαο	-
Princeton							Oquale 1 cct	W 011 10018	1.	Diag.	nye	
				Cou	inty Code (	7)(STATE USE ONLY)	Current Lies (P	rior if boing domo	lichod'	\		
County (6) MERCER				000	my code (	I NOTATE USE ONLY	Current Ose (F)	ioi ii beilig demo	isneu)	)		
	- J L . D . NJ:	0	(0)	1000	6 31 -	ht						
Name of Monitoring Firm Hir		Owner	(8)	ASCN	1 NO.	The state of the second and the seco	ent Contractor (9)					
Cardno ATC Associat	es inc.						IVIRONMENTA	L, INC.				
Street Address						Street Address						
Bromley Corporate Ce	enter-Three	Terri L	ane			1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitori	ng Firm		111111111111111111111111111111111111111	ephone		Telephone No.		License No.				
Michael Keehn					6-8800	215-788-6040	)	00509				
Start Date (10)					ate (11)	Name of OSHA N	Monitor					
_10_/_3_/_1	16	11	/7	/	16	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Ab	atement (Chec	ck only	one)			Street Address						
☐ Facility Closed/Vacated D	uring Entire Pe	eriod of	Abate	ment		1123 BEAVE	R STREET					
☐ Abatement Performed Ou						City, State, Zip Co	ode					
Time of Abatement: 7:00	AM- <u>3:30</u> PM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all tha	t apply)	Same and										-
							tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			enovat emolitic			☐ Mini-Enc	losure g Procedure					
△ ≥ 160 St 01 ≥ 200 II			SI TOTAL	OI1				n-Friable Procedu	re			
		Is	Locat	tion	1				A	batem	ent T	ype
Location of			Norma	-		Description o	f				_	1
Asbestos-Containing Mate		1000000	ed Sole			stos Containing Ma		Amount	Removal	Repair	Encapsulate	nclo
TO BE ABATED IN Facility	<u>)</u>		todial		(i.e.	, thermal systems surfacing, VAT,		(Specify SF or LF)	BVO	=	psu	Enclosure
(13)			(12)	,		other miscellane		-, -, -,	-		late	e
		Yes	No	N/A		100000000000000000000000000000000000000						
C402			$\boxtimes$		Floor til	e and mastic		205 SF	$\boxtimes$			
B118 - 1st Floor of B Wing	g				Floor Ti	le		116 SF				
B118 - 1st Floor of B Wing	9				Floor Til	le Mastic		180 SF				
Name of Registered Waste Ha	auler		1 1 2 2 7	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
BRISTOL ENVIRONMEN			H	auler ID	20010000	Waste	G.R.O.W.S.	NORTH LAND	FILL			
City, State				18706		Disposal Date	City, State					
BRISTOL, PA 19007							All Silvers and a second	LE, PA 19067				
Completed By (Print or Type)	Title					Signature		Da	te /	1		
Brian Scafiro	100000000000000000000000000000000000000	etimat	or			A.	Sal: 1.	1 10	1/12	11	6	

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

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<u>U</u> Li,	NUV		4	2010	

MCK		NO				SBESTOS ABA JAC 8:60 and 5:			NOV	- 8	2 2	016
Date of Notification (1)			-			ing Owner/Operator		heet book				
	/	6				Univertsity - Off		nd Construct				
	Notification	1		Stre	eet Address	S		and the second	LK	JEN:	SING	<u> </u>
⊠ EPA ⊠ Ini				2	00 Elm D	r						
2000	nended		10140	City	, State, Zip	Code						
	nendment #			P	rinceton,	NJ 08544						
	nergency (in stification)	ncludi	ng		ne of Conta			Telephone N	umber			
A CONTRACTOR OF THE CONTRACTOR	ncellation			P	obert Ort	900						
	TICCHALION					NFORMATION		],			-	
Name of Facility Where Abateme	ent is Takin	o Plac	ce (3)		ACILITY	INTO CICITA TION	Type of Facility	(4)				
Princeton University- Eng				ile			School (K-12					
Street Address	,						Subchapter 8					
							Other (i.e., p		nercial	build	ings,	
Olden St							homes, etc.)		-			
City (5)							Square Feet	# of Floors	1	Bldg.	Age	
Princeton												
County (6)				Cou	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished	)		
MERCER												
Name of Monitoring Firm Hired by	v Building (	Owner	(8)	ASCN	ή No.	Name of Abatem	ent Contractor (9)					
Cardno ATC Associates In			1-7				VIRONMENTAL	INC				
	10.		-			Street Address						
Street Address							D STREET					
Bromley Corporate Center	r-Three To	erri L	ane			1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 08016						BRISTOL, PA	4 19007					
Project Manager for Monitoring Fi	rm		Tel	ephone	No.	Telephone No.		License No.				
Michael Keehn			6	09-38	6-8800	215-788-6040	)	00509				
Start Date (10)	Sched	uled (	comple	etion D	ate (11)	Name of OSHA N	Monitor					
10 / 3 / 16	_1	1		/		- I - Common and the	VIRONMENTAL	, INC.				
Occupancy Status During Abatem	ent (Check	only	one)	E 1401 E 1 1 1 1		Street Address	***************************************					
☐ Facility Closed/Vacated During						1123 BEAVE	R STREET					
☐ Abatement Performed Outside						City, State, Zip Co	ode					
Time of Abatement: 7:00AM-3	:30PM/	P	M	AM		BRISTOL, PA	19007					
Scope of Work (Check all that app	ly)					FI		. 5				
D . 0 . f 2 ! f		⊠ Re	novat	ion			tainment with Nega	itive Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		☐ De				☐ Glovebag	g Procedure					
						☐ Non-Exe	mpted (*) and Non-	-Friable Procedi				_
			Loca: Norma						A	batem	ent	ype
Location of	0.065			ely by	Acho	Description o stos Containing Ma		Amount	Re	Re	En	Enc
Asbestos-Containing Material (A TO BE ABATED	ACIVI)		intena		(i.e	, thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility		Cust		Staff?	1	surfacing, VAT,	or	SF or LF)	(a)		Encapsulate	ure
(13)	-		(12)		-	other miscellane	ous)			1	ate	1
		Yes	No	N/A		le and mastic			+-	_	_	+
C402	02							205 SF			Ш	
lame of Registered Waste Hauler			N	JDEP V		Cubic Yards of	Name of Register	red Landfill				
BRISTOL ENVIRONMENTAL	., INC.		H	auler ID 18706	Marie Constitution (Constitution Constitution Constitutio	Waste	G.R.O.W.S. N	ORTH LAND	FILL		- HOLES	
City, State				.0100		Disposal Date	City, State					
BRISTOL, PA 19007							MORRISVILL	E, PA 19067				
completed By (Print or Type)	Title				1	Signature	1 1.	/ . Da		1	1	
Brian Scafiro	Est	timat	or			of the same	Sialia.	1-1	0/6	11	6	

