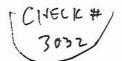
\* Emergency \*

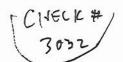
# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 3693

Data of	Notification (1)	nergen	(P	Name	of Build	ing Owner	Operator (	(2)	<u>K</u> .	1.70	1.11				]
11/1/1	3	Type Notification	,		ar Roc		e Home			- 1		e- \			1
	es Notified	Initial		10-51115.00	allkill F					- 1 0	010				+
X EP DE X DC	P	Amended Amendment #		Littl		Harbor N	J 08070		NOV	77-00-00-0	013 ne Numbe	i 4-1/			4
X DO	OH	Emergency (incligation) Cancellation	uding	Nam	e of Cor sar	ntact			8 8 A		(IC ) (C) The				-
	CA			F	ACILITY	INFORMA	TION	Type of Fa	cility (4)		10 8	•			7
Cesa	r Rocha Priva	Abatement is Taking Pate Home	lace (3)					Scho	ol (K-12)	/Other th	an K-12) mmercial b	uilding	s, hor	nes,	
	Address Illkill Road						1	Othe etc.) Square Fe		# of Flo		Bldg	Age		+
City (5	) Egg Harbor I	NJ 08070						1000+ Current U		1 if being (	lemolished	35+	·		4
Count	y (6)	5%		Cou (ST	inty Cod ATE USE	e (7) ONLY)		Home							4
Name	of Monitoring Fir	m Hired by Building Ov	vner (8)	1	ASCM N	0.	Name	e of Abatem naco Inc.	ent Contr	actor (9)			٠		
N/A Street	t Address					·		et Address Box 329							
	State, Zip Code						City,	State, Zip C	Code	01					
				TTO	lephone	No.		st Berlin I		L	icense No				$\dashv$
Proje	ct Manager for M					×	856	6-753-980 ne of OSHA		0	0727				$\dashv$
	Date (10) 4/13		Scheduled 11/8/13	Comp	letion Da	ate (11)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	me							-
		ring Abatement (Check	Only One)				Stre	et Address							
×	Facility Closed/A Abatement Perfo Other – Describ	/acated During Entire P ormed Outside of Norm e:	eriod of Ab al Facility F	ateme lours	nt 		City	, State, Zip	Code						
Sco	pe of Work (Chec ≥3 sf or ≥3 If ≥160 sf or ≥260	ck All That Apply)		enovati emolitic		000	<b>X</b>	Mini-	Enclosure	e cedure	Negative P	le Prod	edure	)	
-			ls l	ocatio	n		2						Abate Ty		
	Asbestos-Contai TO BE In	ration of ining Material (ACM)  EABATED  Facility  (13)	Used Mai	ormall I Solel ntenar odial S (12)	y by ce/	(i.e. t	nermal system surfacing	ng Material ( tems insulat	(ACM) ion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A		Exterior	r Siding		12	00 SF	×		-	
	Exter	ior Siding			X		Exterio	Juliy		+					
_			+		+	*						-	-	-	-
-											arad Land	<u></u>		1	
	ame of Registere			l i	NJDEP V Hauler ID		Cubic Ya of Waste 3		1	of Registe D.W.S.	ered Landf	111			
	nited Containe	ers 			2459		Disposal 11/8/13		City, St	tate sville P	A 19067				
E	lm NJ		Title				The state of the s	nature ·	2			Date 11/1/			
A	ompleted by nthony T Perr	na		siden	t 				$\leq$						



	(1 0)	Suant	10 11371	. 0:00 and 12.12			0010		
Date of Notification (1)	12	Name		ng Owner/Operator		- MOV - 4	2013		
11/1/13			CAM	LTHTECH	CONTRAC	TING		_	}
Agencies Notified Type Notificate  Type Notificate  Type Notificate	on.	Stree	Address	Rr. 50	1			. (4	1.
∑ Der ☐ Amended		City, S	State, Zip	C∞de			+		
! ☼ DOL Amendmen ☐ Emergency			5-	REEN FIG	= LD, N1-	) ·			j
DOH justification	1)	Name	of Conta			Telephone Numb	er		
Cancellation	)		13 n	ULE BAEL	INIG		-		203
		FAC	NI YTUIS	FORMATION					
name of Facility Where Abatement is Tak	ung Place (3)				Type of Facility	(4)			
RESIDENCE					School (K-1	<ol> <li>8 (Other than K-12</li> </ol>			
119 SHEWIDA	U Saus	RE				onvate & commercia		ngs	
BRIGART	300				Square Feet	# of Floors	Bia	3 A9	
		T Cour	ity Code	(7) (STATE	Current Use (P	nor if being demolis	hed	_	
Journiy 161 ATLANTIC		USE	ÓNLY)			nor it being demolis			
same of Monitoring Firm Hired by Building	g Owner	ASCM	No	1	nent Contractor (9	5.es.			
» N/A					EMCO I	NC.			
Street Address				Street Address 369	S,SPRUC	= duz.			
State Zip Code				Cry. State, Zip C	Code		٠		1
					bre SHO	DE, N.J.	00 €	2 2	<del></del>
Froject Manager for Monitoring Firm	T,ele	phone	No	Telephone No. 856 - 7)	9-0472	License No	47		
Tech	neduled Comple	tion Da	le (11)	Name of OSHA	Monitor				
11/3/13	11/10	1/3			SEPH KI	EMM			
Discupancy Status During Abatement (Cr	neck only one)	mani		Street Address	S, Spi	200= 200.			
Facility Closed Vacated During Entire I     Abatement Performed Outside of Norm	nal Facility Hou	rs		Cry State Zip C	Code		22.033		
Other - Describe				M	APLE S	HODE, N.	ا د	<u> </u>	<u>. 5 : </u>
Scope of Work (Check all that apply)				□ Full Co	ntainment with No	egative Pressure			
	Renovat	ion		☐ Minv-En	closure	•			
2160 st or 2260 H	Demails	m		Gloveb	ag Procedure cempled (*) and N	on-Friable Proced	i: /		
	Is Location	on						uaren M	
	Normali	y		Description of	of.		-		-
Epication of Asbestos-Containing Material (ACM)	Used Solei Maintenar		Asbe	stos Containing Ma	iterial (ACM)	Amoun'	. 1		1 -
TO BE ABATED	Custodia Staff?	al	(ı e	thermal systems surfacing, VAT	insulation.	(Specity SF or LF)	1	Reput	e apsud.
IN Facility	(12)			other miscellane	ous)		Remova	1	absolute 
:13;	YES NO	N/A							Ŧ
	1.0	X	7	PANSITE		17004	×		
SIDING		1		NO NOTE			-		
		-					1		
	-						+		
		10000		Cubic Yards	Name of Rec	gistered Landfill			
rame of Registered Waste Hauler		WDEP (	Maste No	of Waste	1	^ U A.			
KLEMED INC.		179	04	0	City, State	_ / \ / / / / /			.:
MAPLE SHADE	N.J			Disposal Date		ASANTVIL	LF,	W.	<u> </u>
	ide /	0		Signature	1/ 2	Date	1 ,	1	
JOSEPH KLEMM -	V/	P		Jour	n Ich	m /			
1 1 1 2 2 2 2 2									



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	4 N <sub>0</sub>	(Purs	suant to	NJAC 8:60 and 12:12	.0)		010		
Care of Notification (1)	·		Name o	Building Owner/Operato	(2) Cautaast	NUV 7 L	JiJ		
			Street A		CODITO			7.	= 1
ACCTION OF THE PARTY OF THE PAR	Notification		300007	155 Rr. 50				_	<u></u> i
\$5e □ A	mended	-	City, Sta	ite. Zip Code	- 4 (1 7				- 1
1   [	mendment # mergency (includin	19		G-REEN FI	ELD NI)	Telephone Number	===		==-
	ustrfication) ancellation		Name o	13 RULE BRE	UNIG	WYNESSEE HE			2
			FACI	JTY INFORMATION					
Name of Facility Where Abaten	Taling Plac	e (3)	FACI	art in ordination	Type of Facility (	4)			
Name of Facility Where Abaten	NC E				School (K-12	) (Other than K-12,			
					Other (i.e., pr	ivate & commercial	יחומויים	y s	!
119 SHE	KIDAN S	QUA	26		homes, etc.) Square Feet	# of Floors	Biag	Agc	
":, (5 A A .	GARTINE				A				!
County (6)			Count	y Code (7) (STATE ONLY)	Current Use (Pri	or if being demolish	ed .		1
ATLANT		<del></del> T	ASCM N		ement Contractor (9)				
is and of Monitoring Firm Hilled	by Danoing Com-				LEM CO IN	JC	-=-		
Street Address				Sueel Addres	gs, spruc	= 100.			
				0 Com 710	Code				
State Zip Code				M	OPLE SHA	DE N.J.	00 € 3		
Project Manager for Monitoring	Fimi	T,ele	ephone h	to Telephone No.	79-0472	License No	γų		
Project manage									
Tan Date 10 / 3 / 13	Scheduled	Comple 10		e (11)	OSEPH KL	EMM			===-
Dicupancy Status During Aba	III /			Street Addres		eva= Luzi			
- Current Viverand Du	nno Entire Penco	Oi WOO!	CHICH	Cry. State, Zip	Code				
Abatement Performed Outs	side of Normal Fac	ality Hot	urs	City. State. 2)	APLES	LODE N.	ب د	. <u>.</u>	<u> 5 :-</u>
Other - Describe	a polici				Containment with No				
Supplied Work (Check all that		Renova	1.00	☐ Min-	Enclosure	gouve			
2.1 51 or 2.1 lt 2.2 51 or 2.1 lt		Demois		Glov	ebag Procedure Exempted (*) and N	on-Friable Procedur	·		
		is Local	100				1 *	i dien	
•••		Normal sed Sole	lly	Descripto	n of	200	-	T	
Location of Aspestos-Containing Materi		laintena	ance <i>i</i>	Asbestos Containing (i.e., thermal system	Material (ACM)	Amoun' (Specify	2	E	sale so
TO BE ABATED		Custod		sudagno, V	AT, or	SF or LF)	rtemoval	<b>Кер.ы</b>	sa kecak e apsulak
IN Facility		(12)		other miscella	aneous)		1 =		Ŧ .
	Ye	≈ No	N/A			1200	+,		
			X	TRANSIT	E	17001	X	-	
SIDING			1				+-	-	
						-	+-		
				Waste   Cubic Yards	T Name of Re	gistered Landfill			
rame of Registered Waste H	lauler		NUDEP Hauler I	TIOSE		C, U, A.			
KLEMOU I	NC /		179	04 Disposal Da	CID State			d ·	7-
Cin State	HADE, N	(.5	•	0.5002.00	PLE	ASAUTVIL	L +	jh':	
	NAVV , I'	4 /		Signatu	ire	Date	1	/	
MAPLES	Titla			319/210	_ 1/ /		(1)		
Impleion B.  Joseph KL	Tibe	V/	18	3940	ur Keli	m		=	



CK 3694

Date of Notification (1) 11/1/13				Building O			(2)		731	9	<u></u>	7 1		6.23	٦
Agencies Notified Type Notification		1000	treet Ad				*		-0.7 	V-3	-				
EPA Initial Amended			04 eas	e, Zip Cod	le				1	IOV	4	001			$\dashv$
DOL Amendment #_ Emergency (inc	ludina			each N		80	8.9					201	3		
DOH justification Cancellation	adding		lame of ( Fed	Contact					Tele	ephone	Numl	oer		1	
			FACIL	ITY INFO	RMAT	ON			17			e (			
Name of Facility Where Abatement is Taking F Ted Fluer Private Home	Place (3)						Type o	f Facility (4)			inge inge				-
Street Address								chool (K-12) ubchapter 8	(Othe	r than I	K-12)	9.70 E.ana	74.	7-6	3
104 east 85st						•	et	ther (i.e. pri	540 1540 COOL 2						5,
City (5) Brant Beach NJ 08008							Square 1000-		# OT	Floors		35	dg. Aq 5+	ge	
County (6) Ocean			County C	ode (7) SE ONLY)	7	_	Curren	t Use (Prior	if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)					
N/A Street Address							Address	10.00							
1							30x 32	<u> </u>							
City, State, Zip Code							state, Zip t Berlir	Code NJ 0809	1						
Project Manager for Monitoring Firm		T	Telephor	e No.			none No 753-98			Licens 0072					
	cheduled	Com	pletion D	Date (11)				A Monitor					-		
11/4/13 1 Occupancy Status During Abatement (Check to	1/8/13			100		Sam	Addres						=72		
Facility Closed/Vacated During Entire Pe			ent	500		Street	Audres	3							
Abatement Performed Outside of Normal Other – Describe:	Facility H	ours				City, S	State, Zip	Code							
Scope of Work (Check All That Apply)		S	•			· -	1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat noliti					Min Glo	Containme i-Enclosure vebag Proce i-Exempted	edure					<b>a</b>	
	ls Lo	ocatio	מס				1101		()				Abate	ement	
Location of		rmall	y			escription		(4610)	,			-	Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED	Maint	enan	nce/		therma	ntaining I	ns insula		(	mount Specify		Rei	<sub>Z</sub>	Enca	Enc
In Facility (13)	200,000	12)				acing, V/ miscella			S	or LF)		Remova	Repair	Encapsulate	Enclosure
a	Yes	No	N/A											te	Φ
Exterior Siding			х		Ext	erior Si	ding		17	'00 SF	•	х			
				-								_			
								-							
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubi	c Yards		Name of F	Regist	ered La	ndfill				L
United Containers		H	auler ID 2459		of W			G.R.O.V							
City, State Elm NJ					Disp 11/8	osal Date /13	Э	City, State Morrisvi		A 190	67				
Completed by Anthony T Perna	Title Presid	ent		******		Signatur	re	e	31-31		Da 11	te /1/13	3		

Date of Notification (1)		N	ame of Buildi	ng Owner/Ope										
10/31/2013				Semi	no	le (	Construction	on			-			
DEP [ ] Amen Amen Amen	Notifica ded Not dment #	ification		treet Address	Code			tt Avenue	NOV	4 201				
[X] DOH justifi	gency (ir cation) ellation	ncluding	N	lame of Conta				4		ne Number				$\dashv$
[ ] DCA	паноп			10)	ce Cornss					700,000,000	2011000			
			ACIL	ITY INFO	RMATION	1	_							-
Name of Facility Where Abatement is Taking Residence	Place (3)	)					Ty	pe of Facility [ [	] Sch	ool (k-12) chapter 8 (oth	er than l	k-12)		
Street Address 28 Budd Drive								[x	] Oth	er (i.e., private nes, etc.)			l buildi	ngs,
City	Count	y (6)		ounty Code (7		1	Sq	uare feet	# (	of Floors	Bldg.	0.75		
Beach Haven West	Ocea	n	(S	TATE USE C	NLY)	-	Cu		rior if being sidence	demolished)	r.	6	)	
Name of Monitoring Firm Hired by Building (	Owner (8	8)	AS	SCM No.	Name o	of A	Abat	tement Contr						
N/A	`	,							ardian C	ontracting,	Inc.			
Street Address				Street A	Ado	dres		80 Route	9, Unit 61					
City, State, Zip Code				City, S	tate	e, Zi	ip Code		, New Jerse	ey 087	55-12	271		
Project Manager for Monitoring Firm	Telephone Num	ber		Teleph 732-3			ımber		License N 00624					
Scheduled Start Date (10) 11/13/13		Scheduled Comp 11/18/13	pletion	Date (11)	Name	of (	OSF	IA Monitor E.I	M.S.L. A	nalytical				
Occupancy Status During Abatement (Check [ x ] Facility Closed/Vacatete [ ] Abatement Performed [ ] Other – Describe	d During	Entire Period of			City, S		*******	10 ip Code	56 Stelto	n Road New Jerse	y 088	54		
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf			novatio		[ [ [x	]		Mini-Enclos Glovebag P	sure rocedure	Negative Pres		re		
[ x ] ≥160 sf or ≥260 lf		[ X ] De	molitio	n	[ X			Non-Exemp	neu (*) and	Non-Thable				
		Is Location			<u> </u>			•			Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	dial //A		Descript Asbestos-C Material (i.e., thermatinsulation, VAT other misco	Con (A al s sui (T, o	ntair ACM syst rfac or	ning f) ems ing,	(	Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior	X		Asbestos	siding				8	00 sf	X				
											X			
								75.15±4						
Name of Registered Waste Hauler Guardian Contracting, Inc.	auler III		ic Yards of W			Name of I T.R.R	Registered I F.	andfill						
City, State Toms River, New Jersey		isposal 1/19/		City,			n, P <b>∉</b> nnsyl	vani#						
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manager	1117	Signature	icho	7	<i>''</i>	Je	1		Date 10/	31/20	13	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CNI-difference (1)				Na	ame of Building	Owner/Oper	rator (2)					1
e of Notification (1)	10/31/2013					Messer	rcola Enterprise	S				
		on		Str	reet Address				· 201.	5		
encies Notified	Type of Notificati	on Notificat	ion		1000714441400	PO Bo	x 790					
] EPA ] DEP		ded Notif		C	ity, State, Zip Co	nde				10 %		
] DOL	L J	dment #_			ity, State, Zip Co	, do	Matawan,	NJ 07747	işt.	•		
1 202		ency (inc	cluding	1	60-1-1			Telephone Number				
DOH		cation) llation		N	ame of Contact Ferna	ndo		Totophone				
] DCA	[ ] Cance	Hation										
	,		F	ACIL:	ITY INFORM	ATION	m - CEncility	(1)				$\neg$
Name of Facility Where A	Abatement is Taking	Place (3	)				Type of Facility	(4)   School (k-12)				
Re	sidence						. i	Subchapter 8 (other	r than k	12)		
Street Address							[x	•	& comr	nercial	buildir	igs,
21	9 Bay Shore Dr							homes, etc.)				-
		County	(6)	Co	ounty Code (7)		Square feet	# of Floors	Bldg. A	Age 49		
Waretov	wn			(S	TATE USE ON	LY)	1100 sf	ior if being demolished)		43		$\neg$
, and the		Ocean	n					idence				
		0	(0)	Α.	SCM No.	Name o	f Abatement Contra	actor (9)				
Name of Monitoring Firm		Owner (	(6)	I A	DOIN ITO.		Gua	ardian Contracting,	lnc.			
N/ Street Address	A		-			Street A	Address	o.p o.tt.::+61				
Street Address								9 Route 9, Unit 61				
City, State, Zip Code						City, St	tate, Zip Code Tor	ns River, New Jerse	y 0875	55-12	71	
			Telephone Nur	nher		Telepho	one Number	License N	umber			
Project Manager for Mor	nitoring Firm		relephone ivui	HOCI			49-9932	00624				$\dashv$
Scheduled Start Date (10	0)		Scheduled Cor	npletion	n Date (11)	Name o	of OSHA Monitor	COX A lutical				1
11/13	3/2013		11/18/2013			1-		A.S.L. Analytical		_		
Occupancy Status During	g Abatement (Check	only on	e)			Street A	Address 105	66 Stelton Road				
[x] Fa	acility Closed/Vacat	ed Durin	g Entire Period	of Abat	tement				_			-
-	batement Performed	Outside	of Normal Faci	nty Ho	uis	City, S	tate, Zip Code	cataway, New Jerse	v 0885	54		
[ ] 0	ther – Describe											
Scope of Work (Check	all that annly)					]	] Full Contain	nment with Negative Pre	ssure			
Scope of work (Check	an that approp					]	] Mini-Enclos					
[] >	3 sf or ≥3 lf		[ ] R	enovati	ion	[	] Glovebag P	rocedure sted (*) and Non-Friable	Procedu	те		
[x] ≥	160 sf or ≥260 lf		[x] D	emoliti	ion	[ x	] Non-Exemp	oted (*) and Norm habie				-
		T					2.500		Abate	ement '	Гуре	
			Is Location			Descrip	tion of		R	R	E	E
Locatio	on of		Normally used	l		Asbestos-C	Containing	Amount	E	E	N	N
Asbestos-Containing	g Material (ACM)		Solely by			Material		(Specify SF or LF)	М	P A	C A	C L
TO BE AF	BATED	Mai	ntenance/Cust	odial		(1.e., therm insulation,	al systems	01 21)	0	I	P	0
in faci	(C)		Staff (12)			VAT			V	R	S	S
(13	)		(12)			other misc			A		L	R
		YES	s no	N/A					L		E	E
					Asbestos s	ding		1050sf	X			
Exterior		-	X		ASUESIUS S.	amb_			1			
									+-			
							Yr	Registered Landfill				1
Name of Registered W	aste Hauler		NJDEP Waste			c Yards of V	Waste Name of T.R.R	Registered Dandini			1073 - 14-	
Guardian	Contracting, Inc	2.	202	Dienos	sal Date		, State					
City, State	or New Incer				9/2013	Tul	llytown, Pennsy	lvania	T.			
Completed by (Print or	ver, New Jersey	Title			Signature /	1 1	17/	1	Dat 10/	e /31/20	)13	
Nicholas 1	Fernicola	Pro	ject Manager		Y	It CA	101 te		10/	31/20		
			*Do not use	this for	rm for asbesto	s licensure	exempted activiti	ies.				

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Nome of Duilding	010-	(2)					
	October 31, 201	3			Name of Building		Bobcat Excava	ting				
Agencies Notified  [ x ] EPA  [ ] DEP  [ x ] DOL  [ x ] DOH	Ame	al Notif nded N ndment	otification	*	Street Address  City, State, Zip Co	ode	Route 9 River, NJ 08753	NC	1/1	4 2	013	
[ ] DCA	justif	ication ellation	)		Name of Contact			Telephone Number		*		
	[ ] 0				Bob			VIP MANAGE	* 10 57 1			
Name of Facility Where A	batement is Takin	g Place	(3)	FAC	CILITY INFORM	IATION	Type of Facility (	4)				
	idence						[ ]	School (k-12)				
Street Address	9 Balsam Driv	e					[ ] [x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)		100	ial buil	dings,
City		Cou	nty (6)		County Code (7) (STATE USE ONL	V)	Square feet	# of Floors	Bldg	g. Age	· · · · ·	
Bayville.		Oce	an		(STATE OSE ONE	1)	950 sf Current Use (Prior Resid	if being demolished	1)		53	
Name of Monitoring Firm N/A		Owne	r (8)		ASCM No.	Name of	Abatement Contract	2,54,345(0,52,21)	Inc			
Street Address						Street Ad	ldress		mc.			
City, State, Zip Code						City, Sta	te, Zip Code	Route 9, Unit 61			********	
Project Manager for Monit	oring Firm		Telephone	Number		Telephor	Toms ne Number	River, New Jers			271	
			en en en en en en en en en			732-34	9-9932	00624	dilloci			
Scheduled Start Date (10) 11/01/201	3		Scheduled ( 11/04/20		tion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During A			ne)		=	Street Ac	ldress					
	ity Closed/Vacate ement Performed					G1: 0:		Stelton Road				
	r – Describe					City, Sta	te, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)					[ ]	Full Containme	nt with Negative Pre	ssure			
[ ] >3 sf	or≥3 lf		r 1	Renova	ation	[ ]	Mini-Enclosure Glovebag Proce					
	sf or ≥260 lf		[x]	Demol:		[x]		(*) and Non-Friable l	Procedi	ıre		
					T			T	Abat	ement	Type	=
Asbestos-Containing M. TO BE ABAT	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility  Is Location Normally used Solely by Maintenance/Custodi Staff						n of taining (CM) systems facing, r uneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos sidin	a		1100 sf	X		E	E
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Asocsios sidin	5		1100 51	A			
Name of Registered Waste I Guardian Con		0	NJDEP Waste 20	Hauler 223	ID No. Cubic Ya	rds of Wast	Name of Regis T.R.R.F.	tered Landfill				
City, State	200			Dispos	sal Date	City, Sta	ite					
Toms River, 1 Completed by (Print or Type Nicholas Ferni	e)	Title Proje	ect Manage		Signature (	(ho	own, Pennsylvan	1a 1	Date 10/3	1/13		$\neg$

