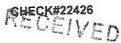
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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



-t- of Natification (1)				Na	me of Buildi	ng Owner/0	Operator (2012)	OV 23 PM 1: 33						
ate of Notification (1)				PI	RIVATE RE	SIDENCI	E	- CO FM 1: 33				_		
1/16/2012	Type Notification	20		700	reet Address		4.887	STOS CONTROL LICENSING		í				
gencies Notified)II		1 0000	KENNETI		E &	LICE CONTROL						
□ EPA	Initial	Amond	mont #		ty, State, Zip			FIFE MOING						
☐ DEP	Amended				ARLIN, NJ									
□ DOL	Emergen		aing		ame of Conta				Telepho	ne N	umber			
□ DOH	justification			1000										
DCA	☐ Cancellat	ion			AVID J. D'		OM .							
				FA	CILITY INF	ORMATIC		Type of Facility (4)						
lame of Facility Where	Abatement is Tak	ing Plac	æ (3)					School (K-12)						
PRIVATE RESIDEN								Subchapter 8 (Othe	r than K	(-12)				
Street Address		- Carlos						Other (i.e., private &	comm	ercial	buildi	ngs		
8 KENNETH AVEN	IUE							Square Feet	# of Flo	ors	3lda. A	ge		
City (5)								Square reet				~		
PARLIN, NJ								Current Use (Prior if bei	na dem	olishe	ed)	_		
County					County Code	(7) (STAT	E USE ONLY)	Current use (Phor ii bei	ig dein	0110110	, /			
MIDDLESEX														
Name of Monitoring Fi	rm Hired by Buildin	g Owne	r (8)	P	SCM No.		Abatement Contr							
		2 4						RONMENTAL INC.						
SYNATECH, INC. Street Address						Street Add								
						15 BLACK FOREST ROAD								
829 RADIO ROAD						City, State	e, Zip Code							
	non					HAMILT	TON, NJ 08691							
LITTLE EGG HAR		Teleph	one No			Telephone			Licens	e No.				
Project Manager for M	ionitoring Filli	609-29				609-890-		150 - 150 -	00676					
JAY MURPHY					n Date (11)		OSHA Monitor		41					
Start Date (10)				inpicae	in Date ()	N/A								
11/16/2012		11/19/				Street Ad	dress							
Occupancy Status Du	ring Abatement (C	neck on	ly one)	atomo	nt.	0.,001								
Facility Closed/V	acated During Ent	ire Perio	d of AL	ateme	ıı	City Stat	e, Zip Code							
Abatement performe		ng hours	P			Oity, Otac	.o,p							
ESSENTIAL PERSO								Full Containment	vith Neg	ative	Press	ure		
Scope of Work (Chec	k all that apply)				D	tion		Mini-Enclosure						
≥ 3 sf or ≥ 3 lf					X_ Renova			☑ Glovebag Procedu	ire					
∑ ≥ 160 sf or ≥ 26	O If				Demoli	tion		Non-Exempted (*)	& Non-	Friab	le Pro	cedi		
								Tagreon Exemples (7)	Abate	ment	Type			
		Is	Locati	on	Decembrio	n of Aches	stos Containing			_				
Location of Asbe	stos-Containing		mally L		Material (A	CM) (i.e. t	hermal systems	Amount (Specify SF o	r R	ZD.	Encapsulate	l iii		
Material (ACM) TO	BE ABATED In	Marint	Solely b	y /Custo		. surfacing	, VAT, or other	LF)	Remova	Repair	psc	Enclosure		
Facility	y (13)	Maine	Staff?	(12)	,,,oulusion	miscellane	eous)		\a_	=	ılatı	ure		
		Yes	No	N/A		00000			+	_	0	-		
THROUGHOUT I	PESIDENCE	\top	X		NFVAT			420 SQ. FT.	X	-	-	-		
	ESIDENCE	+	1		ASBESTO	S SPACK	LE	20 SQ. FT.	X		-	-		
CEILING AREA		+	1						-	<u> </u>	-	-		
		+	-	\vdash								L_		
	Mosto Hauler				NJDEP Wast	е	Cubic Yards of	Name of Registered L	andfill					
Name of Registered	Waste Hauler				Hauler ID No.		Waste	CDOWE						
JACK ROBINSON	WASTE DISPO	SAL			17304		4 YD	GROWS						
							Disposal Date	City, State						
City, State							11/20/2012	MORRISVILLE, P.						
BELLMAWR, NJ		Title				Signatu	1 27-Mar	000	Date					
Completed By		1000000	CIDES	יחרי		1 / //	ven 1	Centres	11/1	6/201	12			
DAVID D'ANDRE	A	PRE	SIDE	4.1	27.5	1/00	10 1							

CK#24964 RECEIVED

Date of Notification (1)	/19/12			Name	of Buildin	g Owner/Operator Bel	(2) 2413 -Ray Configa	WOVING.	=0				
Agencies Notified	Type Notific	ation		Street	Address		PO Box 52	- WAY	: 32	,			
EPA DEP DOL	Initial Amended Amendm	ent #	_	City, S	State, Zip C	Code		OFFENSING				_	
DOH DCA	☐ Emerger justificat ☐ Cancella	tion)	g	Name	of Contac		imigaale, NJ	Telephone Numb				-	
				ΕΛC	CII ITY INF	ORMATION						_	
Name of Facility Where	Abatement is	Taking Plac	e (3)		JILIT III	ORGANION	Type of Facility	(4)			-		
		y Comp		nc.			School (K-1						
Street Address	1201 E	Bowman	Aver	nue					al buil				
City (5)	***	11.00					Square Feet	# of Floors	BI	dg. A	ge		
County (6)	W	all Town	snip	I Cour	nty Code (7) (STATE	Current Use (P	rior if being demolis	hed)			_	
	nmouth				ONLY)	r) (OTATE		mmercial buil		<u> </u>	=		
Name of Monitoring Firm		ding Owner		ASCM	No.	Name of Abaten	nent Contractor (9	9)				_	
(8)	MECS						ens Environ	onmental Services, Inc.					
Street Address	P.O. Bo	x 341		0		Street Address	PO I	30x 322					
City, State, Zip Code			_			City, State, Zip Code							
	rosswicks,	NJ 0851	CONTRACTOR (1871)				Allentow	n, NJ 08501	_			_	
Project Manager for Mo William W		[r	1983/AS	phone	No. 8-4070	Telephone No. (609) 24	lo. License No. 00493						
Start Date (10)		Scheduled (Name of OSHA		1	0.12.			=	
11/30/12	4		2/29	Annual Control of the Control	()			ECS	17				
Occupancy Status Durin	ng Abatement					Street Address							
☐ Facility Closed/Vacat												_	
Abatement Performe Other - Describe:	d Outside of N	lormal Facil	ity Hou	City, State, Zip Code Crosswicks, NJ 08515									
Scope of Work (Check a	all that apply)					Full Co.	ntainment with Ne	gative Pressure	V				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-En	closure ag Procedure	on-Friable Procedu	re				
		Is	Location	on		11000	omptou () and it			bate			
Location	of	69899	Normally d Solel	1000000		Description of	f		_	Тур	e		
Asbestos-Containing	Material (ACM)) Ma	intenar	ice/	Asbes	tos Containing Mar	terial (ACM)	Amount (Specify	D.	Z.	m.	E	
TO BE ABA			Staff?	al	(I.e.,	thermal systems i surfacing, VAT	, or	SF or LF)	Remova	Repair	cap	Enclosure	
(13)	2		(12)		100	other miscellane	ous)		/al		Encapsulate	ure	
	x ²⁹	Yes	No	N/A							Ф		
Interior T	`anks			×		tank insulat		600 sf	×				
Exterior T	Tanks					tank insulat		260 sf	×				
Various areas		_				pipe insulat	320 lf	×					
Exterior Tar			<u>L,</u>	LIDED.	pipe insulation 20 lf ×								
Name of Registered Wa			- I 1	lauler ID	No.	Cubic Yards of Waste	Ivame of freg	1					
Stevens Environmental Services Inc.					292	Disposal Date City, State					_	_	
Allentown, NJ						12/29/1/2 I	1 011, 3 16 /	Tullytown,	PA				
Completed By		Title	102			Signature	11/	Date				_	
Mahlon E. Ste	evens	P	rojec	t Mar	nager	_///			11/19	9/12		_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#22429	`A =
On Lorun - 1	UEIVEN
2012 400	" was lid

				Na	ame of Buildir	ng Owner/C	perator (2)	& LICENS	PM.			
ate of Notification (1)					ANK OF AN		The second	Alice.	· ri /	: 3		_
1/16/2012	T - Mante-an-		-	1000	reet Address			T PUCSTOR A	.5.	ı		
90	Type Notificatio	111		100	O MAIN ST			& LICENS	UNTE	a		
EPA	Initial	Amend	ment #	12	ity, State, Zip			- EWO	NG	UL.		
□ DEP	☐ Amended	Amendi w (inclus	ling		IATAWAN,		,					
☑ DOL	Emergence	y (includ	allig		ame of Conta				elepho	ne N	umber	Ē
☑ DOH	justificatio			100	AVID J. D'A						1	
DCA	☐ Cancellati	on			CILITY INF)N					
		. 5.	- (2)	FA	CILITIM	OKINATIO	7.1	Type of Facility (4)				
lame of Facility Where Ab	atement is Tak	ing Plac	e (3)					School (K-12)				
BANK OF AMERICA								Subchapter 8 (Other	than K	-12)		
Street Address								Other (i.e., private &	comm	ercial	buildi	ngs
40 MAIN STREET								Square Feet	# of Flo	ors E	Bldg. A	ge
City (5)								3 3 13 13 13 13 13 13 13 13 13 13 13 13 13				
MATAWAN, NJ				- 16	County Code	(7) (STATI	USE ONLY)	Current Use (Prior if bein	g dem	olishe	ed)	
County				10	Journey Code	(1) (31711		- 2				
MIDDLESEX			(0)		CCM No	Name of A	batement Contr	actor (9)				
Name of Monitoring Firm I	Hired by Buildin	g Owne	r (8)	F				RONMENTAL INC.				
AMERITECH						Street Add		ACTIVIDATE AT LOS		(A) (E)		
Street Address						Para la construcción de la const	K FOREST RO	DAD				
78 E. ATLANTIC WAY	•						, Zip Code					
						215239		I.				
LAVALLETTE, NJ 08	735						ON, NJ 08691		Licens	e No.		
Project Manager for Monit	toring Firm	Telepho	one No			Telephone			00676			
ROD MORRIS		732-66				609-890-			353.0			
Start Date (10)		Schedu	iled Co	mpletic	on Date (11)	55000000	OSHA Monitor					
11/19/2012		11/21/2				N/A						
Occupancy Status During	Abatement (C	heck on	y one)		2000	Street Ad	aress					
Facility Closed/Vaca	ated During Enti	ire Perio	d of Ab	ateme	nt		7'- 0-4-			-	-	
Abatement performed o	utside of workir	ng hours				City, State	e, Zip Code					
ESSENTIAL PERSONN	IEL ONLY							Full Containment w	vith Nec	ative	Press	sure
Scope of Work (Check al		5)			Mini-Enclosure				
≥ 3 sf or ≥ 3 lf					x Renova			Glovebag Procedu	re			
\(\frac{1}{\text{\tin}}\text{\tince{\text{\te}\tint{\text{\tetx}\text{\texi}\text{\text{\texi}\text{\text{\tett{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\text{\texi}\text{\text{\text{					Demolit	tion		Non-Exempted (*)	& Non-	Friah	le Pro	cec
L								T (Noil-Exempled ()	Abate	ment	Type	
			Location			& A _ L	toe Containing					
Location of Asbestos	-Containing	Nor	mally L	Ised	Descriptio	On of Aspes	tos Containing nermal systems	Amount (Specify SF or	공	Ŋ	Encapsulate	Eliciosuia
Material (ACM) TO BI	E ABATED In		Solely b	y Custo		surfacing	VAT, or other	LF)	Removal	Repair	Sd	100
Facility (1		Maint	enance Staff?	(12)	I I I I I I I I I I I I I I I I I I I	miscellane	ous)		Val	1 ≒	late	1 8
		Yes	No	N/A					W		10	-
THROUGHOUT		+	X		NFVAT			2800 SQ. FT.	X	-	1	+
THROUGHOUT		+	1						X	-	+-	+
		+					h care		+-	-	+	+
		+	-						1511	L_		1_
Name of Registered Wa	este Hauler		-	-	NJDEP Wast		Cubic Yards of	Name of Registered L	andfill			
Name of Registered VVa	isic i idalci				Hauler ID No.		Waste	GROWS				
JACK ROBINSON W	ASTE DISPO	SAL			17304		10 YD					
							Disposal Date					
City, State							11/23/2012	MORRISVILLE, PA	ID-t			
BELLMAWR, NJ		Title				Signatu	ri 27-Mar	12 d.	Date		10	
Completed By		0.0000000000000000000000000000000000000	SIDEN	JT		NUA	WWH.	V/ course	-11/1	6/20	12	
DAVID D'ANDREA		IFRE	OIDEL				0					