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

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m	06	. #	= 3	0	94		

1 10 0	·										2 2	0
Date of Notification (1)						ling Owner/Operator		Umil Secur				
9 /	19 /	16			Princeton	Univertsity - Offi	ce of Design a	and Construc	tion	007	201	17
Agencies Notified	Type Notifica	tion		Str	reet Addres	s		ASI	BEST	OS (		
Ø EPA 1062	Initial			1 2	200 Elm D	r		L	LIV	-/k-1 4	OHA	<u>u</u>
Ø DOLWD 1048	Amended				y, State, Zip							-
☑ DHSS 1055	Amendme	nt #				NJ 08544						
Ø DCA /079	☐ Emergend		ding	-	me of Conta			Telephone	Mumbo			-
(NJAC 5:23-8)	justificatio	(10 m)						relephone	Vullibe			
	☐ Cancellati	on		1	Robert Ort	ego		0				_
				F	ACILITY	NFORMATION						
Name of Facility Where	Abatement is Ta	king Pla	ace (3)				Type of Facility	(4)				
Princeton Universi	ty- Engineeri	ng Qua	dran	gle			School (K-1	2)				
Street Address							Subchapter Other (i.e., p	8 (Other than I	(-12)	d buil	dinas	ē
Olden St							homes, etc.		ITIETCIA	i Duli	Jings	1
City (5)							Square Feet	# of Floors		Bldg	. Age	9
Princeton							Particles Res				200 E	
				100	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished	d)		_
County (6)				100	unity Code (	MOTATE OUE ONETY	05110111 000 (11)	ior ii being den	TOTION	-%		
MERCER			(5)	1	16 h.t.	Name of Abote	ant Contract - (C)					
Name of Monitoring Firm		ig Owne	r (8)	ASCI	M No.	Name of Abateme	ing of the commence of the com					
Cardno ATC Associ	ates Inc.						VIRONMENTA	L, INC.				
Street Address		-100		1000		Street Address						
Bromley Corporate	Center-Three	Terri	Lane			1123 BEAVE						
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 0801	6					BRISTOL, PA	19007					
Project Manager for Monit			Te	ephone	e No.	Telephone No.		License No.	-			
Michael Keehn			6	09-38	6-8800	215-788-6040		00509				
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA M	onitor	1				-
10_ / _3_ / _					16	BRISTOL ENV	/IRONMENTAL	INC				
			257.00					.,				-
Occupancy Status During						Street Address	CTOCCT					
Facility Closed/Vacated	During Entire F	eriod o	Abate	ment	a a viba	1123 BEAVER						_
Abatement Performed C Time of Abatement: 7:0	OAM 3.30PM	ai Facili	ty mou	rs - De	scribe	City, State, Zip Co.						
time of Abatement. 7.0	DAM-3.501 W/		101-			BRISTOL, PA	19007					
						M F. 11 C4-	inmant with \$1	D				
cope of Work (Check all the	nat apply)					M Full Conta	inment with Nega					
	nat apply)	⊠ p.	novot	ion		☐ Mini-Enclo	sure	tive i leasure				
] >3 sf or >3 lf	nat apply)		enovat emolitic			☐ Mini-Enclo	Procedure					
) >3 sf or >3 lf	nat apply)					Glovebag	osure Procedure opted (*) and Non-		ure			
cope of Work (Check all th ] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf	nat apply)		emolitic	ion	T	Glovebag	Procedure			oatem	ent T	У
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf Location of		□ De	Locat Norma	ion lly		Glovebag Non-Exem	Procedure apted (*) and Non-	Friable Proced	Ab	_	1	T
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma	terial (ACM)	☐ De	Locat Norma	ion lly ely by	Asbes	Glovebag Non-Exem  Description of tos Containing Mate	Procedure apted (*) and Non-	Friable Proced	Ab	_	1	T
>3 sf or >3 lf   >160 sf or >260 lf   Location of   Asbestos-Containing Ma	terial (ACM)	Use Ma	Locat Norma	ion Ily ely by nce/	Asbes (i.e.,	Glovebag Non-Exem  Description of tos Containing Mate thermal systems in	Procedure apted (*) and Non- erial (ACM) sulation,	Friable Proced		pater Repair	1	T
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma	terial (ACM)	Use Ma	Locat Norma ed Sole intena	ion Ily ely by nce/	Asbes (i.e.,	Glovebag Non-Exem  Description of tos Containing Mate	Procedure apted (*) and Non- erial (ACM) sulation, or	Friable Proced  Amount (Specify	Ab	_	nt Encapsulate	T
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility	terial (ACM)	Use Ma	Locat Norma ed Sole intena	ion Ily ely by	Asbes (i.e.,	Description of tos Containing Mate, thermal systems in surfacing, VAT, of	Procedure apted (*) and Non- erial (ACM) sulation, or	Friable Proced  Amount (Specify	Ab	_	1	T
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Ma   TO BE ABATE   IN Facility   (13)	terial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, of	Procedure apted (*) and Non- erial (ACM) sulation, or	Friable Proced  Amount (Specify	Ab	_	1	Typ
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Ma   TO BE ABATE   IN Facility   (13)	terial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion Illy ely by nce/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	Procedure apted (*) and Non- erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	_	1	T
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Ma   TO BE ABATE   IN Facility	terial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	Procedure apted (*) and Non- erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	_	1	T
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Ma   TO BE ABATE   IN Facility   (13)	terial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion Illy ely by nce/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	Procedure apted (*) and Non- erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	_	1	T
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Ma   TO BE ABATE   IN Facility   (13)	terial (ACM)	Use Ma Cus Yes	Locat Norma ed Sole intena todial (12)	ion Illy Illy Illy Ince/ Staff?  N/A	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	Procedure apted (*) and Non- erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	_	1	T
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Ma   TO BE ABATE   IN Facility   (13)	terial (ACM)	Use Ma Cus	Locate Norma ed Sole intena todial \$ (12)	ion Illy Illy Ince/ Staff?  N/A	(i.e.,	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous and mastic	Procedure ented (*) and Non- erial (ACM) sulation, or us)	Amount (Specify SF or LF)	Removal	_	1	T
Location of Asbestos-Containing Ma  TO BE ABATE IN Facility (13)  D2	terial (ACM)	Use Ma Cus Yes	Locate Norma ed Sole intena todial (12)	ion Illy Illy by nce/ Staff?  N/A	Floor tile	Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous and mastic	Procedure ented (*) and Non- erial (ACM) sulation, or us)	Amount (Specify SF or LF)  205 SF	Removal	_	1	T
Location of Asbestos-Containing Ma  TO BE ABATE IN Facility (13)  102	terial (ACM)	Use Ma Cus Yes	Locate Norma ed Sole intena todial (12)  No	ion Illy Illy by Ince/ Staff?  N/A	Floor tile	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous and mastic	Procedure ented (*) and Non- erial (ACM) sulation, or us)	Amount (Specify SF or LF)  205 SF	Removal	_	1	T
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  102	terial (ACM)	Use Ma Cus Yes	Locate Norma ed Sole intena todial (12)  No	ion Illy Illy by nce/ Staff?  N/A	Floor tile	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous and mastic	Procedure ented (*) and Non- erial (ACM) sulation, or us)	Amount (Specify SF or LF)  205 SF	Removal	_	1	T
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  02  ne of Registered Waste H RISTOL ENVIRONME	terial (ACM)	Use Ma Cus Yes	Locate Norma ed Sole intena todial (12)  No	ion Illy Illy by Ince/ Staff?  N/A	Floor tile	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous and mastic	Procedure inted (*) and Non- interial (ACM) sulation, or us)  Name of Register G.R.O.W.S. N	Amount (Specify SF or LF)  205 SF	Removal	_	1	T
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  D2  The of Registered Waste H RISTOL ENVIRONME State RISTOL, PA 19007	terial (ACM) D suler	Use Ma Cus Yes	Locate Norma ed Sole intena todial (12)  No	ion Illy Illy by Ince/ Staff?  N/A	Floor tile	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous and mastic  Cubic Yards of Waste Disposal Date	Procedure inted (*) and Non- interial (ACM) sulation, or us)  Name of Register G.R.O.W.S. N  City, State	Amount (Specify SF or LF)  205 SF  ed Landfill  ORTH LAND  E, PA 19067	Removal 🛛 🗆	_	1	T
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  O2  The of Registered Waste H RISTOL ENVIRONME State	terial (ACM) D auler NTAL, INC.	Use Ma Cus Yes	Locat Norma ed Sole intena todial (12)  No	ion Illy Illy by Ince/ Staff?  N/A	Floor tile	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous and mastic	Procedure inted (*) and Non- interial (ACM) sulation, or us)  Name of Register G.R.O.W.S. N  City, State  MORRISVILLI	Amount (Specify SF or LF)  205 SF  ed Landfill ORTH LAND  E, PA 19067	Removal 🛛 🗆	_	1	T

