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							**	N/	W-	7 9	2016	
Date of Notification (1)	11-4-16		1	lame of	Building Owner		es 7	he Le	55	7 4	MIS	
Agencies Notified	Type Notification		5	Street Ac	idress 2/	Line	مام	ASBES	TOS	CON	TRO)L &
□ EPA □ DEP	Initial Amended			City, Stat	te, Zip Code	<u> </u>	011)	1700	TO CO	71		
DOL DOL	Amendment #_ ☐ Emergency (in	cluding	- L			mesbe	reg 1	17 0	90	0		
DOH DCA	justification) □ Cancellation		1	DA	Contact	Smith	J	Telephone Nu	ımber		-	. [
				FACIL	LITY INFORMAT		1	ly .				
Name of Facility Where A		1					e of Facility (4.	12)			
Street Address	mes the		.ess	>			School (K-1 Subchapter	8 (Other than K-	12)			
36 Li	incoln	AU.	2			1	etc.)	private & commerc				s,
City (5)	esburg'	1	7.0	0	8831	Squ	are Feet	# of Floors	В	ldg. A フィ)+-	
County (6)	A			County C	<u> </u>	Сип	rent Use (Pri	or if being demoli	shed)	1		
Name of Monitoring Firm	Hired by Building Or	vner (8)		ASCM	No.	Name of Ab	atement Cor	ntractor (9)			90	
EPCTE	1 -	gie:	3		NA	Street Addr		thnole	gie		LA	1 (00
Street Address	30x 33	57				P.O.	Box	337	····			
City, State, Zip Code	LAL	NJ		80	533	City, State,	(Committee)	LIA + ALT	0		15	
Project Manager for Mon	ithridgi Firm		1	elephor		Telephone I	No.	License	No.	10		400-0-
Start Date (10)	then kea	Schedule			7 <i>58-33</i> 65 Date (11)		SHA Monitor		Q &		-0	
	2016	. 1		17,	2016			hnologie	SI	nc		
Occupancy Status During		Only On	ne)			Street Addr	ess Box	227				and the factories
Facility Closed/Vaca	ated During Entire Pe ed Outside of Norma	riod of A	Abatem	ent		City, State,		. J. r				
Other - Describe: _						New	Egypt	TU	085	5.3	3	
Scope of Work (Check A	Il That Apply)						- (.					
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	•	ls	Locatio	on						Abat	ement ype	
Location			Normali d Solel			escription of ntaining Materi	ial (ACM)	Amount		Γ.		
Asbestos-Containing TO BE AB		Ma	intenan todial S	ce/	(i.e. therm	al systems insu	ulation,	(Specify	Ren	Re	Encapsulate	Enclosure
In Facil	ity	043	(12)			acing, VAT, or miscellaneous		SF or LF)	Remova	Repair	osula	osur
		Yes	No	N/A	U ,						ite	Ф.
Kitchen			X		Floor	Tile	, t	600 SF	X			
Kitchen	<i>y</i>		×		Pipe I	nsula	Hion	120 LF	X			
Bathroom	5		X		Pipe:	Insula	tion	60 LF	×	-	-	
			1	105014	factor Cub	ic Yards	Name of	Registered Land	6II	<u></u>		
Name of Registered Was				JDEP Wauler ID	No. of W		200000000000000000000000000000000000000	te Manage		4	c D	214
EPC lec	hnologies	>		170		osal Date	City, Sta	te .		٤ ٢	1 2	U &
New E	avot 1	TV	4.		11.	18-16	More	visuille	PA			
Completed by	- Kea	Title	sid	.+		Signature	SAR.		Date	4-	16	9
DRIVE SCIE	11 rend	1116	210	011		- Comment	7-08	~ / ~	G- B-	-		

1/45028	N		ATION	te of New OF ASBE to NJAC 8	STOS	ABATE		NT	n		Ē	C	E		\mathbb{V}	E	In
Date of Notification (1) 10/30/16				Building C				-	h			JOV	50.	7	0046	Uli	
Agencies Notified Type Notification		1 1	Street Ac	ddress RAWFOI	RDS	CORNE	ER			-	A	107		-	20 H)	F
EPA X Initial Amended Amendment #				te, Zip Coo DEL, NJ		33				AS	SBE	STO	OS	COL	NTR	OL.	&
X Emergency (ir justification) DCA Cancellation	ncluding			Contact SCHRE	EIBEF	₹				Tal	anha	_		_			
			FACIL	LITY INFO	RMAT	ION											
Name of Facility Where Abatement is Taking Street Address	Place (3)					Ту	rpe of Facility School (K Subchapt	-12)	Oth	or th:	an K.	.12)				
101 CRAWFORDS CORNER							×	Other (i.e etc.)		ate a	& con	nmer					s.
City (5) HOLMDEL, NJ							1.00	quare Feet 000,000		# o	f Floo	ors		Ble	dg. A	ge	
County (6) MONMOUTH COUNTY				Code (7) JSE ONLY)			0.0000000	orrent Use (P FFICE BL		f bei	ing de	emol	ished	f)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.		71		Abatement C				_S					
Street Address						Street 6 Wł		dress E DOVE (COL	IRT							
City, State, Zip Code								e, Zip Code /OOD, NJ	087	01				17.500			
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi 732-		e No. 8-9078			Lio 12	ense	No.				
The state of the s	Schedule 01/01/		pletion (Date (11)				OSHA Monito		SIC	NAL						
Occupancy Status During Abatement (Check			211			Street 6 W		dress E DOVE (COL	JRT							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Hours	ent					e, Zip Code VOOD, NJ	087	01				5-11-			
Scope of Work (Check All That Apply)									100	-					x c c c		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	the same of	Renovai Demoliti				Print.	×	Full Contain Mini-Enclose Glovebag Po Non-Exemp	ure roced	lure		-				e	
	1 500	Locati					02			-					Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenar todial S (12)	y by nce/		tos Co therm surf	escription ntaining Mal system facing, VA miscella	Matens in	erial (ACM) sulation, or		(Amou Spec F or I	ify		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						1							to.	
INTERIOR				Ī	ILES	AND N	MAS	STIC	_		100	-	-	Х			
INTERIOR						TSI				3	00 L	_F		X			
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_		L.,	JDEP W		T =							1	ICII				
Name of Registered Waste Hauler NEWARK CARTING	Name of Registered Waste Hauler NEWARK CARTING				of W	ic Yards faste ARDS		Name IESI		gisi	ereu	Lanc	J11111	9			
City, State NEWARK, NJ					100000000000000000000000000000000000000	osal Date 31/16	е	City, S BETH		HEI	M PA						
Completed by JOSEPH PERLSTEIN	Title OWN	NER				Signatur	re			220			Date 07/		5		