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

RECEIVED

Date of Notification (1)	1/	2012	_		0.0000000000000000000000000000000000000			2)							
□EPA	Initial				100000000000000000000000000000000000000		Street	ŧ	ADBESTO.	SUL	HT	ROL			
					Solution Street										
			cluding	1	Jac	ksonville	e, FL 32202			dephone Number Amount (Specify SF or LF) Amount (Specify SF or LF)					
(NJAC 5:23-8)	justificati	ion)		1	100000000000000000000000000000000000000			¥	Telephone Nur	nber					
	☐ Cancella	tion			Gar	y Wywr	a ·	E.							
					Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra FACILITY INFORMATION (3) S Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other th										
1	ancies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Place EX Railyard - Police Headquarter Det Address Pennsylvania Avenue (5) Darrhy Driver Address Pennsylvania Avenue (6) DET Address Pennsylvania Avenue (75) DET Address B S. Tryon Street - Interstate Towns, State, Zip Code DET Address Det Address Det Address Det Address Pennsylvania Avenue (75) DET Address DET						T. C.	Type of Facility	(4)						
	Type Notification Type Notification Impaired Im									0)					
	Avenue							Other (i.e., p	orivate and comme		uildin	gs,			
City (5)	gencies Notified □ EPA □ DOLWD □ DHSS □ DCA □ (NJAC 5:23-8) □ DCA □ (NJAC 5:23-8) □ Cancellation □ Initial □ Amended □ Amendment # □ Emergency (including □ justification) □ Cancellation							Square Feet	# of Floors	E	ldg. A	ge	No.		
Kearny	gencies Notified □ EPA □ DOLWD □ DHSS □ DCA (NJAC 5:23-8) □ DCA (NJAC 5:23-8) □ Cancellation □ Initial □ Amended Amendment # □ Emergency (including justification) □ Cancellation □ CSX Railyard - Police Headquarters treet Address □ S Pennsylvania Avenue □ Sty (5) □ Cearny □ County (6) □ Budson □ Amended Bole Bardeled Amended Bole Bardeled Amended Bole Bardeled Amended Bardeled Bardeled Amended Bardeled Bardele							3375	2	3	+0				
County (6)	gencies Notified GEPA					nty Code (7	(STATE USE ONLY)	Current Use (P	rior if being demol	ished)					
Hudson	gencies Notified EPA							and the same of th							
A STATE OF THE RESIDENCE OF THE PROPERTY OF TH	Cles Notified)							
	ital, Inc.							onse, Inc.		elephone Number Other than K-12) ate and commercial buildings, # of Floors					
			_									2-10-0			
	et - Inter	stat	e Io	wer			Color process to the San Constitution of the Color of the			umber -12) mercial buildings, Bldg. Age 30+ nolished) Prover Abatement Removal Removal Removal					
THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	00														
				T+3				15632							
	oring Firm						1170	20							
	1	Cohod	ulad C						01121		-				
	2012								, Inc.	9					
			887. 🐔 :									41.500			
									t, Interstate	Towe	er				
Scope of Work (Check all t	hat apply)						Full Cont	ainment with Ne	gative Pressure						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf							☐ Mini-Enc	losure g Procedure		ıre					
			ls	Loca	ition	Γ				-	natem	ent T	vne		
			1	Norm:	ally	201.80			65 700			_	1		
		1)							200500 C27707	emc	epa	nca	nclo		
IN Facility			Cust			(1.0.	surfacing, VAT,	or		va va	=	ulsc	sure		
(13)			Yes		_		other miscellane	ous)				ate			
Entire First F	loor				×		Floor Tile & Ma	astic	3375 SF	×					
First Floo	r				x		Insulation		18 SF	×					
Above Drop Ceiling	- 1st Flo	or			×		Pipe Fitting	S	10	×					
Name of Registered Waste	Hauler		parte D	1.5				Name of Regis	stered Landfill						
Waste Managen	nent			1.72		O No.	Waste	Grand C	entral Sani	tary	Lai	ndfi	II		
City, State					24		Disposal Date						.0.02.0.		
Camden, New Je	ersev						12/14/2012		ayl, PA						
Completed By (Print or Typ		Title	-				Signature	\wedge		ate					
Jessica Busch	•	3377575		istr	ative	Suppo		IND B	1000/	1/21	1/20	12			
		L .~		41			THE	me	win.						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

No char	((Pu	rsuant to NJA	AC 8:60-7 and 17	2:-120-7) 限	ECE	A	ED				
Date of Notification (1)			100000011000110	Name of Bu	uilding Owner/C	perator								
11/19/12				Princeton (University		2012 A	10V 23	Ph	4 1:5	9			
Month/Day/Year Agency Notified	Type Notification	on		Street Add	ress				22707.72		<u> </u>			
EPA	Initia			P.O. box 21			ABB	STOS	CC	HIR	UL	ł		
DEP	Not	ificati	on	City, State	, Zip Code		8	LICE	N2	ING				
DCA	x Ame	nded		Princeton !	NJ 08543									
DOH	Not	ificati	on	Name of Co			29/2012-11	Telephone	e Nui	mber				
	Cano	ellati	on	Robert Ote					_					
				FACILIT	TY INFORMAT	ION								
Name of Facility Where Abate Princeton University 138-1			(3)				Type of Facility School Subcha		ther	than K1	(2)			
Street Address				55				i. e. Priva			The state of the s			
138-140 Alexander Street								ngs, homes		_				
							Square Feet	# of Floor	S	Bldg. A	\ge			
City (5)	Cour	ity (6)		County Code (Current Use (Pri	2	don	50+				
Princeton					(STATE USE ONLY)	University	or ii being	uen	ionsneu)	,			
Name of Monitoring Firm Hir	red by Building O	wner	(8)		ASCM No.	Name	of Abatement Con	tractor (9))					
Pennoni Associates Inc	,		, ,		1 and 1 27		iated Specialty Con		2					
Street Address		9				Street	Address	510000	_					
515 Grove Street Suite 1B			1			98 La	Crue Avenue			200				
City, State, Zip Code							State, Zip Code							
Haddon Heights NJ		V 8474				Glen I	Mills, PA 19342							
Project Manager of Monitoria	ng Firm			Telephone			hone Number				e Numb	er		
Alan Lloyd				856-547-05	505	610-3	64-9622			1103				
Scheduled Start Date (10)		Sche	d. Con	pletion Date	(11)	Name	of OSHA Monitor							
12/04/12		1		01/31/13		Criter	rion Labs							
Month/Day/Year		<u> </u>		onth/Day/Yea	ır	C4					-	_		
Occupancy Status During Aba Facility Closed/Vacate				atement			Address Progresive Drive							
x Abatement Performed				attiment		_	State, Zip Code							
Hours - Describe:			cincy				lem PA 19020							
Other - Describe:														
Scope of work (Check all that						1	Full Containmen	t with Neg	ative	Pressui	re			
x Demolition	uppi)			Renovation	n	x	Mini - Enclosure	_						
>3 sf or >3 if						x	Glovebag Procee	lure						
x >160 sf or >260 lf						x	Non-Friable Pro	cedure						
		Is							Ab	atement	Туре			
Location of	Lo	cation	ı	Desc	ription of					1	E	E		
Asbestos - Containing	554999	rmally	1		os-Containing		Amount	77	R	_	N	N		
Material (ACM)	100	sed			rial (ACM)		(Specify SF or		E M	R	CA	C		
TO BE ABATED	1000	olely Main			ermal systems , surfacing, VAT		LF)		O	P	P	0		
In Facility (13)		Main ance/			miscellaneous)	•	LF)		v	A	s	s		
(13)	V 1075	stodia	50	or orner	seenaneous,		1		A	I	U	U		
		ff (12							L	R	L	R		
	Yes	_	N/A				2025.05					E		
Bldg 138 exterior		X			ard exterior		2025 SF	x		-				
Bldg 138 exterior		x		window cau		1.1	180 LF	x						
Bldg 138 Basement		x		flu packing	;		1 SF	х						
- 10 W														
Name of Registered Waste Ha	uler			EP Waste	Cubic Yards		Name of Registe	red Landfi	11					
Horizon Disposal			Haule	er ID No.	of Waste		GROWS							
City, State		7.5	_		Disposal Date		City, State					-		
Trenton NJ					As needed		Morrisville PA	-						
Completed By (Print or Type)	Tel		Title	N.		Signat	ture , 11	1			Date	, ,		
Mark Goshow			Proje	ct Manager		1	nan Ho	ner			11-0	1/-		

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

Chalt 29659

Date of Notification (1)		Old College		Building Owner/C	perator	(2)		* 4	en Fue	
11/20/12			Princeton	University		2012 A	Inv an			
Month/Day/Year			_			2017 [OV 23	_PM_	1:47	
Agency Notified 7	Type Notification		Street Add		í					
EPA	x Initia		P.O. box 2	10000000		产品进行	STOS LICEA	CON	T 12 sa I	
DEP	Not	ification		e, Zip Code		&	LICEA	JEILLE	INOF	8
DCA	Ame	nded	Princeton	NJ 08543					1	
DOH	Not	ification	Name of C	Contact		Tele	phone Nur	mber		
	Canc	ellation	Robert O	tego	185	5.W749 P 54-				
			FACILI	TY INFORMAT	ION					
Name of Facility Where Abatem Princeton University Guyot I Street Address						Type of Facility (4) School (K1 Subchapter (i. e. buildings, l	Other of Private &	comme		
Princeton University							Floors	Bldg. A	\ aa	-
	T _C	+ (6)		County Code	(7)	10000 "01	3	50+	ige	
City (5)	Cour	ity (6)		County Code (STATE USE ONLY		Current Use (Prior if			`	
Princeton				(STATE USE ONLY	()	University	being dem	onsucu	,	
Name of Monitoring Firm Hired	l by Building O	wner (8)		ASCM No.	Name	of Abatement Contract	or (9)			
Pennoni Associates Inc	Dy Danting C	(0)				iated Specialty Contract				