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

Date of notification (1)	44.514.1 44.614.1			Name of Building C					_	- 1	n-	,
October 31, 20	13		-		On Sit	e Wa	aste Services		2.	$\geq 8$	9	/
Agencies Notified Type of Notified	ation al Notific	ation		Street Address	27 Eas	st Ke	ennedy Street	/ 4 2013		5		
[x] DOL Am	endment a	(	ľ	City, State, Zip Cod		nsac	k, NJ 07601			1		
[ In ] Bott	ergency (1 ification)	ncluding	-	Name of Contact			8 361	lephone Number				_
II I DCA I	cellation				iaquinto			—			~	
			ACII	LITY INFORM	ATION							
Name of Facility Where Abatement is Takin Residence	g Place (3	3)				Тур	pe of Facility (4)	School (k-12)				
Street Address							[ ]	Subchapter 8 (oth				
1954 W. Railwa	_		т.				[x]	Other (i.e., privat homes, etc.)			al build	ings,
City	Coun	ty (6)		County Code (7) STATE USE ONLY	n	Squ	uare feet 1000 sf	# of Floors	Bldg	. Age 6	0	
Ortley Beach	Oce	an				Cui	rrent Use (Prior if b	-				
			$\perp$				Residenc			-		
Name of Monitoring Firm Hired by Buildin N/A	g Owner (	8)	A	ASCM No.	Name of	Abate	ement Contractor (9	ontracting,	Inc			
Street Address					Street Ac	ddress	3	ute 9, Unit 61	IIIC.			
City, State, Zip Code	_				City, Star	te, Zip		ute 9, Onit 01				-
						61200 3542	Toms Ri	ver, New Jerse		755-12	271	
Project Manager for Monitoring Firm	ber		Telephor 732-34			License N 00624	umber					
Scheduled Start Date (10) 10/31/13		Scheduled Com 11/01/13	pletion	n Date (11)	Name of	OSH	A Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Chec					Street Ac	ddress		14 DJ				
X Facility Closed/Vaca Abatement Performe		7						lton Road				
Other – Describe	Outside	Of Normal Pacific	y 110ui		City, Sta	ite, Zip		ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)			45-2-11		[ ]	3 .	Full Containment v	vith Negative Pres	sure		Territoria de la constanta de	
[ ] -2-6>216		f 1 n.			l J		Mini-Enclosure					
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			novatio molitic		[ x ]		Glovebag Procedur Non-Exempted (*)		rocedu	ire		
[A] Elocator Elocat	_	[ " ]	month				Tion Enterpres ( )					
									Abat	ement	Гуре	
Location of		Is Location Normally used			Description of the Description o			Amount	R	R	E	Е
Asbestos-Containing Material (ACM)		Solely by			Material (A			(Specify SF	E	E P	N C	N C
TO BE ABATED		ntenance/Custo	dial	(i.e	, thermal	syste	ems	or LF)	М	A	Α	L
in facility		Staff		inst	ulation, su		ng,		v	I R	P	S
(13)	1	(12)		oth	VAT, of er miscell		ne)		A	K	U	U
	YES	s no n	/A		or miscen	unco	asy		L		L E	R E
Exterior	-	X	1001000	Asbestos sidir	ıg			1150 sf	X		Е	E
	1											
						50/05/E=+						
Name of Registered Waste Hauler Guardian Contracting, Inc		NJDEP Waste H		D No. Cubic Ya	ards of Was	ite	Name of Register T.R.R.F.	ed Landfill				
City, State	·	D	isposa	ıl Date	City, St							
Toms River, New Jersey	Title	1	1/04/		Tullyt	town	Pennsylvania		Date			
Completed by (Print or Type) Nicholas Fernicola	100000000000000000000000000000000000000	ect Manager		Signature	do	5	1-12			31/13		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

10 A.									1.					
Date of Notification (1)	10/31/2013		12	ı	Name of Bu	ilding Ov			onstruction	ch 2	7	92	7	
Agencies Notified  [ X ] EPA  [ ] DEP	L. T. J.	Notifica	ation ification		Street Addre			artlet	t Avenue		2013			
[x] DOL	Amen	dment#		1	City, State, 2	Zip Code		Creek	k, NJ 08092					ì
[x] DOH [] DCA	17.5M 58.00	cation) llation		1	Name of Co J	ntact Joyce C	orliss		Te	lephone Number	'VI	(a ) (2)		, d
	L		I	FACIL	LITY INF	ORMA	TION		10		- KA	pign to		
Name of Facility Where A	batement is Taking l sidence	Place (3)	)					Тур	e of Facility (4)	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address	9 Fourth Street								[x]	Other (i.e., private homes, etc.)	& con	nmerci	al build	ings,
City		Count	y (6)		County Code STATE USI		)	Squ	are feet 1500 sf	# of Floors	Bldg	Age 6	0	
Beach Have	en	Ocea	ın					Cur	rent Use (Prior if b Residen					
Name of Monitoring Firm		Owner (8	3)	A	ASCM No.		Name of	Abate	ement Contractor (	~	Inc			
N/. Street Address	A						Street Ac	ddress		oute 9, Unit 61				
City, State, Zip Code		****				City, Sta	ite, Zip	Code	iver, New Jerse	ev 087	755-17	271		
Project Manager for Moni	toring Firm	Telephone Nur	nber			Telephor		mber	License No 00624		00 1			
Scheduled Start Date (10)		$\dashv$	Scheduled Con	npletion	n Date (11)				A Monitor					
11/13/1 Occupancy Status During		only one	11/15/13				Street A	ddress		Analytical				
	cility Closed/Vacated			f Abatei	ment	1	J.,,,,,,			elton Road				
5 5	atement Performed					ŀ	City, Sta	ate, Zir	Code			-		
[ ] Oti	ner – Describe					-	2.0,	,		vay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[ ]	-	Full Containment v Mini-Enclosure	with Negative Press	sure			
[ ] >3	sf or ≥3 lf		[ ] R	enovatio	on		L :		Glovebag Procedu	re				
	60 sf or ≥260 lf			emolitic			[x]	-	Non-Exempted (*)		Procedu	ıre		
											Abat	ement	Туре	
			Is Location			I	Description	on of			R	R	Е	E
Location	F47E4		Normally used	l			estos-Co			Amount	E	E	N	N
Asbestos-Containing			Solely by	10			laterial (A			(Specify SF	М	P	C	C
TO BE ABa		Man	ntenance/Custo Staff	odial			, thermal			or LF)	0	A	A P	L
(13)	ity		(12)			msu	VAT,		···6,		V	R	S	S
(13)			()			othe	er miscel		us)		A		U	U R
	YES NO										L		E	E
Exterior							g			1350 sf	Х			
Exterior			X		Asbesto	os sidin	g			650 sf	X	_		
										_	_	_	-	
				P.11	0.11.37	1 (117	. 1	N CD i-t-						
Name of Registered Wast	e Hauler Contracting, Inc.	NJDEP Waste F 202		D No.   (	Cubic Ya 3	rds of Wa	ste	Name of Register T.R.R.F.	rea Lanailli					
City, State	2			Disposa			City, S							
Toms River Completed by (Print or Ty	r, New Jersey	Title		11/19/	/13 Signature		Tully	town	, Pénnsylvania		Date	;		
Nicholas Fe			ect Manager		o.g.iaital	Vî,	Set	V	121		150000000	31/20	13	

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



Date of Notification (1) 11/1/13					Building O Kraus F								7.1.1.	1.		
Agencies Notified	Type Notification			treet Ad 32 Nan		May rook						F=100/18		- 4	1	
DEP DOL	Initial Amended Amendment #				e, Zip Cod awkin N		050			VOV	4	20	<del>)</del>			
DOH DCA	Emergency (in justification) Cancellation	ncluding	200	lame of	Contact	ne			j	Tele	nhone	k I L	12.5		i.	
				FACIL	ITY INFO	RMA	TION	_	r= 101 //		*-*:					
Name of Facility Where A Wayne Kraus Priva Street Address		Place (3)							of Facility (4 School (K-12 Subchapter	2)	er than	K-12)	- 30	*** .	e in the	0
32 Nancy	*						5		Other (i.e. pretc.)	rivate 8	comm	ercial	build	ings,	home	s,
City (5) Manahawkin NJ 080	050								e Feet	# of	Floors			dg. A	ge	
County (6) Ocean	* 2			County C	ode (7) SE ONLY)			Curre	nt Use (Prio e	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building C	wner (8)	!	ASCM	No.			of Abat	ement Con	tractor	(9)					
Street Address	20							Addres								
City, State, Zip Code									p Code n NJ 080	91						
Project Manager for Mon	itoring Firm		T	elephor	e No.		225.74256.900	none No 753-9			Licens 0072					
Start Date (10) 11/4/13		Scheduler	d Com	pletion [	Date (11)			of OSH	A Monitor							
Occupancy Status During	Abatement (Chec		)					Addres	is						-	
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F	Period of A	oatem						p Code							
Scope of Work (Check A	II That Apply)			7		1	1			- 1101010			93			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		enovat emoliti	ion				Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	•				e	
		le	ocatio	nn						( / =				Abate	ment	1
Location	n of	N	ormali	y			Description	n of						Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Mai Custo	l Solel ntenan odial S (12)	ice/ staff?		therm	ontaining l lal system facing, V/ r miscella	ns insula AT, or		(	mount Specify F or LF)	)	Removal	Repair	Encapsulate	Enclosure
	\. I'	Yes	No	N/A					2	40	000 00	-		-		
Exterior S	siaing	-		Х		EX	terior Si	laing		12	200 SF		x			-
														_		_
			- 1 11						1 51	D!-4		- JEII				
Name of Registered Was United Containers	sie Hauler		Н	JDEP W auler ID 2459		1.000	oic Yards Vaste		Name of G.R.O.		elea La	nuilli				
City, State Elm NJ					300000000000000000000000000000000000000	1000000	oosal Date 8/13	е	City, Stat Morrisv		A 190	67				
Completed by Anthony T Perna		Title Presi	dent				Signatur	e /				Dat 11	e /1/13	3		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Courtesy to EPA Region II (Pursuant to NJAC 8:60 and 5:16)

	-	(Pursua	ant to	NJAC	0.00 and	1 (2)			1/1/71	1_1	2	
		Nar	ne of E	Building O	wner/Opera	itor (2)				-4 /	PH 2:	<u>=</u>
e of Notification (1)	, 2013	C	SX	Corp	oration	1			* * * * * * * * * * * * * * * * * * * *			
11 / 1		Ctr	eet Ad	dress					5 17		7.77	-
encies Notified	Type Notification	50	W 00	later S	treet					- 7	$H^{1}$ 3 $^{1}$ 1	1.
EPA	☐ Initial ☐ Amended	-	Cha	to Zin Co	de	000						75
DOLWD	Amendment #	Ja	acks	onville	, FL 322	202		Te	elephone Num	ber	_	21
DHSS	☐ Emergency (including	N	ame of	f Contact								-
DCA (NJAC 5:23-8)	justification)  ☐ Cancellation	(0	ary	Wywra	a		<del></del>		10			
(1.0	LI Cancellation		FAC	ILITY IN	FORMATI	ON	Type of Fa	acility (4)				
	Tilling Place	(3)				1.	Schoo	(K-12)		10)		
ame of Facility Where	Abatement is Taking Place	uildin	g				Subch	apter 8 (0	Other than K-1 ate and comm	ercial bui	ildings,	
SX Building -	Non-Operation						Other bome	(i.e., priv. s, etc.)				
Street Address	Front Street and Bu	irton A	Aver	nue		-	Square F		# of Floors	1100000	dg. Age	
ntersection of	Front Street and D					1	40001	2	2		5+	
City (5)						E ON! VI	Current	Use (Prio	r if being dem	olished)		
Hopewell			Cou	nty Code	(7)(STATE US	E UNLT)	Unkno	own				
County (6)						Abatom	ent Contra	actor (9)				
	Lised by Ruilding Owne	er (8)	ASCN	No.	Name of	Roen	onse,	Inc.				
Name of Monitoring	Firm Hired by Building Owner	1000 M			- 1 A	ddross						
Shaw Environ	mental, inc.				Street A	Cachno	ology L	ane				
Street Address	Street - Interstate	Tower			102 1	ate, Zip	Code					
128 S. Tryon	Street - Interotere				City, St	ort PA	15632	2				
City State 7in Cod	e				EXPO	one No.			License N	Ю.		
Charlotta, NC	, ZOZUZ	Te	lephor	ne No.		325-3	330		01121			
Project Manager fo	r Monitoring r in	7:	32-9	39-370		110	Monitor					
Gary Wywra	Schedul	ed Comp	letion	Date (11)		w En	vironr	nenta	I, Inc.			
Start Date (10)	11	_ / 2		/ 2013	10110	Address	-			4- TO	wer	
	1 (Chock	only one			428	South	Tryor	Stree	et, Intersta	ate 10	WEI	
Occupancy Status	During Abatement (Check Nacated During Entire Peri-	od of Aba	atemer	nt =ibo	City	Ctata 7ir	code		dia tetra			
Facility Closed	Nacated During Entire Period rformed Outside of Normal Fument:AMPM	acility H	ours -	AM	Cha	arlotte	NC 2	8202				
Time of Abate	rformed Outside of Normal I ment:AMPM	·/						:41a N	Jonative Pres	sure		
41.1	Check all that apply)					Full Full	Containm Enclosur	ent Willi i e	Negative Pres			
Scope of Work (C	Stieck all areas is	Rend	vation	1		H Glov	ebag Pro	cedure	Non-Eriable F	rocedure	Э	
≥3 sf or ≥3 lf	0016	Dem	olition			☐ Non	-Exempte	d (*) and	Non-Friable F		Abatem	nent Typ
≥160 sf or ≥2	60 II		ocatio	n T							Removal	B
		N.	ormall	v	Asbestos	Descrip	A MATERIA	al (ACM)		ount	pair	. cap
	Location of	Used	Solel	y by				lation,	SF (SP	ecify or LF)	Vál.	sula
Asbestos-Co	ntaining Material (ACM)  BE ABATED	Cust	ntenar odial S	Staff?			, VAT, or ellaneous					le l
15	IN Facility	000	(12)		O <sup>4</sup>	ther misc	ellaricoss	,			1=1-	10
	(13)	Yes	No	N/A	75/25/25/25		Door Ca	ulkina	22	0 LF	X	
		10		×	Windo		Door Ca	diming	153	35 SF	× C	10
Exte	rior Of Structure	-		TX.		1000	nsite			18 SF	IX [	
Eyte	erior of Structure		+	-		Sheet	Flooring	g				TIT
	st & 2nd Floor			X			loor Tile	_	64	40 SF		
						Oubic Yar	ds of		Registered L	andfill	ı	
Hallw	ray Furnace Room		T	NJDEP W	Vacco	Cubic Yai Naste	us 51	Cone	estoga L	andfill	1	
· Name of Red	istered Waste Hauler			Hauler ID	1140.		Data	City St	ate			
Republi	c Services					Disposal	12012		gantown,	, PA		
City State					1	11/21	/2013	IVIOIS	0 1		Date	2042
Mount L	_aurel, NJ	Title					ature		KLINAM	(.	11/1/2	2013
Completed 5	By (Print or Type)	Title	inie	trative	Suppo	ort	MA	icay	Julia			
lessica	Busch	Aum	11113		•	- a l'accad	ire exemi	oted activ	ities.			^ -
		* Do	not us	e this form	n for asbest	os licerisi	,, c 0,,0,,,					Da
ASB-41		20										1 1

ASB-41 MAY 11

<sup>\*</sup>Additional materials listed on 2nd Page

#### PAGE 2

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

Courtesy to

Data of Notification (4)			27	Name	-f D. 31-11	0	207/10	1-4 14	^ ~			9.0.	
Date of Notification (1)	, 2013					Owner/Operator (2	2)	-4 17	2:5	3			
Agencies Notified Ty	pe Notification				Address	50141011	• 97	I. 1000	5.50	-			
	Initial			500	Water 9	Street	9 1		Ç,	١.			
	Amended Amendment #			City, S	State, Zip C	ode	'e (h'			1		4505-0	
DHSS	Emergency (in	cludina	î	Jack	csonville	e, FL 32202							
(NJAC 5:23-8)	justification)		8	Name	of Contact			Telephone N	lumber				
	Cancellation			Gar	y Wywr	а		4			_		
				FA	CILITY IN	FORMATION							
Name of Facility Where Abat							Type of Facility	(4)					
CSX Building - Non	<ul><li>Operation</li></ul>	al B	uildi	ng			School (K-12		( 40)				
Street Address							☐ Subchapter 8 ☐ Other (i.e., p	rivate and com	(-12) imercia	al bui	ilding	S,	
Intersection of Fron	t Street an	d Bu	rton	Aver	nue		homes, etc.)				555	503	
City (5)							Square Feet	# of Floors		100	lg. Ag	ge	
Hopewell				10		CTATE USE ONLY	1000+	2		25	)+		
County (6) Mercer				Cour	nty Code (/	(STATE USE ONLY)	Current Use (Pr Unknown	or it being den	nolisne	(D)			
Name of Monitoring Firm Him	od by Building (	hupor (	9)	ASCM	No	Name of Abateme							
Shaw Environmenta		wilei (	,0)	ASCIVI	INO.	Prism Resp	(4) (5)/5						
Street Address	ui, 1110.					Street Address	01100, 1110.						
128 S. Tryon Street	t - Interstat	e To	wer			102 Techno	logy Lane						
City, State, Zip Code						City, State, Zip Co					<del></del>		
Charlotta, NC 2820	2					Export, PA							
Project Manager for Monitori	ng Firm		Tel	ephone	No.	Telephone No.		License No	).				
Gary Wywra			73	2-93	9-3707	724-325-33	30	01121					
Start Date (10)				etion Da		Name of OSHA M							
11 / 11 / 20	113 11	/	21	/ .	2013	Shaw Envi	ronmental	, Inc.					
Occupancy Status During Ab				-		Street Address							
Facility Closed/Vacated D						128 South T		, Interstat	e To	we	r		
Abatement Performed Ou Time of Abatement:						City, State, Zip Co Charlotte, N							
Scope of Work (Check all that	at apply)												
☐ >3 sf or >3 lf		□Re	nova	lion		■ Full Conf Mini-End	tainment with Neg	gative Pressure	е				
■ ≥160 sf or ≥260 lf		De De				☐ Gloveba	g Procedure						
						☐ Non-Exe	mpted (*) and No	n-Friable Proc	edure		40000		
Location of			Loca Norma		1	Description of	.f		1	-	ateme	_	_
Location of Asbestos-Containing Mat	terial (ACM)	Use	ed Sol	ely by		stos Containing Ma	terial (ACM)	Amount		Removal	Repair	Enc	Enclosure
TO BE ABATE	D	3.0355970		ance/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)		lova	air	apsı	nso
IN Facility (13)			(12			other miscellane		Si di Li	1	_		Encapsulate	9
		Yes	No	N/A			47					77.00	
Exterior Of Stru	cture			x	1	Main Roof Felt	Paper	1200 SI	F	x			
Exterior Chim	ney			×		Flashing	11.60	16 SF		×			
Exterior Flue \	/ent			x		Flashing		6 SF		x			
				х						x			
Name of Registered Waste H			100	NJDEP Hauler I		Cubic Yards of Waste	Name of Regis		-11				
Republic Services	S			laulei I	D 140.		Conesto	ga Landī	111				_
City, State			·			Disposal Date	City, State	·					
Mount Laurel, NJ		0.555				11/21/2013	Morganto	own, PA	,				
Completed By (Print or Type						Signature	2 1	. n	Date		201	0	
Jessica Busch	Ac	ımin	istr	ative	Supp	ort $f$	2012 dr	ld.	11/	1/2	201	3	
ASB-41 MAY 11		Do not	use t	his form	n for asbest	os licensure exemp	oted activities.	)					



zik U				0 11070 0.00		CK	3	07	0	0,			
Date of Notification (1) 11/1/13				Building Owne Maria Mara			me						
Agencies Notified Type Notification		1.00	Street Ad 31 Bev			- H			1.				- 1
EPA Initial DEP Amended Amendment	#		City, Stat	e, Zip Code awkin NJ 0	8050						× 2		1
Emergency (i				Contact					phone Nu	mber	15		-
DOH justification)  Cancellation			Tom										
			FACIL	ITY INFORM	ATION	AND THE							
Name of Facility Where Abatement is Taking Tom & Maria Maranza Private Hom		)	*			☐ s	of Facility (4 chool (K-1)	2)	- 4h 1/ d	<b>a</b> \			
Street Address 31 Beverly						⊠ c e	ubchapter other (i.e. p tc.)	rivate &	commerc	ial build	-	U esta esta esta esta esta esta esta esta	s,
City (5) Manahawkin NJ 08050						Square 1000		# of	Floors	100	ldg. A 5+	ge	
County (6) Ocean			County C	Code (7)			nt Use (Prio	or if beir	g demolis				
Name of Monitoring Firm Hired by Building ON/A	Owner (8)		ÀSCM	No.	1.5.1120.000.000.000.000	of Abat naco In	ement Con	tractor	(9)		•		
Street Address			T.			t Addres Box 32							
City, State, Zip Code			×			State, Zi	p Code n NJ 080	91					-0.55
Project Manager for Monitoring Firm		1	Telephor	ne No.	Telep	hone No	).		License N	No.			
Start Date (10) 11/4/13	Schedule		pletion [	Date (11)		e of OSH	IA Monitor						
Occupancy Status During Abatement (Chec						t Addres	s						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of A	Abatem	nent		City,	State, Zi	p Code						
Other – Describe:													
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demolit	-	•	-	Mir Glo	Containm i-Enclosuro vebag Pro n-Exempte	e cedure				e	7
120	Is	Locati	ion							T	Abat	emen	
Location of	1	Normal	ly		Description					-	T	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intena todial ( (12)	nce/ Staff?	(i.e. the	Containing rmal syster surfacing, V her miscella	ns insula 'AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						22.05		-		⊢
Exterior Siding			X	E	Exterior S	Siding	*	12	00 SF	x	-		
Name of Registered Waste Hauler			JDEP V	Vaste C	ubic Yards		Name of	Registe	ered Landi	fill			
United Containers		F	lauler ID 2459		f Waste		G.R.O.						
City, State Elm NJ					isposal Dai 1/8/13	te	City, Sta Morris		A 19067				
Completed by Anthony T Perna	Title Pres	ident			Signatu	ire	*			Date 11/1/1	3		

Date of Notification (1) 10/28/2013	-			Name of	of Building	Owner/C	Operator	(2)			ì				: T,	•, ]
Agencies Notified	Type Notification			500	Address							- 1-	100			
□ EPA	Initial				gen Stre	eet										
DEP	Initial Amended			City, St	ate, Zip C	ode		-	+1	1.1	<del>)                                    </del>	4 2	113		in 88	
× DOL	Amendment				ny, NJ 0							-				١,
ĭ DOH	Emergency (	including		Name o	of Contact	\$ 1,	¥ 3			Tel	ephone	Numb	er	_	-	
☐ DCA	Cancellation			Mark	Triano				9 .0	L						
Name of Facility When				FAC	ILITY INF	ORMATI	ION		111 H MA -	- 1 1 24 10 1 24		- **		-	2 -7. 9. 1.1	
Name of Facility Where Bldg, 15-20A	Abatement is Takin	g Place (3	)					Type o	of Facility (4	1)		- 55				
Street Address								S	chool (K-12	2)						
1000 Frank E. Rog	ore Dlud								ubchapter in ther (i.e. pr	8 (Oth	er than	K-12)		0		
	ers bivu.						1	× o	tc.)	ivale	∝ comm	ierciai i	oulic	ings	, nom	ies,
City (5) - Harrison								Square		100000000000000000000000000000000000000	f Floors			ldg. A		
									00 SF	1			1500	0 Ye	ears	
County (6) Hudson				County (STATE	Code (7) USE ONLY	n			t Use (Prio house	r if bei	ng dem	olished	)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCI	M No.		Name o	of Abate	ement Cont	ractor	(9)					
EHS Environmenta	II, Inc.						ATC (	Const	ruction, L	LC	1000					
Street Address							Street A	Address	3	- 177					-	-
411 Southgate Cou	irt, Suite E						6012	Broa	dway Av	e Uni	t 2					
City, State, Zip Code				-			City, Sta						_			
Mickleton, NJ 0805							West	New '	York NJ (	0709	3					
Project Manager for Mon Jack Carney	nitoring Firm			Telepho			Telepho				Licens	200000000000000000000000000000000000000				
Start Date (10)					24-0080		201-9	66-87	60		0121	0				
11/11/13		Schedule 11/22/1		npletion	Date (11)				A Monitor		10.70					
Occupancy Status During	a Abatamant (Charl		_				same									
	•						Street A	ddress								
Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of A	baten	nent												
Other – Describe:	ed Odiside of North	ai racility	Hours	5			City, Sta	ate, Zip	Code						(3)	
Scope of Work (Check A	II That Apply)								-							
≥3 sf or ≥3 lf	ш тпаг друу)	П -														
≥3 \$1 or ≥3 if × ≥160 sf or ≥260 if		processor.	enova emolit				H		Containmer Enclosure	nt with	Negativ	ve Pres	sur	е		
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			ocati										I		ment	
Location		Used	Sola			Des	cription o	of				-	_	Ту	pe	
Asbestos-Containing TO BE ABA		Mair	itenai	nce/			aining Ma systems i				nount				Щ	m
In Facili	ity	Custo	dial S (12)	Staff?	(1.0.	surfac	ing, VAT,	or	on,		pecify or LF)	1		Repair	cap	nclo
(13)			(12)			other m	iscellane	ous)			Accesses &	TO TO TO	2	pair	Encapsulate	Enclosure
		Yes	No	N/A								-			ate	(D)
Bldg. 1	15			Х		Roof	Flashir	na -		40	0 SF	X	+			
Bldg. 20	0A			X	R		Wall P		.	00000	34 SF		+			
Window C		-	_		- 1			AND COMPANY					1	_		
vviidow C	Jaulk			X		VVind	ow Cau	ılk		2,0	00 LF	X				
Name of Registered Was				JDEP W		Cubic Y			Name of Re	egister	ed Land	dfill				
Freehold Cartage, In	C.			auler ID JD0541	No. 126164	of Wast	te bic Yard	ds .	Tullytowr	Res	ource	Reco	ve	ry		
City, State					1930	Disposa		12.5	City, State							
Freehold, NJ						11/201		100	Tullytown	, PA						
Completed by	1	Title	^		<del>(</del>	Sid	gnature	<b>\</b>	,	*		Date	-			
LRIC Ja	tor	141	٧\			17	~	H	* 1			10/28	3/13	3		
, = -3						$\rightarrow$	/	$-\gamma$	17							