Da	ate of Notif	ication	11/1/16			of Buildi			Operator (2)	13	5 6 5	<u> </u>	
Agenci	esNotified EPA	Туре с		on by Notificati	Street	Address /hite Pl	3				NOV -	7 2016	191
	DEP	Х	Initial Not			tate & Z							
X	DOL	^		Notification		town, N				A	SBESTOS C		. &
X	DOH	-	Cancellat			of Conta		-			LICENS	Helepho	ne Number
^	DCA		Caricollat	OII		Pesch		r Gi	hraltar				7
-	DOA							-					
						CILITY							
Name	of Facility \			is Taking F ercial Bu					of Facility (4) School (K-12)				
Street	Address					131-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Subchapter 8 (Other tha	an K-12)		
			6305 Had	lley Road			- 1	X	Other (i.e., priv	ate & co	mmercial build	ings, hom	es, etc.
				-				Squa	re Feet	# of Flo	ors	Bldg. Age)
City (5))		Coi	inty (6)	County C	ode (7)			81,000		1	1000	50÷
1.52 12.5	South Pla	infield		ldlesex	,	, ,	ı	Curre	ent Use (Prior	if being d	emolished)		
	Journ 1 la	mmera	1000	IGICOCX			- 4		nmercial		,		
Nema	of Manitori	a a Files	Llined but	Outlalian Out	mar (9)	ASCM			e of Abatemen	+ Contrac	etor (Q)		
	onmental			Building Ow	riter (o)	N/A			oal Abateme				
	Address	Taction	55			IN/A			et Address	iii Seivi	ces, LLC		
	Address oad Stree	4							Schoolhous	o Poad			
								parama and	State & Zip Co	The Manager of Second			
	tate & Zip (van, NJ 0								roe Townsh		2221		
	Manager		itorina Eirr		Telephone	Number			phone Number			Number	
A CONTRACTOR OF THE PROPERTY O	Geiger	101 10101	illoring Fin	W	732-290-2		· .		-605-9062		Licerisc	0071	14
	uled Start [Date (1)	n) Sche		pletion Dat				e of OSHA Mo	nitor			
	11/15/	16			11/22/16			Glol	bal Abateme		ices, LLC		
				nt (Check o g Entire Pe	only one) eriod of Aba	tement		443	et Address Schoolhous				
A	Abatement	Perform	ned Outsid	e of Norma	I Facility Ho	ours -		City,	State & Zip Co	ode			
	Describe:							Mor	roe Townsh	ip, NJ 0	8831		
	Other - Des	cribe:											
Scope	of Work (C	heck a	II that appl	y)									
	Demolition		X	Renovati	on				Full Cor	ntainmen	t with Negative	Pressure	e e
L	arge Proje	ect							X Mini-En	closure			
1	Quantity is		or≥ 3 LF	ACM					Gloveba	ag Proced	dure		
1	Quantity is								Other:				
-		Locatio			Is Locati	ion T		D	escription of		Amount	Aba	tement Type
			ontaining		Normally U		F		stos-Containin	g	(Specify		cify: Removal,
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	TO	BE AB			Maintenan				hermal system		Linear Feet		apsulation or
		in Faci	10.00 m		Custodial S	Staff?			on, surfacing, \ er miscellaneou				Enclosure)
		(13)			(12)		OI	Othe	i miscenaneou	15)			
	B./	lens R	oom		N/A			Dry	wall spackle		380 SF	F	Removal
	10	iciis ix	OOIII		10/74			Diy	wan opaonio	<u> </u>	000 0.		
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Nama	of Register	rod Me	ste Haular		NJDEP Wa	ete Uair	ler ID #		Cu. Yds. of W	laste	Name of Reg	istered I a	ndfill
	old Carta		ste Hauter		NJDEF WA	18693			5	asic	Cumberlan		
City, S		Martine de la constante de la							Disposal Date		City, State		
F	reehold, l	NJ							11/22/	16	Newburg, F	'A	
	eted By (P minick Tr		ype)	Title Managii	ng membe	er			Signature	()		Date 11/1/16
										\ /			

	(and 12:120-7)		F C	D E	1 1/1	E	lenson's
Date of Notification						ner/Operator		1111 5	9 5	W	5	711
11/3/2016			Jen	nife	r Dil	ullo						
Agencies Notified	Type Notificati	on s	Street	Addres	ss			N	ov - 7	201	6	IL
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[]DEP	Notificat.	ion	City,	State,	Zip Co	de		-010		ONIT	201	8
[X]DOL	[]Amended		Map	lewoo	od,Ni	7,07040		ASBE	STOS C	SING	HUL	. O.
[X]DOH	Notificat		Name o	f Conta	act		Teleph	none Number	110211			
[]DCA	[]EMERGENCY		Jen	nife:	r Dil	Lullo	-					
	[]Cancellati	on										
				The contract of the contract o	ITY IN	FORMATION						
Name of Facility Wh		Takin	ng Plac	ce (3)			Type of Fac					
Jennifer Di	LULLO							ol (K-12) mapter 8 (Othe	er than	K-12)	
Street Address							[X]Other	(i.e., priva	ate & co			
								s, homes, etc				
	h-		(6)		Count	y Code (7)	Square Feet	# of Flo	ors Bl	dg. 2 90	lge	
City (5) Maplewood		unty (E USE ONLY)	4200	(Prior if be	eina der	2000	hed)	
raprewood							Current use	, (11101 11 2	Janey do			
Name of Monitoring	Firm hired by Bu	ilding	ASC	M No.	E.	Name of Abate	ment Contrac	tor (9)				
Owner (8) N/A	_ ***	5				AZTECH M	MANAGEMEN	NT, Inc.				
N/A Street Address						treet Addres	s					
						86 Chris	stopher S	St.				
City, State, Zip Co	ode					ity, State,	Zip Code					
						Montclai	Lr, NJ 07	7042				
Project Manager for	r Monitoring Firm	n Tel	Lephone	e Numbe	er I	elephone Num	ber		License	Numb	er	
		N	I/A			(973)744	1-8800		0037	1		
Scheduled Start Da	te (10) Sched.	. Compl	Letion	Date ((11)	Name of OSHA	Monitor					
11 16	2016 11	. 2	4	2016	5	N/A						
Month Day Occupancy Status Day	Year Mont		only	Year		Street Addres	s					
[X]Facility Cl	osed/Vacated Dur											
of Abateme	ent Performed Outside	of No	rmal E	acilit	v l	City, State,	Zip Code					
Hours - Des	cribe:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
[]other - Des												
Scope of Work (Che	ck all that apply	A)				[]Full	Containment	with Negativ	e Press	ure		
[X]≥3 sf o		:7:		vation		[X]Mini-	-Enclosure					
[]≥160 sf	or ≥260 lf	1]Demo	lition			e bag Proced: Friable Proce					
			Is	.n			100m2 6ro	•	Aba	ateme	nt I	Type
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In Fac		st	aff (1	L2)		ulation, surf		· LF)	A	I R	Ŭ	UR
		Yes	No	N/A								E
Basement				X	Pipe	e Insulat	tion	375 L	FX	-		
	450											
Name of Registered			JDEP W	aste ID No.	1	ic Yards Waste 1.5		egistered Lar va Enterp		TNI	-	
AZTECH MANA	GEMENT, INC	. "	1704		01 1	14500 210		341	TISE	7.14	_	
City, State					\$10000 Co. 100	oosal Date	City, Sta		ni	160	0	
Montclair, N	J 07042				1:	1/25/2016	wayne	sburg, Oh	110 4	*000	2	
Completed By (Prin	t or Type) Titl	.e				Signatur	e / /	•	Date	-		
Dimitri G.		ales				Alm	tobela	1	11/3	3/201	6	
and the second and the second	The state of the s					WUTTH	16 00 11	/ /				

