

Date of Notification (1)				Name	e of Buildin	g Owner/Operator (2)		-	-		
11 /19 /	15	5		15	ckman E		▽ ′	9.0				
Agencies Notified Type Noti	fication			Stree	t Address			-			-	
☑ EPA ☑ Initial				60	3 Mattiso	n Ave						
☑ DOLWD ☐ Amend				City,	State, Zip (Code						
	ment #			100000000		k, NJ 07712						
DCA Emerg	ency (ir ation)	icludin	g		e of Contac			Telephone Num	hor			
Cance	953			1000000	m Wilson			732-774-133				
				FA	CILITY IN	FORMATION						
Name of Facility Where Abatement i	s Takin	g Place	e (3)				Type of Facility ((4)				
Commercial Building							☐ School (K-12))				
Street Address							Subchapter 8	Other than K-12)			
711 Mattison Ave							homes, etc.)	ivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Asbury Park, NJ 07712												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demolis	shed)			
Monmouth County												
Name of Monitoring Firm Hired by Br	ilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT LL	LC				
Street Address			5-6-10-5			Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ			T			Garfield, NJ	07026					
Project Manager for Monitoring Firm				lephone		Telephone No.	8	License No.				
Rick Eustaquio Start Date (10)	0.1			973-494	300 SO 100	973-928-4888		1188				
11 /28 /15				letion Da 23 /		Name of OSHA M	onitor NAGEMENT LL	С				
Occupancy Status During Abatement		100000				Street Address					_	
☐ Facility Closed/Vacated During Er				ement		27 Outwater I	ane					
☐ Abatement Performed Outside of	Normal	Facilit	у Но	urs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PI	Λ/	_PN	Λ- <u> </u>	AM	Garfield, NJ						
Scope of Work (Check all that apply)					2			ean saw				
≥3 sf or ≥3 lf		☐ Re	nova	ition		☐ Full Cont☐ Mini-Encl	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		☑ De				☐ Glovebag	Procedure					
		1-	1	- 1.		☑ Non-Exer	mpted (*) and Non	-Friable Procedur	е			
Location of			Loca			Description			Ab	atem	ent T	уре
Asbestos-Containing Material (AC	M)	Use	d So	lely by	Asbe	Description of stos Containing Mat		Amount	Re	Re	Ē	En
TO BE ABATED		0.0000000000000000000000000000000000000		ance/		., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		- 000	(12			surfacing, VAT, other miscellaned		SF or LF)	Val		Encapsulate	sure
N 1.5		Yes	No	N/A		other misochariet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				te	
Throughout Interior				\boxtimes	VAT			290SF				
Top Layer Roof					Roofing	Material		3,160 SF				
Roof Perimeter				\boxtimes	Flashin	g		568 LF				
										П	П	П
Name of Registered Waste Hauler				NJDEP 1	11.000	Cubic Yards of	Name of Registe	ered Landfill		_		
Newark Carting	*		1	Hauler II	100000	Waste	Blueridge L					
City, State				04509		As Needed Disposal Date	City, State			-	-	
Newark, NJ						TBD _	Chamberbu	ıra. PA				
Completed By (Print or Type)	Title					Signature /		Dai	0 /		 	
Allen Monchik		oject	Mar	nager		1 ((1)/ 1	1111		1/	19	/19	7-
SP 41			PERSONAL PROPERTY.			149			1	1/	17	