CAC(Signature)

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

CK# 0348

Date: A STATE OF THE STATE OF T		15		Mallan On		w Arth		777	ررب		7 _		
Cate of Notification (1) 10-18-2013		1000	John O.			r (2)							
Agencies Natified Type Notification	4		itreet Add 44 Wes ity, State	t Shore			NI /			. 4			
EPA K Initial DEP Anwinded Amendment		100			017734								
(IX) Emergency (I			Jume of C		017754			Talen	hone Num	hatro	(1)		
DOH justification)  DCA Cencellation		2.5	Joe Gla					1000	mm im I defet i	HEM J	4	10	
D DEV El celioteterori					RIMATION		<del></del>						
Name of Facility Where Abelement is Telding House for Demo Street Address 44 West Shore Street	Place (3)		I Process				of Facility (4 School (K-12 Subchapter I Other (I.c. pa	2) 8 (Other	then K-12 commercia	) al build	lingo,	nome	<b>S</b> ,
City (5)							etc.) Ye Feel	#of F	loors	4	kdg. A	je	
Keansburg								1		5	10+		
County (6) Monmouth			County County Co	ode (7) SE ONLY)		Hou	int Use (Prio 180	r if being	demoliek	ed)	-	,	
Name of Monitoring Firm Hirad by Skillding	Owner (8)	-	ASCM	No.		CONTRACTOR OF THE	toment Con		0.00		_		
n/a			n/a				Aanageme	ant Col	poration				89222
Street Address					22	et Addre Troy L	ane	_					
City, State, Zip Code							zip Code ark, NJ 07	7035					88038
Project Manager for Monitoring Firm		- 1	Telephon	ie No.		achane N			License N	lo.			
n/a			n/a		100	3-706-			01193				ř.
Start Dato (10) 10-21-2013	Scheduk 10-28-		mpletion C	Dema (11)			HA Monitor Vlanagmei	nt Corr	poretion			90 SS	
Occupancy Status During Abutement (Che						set Addre			741444				_
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of /	Abeter			93300	Troy l	ane Zip Code						
Other Dozoribe:					— Ц	ncoln f	ark, NJ O	7035					
Scope of Work (Check All That Apply)								•					
최 정 역 이 전 R □ ≥160 역 대 호텔 80 R	10.00	Renovi Demoli		*		H M	all Containm ini-Enclosur iovebag Pro on-Exampte	eodura				12	,
	100	Local	4								,	emen /pe	ŧ
Location of Asbeston-Conteining Material (ACM) TO BE ABATED In Facility (13)	. Use	Norma ed Sok eintens sodial (12)	ally by Ince/ Start?		Descriptos Containin thermal syst surfacing, other misce	g Materi ems insu VAT, or	Milion.	(8	nount pecify or LF)	Removal	Repair	Encapaulata	Enclosure
Down Dane	100	144	-		Tor Da	ohiw-		40	O SF	╁	+	-	+
Rear Roof Rear Bedroom	+	_	X		Tar Fla Waterprod		ar .		OSF	*	-		+
	+	-	X			<del> </del>				X	-		+
Kitchen	-	-			Linole	SLITT!		9	0 SF	+	+	-	+
Name of Registered Waste Hauler		1	LIDEP W	asto	Cubic Yard	ks	Name of	Registo	red Landii	1			1
Loznica Management Corp		1	Hauter ID 0033137		of Waste TBD		GROV	VS Lan					
City, State Lincoln Park, NJ 07035					Disposal D TBD	থিকি	City, Sta Morris		A 19067				224
Completed by	Title			-		ture ^				late			ello:
E. Cirovic		reter	y		16	, Ca	מסנו	ic		10-18	-201	3	

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				ent to NLL				1		0	2 =	1	i
Date of Notification (1)	1,5		Name	of Build	ing Owner	/Operato	r (2)	I CA	-APPER	No.	<u>}</u> =	112	_
10-31-13 NOV 4 2013			Eric	: Wokas	5			NJ Dept.	health	& Sei	nior S	ervie	ne
Agencies Notified Type Notific	stion	1	1	t Address	-760						=	-, 1,0	-0
FA Initial		1		Highlan				Date 10	(signal	ure)	-	ان.	1
DOL Amend		9	City,	State, Zip	Codo			Date	WILL'S	Time			7
	ncy (include	na		insburg									-11
DCA Justifica	fon)	-		of Conta	act			Tel	ephone N	mash.			
			Mar					1					
Name of Facility Where Abatement is	aking Place	(3)	FA	CILITY	NFORMAT	HON	1 24					_	
Residential Structure Scheduk	for Dem	0					Type of Facil					****	-
Street Address	-						School School	(K-12)					
38 Highland Ave.							E Other (i	pler 8 (Oth .c. private &	er Uran K-	12)	e di ac-		
City (5)		<u> </u>					( CUL)			CERN CO	main	js, h	HUE
Keansburg							Square Feet	1	Floors		Bldg	Age	,
Сошку (6)		-	Charmy	y Code (7	70		1500	1			504		
Monmouth			(STAT	y Code (/ E USIE ION	E17		Current Lise	(Prior If beli	ng damoli	shad)	1		
Name of Monitoring Flum Hitred by Build	Ing Owner	6)		M No.		T No.	Residentia	u Proper	ty	1000			
nva		7.0	n/a	100000000000000000000000000000000000000		1 or	of Abatement	Contractor	(9)		C. non		
Street Address			1.00		_	Simo	nica Mariage Address	ament Go	Mb -				
n/a							roy Ln				Liberto Const		
City, State, Zip Code n/a							tate, Zip Code						_
						Line	oln Park, NJ	07095					
roject Manager for Monitoring Firm  N/2			Taleph	one No.		Tedeph	one No.	0,000	License I	\t-			
Start Date (10)			n/a				706-7950	1	01193	AG"			
11-1-2013	Schedu	uled Co	implettor	Date (1	1)	Neme	of DSHA Monit		V1100				
Occupancy Status During Abatement (C	11-2-	2013				n/a	· · · · · · · · · · · · · · · · · · ·						
							Address			_	_	-	
Fitcility Closed/Vaceted During Ent Abetement Performed Outside of N		Abala	ntent			n/a				-			
Other - Describe: Schaduled for Da	स्थातिक स्थला स्थातिक	יא עוסח	DEI				ate; Zip Code						-
cope of Work (Check All That Apply)						n/a							
S ≥3 sfor≥3 hf		_						+					_
≥160 sf or≥260 ff		Renov Demol				<u>~</u>	Full Contain	ment with h	legative P	Téas:	ana.		
	Normal I						Glovaban P	178 1000dus-					
	7-1-						Non-Exempl	ed (") and I	Non-Friah	le Pro	cedu	há .	
Location of		Locat Noma								T	Abat	बाख	rt
Asbestos-Containing Material (ACM)	. Use	of Sole	dy by	Anha	Des	cription o	f			-	Ty	pe -	
TO BE ABATED	Gus	intena Iodiai s	り <u>ため</u> / ないがク	(Le	. thermal s	waterns !	terial (ACM) nsulation.		aunt .	_		m	١.
(19)		(12)	ween r		surfect	TEL VAT	or	(Spr		1	2	ğ	1
	Yes	Na	N/A		design III	scellane	orsa)	1	-	Ramoval	Repair	Ericapsulate	ETHTOGUE
Basement	103	160	NyA					-		_		14	9
- ducing			×	As	bestos F	ipe ins	ulation	30	F	ĸ			
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me of Registered Waste Hauter	1	I NL	DEP W	herfen.	Cubic Y					_			
znica Management Corp		H	Tiler 10 h	do.	of Waste			Registered					
, State		00	133137		TED		GROW	/S North	Landfill				
coln Park, NJ 07035			200.00		Dispossi	Date	City, Stat	D .	~~~~				- 7
ripleted by	Title				TBD		Monis	rille, PA 1	9067				
Cirovic	Secre				Sign	netwe			Dalo				-

Secretary

10-31-13

Date of Notification (1)					Building ( wine Op				LP F	(EC	CIT.	-1.			
Agencies Notified	Type Notification			Street Ad 1000 M	ldress 1idlantic	Drive			2 ?	KOA	-4 PM	2:	7	8	
EPA  DEP  DOL	Amended Amendment				e, Zip Courel, NJ				\$ 1	7251		ITE	٦١.		
DOH DCA	Emergency ( justification) Cancellation	including			Contact Barone	¥			(i)	Tele	phone Nun	nber	L	70	
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where	Abatement is Takin	g Place (3)						Type	of Facility (4	)					
unnamed									School (K-12	2)		-			
Street Address	90 Tarrier								Subchapter 8 Other (i.e. pr	B (Othe	er than K-12	2)	dinas	hom	00
6 E. Clementon Dri	ive								etc.)	ivate o	Commerci	ai buii	umga	, 110111	C3,
City (5)									re Feet	- CONTRACTOR	Floors	1.00	Bldg.	Age	
Gibbsboro								83,0		1&2			0		
County (6) Camden				County C STATE U	Code (7) ISE ONLY)			Offic	ent Use (Prio Ce	r if beir	ng demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				atement Cont						
Vertex									Invironmer	ntal S	ystems, I	nc.			
Street Address 1102 Baltimore Pik	e						550		Union St.						
City, State, Zip Code Glen Mills, PA 193	42		5,0000						Zip Code ester, PA 1	9382					
Project Manager for Mon Dave Brown	nitoring Firm		Telephone No. Telephone No. 610-558-8902 610-701-9000								License N 00508	0.			
Start Date (10)	Dave Brown tart Date (10) Sched 1/18/13 12/13								HA Monitor	1					
D. Sethersteiner (b) December	tart Date (10) Sched						Verte								
	1/18/13 12/13 cupancy Status During Abatement (Check Only 6					1102 Baltimore Pike									
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of Ab nal Facility H	atem lours	rs City, State, Zip Code											
Other - Describe:							19500		lls, PA 193	42					
Scope of Work (Check /	All That Apply)						_	=							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	novat moliti				-	Mi Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				ıre	
		T							JI-Exempted	( ) and	a Hon-i Hat	T		temen	ıt
			ocation ocation										Т	ype	
Locatio Asbestos-Containing	25 (57 g)	Used	Solel	y by	Asbes	100000	scriptior taining N		al (ACM)	Α	mount			m	
TO BE A	BATED	Main Custo	tenan	56.093820	(i.e.	thermal	system	s insul	lation,	(S	pecify	Re	l n	ince	E
In Fac		4108010-0104-00	(12)	itan:			cing, VA niscellai		.	SF	or LF)	Remova	Repair	Isda	Enclosure
(13)	1	Yes	No	N/A		ouler i	niscenai	neous)	/			/al	=	Encapsulate	ure
roo	f	+		X		Built	up roc	ofing		55,6	600 SF	х	$\vdash$	+	
exterior w	+ +		X			dow ca				00 LF	X				
	+ +														
											$\vdash$	$\vdash$	T		
Name of Registered Wa	aste Hauler		222.5	JDEP W			Cubic Yards Name of Registered Landfill						-		
JP Fidler 162					No.	of Wa	ste	SECT #1.42	Days Co	ove R	eclamati	on C	omp	any	
City, State 2101 Derby Drive, 0				Dispo: Vario	sal Date us	1	City, State 6425 Da		ove Rd.,	Whit	e Ma	arsh,	MP		
Completed by				8	Signatur	9/	1	_		ate	CATCHER IN		840		
Robert M. Casciato		Presid	ent				///	//	4/1	1)	10	)/29/	13		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23552 [ / E ]

Data of Natification (4)					T			7 1904 -4	FIF	0.1	0	
Date of Notification (1)							ner/Operator (2)		111	· ·	1.5	
10/30/2013				ten.	-		NO & STORNO					
Agencies Notified	Type Notifica	ation			Street Addre	ess		, .ST	الايا	111	<b>l</b> .	
□ EPA	Initial				300 OCEAI			p i i	1711	113	_ ^ h	ž.
☐ DEP	☐ Amend				City, State, 2	Zip Code					12.	
□ DOL	☐ Emerge		rcluding	3	PT. PLEAS	ANT B	EACH, NJ					
□ DOH	justifica	ition)			Name of Co	ntact			Tele	phon	e Num	ber
DCA	☐ Cancell	lation			JIM ELLIC	TT			a '			
					FACILITY IN	FORMA	ATION		_			- 5
Name of Facility Where Ab	atement is Ta	aking F	Place (3	3)				Type of Facility (4)				-
PRIVATE RESIDENCE								School (K-12)				
Street Address				16.15		-2000-00-0		Subchapter 8 (Oth	er tha	n K-1	2)	
21 PARKWAY								Other (i.e., private				ildina
City (5)								Square Feet			Bldg	
PT.PLEASANT BEACH,	N.I							104444	1" "	1 1001	Joing	. / igc
County	7.10				County Code	(7) (87	ATE USE ONLY)	Current Use (Prior if be	ing de	amolic	hed)	
MONMOUTH					County Cour	(,) (0,	MIL OOL ONLI	Ourient Ose (i noi ii be	ing u	SITIONS	illeu)	
Name of Monitoring Firm H	ired by Buildi	ing Ow	ner (8)		ASCM No.	Name	of Abatement Con	tractor (9)				
N/A	ou by bullul	ing Oil	1101 (0)		ACCIVITIO.							
Street Address				1970	La constant		Address	RONMENTAL INC.				
ou con riduress								2.12				
						_	ACK FOREST R	ROAD				
						1	ate, Zip Code					
Droingt Manager for Marita		1= .	•				LTON, NJ 0869	1				
Project Manager for Monitor	ring Firm	lelep	hone N	10.		Telepho	one No.		Lice	nse N	0.	
0/ / 0 / //0		<u> </u>			1	8,000	0-7110		0067	76		
Start Date (10)		Sche	duled C	complet	ion Date (11)	Name o	of OSHA Monitor					
10/31/2013		11/1/				N/A						
Occupancy Status During A						Street A	Address					838
Facility Closed/Vacate					ent							
Abatement performed outs	ide of working	ng hour	s 5PM-	2 AM		City, St	ate, Zip Code					
												***
Scope of Work (Check all the	at apply)							Full Containment v	vith Ne	egativ	e Pres	sure
$\geq 3 \text{ sf or } \geq 3 \text{ lf}$					x Renovat	tion		Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demoliti	on		Glovebag Procedu	re			
								■ Non-Exempted (*)	& Non	-Friab	le Pro	cedu
			Locati						Abat	emen	Туре	
Location of Asbestos-Co			mally l				stos Containing				Щ	m
Material (ACM) TO BE A	BATED in		Solely b	y :/Custo			thermal systems g, VAT, or other	Amount (Specify SF or	l e	교	Ca	inc.
Facility (13)			Staff?			niscellan		LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		····ooman	3040)	1	<u>a</u>	`	late	ē
EXTERIOR					TRANSITE	SIDING	}	2100	X			
										<del>                                     </del>		$\vdash$
										1		
										-		
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			
					Hauler ID No.		Waste	Traine or riogistored 22				
TIMSTER TRUCKING					21079		1 YD.	GROWS				
City, State							Disposal Date	City, State				
WEST CREEK, NJ							11/1/2013	MORRISVILLE, PA				
Completed By		Title				Signate	27-Mar		Date			
DAVID D'ANDREA		555555	IDEN	г			und i	) andrew		0/2013	2	
ASB-41		2 2000				- June	J. J. X	, recen	110/30	1/201	,	

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

Date of Notification (1)			- 11. X		Name of Buil	ding Own	er/Operator (2)	H 2: 10					
10/30/2013					RELAX MO	1	14.72						
Agencies Notified	Type Notifica	tion			Street Addres			JAN PA	_				
☐ EPA	Initial						E PIKE (ROUT						
DEP	☐ Amende	d Ame	ndmen	t #	City, State, Z		E I ince (NOOI	E 42)					
DOL DOL	☐ Emerge				TURNERSY		**						
□ DOH	<u>10−81</u> D		cidaling		Name of Con		IJ			Tolor	hono	Numi	hor
DCA	justificat				Access to the control of				_	Leier	MICHI	rai ii ii	
DCA	☐ Cancella	ation			DAVID D'A		TION	<del></del>		(CIN)			
Name of Facility Where Ab	atament is Ta	kina D	lace (2)		ACILITY IN	FURMA	IION	Type of Facility (4	١				
	atement is 1 a	King F	iace (3)	,				1					
RELAX MOTEL Street Address			_					School (K-12)		41	V 40	ıx.	
								Subchapter 8					
4331 BLACK HORSE P	IKE (ROUT)	E 42)						Other (i.e., pr	ivate				
City (5)								Square Feet		# of h	loors	Bldg.	Age
TURNERSVILLE, NJ 0	8012				Ta	(=) (===				<u>L.</u>		L.,	
County					County Code	(7) (STA	ATE USE ONLY)	Current Use (Prior	if bei	ng de	molisi	ned)	
CAMDEN													
Name of Monitoring Firm H	lired by Buildi	ng Owr	ner (8)		ASCM No.	P	f Abatement Cont	COMMENSACIONE PROCESS					
N/A								RONMENTAL IN	IC.				
Street Address						Street A	ddress						
						1	CK FOREST R	OAD					
						City, Sta	ite, Zip Code						
						HAMIL	TON, NJ 0869	1					
Project Manager for Monito	ring Firm	Telep	hone N	0.		Telepho	ne No.			Licen	se No	<b>)</b> .	
						609-890	-7110			0067	6		
Start Date (10)		Sched	duled C	omplet	ion Date (11)	Name of	FOSHA Monitor						
11/4/2013		11/5/2	2013			N/A							
Occupancy Status During A	Abatement (C	heck o	nly one	)		Street A	ddress						72.84
Facility Closed/Vacate	ed During Enti	re Peri	od of A	bateme	ent								
Abatement performed out	side of workin	g hour	s 5PM-	2 AM		City, Sta	ite, Zip Code						
Scope of Work (Check all t	hat apply)							Full Containm	ent w	ith Ne	gative	Pres	sure
1 ≥ 3 sf or ≥ 3 lf	PP-37				Renovat	tion		Mini-Enclosur			J		0.0000
≥ 160 sf or ≥ 260 lf					Demoliti	70(7)(7)		Glovebag Pro		e			
M = 100 31 51 = 250 11						1011		Non-Exempte			-Friah	le Pro	cedur
		I	Locati	ion				T Ton Example	- 000	Abate		_	
		1	mally l		Description	n of Asbes	stos Containing			-			
Location of Asbestos-C Material (ACM) TO BE A			Solely b				hermal systems	Amount (Specify S	SF or	R <sub>e</sub>	ת	nca	Enclosure
Facility (13)	NDATED III		enance				, VAT, or other	LF)		Remova	Repair	sde	So
		Yes	Staff?	(12) N/A	· r	miscellane	eous)			Va.	=	Encapsulate	l re
EXTERIOR		163	140	INA	TRANSITE	CIDING		1800 SQ. FT.		X	-	Ф	$\vdash$
NFVAT		_	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	-	ROOM 5	SIDING		120 SQ. FT.		X			
NFVAT			X	-	ROOM 11	W			_	X	_	-	-
NEVAI			X	-	KOOM II			60 SQ. FT.		A			-
Name of Registered Waste	Hauler		<u> </u>		NJDEP Waste		Cubic Yards of	Name of Registere	ad I ar	dfill			
Traine of Registered Waste	i i aulci				Hauler ID No.		Waste	Name of Registers	su Lai	Milli			
				17304		15 YD	GROWS						
City, State							Disposal Date	City, State					
BELLMAWR, NJ	5.						11/6/2013	MORRISVILLE	, PA				
Completed By		Title				Signatur	27-Mar	0/2 1.		Date			
DAVID D'ANDREA		PRES	SIDEN'	Т		A()	wie of	illede	Da-	11/1/	2013		
ASB-41						1	U						100000000000000000000000000000000000000

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

7208

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

Date of Notification (1)	31 / 13				of Building	Owner/Operator (	2) 1	Tra contra	^i.			
				Ctroot /	Address							
Agencies Notified	Type Notification					RONT STREET						
☐ EPA  ☑ DOLWD	☐ Amended		-		ate, Zip C						_	
☑ DHSS	Amendment #_				BANK N							
⊠ DCA	☐ Emergency (in	cluding	-					Telephone N	ar			-
(NJAC 5:23-8)	justification)		- 1		of Contact			Telephone				
	☐ Cancellation			MOS								
				FAC	ILITY IN	FORMATION	I = 1 = 10			-	-	
Name of Facility Where A							Type of Facility					
STILLWELL HOUSI	E FINE ARTS & A	ANTIQ	UES				School (K-12	2) 8 (Other than K-12)	ř			
Street Address							Other (i.e., p	rivate and commer	cial bui	Idings	s,	
212 WEST FRONT	STREET						homes, etc.)		-1		9000	
City (5)		V					Square Feet	# of Floors	11/10/2	g. Ag	е	
RED BANK							>10,000	2		0		
County (6)				Count	y Code (7	(STATE USE ONLY)		rior if being demolis	hed)			
MONMOUTH							ART & ANT	IQUE SHOP				
Name of Monitoring Firm	Hired by Building C	Owner (	B) .	ASCM N	No.	Name of Abatem	ent Contractor (9)	)				
CRITERION LABS						DELTA/BJDS	S, INC					
Street Address						Street Address						
3370 PROGRESS D	RIVE					1345 INDUS	TRIAL BLVD	A				
City, State, Zip Code	71172		-			City, State, Zip C	ode					
BENSALEM PA 190	120						TON PA 18966					
			Tala	phone N	No.	Telephone No.		License No.				
Project Manager for Mon				5 244-		215 322-2900	1	00783				
MICHAEL PANEPR		lulad C		tion Dat		Name of OSHA	The same and the s				-	
Start Date (10)						EHS	violitioi					
<u> 11</u> / <u>11</u> /			W		13						Y2500	
Occupancy Status Durin				533200000000000000000000000000000000000		Street Address	TE QUITE E					
☐ Facility Closed/Vacate	ed During Entire Pe	riod of	Abate	ment	:-		SATE SUITE E					_
Abatement Performed	Outside of Normal ZAMPM/3:3	PM	Hour	s - Desi AM	cribe	City, State, Zip C						-
Scope of Work (Check a	Il that apply)		-	-080						3		
		-				☐ Full Cor ☐ Mini-En	ntainment with Ne	egative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De				☐ Gloveba	a Procedure					
△ ≥ 100 Si di ≥200 ii						Non-Exercise     Non-Exercise	empted (*) and N	on-Friable Procedu	_			
			Locat						Ab	atem	ent T	-
Location			Norma	illy ely by		Description		Amount	Re	Re	En	En
Asbestos-Containing			intena		Asbe (i.e	estos Containing M e., thermal systems	aterial (ACIVI)	(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB		Cus		Staff?	(	surfacing, VA	Γ, or	SF or LF)	/ <u>a</u>		sula	ure
(13)	•		(12)			other miscellan	eous)				ē	
		Yes	No	N/A					-	_	_	-
BASEMENT			$\boxtimes$		FLOOF	TILE		600 SF		Ш	Ш	
					-					П		
			Ш						-	1	1	-
											Ш	
Name of Registered Wa	ste Hauler		0.00	NJDEP I		Cubic Yards of		istered Landfill				
SERVICE TRANSP			ł	lauler II 20990		Waste		LANDFILL				
City, State	19720					Disposal Date	City, State WAYNES	BURG, OH 4468	8			
NEW CASTLE DE						Ci atura						
Completed By (Print or		e PRO IF	CT N	IGR		Signature . O.	+. /.	.00. M	10	12	1	13

New Jersey Department of Health RECEIVED

PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975 7 107 -4 FM 2: 5:

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly

Type of Notification (check one) and Date Submitted
[ ] Initial [ Amended [ ] Cancellation [ ] Emergency (must include justification) Date of Notification: 10/31/15
Bullding Information
Name of Building Owner/Operator: STILLWEIL HOUSE
Street Address: 212 Wast Frant St city: Red Bank State: NJzip: 07701
Name of Contact: Mashe Grant (Tuscany Bulders) Telephone No.
CARRENT OF THE RESERVE OF THE FACILITY INFORMATION RESERVE OF THE
Name of Facility Where Work Activity is to Take Place: STILLWELL HOUSE
Describe Facility Use: FINE ARTS & ANTIQUES
Street Address: ZIZ W25T FRONT STREET City: RED BANK State: MJZip: 07701
County Name: County Code (state use only).:
Scheduled Start Date: 11 / 11 / 13 Scheduled Completion Date: 11 / 25 / 13
Occupancy Status During Activity (check only one):
[ ] Facility Closed/Vacated During Entire Activity
[ ] Activity Performed Outside Normal Facility Hours—Describe:
Mon-FRI 700 Am - 330 Pm (Busement
Scope of Work (check all that apply):
[X] Floor Tile Square Footage: 600 5F Percentage Asbestos:
[ ] Mastic Square Footage: Percentage Asbestos:
[ ] Other: Square Footage: Percentage Asbestos:
Contractor Information
Company Name: De Ltg   35755 TNC Telephone No.: 215322-2900
Street Address: 1345 Industrial Blud city: Southampton State: 19 Zip: 18766
New Jersey Asbestos License Number (if applicable): _D1783
Monitoring Firm (if applicable): <u>CRITORION Jobs</u>
A F A F A F A F A F A F A F A F A F A F
Completed By (type or print legibly): Chaistine De LViscia Title: ASST ADMINISTRATOR
Signature: Children Dolling Date: 11/13