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

		(	(Purs	uant to I	VJAC	8:60 and 5:1	6)	Q# 3	3118	7		
Date of Notification (1)			Na	me of Bu	ilding	Owner/Operator	(2)	<u> </u>				
10 /19 /	16			Princeto	n Uni	iversity-Office	of Design and	Construction	n l	W		
Agencies Notified Type Notifi	cation			reet Addre		***************************************		<del>万里。9</del>	Lin ii	i./	1	
☐ EPA ☐ Initial				200 Elm	Dr						1	
☑ DOLWD ☑ Amende	TOTO:	V0014	Ci	y, State, 2	Zip Co	de		1 NOV	-22	016	-	14
	ment #1-10 ency (includ		Ь	Princeto			i hand I	in A			-	emostr (**
(NJAC 5:23-8) justifica		ing	Na	me of Co	ntact		ž.	Telephone N	lumber		Personal Property and the Personal Property and Personal Pro	
☐ Cancell	ation			Robert C	rtego	0		. Westler's	E CON	IRQ1	. 4	
				ACILITY	Y INF	ORMATION			and account of	4.6.5		to a co
Name of Facility Where Abatement is		ce (3)	)				Type of Facility	(4)				
Princeton University- Corwin	Hall						School (K-12	)				
Street Address							Subchapter 8	(Other than K	(-12)	wildin	ac	
Prospect Ave							homes, etc.)	ivate and com	irrierciai L	runun	ys,	
City (5)			24,100,100,00				Square Feet	# of Floors	В	ildg. A	\ge	
Princeton												
County (6) MERCER			C	ounty Coo	le (7)(S	STATE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Name of Monitoring Firm Hired by Bui	Idina Owne	er (8)	IASC	M No.	1.6	Jama of Abatama	ent Contractor (9)					
ATC Group Services LLC	9	. (0)	1,100	7101 140.			VIRONMENTAL	INC				
Street Address					5	Street Address		., 1110.				
Bromley Corporate Center-Th	ree Terri	Lane				1123 BEAVER	R STREET					
City, State, Zip Code					0	City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Firm		T	elepho	ne No.	T	elephone No.		License No.				
Michael Keehn			609-3	86-8800		215-788-6040		00509				
	Scheduled	Comp	oletion	Date (11)	N	lame of OSHA M	lonitor					
		200		/16		BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During Abatement					S	treet Address						
☐ Abstance & Defended During Ent	ire Period o	of Aba	tement		× .	1123 BEAVER	RSTREET					
☐ Abatement Performed Outside of N Time of Abatement: <u>7:00</u> AM- <u>3:30</u>	ormal Faci	lity Ho	ours - D	escribe	C	ity, State, Zip Co	ode				-	
						BRISTOL, PA	19007					
Scope of Work (Check all that apply)						□ Eull Cont	alamant villa Mari					
≥3 sf or ≥3 lf	⊠ F	Renov	ation					ative Pressure				
☐ ≥160 sf or ≥260 lf		)emol	ition			☐ Glovebag	Procedure	F:: 11 B	ter#nerozzo d			
		Is Loc	cation	1		□ Non-Exer	mpted (*) and Non	-Friable Proce				
Location of		Norn	nally			Description of	f I			atem	1	
Asbestos-Containing Material (ACN TO BE ABATED			olely by nance/	AS		s Containing Mat	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility		stodia	al Staff	?	(ı.e., ti	hermal systems in surfacing, VAT,		(Specify SF or LF)	SVOL	a.	aps	losu
(13)		(1:			(	other miscellaned		Si Oi Li)	=		Encapsulate	re
	Yes		-	A							O	
Southside Courtyard-Exterior				Stear	n pip	e insulation		15 LF				
Northside-Exterior				Steam	n pip	e insulation		10 LF				
Name of Registered Waste Hauler				<sup>2</sup> Waste	10000	ubic Yards of	Name of Registe	ered Landfill				_
BRISTOL ENVIRONMENTAL, IN	Hauler 187	ID No. 06	W	/aste	G.R.O.W.S.		IDFILL					
City, State			.07		Di	sposal Date	City, State					
BRISTOL, PA 19007					MORRISVIL	LE, PA 1906	7					
Completed By (Print or Type)	Title		<del></del>			Signature	0 0		Date ,	,	,	
Brian Scafiro	Estima	ator				Brian	Scoler	100	10/	28/	16	

B 5/6/32 MAY 11

		1	ITO	0.15	TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16			Pg 3 Ck	#	Ö	11	9
Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		J				
9 /	19 / _	16	_		Sear	rs Holdir	ngs		Political Services	F2 (6) F2	0.5	\ -7	  1	pitches.
10 pt	Type Notificat  ☑ Initial	tion				Address 3Beverly	Road	17.00	D	E G E	13	ý.		
☑ DOLWD						tate, Zip C			n	11	0 0	210		
□ DHSS   □   □   □   □   □   □   □   □   □	Amendme						tates IL 60179			<u> </u>   NOV -	2 2	JIb	400	-
□ DCA (NJAC 5:23-8)	<ul><li>Emergence justificatio</li></ul>		luaing	1	Name	of Contact	t		7	Telephone Numbe	r		1	
	☐ Cancellation							B		ASSESTOS C	MM	W	n n d	
<u> </u>					FΔC	II ITY IN	FORMATION			LICEN			-	
Name of Facility Where Ab	atement is T	aking	Place	(3)	1 70	/ILIT 1114	ORMATION	Type of Facilit	v (4)					
Sears #1434 (Willow			1 1000	(0)				School (K-						
Street Address	DI COK INIAII	,						Subchapte	r 8 (	Other than K-12)				
50 US Highway 46								Other (i.e., homes, etc.)		ate and commerci	al bui	lding:	S,	
City (5)		72.50						Square Feet	,	# of Floors	Bld	g. Ag	ie	
wayne								300000		2		6		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)		Prior	if being demolish	ed)	_		
Passaic					Coun	ty Code (r	(OTTIL OOL ONLY)	Departmen			/			
Name of Monitoring Firm H	lired by Build	ina O	wner (	8)	ASCM I	No.	Name of Abateme				The second			
Creative Environmen			WIICI (	0,	(CON)		The state of the s	VIRONMENT		INC.				
Street Address	itai ooiatio	110					Street Address		,					
39 West 37th Street,	14 <sup>th</sup> Floor						1123 BEAVE	R STREET						
City, State, Zip Code			PT		70 <del>4</del>		City, State, Zip Co	ode						
New York NY 10018							BRISTOL, PA							
Project Manager for Monito	orina Firm			Tele	phone I	No.	Telephone No.			License No.				
Amarr Soler	3			2000	2-290-		215-788-6040	)		00509				
Start Date (10)	S	chedu	ıled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor						
10 / 3 /				. 12	1		BRISTOL EN	VIRONMENT	AL,	INC.				
Occupancy Status During							Street Address						-	
☐ Facility Closed/Vacated					ment		1123 BEAVE	R STREET						
						cribe	City, State, Zip Co							
Time of Abatement:			9:00P				BRISTOL, PA							
Scope of Work (Check all t	that apply)		⊠ Re				<ul><li>✓ Mini-End</li><li>✓ Gloveba</li></ul>	g Procedure		tive Pressure Friable Procedure				
			Is	Locat	ion			,	T		1	ateme	ent T	ype
Location of	of			Norma			Description of				R	R	Ш	ш
Asbestos-Containing M		)		d Sole intena	35		estos Containing Ma e., thermal systems			Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility				todial		(1.6	surfacing, VAT			SF or LF)	oval	=	osul	sure
(13)				(12)	Τ	-	other miscellane	eous)					ate	
			Yes	No	N/A				+					
1st Floor Women's Clo	othing					Firepro			+	360 SF				
1st Floor Women's Clo	thing/Shoe	es				Firepro	oofing		_	500 SF		Ш	Ш	
Name of Registered Waste		, INC	).	1002	JDEP V	O No.	Cubic Yards of Waste 30	Name of Re MINERV	71	ered Landfill ANDFILL				
City, State			1000		20990	,	Disposal Date	City, State						
NEW CASTLE, DE 1		,					tbd	WAYNES	SBU	IRG, OH 44688				
Completed By (Print or Ty	pe)	Title	stima	tor			Signature	of ASCa	מא	Isl Dat	0/2	18/	16	