		NOT	(Purs	TION O	F ASBEST NJAC 8:60	OS ABATE and 12:12	EMEN 20)	T Ches	本目信	18	18	7 E	
Date of Notification (1)					uilding Owi	ner/Operato st, LLC	or (2)			, , ,			
Agencies Notified	Type Notification		100000	eet Add 32 Bou					NO.) \ -	7 2	016	Total Section 1
EPA DEP DOL	Initial Amended Amendment #_				, Zip Code rth, NJ 0				ASBES	STOS	CON	TRO)L &
DOH DCA	Emergency (indiguity justification) Cancellation	cluding	1,000	ame of C om Vita						the -	90.00		
	<u> </u>			FACILI	TY INFOR	MATION		7 - 10 //					-
Street Address	Abatement is Taking f	Place (3)				-4	Ty			2) cial build	ings,	nomes	s.,
325 Lincoln Drive							Sc	etc.) quare Feet 400	# of Floors	BI 65	dg. A	ge	
Kenilworth								urrent Use (Prior					-
County (6) Union				ounty Co	ode (7) SE ONLY)					,,,,,,,			
Name of Monitoring Fin	rm Hired by Building O	wner (8)		ASCM	No.	AE	BS Er	Abatement Cont nvironmental	Services, LL	C			
Street Address	ü					PC		483, 4 E Ga	ate Drive				
City, State, Zip Code						City	y, Stat enwo	e, Zip Code ood, NJ 0741	8				
Project Manager for M	ionitoring Firm		Т	elephon	e No.	97	18 May 11 Co.	4-2276	License 703	No.			
Start Date (10) 11/11/16		Scheduled 12/31/16		oletion D	ate (11)			OSHA Monitor					
Occupancy Status Du	ring Abatement (Check	Only One	:)			Str	eet Ad	ldress					
Facility Closed/V Abatement Perfo Other – Describe	acated During Entire Pormed Outside of Normals:	eriod of Al al Facility	oatem Hours	ent		Cit	y, Stat	e, Zip Code					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260			enovat emoliti				N N	Mini-Enclosure	ent with Negative		cedu	re ement	
Loca	tion of	N	Location ormali	y		Descrip			\$200mm-1000/154252			уре	
Asbestos-Contain TO BE.	ing Material (ACM) ABATED acility 13)	Mai	d Solei ntenar odial S (12)	ice/	Asbesto (i.e. t	os Containi thermal sys surfacing other misc	tems i	or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			2000		00.15			-	
base	ement			X			duct		30 LF	X	-	-	-
base	ement			X		floor	r tile		60 SF	X	-		-
Name of Registered	Waste Hauler		15,733	JDEP W		Cubic Yar	rds		Registered Lan				
Freehold Cartage			100	lauler ID 5959	No.	of Waste TBD	Detr	Wester City, Sta	rn Berks Land	dfill ———			
City, State Freehold, NJ						Disposal TBD	Date		oro, PA				
Completed by A. Scott Higgins		Title Presi	ident			Sign	nature	ar		Date 11/3/1	16		

	Type Notification Name of Contact Type Notification Type Notificati					111				h	
Date of Notification (1)	Street Address Type Notification										
Agency Notified	Type Notification		Street	Address				**	1		1
□ EPA	Palnitial						[0]	07 / -		and the same of	_
D DEP	2		City, S	State, Zip C	Code .	17	7 ASBEST	OS CON	G	/L ~	
₫ DOL		a		UN	100, 1	34.0		A REINCH	7		
ET DOH		9	Name	of Contac	10:1=11		Telephone Num	Definition			
□ DCA	☐ Cancellation			MS.	· CUUE !Ca		1			-	-
			FAC	ILITY INFO	ORMATION		(4)			-	_
						Type of Facility	(4)				
~	15. (21)=6	22	_			☐ School (K-12)				
Street Address				A CONTRACTOR OF THE PARTY OF TH	4	Di Suponapter o	ivate & commercia	.) al buildings			
				- 33 -	¥.	homes, etc.)					_
City (5)	1 1						The state of the s	Bldg. Ad	e <	\supset	
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County (6)	, ,				(STATE USE	Current Use (Pr	rior if being demol	ished)			
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	n Hired by Building Owne	r AS	CM No.								
(8)						moval In	<u>C</u>				_
Street Address						. 1	0.			1004	
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City, State, Zip Code					10.00		07601				
		Tolon	hone No			ack, N.O					-
Project Manager for Mo	nwing rum	1 eleb	MORE NO	<i>!•</i>		-7444 -	00388				
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	J	1									
	# ·				280 H	uyler St					
□ Facility Closed/Vacat □ Ahatement Performe	ted During Entire Period of d Outside of Normal Faci	ity Hours	ent		City, State, Zip	Code					
2 Other - Describe: 7	JOBAN TOS	BW			S. Ha	ckensack	,N.J. 0	7606			
Scope of Work (Check	all that apply)				DE A	Containment with	Negative Pressu	re			
□≥3.sfor≥3.lf			BR	enovation	☐ Mini	-Enclosure	, nogeno	28			
2 ≥ 160 sf or ≥ 260 lf				ernolition	☐ Glov	rebag Procedure -Exempted (*) an	d Non-Friable Pro	cedure			
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		Used S	Solely by	Acho			Amount	ŀ.		m,	
				(i.e	, thermal system	s insulation,	(Specify		Ren	lcap	200
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Best Rem	oval Inc	1.0		9		Minerv	a Enterp	rises	, L	LC	
City, State			_ / _ 0	-	1	City, State			127	0.10	
	ck . N.J. 07	601				60 C	sburg. Ol	h,4468	38		
Completed by					Signature 1		7.7.27	Date	/	1.1,	
J.Maiorano	o Est	imato	or		1	Marion	Sung	11	13	1/6	2
ASB-41				asbestos	icensure exempte	d activities.				35	