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

incation  ded  dment # gency (including cation)  sllation  is Taking Place (3)	City, Sta	odress 109 / ale, Zip C	DWOOD U	1 KLL ROOD	Telephone Numbe							
ded dment # gency (including cation) klation is Taking Place (3)	City, Sta	109 F ale, Zip C Will Contact	DWOOD U		Telephone Numbe							
dment #gency (including cation) bilation is Taking Place (3)	City, Sta	Contact	DWOOD U		Telephone Numbe							
gency (including cation) bilation  is Taking Place (3)	Name o	WIL CONTACT	DWOODU	ILLAS	Telephone Numbe							
cation) Allation is Taking Place (3)	Name o	Contact		, Canada	Telephone Numbe	1						
is Taking Place (3)				1			ASSESSED TO SEE					
is Yaking Place (3)	FAC!	.00.			PM							
	FACIL											
	1704	JTY INF	ORMATION				i					
				Type of Facility (	4)		Ì					
				School (K-12)								
-:	<del>,                                      </del>			Subchapter 8	(Other than K-12) vate & commercial	buildinos.						
VIDER AVE.				hemes, 916.)		T BIOG AGE						
	e cetali			Square Feet	FOFFICORS	40 t						
CBWOOD				1000								
	County	y Code (7	) (STATE	Current Use (Pric	or it being demoust	160)	1					
•	USE C	MLY) _										
	T ASCH N	0.	Name of Abater	meni Convador (9)		¥.	•					
Julian a common			KLOM	100 EN	C1							
			Sueel Address		- 1	,	į					
			369 9	S. SPRUC	E AVE,							
			0 0 7:0	Code			1					
		10	MA	PLO SHOD	E, ND,C	1805						
T	alachone h	40	Telephone No.		License No.							
ື∤··′	610µ 212		856-7	79-0472	- 009	17						
	dation Dat	e (11)	Name of OSHA	Monitor .								
		- ()	JUSE	EPKALEMM								
				4-10								
ent (Check only an	niemani		3695	>, SPILULE	= 1 UC 1	<u> </u>						
Entire Penod of Ad	lour				-	2						
of Normal Pacific Fi	0013		MANG	DIE SHAD	E, N.J.	08052						
oly)			Full C	containment with Ne	gabre Pressure							
☐ Reno	vation .			D								
₩ Demx	nodik		Nor-	Exembled (,) and M	on-Friable Proced	ure						
1.10	cation					10						
			Description	0.01		-						
	oley by	Asbe	eine Containing	Material (ACM)	Amount	E -	1 7					
(CM) Mainte	lodial	(i. e	inemal sysien	ns insulation.	SF & LF	3 3	t,					
100			sunsang, v	neous)		0   1	1 5					
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Yes	NO NIA						+					
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		l			+							
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	-				-1							
	NOFF	Waste .		Name of Re	egistered Landtill	, , · <u>k</u> ,						
8(	Hauler	D No.	Of Waste	C, ~	1, C, M	J , /2						
٠.	-179	207	Disposal Da	te City, State		N.J.						
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N,J,08	3052		- I Signati		TDate	е						
Tine			Signali	re / IC	TDate		1					
Tine	3052 UNER	===	Signali		TDate	е						
	Scheduled Com  11 / 2 0  Ienii (Check only one Entire Period of Abroth Normal Facility H  Oly)  Reno Demk  Used S Mainte Cus Si (1)  Yes	Scheduled Completion Date of Normally Used Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A	Building Owner ASCN No.  Telephone No.  Scheduled Completion Date (11)  II / 2 0 / 13  Tent (Check only one)  Entire Period of Abatement of Normal Facility Hours  Property Control of Assembly Used Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A  Hauter D No.	Suilding Owner  ASCM No.  Name of Abates  3 69  City, State, Zip  M. A.  Scheduled Completion Date (11)  11 / 2 0 / 13  Sent (Check only one)  Entire Period of Abatement of Normal Facility Hours  Oly)  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staft? (12)  Yes No N/A  NIDEP Waste Cubic Yards of Waste	Suiliding Owner  ASCN No.  Name of Abatement Convactor (9)  Suret Address  3 69 S. SPRUC  City, State, Zip Code  M NPL 2 SHAD  Telephone No.  Scheduled Completion Date (11)  If 12 0 / 13  Then (Check only one)  Entire Period of Abatement of Normal Facility Hours  To see Address  3 69 S. SPRUC  Telephone No.  Suret Address  3 69 S. SPRUC  Telephone No.  Suret Address  3 69 S. SPRUC  To see Address  3 69 S. SPRUC  To sure Address  3 69 S. SPRUC  To sure Address  3 69 S. SPRUC  To sure Address  To sure Code  Mun' Enclosure  Cary, State, Zip Code  Mun' Enclosure  Cary, State, Zip Code  Mun' Enclosure  Glovebag Procedure  Non-Exempted (1) and N  Asbestos Containing Material (ACM)  (i.e., thermal systems insulation, surfacing, VAT, or other myscellaneous)  To surfacing, VAT, or other myscellaneous)  To surfacing, VAT, or other myscellaneous)  To surfacing, VAT, or other myscellaneous)	Suilding Owner  ASCN No.  Name of Abatement Convactor (9)  Corr. State. Zip Code  MAPL?  Scheduled Completion Date (11)  If 20/13  Sent (Check only one)  Entire Period of Abatement of Normal Facility Hours  Of Normal Facility Hours  Renovation  Demotion  Renovation  Demotion  Is Location Normally  Used Solely by  Asbestos Containing Material (ACM)  (i.e. inermal systems insulation.  Stat?  (12)  Yes No N/A  Transfer  INDEP Waste Cubic Yards Name of Registered Landfill  Baller D No.  Of Waste  Of Waste  Cubic Yards  Name of Registered Landfill  And C., M., C.,	Suiding Owner ASCN No. Name of Abatement Convagor (9)  Suest Address 3699. SPRUCE AVC.  City. State, Zip Code MAPL 2 SHADE, N J 0805 L  Telephone No.  Scheduled Completion Date (11)  11/120/13  Suest Address 3699. SPRUCE AVC.  City. State, Zip Code MAPL 2 SHADE, N J 0805 L  License No. 00444  Name of OSHA Monitor JD SE PIKHLE M M  Suest Address 3695, SPRUCE AVE.  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE, N J 0805 Z  City. State, Xip Code MAPLE SHADE MAPLE SHA					

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

			C 8:00 8HO 12:11	L <sub>3</sub> N.9	122		
Date of Noufication (1)		/	ding Owner/Operato				F
			NENTER	IN LORT	RACTING		
Agencies Nouthed Type Notification		Sveet Addre	55 AT.	5 NUV	010		
□ ₽A ☑ Jnea .	_	C'- C 7:	a Cada			<del></del>	<del> </del>
☐ OOL Amendment #		CAY, SUR. E	LEGN EIG	LD, NIJ.	08230		
Emergency (In justification)	mains	Name of Con	laci		Telephone Numbe		
			E BREUR	-10			7
					· P		-
		FACILITY	HEORMATION	Type of Facility (	//		
Name of Facility Where Abatement is Taking	9 Place (3)						
RESIDENCE				School (K-12)	(Other than K-12)		
Siree: Address	, -			Doner (I.e., pn	yale & commercial o	mig ng s	il
3.645 WESTA	VENUC			Square Feel	# of Floors	Blog A	Oe.
Cir (5) Octon (	7.74			1000	. 2	40	
	-/	COLON CON	(T) (STATE	Current Use (Prix	or I being demoushed	5)	
County (5)		USE CALY	117 (01111	VAC	DUT		
CARE MAY		SCM No.	Name of Abate	meni Contractor (9)	,		
Name of Maryloning Firm Hired by Building	Swner A	GCM 110.	KLER	100 IN	c,		
(8)			Syeel Address				
Sueer Aggress	1205		369	S. SPRUC	E AVE.		
			Ca. Sinia Zio	Code		. < 1	_
City State Zp Code			MA	PLZ SHAD	E N D 00	52.	
	Yelec	shone No	i deprone No.		100nse No	4	
Praeci Hanager la Montanna Firm	y . }			79-0472	0044		
- I Scha	dued Complet	(11) sis 0-na	Harne of OSH	A Monkay	4		
Stan Date (10)	/28/1	2	Jin S E	PKHIEM	7-1		==
11/13/13 -11	ck only me)	2	Sueet Addres	3, Spiruce	-1.=		
Occupancy Status During Abatement (Che	and of Abales	ment	3699		-71 00	=	<del></del>
Facility Closed Vacated During Entire Po	y Facility Hour	3	Cry. State, Ag	C∞de	- 11 7 0	£ ^ <	7
Abatement Performed Outside of Norma	6 N N		MUR	Come SHAD	e, 10, J, 0	000	==
One Ossope			75.0	Containment with Ne	gabye Pressure		
Scope of Work (Check all that apply)			mun.	Factosure	,		
1 7 23 51 OF 23 II	Renovati Oemaiso		Glov	epad bloceane	on-Friable Procedure		
2160 st or 2260 it	(3) 00111		None	Etemploo			i pe
h	Is Localic Normal			550 Zin			
	Used Sole	א סץ	Descripto spesios Conwining	n of Material (ACM)	Amount	_!	1
Location of Aspestos Containing Material (ACM)	Maintenar		i a inamai syster	TS INSUMING!	(Specify	Removal	Helven
TO BE ABATED	Statts	<del>-</del>	sudadng. Y	A1, 91	3, 4	. 9	E :
IN Facility	(12)		04J41 H43				•
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				16.	gistered Landill		
	╼┷┷┯	NOEP Wast	Cubic Yards	Name of Ke	1, C, M.U	, A.	
Name of Registered Waste Hauler	1	17904	01 Waste		1,0,		
Kiémco INC.			06000108	ite City, State	· · · - · /	ノ・エ	
Cin State	5,080	52	_ i	Woo	DBINE, A		
MAPLE SHADE, NI			Signali	re ilc.		11	113
Compresed By	100 100 / (J) /4	ER		osipi			
TUSTON KEMM				J	•		
458-11	Do not use !	his form for a	spesios licensure	esempled acumlia;			

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

ate of Notification (1)				Name of Buildi			, ,			1	
10/31/2013					Messe	ercola Enterprises	Ch#	22	730		
] DEP [ ] Am	ial Notifi ended No endment	otification #	¥8	Street Address  City, State, Zip		ox 790 Matawan, NJ	1 07747	z1			
inet	ergency ( ification)	including		Name of Conta	et	1.	Telephone Number				
X I DOH	ncellation			and the same of the same of the same of the same of	nando		/			_	
1 2011			FAC	ILITY INFO	RMATION			***			
Name of Facility Where Abatement is Tak Residence	ng Place	(3)				Type of Facility (4)	School (k-12)			1	
Street Address 219 Bay Shore D	)r					[x]	Subchapter 8 (other (i.e., private homes, etc.)			ial buil	dings,
Waretown	Cour	nty (6)		County Code (7) (STATE USE O		Square feet 1100 sf Current Use (Prior	# of Floors		g. Age	9	
Name of Monitoring Firm Hired by Buildi			-	ASCM No.	Name of	Reside f Abatement Contracto	r (9)				
N/A Street Address		-			Street A		an Contracting,	Inc.			-
Street Address						1889 F	Route 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code	River, New Jers	ev 08'	755-1	271	
Project Manager for Monitoring Firm		Telephone	Number			one Number 19-9932	License N 00624	_	, 55 1		
Scheduled Start Date (10) 11/13/2013		11/18/2		ion Date (11)	Name o	f OSHA Monitor E.M.S	L. Analytical				
Occupancy Status During Abatement (Chec [ x ] Facility Closed/Vaca [ ] Abatement Performe [ ] Other – Describe	ated Duri	ng Entire Per			City, St	1056 S ate, Zip Code	Stelton Road	y 088	54		
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf		[ ]	Renova		[ [	Mini-Enclosure Glovebag Procee					
[ X ] ≥160 sf or ≥260 lf		[ x ]	Demoli	tion	[ x ]	J Non-Exempted (	*) and Non-Friable	riocedi	ure		
								Abat	ement	Type	-
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally to Solely by Internance/C Staff (12) S NO	ised		Description Asbestos-Co Material (a.e., thermal insulation, so VAT, other miscel	ntaining ACM) systems urfacing, or	Amount - (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos si	ding		1050sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc	).	NJDEP Was	20223	2		T.R.R.F.	tered Landfill				
City, State				sal Date 9/2013	City, S	tate town, Pénnsylvani	19				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manag		Signature	It Chi	1 to	i co	Date 10/3	31/20	13	



Pg. 2

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)					
5/23	3 / _	13	_		Prin	ceton Ur	niversity-Office	of Design and (	Construction				
Agencies Notified Ty	pe Notifica	ation			Street	Address					7 -		
	Initial				200	Elm Dr.					19	= :	
☑ DOLWD ☑	Amended				City, St	tate, Zip C	ode		-				
☑ DHSS	Amendme					ceton, N							
	Emergeno justification	cy (ind	cluding			of Contact			Telephone Nun	nber /	ÛIJ		
(NJAC 5:23-8)	] Cancellati				0.5101000000000000000000000000000000000	ert Orteg		-		_			
ļ	,						FORMATION		, <del></del>				
Name of Facility Wilhout About	tamant in T	'alsia a	Diese	/2\	FAC	ILIT IN	FORWIATION	Type of Facility (	4)	TNI		100	
Name of Facility Where Abat				(3)				School (K-12)	27.0			* *	
Princeton University-F	-irestone	LIDE	ary					☐ Subchapter 8	(Other than K-1	2)			
Street Address								Other (i.e., pri	vate and comme	ercial bui	lding	s,	
Washington Rd								homes, etc.)		- I Die	- ^-		
City (5)								Square Feet	# of Floors	BIO	lg. Ag	je	
Princeton													
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demol	lished)			
MERCER								Library					
Name of Monitoring Firm Hir	ed by Build	ding C	wner (	8)	ASCM I	No.	Name of Abateme						
ATC Associates Inc.					0009	8	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					- 1000
Burlington, NJ 08016							BRISTOL, PA	19007					
Project Manager for Monitori	ing Firm			Tele	phone I	No.	Telephone No.		License No.				
Michael Keehn	131			6	9-386	-8800	215-788-6040	)	00509				
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSHA N	Ionitor		7.00			
6 / 5 / _	004006				_ / _		BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During At	batement (	Check	only o	ne)			Street Address				-1102,110		
☐ Facility Closed/Vacated [	During Enti	re Per	iod of	Abate	ment		1123 BEAVE	R STREET					
☐ Abatement Performed Ou						cribe	City, State, Zip Co	ode					
Time of Abatement: 7:00	<u>)</u> AM- <u>3:30</u> F	PM/	PI	M	AM		BRISTOL, PA	19007					
Scope of Work (Check all the	at apply)								100 US				
□ >2 of or >2 If			⊠ Re	novot	ion			tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			De				☐ Gloveba	a Procedure					
2_1000101_001			_				☐ Non-Exe	mpted (*) and No	n-Friable Proced	lure			
				Loca						Ab	atem	ent Ty	уре
Location of				Norma	ılly ely by		Description of			R	R	m	m
Asbestos-Containing Ma TO BE ABATE	9.55	n)		inten			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	clo
IN Facility	<u>.D</u>		Cus		Staff?	(1.0	surfacing, VAT		SF or LF)	Va Va	-	Encapsulate	Enclosure
(13)				(12)	1 2 3 3 5 7		other miscellane	eous)				ate	
			Yes	No	N/A				4.05	- F7			
Level 1 work area #NF1	A					Plaster			4 SF				
First Floor Hallway						Floor T	ile		260 SF				
Name of Registered Waste	Hauler			1	JDEP I	Naste	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPOR		PINC	:	ŀ	dauler II		Waste	G.R.O.W.S	NORTH LAN	IDFILL			
City, State					20990	)	Disposal Date	City, State			Querry		
NEWARK, DE 19720								Samuel Control of the	LLE, PA 1906	7			
Completed By (Print or Type	e)	Title					Signature		, 1	Date			
Brian Scafiro	752		stima	tor			h	Scolina	100	10/3	31/	13	
ASB-41				#1.#1.#C			Journ	morer ,	1-1/2		/_	10000	
MAY 11 B 5 / 30 5	5-A	*	Do not	use t	his form	for asbes	tos licensure exem	pted activities.	U				

Pg. 1

Date of Notification (1)					Name	of Building	Owner/Operato	r (2	2)			. 100.00			
5/	23 /	13	2		Prir	ceton Un	iversity-Offic	e o	of Design and C	onstruction	n				
Agencies Notified	Type Notificati	on		-	Street	Address									
⊠ EPA	Initial				200	Elm Dr.							1		
					City, S	tate, Zip C	ode						5.0		
⊠ DHSS	Amendmen	A		13	Prir	ceton, N	J 08544		NO	N 4 20	013	4			
□ DCA     (NJAC 5:23-8)	☐ Emergency justification		uaing		Name	of Contact			i I	Telephone N	umber				
	☐ Cancellatio				Rob	ert Orteg	a		4						
					FAG	CILITY IN	FORMATION		-	Vi					
Name of Facility Where Al	batement is Ta	king P	Place (	3)					Type of Facility (4						
Princeton University									☐ School (K-12)						
Street Address					***********			7	☐ Subchapter 8 ( ☐ Other (i.e., priv			buil	dinas	S	
Washington Rd									homes, etc.)	vato ana com			9	1	
City (5)								7	Square Feet	# of Floors		Bld	g. Ag	е	
Princeton															
County (6)					Cour	ty Code (7)	(STATE USE ONL	Y)	Current Use (Prio	r if being dem	nolished	)			
MERCER									Library						
Name of Monitoring Firm I	Hired by Buildin	ng Ow	ner (8	)	ASCM	No.	Name of Abate	me	ent Contractor (9)					1100	
ATC Associates Inc	2007 1				0009	98	BRISTOL I	EN۱	VIRONMENTAL	, INC.					
Street Address							Street Address	3					19/17		
Three Terri Center							1123 BEAV	/EF	R STREET	1-12-200-200-200-200-200-200-200-200-200					
City, State, Zip Code							City, State, Zip	Co	ode						
Burlington, NJ 0801	6						BRISTOL,	PA	19007						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.	:0		License No	).				
Michael Keehn				6	09-386	-8800	215-788-60	237		00509					
Start Date (10)						ite (11)	Name of OSH								
6 / 5 /	13	_11	_ /	8	<u> </u>	13	BRISTOL	EΝ	VIRONMENTAL	., INC.					
Occupancy Status During	Abatement (C	heck o	only o	ne)			Street Address								
☐ Facility Closed/Vacate							1123 BEA	/EF	R STREET						
Abatement Performed Time of Abatement: 7:							City, State, Zip BRISTOL,								
Scope of Work (Check all	that apply)							-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Rer ⊒ Der				Mini-l Glove	Enc	tainment with Nega closure g Procedure empted (*) and Non						
		T	ls	Loca	ation	T	23 (10)					Aba	atem	ent T	vpe
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM)		Use Mai Cust	orm d So nten odia (12	ally lely by ance/ l Staff?	(i.e	Description stos Containing thermal syste surfacing, V other miscell	Ma ms /AT	insulation, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Various locations on	level 4		Yes	No	N/A		sulation			59 LF		$\boxtimes$		П	
	level I	_			$+\frac{1}{\Box}$	windov				5,000 LI	-				
Exterior	main labbu	-					p of loose del	bris	s(2600SF	100 SF					
Above ceiling level 1	main lobby	-			무	Arost	demo of duct			8,220 S	-				
Level A	to Herrica			1	NIDED	Waste			Name of Regist		- 1				
Name of Registered Was SERVICE TRANSPO		INS			Hauler 2099	ID No.	Waste	"	G.R.O.W.S.			L			
City, State					2000		Disposal Date	)	City, State						
NEWARK, DE 1972	0								MORRISVII	LLE, PA 19					
Completed By (Print or Ty	ype)	Title	stima	tor			Signature		Scolino	11	Date	,/	311	13	
Ditail Scalifu		LS	unid	.01			prica	n	Duren	170	1,	1	/	,_	

Pg.2

Date of Notification (1)	40			100000000000000000000000000000000000000		Owner/Operator (2		O4:	-	7		0.5852.70	
	13	_		Prir	nceton U	niversity-Office	of Design and	Construction	on	1			
Agencies Notified Type Not	fication			Street	Address							00000	
☑ EPA ☑ Initial				200	Elm Dr.					. 1			
☑ DOLWD ☑ Amen	ded dment #4	1_0/27	142	City, S	State, Zip C	ode	4,	+ 2013	0 62	1			
☑ DCA ☐ Emerg		100 7000		Prir	nceton, N	J 08544				ţ			
(NJAC 5:23-8) justific		O.GG.III E	,	Name	of Contact			Telephone N	Number				
☐ Cance	llation			Rot	pert Orteg	ga		•		100 Tes			
			-	FAC	CILITY IN	FORMATION		-		140			
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility (	4)					
Princeton University-Firesto		400000000000000000000000000000000000000	` ,				School (K-12)						
Street Address			-	-			☐ Subchapter 8	(Other than I	K-12)				
Washington Rd							Other (i.e., pr homes, etc.)		nmercial	buil	dings	S,	
City (5)							Square Feet	# of Floors		Blde	g. Ag	10	
Princeton							Oquale 1 cot	17 01 1 10010		المار	9.719	, .	
County (6)		-		Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being de	molished	1		-	
MERCER				Oou	ny code (r	NOTATE OUE ONET	Library	or it being det	monsnea	,			
Name of Monitoring Firm Hired by E	uilding C	hunor	/o\ T	ASCM	No	Name of Abateme							
	ulluling C	JWINE	(0)		332ABG	The state of the second		INIC					
ATC Associates Inc.	- 1			0009	90		VIRONMENTAL	_, INC.					
Street Address						Street Address							
Three Terri Center					9	1123 BEAVE						25202	
City, State, Zip Code						City, State, Zip Co							
Burlington, NJ 08016						BRISTOL, PA	19007						
Project Manager for Monitoring Firm	ı			phone		Telephone No.		License N	0.				
Michael Keehn				09-386		215-788-6040	*	00509					
Start Date (10)				tion Da	7.00	Name of OSHA M							
_6_ / _5_ / _13_	1	0 /	_3	1_/	13_	BRISTOL EN	VIRONMENTAL	_, INC.					
Occupancy Status During Abatemen	nt (Check	k only	one)	-		Street Address							
☐ Facility Closed/Vacated During E						1123 BEAVE	R STREET						
☐ Abatement Performed Outside o						City, State, Zip Co	ode						
Time of Abatement: 7:00AM-3:	30PM/	P	M	AM		BRISTOL, PA	19007						
Scope of Work (Check all that apply	)					L		-					
	•	-					tainment with Neg	ative Pressur	re				
			enovat emoliti			☐ Mini-Enc	losure g Procedure						
25 E 100 31 01 E200 II			,,,,,,,,,,	<b></b>			mpted (*) and No	n-Friable Prod	cedure				
		Is	Loca	tion	I	-				Aba	teme	ent T	ype
Location of			Norma			Description of			:	D I	R	ш	т
Asbestos-Containing Material (A TO BE ABATED	CM)		inten	ely by ance/		stos Containing Ma		Amount (Specify	t   9	mg	Repair	nca	nck
IN Facility		Cus		Staff?	(1.6	surfacing, VAT		SF or LF	(-)	Removal	=	Encapsulate	Enclosure
(13)			(12)		-	other miscellane						late	e
		Yes	No	N/A									
Level 1 work area #NF1A		$\boxtimes$			Plaster			4 SF	0	$\boxtimes$			
First Floor Hallway				П	Floor T	ile		260 SF	=   5	<b>3</b>	П		П
1 list i looi rialiway			-		1 1001 1			200 0.		_	_	블	=
										21	Ш	Ц	
Name of Registered Waste Hauler			1	NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill					
SERVICE TRANSPORT GRO	UP INC	:	H	lauler II		Waste		. NORTH LA		L			
City State				20990	0	Disposal Date	City, State						
City, State						Disposal Date		IIE DA 10	067				
NEWARK, DE 19720						l	MORKISVI	LLE, PA 19	T-				
Completed By (Print or Type)	Title	50				Signature	1 1.	1.7	Date 9/	1,-	1/1	2	
Brian Scafiro	E	stima	tor			grean	Scofirs	11	17/	2	11.	_	
ASB-41		Do 200		hin fa	forachon	ton Conserve access	V						