Street Address 515 Grove Street Suite 1B						Address Crue Avenue				
City, State, Zip Code						State, Zip Code				
Haddon Heights NJ					Glen N	Mills, PA 19342				
Project Manager of Monitoring	Firm		Telephone	e Number	Telepl	hone Number	Pineme	Licenc	e Numb	er
Alan Lloyd			856-547-0		11	64-9622		1103	į.	
<u> </u>		10 1 1 0		(11)	N	of OSHA Monitor				
Scheduled Start Date (10)		Sched. C	Completion Date							
11/23/12			11/27/12		Criter	rion Labs	2			
Month/Day/Year	······································	1	Month/Day/Ye	ear	Street	Address				
Occupancy Status During Abate Facility Closed/Vacated	Ment (Check o	nry one) Period of	Abstement			Progresive Drive				
4 					_	State, Zip Code				
x Abatement Performed C			у		11	lem PA 19020				
Hours - Describe:		PM			Bensa	1em FA 19020				
Other - Describe:					Ш					
Scope of work (Check all that ap	oply)					Full Containment with	h Negative	Pressu	re	
Demolition			Renovatio	on		Mini - Enclosure				
x > 3 sf or > 3 if						Glovebag Procedure				
>160 sf or >260 lf					x	Non-Friable Procedu	re			
		Is	T				Ab	atement	t Type	
Location of	1.0	cation	Des	scription of		1			E	E
Asbestos - Containing	10000	rmally		tos-Containing		Amount	R		N	N
Material (ACM)	20000	sed	200503222001	erial (ACM)		(Specify	E	R	C	C
TO BE ABATED	Se	olely	(ie. Ti	hermal systems		SF or	M	E	A	L
In Facility	by	Main-	insulation	n, surfacing, VAT	Γ,	LF)	0	P	P	0
(13)	10.70	nance/		r miscellaneous)		*	V	A	S	S
\$ 150	Cu	stodial					A	I	U	U
		ff (12)		+11			L	R	L	R
	Yes	No N/		.,				_	—	E
Basement room D 96		х	floor tile	and mastic		180	x			
					-					
							16			<u> </u>
Name of Registered Waste Hau	ler	1000	JDEP Waste	Cubic Yards		Name of Registered L	andfill			
Horizon Disposal		H	auler ID No.	of Waste		GROWS			L. Tronge	
City, State	11.			Disposal Date	:	City, State				
Trenton NJ				As needed		Morrisville PA				
		~ Tev					Date			
Completed By (Print or Type)			ue oject Manager		- Organical Control of the Control o			20.11		
Mark Goshow		rı	oject Manager	maggin	4		1//	20-11		

NOTIFICATION OF ASBESTOS ABATEMENT REMEMBER - MAIL IN HARD COPY. (Pursuant to NJAC 8:60-7 and 12:-120-7) Date of Northcaston (1) Name of Building Owner/Operator (2) 11/20/12 Princeton University Month/Day/Year Type Notification Street Address Agency Notified EPA P.O. box 2158 Inthint DEP Notification City, State, Zip Code DCA Amended Princaton NJ 08543 DOH Name of Contact Nedfication Telephone Numbe Cancellation Robert Oterro HARITA FACILITY INFORMATION'S Name of Facility Where Absterness is Taking Place (3) Type of Facility (4) School (K12) Princeton University - Gayot Hall Basemeat D 96 Subchapter 8 (Other than K12) Street Address Other (l. e. Private & commercial Pelaceton Daiverstry buildings, homes, etc.) Square Fect M of Plears Bldg. Age City (5) County Code (7) 10000 County (6) Princeton (BTATE UGE ONLY) Current Use (Prior if being demolished) University Name of Monttering Firm Hived by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennovi Associates Inc Associated Specialty Contracting Street Address Street Address 515 Grove Street Suite IR 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Haddon Heights NJ Glea Mills, PA 19342 Project Manager of Monttering Firm Telephone Number Temptone Number Licence Number Alpu Lloyd 856-547-0505 610-364-9622 1103 Scheduled State Date (10) Schod. Completion Date (11) Name of OSHA Monitor 11/23/12 11/27/12 Criterion Lubs Month/Day/Xenr Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address Panilly Clased/Vacated During Busine Period of Abstraces 3370 Progresive Drive a Abatement Performed Ontside of Normal Facility City, State, Zip Code Hours - Describe: 7:00 AM = 5:00 PM Bentalem PA 19020 Other . Describes Scope of work (Check all that apply) Full Containment with Nagative Pressure Demolition Renovation Mini - Enclosure >3 sfor >3 if Glovebeg Fracedure >160 of or >260 lf Non-Friable Procedure Īά Absternant Type Lecation of Legation Description of E E Asbestos - Containing Normally Asbestos-Containing R N N Amount Material (ACM) Used Material (ACM) E R C (Specify C TO BE ABATED Solely (le. Thermal systems SF or M E. Α L to Facility by Malainsulation, shrincing, VAT, LF) 0 P P 0 (13)Lenance/ V or other miscellansons) S S Custodial H U U ٨ Staff (12) L R R Yes No NA Basethent room D 96 Boor tile and mustic 180 Name of Registered Waste Hauler NJDEP Waste Cubic Yords Name of Registered Landilli Mauler ID No. of Waste Horizon Disposal GROWS City, State Disposal Date City, State Treaton NJ Morrisville PA As peeded Completed By (Print or Type) Title Signature Date Mark Goshow Project Manager ABS-41 JUN 95 G4667

State of New Jersey

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APPROVED NJ Dept-of Health & Senior Services			Sta	te of New Jers	ay.	REC	EIVEDO	eck	#	80) } }
Date: \$1 16 12 Firme: 200	P	NOTHE (Pu	CATION Issuant t	OF ASBESTOS to NJAC 8:50 at	ABATE	ON SIMERY NOV SI	3 PM				
Date or Nonrection (1)			Name of GRA	Building Owner	Operator	REALIXOS	EIVEDO ELLS. So	NA	TI	125	AL
EPA Enitial Amended		L	3 ⊃ity, Stat	MA WHAT E. Zip Code	TAUI	ALLE R	extra .				
DOE Amendment Emergency justification) Cancellation	(including		Name of	Contact PORTER	FIFELW	Y. 1057	Telephone Nu	nber			
Name of Facility Where Abatement is Takin SHOPPING CENTER Street Address 420 6-RAND STR		i)	FACIL	ITY INFORMAT	TON	Type of Facility School (K- Subchapte Other (i.e.	• •	2) al byd	ings	, Һонв	es,
JERSEY CITY						20 oso	# of Floors	E	idg. J		•
County (6) Hudson			County C STATE U	ode (7) SE ONLY		Current Use (Pr	ior if being demolish	red)			
Name of Monitoring Firm Hired by Suilding	Owner (8)		ASCM	No.		of Abatement Co fac Contraction	ntractor (9)				
Street Address			L		Street	Address Lowell Road	3 1.00				
City, State, Zip Code	***************************************	·			City. S	State, Zip Code		···			
Project Manager for Monatoring Firm		1	relephon	e Na.	Telepi	1 Rock, N.J. 0 none No. -262-5841	7452 Libense N 00156	0.			
Start Date (10) / / / / / / / / / / / / / / / / / / /	Schedule	3-6	pletion D	late (11)	Name	of OSHA Monitor	1				
Occupancy Status During Abatement (Chec					Street	Address	and oethices it	10.			
Facility Closed/Vecated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nat Facility	Abalem Hours	ent		City, 5	Huyler Street State, Zip Gode Kensack, NJ 0	TEND				
Scope of Work (Check All That Apply)) ido	Kensack, NJ C	7000				
≥3 st or ≥3 if ≥160 ef or ≥260 if	-	tenovat temotiti	10000		ST T AR	Mini-Endosus Glovebeg Pro				·a	
Location of		Locatio	,	D	sonation	-1000		T	Abiat	emen /pe	l I
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Me	d Solei intenen lodial S (12)	ce/ (aff?	Asbestos Cor (i.e. therms surfa	itaining l	Asterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
BLIMPIES	Yes	No	NAX	VAT			7905			2	ø
RADIO SHACK			X	VAT			30 se	+			
ORY CLEANERS	+		×	VAT			2,000 SF	 	ļ.,		
LAWDRY	+		×	VAT			1:400 SF	1.			\vdash
Name of Registered Waste Hauler NEWARK CARTING IN	- 	Ha	DEF Walter ID N	sta Cubic	Yards ste 20		1,510 SF Registered Landfill A Bedhlehem La	-	Cor	p.	
NEWACK, NJ			~	Dispo	sal Date		te hem, PA 18015				
Completed by R. McDonald	Presi	ident			Signature (K-//	my U	7 De		15/1	12	\dashv

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10 chack				FICATIO	tate of Ne N OF ASI t to NJAC	BESTOS	ABATE			2012 N	PE	CE	11	E
Date of Notification (1)				Name o	of Building	Owner/0	Operator	(2)		2012 N	יחי			the fa
11-19-12				Uni	ted St	cates	Posta	al Service	9		~ "	12		
Agencies Notified	Type Notification			Street A	Address					lephone Nur			417	7:5
	T 1-W-1		į.	P.O	. Box	27497	7 .			81	108	10		
IXI EPA	☐ Initial ☐ Amended			City, St	ate, Zip C	ode				T	CE	VOL	147	RAI
X DOL	Amendmen			Gre	ensbo	co. No	2 274	498				10/	VG	101
Ø DOH					of Contact				Te	lephone Nur	nber			
D DCA -	☐ Cancellation			Dav	id Cal	lkins								
				FAC	ILITY INF	ORMAT	ION							
Name of Facility Where A			3)					Type of Facility	(4)					
Highlands Mai	n Post Off	ice						☐ School (K						
Street Address 170 Bay Avenu	e							☐ Subchapte ☐ Other (i.e. etc.)	er 8 (Oth . private	er than K-12 & commerci	2) al buil	dings	home	es,
City (5) Highlands								Square Feet 2,200	1 4 0	f Floors		ldg. A		
County (6) Monmouth					Code (7) USE ONL	Y)		Current Use (P Post Off		ing demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	of Abatement Co	ontractor	(9)	-	_		
TTI Environment	en la contrata de la companya de la						Ply	mouth Env	ironm	ental C	0.,	Inc		
Street Address							_	Address						
1253 North Chur	ch Street						923	Haws Aver	nue					
City, State, Zip Code Moorestown, NJ (8057	•••					The second of the second	tate, Zip Code ristown, I	PA 19	401				
Project Manager for Monit	oring Firm			Telepho	ne No.			ione No.		License N	0.		- 50	
Jim Guilardi		0-1-4-1			84-88	AND 1	1	-239-9920 of OSHA Monito		00398				
Start Date (10) 11–20–12			ea Co -20-		Date (11)			nouth Envi		ental C	0.,]	[nc.	is.	
Occupancy Status During	Abatamant (Char			12				Address		*				_
				DE Park N. Walter			Commence of the Commence of th	Haws Aver	nne					
Facility Closed/Vacat Abatement Performe						26		tate, Zip Code						
☐ Abatement Performe ☐ Other – Describe:	d Odiside of North	nai i aciity	1 1001	·	4			ristown,PA	1940	01				
Scope of Work (Check All	That Apply)						NOL	11500111711		-		-		
≥3 sf or ≥3 lf		⊠ F	Renov	ation				Full Containn	nent with	Negative P	ressu	re		
Dx ≥160 sf or ≥260 lf			emol					Mini-Enclosu	re	····				
							120			d Non-Friab	le Pro	cedur	е	
		T	1	ura.					1		T		ement	t
9	<u> </u>	477	Loca Vorma			Do	scription	of				Ту	pe	,
Location of Asbestos-Containing N				ely by		stos Cont	taining M	laterial (ACM)		mount			ш	
TO BE ABA			intena todial	Staff?	(i.e			insulation,		Specify F or LF)	Ren	Re	ncar	nd
In Facility (13)	/		(12)				cing, VA niscellan		Si	OI LF)	Remova	Repair	Encapsulate	Enclosure
(10)		- V	N/-	N/A	1			86			프		ate	re
1, 61		Yes	No X	N/A	VAT				1,000	SF	x	-	-	
work floor				-		base	adho	zivo) SF	x			
work floor			Х		cove	Dase	aurie	2116	100		_^			_
Name of Registered Waste	e Hauler		11	NJDEP W	/aste	Cubic	Yards	Name of	f Registe	red Landfill				
Robinson Waste				17304		of Was	ste 1(VS,Ind	C.	= 98			
City, State							al Date	City, Sta	ite	ית פוו				
Bellmawr, NJ							20–12		ISVI.	lle, PA				
Completed by		Title				S	ignature	1	1/2	Dat				
Timothy E. Brya	n	Vice	-Pr	eside	nt	1	-1	~1	11.	11	1–19	-12		