	DETAIL OF THE PRINT OF ASSESTOR ASSESTOR ASSESTOR CONTROL OF ASSESTOR ASSES												
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Date of Notification (1)			No	na of	Building	Owner/Operator (2	2)	AS	BESTOS	CONT	TRO	DL 8	3
	01 , 16		5.4:	lende	Cartain			AC	LIGED	VSING	à		
America Natified	Type Notification								- Peti-	1 8		1	7
EPA										1		V	
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MODHS DCA		udina	Ma	aplew	ood, NJ	07040					-		
(NJAC 5:23-8)	(notifical)	-				7		- 1		., .,			
	Cenceration						-		201-104-132		-	_	-
binner of Pacillar Minar	Abatament is Takino	Diara (3)		FASI	LITY ITE	PURMATION	Type of	Facility (4	1)			*	
	C MORRESIDENT IN . SALLING						1 3ch	ooi (K-12)	(Om == 1 == 1 ×	* 51			
Street Address							DE OLI	er (i.e., pri	Aste and cour (And may v.	nercial à	bullá	ings,	ē
							hon	nes, etc.)	-				
City (5)							Square	Fest	# of ficors		Bidg	. P.Ge	N.S.
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-@ DOH	justification)	-3	1	Name o	of Contac	t	1_	16 Birth FIOL	T. W. Carry		_	
D DCA	☐ Cancellation			100	u Hou	UG YI		100			_	
				FACIL	JTY INF	ORMATION						
Name of Facility Where	Abatement is Taking Pla	ce (3)					Type of Facility	(4)				
YUN HONG	, \/,' ·					7	School (K-1	23				- 1
Street Address	- (1				- r		Q Subchapter	8 (Other than K-12)	V			
Officer Windless	10 for				S#3_			rivate & commercial	buildin	gs,		
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County (6)			1	County	Code (7) (STATE USE		rior if being demolis	shed)	553		
BERGEN	.a .e			ONLY			RESIDE	WE	80			
Name of Monitoring Fire	n History by Rosibian Care	er I	ASCM	No		Name of Abaten					_	
(S)	HILLIAN PARTING CAME	G]		340.	*							
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Street Address				29		Street Address						i i
							th River	St				
City, State, Zip Code						City, State, Zip (
						Hackens	ack, N.J	07601				
Project Manager for Mo	nitoring Firm	Te	lephor	ne No.		Telephone No.		License No.				
						201-329	-7444 -	00388				
Stast Date (10)	Scheduled C	ompleti	on Dat	b (11)		Name of OSHA	Monitor					
11-15-16	11-(Omega :	Environa	ental				
Occupancy Status Duris			10			Street Address						
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☐ Facility Closed/Vacat ☐ Abatement Performe	ed During Entire Period					City, State, Zip (
all Other - Describe:		mely 110	#5 	~ "				,N.J. 07	606			
Scope of Work (Check								, ,2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		-	-
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				☑ Ken	ovation ,		Enclosure ebag Procedure					
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City, State						Disposal Date	City, State					
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R.VELDRAN.				्रा क्रिय २०	sheetne li	icensuse exempted				-	72	
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Date of Notification	(1)		N	ame	of Bulk	aing O	wner / Operator	(2)		In.	F	5 E		W	E
	10/26/2016				Dem		n				15 (9 15	Li	U/	
Agencies Notified	Type Notifica	ation			Addres	SS					NO	V -	7 2	016	
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☐ DCA	L Canc	enation										LICE	ISIN	1(-)	
					CILITY	INFO	DRMATION	(4)					_		-
Name of Facility W	here Abateme	ent is Taking Pla	ace (3))			Type of Facility School (K								
Residence					-				Other than	K-12\					
Street Address										nercial buil	dinas.	home	s. et	c.)	
							Square Feet		# of Floor			g. Age			
		(C)	Co	untu C	code (7	7\	1100		111 01 1 1001	1		88.	80		
City (5)		County (6)	COL	iiny C	oue (1)	Current Use (F	Prior i	f heina der	molished)		_	-		
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		D 11 11 - 0	(0)		TACCI	M No.	Name of Abate	aman	t Contracto	or (9)					
Name of Monitoring	g Firm Hired b	y Building Own	er (8)		ASU	VI INO.	Alpha Enviro	onme	ental Ser	vices					
Street Address			-				Street Address		011101 001						
Street Address							PO Box 829								
City, State & Zip Co	nde						City, State & Z		ode				- 17		
Oity, State & Zip Oi	ouc						Trenton, NJ								
Project Manager fo	r Monitoring F	Firm	Telep	hone	Numb	er	Telephone Nu	mber	1)	Licens	se Nur				
							609-847-295					0122	2		
Scheduled Start Da		Scheduled Con	pletio	n Dat	te (11)		Name of OSH								
11/5/20		11/7/2016					EMSL Analy					-	_		
Occupancy Status	During Abate	ment (Check or	ly one) - f ^ b-			Street Address								
Facility Clo	sed/Vacated	During Entire P	erioa (or Aba	ziemei Zom to	2nm	107 Haddon City, State & 2	-							
	Performed C	utside of Norma	al Hou	ırs –	ram to	эрш	Westmont, I								
Describe:	cupied During	Abatament					westinoit,	45 00	5100						
Scope of Work (Ch								100000000	//// /						
Scope of Work (Ci	ICCK all triat a	ppiy)							Full Cont	ainment wi	th Neg	gative	Pres	sure	
≥3 sf or ≥3	If			Rer	novatio	n			Mini-Encl	-51					
≥160 sf ≥2	60 If		\boxtimes	Der	nolitior	1			Glove Ba	g Procedu	res				
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	(10)		Yes	No	N/A									CD	
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LACOTTO:															
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City, State				-			Disposal Date	City	, State						
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Trenton, NJ				1	(1			INIO	irioville, i			Date			
Completed By (Pri				100	^{tle} roject		Signature					10/2	6/2	016	8
Rod Richardson	n			100	anage		-					: 012	J. ~		20