ASB-41 JAN 13

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

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		NC	TIE	IC A			w Jersey SESTOS ABAT	re:	MENT					
0503-0	73	NC	וווכ				C 8:60 and 5:1		WILLY I					
Date of Notification (1)					Name	of Building	Owner/Operator ((2)			kon	9-9-		
11 /	20 / _	15			CAN	IPBELL'	S SOUP COMP	AN	Υ		1	2 .	. 9	į.
Agencies Notified EPA	Type Notifica ☑ Initial	tion				Address	L PLACE							
☑ DOLWD	☐ Amended			-		tate, Zip C								
☑ DHSS	Amendme	and the second				IDEN, N								
DCA (NJAC 5:23-8)			ding	ŀ		of Contact	Allegative translation			Telephone Num	ber			
	☐ Cancellati	on			MS.	KERRIN	DONNELLY			856 342-480	00			
79					FAC	ILITY IN	FORMATION							
Name of Facility Where A	Abatement is T	aking Pl	ace ((3)					ype of Facility (4)				
CAMPBELL'S									School (K-12) Subchapter 8 (Other than K-12	2)			
Street Address	S-								Other (i.e., priv			ilding	S,	
1 CAMPBELL PLAC City (5)	,E							9	homes, etc.)	# of Floors	Blo	dg. Ag	ne.	
CAMDEN									20,000	2		36	, -	
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	C	urrent Use (Prio	r if being demol	ished)			
CAMDEN									HEADQUART	ERS				
Name of Monitoring Firm	Hired by Build	ling Own	ner (8	3) /	ASCM I	No.	Name of Abatem							
CRITERION LABS							DELTA/BJDS	S, I	NC					
Street Address 3370 PROGRESS D	DIVE						Street Address 1345 INDUS	TP	INI BI VD					
City, State, Zip Code	KIVE						City, State, Zip C							
BENSALEM, PA 19	020						SOUTHAMP							
Project Manager for Mon	itoring Firm				phone l		Telephone No.			License No.				
ERIC WYSOCKI					5 244-		215 322-2900			00783				
Start Date (10)		chedule 12					Name of OSHA I	Mor	nitor					
Occupancy Status During					_ ′ _		Street Address							
☐ Facility Closed/Vacate					nent		411 SOUTH	GΑ	TE SUITE E					
☐ Abatement Performed					s - Des	cribe	City, State, Zip C	Cod	e					
Time of Abatement: _		W	PIVI-	AIVI			MICKLETON	I N	J 08056					
Scope of Work (Check al	i that apply)								nment with Nega	tive Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novation			☐ Mini-En		sure Procedure					
23 _ 100 01 01 _ 200 11						101			pted (*) and Non	-Friable Proced	ure			
				Locat lorma			December	- 5				atem		1
Location Asbestos-Containing		1)	Used	d Sole	ly by	Asbe	Description stos Containing M	late	rial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA			100000	ntena odial (nce/ Staff?	(i.e	., thermal systems surfacing, VA			(Specify SF or LF)	lova	air	nsde	osur
(13)	ity		- 1	(12)	T	-	other miscellan			J. J. J.	-		late	e,
45 51 0011511 00110	TOUGTION		/es	No	N/A			064.774			-	_	_	
1 ST FL.SOUTH CONS	IRUCTION					BLACK	MASTIC A/W F	FIB	ERGLASS	500 SF		Ш	Ш	Ш
Name of Registered Was				10.0	JDEP \		Cubic Yards of Waste		Name of Regist					
SERVICE TRANSPO	ORT		却	10	20990		40000000000		MINERVA L	ANDFILL				
City, State 58 PYLES LANE, N	EW CASTLE	DE. 19	9720	0			Disposal Date		City, State WAYNESBU	JRG, OH 4468	88			
Completed By (Print or T		Title					Signature				Date /			
BRYAN CULLEN		PRO	OJE	CT M	GR.		Bru	,	(2)	122	11/2	0/3	20	15