Pg. 1

Date of Notification (1)  5 /	23 /	13				g Owner/Operator (2 niversity-Office		Construction				
Agencies Notified	Type Notifica	ition		Street	Address		3			-		
⊠ EPA	Initial				Elm Dr.			123				
□ DOLWD				City, S	State, Zip C	Code			· i			
☑ DHSS	1/2/2019	ent # <u>4-9/2</u>		- AST -	nceton, N		NOV 4	2013	Ì		37	
□ DCA     (NJAC 5:23-8)	☐ Emergend justification		g		of Contac	NAME OF STREET STREET,		Telephone Num	ber			
(110/10/0.20/0)	☐ Cancellati	100		Rol	pert Orte	ga	•	100		٥.		
				FA	CILITY IN	IFORMATION.		**************************************	1			
Name of Facility Where			e (3)	- 12-17 7 202			Type of Facility	(4)				
Princeton University	ty-Firestone	Library					School (K-12					
Street Address		W. *= -						8 (Other than K-12 rivate and comme		ilding	ıs.	
Washington Rd							homes, etc.)		0.0.		,-,	
City (5)						7.77	Square Feet	# of Floors	Ble	dg. A	ge	0.000
Princeton												
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
MERCER							Library					
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
ATC Associates Inc	c.			0009	98	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address			7			Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode	***************************************	===:			10'-1-1
Burlington, NJ 080	16					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				-
Michael Keehn			6	09-386	-8800	215-788-6040	)	00509				
Start Date (10)	S	cheduled	Compl	etion Da	te (11)	Name of OSHA M	lonitor		5			
6 / 5 /	13	_10_	/ _3	1_/	13	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (0	Check only	one)			Street Address						_
☐ Facility Closed/Vacate				ement		1123 BEAVE	R STREET					
☐ Abatement Performed	Outside of No	rmal Facili	ty Hou	rs - Des		City, State, Zip Co	ode					
Time of Abatement: 7	':00AM-3:30P	PM/F	PM	AM		BRISTOL, PA						
Scope of Work (Check al	I that apply)					П 5-11 0 s - 1	to in our of the bila	- of the December				
☐ >3 sf or >3 lf		⊠R	enova	tion		☐ Full Cont	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf		1,000	emolit				g Procedure					
						⊠ Non-Exe	mpted (*) and No	on-Friable Procedu				
	70. <b>-</b> 0		s Loca Norma	550073000					Ab	_	ent T	-
Location Asbestos-Containing		Us		ely by	Ashe	Description o stos Containing Ma		Amount	Re	Repair	파	Enclosure
TO BE ABA		′   M	ainten			., thermal systems		(Specify	Removal	pair	cap	clos
IN Facili	ty	Cu	stodiai (12	Staff?		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes				other miscellane	ous)				é	
Various locations on	level 1				pipe in	sulation		59 LF	$\boxtimes$			
Exterior					window			5,000 LF	$\boxtimes$			
Above ceiling level 1	main lobby				Areal	o of loose debris		100 SF				
Level A		$\boxtimes$			Clean/c	demo of duct wo	rk	8,220 SF				
Name of Registered Was	te Hauler		1000	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPO	ORT GOURP	INS		120990		Waste	G.R.O.W.S	. NORTH LAND	FILL			
City, State				2055		Disposal Date	City, State					
NEWARK, DE 1972	0					The same of the sa		ILLE, PA 19067				
Completed By (Print or Ty		Title			7000 1000 1000	Signature	1		ate ,		,	
Brian Scafiro		Estima	ator			Arian	Scafero	Lil	4/	27	110	3
ASR-41						Jours	fice	//	/	/		

Pg 2

Date of Notification (1)  5 /	23 / 13	3		1			iversity-Office o		Construction				
Agencies Notified  EPA	Type Notification	1		8	Street Ac	idress Im Dr.		MOV	4 2013				
☑ DOLWD ☑ DHSS	Amended Amendment			C		te, Zip Co eton, NJ	699C/S2-	- Wex		Ì			
☑ DCA	☐ Emergency (in justification)		ng	1		Contact			Telephone Number	er :			$\neg$
(NJAC 5:23-8)	Cancellation			- 1		rt Orteg	a						
					EACH	ITY INF	ORMATION						
Name of Facility Where	Abstament is Takir	na Plac	ne (3)		PACI	L111 1141	ORMATION	Type of Facility (	4)		-		-
Princeton Univers Street Address								☐ School (K-12) ☐ Subchapter 8 ☑ Other (i.e., pri		cial buile	dings		
Washington Rd								homes, etc.)	Turner -	Lau			
City (5)								Square Feet	# of Floors	Bldg	g. Age	9	
Princeton													
County (6) MERCER					County	Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolisi	ned)			
Name of Monitoring Fin	m Hired by Building	Owne	er (8)	A	SCM N	0.	Name of Abateme						
ATC Associates I					00098		BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address			-				Street Address						
Three Terri Cente	-						1123 BEAVE	R STREET					
City, State, Zip Code	•						City, State, Zip C	ode					
Burlington, NJ 08	016						BRISTOL, PA	19007					
Project Manager for Mo		_	<u> </u>	Tele	phone N	lo.	Telephone No.		License No.				
Michael Keehn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			60	9-386-	8800	215-788-6040	)	00509				
Start Date (10)	Sch	neduled	d Con	nplet	ion Date	e (11)	Name of OSHA N	Monitor					
6 / <u>5</u>	1				_ / _		BRISTOL EN	IVIRONMENTA	L, INC.				
Occupancy Status Duri		eck on	ly on	e)			Street Address						
Facility Closed/Vac	ated During Entire	Period	of Al	bater	nent		1123 BEAVE	R STREET					
Abatement Perform	ed Outside of Norn	nal Fac	cility I	Hour	s - Desc	ribe	City, State, Zip C						
Scope of Work (Check						-							
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	an mat apply/		Rend				☐ Mini-En	ag Procedure	gative Pressure	ıre			
			ls L	ocat	ion					Aba	ateme	ent T	ype
Locati Asbestos-Containir TO BE A IN Fa (13	ng Material (ACM) BATED cility	(	Used Main Custo	ntena dial (12)	ely by ince/ Staff?	Asbe (i.e	Description estos Containing M e., thermal systems surfacing, VA other miscellan	aterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	WAIE4 A	Y	es	No	N/A	Plaster			4 SF				
Level 1 work area			-		<del> </del>	Floor T			260 SF	×			
First Floor Hallway			-+		H	, ,001				10			
		1	-	믐	+					一			1
			1		NJDEP /	Naste	Cubic Yards of	Name of Reg	istered Landfill			1	1
Name of Registered W SERVICE TRANS	PORT GROUP	INC		112	1auler II 20990	No.	Waste	G.R.O.W.	S. NORTH LANG	OFILL			
City, State NEWARK, DE 19	720						Disposal Date	City, State MORRIS\	/ILLE, PA 19067				
Completed By (Print o		Title	enter on a	20000-			Signature	dealis.	1 is	Pate /3	0/1	3	

Pg 1

Date of Notification (1)			-	Name	of Building	g Owner/Operator (	2)		7	-		
5 / _	23 / 13			The second second	Section in the state of the section	niversity-Office		Construction	1			
Agencies Notified  EPA	Type Notification  Initial				Address Elm Dr.		MOV 4	0010	•			
☑ DOLWD					State, Zip C		NUV 4	2013				
☑ DHSS	Amendment #		-			NJ 08544						
☑ DCA (NJAC 5:23-8)	☐ Emergency (in justification)	cluding	l		of Contac			Telephone Numb			_	
(145/10 3.23-6)	Cancellation			213793255	pert Orte			· ·	٠,			
				FA	CILITY IN	FORMATION				-		
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility (	4)		-		
Princeton Universi	ty-Firestone Lib	rary					School (K-12)					
Street Address								(Other than K-12) vate and commerce	ial bu	ildina		
Washington Rd							homes, etc.)	vate and commerc	aai Du	munig	13,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	63.200.7
Princeton				31								
County (6) MERCER				Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Price Library	or if being demolish	ed)			
Name of Monitoring Firm	Hired by Building (	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc				0009	8	The arms and the second of the	VIRONMENTAL	INC.				
Street Address						Street Address			_			
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 080	16					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Michael Keehn			60	09-386	-8800	215-788-6040	)	00509				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OSHA N	lonitor					
_6_/_5_/	13	9/	30	_ / _	13_	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate						1123 BEAVE	R STREET					
☐ Abatement Performed Time of Abatement: 7	Outside of Normal :00AM-3:30PM/_	Facility P	y Hou M	rs - Des AM	cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)											
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re					g Procedure	ative Pressure	•			
		Is	Local	ion	Γ		1		_	atem	ent T	vne
Location			Noma			Description of			-	_		-
Asbestos-Containing		1100000	intena	ely by	Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facili		F	todial	Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	nsd	Sur
(13)	•		(12)			other miscellane			-		late	6
		Yes	No	N/A						_	_	_
Various locations on	level 1				-	sulation		59 LF	×			
Exterior					window		1000007	5,000 LF	×			
Above ceiling level 1	main lobby				Areal	o of loose debris		100 SF	×			
Level A					Junieul			8,220 SF				
Name of Registered Wast SERVICE TRANSPO		l	12.00	JDEP \ lauler IC 20990	No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.	ered Landfill NORTH LANDF	ILL			
City, State NEWARK, DE 19720						Disposal Date	City, State MORRISVIL	LE, PA 19067				
Completed By (Print or Ty	29.00	G.,				Signature	la.0. 1:1	Date				
Dalan Casilla	=	etim a	or			12.	Naul . I'll	1	1/2	11.	2	

CL#2483

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

	13	3				ng Owner/Operator University-Office		Construction				
Agencies Notified Type Not  ☐ EPA ☐ Initial ☐ DOLWD ☐ Arnen				Stree 20	et Address 00 Elm Dr						-	
☑ DCA ☐ Emerg	dment # gency (ir cation)	2-8/6/ ncludin	<u>13</u> 9	Pr	State, Zip inceton, e of Conta	NJ 08544	NOV 4	2013	•			_
(NSAC 5.23-6) Justilio				100000000000000000000000000000000000000	bert Orto	(T.5)		Telephone Nur	nber			
				FA	CILITY	NFORMATION		vi(		_		
Name of Facility Where Abatement Princeton University-Firesto			e (3)				Type of Facility (		-1 - 16			
Street Address Washington Rd							Other (i.e., pr	(Other than K-1 ivate and comme	2) ercial t	uildin	gs,	
City (5)	-//b						homes, etc.) Square Feet	# of Floors	TE	ildg. A	loe	-
Princeton										•	•	
County (6) MERCER				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demol	lished)			
Name of Monitoring Firm Hired by B	uilding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
ATC Associates Inc.				000	98	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address						_
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode				_	
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.			_	
Michael Keehn	T				6-8800	215-788-6040		00509				
Start Date (10)					ate (11)	Name of OSHA M						
<u>6 / 5 / 13</u>				1_ /	13	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During Abatement	100	•				Street Address				_	-	
☐ Facility Closed/Vacated During Er☐ Abatement Performed Outside of						1123 BEAVER	RSTREET					
Time of Abatement: 7:00AM-3:30	0PM/	5 PI	M- 2	L AM		City, State, Zip Co						_
Scope of Work (Check all that apply)	ORK H	res)	5 1	M-2	AM	BRISTOL, PA	19007					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De				☐ Mini-Encl	ainment with Nega osure Procedure npted (°) and Non		ıre			
			Locat							atem	ent T	voe
Location of Asbestos-Containing Material (AC	M)		lorma d Sole		Acha	Description of stos Containing Mat				_	-	<del>-</del>
TO BE ABATED	,		ntena	nce/ Staff?	(i.e	., thermal systems in	nsulation,	Amount (Specify	Removal	Repair	Ca	Co
IN Facility (13)		Cusi	(12)			surfacing, VAT, other miscellaneo		SF or LF)	\varepsilon \varep	=	Encapsulate	Enclosure
		Yes	No	N/A		Other misosharies	,03)				ite	
Level 1 work area #NF1A		×			Plaster			4 SF	×			10
First Floor Hallway			$\boxtimes$		Floor Ti	le		260 SF	×			
Name of Registered Waste Hauler SERVICE TRANSPORT GROU	P INC		H	JDEP v auler ID 20990	No.	Cubic Yards of Waste	Name of Registe G.R.O.W.S.	ered Landfill NORTH LAND		_	_	10
City, State NEWARK, DE 19720		5+		24330		Disposal Date	City, State	LE, PA 19067				
Completed By (Print or Type)	Title					Signature		75-				

Ck# 2483 Rg. 1

Date of Notification (1)					N.	ame of Build	ing Owner/Operator	(2)	2				
5 /	23 /	1	3				University-Office		d Construction				
Agencies Notified	Type Noti	fication	n	_		reet Address							
⊠ EPA						200 Elm D	г.			7			
⊠ DOFMD	⊠ Ameno			140	Ci	ty, State, Zip	Code			1			_
☑ DHSS ☑ DCA	Amend Emerg	ment :	# <u>2-8/6</u>	173		Princeton,		MOV 4	0.5	1			
(NJAC 5:23-8)	justific	ation)	Incinal	ng		ame of Conta			2019				_
	☐ Cance				1	Robert Ort	7.7.		Telephone Nur	nber	-		
							INFORMATION		<del></del>			_	
Name of Facility Where	Abatement i	s Taki	ng Plac	e (3)			IN OKIMATION	Type of Facility	(4)				
Princeton Universit	ty-Firesto	ne Lil	brary					School (K-	y (4)				
Street Address								☐ Subchapte	8 (Other than K-1	2)			
Washington Rd							7,00	Other (i.e., homes, etc	private and comme	ercial l	buildi	ngs,	
City (5)								Square Feet					
Princeton								Square reet	# of Floors	18	Bldg.	Age	
County (6) MERCER					C	ounty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demoli	ished)			
Name of Monitoring Firm	Hirad by D.	iletia a		(0)	1			Library					
ATC Associates inc		iliaing	Owner	(8)		CM No.	Name of Abatem						
Street Address	·.					0098	BRISTOL EN	VIRONMENT	AL, INC.				
Three Terri Center							Street Address						_
							1123 BEAVE	RSTREET					
City, State, Zip Code	•						City, State, Zip Co				2000		
Burlington, NJ 0801							BRISTOL, PA	19007					
Project Manager for Monit	oring Hirm					ne No.	Telephone No.		License No.				-
Michael Keehn						86-8800	215-788-6040		00509				
Start Date (10)	40					Date (11)	Name of OSHA M	lonitor					
6 / 5 /						/13	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During				•			Street Address						_
☐ Facility Closed/Vacated							1123 BEAVE	RSTREET					
Abatement Performed ( Time of Abatement: 7:	DOAM-3-30	DA4/	5 0	AA d	L A	N.0	City, State, Zip Co	de			_		
Two wed 8/6-8	M CADDY	2 5	ORK	HRS	150	M - 2AM	BRISTOL, PA	19007					
Scope of Work (Check all f	hat apply)										-		
≥3 sf or ≥3 lf			⊠ Re	nova	ition		☐ Full Conta	ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			De	moli	lion		☐ Glovebag						
							☑ Non-Exer	npted (°) and No	on-Friable Procedu	re			
1			1	Loc Norm						At	atem	ent 7	TVD
Location of Asbestos-Containing M		A)	Use	d So	lely by	Acho	Description of				_	T	Ť
TO BE ABAT	ED .	,	Ma	inten	ance/	/i.e	stos Containing Mat ., thermal systems in	eriai (ACM) sulation	Amount (Specify	9	Repair	nca	2
IN Facility			Cus	odia) (12	Staff	'	surfacing, VAT,	or	SF or LF)	Remova	¥	psu	Enclosure
(13)			Yes	No			other miscellaneo	ous)		-		Encapsulate	9
arious locations on le	evel 1		I			+	sulation		FAIR	-	-	L	L
xterior						window			59 LF	Ø			ᆙ
bove ceiling level 1 m	ain lobby		×		12		of loose debris(	2600SF	5,000 LF	×			I
evel A	,	-			岩	Areal	emo of duct work		100 SF	×			E
ame of Registered Waste	Hauler					Waste	tod)		8,220 SF				
SERVICE TRANSPOR		INS				ID No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill  NORTH LANDS	FILL			
ity, State		-			2033	,,	Disposal Date	City, State		v da la			
NEWARK, DE 19720								10-11-11-00-11-11-11-11-11-11-11-11-11-1	1 E DA 4000-				
ompleted By (Print or Type	9)	Title					16:	INOKKISVI	LLE, PA 19067				

Date of Notification (1)						NJAC 8:60 and 5		lage I				
5 /	23 /	13		1	Prince	uilding Owner/Operati	or (2)					_
Agencies Notified	Type Notifica				rincet	on University-Office	ce of Design a	nd Construction	on	552		
<b>⊠</b> EPA	☑ Initial	HOIT		1	Street WOOL	ess				5- 1	7	_
⊠ DOLWD				-	200 Elm				4		1	
☑ DHSS ☑ DCA	Amendme	nt #1-6	141	13	ity, State.		410				<u>.                                    </u>	
(NJAC 5:23-8)	☐ Emergence justification	y (inclu	ding		Princeto	on, NJ 08544	H(	¥ 4 2013	:7		•	
	☐ Cancellati	on		1	lame of Co	31 CO. T. S.		Telephone P	dumbo		-	_
			-		Robert (			•	1011106		2	
Name of Facility Where	Abatement is Tr	ikino Pi	lace.	(3)	FACILIT	Y INFORMATION		¥4.		_	_	_
Princeton Universi	ty-Firestone	Librar	w W	(3)			Type of Facil	ity (4)	•	* * .	_	_
Street Address							School (K	-12)				
Washington Rd							Subchapte	er 8 (Other than k	(-12)			
City (5)							homes, et	. Private and com	mercia	al buil	dings,	ě
Princeton							Square Feet	# of Floors		Dist	. Age	_
County (6)			_	17	Saurat O						i. nye	8
MERCER					ounty Cod	e (7)(STATE USE ONLY	1	Prior if being dem	olisha	d)		_
Name of Monitoring Firm	Hired by Buildin	og Own	er (F	R) AC	CM No.		Library			۷,		
ATC Associates Inc			٠. رد	.	ON NO.	Name of Abater	nent Contractor (	9)				_
Street Address			_		0038	BRISTOL E	NVIRONMENT	AL, INC.				
Three Terri Center						Street Address				-		_
ity, State, Zip Code			-			1123 BEAVE						
Burlington, NJ 0801	6					City, State, Zip C				_		_
roject Manager for Monit	oring Firm		1	Telepho	no Ale	BRISTOL, P.	A 19007					
Michael Keehn			- 1		86-8800	Telephone No.		License No.		_		_
tart Date (10)	Sch	eduled	Cor	-citeler	Date (11)	215-788-604		00509				
6 / 5 /	13	8	1	31	Date (11)	Name of OSHA				_	-	_
ccupancy Status During	Abatement (Chr	ok ook		-			VIRONMENTA	L, INC.				
Facility Closed/Vacated	During Entire S	Dariad a	. AL			Street Address					_	_
Abatement Performed C	Juliside of Norm	el Fecil	Man IL	Ja		1123 BEAVE						
Time of Abatement: 7:0	<u>0</u> AM- <u>3:30</u> PM/		PM-	A	M	City, State, Zip Co						
ope of Work (Check all th	nat apply)					BRISTOL, PA	19007					
200		-				□ 5t 0						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emo	vation . plition		Gloveber	Drocorlus	gative Pressure n-Friable Proced				
Location of				mally					_			_
Asbestos-Containing Mar		Use	ed S	olely by	Ach	Description of				baten	tent 1	-
TO BE ABATE IN Facility	D	Cus	ainte todi	enance/ ial Staff?	(i.e	estos Containing Mat e., thermal systems in	erial (ACM)	Amount	Removal	Repair	M	
(13)		000		2)		surfacing, VAT.	or I	(Specify SF or LF)	100	) air	Di A	
		Yes	N	lo N/A	1	other miscellaned	us)	O. O. LP)	1=		Encapsulate	18
ious locations on lev	rel 1	×	C		+						6	
prior		×	6	-		sulation		59 LF	. 🛛			Ī
ve ceiling level 1 ma	in lobby				window		2000	5,000 LF	×			Ē
el A		×				of loose debris(		100 SF	×			Ē
of Registered Waste H	nular		100			emo of duct work		8,220 SF				-
VICE TRANSPORT O				NJDEP I	Naste	Cubic Yards of	Name of Registr	ered Landfill		Ш		
	- JUNE ING			20990		Waste	G.R.O.W.S.	NORTH LAND	211 1			
State			ester to			Disposal Date	City, State	- LANDI	-11-			
WARK, DE 19720							MODDIELMI			100		

Date of Notification (1)					Nan	ne of Duite	dia A		1 age	. 4			
	_ / _	13			Pi	rinceton	ding Owner/Operator University-Office	(2)	11		in the settle	2.535	_
⊠ EPA ⊠	e Notificati Initial	on	-		Stre	et Addres	s	or Design and		<b>1</b> ====			_
	Amended			-	- AVIII	State, Zi							
	Amendmen	1#1-6/	4/1:	3			, NJ 08544						_
	Emergency justification	(includ	ling	- 1		e of Cont		kini/					
	Cancellatio	'n		- 1		bert Or		Hu!	Telephone No	Imher			
			_		_		INFORMATION			_	_		
Name of Facility Where Abate	ment is Tal	ing Pla	08 (	(3)			THE STANK TON	Type of Facility	(A)				
Princeton University-Fi	restone L	ibrary						School (K-12	• •	104			
Street Address								Subchapter 8	Other than M	12)			
Washington Rd								Other (i.e., pr homes, etc.)	ivate and come	nercial	build	ings,	
City (5)								Square Feet				i i	
Princeton								Square reet	# of Floors		Bldg.	Age	
County (6) MERCER					Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	liebod			
Name of Monitoring Firm Hired	by Building		- /0				•	Library		, we had	,		
ATC Associates inc.	by Suiding	Owne	r (8,	)  ^	SCM		Name of Abatem				_		-
Street Address			1		000	98		VIRONMENTAL	, INC.				
Three Terri Center							Street Address				_	_	_
City, State, Zip Code							1123 BEAVE						
Burlington, NJ 08016							City, State, Zip Co						
Project Manager for Monitoring	Firm		Τ,	Telepi	hone	No	BRISTOL, PA	19007					
Michael Keehn						-8800	Telephone No. 215-788-6040		License No.				
Start Date (10)	Sche	duled	Corr			te (11)	Name of OSHA M		00509	23			
6 / 5 / 13	-   _					13	2.772	ionnor VIRONMENTAL	****				
Occupancy Status During Abate	ment (Cher						Street Address	A INCHMENTAL	, INC.				
☐ Facility Closed/Vacated Durin	ng Entire Po	eriod of	Ab	ateme	ent		1123 BEAVER	CTBETT	•			ASV SEE	
Abatement Performed Outsid	le of Norma	l Facili	ly H	lours -	Des	cribe	City, State, Zip Co			_			
Time of Abatement: 7:00AM	- <u>3:30</u> PM/_	F	M		_AM		BRISTOL, PA						
Scope of Work (Check all that ap	oply)			-			DRISTOL, PA	18007					
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf							☐ Glovebea						
		ls	Lo	cation				7 ( ) ( )	LIBBIA FIOCEO				
	(ACM)	Use	NOT S	maliy Solely I	bv		Description of				aten	_	<del>-</del>
TO BE ABATED	(* . <b></b>	Ma	inte	nance	i l	Asbe	stos Containing Mate ., thermal systems in	erial (ACM)	Amount	Removal	Repair	E	Enclosure
	upancy Status During Abatement (Check only one acility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Heime of Abatement: 7:00AM-3:30PM/PM-PM-PM-PM-PM-PM-PM-PM-PM-PM-PM-PM-PM-P			m?	(	surfacing, VAT.	10	(Specify SF or LF)	100	1	Se e	Soci	
(13)		Yes	N		WA		other miscellaneo	us)	01 01 117)	=		Encapsulate	ure
evel 1 work area #NF1A		×		-	_	Plaster						2	
000.700				-	-	Plaster			4 SF	X			
				+	-				An a				
				=	-								
ame of Registered Waste Haule				NJDE Haule	PW		Cubic Yards of	Name of Register	ed Landfill		u	Ц	Ш
SERVICE TRANSPORT GR	OUP INC				990 990	NO.	Waste	G.R.O.W.S. N		FILL			
ly, State					ec.y.bee		Disposal Date	City, State				_	_
NEWARK, DE 19720								MORRISVILL	E. PA 19067				