Completed by (Print or Type) Nicholas Fernicola	Dro	ect Manag	ger			V	. /	1		11	13120	10	
City, State Toms River, New Jerse	y		11/16		ire	Tu	llytow	n, Pennsylvania	а	Da	te ./3/20	16	_
Name of Registered Waste Hauler Guardian Contracting,		NJDEP Wast	0223	al Date	3	City	State	T.R.R.F.		t			
			171	ID No.	Cubic."	Yards of V	Waste	Name of Registe	red Landfill				
										-	-	-	-
Exterior		X		1130030							-	-	
	YES		11/12	Asbest	os sidi	ng			650 sf	X		-	_
Location of Asbestos-Containing Material (ACN TO BE ABATED in facility (13)	0	Solely by tenance/Cus Staff (12)			(i.e	Material ., therma ulation, VAT ner misco	al syste surfaci , or	ems ng,	or LF)	O V A L	A I R	A P S U L	
· · · · · · · · · · · · · · · · · · ·		Is Location ormally use			Asl	Descript	ontaini	ng	Amount (Specify SF	R E	R E P	E N C	
Scope of Work (Check all that apply) $ \begin{bmatrix} $		F 7	Renovatio Demolitio			[[-[x] N	ull Containment with Aini-Enclosure Glovebag Procedure Non-Exempted (*)	:	Procedu	re ement 7	Type	
Cocupancy Status During Abatement (Chec X	rea During D	ntire Period o Normal Facil	f Abatem lity Hours	ent		City, Sta		Code	ay, New Jerse		4		
cheduled Start Date (10) 11/14/16		cheduled Con 11/15/16		Jate (11)		Street A		E.M.S.L. 1056 Stell					_
roject Manager for Monitoring Firm		elephone Nun	9 2	Date (11)		Telephon 732-34 Name of	9-993	2 Monitor	00624				
tity, State, Zip Code					- 1	City, Stat		Toms Rive	er, New Jerse	y 0875 umber	5-127	1	_
N/A treet Address					- 1	Street Ad			e 9, Unit 61				_
ame of Monitoring Firm Hired by Building	Owner (8)		ASC	CM No.	1			ent Contractor (9) Guardian C	Contracting, 1	inc.			
Brick	Ocean		(STA	ATE USE C			Curren	nt Use (Prior if bein Residence	g demolished)				_
eet Address	County (6))	Cour	nty Code (7	7)		Square		of Floors	Bldg. Ag	ge 60		
me of Facility Where Abatement is Taking Residence								Sub	ochapter 8 (other ner (i.e., private	than k-12	2) ercial b	uildings	s,
Toking	Place (3)	FA	ACILIT	Y INFOI	KIVLA I	ION	Type of	Facility (4)	ool (k-12)				
] DOH [] Cance				Jeff	f Patter						- Percent	-	
DOL Amend	dment #ency (includi	ng		e of Contac	V	Vhiting,	, NJ 08		one Number		15.	44	_
EPA [X] Initial Amend	Notification led Notificati	on	City,	State, Zip (Code			Avenue ASB	LICENSI	NG	-1010		-
November 3, 2016			Street	t Address				11.	E0700 00	NITROI	2		
of Notification (1)				of Buildin	o Owner	/Operator	r (2)	ent, LLC	NOV 3- 72	2016 -		川	
	NOTIFI	CATIO	NOF.	f New Jo ASBES JAC 8:60	STOS	ABA 2:120)	TEM	ENTO E	GEI				
					van o o	ADA	TEM	FNT		7/ // F	7	7	

NOV - 7 2015

DEMOLITION / RENOVATION NOTIFICATION

perator	Project #:	Postmark:			IS ASBESTOS PRESENT? (Yes	(No): Y	
	TYPE OF NOTIFICATION (O - Original R - Revised		0	П.	IS ASBESTOS FRESENT. (199		
I.	FACILITY INFORMATION (identify owner, removal of	contractor and othe	r operator)				
	OWINDICIA	anagement, LL	C				
	Address: 2151 Jefferson A			T	08759		
	City: Whiting	State: New .	Jersey	Zip:	908-433-3272		
	Contact: Jeff Patterson			Tel:	00/04	1	
	REMOVAL CONTRACTOR: Guardia	an Contracting,	Inc.		NJ License: 00624		
	Address: 1889 R	oute 9, Unit 61					
	City: Toms River	State: New	Jersey	Zip:	08755		
	Contact: Nichola	as Fernicola	+0	Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City:	State:		Zip:			
	Contact:			Tel:			
V25C 13		emo R - Renova	ation E - Emergency	Renovation):	D		
IV.	FACILITY DESCRIPTION (Including building name						
V.							
	51 Congoin Por	ad.			6		
	1 1000		v Jersey	County	y: Ocean		
	City: Brick	State. 1404	7 301303				
	Site Location: Exterior	W 677	1	Age in	Years: 60		
	Building Size: 700 sf	# of Floors:		Resid			
	Present Use: Residence		Prior Use:			ERIAL:	
VI.	PROCEDURE, INCLUDING ANALYTICAL MET	HOD, IF APPROF	RIATE, USED TO DE	TECT TIET			
	IS MATERIAL ASSUMED TO BE ASBESTOS?	vmnio.					riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCI	JUNU:	RACM		LOCATION		Materi Fo Be loved
	Regulated ACM to be removed Category I ACM not removed		To Be Removed	i		Cat I	Cat
	Category II ACM not removed		Remove			Cati	Car
	Pipes (Linear feet):						
	Surface Area (Square feet): 650 sf	As	bestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
		DD/YY) S	tart: 11	/14/16	Complete: 1	1/1516	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued) DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

					NOV 7 2016
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERS AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off w removed by non-friable procedures. All waste will be placed in double	ith caution tap	e and warning signs. Plastic sheetin	g will be placed on th	OF ASBESTOS AT THE DEMOLITION ASBESTOS CONTROL & ground below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guardian Co.	ntracting,	Inc.		7
	Address: 1889 Route 9	, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicholas Fern	nicola			
	WASTE TRANSPORTER #2 Name:		The state of the s		
	Address:				
	City:	State:		Zip:	
	Contact Person:				
XIII.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordentown	Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 101	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGE	NCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND AT	TTACH COPY OF ORDER
	Name:		Title:		
	Authority:		-		
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MN	1/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions or wor	ıld cause eq	uipment damage or an unreason:	able financial burd	ien:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN ASBESTOS MATERIAL BECOMES CRUMBLED, PULVE			BESTOS IS FOUN	ID OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROTECTION OF RENOVATION AND EVIDENCE AVAILABLE FOR INSPECTION DURING NORMAL BUS	THAT THE	E REQUIRED TRAINING HAS	BEEN ACCOMP	JBPART M) WILL BE ONSITE DURING LISHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Owner/Open	rator)	November 3, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORF	ECT.		0	-
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Open	rator)	November 3, 2016 (Date)