te of Notification (1)			Name	of Build	ing Owner/ States	Operator	al Serv	vice .	.07	23 AM I	1:55	<u> </u>		1
11–19–12								100	SII	ic new				
encies Notified	Type Notification		Stree	t Addres	2710	7		8	Tir	IS CON ENSINO	ROL			4
encies Notified			Ρ.	0. BC	x 2749	<u>'</u>			410	EMOIN(3			1
EPA	☐ Initial ☐ Amended			State, Z		~ 25	1400							1
DEP	Amendment #		Gr	eensl	oro, N	C 21	498		Teleph	one Numbe	r			1
DOL	☑ Emergency (inc	luding	Nam	e of Cor	itact			1.3						
DOH	justification) Cancellation		Da	avid (Calkins	5		:			i		9 80	7
DCA -			F	ACILITY	INFORMA	TION	Type of	Facility (4)			All and a second			1
774 - 14 (no.co	Abatement is Taking F	Place (3)												1
ame of Facility vinere	in Post Office	е						hool (K-12) bchapter 8 (Other	than K-12)				
	III TOBE GI			· ·			₩ Ot	ibchapter 8 (her (i.e. priv	ate & c	commercial	building	s, non	165,	
treet Address	tral Avenue						eto	c.)	# of F			Age		
502 Grand Cen	LIAI AVGIAC						Square		# 011			yrs		
City (5)							2,20	0			4)			_
Lavallette			Cou	inty Cod	e (7)		Current	Use (Prior	if being	demonstic	۵)			
County (6)			(ST)	ATE USE	ONLY) _			t Offic						_
Ocean		(0)	1	SCM No	2	Nar	ne of Abate	ement Contra	actor (3) 	Tn	<i>-</i>		
Jame of Monitoring Fi	rm Hired by Building O	wner (8)	1	10011111		P	Lymouth	Enviro	nme	ntal CC	0 , 111	<u>.</u>		_
TTI Environme	ental					Str	eet Address	3						
								s Avenue	∋ •					_
Street Address 1253 North Ch	nurch Street						y, State, Zip							
Chata Zin Code						N	orrist	own, PA	194	01				_
Moorestown, No	08057						lephone No		$\neg \neg$	License No).			
Project Manager for N	Ionitorina Firm		Te	lephone	No. 1-8800	16	10-239	-9920		00398				_
Jim Guilardi														
		Scheduled	Compl	etion Da	ite (11)	IN C	1 vmout	A Monitor h Envir	onme	ental C	o.,II	nc.		
Start Date (10)		11-2	26-12	2			reet Addres							
11-21-12	uring Abatement (Chec	k Only One))			St	reet Addres	s Avenu	e					
Occupancy Status Di	Jillig Abatement (***	Daried of Ah	atemer	nt										
Facility Closed/	Vacated During Entire Formed Outside of Norm	nal Facility F	lours			C	ty, State, Z	own,PA	194	1				
Abatement Peri	Office Caraido or					· I	vorrist	OWITER	-			0.020118		
									E 1723		المورونية	2		61
Scope of Work (Che	ck All That Apply)	0-	enovatio	on			☐ Fu	III Containme	ent with	n Negative	- lessui	5		
≥3 sf or ≥3 lf		XI Re □ . De	molitio	in .				ni-Enclosure ovebag Prod				1120		
1 ≥160 sf or ≥260) If	ш. э.					□ GI 121 No	ovebag Prod on-Exempted	d (*) ar	nd Non-Fria	ble Prod	edure		
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			Locatio								-	٠,		Г
		N	ormally	, by		Desci	ription of ning Materi	al (ACM)		Amount	_		E	1
Loc	cation of lining Material (ACM)	Used	d Solely	ce/	Asbesto	nermal sy	stems insu	nauon,		(Specify SF or LF)	Removal	Repair	Encapsulate	
TO B	E ABATED	Cust	odial S	taff?	(5.3)	surfacir	na. VAI, or			or ut Li)	SVOI	pair	Sula	1
In	Facility		(12)			other mis	scellaneous	5)			=		le	
	(13)	Yes	No	N/A			12.000				-	-	-	+
		162	110		VAT				1,0	00 SF	Х	_	_	+
work floor			Х		VAI									
WOLK LICOL									-				T	1
		-+					88.98. <u>0</u>		-		-	+	+	+
05,5500			-	+										_
				11050	Monto	Cubic	/ards			stered Land				
Name of Registere	ed Waste Hauler	1200	1	JDEP V	No.	of Was				ınty La		11		
Robinson W	aste Disposal			17304			7.000	1						
TODALIDOL III							al Date	City, St	ate	er Town	ship	"NJ		
City, State						11-20		Mancr	2					
Bellmawr,	NJ					8	tgnature	11/	5		Date 11-	10 1	2	
Completed by		Title	- D-	eside	ent		1 ~	/11/	1		11-	13-		_
	Bryan	1 V1C	E-PI	COLUC		S	1 -		/					

12		NOTIFI	CAHO	N UF A	AC 8:60 and	12:120)			. " . E. F.	111	jage	
		(P		- f Duildi	na Owner/C	nerator (2)	- 7	OIZ NOV 23	. 1)
e of Notification (1)			Name	+od	States	Posta	l Servi	ce	23	A 80 .		
11-19-12	35							4.	& LICENSI	419 /	1:5	c.
encies Notified	Type Notification		Street	Address	. 27/07	,			20/05			U
encies ivolines			P.(). BO	x 27497				LICENO	NO	in.	
EPA	☐ Initial ☐ Amended			State, Zi		- 274	0.0		-1491	NG	101	
DEF	Amendment #		Gr	eensb	oro, No	274	90	Te	elephone Number	_		
DOL	Emergency (inclu	ding	Name	of Cont	tact							
DOH	justification) Cancellation		Da	vid (alkins							
DCA -	LI Gariocitation		F.A	CILITY	INFORMAT	ION	Type of Fa	cility (4)				
(Facility Mhore /	Abatement is Taking Pla	ace (3)				1		ol (K-12)				
ame of Facility Where y	Main Post Of	fice					☐ School	napter 8 (0	ther than K-12)		hom	200
						2	☑ Other	(i.e. privat	ther than K-12) e & commercial bu	maings	, non	100,
reet Address 551 State Rout	e 35N						etc.)		of Floors	Bldg.		
331 State Rous							Square Fe	~	1	42	yea	rs
ity (5)							1,900		P. * 1			
Normandy Beach	1		T Cou	nty Code	e (7)		Current Us	se (Prior If	peing demolished)			
county (6)			(STA	TE USE	ONLY)			Office				
Ocean			1	SCM No	1	Name	e of Abateme	ent Contrac	tor (9)	Tn	,	
lame of Monitoring Firm	n Hired by Building Own	ner (8)	A	20M 140		Pl	vmouth 1	Enviror	mental Co.	, 1110	•	-
TTI Environmer	ntal					Stree	t Address					
N - Addross							3 Haws	Avenue				
1253 North Chi	urch Street						State, Zip C					
-: Otata Zin Code						NTO	rristow	n, PA	19401			
City, State, Zip Code Moorestown, NJ	08057						phone No.		License No.		-3-3-50	
PROTOBOOM FILE	pritoring Firm		Tel	ephone	No.	l ele	0-239-9	920	00398			
Project Manager for Mo Jim Guilardi			230,000		-8800	11						
	T s	Scheduled	Comple	etion Da	te (11)	Nam	rmouth	Enviro	nmental Co	.,In	C.	
Start Date (10)		12-7			1.55 × 100 × 1			1111111			0.00755-0	(C. 18 - 16
11-26-12	the section of					Stre	et Address	7				
Occupancy Status Dur	ing Abatement (Check	O(11) O.10)	, 				23 Haws					
	Fatire De	riad of AD	atemen	IL		City	, State, Zip	Code	0.401			
Ahatement Pellul	IIICa Catoras	I Facility i	10013	Ť		No	orristo	wn,PA	9401			
☐ Other - Describe												
Scope of Work (Check	(All That Apply)						☐ Full C	Containmer	t with Negative Pr	essure	3	
		X Re	enovatio	n			☐ Mini-	Enclosure	74.002			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 l 	f	□ De	emolitio	n			☐ Glove	ebag Proce	dure (*) and Non-Friabl	e Proc	edure	
			_				X Non-	LACITIPICA		1	Juaco	1110111
		T	Locatio	0							Ту	pe
		IS N	Locallo			Descrip	otion of	1.010	Amount			ш
Loca	ation of	Used	d Solely	by	Asbestos	Containi	ng Material (ion.	(Specify	Removal	R	Encapsulate
Asbestos-Contair	ning Material (ACM)	Mai	intenan odial Si	ce/	(i.e. th	ermal sys	tems insulat , VAT, or	1011,	SF or LF)	mo	Repair	psu
TO BE	ABATED acility	Cust	(12)	an.		ther misc	ellaneous)			val	=	late
1	(13)		N4			227						
1	1 884	Yes	No	N/A					1,900 SF	x		
		+	x		sheet	rock j	joint co	mpound		+-	-	1
work floor			v						1,000 SF	X	-	-
work floor			Х		VAT							
MOTY LICOT										+	T	
1000				1						0		
				JDEP V	Vacte T	Cubic Ya	ards	Name of	Registered Landfi	26	. 1 1	
Name of Registered	Waste Hauler			IJDEP V lauler ID	No.	of Waste	9	Ocear	County La	ndI:	TTT	
Robinson Wa	ste Disposal			17304		2			-			
TION TELEVISION TO THE				. , 50 .		Disposa		City, Sta	te	.abi	∽ NT	т
								Manc	nester Town	nsnı	P,N	U
					1	12-7-	12	1 1111-9	77	>-4-		
City, State	บ							1/1		Date		
		Title		eside	ent		gnature	111		Date 11-1		