NOV/20/2015/FRI 01:43 PM BJDS

FAX No. 215-322-1616

P. 002

CK59357

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Maintenance/ Cuetodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Maintenance/ Cuetodial Staff? (12) Yes No N/A Other miscellaneous) The south Construction BLACK MASTIC A/W FIBERGLASS South Staff Construction Constructi	0503.1	0~3		(PU	ireuen	n to NJA	C 5:50 and 5:10	5)					
	Date of Notification (1)			7			,		F DOL		λΑγ	,	
DNS DNS Amended A					Streat	Address					260	1	12
© DISS CAMDEN, NJ 05103 CAMDEN CAMDEN, NJ 05103 CAMDEN, NJ 05103 CAMDEN, NJ 05103 CAMDEN C									3.00	**		_	,
DEA STREET STRE					530	88 60		1	1			6	5
	☐ DCA	Emergency (in		1	_				L			1	1
PAGILITY INFORMATION	(NJAC 5:23-8)							-	Telephone Numb	(Par	111	rm	
Name of Facility Where Abalement is Taking Piece (3) CAMPBELL 7 CAMPBELL PLACE CAMPBELL PLACE School (K-12) Subclopion 8 (Other than K-12) Subclopion 9 (O		☐ Cancellation						J	858 342-450) ;	V	-17	_
Street Address If CAMPBELL PLACE Street Address If CAMPBELL PLACE City (6) CAMDEN CAMDEN					FAC	CILITY IN	FORMATION						
CAMPBELL PLACE Square Faet	NAMES OF THE STATE	balement is Taking	Place	(3)									
CAMPBELL PLACE Square Faet								Subchapter 8) (Other than K-12)	í			
CITY (5) CAMDEN CAMDEN CAMDEN CAMDEN COUNTY (6) CAMDEN COUNTY Code (7/(57ATE USE ONLY) CAMDEN Name of Montronting Firm Hired by Guilding Owner (8) CRITERION LABS Street Address 337D PROGRESS DRIVE CITY, State, 2D Code BENSALEM, PA 19020 Project Manager for Montroring Firm Telephone No. 215 244-4300 215 244-4300 COUNTY Code (7/(57ATE USE ONLY) DELTA/BJDS, INC CRITERION LABS Street Address Street Address Street Address Street Address Street Address SUTHAMPTON PA Telephone No. 215 244-4300 215 222-2900 COTS3 Start Date (10) Boneduled Completion Date (11) PROCESSORY Facility Classed/Vecated During Entire Parted of Abatement, Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Performed Collede of Normal Pacifity Hours - Deported Time of Abatement Type Abatement Type Minicritation of Normaliston, (Specify and Normal Pacifity Hours - Deported on Normaliston, (Specify and Normaliston, (Specify and Normaliston) Time Performation of Normaliston (Sp		-						Cother (i.e., pr	ivate and commer	يط اهاء	ilding	s,	
CAMDEN									-	Lau	4 · A		_
County (8) CAMDEN CA	- 1 .									- 1		30	
CAMDEN Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address BENSALEM, PA 19020 Project Manager for Monitoring Firm Telephans No. 215 244-1300 215 232-2900 O0783 Surt Date (10) 11 / 17 / 15					F0.10	by Fodo /7	VOTATE HEE ON VA		1 -		540	_	
Name of Monitoring Firm Hired by Building Owner (8) ABCM No. CRITERION LABS Street Address 3379 PROGRESS DRIVE City, State, Zip Code BENSALEM, PA 19020 Project Manager for Monitoring Firm ERIC WYSOCKI Soneduled Completion Date (11) 11 / 17					GOUN	A 0006 (L	Nothie Mednet)			Mary I			
CRITERION LABS Street Address SUTHAMPTON PA Telephone No. 215 222-2000 C0783 Denne Ook Address Address SUTHAMPTON PA Telephone No. 215 222-2000 C0783 Denne No. 215 22-2000 Denne No. 215 22-2000		Hired by Building C	Dwiner I	8)	ABCM	No.	Name of Absterns		· · LTLU	_			
Street Address 3379 PROCRESS DRIVE (19, State, Zip Code BENSALEM, PA 19020 Project Manager for Monitoring Firm Telephone No. ERIC WYSOCKI 215 246-1300 215 222-2900 0783 Street Address SOUTHAMPTON PA Telephone No. 215 246-1300 215 222-2900 0783 Street Recovery Company State During Abstement (Check only one) Facility Closed/Vacatad During Entire Period of Abstement Abstement Parformed Outside of Normal Pacility Moure - Describe Time of Abstement Laki-gPM/ PM-ZAM Scope of Work (Check all that apply) 33 st or 23 ft Describion of Aebedos-Contidering Material (ACM) Aebedos-Contidering Material (ACM) IN Facility (12) Yes No N/A Aebedos-Contidering Material (ACM) (12) Yes No N/A APPA Name of Registered Waste Heatier Scope of Work (Check all that apply) Street Address 1348 INDUSTRIAL BLVD Close SOUTHAMPTON PA Telephone No. 215 222-2900 00783 Street Address SOUTHAMPTON PA Telephone No. 215 222-2900 00783 Street Address SouthAMPTON PA Telephone No. 215 222-2900 00783 Street Address Street Address SouthAMPTON PA Telephone No. 215 222-2900 00783 Street Address Street Address SouthAMPTON PA Telephone No. 215 222-2900 00783 Street Address Street Address Street Address Street Address Street Address Address Street Street Address Street Street Address Street Street Street Address Street Street Address Street Address Street Address Street		- more of panetrial of			100 0111								
3370 PROGRESS DRIVE 1345 INDUSTRIAL BLVD			-									-	_
Sensalem, PA 19020 SouthAmpton PA	3370 PROGRESS D	RIVE					1345 INDUS	TRIAL BLVD					
Project Manager for Monitoring Firm ERIC WYSOCKI 215 244-1300 215 222-2900 Name of OSHA Monitor EMS Occupancy Status During Abstement (Check only one) Fadility Classod/Vecated During Entire Petited of Abstement Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe Time of Abstement Parformed Outside of Normal Pacifity Hours - Describe	City, State, Zip Code						City, State, Zip Co	ode		_		-	
Talephone No. 215 224-2900 21	BENSALEM, PA 19	020					SOUTHAMPT	ON PA					