State of New Jersey

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

In	ECEIVEN
113	Check # 8368
	100
	ASBESTOS CONTROL &

				A CACAMA			W		C	heck :			1
Date of Notification (1						perator (2)	A 55 - i.e.		NOV -	- 7	201	6	
	11/3/16	1000000	2000		Departr	ment of Milita	ry Aπairs	hd 541					1
Agencies Notified [] EPA	Type of Notifica	10		_{ddress} ggerts	Crossir	ng Road		A	SBESTOS	COL	VTF VG	ROL	. &
[] DEP	Notification [] Emergency	(1)	y, Sta	ite, Zip C	ode				-				
[X] DOL	[] Amended	La	wre	ncevill	e, NJ 0	8648							
[X] DOH	Notificatio	n Na	me of	f Contact			Telep	ohone Num	ber				-
[] DCA	[] Cancellation	on W	illiar	n McB	ride								
					FACILITY	INFORMATION							_
Name of Facility Whe	re Abatement is T	aking Plac	e (3)		, (0,0,1		Type of Facility (4)			7, 12, 5, 5			-
Sea Girt NGTC		J					School (K-Subchapte	12) r 8 (Other ti	han K-12)				
Street Address			******				[x] Other (i.e. homes, et	private and	l commercial	buildir	igs,		
381 Sea Girt Av	/enue						0 5 1		רוח	- ^			-
City (5)		County (6)		Coun	tv Code (7)	Square Feet	# OT Floors		_			
Sea Girt	H 242 195		1					nolished)					
Name of Monitoring F	ding Owner	P	SCM No).		nent Contractor (9)	0 20 805	7211 81					
Whitman	Companies,	Inc.	C	0110			Jupiter Environm	ental Se	ervices, In	С.			
Street Address						Street Address	202 Chamachaid	as Dood	Cuito 10	0			
7 Pleasant Hill I	0.77.000.0000.000		-					ge Road	, Suite 10	0			_
City, State, Zip Code Cranbury, NJ 0								07058					
Project Manager for N		Telep	hone	Number					License Number				
Kevin Lovely		-10 00000								00)85	2	_
Scheduled Start Date 11/14/)			tal Laboi	ratories, L	LC.			
Occupancy Status Du	uring Abatement (Check only Entire Pe	one)	of Abater	nent	Street Address	2333 Route 22W	I					
[] Abatement P	erformed Outside												
	cribe: scribe: <u>partially va</u>	cated					Union, NJ 0708	3					
Scope of Work (Chec	ck all that apply)									_			
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥				[]	Renovat	ion	[] Mini – I [] Gloveb	Enclosure ag Procedu	ıre	Press	ure		
							2 2000 02			775,777		men	
Locati	on of								Amount	R	pe R	E	E
Asbestos -	Containing	County (6) Monmouth County Code (7) Current Use (Prior if being demolished) Offices, training center Monmouth County Code (7) Current Use (Prior if being demolished) Offices, training center Contractor (9) Jupiter Environmental Services, Inc. Street Address 323 Changebridge Road, Suite 100		E	E	N C	NC						
Material TO BE A		todia	ai Sta	Π (12)					01 01 11)	0	A	A	L
In Fa	cility		N.	N1/A		or other n	niscellaneous)			V	R	PS	0
(13	3)	Yes	No	NIA						Ĺ	1	Ü	U
2ndt floor hallway -	- Bldg 8		Х							X			
Mechanical room		×			TSI				10 LF	X			
										-			
	100000000000000000000000000000000000000												
Name of Registered												n do	
Jupiter Environ	mental Service		uler I)4782	D No.	Of	Waste 2	Alliance Land	dtill					
City, State						posal Date	City, State						
Pine Brook, NJ		THE STATE OF THE S			11	/23/16	Taylor, PA		Date				
Completed By (Print	or Type)	Title	eral	Mana	aer	Signature	(-	_	11/3/	16			
Pane Repic	X	Gell	cial	ivialia	gei	K	1113/10						

ASB-411

page

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

Check # 8369

Date of Notification (1)	/16	A 100 TO		Building Control		Operator (2)			NOV	- 7	201	6	and the same	L
Agencies Notified	Type of Notific	ation Stree	et Ad	dress Iorris A				ASE	ESTOS	S CO	NTF	40	L.&	65
[] DEP	Notification [x] Emergence [] Amended Notification	y City,		e, Zip Co NJ 070						:Ne				
[X] DOH	1.07.07.00	Nam		Contact			Telep	hone Numb	er					
[] 201.	[] Cancellat	ion Suz	zanr	ne Kup										
		- 1: DI	701	F/	ACILIT	Y INFORMATION	Type of Facility (4)							
Name of Facility When Kean University	echnology	y Blo	dg.			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings,								
Street Address 1000 Morris Ave	i.		(4)				homes, etc			Bldg. /				
City (5) Union		County (6 Union)		Cou (ST	unty Code (7) ATE USE ONLY)	20000 Current Use (Prior if Office	2 being dem		~80				-
Name of Monitoring F		lding Owner	25/25	SCM No.			nent Contractor (9) Jupiter Environm	ental Se	rvices,	Inc.				
Street Address						Street Address		5	0 :/-	400				
9 East Stow Roa	ad					City, State, Zip C	323 Changebridg	je Road,	Suite	100				
City, State, Zip Code Marlton, NJ 080						Pine Brook, NJ (7058							
Project Manager for N	Teleph	one l	Number		Telephone Num			Licens	e Num	mber 00852				
Jim Guilardi			-8800		Name of OSHA	973-575-8700 Manitor				00	85			
Scheduled Start Date 11/4/1	6	ched. Comple 12/3	1/16			30.215-p.007/ab-0000/cm - 2.0007/ab-000/cm	Iris Environment	al Labor	atories	, LL(<u> </u>			
Occupancy Status Du	ed/Vacated Duri	ng Entire Per	iod of	f Abatem	ent	Street Address	2333 Route 22 V	Vest						
[] Abatement Po	erformed Outsid cribe: cribe: partially v	le of Normal F	acilit	y Hours -		City, State, Zip (Code Union, NJ 07083	3						
Scope of Work (Chec									20. 81	· D				
[] Demolition [x] ≥3 sf or ≥3 li [] ≥160 sf or ≥2	F			[]	Renova	ation	[x] Mini – [x] Gloveb	ntainment w Enclosure pag Procedu Friable Proc	ire	tive Pr	essu	ire		
[] [1000,012			ocat										nent	
Locatio Asbestos – (Material TO BE A	Sc		ce/Cus		Asbestos Mate (i.e., the insulation,	cription of s – Containing rial (ACM) rmal systems surfacing, VAT,		Amou (Speci SF or L	ify	R E M O V	REPAL	E N C A P	ENCLO	
In Fac (13		Yes	No	N/A		or other r	niscellaneous)				A L	R	s U	S
Main floor			Χ			nup of debris			8000 SF 30 CY		X		-	_
Main floor			×		Debri	s pickup			200 L.F		X			
Main floor			Α		131									
Name of Registered Jupiter Environ		vices Hau		Waste D No.	C	Cubic Yards Of Waste 40	Name of Register Alliance Land							
City, State	*					Disposal Date 11/23/16 +	City, State Taylor, PA							
Pine Brook, NJ Completed By (Print		Title		-		Signature	7 /		Dat					
Pane Repic			eral	Manag	ger	A.			_ 11	/3/16)			
ASB-411						V								