Pat Decaro

Data of Notification (1)			-	N	- CD '11'	0 10 1	0)	19				
Date of Notification (1)  9 / 19	9 / _1	6			of Buildin ars Holdi	g Owner/Operator ( ngs	2)	MECE		W		
⊠ EPA ⊠	pe Notification Initial Amended			333	Address 3Beverly State, Zip (		de la capital de	NOV-	2	2016	au LLOS D'ARTI	
☐ DHSS	Amendment			533		tates IL 60179	1-	2 54				
DCA (NJAC 5:23-8)	Emergency (justification)	including	1		of Contac			Telephone Numb	OF C	100000	33 0	1
	Cancellation			riumo	or contac		9	LICE			JL Q	
				FA	CILITY IN	FORMATION						
Name of Facility Where Abate	ement is Taki	ng Place	(3)				Type of Facility	(4)				
Sears #1434 (Willowbi	rook Mall)						School (K-12					
Street Address 50 US Highway 46								8 (Other than K-12) rivate and commerc	cial bu	uilding	IS,	
City (5)							Square Feet	# of Floors	B	dg. A	ne .	-
wayne							300000	2	1	76	ge.	
County (6)				Cour	ity Code (7	')(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Passaic							Department	Store				
Name of Monitoring Firm Hire			8)	ASCM	No.	Name of Abateme						
Creative Environmenta	al Solutions						VIRONMENTA	L, INC.				
Street Address	th me					Street Address						
39 West 37th Street, 14th	Floor					1123 BEAVE						
City, State, Zip Code						City, State, Zip Co						
New York NY 10018			T = .			BRISTOL, PA	19007	1				
Project Manager for Monitorin  Amarr Soler	ng Firm			phone 2-290		Telephone No. 215-788-6040		License No.				
Start Date (10)	Scho	eduled C	1000			Name of OSHA M		00509				
10 /3 /1				lion Da			VIRONMENTA	L, INC.				
Occupancy Status During Aba	atement (Che	ck only c	ne)			Street Address						
☐ Facility Closed/Vacated D	uring Entire P	eriod of	Abate	ment		1123 BEAVER	R STREET					
Abatement Performed Out					cribe	City, State, Zip Co	ode					
Time of Abatement:	AMPI	м/ <u>9:00</u> Р	M- <u>8:0</u>	0AM		BRISTOL, PA	19007					
Scope of Work (Check all that	t apply)											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De				<ul><li>✓ Mini-Enc</li><li>✓ Glovebag</li></ul>	g Procedure	gative Pressure n-Friable Procedure	9			
		1	Locat						Ab	atem	ent T	уре
Location of	-:-! / / O N / N		Iorma d Sole		A - 1	Description o		A	R	D.	Ш	ш
Asbestos-Containing Mate		Ma	intena	nce/		stos Containing Ma		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	<del>.</del>	Cust	odial ( (12)	Staff?		surfacing, VAT,		SF or LF)	val	_	Sula	sure
(13)		Yes	No	N/A		other miscellane	ous)				ate	
2 <sup>nd</sup> floor					Vat/mas	stic		8000 SF				
Elevator Area (1st floor)					Mastic			20 SF				
1st Floor Hallway				$\boxtimes$	Vat/mas	stic		150 SF				
!st Floor Stockroom				$\boxtimes$	Vat/mas	stic		700 SF				
Name of Registered Waste Ha	auler		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPORT	GROUP, IN	IC.	Н	auler II 20990		Waste 30	MINERVA	LANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE 1972	20					tbd	WAYNESB	URG, OH 44688				
Completed By (Print or Type)	Tit	le				Signature	6 20-1	/ - n Dat	e /		/,	_
Pat Decaro	1	Estimat	or			tatrick	D. Olan	1 11 10	1/2	8/	16	

Date of Notification (1)			10-2007		Name	of Buildin	~ Ou	unar/Operator /	2)	192	engeroproprieta	300 F	10 A	-
9 / _	19 /	16				ars Holdi	312	vner/Operator (	2)	J.E.G.I	5 j	eraselese-	-	
Agencies Notified	Type Notific	ation			Stree	t Address			110	511				111
⊠ EPA					333	33Beverly	/ Ro	ad	111	NOV	- 2 7	2016	1	second .
⊠ DOLWD		7.4	4010	0140	City,	State, Zip 0	Code						1	
☐ DHSS	Amendm  Emergen				Но	ffman Es	tate	s IL 60179		- Northwest and	4 - m		and the	
(NJAC 5:23-8)	justificati		Juding	3	Name	of Contac	t			Telephone Nu	mber	er i i i i i i i i i i i i i i i i i i i	tar (-6)	
	☐ Cancella	tion							h.	Aug 1				
					FA	CILITY IN	IFO	RMATION					100	
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)				
Sears #1434 (Willo				3.0					School (K-1)					
Street Address										8 (Other than K-				
50 US Highway 46									homes, etc.	orivate and comm	nercial b	uilding	JS,	
City (5)									Square Feet	# of Floors	IB	ldg. A	ge	
wayne									300000	2		76	90	
County (6)					Cou	ntv Code (7	YSTA	ATE USE ONLY)		rior if being demo	olished)			
Passaic					10000000	,	/1-		Departmen					
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9				77.	-
Creative Environme	그러면 얼굴하는 하라. 그렇게 있다.	_					1000000		VIRONMENTA					
Street Address								eet Address						- V
39 West 37th Street,	14th Floor						1	1123 BEAVE	R STREET					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
New York NY 10018							H 8	BRISTOL, PA						
Project Manager for Moni	toring Firm			Tel	ephone	No.		lephone No.		License No.				
Amarr Soler					12-290		1	215-788-6040		00509				
Start Date (10)	15	Schedi	uled C	ompl	etion Da	ite (11)	Na	me of OSHA M	lonitor				-	
_10_ / _3_ /	Average					17	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (	Check	only o	ne)				eet Address		<u> </u>				
☐ Facility Closed/Vacate			0.7	112	ement			123 BEAVER	STREET					
						scribe		y, State, Zip Co					-	_
Time of Abatement: _								BRISTOL, PA						
Scope of Work (Check all	that apply)							51110102,17	10001		-			
	triat appiyy								ainment with Ne	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			Re     De     De     De     Te     Te     De     Te     De     Te     De     Te     De     Te     Te     De     Te     Te     De     Te     De     Te     Te											
Z ≥ 100 31 01 ≥200 11			□ ре	mont	OII				mpted (*) and No	n-Friable Proced	dure			
				Loca							Al	patem	ent T	уре
Location		.		Norma	ally ely by		12	Description o		2 2	R	R	Ш	т
Asbestos-Containing N TO BE ABA		1)			ance/			Containing Ma ermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facilit			Cust		Staff?	(	5	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		+	Yes	(12) No	N/A	-	ot	her miscellane	ous)				late	CD
New Stock Room Are	a-2 <sup>ND</sup> Floor				N/A	Spray-o	n F	ireproofing		980 SF				
Middle Area of 2 <sup>nd</sup> Flo	or				$\boxtimes$	Spray-o	n F	ireproofing		1560 SF				
Outside New Stock R	oom Area-2	nd				Spray-o	n F	ireproofing		480 SF				
Middle area of first flo	or				$\boxtimes$	Spray-o	n Fi	ireproofing		3000 SF				
Name of Registered Wast	e Hauler			1	NJDEP 1			bic Yards of	Name of Regis	stered Landfill				_
SERVICE TRANSPO		, INC		ŀ	dauler II 2099			0		LANDFILL				
City, State							Dis	posal Date	City, State					
NEW CASTLE, DE 1	9720						tl	bd	WAYNESE	BURG, OH 446	88			
Completed By (Print or Ty	pe)	Title						Signature	000	, [1	Date	/	1.,	
Pat Decaro		Es	timat	tor				Patrick	J. De Ca	to til	10/.	28/	16	2