Start Date (10) 11 / 17 / 15 12 / 31 / 15 EMS Cocupancy Status During Abstement (Check only one) Facility Closed/Vecated During Entire Period of Abstement Abstement Performed Cutal de of Normal Pacifity Normality Time of Abstement: AM-4PM/ PM-7AM Street Address 411 SOUTH QATE SUITE E City, State, Zip Code MICKLETON NJ 08056 Scopa of Work (Check all that apply) Seenovation Damolition Seenovation Damolition Cocupand Abstement (Check all that apply) Asbestos-Containing Material (ACM) Normality Location of Abstement (Check all that apply) Asbestos-Containing Material (ACM) Normality Location of Abstement (Check all that apply) Asbestos-Confishing Material (ACM) Normality Location of Abstement Type Asbestos-Confishing Material (ACM) Normality Location of Abstement Type Maintenences' (List thermal systams insulation, (Specify authority), other miscellaneous) 12 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exampted (*) and Non-Friable Procedure Abstement Type Asbestos-Confishing Material (ACM) Normality Location of Abstement Type Maintenences' (List thermal systams insulation, (Specify authority), other miscellaneous) Abstence Confishing Material (ACM) Anount (Specify authority) Asbestos-Confishing Material (ACM) Abstence Confishing M	Project Manager for Moni	toring Firm		Tele	phone	No.			Ucense No.		_	_	
11	ERIC WYSOCKI	0.70		21	5 244	1300	215 322-2900		00783				
Occupancy Status During Abstement (Check only one) Facility Closed/Vocated During Entire Period of Abstement Abstement Performed Cubil de of Normal Pacifity Moure - Describe Time of Abstement:	Start Date (10)	Soned	uled C	om ple	tion Da	te (11)	Name of OSHA M	lonitor					
Facility Closed/Vecated During Entire Period of Abatement Abatement Abatement Parformed Outside of Normal Pacility Mours - Docoribe City, State, Zip Code MICKLETON NJ 08056 City, State, Zip Code MICKLETON NJ 08056 City, State, Zip Code MICKLETON NJ 08056 MICKLETON NJ 08056 City, State, Zip Code MICKLETON NJ 08056 MICKLETON NJ 08056 MICKLETON NJ 08056 City, State, Zip Code MICKLETON NJ 08056 M	11 / 17 /	_15 _ 1	2 /	31	_ / _	15	EHS						
Abstement Performed Outside of Normal Pacility Mours - Describe Time of Abatement:							Street Address						
Time of Abalament: AM-\$PM/ PM-ZAM Mickleton NJ 08056							411 SOUTH (SATE BUITE E					1=1
Scope of Work (Check all that apply) Superior Supe	☐ Abelement Performed Time of Abelement:	Outside of Normal	Pacility	7AM	s - Des	⊘ lba							
□ ≥3 si or ≥3 ii □ Demolition □ Demolition □ Glovebag Procedure □ Non-Friable Procedure □ Non-Exempted (*) and Non-Exempte	180			2									
Location of Normally Description of Normally Descripti	☐ ≥3 si or ≥3 M ☑ ≥160 of or ≥280 M						☐ Mini-Enc	losure a Procedure		8			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Page No N/A DEA DEA DEA DEA DEA DEA DEA D			le	Local	lon			1		-	alem	ent T	VDE
TO BE ABATED IN Facility (13)									4		_	_	5
Yes No N/A 15' FLSOUTH CONSTRUCTION Second			Ma	Intens	nce/	Asbe	stos Conteining Ma ., thermal svatema	terial (ACM) Insulation.		Sign			do
Yes No N/A	IN Facility		Cus				surfacing, VAT	, ar		2	7	duk	Sun
1st FLSOUTH CONSTRUCTION BLACK MASTIC AW FIBERGLASS 500 SF Conspicted Waste Hauler NJDEP Waste Hauler ID No. Wasta MINERVA LANDFILL	(13)		Yes		_	1	other miscerane	ous)				6	
Name of Registered Waste Houler SERVICE TRANSPORT City, State S8 PYLES LANE, NEW CASTLE DE. 19720 Completed By (Print or Type) BRYAN CULLEN PROJECT MGR. Disposal Date Signature PROJECT MGR. Disposal Date Signature Signature PROJECT MGR. Disposal Date Signature Signatur	1° FLEOUTH CONE	TRUCTION	_		-	BLACK	MARTIC ANN E	BERGI ARE	800 SE	1		П	
Name of Registered Waste Hauler SERVICE TRANSPORT City, State S8 PYLES LANE, NEW CASTLE DE. 18720 Completed By (Print or Type) BRYAN CULLEN PROJECT MGR. NJDEP Waste Hauler ID No. Wasta Minerva Landfill Mine	ADRA				-	BENCK	MASTIC ATT	DERGEASS	899 01	+-	片		
Name of Registered Waste Hauler SERVICE TRANSPORT City, State S8 PYLES LANE, NEW CASTLE DE. 19720 Completed By (Print or Type) BRYAN CULLEN PROJECT MGR. NJDEP Waste NJDEP Waste Wasta NJDEP Waste Wasta MINERVA LANDFILL City, State City, State WAYNESBURG, OH 44688 Signature PROJECT MGR. Date			-	Ш						10	Ш		
Name of Registered Waste Hauler SERVICE TRANSPORT City, State 58 PYLES LANE, NEW CASTLE DE. 19720 Completed By (Print or Type) BRYAN CULLEN NJDEP Waste Cubic Yards of Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBURG, OH 44888 Date Date PROJECT MGR.													
Name of Registered Waste Hauter SERVICE TRANSPORT NJDEP Waste Hauter ID No. 20990 Disposel Date City, State S8 PYLES LANE, NEW CASTLE DE. 18720 Completed By (Print or Type) BRYAN CULLEN PROJECT MGR. NJDEP Waste Waste MINERVA LANDFILL City, State WAYNESBURG, OH 44888 Date I July 3015													
City, State 58 PYLES LANE, NEW CASTLE DE. 18720 Completed By (Print or Type) BRYAN CULLEN PROJECT MGR. Disposel Dete City, State WAYNESBURG, OH 44888 Date 1120/2015					auler (C	No.		200					
Completed By (Print or Type) BRYAN CULLEN PROJECT MGR. Signature Date 1/20/20/5			4000		dhan.		Disposal Data		lina all trace				
BRYAN CULLEN PROJECT MGR. Suy Cullen 1/20/2015				U				WATNESS					
198-41				CT M	GR.	-	7/	Cul			ذ أه	20	15
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CK 25/13