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

						JAC 8:60 and 5:		/ '	10 H			-	
Date of Notification (1)	19 /	16		1		ing Owner/Operator	200	nd Constitution	G	E	Į į		
	Type Notifica				reet Address		2 01 200.911 Q1	ia donatacin	211				
Agencies Notified	☐ Initial	lion			200 Elm D		NOV - 7 201						
DOLWD 7847	☐ Amended				y, State, Zip		The May 1 20						
Ø DHSS 7854	Amendme			- II	31	NJ 08544							
DCA	☐ Emergenc justificatio		ding		me of Conta			ASB Telephone N	ESTO	SCI	INC	IH	
(NJAC 5:23-8)	Cancellatio			0.000	Robert Ort			relemment N	umbe	DHNO.	2016	-	
						NFORMATION					2,470.0		
Name of Facility Where A	Abatement is Ta	king Pl	ace (3)				Type of Facilit	y (4)					
Princeton Universit	ty- Corwin Ha	all .					School (K-	12)					
Street Address							☐ Subchapte	r 8 (Other than K		Vision Constitution			
Prospect Ave	54						homes, etc	private and com	mercia	l build	ings,	,	
City (5)							Square Feet	# of Floors		Bldg.	Age	5	
Princeton										Diog.	7.90	5	
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being dem	olished	j)		-	
MERCER													
Name of Monitoring Firm	Hired by Buildir	g Owne	er (8)	ASCI	M No.	Name of Abatem	ent Contractor (9	9)					
ATC Group Services	s LLC					BRISTOL EN	VIRONMENTA	AL, INC.					
Street Address				-		Street Address					_		
Bromley Corporate	Center-Three	Terri	Lane			1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip Co	ode						
Burlington, NJ 08016	6					BRISTOL, PA	19007						
Project Manager for Monito	oring Firm		Te	lephone	e No.	Telephone No.	License No.					_	
Michael Keehn					6-8800	215-788-6040		00509					
Start Date (10)			Comp	etion D	ate (11)	Name of OSHA M	onitor					_	
			Comp	etion D			onitor					_	
Start Date (10)	16 Abatement (Che	11 eck only	Comp /_(etion D	ate (11)	Name of OSHA M	onitor						
Start Date (10) 10 / 29 / Occupancy Status During A Facility Closed/Vacated	16	11 eck only Period o	Comp /(one)	etion D	ate (11) 16	Name of OSHA M BRISTOL ENV	onitor /IRONMENTA						
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* Do not use this form for asbestos licensure exempted activities.

			(F	ursua	ant to NJ	AC 8:60 and 5:1	6)	M2 HE F	/信	81	M	E	
Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	MILL	- L		141			
10 /19	_ /	16		Pr	inceton l	Jniversity-Office	of Design and	Construction	i.	-			
100 - 100 -	Notification	on		Stre	et Address			THE NO) V -	7 6	016		
	nitial			20	0 Elm Dr							96	
Seed.	mended mendmen	#1_10	28/16	City,	State, Zip	Code	ASBESTOS CONTE						
	mergency		-	Pr	inceton,	NJ 08544			JCEN				
	stification		'9	Nam	e of Contai	ct		Telephone Nu			-		
	ancellation	1		Ro	bert Orte	ego		A constitution of the cons			10		
				FA	CILITY II	NFORMATION			- PER				
Name of Facility Where Abater	nent is Tak	ing Plac	e (3)				Type of Facility	(4)					
Princeton University- Co	rwin Hal	I					School (K-12		40)				
Street Address								8 (Other than K- rivate and comm		buildii	าตร		
Prospect Ave							homes, etc.)				.5-1		
City (5)							Square Feet	# of Floors	1	Bldg.	Age		
Princeton													
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)				
MERCER	3-101 (a) 150-200 (a) 150-200 (a)												
Name of Monitoring Firm Hired	by Buildin	g Owner	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)	N.					
ATC Group Services LLC						BRISTOL EN	VIRONMENTA	L, INC.					
Street Address						Street Address						_	
Bromley Corporate Cent	er-Three	Terri L	ane			1123 BEAVE	R STREET						
City, State, Zip Code				11.00-11.00	City, State, Zip Code								
Burlington, NJ 08016						BRISTOL, PA							
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.					
Michael Keehn			6	09-386	6-8800	215-788-6040	0 00509						
Start Date (10)	Sch	eduled (Comple	etion Da	ate (11)	Name of OSHA M	ionitor				-		
10 /31 /16	_ _	11_	3	3/	16	BRISTOL EN	VIRONMENTAL	_, INC.					
Occupancy Status During Abate	ment (Che	ck only	one)			Street Address		1					
□ Facility Closed/Vacated Duri						1123 BEAVE	R STREET						
Abatement Performed Outside						City, State, Zip Co	ode					-	
Time of Abatement: 7:00AN	- <u>3:30</u> PM/		IVI	AM		BRISTOL, PA	19007						
Scope of Work (Check all that a	oply)												
≥3 sf or ≥3 If		⊠ R	enovat	ion			ainment with Neg	ative Pressure					
_ ≥160 sf or ≥260 lf			moliti			☐ Glovebag	Procedure						
					,	☐ Non-Exe	mpted (*) and Nor	-Friable Proced	ure				
		1100	Loca Vorma						At	Abatement		y	
Location of Asbestos-Containing Materia	I (ACM)		ed Sole		Ache	Description o stos Containing Ma		Amount	Re	Re	En		
TO BE ABATED	. (/ .0/	7 (2000)	intena			., thermal systems i	nsulation,	(Specify	Removal	Repair	cap		
IN Facility		Cus	(12)	Staff?		surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate		
(13)		Yes	No	N/A		other miscellanet	ousj				ē		
outhside Courtyard-Exter	or	10	П		Steam p	oipe insulation		15 LF		T	П	ti	
lorthside-Exterior					-	ipe insulation		10 LF				1	
		+-										1	
		1=							\perp		Ш	L	
ame of Registered Waste Haule BRISTOL ENVIRONMENT.			11 50000	JDEP V auler ID	2000	Cubic Yards of Waste	Name of Registe	ered Landfill NORTH LAND	EIII				
	~L, 1140.			18706		D:15		NORTH LAND	/I-ILL				
ity, State BRISTOL, PA 19007						Disposal Date	City, State MORRISVIL	LE, PA 19067					
ompleted By (Print or Type)	Tit	Δ				Signature	III O I I I I I I I I I I I I I I I I I		ate .				
surproted by (Little of Tabe)						Olynatule	1 A	/	/		11		
Brian Scafiro		stimat	OF			1/2	/	/	10/0	2001			