		N	· · · · · ·		o NJAC 8						Ko.	ak	_	12	5r	76	207
Date of Notification (1) 10/27/16					Building O Track	wner/Op	perator	(2)		$\smile$			vor Apuro Aria			riil	رود المراجع إيما المراجع
Agencies Notified Typ	e Notification		1 7	Street Ad	ldress padacres	s Drive	Suite	e 41	5	-Ar	TE	C			V		
X EPA X	Initial Amended			400000000000000000000000000000000000000	e, Zip Cod	20002000000	, out	-			VI-	<u>هامسوارځ</u>					
X DOL	Amendment # Emergency (in				ield, NJ	07003	3				11	phone	Vi imi	2016	2016		
▼ DOH □ DCA	justification) Cancellation			Name of Peter H	Contact Hughes						1716	phone	+vu <u>r</u>	eio (	,	4	7
		DI (0)		FACIL	ITY INFO	RMATIC	N	T	e of Fa	oility (	han	CHE	TAR	901	TH	n.a	
Name of Facility Where Abate	ement is Taking	Place (3)						Гур		ol (K-1	oten men			NO:	erije Historie Historie		
Street Address								×	Subc	hapter r (i.e. p	8 (Oth	er than	K-12) nercial	build	nas.	home	s.
270 Broad Street		- 5							etc.) uare Fe			Floors			dg. A		
City (5) Bloomfield								30		.01	2	1 10010		78	2078	, -	
County (6) Essex				County C	Code (7) ISE ONLY)			Cur	rrent Us	se (Pric	r if bei	ng dem	nolishe	d)			
Name of Monitoring Firm Hire	ed by Building C	wner (8)		ASCM	No.				bateme vironn					100.11			
Street Address							Street			ileritai	Serv		LLO			-	
Sil Got Madicado							70 A 2000	Process and a	483, 4		ate D	rive					
City, State, Zip Code									, Zip Co od, NJ		8						
Project Manager for Monitorin	ng Firm			Γelephor	ne No.		Teleph				Maring Arts		se No	monetto Co	7 /	7 1	
Start Data (10)		Schedule	d Com	nletion [	Date (11)			200	-2276 SHA M		ini	703	<u>U</u>	E_	12 N.30	1 1	34
Start Date (10) 11/7/16		12/31/1		pietion	Jale (11)		Name	. 01 0	OT I/Y IV	ioriitor	IIM	a superior di		,	200	110	
Occupancy Status During Ab	atement (Check	Only On	e)				Street	t Add	ress				NOA	- /	20	ЛО	1
Facility Closed/Vacated Abatement Performed C Other – Describe:						_	City, S	State,	, Zip Co	ode	and the second	ASE	EST	080	ONI	PO!	<u></u>
Scope of Work (Check All Th	at Apply)											-commence		25.1%	38 Y-	-	w
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		- December -	enovat emoliti					_ [	Full Cor Mini-En Gloveba	closure	)	Negat	tive Pr	essur	е		
		T					>	× I	Non-Ex	empted	d (*) an	d Non-	Friable			ment	-
Location of		N	Location Normall	у		Des	scription	n of								ре	
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In Facility (13)		Cust	odial S (12)	itaff?	(1.41		cing, VA	AT, o	٢		Š	or LF	)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A										a	7	ate	re
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Freehold Cartage	iduloi		Н	auler ID 5959		of Was				/ester	2,722						
City, State			110			Dispos	sal Date	е		ty, Stat							
Freehold, NJ		Title				TBD	Signatur	re	В	irdsbo	ro, P	Α	Dat	е			
Completed by		Title				3	giiatul	~		11			Dai	T. Carlo	WELV.		

President

10/27/16

A. Scott Higgins

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

				ICATIO	N OF ASB	ESTO	SABATE		T ()	200	k	_ 1	F	) 1	76	280
Date of Notification (1) 10/28/16					of Building			r (2)				L,		Y,	15	بيد= (ال
Agencies Notified  EPA DEP DOL	Type Notification    Initial	:#		City, St	Address ate, Zip Co field, NJ		90			A children in the children in	NO	V -	2	2010	5	
DOH DCA	Emergency justification) Cancellation	,		Kristir						Tele	phone	Numb		47P.	21.8	
Name of Facility Where	Abatement is Takin	ig Place (	3)	FAC	ILITY INFO	ORMA	TION	Тур	e of Facility (4	4)	-					
Street Address								×	School (K-1. Subchapter Other (i.e. p etc.)	8 (Othe rivate &	comm	nercial				es,
City (5) Westfield								Squ 21	uare Feet 00	# of 2	Floors		72	dg. A 2	ge	
County (6) Union					Code (7) USE ONLY)			Cur	rent Use (Pric	or if bein	g dem	olished	i)	C. (1.) Street		
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.				oatement Con vironmental			LC				
Street Address							Street PO E		ress 483, 4 E Ga	ate Dri	ve		20-20-			
City, State, Zip Code					-11111111111111111111111111111111111111	000000000000000000000000000000000000000	The state of the s		Zip Code od, NJ 0741	8						
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 973-		No. -2276		Licens 703	se No.				
Start Date (10) 11/2/16		Schedul 12/2/1		npletion	Date (11)		Name	of O	SHA Monitor							
Occupancy Status During							Street	Addr	ess		1.70-11					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of an all Facility	Abater y Hour	nent s		_	City, S	state,	Zip Code	. 10.—						
Scope of Work (Check Al	ll That Apply)															
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City, State Freehold, NJ						Disp TBD	osal Date		City, State Birdsbor							
Completed by A. Scott Higgins		Title Presi	dent				Signature		an			Date 10/2	8/16	3		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