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

Date of Notification (1)		-	-		Namo	of Duildin	~ 0	ner/Operator (2)					
11 /	19 /	15				izon	g Ow	ner/Operator (2)					
					100,000				N. A.	MUM	2 0	0		
Agencies Notified EPA	Type Notifica	ation				Address			85					
⊠ DOLWD	☐ Initial	1				Willow S	1000	t						
☑ DHSS	Amendme				2555	State, Zip C								
DCA	☐ Emergen		luding	1	Eas	st Ruther	ford	, NJ 07073						
(NJAC 5:23-8)	justification	on)	-		Name	of Contac	t			Telephone Nun	nber			
	☐ Cancellat	tion			Ale	x Baylor				(301) 802-5	112			
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where	Abatement is T	Taking	Place	(3)					Type of Facility (4)				
Verizon									School (K-12)	1				
Street Address									Subchapter 8					
85 Willow Street									Other (i.e., pri	ivate and comme	ercial b	uilding	JS,	
City (5)									Square Feet	# of Floors	TB	ldg. A	ne	
East Rutherford									10,000	3		50	90	
County (6)					Cour	nty Code (7	VSTA	TE USE ONLY)			(hed)	-		
Bergen					Jour	ny 0000 (1	η0171	TE OOL ONET	Ourient Ose (i in	or it being deritor	isrieu)			
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No	Na	me of Ahatam	ent Contractor (9)					_
USA Enviornmenta		ung O	wilei ((0)	AGGIVI	NO.		VN Restora	vocational in the state of the					
Street Address							_		LIOIT ITIC					
8436 Enterprise Av	onuo						0.500	eet Address 7 Foster Ro						
City, State, Zip Code	enue			4472										
	04.52						1 .	y, State, Zip C						
Philadelphia, PA 19				I = a				Staten Island	I NY 10309	T.,				
Project Manager for Mon	litoring Firm				phone			ephone No.		License No.	e			
Mark Jenkins	1.		1 10		15-365			18-605-6256		00774				
Start Date (10)	Constant Constant				tion Da		200.000	me of OSHA N	Ionitor					
11 /30 /					_ / _	15_	1	estor Tech						
Occupancy Status During	·						Stre	eet Address						
☐ Facility Closed/Vacate							1	0 59 Jackso	n Avenue					
Abatement Performed Time of Abatement:						scribe	City	, State, Zip C	ode					
Time of Abatement.			/ <u>5.00</u>	PIVI-Z	.30AIVI		L	IC NY 11101	I					
Scope of Work (Check al	ll that apply)		WEITER CO.				•							
≥3 sf or ≥3 lf		1	⊠ Re	novat	on				tainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			☐ De					=	g Procedure					
								☐ Non-Exe	mpted (*) and Nor	-Friable Proced	ure			
	Deletta.			Loca: Norma				22-500-000-000-000-000-000-000-000-000-0			At	atem	ent T	уре
Location Asbestos-Containing		1)		d Sol		Acho	ctoc	Description of Containing Ma		Amount	Re	Re	ш	m
TO BE ABA		.,		intena				rmal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili	ity		Cusi	(12)	Staff?	89		surfacing, VAT		SF or LF)	Val		Encapsulate	sure
(13)		r	Yes	No	N/A		Oti	her miscellane	ous)				ate	3.0
1st Floor Boiler Room						D: E:				2015	F21	-		
15 Floor Boller Room	n					Pipe Fit	tting	S		60 LF			Ш	Ш
1st Floor Boiler Room	n		\boxtimes			Flue Pa	ckir	ng insulation	1	2 SF				
												П	П	П
Name of Registered Was	ste Hauler				JDEP \	Naste	Cut	oic Yards of	Name of Regist	ered Landfill				
Newark Carting	no riadici			100	lauler II		Wa		G.R.O.W.S.					
A SULLING HOUSE POST CONTRACTOR					NJ-56	6		0		,				
City, State							1.0000000	posal Date	City, State	DA				
Hackettstown, NJ							1	2/03/15	Morrisville,				recons.	
Completed By (Print or T	ype)	Title						Signature	1//		ate			
Ralph Barnhardt		Pr	roject	t Mar	ager			1/1/1	- / 1		//-	19-1	15	