Ck# 2441
Page 1

### NC TIFIC ATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				N.	ame of D. ii		10)	Tage I	L			
5_/	23 /	13		140	Princetor	Iding Owner/Operato	(2)	0				_
Agencies Notified	Type Notific				rincetor	n University-Offic	e of Design and	Construction	1			
Ø EPA 6536	Initial	ation			reet Addres			1.2 -	7			_
₩ DOLWD 6550	☐ Amende	d			200 Elm [							
☑ DHSS 6543	Amendm		_		ty, State, Zi				<del>- i</del>			-
Ø DCA 6529 (NJAC 5:23-8)	☐ Emergen justificati	icy (inclu	ding			n, NJ 08544	MOV	2010				
(110/10/3.23-0)	Cancella	on)			me of Con	Total Color		Telephone Nu	mher	,		_
	C) Caricella				Robert Or							
Name of Facility Where	Abatan				FACILITY	INFORMATION						
Princeton Universi	hustement is i	aking P	ace (3	)			Type of Facility	(4)				_
Street Address	ty-rirestone	Librar	1				School (K-12	)				
Washington Rd							Subchapter &  Other (i.e., pr	Other than K-1	12) ercia	l build	inos	
City (5)							nomes, etc.)					ž.
Princeton							Square Feet	# of Floors		Bldg.	Age	
County (6)				TC	ounty Code	(7)(STATE USE ONLY)	0					
MERCER				"	July Code	(1)(STATE USE ONLY)	The comment of the co	or if being demo	lished	1)		_
Name of Monitoring Firm	Hired by Build	ing Own	er (8)	IASC	M No.	Maria	Library					
ATC Associates Inc			(0)		M NO.		ent Contractor (9)					_
Street Address							IVIRONMENTAL	., INC.				
Three Terri Center	*					Street Address						_
ity, State, Zip Code						1123 BEAVE						
Burlington, NJ 0801	6					City, State, Zip C						
roject Manager for Monit			T	elephon	e No	BRISTOL, PA	19007					
Michael Keehn	3.75				36-8800	Telephone No.		License No.		_		
tart Date (10)	Sc	heduled			Date (11)	215-788-6040		00509				
6 / 5 /	13	_8_	/_:	31 /	13	Name of OSHA N BRISTOL EN	Ionitor VIRONMENTAL	INC				_
ccupancy Status During						Street Address				•		
Facility Closed/Vacated	During Entire	Period o	f Abai	ement		1123 BEAVER	STREET					
Abatement Performed C Time of Abatement: 7:0	Outside of Non OAM-3:30PM	mal Faci //	lity Ho PM	urs - De	escribe A	City, State, Zip Co	de				-	_
ope of Work (Check all t	hat apply)					BRISTOL, PA	19007					
	-777					☐ Full Coate	ninment with his					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova	ition ion		⊠ Mini-Enci	ainment with Negat osure Procedure npted (*) and Non-					
<u> </u>			s Loca				, ,	HEDR PROCEDU	_			_
Location of Asbestos-Containing Ma		Us	Norm ed So	ally lely by		Description of				baten	ent 1	Гу
TO BE ABATE		M	ainten	ance/	Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	En	
IN Facility		Cu		Staff?	(1.6	thermal systems in surfacing, VAT,	nsulation,	(Specify	JOE J	Pair	Geo	1
(13)		W	(12)	1	4	other miscellaneo	us)	SF or LF)	18		Encapsulate	
ious locations on le	vel 1	Yes	No								i e	
erior	731		H	무	pipe ins			59 LF	×			T
ove ceiling level 1 ma	rin lobby	⊠ ⊠	믐	<u> </u>	window	caulk of loose debris(	20005	5,000 LF	×			To
el A		×	H		Araal	emo of duct work		100 SF	×			1
ne of Registered Waste H	lauler				Lunieule	(mel)		8,220 SF	×			1
RISTOL ENVIRONME				JDEP V	Naste No.	Cubic Yards of Waste	Name of Registers G.R.O.W.S. N				_	1.
State				18706		Dianage Detail		UKIN LANDE	ILL			
RISTOL, PA 19007	•					Disposal Date	City, State	DA 4000-				
					1		MORRISVILLE	. PA 19067				

Cl# 2441 Page 2

Date of Notification (1)  5 / 23 / 13						Name of Building Owner/Operator (2)  Princeton University-Office of Design and Construction											
Agencies Notified Type Notification						Street Address											
⊠ EPA							200 Elm Dr.										
☑ DOLWD ☐ Amended						City, State, Zip Code											
☑ DHSSAmendment #						Princeton, NJ 08544											
DCA Emergency (including						Name of Contact Telephone Number:											
(NJAC 5:23-8) justification)  Cancellation							ert Orteg		reseptions nutribet:								
				-								1	-	_			
Name of Facility Where A	hatement is T	Tekina	Place	(3)		PAC	ILITIN	FORMATION	Type of Facility (	(A)							
Princeton University-Firestone Library									School (K-12)  Subchapter 8 (Other than K-12)								
Street Address Washington Rd									nd commercia	al buil	dings						
City (5)									Square Feet	# of	Floors	Bld	g. Ag	8			
Princeton																	
County (6)						Count	y Code (7)	(STATE USE ONLY)									
MERCER									Library			22000000					
Idanie of morning						SCM No. Name of Abatem											
ATC Associates Inc. 00098							8	BRISTOL EN	VIRONMENTA	L, INC							
Street Address								Street Address									
Three Terri Center								1123 BEAVE									
City, State, Zip Code								City, State, Zip Code									
Burlington, NJ 08016								BRISTOL, PA 19007									
Project menege.						one P	No.				License No.						
IMIGINAL TRACE						9-386-8800 215-788			)	0509							
Start Date (10) Scheduled Completion Date (11) 8 / 31 / 13								Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.									
		Check	only o	ne)				Street Address									
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abateme						ent		1123 BEAVER STREET									
Abatement Performed Outside of Normal Facility Hou Time of Abatement: 7:00AM-3:30PM/PM					urs - Describe			City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all	that apply)			_				FI 5.110	Animonal with Na				_				
□ ≥3 sf or ≥3 lf       ☒ Renoval         ☒ ≥160 sf or ≥260 lf       ☐ Demoliti																	
					ation				**************************************			Ab	atem	ent T	ype		
Location of Norm Asbestos-Containing Material (ACM) TO BE ABATED Norm Used S Mainte								Description of				Removal	20	m	m		
								stos Containing Ma			Amount (Specify		Repair	Encapsulate	Enclosure		
IN Facility Custon				todial Staff?				surfacing, VAT, or other miscellaneous)			SF or LF)		=	DSu	Sun		
(13)				(12)										late	0		
			Yes	N	0	N/A									L		
Level 1 work area #NF1A			X				Plaster				4 SF	X					
Name of Registered Wast	e Hauler				NJE	DEP V	Vaste	Cubic Yards of	Name of Regi	stered	Landfill						
BRISTOL ENVIRONMENTAL, INC.						uler IC 8706		Waste	G.R.O.W.S. NORTH LANDFILL								
City, State								Disposal Date	City, State								
BRISTOL, PA 19007		-							MORRISV	ILLE,	PA 19067						

5 / 23 /						Owner/Operator (2)		4 750 000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2		1	
	13	_		Prince	eton Uni	versity-Office o	f Design and C	construction			1	
Agencies Notified Type Notificati	ion	¥i	S	treet A	ddress			/ 00	12		. 1	
⊠ EPA ⊠ Initial				200 E	lm Dr.			NOV   4 20	10			
□ DOLWD				City, Sta	te, Zip Co	de					1	
□ DHSS Amendmen	Same Same		13		eton, NJ						1	
DCA Emergency		ıding	1		Contact			Telephone Number		- 5		
(NJAC 5:23-8) justification	17.5				rt Ortega	1			-			
- Cantellate	,,,					ORMATION					1110	estar-sy
			2)	FACI	LIITINE		Type of Facility (4	4)				
Name of Facility Where Abatement is Ta			3)				☐ School (K-12)					
Princeton University-Firestone	Libra	ry				20.000	Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., pri	ivate and commercia	al build	dings		
Washington Rd							homes, etc.)	T# of Floors	Dide	J. Age		_
City (5)							Square Feet	# of Floors	Diug	J. Ay		
Princeton								1				_
County (6)				County	Code (7)(	STATE USE ONLY)		or if being demolished	ea)			
MERCER							Library					
Name of Monitoring Firm Hired by Build	ing Ov	vner (8	) A	SCM N	0.	Name of Abateme						
ATC Associates Inc.				00098		BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address			-			Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code		-/	-	700		City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitoring Firm			Teler	hone N	0.	Telephone No.		License No.				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				9-386-		215-788-6040	ì	00509				
Michael Keehn	chode	lod Co		ion Date		Name of OSHA M	lonitor				1/2	
Start Date (10) S				_ / _	100000000000000000000000000000000000000		VIRONMENTA	L, INC.				
Occupancy Status During Abatement (C	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated During Entir	e Peri	od of A	baten	nent		1123 BEAVE	R STREET					
☐ Abatement Performed Outside of No	ormal I	Facility	Hours	s - Desc	ribe	City, State, Zip C	ode					
Time of Abatement: 6:30AM-3:30F	PM/	PN	/l	AM		BRISTOL, PA						
Constitute (Charle all that apply)												
Scope of Work (Check all that apply)							tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf		⊠ Rei				☐ Mini-End	closure g Procedure					
⊠ ≥160 sf or ≥260 lf		☐ Dei	molitio	n		☐ Non-Exe	empted (*) and No	on-Friable Procedure	•			
		ls	Locati	ion						ateme	ent T	ype
Location of			Iormal			Description	of		Z.	ZD.	ш	Ш
Asbestos-Containing Material (ACN	1)	100000000000000000000000000000000000000	d Sole		Asbe	stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED		75.000	intena odial S		(i.e	., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	ova	=	nsd	Sur
IN Facility (13)		Ousi	(12)	oton.		other miscellane	eous)	0, 0, 1,	_		late	0
(13)		Yes	No	N/A							22.00	
Throughout Levels C thru 2		$\boxtimes$			Floortil	e and mastic		15,675 SF	$\boxtimes$			
Tilloughout Levels O till a 2				1	Plaster			2,235 SF	$\boxtimes$			
The subsect of and 2				一		sulation		1,655 LF	Ø			
Throughout Levels 1 and 2						and the second conditions of the second condit	nactic	860 SF		П	П	T
Throughout Levels 1 and 2					D					_		
Throughout Levels 1 and 2 Level 2 - workarea #2A					2.50	t flooring and n						
Throughout Levels 1 and 2  Level 2 - workarea #2A  Name of Registered Waste Hauler	P INC	⊠		JDEP \ lauler II	Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill S. NORTH LAND				
Throughout Levels 1 and 2  Level 2 - workarea #2A  Name of Registered Waste Hauler  SERVICE TRANSPORT GROU	P INC	⊠		JDEP \	Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
Throughout Levels 1 and 2  Level 2 - workarea #2A  Name of Registered Waste Hauler  SERVICE TRANSPORT GROU  City, State	P INC	⊠		JDEP \ lauler II	Vaste No.	Cubic Yards of	Name of Regi G.R.O.W.S City, State	istered Landfill S. NORTH LAND				
Throughout Levels 1 and 2  Level 2 - workarea #2A  Name of Registered Waste Hauler  SERVICE TRANSPORT GROU  City, State  NEWARK, DE 19720				JDEP \ lauler II	Vaste No.	Cubic Yards of Waste  Disposal Date	Name of Regi G.R.O.W.S City, State	istered Landfill S. NORTH LAND	FILL			_
Throughout Levels 1 and 2  Level 2 - workarea #2A  Name of Registered Waste Hauler  SERVICE TRANSPORT GROU  City, State	Title		□ N H	JDEP \ lauler II	Vaste No.	Cubic Yards of Waste  Disposal Date  Signature	Name of Regi G.R.O.W.S City, State	istered Landfill S. NORTH LAND	FILL	11/1	3	

Date of Notification (1)								Owner/Operator						,
	23 /	13	<u> </u>		F	Princeton	Univ	versity-Office	of Design and	Construction	n			
Agencies Notified	Type Notific	cation			Str	eet Address	s							
⊠ EPA	☐ Initial	16			2	00 Elm D	r.			NOV	4	201	3	1
☑ DOLWD ☑ DHSS		27.5	A_0/27	7142	Cit	y, State, Zip	Cod	le				_		
☑ DRSS	☐ Emerge	75.0			F	Princeton,	NJ	08544	45 -					
(NJAC 5:23-8)	justifica		.o.uum	9	Na	me of Cont	act			Telephone No	ımber	NI.		4
	☐ Cancella	ation			F	Robert Ort	tega			T		is .		
					F	ACILITY	INFO	DRMATION					_	
Name of Facility Where	Abatement is	Taking	g Place	e (3)					Type of Facility	(4)				
Princeton Universi	ity-Fireston	e Lib	rary						School (K-12					
Street Address				-					Subchapter 8	Other than K-	12)			
Washington Rd									Other (i.e., p homes, etc.)		nercial l	ouildin	gs,	
City (5)			74.5						Square Feet	# of Floors	- 1	Bldg. A	100	
Princeton									oqua.e., ssi	# 01 1 loois	1	Jug. F	ige	
County (6)					C	ounty Code	(7)(S	TATE USE ONLY)	Current Use (Pri	ior if being dem	olished)			
MERCER						1964 - 1964 <b>- 1</b> 00 - 10			Library	ior ii boing deni	ononica)			
Name of Monitoring Firm	Hired by Bui	lding (	Owner	(8)	ASC	M No.	IN	ame of Abateme	ent Contractor (9)					
ATC Associates In	c.	1873			00	098			VIRONMENTAL					
Street Address							S	treet Address	· · · · · · · · · · · · · · · · · · ·	L, 1110.				
Three Terri Center								1123 BEAVE	R STREET					
City, State, Zip Code				-			C	ity, State, Zip Co					-	
Burlington, NJ 080	16						- 1	BRISTOL, PA						
Project Manager for Mon	itoring Firm		-	Te	lephor	ne No.		elephone No.		License No.		-		
Michael Keehn				1	609-3	86-8800		215-788-6040	i.	00509				
Start Date (10)		Sched	uled C	omp	letion	Date (11)	N	ame of OSHA M	lonitor					_
<u>6</u> / <u>6</u> /						_ 13	10000		VIRONMENTAL	INC.				
Occupancy Status During	Abatement (	Check	only	one)			_	treet Address						
☐ Facility Closed/Vacate		decorrection of	CONTRACT ME COLO	0.00	ement			1123 BEAVER	STREET					
☐ Abatement Performed	Outside of N	lormal	Facility	у Но	urs - D	escribe		ty, State, Zip Co						
Time of Abatement: 6	:30AM-3:30	PM/	P	M- <u></u>	A	M		BRISTOL, PA						
Scope of Work (Check all	I that apply)			_				511.0102,174						
									ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Re     De     De     De     De     Re     Re					☐ Mini-Encl						
Z									mpted (*) and Nor	n-Friable Proced	dure			
				Loca		1					-	batem	ent T	voe
Location		.		Norm	ally lelv by	l		Description of						
Asbestos-Containing I TO BE ABA		n)			ance/	ASD		Containing Mat ermal systems i		Amount	Removal	Repair	nca	n Cl
IN Facilit			Cust		Staff	, , ,,,		surfacing, VAT,		(Specify SF or LF)	ova	₹.	Encapsulate	Enclosure
(13)		ł	V	(12	_	-	0	ther miscellaned	ous)	53			late	G)
		-	Yes	No								$\perp$		
Throughout Levels C	thru 2					Floorti	le ar	nd mastic		15,675 SF				
Throughout Levels 1	and 2		$\boxtimes$			Plaste	r	100.20		2,235 SF	×			
Throughout Levels 1	and 2					Pipe In	sula	ation		1,655 LF	×			
Level 2 - workarea #2			$\boxtimes$			Parque	et flo	oring and ma	stic	860 SF	×			
Name of Registered Wast				101.00		Waste	195981	bic Yards of	Name of Regist					$\neg$
SERVICE TRANSPO	RT GROUP	INC		1	2099	ID No. 30	Wa	aste	G.R.O.W.S.	NORTH LAN	DFILL			
City, State							Dis	posal Date	City, State		T.			$\neg$
NEWARK, DE 19720									MORRISVIL	LE, PA 1906	7			
Completed By (Print or Ty	pe)	Title		-				Signature		4 0 1	Date ,			$\dashv$
Brian Scafiro		Es	timat	or				Brian	Scalino	Isl 1	9/2°	1/2	3	

Date of Notification (1)				- 144								-
	3_ /	13				ing Owner/Operator University-Office		d Construction				
⊠ EPA	pe Notificatio Initial Amended	n		Stre	et Address 00 Elm Di		·	NOV 4		3		- 1
☑ DHSS	Amendment	#3-9/1	1/13	City,	State, Zip	Code					-	<u> </u>
☑ DCA □	Emergency (	includir		Pr	rinceton,	NJ 08544						
(NJAC 5:23-8)	justification)		-		e of Conta			Telephone Nu	mber			2 2
	Cancellation			Re	bert Ort	ega						
None of F. W. 188				. F/	ACILITY	INFORMATION						
Name of Facility Where Abat			e (3)				Type of Facility	(4)				
Princeton University-F Street Address	irestone Li	brary					School (K-1	2)				
Washington Rd							☐ Other (i.e., ) homes, etc.	8 (Other than K- private and comm	12) vercial I	buildir	igs,	
City (5)			- 200				Square Feet	# of Floors	- 15	Bldg. /	100	
Princeton								61 1 15615	1	Juy. I	nye .	
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	lichod)			
MERCER							Library	The in bonning donne	maneu)			
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCN	I No.	Name of Abateme		)		-		
ATC Associates Inc.				000	98	BRISTOL EN						
Street Address						Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co					_	
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitorin	g Firm		Te	elephone	No.	Telephone No.		License No.		_		
Michael Keehn				609-386		215-788-6040		00509				
Start Date (10)				letion Da		Name of OSHA M	onitor					
<u>6</u> / <u>6</u> / <u>13</u>	_   _		10	30_/	13	BRISTOL EN	/IRONMENTA	L, INC.				
Occupancy Status During Aba						Street Address				-		
Facility Closed/Vacated Du	ring Entire Pe	eriod of	Abai	tement		1123 BEAVER	STREET					*
☐ Abatement Performed Outs , Tigne of Abatement: 6:30A	ide of Norma M-3:30PM/			urs - Des AM		City, State, Zip Co	de					
9/12/13 - 6:30AM-30)	4:3PM-	- IL PA	1			BRISTOL, PA	19007					18
Scope of Work (Check all that	apply)											-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	· · · · · · · · · · · · · · · · · · ·	⊠ Re □ De	nova molii	ation tion		☐ Mini-Encl	Procedure	gative Pressure on-Friable Proced	ure		(1)	
		100000	000000000000000000000000000000000000000	ation						oatem	ent T	'vne
Location of Asbestos-Containing Mater	ial (ACM)	Use	lorm d So	lely by	Anha	Description of				_	_	-
TO BE ABATED	iai (AOIII)	Mai	inten	ance/	Asbe (i.e	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	Removal	Repair	υς.	Enclosure
IN Facility		Cust	odia (12	I Staff?		surfacing, VAT.	or	(Specify SF or LF)	OVa	1	psu	uso
(13)		Yes	No		ł	other miscellaneo	us)	100 100 100 100 100 100 100 100 100 100	-		Encapsulate	6
Throughout Levels C thru	2	×			Floortile	e and mastic		15,675 SF	ID.	_	_	
Throughout Levels 1 and	2	×			Plaster			2,235 SF				무
Throughout Levels 1 and 2	2				Pipe Ins	sulation		1,655 LF				
Level 2 - workarea #2A		×			Parquet	flooring and ma	stic	860 SF		믐		
Name of Registered Waste Hau				NJDEP V	Vaste	Cubic Yards of	Name of Regis				Ш	니
SERVICE TRANSPORT	ROUP INC			Hauler ID 20990	1900000000	Waste		NORTH LAND	FILL			
City, State				and New York		Disposal Date	City, State					$\dashv$
NEWARK, DE 19720							MORRIGAM	1 E DA 40007				

Date of Notification (1)				Na			/					
_ 5 _ /	23 /	13		1	Princeton	ing Owner/Operator	(2)				3	
Agencies Notified	Type Notification	_				University-Office	of Design and	Construction				
⊠ EPA	I type Notification	on			eet Address							_
☑ DOLWD	☑ Amended				200 Elm Dr	(5)		NOV	4	2013		
☑ DHSS	Amendmen	#2-8/3	30/13		y, State, Zip			- 1151		4.60		·
☑ DCA	☐ Emergency	(includi	ng	F	Princeton,	NJ 08544						
(NJAC 5:23-8)	justification)	)		Na	me of Conta	d		Telephone Nur	mhae			
	☐ Cancellation	1		F	Robert Orto	ega		GIODIONE MAIN	Hoet			
				F	ACILITY I	NFORMATION		What we	-			
Name of Facility Where A			œ (3)				Type of Facility	(4)				
Princeton University	y-Firestone L	brary					School (K-12					
Street Address							Subchapter 8	Other than K-1	2)			
Washington Rd							☐ Other (i.e., p	rivate and comme	ercial	buildi	ngs,	
City (5)							nomes, etc.)					
Princeton							Square Feet	# of Floors	T	Bldg.	Age	
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Cumont Hay (D.)	1				
MERCER					, 0000 (	, MOINTE OUE ONE I)		or if being demol	ished)	)	8,75	
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASC	M No.	Nome of Abote-	Library					
ATC Associates Inc.		North Mark Town	(-) <sub>1</sub>		098		ent Contractor (9)					
Street Address							VIRONMENTAL	., INC.				
Three Terri Center						Street Address						
City, State, Zip Code						1123 BEAVE						
Burlington, NJ 08016	•					City, State, Zip Co			-			
Project Manager for Monito			TTO			BRISTOL, PA	19007					
Michael Keehn	ang ram		1 00	ephon		Telephone No.		License No.				
Start Date (10)	16.1				6-8800	215-788-6040		00509				
6 / 6 /					Pate (11)	Name of OSHA M						
				<u>u</u> /	13	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During A						Street Address				-		_
Facility Closed/Vacated	During Entire Po	eriod of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed O Time of Abatement: 7:00	Utside of Norma	l Facilit	y Hou	rs - De	scribe	City, State, Zip Co						
THITE OF ADELETHERIC. 1.00	DAM-3.30PM		M	AN	'	BRISTOL, PA						
Scope of Work (Check all th	at apply)											
≥3 sf or ≥3 lf		⊠ Re	20110				ninment with Nega	tive Pressure				
≥ 160 sf or ≥260 ff						☐ Mini-Enclo	osure					
						☐ Non-Exen	npted (*) and Non-	Friable Deced	_			
		100	Loca				, ( ,	THEORE PROCESSION	_			
Location of		l lee	d Sak	ily By by	1	Description of			Ab	atem	ent Ty	
Asbestos-Containing Mat TO BE ABATE		Ma	intens	nce/	Asbes	tos Containing Mate	erial (ACM)	Amount	20	Repair	E	E
IN Facility	-	Cust		Staff?	(i.e.,	thermal systems in surfacing, VAT, of	sulation,	(Specify	Remova	Dair	de	clos
(13)			(12)		4	other miscellaneo	us)	SF or LF)	100		Encapsulate	Enclosure
		Yes	No	N/A			,				6	
hroughout Levels C the	ru 2				Floortile	and mastic		15,675 SF	671	-		_
hroughout Levels 1 and	d 2	×			Plaster				X			Ц
hroughout Levels 1 and		×			Pipe Insu	Madian		2,235 SF	×			
evel 2 - workarea #2A			_		_		-	1,655 LF	X			
ame of Registered Waste H	auler	2	Artista	DEP V		looring and mas	CONTRACTOR OF THE PARTY OF THE	860 SF				
SERVICE TRANSPORT			H	iuler IC		Cubic Yards of Vaste	Name of Register					$\neg$
				20990			G.R.O.W.S. A	IORTH LANDF	ILL			
ty, State					C	Disposal Date	City, State		-	_		$\dashv$
NEWARK, DE 19720							MORRISVILL	E, PA 19067				
empleted By (Print or Type)	Title				1/ 18-22 - 17-30 H	Signatura		1-				

				(Pur	suant to P	NJAC 8:60 and	1-461					***
Date of Notification (1						ilding Owner/Operat					Ī	
		13	_		Princeto	n University-Offi	or (2)	and 0				11
Agencies Notified	Type Notifica	ition		1	Street Addre	- Total y	ce or Design	and Constitu	iction			
⊠ EPA	図 Initial			-	200 Elm (		· 1.	WIN	1 201			
☑ DOLWD ☑ DHSS	Amended			1								
⊠ DCA	Amendme	ent #1-	<u>6/4/13</u>	1	ity, State, Z	ip Code					-	-
(NJAC 5:23-8)	☐ Emergence justification	y (incli	uding	-	rnncetor	n, NJ 08544			63	1		1
200 200 200 200 200 200 200 200 200 200	☐ Cancellati	on		"	lame of Con			Telepho	ne Numb	20		
					Robert O							
Name of Facility Where	Abatement is To	aking P	lace (3	1)	PACILITY	INFORMATION		Q			-	-
Princeton Univers	sity-Firestone	Librar	₩	,			Type of Fec				_	_
Street Address			y				School (I	K-12)	25.			
Washington Rd							Subchap	ter 8 (Other th	an K-12)			
City (5)							homes, e	., private and	commerci	al bui	ldings	i.
Princeton							Square Feet		000	100		_
County (6)								- 01110	OIS	RIG	g. Age	9
40.0000				0	County Code	(TYSTATE USE ONLY	Current Use	(Prior if boing	do			
	10-11-5			_				( in in resing i	cemolish	9d)		
		ng Own	er (8)	AS	CM No.	Name of Abates	nent Contrator	10)			_	
	С.			0	0098	BRISTOLE	Madowski Mair Contingiol	(9)		11		
						Street Address	MAIKOMMEN	IAL, INC.				
											_	_
City, State, Zip Code												
Burlington, NJ 080	16										_	
Project Manager for Moni	itoring Firm		Te	lenho	no No		A 19007					
Michael Keehn					55.75	100		License	No.			_
Start Date (10)	1 Cab	odulod	C	908-3	99-9800		_		0.000000			
	13	DENUTE D	Comp	etion	Date (11)	Name of OSHA	Monitor					
		0	<u>' -                                   </u>	1	13	BRISTOL EN	VIRONMENT	AL INC				
Occupancy Status During	Abatement (Che	eck only	y one)					,				
_ Facility Closed/Vacated	d During Entire P	eriod (	of Abat	ement			PETREET					
J Abstement Performed	Outside of Norm	al Faci	lity Hou	ius - Di	escribe							
Hitle of Abatement. 1.1	004W-2:20HW		PM	A	M						_	_
cope of Work (Check all t	that apply)					BRISTOL, PA	19007					
7 > 3 ef or > 3 lf		P n		•		Full Conf	Minmont with Ma	andhu A			_	_
] >160 sf or ≥260 lf			enoval emali:	non			ICHELANNA	gaine Pressu	ne en			
			OTTONIO	011	(#)	☐ Glovebag	Procedure					
		1	s Loca	tion	_	U NON-EXE	npred (") and N	on-Friable Pro	cedure			
		1	Norma	illy		Donosintia			1	Vbater	nenf 1	Twe
Asbestos-Containing Ma	eterial (ACM)	M	ed Sok eintens	aly by	Asbes	Stos Containing Met	erial (ACM)		1000			
		Cus	todial	Staff?	(i.e.	., tnermal systems is	reulation		. 9	9	18	1
(13)			(12)		i	Surfacing, VAT	10	SF or LF	,   8	1	100	1
		Yes	No	N/A	1	orner wittestigues	us)		'   -	1	1	1
roughout Levels C th	iru 2	123			Floorille						2	
mushout Levels 1 an	nd 2	_	-	-		and mastic		15,675 S	F	IID	In	tr
			-	-				2,235 SF		_	-	+
MERCER Name of Monitoring Firm Hired by Building Owner (6)												
Start Date (10)		+=	_	-								
			Ha	ivep \ Nuler (C		Cubic Yards of	Name of Regis	tered Landfill		ΙÜ	U	L
						veste	G.R.O.W.S.	NORTH LA	NDEII I			
			10,400		C	Disposal Date						
EWARK, DE 19720								16 84	- 10 To		-	_
pleted By (Print or Type)	Title					72:	WOKKI2AII	LE, PA 1900	57			