No (K		(1	ursuan	t to NJAC 8:	60 and 12:12	(0)		NEW	3 13			13	10
Date of Notification (1)				1,55	wner/Operato			110	11/		0010	1	
Agencies Notified . Type Notification	n			<sup>Address</sup> V. Germar	ntowm Pike	, Suite	e 120	Li NC	)V — 2	- 4	2016	the state of the s	L
DEP Amended Amendme	nt#   '		Company of the second	ate, Zip Cod				ASSES	TOS O	ON	THO	1.0	
Emergence	y (including	9		outh Meeti	ng, PA 194	162	t and		LICENS		N : ::-::::::::::::::::::::::::::::::::		
DOH justification	,			m Deon				Telephon	ie Numb	er			
Name of Facility Miles and Later 11. T.I.	. 5.	(0)	FAC	ILITY INFOR	RMATION		76		34				
Name of Facility Where Abatement is Tak Woolwich Commons	ing Place (	(3)				Person	of Facility (4						
Street Address							School (K-12 Subchapter 8		n K-12)				
Block 18 & 22						×	Other (i.e. pr			ouile	dings	hom	ies,
City (5)				•			etc.) ire Feet	# of Floor	'S	В	ldg. A	\ge	
Woolwich						350	0	1		1	0+		
County (6) Gloucester			County (STATE	Code (7) USE ONLY)			ent Use (Prior			)			
Name of Monitoring Firm Hired by Building	Owner (8	,	ASCN		None		ant, former		ral				
Indoor Environmental Concept	Owner (o	,	ASCI	VI NO.			tement Contr	Secretary Company					
Street Address						Addres						C-W 25	
286 Sunset Rd					150	Glenv	wood Drive						
City, State, Zip Code Barrington, NJ					(5)		ip Code			245			
Project Manager for Monitoring Firm			Talanha	as Na			on Crossin						
Michael Menz			Telepho 856-62	28 <b>-</b> 6020	200000000000000000000000000000000000000	none No 240-6		012	nse No. 25				
Start Date (10)	Schedul	ed Cor		Date (11)			HA Monitor	012					
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	Is	Locati	on		1,0,0,0,0			,			Abate	ment	:
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?	(i.e. the	Containing Mermal systems surfacing, VA ther miscellan	s insula T, or		Amount (Specify SF or LF	10.00	Removal	Repair	Encapsulate	Enclosure
D	Yes	No	N/A									Ф	
Basement			X		Flue packi			2 SF	Х				
Basement			X		Pipe insulat	tion		91 LF	х				
Exterior			Х		Roof shing	les		3000 SF	×				
Exterior			X		Vindow gla	zing		1320 LF					
Name of Registered Waste Hauler			JDEP W auler ID		Cubic Yards f Waste		Name of Re						
Service Transport Group		11 2333	W2117		BD		Minerva I	Enterprise	es				
City, State New Castle, DE 19720					isposal Date BD		City, State Waynesb	urg, OH					
Completed by Elizabeth Gosek	Title Presi	dent			Signature	Ü	Yor	l	Date	- 0	28-	-16	 O

	647106	150			D. 11 11	N	/	(2)	-		13 P	17.0	17	1.5	7
Date of Notification (1) 10/20/2016				Randy	Building C Prescott		perator	(2)	The same of the sa		<u>E</u> 6	E-100 (400)	1		
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DOH DCA	justification)		1 3	Name of	Contact Prescoti	t			1.	1 Aug	WHUUH M	miner	119	ici e	
☐ DCA	Cancellation	) ————————————————————————————————————			ITY INFO		ON			1					
Name of Facility Where	Abatement is Takir	g Place (3)		FAGIL	III INFO	KWAIN	JIN	Туре	of Facility (4	)		Marie and			
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									Other (i.e. pr etc.)	-21			8335		es,
City (5) Short Hills								N/A	re Feet	N/A	Floors		Bldg. N/A	Age	
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Essex				STATEU	ISE ONLY)	<u> </u>		Hou							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Cont		(9)				
N/A									ement, Inc	<i>j.</i>					
Street Address							72.00	Addre	<sup>ss</sup> gren Aven	ue					
City State 7in Code									ip Code	-					
City, State, Zip Code									IJ 07512						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			none N			License	No.			
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D&S Abatement, Inc				lauler ID 0996	No.	of Wa	ste		Waste N	Mana	gement	of PA			
City, State Totowa, NJ						Dispo TBD	sal Date	e /A	City, State Tullytow		Α				
Completed by		Title					Signatur	W/N/	/			Date			
Oliver Hegedis			ct Ma	anager			1	11/			_	10/20	/201	6	
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) E Name of Building Owner/Operator (2) Date of Notification (1): ECT Management Inc. TO WEL 10/19/2016 Type Notification Street Address: Agencies OCT 2 4 2016 Notified 270 King Street Initial City, State, Zip Code: Amended EPA Perth Amboy, NJ 08861 Amendment#: 1 □ DEP Telephone NumbetSBESTOS CONTROL & Name of Contact: ☐ Emergency **₽**DOL LICENSING Eddie Trujillo (including justification) DOH ☐ Cancellation DCA FACILITY INFORMATION Type of Facility (4): Name of Facility ETC Management, Inc. ☐ School (K-12) 313 State Street Subchapter 8 (Other than K-12) Tother (i.e., private & commercial buildings, homes, etc.) County (6): County Code (7): City/ (5) 08861 Middlesex Square Feet: # of Floors: Perth Amboy Bldg. Age ASBESTOS CONTROL & Current Use: Offices Name of Abatement Contractor (9): Name of Monitoring Firm Hired by Building Owner ASCM No .: 00127 West Chester Environmental Apex Development, Inc. Street Address: Street Address: 307 N. Walnut Street 658 Rutgers Place City, State, Zip Code: City, State, Zip Code: Paramus, NJ 07652 West Chester, PA 19380 License No.: Telephone No.: Telephone No.: Project Manager for Monitoring Firm: 610-996-3515 01215 Abraham (973) 350-0101 Name of OSHA Monitor: Scheduled Completion Date (11): Start Date (10): Metro Analytical Laboratories 11/30/16 10/29/16 Street Address: Occupancy Status During Abatement (Check only one) 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement City, State, Zip Code: Abatement Performed Outside of Normal Facility Hours New York, New York, 10018 Describe: □ Other Describe: Scope of Work (Check all that apply): Full Containment with Negative Pressure Mini-Enclosure Renovation  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$  $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ □ Glovebag Procedure □ Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Description of Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, Encapsulat Enclosure Remova Repair Maintenance/ Amount (ACM) surfacing, VAT, or Custodial/ (Specify other miscellaneous) TO BE ABATED Staff? IN Facility SF or LF) (12)N/A Yes No \* \* 3,000 SF FLOOR TILE 10TH FLOOR X \* \* 4,600 SF FLOOR TILE 9TH FLOOR X \* \* 4,600 SF X FLOOR TILE 8<sup>TH</sup> FLOOR \* \* 4,600 SF 7TH FLOOR X FLOOR TILE \* \* 4,600 SF 6TH FLOOR X FLOOR TILE \* \* 666 FL PIPE INSULATION 10<sup>TH</sup> FLOOR X \* \* 150 LF X PIPE INSULATION 9TH FLOOR \* \* 150 LF X PIPE INSULATION 8<sup>TH</sup> FLOOR \* \* 150 LF 7TH FLOOR X PIPE INSULATION \* 150 LF 6TH FLOOR X PIPE INSULATION