ASB-41 MAY 11

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-102 B125

Check # 7557

	8						CHCCK	11 1331				_
Date of Notification (1)		I I Name	of Building Ow	ner/Operator (2))		1)	2.2		13		
11 11 1/11 19 1/11	15	11	NT, LLC	non-operator (=)	1.7							
1	Notification		Address							_		
□ EPA 🔀	Initial		1 Calcutta St	reet								
☐ DEP	micai		State, Zip Code									
X DOL	Amendmen	20 1 20	ewark, NJ 07	114								
X DOH			of Contact				Telephon	e Number				
□ DCA □	Cancellatio	n G	eorge Stavro	u			973-52	22-2200		- 14		
			FAC	CILITY INFORM	IATIO	N						
Name of facility where aba	itement is ta	king place (3)		-		Type of Facility					
Building B125		***************************************					=	ol (K - 12)	4141	V	10)	
Street Address								apter 8 (O (Private/Co			-12)	
B125 Tyler Street							Bldgs.	Homes, e	tc.	000000	J_ A	
City (5)		County (6	5)		Co	unty Code (7)	Square Feet	# of Floor	S	DI	dg. A	ige
						tate use only)	Current Use (P	rior if being	g dem	olishe	ed)	
Newark, NJ 07114		Essex					2 story office	e area &	war	ehou	se	
Name of Monitoring Firm F	lired by Bld	g. Owner (8)		ASCM No.		Name of Abatement Co	ontractor (9)					
T&M Associates				0145	_	B & G Restoratio	n, Inc.					
Street Address 11 Tindall Road						Street Address 105 Ryerson Ro	ad					
City, State, Zip Code					_	City, State, Zip Code						
Middletown, NJ 07	748					Lincoln Park, N	J 07035					
Project Manager for Monito	ring Firm		Phone Num	ber	-	Telephone Number	1/4 1/2	License		er		
Kevin Burns			732-676-4	1000		(973)696-6869		00	378			
Scheduled Start Date (10)		Sched. Co	mpletion Date (11)		Name of OSHA Monito B & G Restoration						
11/30/2015		12/31/2	015			Street Address	III, IIIC.					-
Occupancy Status During A	Abatement (Check only o	one)		_	105 Ryerson Roa	ad					
Facility closed/vacate	ed during en	tire period of	f abatement.			City, State, Zip Code						
Abatement performed Describe:	d outside of	normal facili	ty hours-				07005					
Other-Describe:					_	LincolnPark, NJ	07035					1
Scope of Work (check all t	hat apply)							_				
➤ Demolition	☐ Re	enovation				Full Containment w/nega	tive pressure	Gloveb				
>3 sf or >3 if		30 sf or ≥260			Ш	Mini-enclosure		✗ Non-fr			_	_
Location of			mally used sole ce/custodial				Amount	3,102	e	R	E n	E
asbestos-containing material to be		aff(12)		Descripti material		asbestos-containing	Amount (Specify S	SF or	m o	p	С	n
abated in facility (13)		Yes	No N/A	material	, 10.01	,	LF)		V	i	a p	L
underground			×	7 transite pip)e		420 lf		e	f	П	
				1	_		72011					盲
				1								
				1								
Registered Waste Hauler B & G Restoration, In	10	NJDEP H		Cubic Yards of 7	Waste		andfill lesource & Re	ecovery	Cent	er		
City, State			Disposal			City, State		Jouvery	Jeill	01		
Lincoln Park, NJ			11/30	0/15 - 12/31/	15	Tullytown, P	Α					
Completed by (Print or Type Gordana Luna		tle ecretary/T	rocours	Signature		Gordana Luna		Date 11/19	2/201	5		
Gulualla Lulla	0	cultidiy/ l	reasurer	1		0		1 11/18	11401	J		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:

2015-227

JAC 8:60-7 and 12:120-7)

Check # 7559

			0											
Date of Notification	1 (1)	- N	ame of Bu	ilding Owr	ner/Operator (2	2)					2	2	-	
11 11 1/11 19	1/115		Erin Ihd	AND COMPANY TO STREET OF										
Agencies Notified	Type Notificati	on St	reet Addr	ess								2 11		
☐ EPA	× Initial		70 Esse	ex Avenu	ıe								*	
DEP		C	tv. State	Zip Code										
X DOL	Amendr			idge, NJ	07028									
X DOH	101	Na	ame of Co	ntact				Te	elephone	Number				
□ DCA	Cancella Cancella	ation	Erin Ih	de					73-63	2-7422				
									710-00	2 1 122	-			
				FAC	CILITY INFORM	MATION								
Name of facility when	here abatement is	s taking pla	ce (3)					Type of F		(K - 12)				
Erin Ihde								1 7		pter 8 (Oth	er th	an K-	12)	
Street Address								×	Other (F	Private/Con	nmei			
70 Essex Ave	enue							0		Homes, etc		Ble	ig. Ag	10
Cit. (E)		Coun	ty (6)			I Cou	nty Code (7)	Square	-eet i	# of Floors		Dic	ig. As	je
City (5)		Coun	ty (o)				te use only)	Current	Use (Pri	ior if being	dem	olishe	d)	
Glen Ridge		Ess	sex					reside		7.				
Name of Monitorin	ng Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor	(9)		5)			9
n/a	16						B & G Restora	tion, Inc.						
Street Address							Street Address	Pood				****		
50-0 <u>14-0</u>							105 Ryerson F				9			
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park,		5					
Deli-Maranete	- Manifesian Firm		In	hone Num	hor		Telephone Number	143 07030		License N	umb	er	_	_
Project Manager fo	r Monitoring Firm	1		none Num	bei		(973)696-686	39		003				
0.1-1.1-101-10	1- (40)	ICabad	Complet	ion Date (11\		Name of OSHA Mor	nitor						0.7
Scheduled Start Da	ate (10)		- 95	ion Date (117		B & G Restora	tion, Inc.	¥.					
12/03/2015)4/2015				Street Address			8				
Occupancy Status							105 Ryerson F			188				
	d/vacated during erformed outside						City, State, Zip Code							
Describe:							LincolnPark, N	IJ 07035						
Scope of Work (ch		/)											+1	
Demolition	ICUK UII UIUK UPPI	Renovatio	n			IX F	full Containment w/ne	gative pres	sure [Gloveba	g pro	ocedu	re	
>3 sf or >3 lf		≥160 sf or					Mini-enclosure		Г	☐ ☐ Non-fria	ble p	oroce	dure	
		<u> </u>		used sole	lv			-1			R	R	E	T_
Location of asbestos-co	ntaining	by mainte				tion of a	sbestos-containing		nount		e m	e p	n	E n
material to b abated in fac		staff(12)			- materia			(S LF	pecify S	For	0	a	a	C L
abateu iii iat	Sinty (15)	Yes	No	N/A			7				v e	r	р "	
2nd Floor bathro	om			X	VAT			35	saft		×			
													<u> </u>	님
								_			井	井	무	H
				_	4						片	屵		片
Decision of Martin	Jaulas		TD Hander	10#	Cubic Yards of	F\Maste	Name of Registered	d Landfill				الا	Ц,	
Registered Waste I B & G Restora			EP Hauler 19563	IU#	Cubic Yards of	vvasie	Tullytown		e & Re	covery C	ent	er		
City, State Lincoln Park,				Disposal 12	Date 2/04/2015		City, State Tullytown,	PA					5.	
Completed by (Prin		Title			Signature		Gordana Luna			Date	00	-		
Gordana Luna	3	Secreta	ry/Treas	surer			Jordana Luna			11/19/	201	5		

NOU-19-2015 16:10 From!