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) October 16, 2012					Name of Building Owner/Op Bloomfield College	perator (2)							
Agencies Notified		Notification	Гуре		Street Address								
AUGINICS MONING		Initia	al Notifica		467 Franklin Street		7	-					
⊠ EPA		★ Amende	d Certific	ation	City, State, Zip Code	002							
☑ DCA		□ Emerge		luding	Bloomfield, NJ 070	003	Telenhon	a Numb	or.				
x DOL		justific	ation)		Name of Contact	1	I elemin			- 1			
☑ DEP		□ Cancel	led		Jack Mc Grane								
X DOH				FACILITY INF	ORMATION								
Name of Facility Where Abate	ment is Taki	ng Place (3)			Type of Facility (4)					- 1			
Bloomfield College- I	(nox Hal	I- Baseme	ent		School (K-12) Subchapter 8 (other th	an K-12)							
Street Address 467 Franklin Street					Other (i.e. private & comes Sq. Feet: 2,000 # of	mercial buildin Floors: 3 B	gs, home: Idg. Age	s, etc.) <u>e:</u> 50+	years				
City (5)	County (6) Essex		County C (State Us	ode (7) e Only)	Current Use (prior if being	demolished):	Offices	, Storag	е				
Bloomfield					Name of Contractor (9)								
Name of Monitoring Firm Hire	d by Bldg. O	wner (8)	00079		1 - Table 1 - Ta								
Envirovision, inc.			00079		GREENWOOD ABATEMENT CONSULTANTS, INC.								
Street Address					Street Address								
20-21 Wagaraw Road	i, Bidg#	34A			268 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
Fairlawn, NJ 07410					Butler, NJ 07405		License	Number					
Project Manager for Monitori	ng Firm	Telephone			Telephone Number		LICETISE	TAUTHDEL					
Fred Larson	* * * * * * * * * * * * * * * * * * *	973-636			973-492-0477		00840						
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA Monitor								
November 21, 2012		Novemb	per 26, 20	012	ENVIROVISION, INC	; <u>.</u>							
The second secon		(Ob all arbi			Street Address	:				4			
Occupancy Status During	Abatement (Check only	one)	tement									
Facility Closed/Vac Abatement Performe	ated During	g Entire Per	cility Hours	itement	20-21 WARGARAW	ROAD, BIG	lg # 34/	Α					
	a Outside t	JI NUMBA FA	only riours		City, State, Zip Code								
Describe Other – Describe:	Ion Occu	ipied – St	b-Chapt	ter 8	FAIRLAWN, NJ 074	10							
	1011 0000	ipiou -	**************************************		FAIRLAVIN, NJ 074	10							
Phase 2 Source of Work (Check all to	not apply)							anieh Ne	egative Pres	eure			
Source of Work (Check all ti	iat apply)					Mini-Enclo		ANITH IAC	syative i res	Juic			
≥ 3 sf or ≥ 3	lf			Renovation	n	Tent /Glov		cedure					
□≥ 160 sf or ≥				Demolition		Non-Eyem	ebay Fio	and Non-	-Friable Proc	cedure			
	•00000000					TON EXON							
	I la l	ocation Norm	hally I lsed	Description of A	sbestos Containing Material	Amour		Abateme	ent Type				
Location of Asbestos-Conta Material (ACM) in Facility (1		ely by Maint./	Custodial	(ACM) (i.e. ther	mal systems insulation, surfac	ing, (Speci		Remove	Repair Encap	Enclose			
Material (ACM) III Facility (1	Sta	ff? (12)		VAT, or other m	iscell.)	OI LF)				0.00			
	YE		NA	TOL		200	LF	X					
Basement	X			TSI					ered Landfill				
Name of Reg. Waste Haule	r	NJDEP W	aste Haule	r ID#	Cubic Yards of Waste:		Mead	owfill La	andfill				
See Hauler Below # 1	& 2	See Bel	ow		1	T Dianasal Da	100000000000000000000000000000000000000		City, State				
Hauler #1) Greenwoo	d Abatem	ent Consu	Itants, Inc	c. – Butler, NJ	07405	Disposal Da		R	Route 2, Box 6 Bridgeport, W				
NJ DEP # 1 Hauler #2) Newark Ca	1∠501 orting, Inc.	– Newark,	NJ 04509,	NJ DEP # 1955	1	2012			04-842-2784				
Hauler #21 Newark Ca					Cianatura								
					Signature		Date	- b 4	0 2042				
Completed by (Print or Typ		Title SENIOR	PROJE	CT			Oct	ober 1	6, 2012				

GAC # 2012-311- No Add Quantities- Included Envirovision ASCM # and checked off DCA

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Agencies Notific	11	in .						2 du	h/	"	4
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Name of Publish	Whose BL L			FAI	LILITY I	NFORMATION				_	_
Passalc Count	Where Abatement is y Courthouse	Taking Pia	(a)		-	·	Type of Fac	ility (4)			_
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City (5)	The same						HOMES,	310)			
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	g Firm Hired by Bull	Mina O		1	ONLY)		Courthouse	3		.uj	
(8) Langan Eng	incoring Service	a Inc		ASCM 1		Name of Abale	mant Contractor	(9)			_
Strast Address				20079		Street Address	al Constructi	on, Inc.			
	nter One, 4th Flo	or						MB Suite 218		**	
City, State, Zip Co Elmwood Park,	NI 07/07		-			City, State, Zin	Code	vid outte 218			_
Project Manager fo						Clifton, NJ	07012				
Vijay Patel	I MINIMONING FRAN			phone N		Telephone No.		Licenso No			_
Start Dete (10)	Is	cheduled 0	Amplet	94-6900 :	× 4544	973-389-00		00693		-	
11/16/2012		11/18/20	12	ON CALE	(11)	Name of CSHA	Monitor Constructio				
Occupancy Status	During Abstement (Check only	one)			Street Address	Constructio	n. Inc			_
Abatement Porfe	acated During Entire	Ported of	Abaton	tnet			Avenue, PA	AB Suite 218			
Other - Describe	THE CHIZING OF MO	rmai Facility	y Hours	ı		City State, Zip C	ode		_	_	*****
Scope of Work (Che	ok ali thut anoly)					Clifton, NJ O	7012				
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	•	十十	121			other miscellance	16)		Removal	Repair	TS.
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Name of Registered V	V		T						Х	-	_
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REMEMBER - MAIL IN HARD COPY

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Date of Notification (1) 11/15/2	012			N	arne of Bull	24 12 NOVES	90r (2014 11)	SINOV TE	2012	-		1
Agencies Notified	Type Nethro	Hita-				unty Building	& Grounds	866	2	1		1
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Name of Facility Where At	atoment in	ákina Piz	Cn /3	-	FAGILITY II	NFORMATION						
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Street Address			-				Subcha	(K-12) Pter 8 (Other than I	C-1 21			
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Name of Monitoring Firm H (8) Langan Engineerin	fråd by Mulidi	ing Owne	Γ		M No	Name of Abat	ament Contracto	or (9)		=		
Street Address	g Services	TUC -	=:	000	99	DIA Gene	al Construc	tion, Inc.				
River Drive Center On	a Ath Elan	_	11.00			Street Addres						=
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ilmwood Park, NJ 074						Clifton, NJ	Code			_		_
roject Manager for Manitor	ing Firm		To	lophon	o No	Telephone No		License No			_	_
ijay Patel			20	1-794-6	900 x 4544	973-389-0	089	00693				
ton Date (10)	Sc	hadylad (ompl	ction E	ate (11)	Name of DSHA		00033		_	_	_
11/16/2012	1 1	1/18/70	17		•		Construct	on Inc				
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Facility Closed/Vacated D Abatement Parlormed Ou	uring Entire	Period of	Abat	6men!		1360 Clifton	Avenue, P	MB Suite 218				
Olher - Describe	WIGO OF NORM	nas Facili	y Ho	מחנו		City, State. Zip	Gode				_	=
cope of Work (Check all the						Clifton, NJ	7012		_			
	ot apply)				77.57	· ·					- Maria	_
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TO BE ABATED	,,	Gu	lenan :!bot!:		Asbotto (i.c.,	os Containing Ma Inermal systems	lerial (ACM)	Amount			Е	
(N Facility		201	taff? (12)		1	surfacing, VAT	Or .	(Specify SF or LF)	70	70	Q.	E I COMPLET
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rvice Transport Group	4101			JOEP V Juler ID 0970		Cubic Yards	Name of Reg	stered Landill	ايد			
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tarth Jagad	1000	sident				Signaturo		Date				_
The same of the sa	1 4 1 4	PARTICIAL			manager of the	i k		11/15/	2012			

^{. 130} not use this form for usossias licensure exempted activities

Date of Notification (1)					Man	ne of Duild	ling O	wner/Operator	2012 NOV		<u>U</u>			
		12	_	ų.				vic Schools	(2) 7 7 7 U Y	2362 A299:	<i>i</i> . o			
Agencies Notified EPA	Type Notif					et Address 30 Libert		eet	CK#	S CONTRE	4 8	ŧ		
☑ DOLWD ☑ DHSS	☐ Amenda	ed ment #1			City,	State, Zip	Code)		-42/18 10	<u></u>			
⊠ DCA	⊠ Emerge		udina		Li	ttle Ferry	y, nev	v Jersey 076	643					
(NJAC 5:23-8)	justifica	tion)	9		Nam	e of Conta	act			Telephone N	umber			
	☐ Cancell	ation			Bi	Il Goode	•			-	a pepe			
					FA	ACILITY	INFO	RMATION			-			-
Name of Facility Where			lace	(3)					Type of Facility	(4)			-	
Washington Eleme	entary Scho	ool							☐ School (K-1	2)				
Street Address			(Walliot 13)						Subchapter	8 (Other than K	-12)			
123 Liberty Street			25						homes, etc.	private and comi	mercial i	buildii	igs,	
City (5)									Square Feet	# of Floors	1	3ldg.	Age	
Little Ferry, New Je	ersey 07643	3							20,000	2		55+		
County (6)					Cou	inty Code	(7)(STA	TE USE ONLY)	Current Use (Pr	rior if being dem	olished)			
Bergen									Elementar					
Name of Monitoring Firm		lding Ow	ner (8)	ASCN	No.	Na	me of Abatem	ent Contractor (9)					-
Detail Associates I	nc.						L	ilich Corpo	ration					
Street Address								eet Address						
300 Grand Avenue							6	06 McBride	Avenue					
City, State, Zip Code	07624							, State, Zip Co						
	Englewood, New Jersey 07631 olect Manager for Monitoring Firm								ark, New Jerse	y 07424				
Stephen Jaraczews	oject Manager for Monitoring Firm							ephone No.		License No.				
Start Date (10)		Cahadula	4 6 5		A	9-6708		73-225-8400		01104	ł			
		Schedule 12				12 12	0.000	ne of OSHA N &S Environi	10.000					10000
Occupancy Status During	2)		0.500			27 - 32 - 27 0 - 2	Stre	et Address					-	
Facility Closed/Vacate	ed During Enti	re Perioc	of At	aten	nent		2	333 Route 2	2 West					
	Outside of No	ormal Fa ∩PM/	cility F	lours	onna	cribe	City	, State, Zip Co	ode					
		<u></u>		VI- <u>12</u>	.00	VI	U	nion, New J	ersey 07083					
Scope of Work (Check all	that apply)							· · ·						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Reno Demo					Mini-Encl Glovebage			duro			
				cati	73317							atem	ent T	vne
Location of	(0)0.1		No. Sed S	mall			121 002	Description of			-		T	-
Asbestos-Containing N TO BE ABA		"	Maint	enan	ice/			containing Mat mal systems in		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	у		ustod	ial S 12)	taff?	(SU	urfacing, VAT,	or	SF or LF)	oval	=	psu	Sur
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1	No	N/A		oth	er miscellaned	ous)	\$14.400.245.000.000 (2.14) on 22.40.00 (4.14)			late	(O)
Gymnasium (Full Co	ontainment)		_		N/A	Wood F	Floori	ng & Mastic	(Occupied)	5100 SF				
Area Under Stage (Te	nt&Gloveba		-					on (Occupie		170 LF				
			TE	7					· · · · · · · · · · · · · · · · · · ·					
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Name of Registered Waste	e Hauler				DEP V	Vaete 1	Cubi	c Yards of	Nome of Darie			Ш	Ш	
Lilich Corporation	Lilich Corporation							e raids of	Name of Regist G.R.O.W.S.					
City, State								sal Date	City, State					
Woodland Park, New	v Jersey						12	/11/12	Control of the Contro	Pennsylvania	а			
Completed By (Print or Typ	oe)	Title					- T	Signature		010	Date			
Tatiana Kalenikova		Vice	Presi	den	t			Talia	salar	lelen	11	/19	11	