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

VIONE	NC	Pi (Pi	ursua	nt to	NJAC 8:	60 and 5:16)				1		3	-
VOCE			Nam	e of Bu	uilding Owr	ner/Operator (2)		11		and the second			1
ate of Notification (1)	19 / 16		Pr	incet	on Unive	rsity-Office o	f Des	ign and Con	struction	7	0010		
			Stre	et Add	ress				NUV		LU 19		1
gencies Notified	Type Notification Initial			00 Elm									-
] EPA			-		Zip Code								
DOLWD	Amendment #2-1	1/2/16			on, NJ 08								_
☑ DHSS ☑ DCA	☐ Emergency (inclu				ontact	3011	Telephone Number						
(NJAC 5:23-8)	justification)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						-	-			
Management A	☐ Cancellation				Ortego	DAMATION							
			F	ACILI	TY INFO	RMATION	Type	of Facility (4)					
Name of Facility Where	Abatement is Taking P	Place (3)					ПС	chool (K-12)					
Princeton Univers	sity- Corwin Hall							L-Lantar Q (A	ther than K-12)	al buildi:	nas		
Street Address						⊠ ō	ther (i.e., privat omes, etc.)	te and commercia	al Dullul	nga,			
Prospect Ave							1		# of Floors	Bldg.	Age		
City (5)							Squa	ale l'ect					
Princeton						TE UDE ON VA	C	ant Use (Prior i	f being demolishe	ed)			
County (6)			С	ounty (Code (7)(S7	TATE USE ONLY)	Curr	CIL OSC (FIIOLI		(5)			
MERCER								entractor (0)					
Name of Monitoring Fir	rm Hired by Building Ov	wner (8)	AS	CM No	. N	ame of Abatem	ent Co	DINTERITAL	INC				
ATC Group Servi	ces LLC					BRISTOL EN	IVIRU	UNIVIENTAL,	IIVO.			-	
Street Address	000 ===				S	treet Address							
Street Address	ate Center-Three Te	rri Lane	Э			1123 BEAVE		REET					
	ite conten				C	City, State, Zip C							
City, State, Zip Code	2016					BRISTOL, P.	PA 19007						
Burlington, NJ 08	lanitaring Firm		Teleph	one No). T	Telephone No. License No.							
Project Manager for M	ionitoring ratio			-386-8	800	215-788-6040 00509							
Michael Keehn	School	uled Cor			-	Name of OSHA Monitor							
Start Date (10) 10 / 31		1 /	2	_ / _	16		ISTOL ENVIRONMENTAL, INC.						
Occupancy Status Du	ring Abatement (Check	only on	e)		3	Street Address 1123 BEAVER STREET							
F7 F- sility Clased 1/2	cated During Entire Per	riod of Al	pateme	ent				IKEEI					
Abelomont Porfort	med Outside of Normal ht: 7:00AM-3:30PM/_	racility	Hours	D000	ribe	City, State, Zip BRISTOL, F		0007					_
		W127/2011						Nogs	tive Pressure				
Scope of Work (Chec	ck all that apply)					☐ Full Co ☑ Mini-E	ontain	ment with Nega	alive Flessure				
>3 sf or ≥3 lf		⊠ Ren	ovation nolition	n		C Claural	hog D	rocedure	- : : : D di:				
☐ ≥160 sf or ≥260 lf		☐ Dell	IUIILIUI	1		☐ Non-E	xemp	ted (*) and Non	-Friable Procedu	Abo	ateme	nt T	VD
		Is	Locatio	on							_		
1.55	ation of		ormall		955774	Descriptio	on of		Amount	Ren	Repair	nca	Elicioanic
Ashestos-Contain	ning Material (ACM)		d Solel ntenar		Asbes	tos Containing thermal syster	ns ins	ulation,	(Specify	Remova	air	sde	000
TO BE	ABATED		odial S		(1.6.	surfacing, V.	AT, or		SF or LF)	m		Encapsulate	0
	acility (13)		(12)			other miscella	aneou	S)				Œ	
9	(13)	Yes	No	N/A					15 LF		П		1
Southside Court	vard-Exterior			\boxtimes	Steam	oipe insulatio	n			-	분	1	1
					Steam	oipe insulatio	n		10 LF				+
Northside-Exteri	Northside-Exterior												
							-	Name of Regis	stered Landfill				-
Name of Registered	Waste Hauler		5.00	JDEP		Cubic Yards of Waste	ot	C D C M C	S. NORTH LAN	DFILL			
BRISTOL ENV	IRONMENTAL, INC.		H	lauler I 1870					. NOICHT LAN				
						Disposal Date	9	City, State	II I E DA 1906	7			
City, State BRISTOL, PA	19007								ILLE, PA 1906	and the same of the	1		
		itle				Signatur	e	Pa D	1-08	Date / /l/2	2//	0	
Completed By (Prin	nt or type)	Estima	ator			Bre	an	Scafe	ED / T/	10/0	/ '		_

ASB-41 B 5/4/32

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