CK 1942

To:6096330664

Page:2/6

NOV 2 3 1015

0:0020278604

Print Form

State of New Jersey INCITE CATION OF ABBESTOR ABAYEMENT (Pursuant to NJAC 8:68 and 12:129)

November 19, 2015			s of Building Ov ns River Mul				DOF	-],(1 []	4
Agencies Notified Type Notif	nesten	Street	Address	•	Lu i 🛱		to the state of the last			_
E EPA D Initial		07,37.00	Washington							
DEP Ame	nded nament #	1.00	Status, Zip Code Tas River, NJ				1	2 !!	20	5
Email	money (including		ns Hiver, Nu e of Contact	A01 20		1 7-1-1-	- N			_
	ication)		e or common bert Chankai	an.			Number		Pr. (1.0)	_
D DCA Q Dane	AND DESCRIPTION OF THE PERSON	100000000000000000000000000000000000000	ACILITY INFOR			119819	17/1000	VI:3	151	9
Name of Facility Whore Abatomem				MAN I I ALIX	Type of Facility (4)				_
Toms River Municipal Buildi	ng				Bohool (K-1	2)				
Street Address					Gubchapler	8 (Other than	n K-12)	10.5		
33 Washington Street					elc.)	rivate & com	merce o	nichuda	, non	10
City (5)	The state of the s				Square Feet	# of Floor	3	Bidg.	ÁĢe	_
Toms River					10000	5		40		
County (6)		Cour	THY COOR (7)		Current Use (Pn		molished)			
Ocean					Municipal Bu			-		
Name of Monitoring Firm Hired by B.	ulising Owner (8)	AS	I CM Na.		of Abalament Con or V Pirozzi Ge		PRAINA	10		
Street Address				and the second s	Andreas	neral CON	Denning I	Lev.		_
Oxed company					Sand Bridge Ro	ad				
City, State, Zip Code				20 IV-045	State, Zip Code					
2.41 2.201 = 4 2.20				000000000000000000000000000000000000000	grove, NJ 083	18				
Project Manager for Mentering Firm	ı	Telep	phone No.		hone Na.		nse No.			_
				(856	3)521-0749	012	279			
Start Date (10)		Contract Con	ion Date (11)	Name	of QSHA Monitor					-
11/24/2015	11/24/20									
Occupancy Status During Abatemen		5. 		Street	Acidness					
Famility Closed/Vacated During Abetement Performed Outside Other = Describe: Removal of	of Normal Facility H	HOURS		City, 5	tato, Zip Code					_
Other - Describe: Removal of	Debrie sirendy but	skle		-						
Scope of Work (Check All That Appl	भ			-	_					_
△ 25 st or 23 ft □ ≥180 st or ≥250 ft		novation		1	Full Containm		rij ve Pres	LUTE		
2180 af or 2250 N	☐ De	molition		-	Mini-Enclosure Glovebag Frox					
				£	Non-Exemplar		-Friable F			_
The state of the s		ecation							tamer	Ť
	No	THE PERSON			I		_	7	Υpφ	7
Location of	110,000	Colonia by		Description					170	
Asbestve-Outleining Meterial (A	Mela	Golely by	fl = No	Containing N	Natorial (ACM)	Amount (Specifi	33	, .	1 =	
Asbestoe-Containing Material (A: TO REASATED In Facility	Onster Malu	tone nos/	(Le. H	Containing N	Astorial (ACM) sinsulation.	Amount (\$posit) SF or LF	33	Rep	Manuel	
Asbestoe-Containing Material (A) TO BE ABATED	Ouston Ouston	tone nos/ diel Blaff? (12)	(i.e. th	Containing N	Astorial (ACM) sinsulation.	(\$post)	y 3	Repair	Errospadat	
Asbestoe-Containing Material (A: TO REASATED In Facility	Ouston Ouston	tone nos/	(i.e. th	Containing N	Astorial (ACM) sinsulation.	(\$post)	33	Repair	a peproducu.	
Asbestoe-Containing Material (A: TO REASATED In Facility	Ouston Ouston	tone nos/ diel Blaff? (12)	(i.e. th	Containing N	Astorist (ACM) s insulation, iT, or neous)	(\$post)	() Kalendaria	Repair	a peproducur	
Astractor-Combaining Material (A) TO BE ABATED In Facility (13)	Ouston Ouston	tone nos/ del Statir (12)	(i.e. th	Containing hermal system surfacing, Vá ther miscellar	Astorist (ACM) s insulation, iT, or neous)	(Specify SF or LF	() Kalendaria	Reput	a priproducur.	
Astractor-Combaining Material (A) TO BE ABATED In Facility (13)	Ouston Ouston	tone nos/ del Statir (12)	(i.e. th	Containing hermal system surfacing, Vá ther miscellar	Astorist (ACM) s insulation, iT, or neous)	(Specify SF or LF	() Kalendaria	Roganir	an angestal and an	
Astractor-Combaining Material (A) TO BE ABATED In Facility (13)	Ouston Ouston	tone nos/ del Statir (12)	(i.e. th	Containing hermal system surfacing, Vá ther miscellar	Astorist (ACM) s insulation, iT, or neous)	(Specify SF or LF	() Kalendaria	Repui	naipodate	
Astractor-Combaining Material (A) TO BE ABATED In Facility (13)	Ouston Ouston	tone ros/ del Staff? (12) No N/	(i.e. if	Containing Normal Systems (See See See See See See See See See Se	Astorial (ACM) is insulation, T, or neous)	(Specify SF or LF		Repair	rnampsadat w	
Asbestve-Containing Material (AITO RE ABAPED In Facility (13) Window	Ouston Ouston	tone ros/ del Staff? (12) No N/	Waste ID No.	Containing Normal system system system system surfacing, Virginian miscellar Glazing P	Astorial (ACM) is insulation, Thoughton, Thoughton, Thoughton Utty Name of GROW	(Specifical Legisland Legi		Repair	rnoupsulate	
Asbestve-Containing Material (ATO RE ABATED In Facility (13) Window Name of Registered Waste Heuter Carnevale Disposal City, State	Ouston Ouston	NUMBER OF STATE OF ST	Waste ID No.	Containing Normal system system system surfacing, VA there miscorial Glazing P Duble Yards of Waste	Material (ACM) is insulation, Theory Name of GROW City, State	(Specifical Control of		Repair	rrouppodate p	
Asbestve-Containing Material (ATO RE ABATED In Facility (13) Window Name of Registered Waste Heuter Carnevale Disposal	Ouston Ouston	NUMBER OF STATE OF ST	Waste ID No.	Containing Normal system system system system surfacing, Virginian miscellar Glazing P	Material (ACM) is insulation, Theory Name of GROW City, State Morrish	(Specifical Control of		Repair	rroupoulat e	