Cl # 2442

Date of Notification (1)					Nan	ne of Build	ing Owner/Operator	(2)					
	23 /	13			P	rinceton	University-Office	(2) of Design and	d Construction		:	٠: د	-
Agencies Notified  ⊠ EPA 6536	Type Notific	cation			Stre	et Address 00 Elm D	3					<u> </u>	
DOLWD 6550	☐ Amende				10000								
☑ DHSS 6543	Amenda	nent#_			1000	, State, Zip			MUA #	20	13		
Ø DCA 6529	☐ Emerge	ncy (inc	luding				NJ 08544		1404	<u>-</u>			
(NJAC 5:23-8)	justificat	tion)				ne of Conta		-	Telephone Nur	nber			_
	Cancest	Blion			_	obert Orl			1-				
Name of Facility Where A	hotomont is	Table - 1	21		F	ACILITY	INFORMATION					-	
Princeton Universit				(3)				Type of Facility  School (K-1					
Street Address Washington Rd								Subchapter	8 (Other than K-1) private and common	2) arcial (	buildir	ngs,	
City (5) Princeton							-	Square Feet	# of Floors	E	Bldg.	Age	_
County (6)			-118		Cou	unty Code	(7)(STATE USE ONLY)	Current Hea /D	ele M. i				
MERCER						,	( MOTATE DOE ONE!)	Library	rior if being demol	ished)			
Name of Monitoring Firm	Hired by Buil	ding Ow	mer (	3) ]	ASCA	A No	Name of Abatem						
ATC Associates Inc		•	•	.	000	200000000	BRISTOL EN						
Street Address							Street Address	VINONWENTA	IL, INC.				
Three Terri Center							1123 BEAVE	PSTREET					
City, State, Zip Code							City, State, Zip Co						
Burlington, NJ 0801	6						BRISTOL, PA						
Project Manager for Monit	oring Firm			Tek	phone	No.	Telephone No.	13007	1000				
Michael Keehn						5-8800	215-788-6040		License No.				New York
Start Date (10)	15	Scheduk	ed Co	mple	tion Da	ate (11)	Name of OSHA M		00509				
6 / 6 /	13	8	_ /	31		13	BRISTOL EN		L, INC.			33	
Occupancy Status During	77.0						Street Address						
☐ Facility Closed Vacated							1123 BEAVER	STREET					
Abatement Performed C Time of Abatement: 7:0	Outside of No 00AM-3:30P	omal Fa	cility _PM	Hour —	s - De: AM	scribe	City, State, Zip Co BRISTOL, PA				-	-	
Scope of Work (Check all t	hat apply)		_	-			DINOTOL, PA	19007					
□ ≥3 sf or ≥3 lif ☑ ≥160 sf or ≥260 lif			Ren	olitio	n		☐ Mini-Enck	Procedure	pative Pressure n-Friable Procedu	ne		4-C-04 7	
			0.5175	ocati mal	- F. I						atem	ent T	V20
Location of Asbestos-Containing Ma		1	Used			Acho	Description of						_
TO BE ABATE	D		Main			(i.e	stos Containing Mate ., thermal systems in	enal (ACM)	Amount	1 6	Repair	D.	180
IN Facility		10	Susto	112)	tan?	,	surfacing, VAT,	or	(Specify SF or LF)	Remova	1	De l	Enclosure
(13)		Y	-	No	N/A	1	other miscellaneo	us)	/	-		Encapsulate	ā
hroughout Levels C th	ru 2	×	_			Floortile	and mastic		45 675 07	-	_		_
hroughout Levels 1 ar		×	-	5		Plaster			15,675 SF 2,235 SF	⊠ R			
hroughout Levels 1 ar	nd 2	×		<u>כ</u>		Pipe Ins	ulation		1,655 LF	X			
evel 2 - workarea #2A		×		וכ		Parquet	flooring and mas	stic	860 SF	+	_	믜	
ame of Registered Waste I				NJ	DEP V	Vaste	Cubic Yards of	Name of Regist		X			
BRISTOL ENVIRONME	NTAL, INC	C			uler ID 8706		Waste	G.R.O.W.S.	NORTH LANDE	ill			
ty, State BRISTOL, PA 19007							Disposal Date	City, State	I E DA 40002				$\dashv$

Date of Notification (1)			N	lame of	Building O	wner/Operator (2	)			- 1		-
5/	23 / 13	_		Prince	eton Univ	ersity-Office of	of Design and C	Construction		11-	( (5 - 20)	
Agencies Notified	Type Notification		5	Street Ac	Idress							
⊠ EPA	Initial			200 E	lm Dr.			100	1 90	5		
□ DOLWD				City, Stat	te, Zip Coo	de		IN THA				1
☑ DHSS	Amendment #6-1			Prince	eton, NJ	08544						
☑ DCA	Emergency (incluing justification)	iding	1	Name of	Contact			Telephone Numb	per			
(NJAC 5:23-8)	☐ Cancellation				rt Ortega							_
<del></del>				FACII	LITY INFO	ORMATION						_
Name of Facility Where	Abatement is Taking F	Place (3	)		-Van-		Type of Facility (	•				
Princeton Universi							School (K-12)	) (Other than K-12	1	96		
Street Address							Other (i.e., pr	ivate and commer	rcial buil	dings	,	
Washington Rd							homes, etc.)					_
City (5)							Square Feet	# of Floors	Blag	g. Ag	3	
Princeton								<u> </u>	N			
County (6)				County	Code (7)(	STATE USE ONLY)	The state of the s	or if being demolis	snea)			
MERCER							Library				111111111111111111111111111111111111111	
Name of Monitoring Firm	n Hired by Building Ov	vner (8)	F	SCM N	0.		ent Contractor (9)					
ATC Associates In				00098	1	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address			- 1			Street Address						
Three Terri Center						1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 080	016	- Carrier and				BRISTOL, PA	4 19007	I Linnag No		-2.24		
Project Manager for Mo	nitoring Firm			phone N	*****	Telephone No.	•	License No. 00509				
Michael Keehn				9-386-		215-788-604	N.,	00303				_
Start Date (10) 6 / 6	/ 13 Schedu	oled Co		OLD		Name of OSHA N BRISTOL EN	VIONITOR VIRONMENTA	L, INC.				
Occupancy Status Duri		only or	ne)			Street Address						
☐ Facility Closed/Vaca	ated During Entire Per	iod of A	bater	ment		1123 BEAVE	R STREET					
☐ Abatement Performe	ed Outside of Normal	Facility	Hour	s - Desc	ribe	City, State, Zip C	Code		-0)			
Time of Abatement:	6:30AM-3:30PM/	PM		AM		BRISTOL, P.	A 19007					
Scope of Work (Check	all that apply)					⊠ Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		⊠ Rer				☐ Mini-En	closure					
≥160 sf or ≥260 lf		☐ Den	nolitio	on		☐ Gloveb	ag Procedure empted (*) and N	on-Friable Proced	lure			
		le	Loca	tion					Ab	atem	ent T	ype
11			orma	-0.00		Description	of		Z	Z,	Ш	ū
Location Asbestos-Containing		500000000		ely by	Asbes	stos Containing M	faterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE A	BATED	7.500		ance/ Staff?	(i.e	, thermal system surfacing, VA	s insulation, Tor	SF or LF)	Va	-	lusc	Sure
IN Fac			(12)			other miscellar					ate	
(,,	·	Yes	No	N/A					<b>5</b> 7	-	1	
Throughout Levels	C thru 2	$\boxtimes$			Floortil	e and mastic		15,675 SF	_		쁜	
Throughout Levels	1 and 2	$\boxtimes$			Plaster			2,235 SF			닏	
Throughout Levels	1 and 2	$\boxtimes$				sulation		1,655 LF		10	분	片
Level 2 - workarea	#2A	$\boxtimes$			Parque	t flooring and	mastic	860 SF				L
Name of Registered W	/aste Hauler	-		NJDEP		Cubic Yards of Waste		gistered Landfill	IDEILL			
SERVICE TRANS	PORT GROUP INC	;		Hauler II 20990				.s. North Lan	ADFILL			
City, State						Disposal Date	City, State	WILE DA 4000	:7			
NEWARK, DE 19	720							VILLE, PA 1906				
Completed By (Print o	r Type) Titl	е				Signature	1 1		Date /	, /,	3	
Brian Scafiro	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	stima	tor			Brian	Scale	20	1.//	/		
ASR 41 A	r n											

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		Nar	ne of E	Building	Owner/Op	erator (2)	Decign 3	nd Cons	struction			1	
ate of Notification (1)		P	rince	ton Ur	Owner/Op niversity-	Office of	Design					7	!
5 /	23 / 13	1	eet Ad						MOV	4 201	13	1	. !
	Type Notification											7	
encies Notified	☑ Initial		200 E	m Dr.	Code								
EPA DOLWD	F3 Amended	13 Cit	ty, Stat	te, Zip (	N I 08544				Alumbar			-	
DHSS	Amendment #5-10/31/1				NJ 08544			Te	lephone Number	1,1		+	653
I DCA	☐ Emergency (including justification)			Conta								7	
(NJAC 5:23-8)	☐ Cancellation		Robe	rt Orte	ega	TION						$\dashv$	
	LI OCCIONA		FACI	LITY I	NFORMA	HON	Type of Fa	cility (4)					
	Taking Place (	(3)					C School	(K-12)					
lame of Facility Where	Abatement is Taking Place (	200					⊠ Subcha	apter 8 (C	other than K-12) ate and commercia	al buildings	5,	1	
Princeton Univer	sity-Firestone Library						Other	s. elc.)				$\dashv$	
Street Address							Square F		# of Floors	Bldg. Ag	je	1	
Washington Rd												-	
City (5)							Current	Ise (Prior	if being demolish	ed)		1	
Princeton			Cour	nty Cod	e (7)(STATE	USE ONLY)	Libra						
County (6)							200.00			8			
		70\ T	ASCM	No.	Name	e of Abaten	nent Contra	SENTAL	INC.				
Name of Monitoring	Firm Hired by Building Owner	(0)	000				NVIRON	MENTAL	,				
ATC Associates	s Inc.				Stree	et Address		-T					1
Street Address					11	23 BEAV	ER STRE				200		1
Three Terri Cer	nter				City,	State, Zip	Code					7.	1
City, State, Zip Cod	e				В	RISTOL,	PA 19007		License No.				
- timeton No.	08010		lephor	no No	Tele	phone No.			00509			0.000	
Project Manager fo	r Monitoring Firm	16	epiloi	86-880	0 2	15-788-60	)40		- 00000				1
Michael Keehr	1					me of OSH	A Monitor	A	INC				
	Scheduled	1 Comp	oletion	Jale (1	.,	RISTOL	ENVIROR	MENTA	L, INC.				
Start Date (10)				1 _13	Str	eet Addres	SS	-016-36d					
		ly one	)		3"	1123 BEA	VER STE	REET					_
Occupancy Status	During Abatement (Check or Nacated During Entire Period	of Aba	atemer	nt ib		ty, State, Z	ip Code						
☐ Facility Closed	Nacated During Entire Period formed Outside of Normal Fament: 6:30AM-3:30PM/	cility H	ours -	Descrit	Je   CI	PPISTOL	, PA 190	07					_
Abatement Pe	ment: 6:30AM-3:30PM/	PM-				BRIGITO	<u>'</u>		Drossure				
Time of Abate	(III)					⊠ Ful	l Containm	ent with N	legative Pressure				
Scope of Work (C	Check all that apply)		tion			C Mair	ni-Enclosur	e					
	V	Rend	olition	•		☐ Gio	n-Exempte	d (*) and	Non-Friable Proce	Same	pateme	ent Tv	pe
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥2</li> </ul>	60 lf	7 00	151								7		
M = 1.0		Is I	ocatio	on		Descri	ption of		Amount	Removal	Repair	Encapsulate	FILLIOGE
		N	ormally Solel	y by	Asbest		ing Mareria	al (ACM)	(Specify	1 0	a	squ	1
	Location of ontaining Material (ACM)	Mai	ntenar	nce/	(i.e.,	thomas sy	stems insu g, VAT, or		SF or LF	)   =	.	late	1
Asbestos-or	I DE ADATES	Cust	odial S	Staff?		other mis	cellaneous	)				"	
-	IN Facility		(12)	TAMA	1	Ou.io.				SF E	aTF		1
	(13)	Yes	No	N/A	411	and ma	stic		15,675			+=	+
	1 O About 2	Ø			Floortile	and ma			2,235	SF D	X C	110	1
Throughout	Levels C thru 2		10		Plaster				1,655		X C	1 0	1
Throughout	Levels 1 and 2		+		Pine In	sulation					Ø C	10	I
Illioughous	Lovels 1 and 2	×			- ipe iii	. Flacrice	and mas	stic	860 9		MIL		_
Throughout	Levels 1 and 2	Ø				t riooring	orde of	Name o	Registered Land	611 			
Level 2 - wo	orkarea #2A		1	NJDEP	Waste	Waste	aius vi	G.R.C	D.W.S. NORTH	LANDFI	LL 		_
	J Macte Haulei	IC						City St	ate				
SERVICE	TRANSPORT GROUP IN			2093	30	Disposa	I Date	BACE	RISVILLE, PA	19067			_
								MOL		Date	ē /	10	
City, State	C. DE 19720					Si	gnature	1	0. 1.1	10	1/31	113	
MEANAKI	(Print or Type)	itle				1	Brian	Scof	ero / To				_
Name of Reg SERVICE City, State NEWAR	orkarea #2A istered Waste Hauler TRANSPORT GROUP IN C. DE 19720	IC Fitle	1-	Hauler 2099	Waste ID No.	Cubic Ya Waste Disposa	ards of	G.R.C City, St	D.W.S. NORTH	19067			/13

Date of Notification (1)	23 / 13		N	ame of the	Building O ton Univ	wner/Operator (2)	f Design and Co	onstruction	4	2012		
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rigo	Type Notification		S	treet Ad								
Z =	Initial		-	200 EI							-	4
M DOLLIE	Amendment #4-9	127/13	10		e, Zip Coo				X.			
☑ DHSS	☐ Emergency (inclu			Prince	eton, NJ	08544		Telephone Number				-
□ DCA (NJAC 5:23-8)	justification)	3	N	lame of	Contact		1.	l elepnone Number	_			
(10010 0.25 0)	☐ Cancellation			10 00000	t Ortega							$\dashv$
			1000	FACIL	ITY INF	ORMATION				_	_	_
Name of Facility Where A	batement is Taking P	lace (3	)				Type of Facility (4	)				
Princeton Universit	v-Firestone Librar	ry					☐ School (K-12) ☑ Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., priv	vate and commercial	build	ngs,		- 1
Washington Rd							homes, etc.)					$\perp$
		_	_				Square Feet	# of Floors	Bldg.	Age		
City (5)												
Princeton				County	Code (7)(	STATE USE ONLY)	Current Use (Price	or if being demolished	d)			
County (6)							Library			000		
MERCER	Lined by Building Ov	uper (8)	IA	SCM N	0	Name of Abatem	ent Contractor (9)			2000	100.0	_
Name of Monitoring Firm		arier (o)	1	00098	1		VIRONMENTAL	, INC.				
ATC Associates Inc	c. 					Street Address						
Street Address						1123 BEAVE	R STREET					
Three Terri Center						City, State, Zip C						
City, State, Zip Code					1	BRISTOL, PA		-6				
Burlington, NJ 080	16		Talar	phone N		Telephone No.		License No.				
Project Manager for Mor	nitoring Firm			onone N 9-386-1		215-788-604	n	00509				
Michael Keehn		لــــــــــــــــــــــــــــــــــــــ		-		Name of OSHA				_		
Start Date (10)				tion Date			IVIRONMENTA	L. INC.				
6 / 6 /					13						-	-
Occupancy Status Durin	ng Abatement (Check	only or	ne)	i'a		Street Address 1123 BEAVE	D CTPEET					
Alenel	and During Entire Per	iod of A	bater	nent	-th-							_
- Declared	ISCTION to abjet to b.	racilly	DOM:	2 - 0620	ribe	City, State, Zip C						
Time of Abatement:	6:30AM-3:30PM/		'			BRISTOL, P	A 19007					
Scope of Work (Check a	all that apply)					⊠ Eull Co	ntainment with Ne	gative Pressure				
		⊠ Rer	oveti	ion		☐ Mini-Er	closure	game				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		☐ Der				Gloveb	ag Procedure	on-Friable Procedure				
⊠ ≥160 st ot ≥200 ti						∐ Non-Ex	tempted (*) and No	DII-FIIADIE FIOCEGUIC	T Ab	teme	nt T	vne
			Loca				-4		-			
Locatio	n of		lorma	ely by	Acho	Description estos Containing N	or faterial (ACM)	Amount	Removal	Repair	nc	Enclosure
Asbestos-Containing	g Material (ACM)	Mai	intena	ance/	(i.e	e., thermal system	s insulation,	(Specify	NO.	air	aps	uso
TO BE AE	BATED	Cust		Staff?		surfacing, VA	T, or	SF or LF)	=		Encapsulate	6
(13)	)		(12)	1	1	other miscellar	neous)				0	
		Yes	No	N/A				15,675 SF	×			
Throughout Levels	C thru 2	×			Floorti	le and mastic			+	-	-	-
Throughout Levels					Plaster			2,235 SF	×			
Throughout Levels		$\boxtimes$				sulation		1,655 LF	Ø			
Level 2 - workarea					Parque	et flooring and		860 SF	X			
Name of Registered W	aste Hauler			NJDEP		Cubic Yards of		pistered Landfill	ZII 1			
SERVICE TRANS	PORT GROUP INC			Hauler I		Waste	G.R.O.W.	S. NORTH LAND				
A WASHING AND ADDRESS OF THE PARTY OF THE PA				2099	<u> </u>	Disposal Date	City, State					
City, State	200					ALL TO CHESTON TO SOLUTION TO	MORRIS	VILLE, PA 19067				
NEWARK, DE 197						Signature		h / Da	ite /			
- Children	Time\ Tit	e				1 Signature	n A.		~ / .	-1	8	

ate of Notification (1)	23 / 13		Prin	ceton	Unive	ner/Operator (2) raity-Office of	Design 8	and Co	nsun	1Cnou			4
	Type Notification			Addres					kINV	4 9019	į		
gencies Notified	☑ Initial		COUNTY OF THE PARTY	Elm l					V(3 ) V	1715		1	
Z DOLWD	Amended Amended	1/13			ip Code								
M DHSS	Amendment #3-9/1	350			n, NJ 0	8544			aleph	none Number			
DCA	justification)	. [		of Co				71			_		
(NJAC 5:23-8)	☐ Cancellation				ortoga								
			FA	CILIT	YINFO	RMATION	Type of F	acitity (4	)				
Name of Facility Where	Abatement is Taking Pla	ce (3)					School	d (K-12)	(Othe	r than K-12) and commercia			
	ity-Firestone Library						Other	(i.e., pri	vate a	nd commercia	l building	5,	
Street Address							home	ec.)		f Floors	Bldg. A		_
Washington Rd							Square	Feet	8.0	I LIOOI2	Divig. r		
City (5)									1	i de maliab	J		_
Princeton			TCc	ounty C	ode (7)(	STATE USE ONLY)			or III D	eing demolish	<b>3</b> 0)		
County (6)			1				Libra					_	
MERCER		(B)	LASC	M No.	-1	Name of Abatem	nent Conti	ractor (9)		_			
Name of Monitoring Fi	rm Hired by Building Own	161 (0)		0098	- 1	BRISTOL E	NVIRON	MENTA	L, IN	C			
ATC Associates	Inc.		-	9000	-	Street Address							
Street Address					- 1	1123 BEAV	ER STR	EET					
Three Terri Cent	er		_			City, State, Zip	Code						
City State, Zip Code						BRISTOL, F	A 1900	7					
Dudlaston, NJ 0	8016	17	alaah	one No		Telephone No.			- 1	icense No.			
Project Manager for I	Aonitoring Firm	1"		386-8		215-788-60	40			00509			
Michael Keehn						Name of OSH	Monitor						
24-4 Data (10)		led Com	pietioi	ח שופע ח	(11)	BRISTOL E	ENVIRO	NMENT	AL, I	NC.			
0 1 6		_		· <u>'</u> =		Street Address							
	The state of the s	only one	3)			1123 BEA	, Ver sti	REET				W-1	
Occupancy States 5	uring Abatement (Check acated During Entire Per	iod of Ab	atema	ent	riha	City, State, Zip							
Absternant Perfo	ecated During Entire Per rmed Outside of Normal at: 6:30AM-3:30PW	Facility F	lours ·	AM	1100	BRISTOL,		07					
Time of Abateme	med Outside of Normal ont: 6:30AM-3:30PW AM - 3 PM ; 3 PM - ock all that apply)	TIPM										77.7	
Scope of Work (Che	ock all that apply)		tes de la comple			⊠ Full (	Containm	ent with	Negal	tive Pressure			
Scope of work (		⊠ Ren		n			Enclosur ebag Pro						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260	ng.	Den	nolition	1		☐ Non-	-Exemple	ed (°) and	Non-	Friable Proced	iure		
図 ≥160 sf or ≥260	u										Ab	atem	ent 1
			Location			Descript	ion of				2	70	E
Lo	cation of	Used	d Sole	ly by	As	hantes Captainin	o Materia	I (ACM)	1	Amount (Specify	Removal	Repair	Encapsulau
Asbestos-Conte	nining Material (ACM)	Mai	ntena	nce/	1	i.e., thermal syst surfacing,	UZNI SMO	Millour,	- 1	SF or LF)	1 2	1	Sulla
1 708	E ABATED Facility	Cust	odial (12)		1	other misce	Haneous	)	- 1			1	8
1 "	(13)	Yes	No	TNA	1	**************************************			_			+=	+
		\ ⊠				rtile and mast	ic	-0550		15,675 S	-	-	+
Throughout Le	vels C thru 2		旨	旨	Plas					2,235 SF	-	+	1
Throughout Le	vels 1 and 2	N N	旨	旨	Pipe	Insulation				1,655 LF	-	+	4
Throughout Le	vels 1 and 2	_	旨	占		quet flooring a	nd mas	tic		860 SF	D	3   [	וןנ
a works	rea #2A	×	_		Waste			Name of	Regi	stered Landfill			
- minton	A Waste Haulet			NJUE! Hauler	ID No.	Waste		G.R.	S.W.C	S. NORTH LA	INDFIL	L	_
Name of Register	ANSPORT GROUP I	200		209									