BASEMENT	X	PIPE INSUL	ATION		100 LF	*	*
BASEMENT BY ELEVATOR	X	PIPE INSUL	ATION	ń	570 LF	*	*
BASEMENT PUMP ROOM	X	PIPE INSULA	ATION		100 LF	*	*
BASEMENT BOILER ROOM	X	PIPE INSULA	ATION		180 LF	*	*
BASEMENT BOILER	X	DUCT INSUI	LATIO	V	396 SF	*	*
211d FLUDR	X	FLOOR	TII	-È	3000 SF	*	V6
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler II 19551	D No.:	Cubic Yards of Waste: 30	Name of Regis MINERVA EN	tered landfil	
City, State: Bronx, NY 10474	Dispe	osal Date:		City, State: Waynesburg, OH			
Completed By: Sylvester Oraegbunam		Title: President	Signa		Date: 10/19/201	6	

2<sup>nd</sup> FLOOR X

PIPE INSULATION SOLF \*

18/25/2015 05:12PM 2013297440

BEST REMOVAL INC

PAGE 82/84

CK 3793 NO	TIFICAT (Punsu	TON O	F ASBESTOS ARAT	EMENT	68			/		â
Date of Notification (1)	1	Nome of	TR. JOHN	FINNEY			_/			
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C DCA Cancellation		-	. FINNEY			- BT :			-	
Kanna of Facility Where Absterment is Taking Flind	- /50	FACIL	ITY INFORMATION	Type of Pagery	760			-	-	
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Biros I Address	CEC 10	65	. Gireet Address			MOI	/ _	2	2016	
City, Otalia, Zip Code			Cay, Stein, Zip	th River		14(1)		/	7/10	-
Project Manager for Munitaring Pirm	Telepho	one Ne.	Telephone No. 201 - 329		00388	BEST	OS (	CON	TRO	)L&
	28/1			Environm	ental					Author Manager
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Location of America (ACAR)  TO RE ASSIST  (N Feeling (13)	Herms Used Se Maintea Cumbs Stat (12	kely by mince/ kel 87	Description Audiention Containing II  (Lo_ diverged system surprise, V/ cover miscode	ånderiel (ACSS) s insulation, T. or	Amount (Spacify SF or LF)		Report	Encupantilla	Caladaa.	9.
	Yee No	N/A						1	4	
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- La Americana		1	Ministration 1			'8		I		
CATALOGUE CATALO										
Warne of Registered Waste Mader Best Removal Inc	Ø №a.	7109	Institute Cubic Yards of Whada 2 1/2		a Enterpr	ises	, I	LC		
City, State			Disposed Date	City, State	,	,,,	00		7	
Rackensack , N.J. 07	601		10/28   16 Signature	Wayne	sburg, Oh	Carto .	1		-	9
J.Maiorano Est:	lmato		IVat	كسمادك	۷	10/	25/1	6		
	and a Stale do		hastra lineousard are territ	d aniidina		-	фани	1		

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Print Form

Date of Notification (1) 10/20/16					Building (			7/1-115	ssociation		GE		W	E		
Agencies Notified  EPA DEP	Type Notification  X Initial				ddress st 39th. te, Zip Co					N	0V -	. 2	2016			W. Stransferment
DEP X DOL	Amended Amendment		_		ion, NJ (				are are a series							E-10-10
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Name of Facility Where A	hatement is Takin	n Place (3)		FACI	LITY INFO	RMATI	ON	Tyne	of Facility	'≱ (4)				- 2		
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39 East 39th. St.									etc.)							,
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Name of Monitoring Firm	10	Owner (8)		ASCN					tement Co		(9)					
Envirovision Consul Street Address	tants inc.			0007	9			Addres	vices Ind	). 						
20-21 Wagaraw Rd	. Bldg 35E							Maple								
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·								p Code	- Trescoo						
Fair Lawn, NJ 0741								-	, NJ 070	)57						
Project Manager for Moni Frederik Larson	toring Firm			Telephor	ne No. 36-9145			one No 221 <b>-</b> 9			Licen 0110					
Start Date (10)		Scheduled							IA Monitor		0.10					-
11/04/16		12/04/1	7				Lesla	aw Na	lodka							
Occupancy Status During	Abatement (Chec	k Only One	)					Addres								
Facility Closed/Vaca Abatement Performe								Maple	p Code	183		النوحة		CONTRACT.		
Abatement Performe  X Other – Describe: 0						_			, NJ 070	)57						
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Newark Carting Inc.			05	5409		30	al Dat		GROW			V				
City, State Newark, NJ						12/05	sal Date 5/16		City, Star Morrisy		A					
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NO C	K			(Pursua	nt to N	IJAC 8	:60	and 12	2:120)			Check #	11219			
Date of Notification (1)	October 28 ctober 18, 20				of Buildir Coletta	ng Owne	er / C	perator	(2)							
Agencies Notified  EPA  DEP	Type Notifica	tion		Street	Address							GE			Description of the last	
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Name of Facility Wher Residence	e Abatement	is Taking F	Place (3)				Тур	e of Facil								
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City (5) Ortley Beach, NJ 087	751						Cur	are Feet 840 rent Use sidence			1	-	Bldg. Age	2 ye	ars	
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Project Manager for Mo				elephone N	92000		609	phone N -296-691	6			License No	umber 008	7		
Scheduled Start Date ( October 31, 2	016		Nover	tion Date (1 nber 28, 20				ne of OSI atech, In	HA Monito	or						1
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Abatement Pe	ibe:		mal Hou	rs		- 1			Zip Code arbor, NJ							
Scope of Work (Check  ≥3 sf or ≥ 3 lf  ≥160 sf or ≥260				Renovatio					Mini-End Gloveba	closure g Proced	lure	egative Pre		ire		
Asbestos-Contain TO BE	ABATED	ACM)	Solely	tion Normal by Maintena odial Staff?	ance or			Material (	ontaining (ACM)		Amo	ount (Special SF or LF)		atem	ent	Туре
	acility (3)		Yes	No	N/A		rsula	tion, surf	I systems facing, VA ellaneous	TA			Removal	Repair	Encapsulate	Enclosure
Exterior				X				Sidir	ng			900 SF	Х		$\vdash$	1
Interior				Х		115-77		Floor				150 SF	X			
Interior				X				oint Com				150 SF	Х			
Name of Registered W	aste Hauler		NJDEP Hauler I	D No.		ards of	Was	ste		of Registe	ered La	ndfill				
Synatech, Inc. City, State			2	7429	20 Disposa	al Date			Grows City, St	Landfill ate						
Little Egg Harbor, NJ		TTIME			Novem	ber 29,	201	3		ville, PA						
Completed By  Diane Aloia		Title Exec. Ad	ministra	tor	Signatu	ire . Ane	1	Un				ctober 28, r-18, 2016	2016			