Date of Notification (1)													
(1)				(Pur	State of New TION OF ASBI SUANT to NJAC Tame of Building Ov Little Ferry Pub.	STOO	1/22	1 50)	ın (יייי	Y	60
/ ' 11 ,	0=	_	_	(4)	Suant to NJAC	8:60 00	ABATE	WEALT	~ # ***		20,42000	· · · · · ·	
I SOURCE NOVICE		1;	2	IN	lame of Building Ov Little Ferry Pub eel Address 30 Liberty Street State, Zip Code	337	5:16)	11:50	.00	1	1	()	OAN
I LIVA	Ype Notif	ication	=	_ `/	Little Ferry Pub	Wat/EBAN	HOT (2)			L	!	J	
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Ø DCA	Amenda	ient#		CHO	State, Zip Code	r	i	1	1	- '-			nΔ
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h	Indelial	on		RII	e of Contact			I			 .		1 1
Name of Facility Where Abater Washington Elementary					le Goode		L	. 7	Talenh				
Washington Elementary	nont in Ta	king Pi	200 (2)	FAC	CILITY INFORM	A TI -		ſ	Telepho	orig N	umb	er	
7 (13/13) (13/13)	School		-00 (3)			MOIN							
123 Liberty Street							Type of	Facility (4)					
Uny (5)							LISERA	A1 // .					
Little Ferry Now						7	Subc	hapter 8 (C (i e., prival	ther the	n v a	01		
Little Ferry New Jersey 0	7643						home	nap(dr 8 (C) (i e., privat is, etc)	e and c	Othen	2) Brolni	huna	r-
Bergen			-	A CONTRACTOR OF THE PARTY			Square F	cet				Dung	រោជ្ញន
Name of Monitoring Firm Hired by Detail Associates Inc.				County	Code (7) ISTATE LASE		20,000	-	of Floor		7	Bldg	Age
Detail Age	Bulkling	71			CHA.ULE (VOE	ONLY)	Current U	Be (Prior if I	-		_	55-	
Detail Associates Inc.		AMU6L	(8)	SCM NO	INI	_	Elome	ntary Sch	paing de	molis	shed)		
300 C-	·				Name of A	batement	Contract	or (0)	1001				
300 Grand Avenue							ion	u, (0)					
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Englewood, New Jersey 078	34				600 MgE	ilde Av	onue						
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Abatement Parformed Outside of N Time of Abatement: 7AMP	lormal Fo	cility H	IND D		2333 Rout	A 77 W.							
Time of Abatement 7AM-P	M/3:30PI	A	AM	eocribe	City, State Zip	Code ARE	sr						
cope of Work (Check all that apply)					Union, Ne	W loss				-		~~~	
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≥160 sf or ≥280 H	⊠	Renovo	tion		☑ Full C	ontainme	19 14/6th D.L.	galive Pres					
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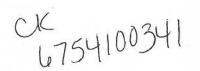
Nov 5 2012 05:35pm P001/002

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) 2812

11 / 05 /	12		N	ame of Bu	ilding Owner/Operat	or (S)	23 AM44	20112	- (m	e:	1:0
Agencies Notified	ì				rty Street	& LICE	# 2328 \$260 6 \$ CONTROL NS/NG	De .			_
□ DHSS Amendm □ DCA	ent#_										
(NUAC 5:23-8) Justificatio	n)	gnıoı	Ne	me of Cor	Ty, new Jersey 0	7643					
☐ Cancellati	ion			Bille Goo			Telephone	Number			
Name of Facility Where Abatement is Ti	aking Pi	3CR (3		ACILITY	INFORMATION						
Washington Elementary School	1	,-	,			Type of Facility			-		-
Street Address			·			School (K-1	2)				
123 Liberty Street						I W Outer (i.e.,	8 (Other than k	(-12)	S. Ula	(m	
City (5)						יוסיווקס, פנט	.)	in erctar	DUIJO	ings,	
Little Ferry, New Jersey 07643						Square Feet	# of Floors	T	Bklg.	Age	
County (6)			Too	umbi Code	MCT ITT	20,000	2	- 1	55		
Bergen			1	enty Code	(T)(STATE USE ONLY)		rior if being dem	nolished)		_
Name of Monitoring Firm Hired by Buildin	ng Own	er (8)	LASC	VI No.	I Name of the last	Elementar	y School	•			
Detail Associates Inc.	Š	(.)	1.00	71 NO.	Name of Abatem	ent Contractor (9)				
Street Address			1		Lilich Corpo	ration					
300 Grand Avenue					Street Address					_	
ity, State, Zip Code					606 McBride			•			
Englewood, New Jersey 07631					City, State, Zip C					-	
Project Manager for Monitoring Firm		Tre	lephon	NI=	Woodland P	ark, New Jerse	y 07424				
Stephen Jaraczewski				9-6708	Telephone No.		License No.				-
tert Date (10) Sch	reduled	Comp	lation D	ate (11)	973-225-8400		01104	ŧ			
11 / 12 / 12	11		26 /		Name of OSHA N						
Occupancy Status During Abatement (Chi				12	J&S Environ	mental					
Facility Closed/Vacated During Entire I	eck only	one)	6000 15702		Street Address					-	_
Avaientent Peromied Outside of North	al Facil	the Llas			2333 Route 2						
Time of Abatement: 7AMPM/3	:30PM-	ky (10	AM	50nbe	City, State, Zip Co	xde					
cope of Work (Check all that apply)					Union, New J	ersey 07083					
											-
I≥3 sfor≥3 lf I≥160 sfor≥260 lf	□ D	enova	on		☐ Glovebac	ainment with Negrosure I Procedure Inpted (*) and Non					
Location of		a Loca Norma				7					
Asbestos-Containing Material (ACM)	Us	ed Sol	elv by	4-4-	Description of				atem	1	-
TO BE ABATED IN Facility	R4:	ainten:	staff?	(i,e	stos Containing Mat e., thermal systems in	erial (ACM)	Amount	er er	Repair	Enc	1
(13)	1	(12)	Stall?		surfacing, VAT.	or I	(Specify SF or LF)	Removal	ai-	Sage	- Independ
	Yes	No	N/A		other miscellaneo	ua)		-		Encapsulate	1
mnasium		Ø		Wood F	looring & Mastic	(Occupied)	5100 SF	×			+
		M			- 7						1
								12		=	
								12			느
me of Registered Waste Hauler		N	JDEPV	/aste	Cubic Yards of	Name of Registe	rod Le-Jen		IJ		L
ilich Corporation		1 H	auler ID 18724	No.	Waste	G.R.O.W.S.	a ea raudiii				
, State	100	1.,	10124		Disposal Date	City, State			-		
loodland Park, New Jersey	٧.	***			11/28/12		o ennsylvania				
npleted By (Print or Type) Tittle	*	٠.			Signature				- 10		
atiana Kalenikova V	ice Pr	eside	nt		Tation	· Kale		ate			

Print Form

Date of Notification (1) 11/17/12			N:	ame of E rchdio	Building Ov cese of I	vner/Operato Newark	r (2)	2012 NOV		TYE	,			
Agencies Notified	Type Notification	ί		treet Add	dress fton Ave.	1		2012 NOV						
EPA DEP DOL	Initial Amended Amendment #		_ C	ity, State lewark	e, Zip Code NJ 071	9 04		& L1	ÚŚ CEN	CONTR	91.			
DOH DCA	Emergency (in justification) Cancellation	cluding	380	ame of G Sharon	Contact Ertz				Tele	à Horie Nun	nber			
	1 -			FACIL	ITY INFOR	RMATION	T =	6 F 10h - (4)					-	-
Name of Facility Where St. Teresa's Men Street Address	e Abatement is Taking norial Hall	Place (3)	180					ype of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri) (Othe	er than K-12 & commercia) al build	ings, l	nomes	s,
306 Morris Ave.				-		į	S	etc.) quare Feet 000	# of	Floors	30000	dg. Ag	je	
Summit County (6)				ounty C	ode (7) SE ONLY)		С	urrent Use (Prior	1.0	ng demolish	ned)		-	
Union Name of Monitoring Fin	rm Hired by Building O	wner (8)		ASCM		0.0000000000000000000000000000000000000	e of	Abatement Cont Services Inc.	ractor	(9)				
N/A Street Address						Stree	et Ad	dress aple Ave.						
City, State, Zip Code					-	City,	Stat	e, Zip Code aton NJ 0705	7					
Project Manager for M	onitoring Firm		Ī	elephon	ne No.	Tele	phon	ne No. 6-7341	(i)	License N	0.			
Start Date (10)		Schedule		pletion [Date (11)	Nam	e of	OSHA Monitor Nalodka		01101				
11/28/12 Occupancy Status Du	ring Abatement (Check					Stree	et Ac	Idress						
Facility Closed/Vi Abatement Perfo Other – Describe	acated During Entire P rmed Outside of Norm:	eriod of A al Facility	bateme Hours	ent	0. 11	City,	Stat	aple Ave. te, Zip Code gton NJ. 0705	57					
Scope of Work (Check														
≥3 sf or ≥3 lf ≥160 sf or ≥260 l		- Comment	enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				a	
		T	Lantie					Non-Exempled	() ai	id Non-i ha	10110	Abate	ement	
Local	tion of	N	Location	y		Descripti					-	I y	pe	
Asbestos-Contain TO BE	addition (ACM) ABATED acility 3)	Mai Cust	d Solel ntenan odial S (12)	ice/ staff?	Asbest (i.e.	os Containing thermal syste surfacing, \ other miscel	ms i	nsulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
hoiler	room	Yes	No	N/A *		pipe insu	ılatio	on	_	15lf.	*			
Doller	100111													
								l No see S	Doctor	tered Landfi	11			
Name of Registered \ Newark Carting Ir			Н	JDEP Wauler ID 5409		Cubic Yards of Waste 1	s	GROW	S	tered Landii				
City, State Newark NJ.						Disposal Da 11/30/12	ate	City, Stat Morrisv		PA				
Completed by Leslaw Nalodka	•	Title Presi	dent			Signat	ure	Nh	1.		ate 1/17/	12		