Date of Notification (1)			1			Owner/Operator (2						1
5 / _	23 / 13	_		Princ	eton Uni	iversity-Office o	of Design and (	Construction				1
Agencies Notified	Type Notification		18	treet A	ddress	******		1011 A 00	10			$\sqcap$
☑ EPA	☑ Initial			200 E	im Dr.			NOV 4 20	13			
⊠ DOFMD	Amended Amendment #2-	R/30/4	3		ite, Zip Co							-
☑ DHSS ☑ DCA	☐ Emergency (incl		-		eton, NJ	08544		107		Ľ		1
(NJAC 5:23-8)	justification)		9		f Contact			Telephone Number			. w	,1
	☐ Cancellation			Robe	ort Ortoga	2			-			
				FACI	LITY INF	ORMATION						
Name of Facility Where			3)				Type of Facility (					
Princeton Universit	ty-Firestone Libra	iry					School (K-12	) I (Other than K-12)				-
Street Address							Other (i.e., pr	ivate and commercia	l buik	lings,		
Washington Rd							homes, etc.)					
City (5)							Square Feet	# of Floors	Bldg	. Age		
Princeton												
County (6)	(4.)			County	y Code (7)	(STATE USE ONLY)		ior if being demolishe	d)			
MERCER							Library			17,500-00		
Name of Monitoring Firm	Hired by Building O	wner (8	), A	SCM N		Name of Abateme	•					ी
ATC Associates In	C.			00098	3	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address				(3 - 2) - 25		Street Address						
Three Terri Center						1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 080	16					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm			hone N		Telephone No.		License No.				
Michael Keehn				9-386-		215-788-6040		00509				
Start Date (10)				ion Date		Name of OSHA N	1959 1969 PRE					
6_/_6_/				_ / _	13	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	g Abatement (Check	only o	ne)		- 1000	Street Address						
Classed A/acet	ed During Entire Per	iod of A	<b>baten</b>	nent		1123 BEAVE						
Continue of Derings	1 Outside of Normal	Facility	HOUR	s - Desc	edin	City, State, Zip C						
Time of Abatement:	7:00AM-3:30PW	PN		^M		BRISTOL, PA	19007					
Scope of Work (Check a	Il that apply)					D = #0	A-1AA					
		⊠ Rei	wati	20		Mini-En	itainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 ff</li> <li>≥160 sf or ≥260 ff</li> </ul>		Des	nolitio	n		Claumba	a Deseadura					
M 5100 81 01 200 11						☐ Non-Ex	empted (°) and N	on-Friable Procedure	_			
			Locati						Ab	hem	ent Ty	_
Location	of	Use	d Sole	ly by	Ache	Description stos Containing M		Amount	Removal	Repair	E M	Enclosure
Asbestos-Containing TO BE AB	ATED		ntena	Control Control		., thermal systems	insulation,	(Specify	ğ	de	100 P	8
IN Facil	lity	Cust	odial (12)	Sum?		surfacing, VAT		SF or LF)	2		Encapsulate	5
(13)		Yes	No	N/A		OUTS! ITESSEE!	2006)				8	
				-	Plandi	e and mastic		15,675 SF				
Throughout Levels	thru 2	×			Floordi	e and masuc			-	_	-	
Throughout Levels 1	and 2	×			Plaster			2,235 SF	×			
Throughout Levels		×			-	sulation		1,655 LF	×			
Level 2 - workarea #	2A	×				t flooring and n	ACROSS SECTION AND ADDRESS OF THE PARTY OF T	860 SF pistered Landfill	×			
Name of Registered Wa	ste Hauler		0.00	IJDEP V lauter IC		Cubic Yards of Waste		istered Landiii S. NORTH LANDF	200 0			
SERVICE TRANSP	ORT GROUP INC	i 		20990	ALCOHOLOGICA .		City, State	o. NUKIN LANDI	166		_	
City, State						Disposal Date		JILE DA 10067				

le of Notification (1)		T	Name	of Buil	ding Own	er/Operator (2)	- 1 and C	`andr	netion		. 1	
5 /	23 / 13	1	Prin	ncetor	n Univer	sity-Office of	Dooldu aug c	onsu	ucuen			4
encies Notified	Type Notification	-	Street	Addre	88				110			1
EPA	(S) Initial	1	200	Elm	Dr.				<u>NOV 2</u>	201		-
DOLWD	D Amended	_	City,	State, 2	Zip Code							
DHSS	Amendment #1-6/4/1		Pri	incete	n, NJ 00	3644		10.0	Name of the state			$\dashv$
DCA	Emergency (including justification)	1	Nam	e of Co	intact			1000	nedmuN ened			- 1
(NJAC 5:23-8)	Cencellation		Re	bert (	Ortoga							$\dashv$
			F/	CILIT	Y INFO	RMATION			-1			$\dashv$
Caratha Mham	Abetement is Taking Place	e (3)					Type of Facility	(4)				
eme of Pacific Viver	sity-Firestone Library		19				School (K-1		or than K-12)			
	916) 4 11 00 00 11 0						Other (i.e.,	private	and commercial	building	š,	
treet Address				41			homes, etc		of Floors	Bldn. Ar	100	
Washington Rd							Square Feet	8.0	or Proper	Bauff. re	je.	
ity (5)								200	being demolished	4/		
Princeton			C	ounty C	ode (7)(S	tate use only		Prior III I	geng demonstrat	2)		
county (6)							Library	-			-	
MERCER	irm Hired by Building Own	er (8)	ASC	M No.	I	lame of Abetem	ent Contractor (	(9)				
lame of Monitoring	les	•	00	0098		BRISTOL EN	MRONMENT	AL, IR	IC.			
ATC Associates	inc.				- 15	Street Address						
Street Address	· -					1123 BEAVE						_
Three Terri Cent	Dr			-		City, State, Zip (						
City, State, Zip Code	0046					BRISTOL, P	A 19007					
Burlington, NJ	Jeuro Eiro	TT	eleph	one No		Telephone No.			License No.			
Project Manager for I	MOUITOLING LALL			386-8	800	215-788-604			00509			
Michael Keehn	1 Cohadula	nd Corr				Name of OSHA	Monitor	_				
Start Date (10)						BRISTOL E	nvironmen	ITAL,	INC.			
6 / 6	/ .0	_	-			Street Address						
Occupancy Status D	uring Abetement (Check o	ANY OIR	s) voterne	ent .		1123 BEAV	ER STREET					
T Endliky Closed/V	SCRING During Crime .	a alline A	Anum	- Desci	ribe	City, State, Zip	Code					7.75
Abetement Perfo	T-00AM-3:30PW	PM		_AM								
Time of Addition	JIM. LEEL.								10000 10000 1000			
Scope of Work (Che	ck all that apply)					Full C	entainment wit	th Nega	dive Pressure			
119 90		Ron	ovatio	n		- ala.	has Descadua	1				(8)
>3 sf of >3 W	of .	] Den	oditor	١ .		□ Non-	Exampted (°) a	nd Non	-Frieble Procedu	ne		
₩ 5100 a. a. 720		le l	ocati	nn n						Ab	eteme	nt Ty
		N	ermal	ly		Descripti	on of	.	Amount	13	3	m
Loc	cation of				Asbi	estos Containing	Material (AC)	m)		1 3	18	8
1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					(1.0	eurincino.	VAT, OF	1	SF or LF)	1		Sell I
IN	Facility	950			]	other miscel	tensous)	1			1	1
	(13)	Yes	No	NVA						-	+	占
Start Date (10) 6 / 6 / 13												
Throughout Lev	rels C thru 2	-	-	+	Plants	NP .			2,235 SF			_
Throughout Lov	vels 1 and 2	-	-	告		nsulation			1,665 LF	2		
Throughout Les	vels 1 and 2	×	<u>-</u>	吊		et flooring ar	nd mastic	T	860 SF	2		
· · · · · · · · · · · · · · · · · · ·	ma #2A	×	口		Wasto	Cubic Yards		of Rep	istered Landfill			-
				NJOEP Houler		Waste			S. NORTH LAI	NOFIL	L	
Name of Russian	ANSPORT GROUP IN	C		2091				NOON IN ACCOUNT			_	
SERVICE			-			Disposal Da	te City.		VILLE, PA 190	27		
City, State							MC	JRKIS'	VILLE, PA 180	91		

Ck# 2442

Date of Notification (1)			I Mon					79					
5 / 23 /			Name of Building Owner/Operator (2)  Princeton University-Office of Design and Construction										
Agencies Notified  Type Notification  EPA 6536  Initial	on		Stre	et Address 00 Elm Dr						_			
☑ DOLWD 6550 ☐ Amended Amendmen				State, Zip					ži.				
☑ DCA 6529 ☐ Emergency	(includir	19	P	rinceton,	NJ 08544	4	MOA		r 21	115			
(NJAC 5:23-8) justification			7.0000000000000000000000000000000000000	e of Conta			Telephone Num	nber	11 300	_			
☐ Cancellation	)			obort Orti					-				
Name of Facility Where Abatement is Tai			F	ACILITY I	NFORMATION					_	_		
Princeton University-Firestone L		æ (3)				Type of Facility	• •						
Street Address	iorary					School (K-1	2)						
Washington Rd						Other (i.e.,	8 (Other than K-1) private and comme	2) portal t	na siletini	Nt.			
City (5)						homes, etc.	.)	N COULT IS	remend	je,			
Princeton						Square Feet	# of Floors		Bldg. A	ge			
County (6)			Cou	inty Code /	TVETATE LICE ON VA	0							
MERCER			00.	0000 (	THOTATE USE UNLY)	Library	Prior if being demolished)						
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCA	No.	Name of Abateme		,						
ATC Associates Inc.		000	98		ENVIRONMENTAL, INC.								
Street Address					Street Address								
Three Terri Center				1123 BEAVE	RSTREET								
City, State, Zip Code					City, State, Zip Co	de							
Burlington, NJ 08016					BRISTOL, PA	19007							
Project Manager for Monitoring Firm	2 - 123	lephone		Telephone No.		License No.			-	_			
Michael Keehn		1		6-8800	215-788-6040								
	eduled (				Name of OSHA Monitor								
6 / 6 / 13	8	1111	1 /	13	BRISTOL EN	/RONMENTA	L, INC.						
Occupancy Status During Abatement (Che					Street Address					_			
☐ Facility Closed/Vacated During Entire P☐ Abetement Performed Outside of Norm	enod or al Facili	Abate v Hou	ment m - Day	adha.	1123 BEAVER	0.000							
Time of Abatement: 7:00AM-3:30PM/	P	M	AM	SCI IUU	City, State, Zip Co						_		
Scope of Work (Check all that apply)					BRISTOL, PA	19007							
					₩ Full Contr	inment with Neg	antim Description				$\neg$		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	⊠ Re □ De				L. Win-Enck	DELINO	Jenas Liezznis						
⊠ ≥160 at 01 ≥200 ii			on		☐ Glovebag	Procedure	n-Friable Procedu						
		Loca		T ==			AN HADE PROGESTI	-					
Location of	Llas	Norma d Sok	illy alv hu		Description of			_	atem	-	_		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intens	ince/	Asbe	stos Containing Mate ., thermal systems in	orial (ACM)	Amount	Romova	Repair	Enc	Enclosure		
IN Facility	Cus	(12)	Staff?	1.0	surfacing, VAT.	or	(Specify SF or LF)	188	1	200	9		
(13)	Yes	No	N/A	1	other miscellaneo	us)	J. J. L. ,	1		Encapsulate	5		
Throughout Levels C thru 2	N			Floortile	and mastic		45 670 00	+					
Throughout Levels 1 and 2				Plaster			15,675 SF		-		旦		
Throughout Levels 1 and 2	×		6	Pipe Ins	uletion		2,235 SF	×					
evel 2 - workeres #2A	X		6	<u> </u>	flooring and mar	Ala	1,655 LF	X	-	믜			
Name of Registered Waste Hauler			JDEP V			1 500 51 [2]							
BRISTOL ENVIRONMENTAL, INC.			auler IC		Cubic Yards of Waste	Name of Registered Landfill							
BRISTOL ENVIRONMENTAL, INC.			18706			G.R.O.W.S.	NORTH LANDS	FILL					
					Discount Bate	Au A	The second secon	-					

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	· · · · · · · · · · · · · · · · · · ·	Name of Building	Oumar/One	rator (2)								
10/31/2013	Name of Building Owner/Operator (2) Seminole Construction											
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL  Type of Notifical  [ X ] Initial  [ ] Amer  Amer	Street Address  128 Bartlett Avenue  City, State, Zip Code  West Creek, NJ 08092 NOV 4 2013											
itie	gency (including ication)											
	ellation	Name of Contact  Joyce Corliss  Telephone Number										
	FA	CILITY INFORM	IATION									
Name of Facility Where Abatement is Taking Residence	Place (3)	i de la companya de l		Type of Facility (4)	School (k-12)	8						
Street Address 28 Budd Drive		35404		[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)		115	ldings,				
City	County (6)	County Code (7) (STATE USE ONL)	v .	Square feet	# of Floors	Bldg. Age						
Beach Haven West	Ocean	(STATE OSE ONL	1)	1000 sf Current Use (Prior if			60					
Name of Monitoring Firm Hired by Building (	Owner (8)	ASCM No.	Name of	Residen Abatement Contractor (		Total Control						
N/A Street Address			Street Ac		n Contracting,	Inc.	).					
City, State, Zip Code				1889 Ro	oute 9, Unit 61	Jnit 61						
4000 (100 100 100 100 100 100 100 100 100			City, Sta	te, Zip Code Toms R	s River, New Jersey 08755-1271							
Project Manager for Monitoring Firm	Telephone Number		Telephor 732-34		License Number 00624							
Scheduled Start Date (10) 11/13/13	Scheduled Comple 11/18/13	tion Date (11)	on Date (11) Name of OSHA Monitor  E.M.S.L. Analytical									
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated		Street Address										
Abatement Performed (		City Sto	te, Zip Code	enon Road								
Other – Describe			City, Sta		vay, New Jerse	y 08854						
Scope of Work (Check all that apply)		Full Containment with Negative Pressure Mini-Enclosure										
[ ] >3 sf or ≥3 lf	[ ] Renov	ration										
[ X ] ≥160 sf or ≥260 lf	[ x ] Demo	lition	[x]	Non-Exempted (*)	and Non-Friable I	rocedure						
						Abatement Type						
Location of	Is Location Normally used		Description of the Description o		Amount	R R		E				
Asbestos-Containing Material (ACM)	Solely by	N	Aaterial (A	CM)	(Specify SF	E E		N C				
TO BE ABATED in facility	Maintenance/Custodial Staff	(	., thermal ulation, su		or LF)	O A	10000	L				
(13)	(12)	ms	VAT, c			VR	S	s				
***	VES NO NA	oth	er miscella	aneous)		A	U	U R				
	YES NO N/A					L	E	E				
Exterior	X	Asbestos sidir	ıg		800 sf	X						
						X	_					
				to the second				+				
Name of Registered Waste Hauler	NJDEP Waste Haule		rds of Wast		ed Landfill							
Guardian Contracting, Inc. City, State	20223	osal Date	City, Sta	T.R.R.F.								
Toms River, New Jersey	11/1	9/13		own, Pénnsylvania		100	265					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hot	1/10/	Date 10/31/2013							

10000001						198	Aher	-		711		
mergency	N	OTIFIC	ATION	to of New Jersey OF ASSESTOS	ABATEME	NT D(	JE - 70 011	ક	7-	P		
	.4	(Pu	rsuant t	e NJAC BIGO ent	11:120)	1		1		1		
Date of Notification (1) 10 /24	113	N	-	Building Owner/C		tiello	0(1) \$ 1 100	1	+	7	- 1	
gancies Notified Type Notification	Harry -	.8	treet A		22U	110	The Market	1	4	+	_	
D EPA Initial D Amended				460	<u>0</u>	eanly	一个一个	M	ED	1,000		
DOL Amehammi		_   `	A. A.	le, Zip Code	നെട	Become	IVE	57	771	10	-	
S DOH Emergency (	in anding	) K	iame of	Contact	3715	2000	- Telephone Num					
DCA Concention			100		tielle	<u>:</u> .:			1 71		_	
vame of Facility Where Abatement is Takin	g Place (3	,	FACIL	LITY INFORMATI		pe of Facility (	0	4	ŽŪ	13		
Single Family	Dwe	lline	ζ						20	10		
460 Ocean	A		Jord	h		Subchapter	8 (Other than K-12)	build	dinos.	home	æ.	
City (6)			40101			eto.)	# of Places		ldg. A		<u> </u>	
Long Branch	No			740		*	2			94 ) +-	5	
County (8)		6	County C	ode (7) NIE ONLY)	¢	unent Use (Pric	or If being demolishe	(D)	-			
Name of Montodae Firm Hind by Building	Owner (8)		ASCM	No.	Name of	Abstement Con	tractor (B)	_				
EPC Technolo	19161	3_		MA	E	C TE	hooles	le	h .	In	e.	
Ro. Box 3	37				Siree Ad		337					
City, State, Zip Code	MI	= 7	20	233	0 0 0	e, Zip Code	711	A	64	2 3	9	
Project Manager for Month of Irm	14		elaphor	ne No.	Telephon	No. 3	License No	U	<u>e</u>	15	2	
Steve Schenke	A	6	909	758-3365	609 73	58-336		33	59	4		
Start Date (10) 10 - 25 - 13	Schoduli		S-			OSHA Monitor	1			-0-		
Occupancy Status During Absternant (Chec			<u> </u>	3	Street Ad		hnologies	4	VC_			
Facility Closed/Vacated During Entire			ent		2.9		337					
Abstement Performed Outside of Norr     Other - Describe:	nal Facility	Hours			City, State	, Zip Code	/ 1 775 - 41			_		
Scope of Work (Check All That Apply)					- FASTE	-JAb+	NJ C	003	<u>5.3</u>	5	_	
12 ≥ 180 efor≥3 il		tenovel demokli			*	Full Containm	ent with Negative Pi	re e e u	16			
5 E100 BI OF #20011	Ų 0	A D I M OWETH	шл		4							
	T	Locutk				Mou-Exemples	(") and Non-Friedk			e ement	_	
Location of	1	Yomali	y	De	acription of				Ту	po		
Asbestos-Conteining Material (ACM)  YO BE ABATED	Ma	d Solei	00/	Asbestos Con (i.e. therms	teining Man	ortal (ACM)	Amount (Specify	25	_	5	ĆŢ.	
In Facility (13)	Cus	todial 5 (12)	MINY	surfa	ding, VAT,	SF or LF)	Remove	Repair	ncapsulate	Endosun		
1:-7	Yes	No	N/A		14454.144.144	/		E	1 2	景	age.	
Basement	*			Papen W	AGD ON	ALL Duch	150 UF	x			-	
					-							
Name of Registered Waste Hauter			JOEP W suler ID		Yerds	9333	Registered Landfill					
EPC Technologie	\$		170		<u> </u>	Was	e Managen	160	40	EP	M	
My Slate	NJ	٧,٠			20 13	Monan	isville P	A				
Completed by	Title	л	<u>ــــــــــــــــــــــــــــــــــــ</u>		la natura	- 1	Dat	٥	1 -	.1.	5	
Steve. Schenker	1 H3e	sid	NT		Sleen	DSUL.	h	0	15,	4/1	<u> </u>	

### Check # 87le4

Date of Notification (1)	. 11	2	IN	lame of	Building Owner/C	Operator (2)							
	11-1-1	3			Easter		perti	es		4.71	****	0	
Agencies Notified	Type Notification	- ne ata 137	5	Street Ac	idress		4 4 4 4 4	E 515			ĮŲ.	<del>5</del> .	
□ EPA	🗷 Initial	- r-	2		te, Zip Code	edan	Broo	K Da	ive		1	Ġ.	
DEP DOL	☐ Amended Amendment #	-1. Se-	. · A1	T 00	C 12		B 55.	- 6					
	□ Emergency (in	zanbuny	. /٧	Telephone	SIZ		ų.						
DOH DCA	justification)  Cancellation		- 1.	Bot	Contact  Acos	. 4.			Number				
	i				LITY INFORMATI		<del>-:::</del>						
Name of Facility Where		7		,	\	Туре	of Facility (	4)					
Vacant	Buildin	<u> </u>	سم	reho	use)		School (K-1						
Street Address	-111	- 1	1.					8 (Other than private & comm		ildir	nas. t	nome	S.
7 d 5	Clevela	nd i	140	<u> </u>			etc.)				-0-0		3.0
City (5)	nd Park,		VJ	1	9904	Squa	re Feet	# of Floors			g. Ag		
County (6)	ind lank,				Code (7)	Curre	nt Use (Pri	or if being dem	olished)		00	+-	
Midd	esen.		1	STATEL	JSE ONLY)		Wareh		ollonouj				
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.	Name of Aba				-	Acres		
EPC TE	chnole	4163			NA	EPO	STE	chnol	oq ie	.5	J	in	2
Street Address	2 2	73				Street Addre	SS		J				
P.O. 1	Jox Je	7 5				City, State, Z	Box	33 T					
City, State, Zip Code	Lan	Z.W	- (	08	5.33		Equ	IA SA	71	15	15	13	द
Project Manager for Mo	aithri g Firm	1		Telephor	ne No.	Telephone N	.E37	Licens	se No.		~		
[ [ [ [ ] ] ] [ [ ] ]	ehen Ken	_			758-3365	609 758		0.00	10.	3	9	4	
Start Date (10)		Schedule				Name of OS	HA Monitor	1					
	2013	No		15.	2013			hnologi	es I	En	$\subset$		
Occupancy Status Durin	g Abatement (Check	Only One	2)			Street Addre		777		148052			14.1
	ated During Entire Pe			ent			Box	35 +					
☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norma	Facility	·			New Egypt NJ 08533							
Scope of Work (Check A	II That Apply)		•	an estate to the		1400	-SYPT	<u> </u>	UE		<u></u>		-
S ≥3 sf or ≥3 lf		□ Re	enovat	tion		□ Fu	II Containm	ent with Negati	ve Pres	SUITE			
≥160 sf or ≥260 lf			emoliti	10000		☐ Mi	ni-Enclosur	е		5010			
							ovebag Pro on-Exempte	cedure d (*) and Non-F	riable P	roce	edure		
		ls l	Locatio	nn .			•			7	88 1	ment	
Location	n of	N	ormali	у	De	escription of			-	Туре			
Asbestos-Containing	Material (ACM)		l Solel ntenar		Asbestos Con	ntaining Materia		Amount	-   -			m I	m
TO BE AB		15000000	odial S			il systems insul acing, VAT, or	auon,	(Specify SF or LF)	Vellova	9	Repair	cap	Enclosure
(13)			(12)		other	miscellaneous)			a se	2	air	Encapsulate	sure
		Yes	No	N/A								Ф	
Ranc Dan	المبد ادم	λ			Tan F	lashing		700 :	SF /	ĸ			
Roof Para	•			1		lashins		300 5		(			
	ght Window	X		-			1						
Front Lower		>		-	Boo Ein	J. 60		1000 5				2000	
Middle to Fron	1 Section		X	JDEP W	Flour Cubic	Yards	× 9" Name of	Registered La					
Name of Registered Wa			H	auler ID	No. of Wa	aste				,			ΛiC
	hnologies	<u> </u>		170		38		te Mana	gene	nt	ပ (	: 1	14
City, State		NJ			//	15-13	City, Sta	ie Lisville	PA	1			
New E	3401	Title				Signature	1110121	1 Joine	Date				
Steve Sche	n Kere	Pre	sid	ent		Steres	)Sek	oh	No	١.	1, 3	101	3

Date of Notification (1) 06/06/13		Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT  NOV 4 2013															
Agencies Notified Type Notification  EPA Initial		Street Address 1970 SWARTHMORE AVE SUITE 5															
DEP Amended Amendment #_				, Zip Code OOD, N		01						-1					
Emergency (incl justification)  DCA  Cancellation	uaing	Na	me of C	Contact			Telephone Numb										
	1162		FACILI	TY INFOR	MATIO									73			
Name of Facility Where Abatement is Taking Pl Street Address	ace (3)						Sc Su	Facility (4) hool (K-12) bchapter 8 her (i.e. pri	) (Othe	r than K-	-12) rcial b	ouildir	ngs, h	nomes	s,		
176 BERKELEY AVE.			7,44				etc	c.)									
City (5) BLOOMFIELD					Square			Floors		(50000	g. Ag	е					
County (6) ESSEX		unty Co	ode (7) SE ONLY)		_	Current	Use (Prior	if bein	ig demol	lished	)						
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.				ment Cont PROFES									
Street Address							Address ITE De	OVE CO	URT								
City, State, Zip Code							ate, Zip	Code D, NJ 08	701		T						
Project Manager for Monitoring Firm		Telephone No.				Telephone No. License No. 732-668-9078 1200											
						ame of OSHA Monitor AA LEAD PROFESSIONALS											
11/8/13						3010	TALO										
Occupancy Status During Abatement (Check C					Street Address 6 WHITE DOVE COURT												
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Abat Facility Ho	temei iurs	nt		City, State, Zip Code LAKEWOOD, NJ 08701												
Scope of Work (Check All That Apply)		_	-											-			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			×	Mini- Glov	Containment with Negative Pressure ii-Enclosure ivebag Procedure n-Exempted (*) and Non-Friable Procedure												
		0.000					1 14011-	-Lxempled	( ) air	Abatement							
Location of	Is Loc Norr Used S	mally		Ashasta		scription	ion of g Material (ACM) Amoun			mount	-		Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custodi (1	Maintenance/ Custodial Staff? (12)				systems cing, VA	ems insulation, (S)			(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
-	Yes N	10	N/A			ACTE	D		20	00 SF		./					
		_										X	_				
					FLO	OOR TILES			41	00 SF		X			-		
												- 20					
Name of Registered Waste Hauler NJDEP W					Cubio	Yards		Name of	Pagisto	ared I an	dfill						
Name of Registered Waste Hauler NEWARK CARTING	uler ID 509		of Wa			IESI	(Cgiot										
City, State NEWARK, NJ					Dispo	sal Date		City, State BETHL		ЛРА							
Completed by JOSEPH PERLSTEIN  Title OWNER					Signature Date 10/29/13												