ND	CK			(Pursua	int to N	JAC 8:60 ai	nd 12:120)		Check #	11219			
Date of Notification (1)	October 27, ctober 18, 201	2016 6			of Buildin	ng Owner / Ope	rator (2)						
Agencies Notified	Type Notificat	ion		Street	Address			gastis 4 (2005)		T 10	7		-1
□EPA □DEP									E C C	1 18			
⊠DOL	[] Initial			City, S	state & Zip	Code			11011	0 2016	- 1	11	1
⊠рон	Amen			Martir	sville, N.	J 08836			NOV -	2 2010	1		
DCA		dment #( ellation		Nama	of Contac	n#				Tolonho	- A I		1
	Ganec	ziiatioti		A posterior and a	alasky			and the second	ASBESTOS	Telepho	ie ivi	imbe	er
				FA	CILITY	INFORMAT	ION	V+00 MA					- 12
Name of Facility Wher Residence	e Abatement is	Taking Plac	ce (3)				f Facility (4) chool (K-12)						
Street Address							ubchapter 8 (O	ther than K	(-12)				
									nmercial build	nas hor	ne e	etc.)	
						Square		# of Floor		Bldg. Age			
City (5)							840		1	0 0	2 yea	ars	
Ocean City, NJ 0875	1					Curren Resid	t Use (Prior if b ence	eing demo	lished)				
County (6) Ocean			ty Code										
Name of Monitoring Fir N/A	m Hired by Bu	ilding Owner	(8)		ASCM		of Abatement C	Contractor (	9)				
Street Address						Street	Address						
City, State & Zip Code							dio Road ate & Zip Code	9			2.4.5.911	_	
							gg Harbor, N.						
Project Manager for Mo	- N		Те	lephone N	Number	Teleph 609-29	one Number 6-6916		License N	umber 0081	7		
Scheduled Start Date ( October 31, 2		Cheduled Co		on Date ( ber 28, 20			of OSHA Monit	or	'				
Occupancy Status Duri	ing Abatement	(Check only	one)			Street /	Address dio Road						
	rformed Outsid					200000000000000000000000000000000000000	ate & Zip Code	)					
Other - Descr	ibe:						gg Harbor, N.						
Facility Occup	ied During Aba	tement											
Scope of Work (Check	all that apply)						20 1000						
≥3 sf or ≥ 3 lf				Renovatio	n.				vith Negative Pr	essure			
≥160 sf or ≥260	lf		=	Demolitio			∐ Mini-En						
Z _ 100 01 01 <u>7</u> 200				Demondo				ag Procedu		DJ.	12 1200		
Local	tion of	Is	Location	on Norma	lly Used	De	scription of	tempted( )	and Non-Friable		re atem	ont 7	Type
Asbestos-Contain			olely b	y Mainten	ance or		tos-Containing		Amount (Speci		atom	Citt i	ypc
	ABATED acility		Custo	dial Staff	? (12)		terial (ACM)	.	SF or LF)			_	
	3)						nermal systems n, surfacing, V			_		m m	m
*	50						miscellaneous			Ren	Re	cap	ncl
										Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					<u>n</u>		ate	6
Exterior				Х			Siding		900 SF	X			
nterior				Х		F	loor Tile		150 SF	X			
nterior				Х			t Compound		150 SF	X			
Name of Registered Wa	aste Hauler		JDEP V		Cubic Y	ards of Waste	Name	of Register	ed Landfill				
Synatech, Inc.		Ha	auler ID 27	No. 429	20		Grows	Landfill					
City, State					Disposa	I Date	City, S	A MICHAEL A CONTROL					
ittle Eas Heat - 111													
Little Egg Harbor, NJ Completed By	1	Title			Signatu	ber 29, 2016	Morris	ville, PA	to				
2 3					oignatu	1.1	1.2 3	Da	October 27,	2016			
Diane Aloia		Exec. Admir	nistrate	or	1 1/1	Mark 11	tola	00	toher 18 2016				

No 64	K			(Pursua	III TO IV	IJAC 8	:60	and 12	2:120)			Check # 11	219			
Date of Notification (1)	ctober 18, 20	16			of Buildir Coletta		er / C	perator	(2)							
Agencies Notified  EPA  DEP	Type Notifica				Address							CE I	V	TAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section of the sectio
⊠DOL ⊠DOH	Initia Ame				tate & Zi sville, N	-	6				The state of the s	NOV - 2	2016	And the safety of the safe and	U)	
DCA	Cano	cellation		Name of	of Conta lasky	ct				e on a proper and a second	ASE	Te ESTOS	lephor	ne Nu	mbe	r
				FAC	CILITY	INFO	RM/	NOITA		Super turn	. pr. +==1.77	Section Control of Control		diament of		
Name of Facility Where Residence	e Abatement	is Taking P	Place (3)				Тур	e of Faci School								
Street Address								Other	(i.e., priv		mmer	cial building	s, hon	ne, e	tc.)	
City (5)							Squ	are Feet 840		# of Floo	rs 1	Bld	g. Age 6	2 yea	rs	
Ocean City, NJ 08751	1							ent Use sidence	(Prior if b	eing demo	olished	d)				
County (6) Ocean		US	ounty Cod SE ONLY													
Name of Monitoring Fir N/A	m Hired by B	uilding Owi	ner (8)		ASCM			ne of Aba atech, Ir		ontractor	(9)					
Street Address								et Addre Radio R	74E4							
City, State & Zip Code									Zip Code arbor, NJ							
Project Manager for Mo				elephone N			609	phone N 296-691	6			License Num	ber 0081	7		
Scheduled Start Date ( October 28, 2	016		Novem	ion Date (1 ber 28, 20				ne of OSI atech, In	HA Monito	or						
Occupancy Status Duri Facility Closed	d/Vacated Dur	ring Entire	Period of		t			et Addre Radio R	7.7.							
Abatement Pe Other – Descri	ibe:		nal Hour	S		- 1			Zip Code arbor, NJ							
Scope of Work (Check															-	
≥3 sf or ≥ 3 lf ∑ ≥160 sf or ≥260	lf			Renovatio Demolition	1				Mini-End Gloveba	closure g Procedi	ıre	egative Press		re		
Asbestos-Contain	ABATED	ACM)	Solely b	ion Normal by Maintena odial Staff?	ance or			Material	ontaining (ACM)			ount (Specify SF or LF)	Aba	atem	ent T	уре
	acility 3)		Yes	No	N/A		nsula	tion, sur	I systems facing, VA ellaneous	AT			Removal	Repair	Encapsulate	Enclosure
Exterior				Х				Sidir	ng			900 SF	Х		Г	П
													-			
Name of Registered Wa	aste Hauler		NJDEP 1		Cubic Y	ards of	Was	ste	Name o	of Registe	red La	ndfill				-
Synatech, Inc. City, State				7429	20 Disposa	al Data			Grows City, St	Landfill						
_ittle Egg Harbor, NJ		ITW			Novem	ber 29,	201	5		/ille, PA						
Completed By Ruthetta Roots		Title	watir -	aintt	Signatu	T/	ナ	t. C	Jik	>	ate .	40.007				
varificità NOULS		Administ	rative As	sistant	I IX	11/11	111	11 1X	11/1/	10	ctobe	r 18, 2016				- 1

Print For State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 2016 Date of Notification (1) Name of Building Owner/Operator (2) 10-21-2016 Bel Fuse, Inc. Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING 206 Van Vorst Street **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Jersey City, NJ 07302 × Emergency (including × Name of Contact DOH justification) Telephone Number DCA Kevin Meehan Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Street Address Subchapter 8 (Other than K-12) 215 Van Vorst Street Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City 2300 1 +08 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Green Environmental Services, LLC Street Address Street Address 235 Virginia Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07304 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-333-8855 01174 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10-22-2016 10-22-2016 Same as above Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe:

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf

≥160 sf or ≥260 lf

Example of Work (Check All That Apply)

Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure

Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Removal In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Garage X VAT 2200 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Green Environmental Services G.r.o.w.s. North Landfill 0034889 4

Office Manager

Disposal Date

10-22-2016

Signature

Jersey City, NJ

Liliana Serrano

Completed by

City, State

Date

10-21-2016

City, State

Jersey City, NJ