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

RECEIVED

Date of Notification (1) 11/14/12				Building (perator	(2)	201	2 110	the feel to 1	Rapp.	D		
Agencies Notified Type Notification			Street Ad		,u			441	ZNU	V 23 A	HII:	1. 3		-
			5614 C	wens D	rive, A	pt #20)2	4	il. o	7.3		4/		
DEP Amended Amendment		_		e, Zip Co nton, C		8			& L	V 23 A	NTA	Ol.		
☐ Emergency justification) ☐ DCA ☐ Cancellation		- 1	Name of Yan &	Contact Alice Lo	oų.				Tel	ephone Nur	nber			
			FACIL	ITY INFO	RMATIC	NC								
Name of Facility Where Abatement is Takir House	ig Place (3)							of Facility (4 School (K-12	500					
Street Address 254 Forest Avenue								Subchapter 8 Other (i.e. pr	(Oth	er than K-12 & commercia	?) al build	dings,	home	es,
City (5) Glen Ridge		-						etc.) e Feet	# o	Floors	50000	ldg. A	ge	
County (6)			County C	ode (7)			Curre	nt Use (Prio	3	1.00				
Essex							Hous			(0)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				ement Cont ement, Inc		(9)				
Street Address							Addres	s ren Aven	ue			98		
City, State, Zip Code							State, Zi wa, N	p Code J 07512						
Project Manager for Monitoring Firm			Telephor	ne No.			none No 345-80			License N #00675	0.			
Start Date (10) 12/03/12								IA Monitor ement, Inc	 2.					
Occupancy Status During Abatement (Che	Control of the second	1907 L				1	Addres							
Facility Closed/Vacated During Entire						11 R	oseng	ren Aven	ue					
Abatement Performed Outside of Nor Other – Describe: Occupied	mal Facility	Hours	· .			Control of the section of	State, Zi wa. N	p Code J 07512						
Scope of Work (Check All That Apply)	- 4											_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				>	Min Glo	Containme i-Enclosure vebag Proc	edure					
							_I Nor	n-Exempted	(*) an	d Non-Friab	le Pro	000	ement	t
Landing of		Locat orma			Doc	scription							/pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntena	Staff?	Asbes (i.e.	tos Cont thermal surfac	aining N	Material s insula AT, or	(ACM)	(\$	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-11	sa swar	_		(D)	
attic crawl space		X			35.001	insula			2	0 LF				
basement	X	-	as	sociate	ed with	furna	ice	4	0 LF	-			-	
			-			-					1			-
Name of Registered Waste Hauler			JDEP W		Cubic of Was			toutes on av		ered Landfill				
D&S Abatement, Inc.			lauler ID 20996	NO.	TBD					gement o	f PA			
City, State Totowa, NJ					Dispos TBD	al Date	· `	City, State Tullytow		A				
Completed by Deanna Brkusanin	Title Proje	ct M	anager		S	ignatur		a Rel	lue	500 AND	ite 1/14/	12		

UK 1950204

	(F	urs	uant to	NJAC 8:60 and	112:120)	N	FC	CHI	3770			
Date of Notification (1) 11/14/12	3		me of B	uilding Owner/C hner	perator	(2)	2012 N	lov o	EH				
Agencies Notified Type Notification			eet Add	ress andy Parkwa	av		2 //	01/2	3 AM	11:48	,		
EPA DEP DOL Initial Amended Amendment #	ing	City	y, State orristo	, Zip Code wn, NJ 0796				SIO.	S CON	TROL			
Emergency (includi justification) DCA Emergency (includi justification) Cancellation	ing		me of C					lelep	hone Nur	Moei			
		1000		TY INFORMAT	ON	-	(Filit (4)						_
Name of Facility Where Abatement is Taking Plac House	e (3)					☐ Sc	f Facility (4) chool (K-12) ubchapter 8	(Other	than K-1	2)			
Street Address 27 Normandy Parkway						⊠ of et	ther (i.e. priv c.)	vate &	commerci	ial buildi			i,
City (5) Morristown						Square N/A	Feet	# of F N/A	Floors	N/	lg. Aç A	e	
County (6) Morris		Co	ounty Co	ode (7) SE ONLY)		Curren	t Use (Prior e	if bein	g demolis	hed)			
Name of Monitoring Firm Hired by Building Owner	r (8)	7	ASCM	No.			ment Contr		9)				
N/A Street Address						Address	ren Avenu	ue					
City, State, Zip Code					City,	State, Zip							
Project Manager for Monitoring Firm	#	Te	elephon	e No.	Telep	hone No -345-86			License I #00675				\neg
Start Date (10) Scho	eduled C	Comp	oletion D	Pate (11)	Name	of OSH	A Monitor		#00070			-20	_
11/27/12	28/12				1	Abate t Addres	ement, Inc). 					
Occupancy Status During Abatement (Check Onl Facility Closed/Vacated During Entire Period	d of Aba	teme	ent		11 F	Roseng	ren Aven	ue					
Abatement Performed Outside of Normal Fa	acility Ho	ours				State, Zipowa, N	J 07512						
Scope of Work (Check All That Apply)	_					П г	I Containme	nt with	Negative	Dressii	•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovati nolitic				× Min	ni-Enclosure evebag Proc n-Exempted	edure				e	
	Is Lo	antin	n .			1401	II-Exemples	\ / u.i.		T	Abat	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Nor Used S Mainte	maily Solely enan	/ y by ce/	Asbestos Co	escription entaining	Material	(ACM)	(5	mount Specify	Re		pe Enca	Enc
In Facility (13)	Custod (12)	taff?	sur othe	facing, \ r miscell	/AT, or aneous)		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
		No	N/A	l.	e insu	lation		7	5 LF	X			
basement	-	X		pil	De Ilisu	lation	1 1 1			1			
							7.1						
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JDEP V auler ID 20996		oic Yards Vaste D	3	Name of Waste						
City, State Totowa, NJ					posal Da	ate	City, Stat		A				
Completed by	Title Projec	t Ma	anager		Signa	THE THE	Muir			Date 11/14/	12		

Print Form

OK 51537552-4

J .		(Pursuan	it to NJAC	8:60 and 12	120)		DC	0-				
Date of Notification (1) 11/14/12				of Building Guerriero	Owner/Opera	ator (2)		RE	for i	7			
Agencies Notified Type Not				Address homas	Street	8 8		2012 NOV	23	AM I	1:4	S	
X DEP Ame	ended endment#			tate, Zip C ford, NJ				& L10	US C	ON	RO	1	-
DOH justi	ergency (including fication) cellation	9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Contact Suerriero			-	1	,EM2	HG		-	
Name of Facility Where Abatement	is Taking Place ((3)	FAC	ILITY INF	ORMATION	T	ype of Facility	(4)					_
Street Address 211 Thomas Street					_		School (K- Subchapte	12) r 8 (Other th private & co	an K-12	2) al bui	dinas	ham	
City (5)						1.000	etc.) quare Feet	# of Flo	1755075550	TE	Bldg.		es,
County (6) Union			County	Code (7) USE ONLY	2	Ci	/A urrent Use (Pri	N/A for if being d	lemolish		N/A		_
Name of Monitoring Firm Hired by B	uilding Owner (8)	Taran maran	M No.	Nar	ne of	Abatement Co patement, Ir			_			_
Street Address					Stre	et Ado				-	-		_
City, State, Zip Code					City	, State	e, Zip Code , NJ 07512						***
Project Manager for Monitoring Firm			Telepho	ne No.		ephone 3-345	e No. 5-8685		ense No	o .			5
Start Date (10) 11/29/12	Schedul 11/30/		mpletion	Date (11)	11.000000		OSHA Monitor patement, In	ıc.					
Occupancy Status During Abatement Facility Closed/Vacated During	Entire Period of	Ahater	ment			et Add	iress engren Aver	nue					
Abatement Performed Outside Other – Describe: Occupied	of Normal Facility	y Hour	S		City	, State	, Zip Code , NJ 07512	1.00					716-
Scope of Work (Check All That Apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if	. D F	Renova Demoli			1	Ě	Full Containmon Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
Location of	1	Locat	lly		Descripti						Abate	ement pe	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	d Sole intena todial S (12)	nce/		tos Containing thermal syste surfacing, \ other miscell	Mater ms ins /AT, o	ulation,	Amour (Speci SF or L	fy	Remova	Repair	Encapsulate	Enclosure
basement	Yes	No X	N/A		ducts	s		50 SF	-			X et	
												^	
Name of Registered Waste Hauler		I N	JDEP W	asto	Cubic Yards		Name	Denisters 21					
0&S Abatement, Inc.		Н	auler ID 20996		of Waste TBD		1	Registered L Managem		PA			
City, State Γotowa, NJ	(a)				Disposal Dat	te	City, State Tullytow				4		
Completed by Deanna Brkusanin	- Title Proje	ct Ma	nager		Signtery	re 1 MM	n Rll	10012	Date	14/1	2		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pursuan	it to NJAC 8:00 a	mu 12.12	REAL	11/11/2				\neg
nte of Notification (1) November 19, 2012		Name of Building	Owner/Oper Esther	ator (2) Frankel	in 20	190)4		
encies Notified Type of Notification		Street Address	613 Ma	frankel 7112 NOV 23	AM 11: 43				
EPA Initial Noti	Notification	City, State, Zip Co	de Lakew	ood, NJ 0876 CEN	SING			t	
[x] Emergency justification	y (including n)	Name of Contact	r Frankel	The second secon	phone Number				
DCA [] Cancellation		CILITY INFORM	-						_
lame of Facility Where Abatement is Taking Pla				Type of Facility (4)	chool (k-12)				
Residence				[] s	ubchapter 8 (other other (i.e., private	than k & conn	12) nercial	buildin	gs,
treet Address 613 Maple Avenue	+ (6)	County Code (7)		Square feet	omes, etc.) # of Floors	Bldg. A	Age 60		1
City	ounty (6)	(STATE USE ON	LY)	2000 sf Current Use (Prior if be	eing demolished)		00		
Lakewood Contact Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCM No.	Name o	Residence f Abatement Contractor (9		nc.			
N/A	ner (e)		Street A	ddress	ite 9, Unit 61				
Street Address			City, St	eta Zin Code	ver, New Jerse	y 0875	55-12	71	
City, State, Zip Code Project Manager for Monitoring Firm	Telephone Numb	per		one Number 49-9932	License Nu 00624	mber			
Scheduled Start Date (10)	Scheduled Comp	eletion Date (11)	Name o	of OSHA Monitor	Analytical				
11/19/12	11/19/12 ly one)		Street 2	Address	lton Road		3		
[x] Facility Closed/Vacated I	itside of Normal Facility	Abatement y Hours	City, S	tota 7 in Code	ay, New Jersey	y 088:	54		
Other – Describe				1 Full Containment					
Scope of Work (Check all that apply)		10 terroconia • an 20	į	Encapsulation Glovebag Procedu	ге				
$\begin{bmatrix} x \end{bmatrix}$ >3 sf or \geq 3 lf \geq 160 sf or \geq 260 lf		novation molition	[] Non-Exempted (*	and Non-Friable l		_		_
			1745	1.		Abat	ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custor I Staff (12)	dia	Descript Asbestos-C Material (i.e., thermal insulation, VAT other misc	ontaining (ACM) al systems surfacing, , 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 N C I C S I I
10 to		I/A			4 bags	+-	-	Е	-
Basement	X	Re-bag 4 b	ags of asb	estos pipe insulation	1, 54,5		-		+
					-	+	-		+
CD . Level Wests Under	NJDEP Waste F	Iddies sur.	oic Yards of	Waste Name of Regist	ered Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	202	Disposal Date	Cit	y, State Illytown, Pennsylvan	ia ,				
City, State Toms River, New Jersey Completed by (Print or Type)	Title	11/20/12 Signature	110	19 - 11	1	Da 11	te /19/2	012	
Nicholas Fernicola	Project Manager	is form for asbestos	licensure	exempted activities.					

State of New Jersey

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

MO# 20142481432			(Pur	suant	to NJAC	8:60 and 5	:16)	DE/	CEIVED				
Date of Notification (1)			1	Name o	f Building C)wner/Operato	or (2))	JEIYED				-
11 /	16 / 1	2	Y	ew Le	e			2012 NOV	23 AMII: 4	0			_
Agencies Notified	Type Notification	1			ddress								į.
□ EPA (Į			rrison Ave			ABSECT	OS CONTRO CENSING	D+			
☑ DOLWD	Amended Amendment	#	(City, Sta	ate, Zip Co	de		& 11	CENSING	łL.			1
☑ DHSS ☐ DCA	Emergency (ı, NJ 0702	29							
(NJAC 5:23-8)	justification)			Name c	f Contact				Telephone Numb	er			
	Cancellation			ew Le									-
		Alba er Rescon processor of		FAC	ILITY INF	ORMATION							_
Name of Facility Where	e Abatement is Taki	ng Place (3)					Type of Facility (4					
Private home								School (K-12) Subchapter 8	(Other than K-1 2)				
Street Address									vate and commerc	cial build	dings		
307 Harrison Avenue	e							homes, etc.) Square Feet	# of Floors	Blde	g. Ag		_
City (5)								Oquare 1 cct			5 3		
Harrison, NJ 07029				County	Code (7) (S	STATE USE ON	LY)	Current Use (Pric	or if being demolis	hed)			
County (6)				County	, 0040 (1) (0		- /						
Hudson Name of Monitoring Fi	rm Hired by Building	Owner (8	3) [ASCM N	No.	Name of Aba	teme	ent Contractor (9)					
(value of wormorning		9 ************************************				Gr Tech LL	C						
Street Address						Street Addres		H 1					
Oli edi Addi eda						576 Valley I	Rd#	283					
City, State, Zip Code						City, State, Z					XXXX		
e.,, e, -,						Wayne, NJ	0747	70			- 3-32		
Project Manager for M	lonitoring Firm		Tele	phone !	No.	Telephone N	0.		License No.	((()))			
100 00 0 C 00000 200 30 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						973-638-17			01127				
Start Date (10)	0.00	neduled Co			1	Name of OS	HA M	Monitor	£:				ř.
11 /26	/ 12	_11/	27	_ / -	12_	Envirovisio	n Co	onsultants,Inc					
Occupancy Status Du						Street Addre	SS						
	cated During Entire	Period of	Abate	ment	anile a			Road, Bldg .# :	34A				
Abatement Perform	ned Outside of Norr t:AM	nai Facility PM/	PM_	s - Des	A 1.1	City, State, 2	271						
			_			Fair Lawn,	NJ 0)7410					
Scope of Work (Check	(all that apply)		1.5			☐ Full	I Con	ntainment with Ne	gative Pressure				
		⊠ Re	novati	on				closure					
≥ 160 sf or ≥260 lf		∐ De	molitic	on 		- Nor	n-Exe	ag Procedure empted (*) and No	n-Friable Procedu	ire	1		
		Is	Locat	tion						Aba	atem	ent T	уре
	tion of		Norma			Descrip				Z	Z)	Щ	ш
	ing Material (ACM)		ed Sole intena			stos Containir ., thermal sys		aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
	ABATED acility	Cus		Staff?	(1.0	surfacing.	. VAT	T, or	SIF or LF)	oval	₹	sula	sure
(1	13)		(12)	T	4	other misce	ellane	eous)				te	
		Yes	No	N/A	-					ועו			-
Basement	W			×	Pipe inst	ılation			65 LF	X	ᆜ	Ш	<u> </u>
											Ш	Ш	L
		П	П	П									
			Ī	F	 	7	Y		+	П	П	П	Г
Name of Decistored	Maste Hauler		JU.	DEP Wast	e Hauler ID No		of Was	ste Name of Regi	stered Landfill				
Name of Registered	vvaste flautel							T.R.R.F. Inc					
Gr Tech LLC				00337	83	TBD Disposal Da	ate	City, State					esimae.
City, State									Α.				
Wayne, NJ 07470	- Tues	Titlo				TBD Signate	ULO	Tullytown, F		Date	2		
Completed By (Print	1000 1000	Title				Gigriati	16	who Ner		1/16/20	112		
N.Jevtic		Owner					/ -	Marin (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005) (2005)		1/10/20	112		-

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

110,		(P)	ursua	int to	0 <u>N.J</u>	J.A.	<u>د.</u> 8:60 and	12:1	20) RF	CEIV	LJ			
Date of Notification							Owner / Operato	or (2)	1 1	the file	= ()			
The same of the sa	11/19/2012 Type Notific				Addres		Central		2012 NO	V 23 AM				
x EPA	Type Nounc	alion					Rd, St 16		110	CS AM	11:4			
DEP	x Initia	i i			tate &				A Sate	The one			ī	
x DOL	☐ Ame	nded			d, NJ				21	TOS CON ICENSIN	TRO			
x DOH	☐ Eme	rgency			of Con				<u> </u>	MICNOUN	elepho	ne N	lumb	er
☐ DCA	Cano	ellation	D	enny	/ Smit	th				,	- ((() •) ·			
		· · · · · · · · · · · · · · · · · · ·		FAC	II ITV	INE	ORMATION							
Name of Facility Wh	ere Abateme	ent is Taking P	ace (3)	FAC	ILIII	HAL	Type of Facil	lity (4)						
Single Family Re		one to running r	1400 (0)				School (
Street Address					-				Other than K-	12)				
								4 5	ate & commer		s, hon	nes, e	etc.)	
111 W. Centennia	I Drive						Square Feet		# of Floors		ldg. Ag			
City (5)		County (6)	(/)	nty C	ode (7))	2,943		1			56		
Medford, NJ		Burlington				***			f being demol	ished)				
							Single Fam							
Name of Monitoring	Firm Hired b	y Building Owr	er (8)		ASCN	No.			t Contractor (9)			-	
Health & Safety S	ervices, LI	LC			117				ement Gro					
Street Address							Street Addres	SS						
318 12st Street	y						2115 Hamil							
City, State & Zip Coo		94					City, State &							
Hammonton, NJ (Trenton, N							
Project Manager for Mr. Jim Proctor	Monitoring F	ırm	Teleph 609-7			r	Telephone N			License N		~		
Scheduled Start Date	o (10)	Scheduled Con	-				609-977-618		THE RESIDENCE OF THE PARTY OF T		0118	55		
12-1-2012			2-11-2		(11)		Name of OSI		tal Laborat	orice Inc				
Occupancy Status D						-	Street Addres		tai Laborat	orics, inc			-	-
		During Entire P			ement		2333 Route		est					
		utside of Norma					City, State &							
Describe:						•	Union, NJ							
Facility Occu	pied During	Abatement												
Scope of Work (Che	ck all that ap	pply)								****				
			_	Supervision of				\boxtimes	Full Contains		egative	Pres	sure	•
≥3 sf or ≥3 lf			~~~		vation			Ц	Mini-Enclosu	145-107				
≥160 sf ≥260) IT			Demo	olition			Ц	Glove Bag P			-		
	cation of							<u> </u>	Non-Exempte					
	cauon or os-Containing	.	Norma	ocatio			Description Asbestos-Con			Amount (Specify	Aba	atem	ent I	ype
	rial (ACM)	9		ely by			Material (A			SF or LF)			т	
	E ABATED		Mainte				(i.e., thermal s			<u>-</u> . ,	Re	Z	nca	2
in	Facility		Custod		aff?		nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
	(13)			12)	N/A		or other miscell	aneous	s)		à	=	late	ē
A411 O			Yes							05	- 5			
Attic Space			HH	\sqcup			Vermicul	ite		2,400 5	- 🛛	Ц	Ц	LI.
			무내	4	H						ᆛH	\perp	닏	Щ
				4	井						ᆛH	Н	\vdash	님
			님니	4	井						ᆜ	H	H	H
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Name of Registered	Maata Hard			INIT	ED W	t - T	Cubic Yards	Mess	of Decisters	ط ا مصافاا		Ш	Ц	Ш
ivanie oi Registereu	vvaste naut	31		100000000000000000000000000000000000000	er ID N	55000000	of Waste	Name	of Registere	d Landilli				
Horizon Disposal	Services. I	nc.		226		E0700 3	TBD	Grov	vs Landfill					
City, State						_	Disposal Date	City,						
Trenton, NJ							TBD		isville, PA					
Completed By (Print	or Type)	·		Title	-		Signature	1			Date			
Brian Haney	* * * *			17 1999	sident		L 1	h	11		11/1)12	
The state of the s		+					V) //	~	W)_					

* Emergency*

NA	3850
CK. I	20:30
2012 NOV	100

Date of Notification (1)	200 () - CONTO CO					Name of Building Owner/Operator (2) Natalie Clark / Residence												
Agencies Notified	Type Notification	1 7	Name of Building Owner/Operator (2) Natalie Clark / Residence Street Address 224 N Rosborough Ave															
EPA DEP DOL	Initial Amended Amendment		City, State, Zip Code Ventnor City, NJ 08406 Name of Contact Teléphone Number Teléphone Number Numb															
□ DOH DCA	Emergency (justification) Cancellation			Name of Contact Telephone Number Natalie														
_ box	ON	N .																
Name of Facility Where A Natalie Clark / Resi		g Place (3)						☐ So	Facility (4) chool (K-12))	- 11 16 1	40)						
Street Address 224 N Rosborough Ave						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)												
City (5) Ventnor City, NJ 08406								Square 1000	e Feet . # of Floors Bldg. Age					e				
County (6) Atlantic				County Code (7) (STATE USE ONLY)				Curren	ent Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8)								me of Abatement Contractor (9)										
N./A Street Address				Stree				et Address										
City, State, Zip Code			-		*		PO Box 329 City, State, Zip Code											
								est Berlin NJ 08091 sphone No. License No.										
Project Manager for Monitoring Firm				,			856-753-9800 00727											
Start Date (10) Scheduled 0 11/17/12 11/19/12								me of OSHA Monitor ernaco Inc										
Occupancy Status During Abatement (Check Only One)							Street Address PO Box 329											
Facility Closed/Vacated During Entire Period of Abatemee Abatement Performed Outside of Normal Facility Hours Other – Describe: Home Owner Will Be Home / Weekend				rs City,				, State, Zip Code est Berlin NJ 08091										
Scope of Work (Check	All That Apply)							1										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						ion Mini-Enclosure Glovebag Procedure						Negative Pressure Non-Friable Procedure						
						1101	4 11011 111	Abate										
l No				cation, nally			o orintion	escription of					Туре					
Asbestos-Containing Material (ACM) TO BE ABATED La Facility Custod			ntenar	nce/		tos Cor therma surfa	escription of ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Kelliova	Demoval	Repair	Encapsulate	Enclosure		
		Yes	No	N/A		D "		- 41			0.05	×	-					
Garage				x Boi			er insulation			20 SF			1					
Name of Registered Waste Hauler				JDEP W	Vaste		ubic Yards Name of Registe					dfill				L		
United Containers				Hauler ID No. of W 22459 2			G.R.O.W.S.											
1						1 22	osal Date 9/12											
Completed by Anthony T Perna		Title Presi	Title President					Signature					Date 11/16/12					
, and the state of																		