A88-41 (R-04-06)

CK# 6755

	Date of Notification (1)		Т	Name (of Building	Owner/(Onerator	(2)		_					
	11/19/15			P.S.E		OWNER	Орегация	(2)		1	V61 2				
	Agencies Notified Type Notification		1		Address HADLE	/ ROA	ħ								
	EPA X Initial Amended			0.000.000.000	ate, Zip Co							1.5			
	X DOL Amendment		_		TH PLAII	VFIELD	D, NJ C	7080							
	DOH justification) Cancellation			Mame of	of Contact	አ	141 7	0 -		4	ephone Nu		7 /	7 - 0	
					ILITY INFO	ORMAT	ION D	uRH	-10_0	17	32-4	39	- /	0%	2
	Name of Facility Where Abatement is Taking	Place (3)						Туре	of Facility	(4)					
	Street Address				***************************************			□ s	chool (K= ubchapte	r 8 (Othe	er than K-1	2)			(A.B.) - 3 - 4
	City (5) PENNSAUKEN	SCE	07		BLVD			X O	ther (i.e.	private 8	commerc	ial bui	dings	, hom	es,
	City (5) PENNSAURE)						Square		# of	Floors	1	Bldg. /	17.00	
	County (6)		(County	Code (7)		_		t Use (Pr	ior if beir	ng demolis	hed)	15	4 R	2
	Name of Monitoring Firm Hired by Building O	umor (0)	(USE ONLY				Sw;	TCH	1 5	TA.	T'i c	N	
	ENVIRONMENTAL TACTICS	wilet (o)		004	M No. 45				ement Co YSTEM		(9) AMERICA	Ą			
_	Street Address 64-BROAD-STREET						Street	Address	-						
	City, State, Zip Code							VVHIIE state, Zip	HEAD-	AVE:					
	MATAWAN, NJ 07747								/ER, N	J 0888	2				
	Project Manager for Monitoring Firm TOM GEIGER				one No. 92-2217			none No. 432-83			License N 01111	0.			
	Start Date (10)	Scheduled	Com 2	pletion	Date (11)				A Monitor		MERICA	`			
Ī	Occupancy Status During Abatement (Check	Only One)	11	// /	79		Street	Address			NIVIE (NO)	٦ —			
	Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	I Facility H	OURS						HEAD .	AVE.					
1	Other – Describe: McCesson Scope of Work (Check All That Apply)	oper	٠. ر	onl	2y			tate, Zip TH RI\	/ER, N	J 0888	2				
	≥3 sf or ≥3 If	⊠ Par	novati	00			Г	1							
	\[≥160 sf or ≥260 lf		nolitic					Mini-	Enclosure	9	Negative F	ressu	re		
-									ebag Pro		Non-Friab	le Pro	cedur	е	
	Location of		catio											ement pe	
	Asbestos-Containing Material (ACM) TO BE ABATED	Used S Maint	Solely	by	Asbest	os Cont	scription aining M	aterial (ACM)	An	nount				
	In Facility (13)	Custod	lial St 12)	aff?	(i.e.	surfac	systems cing, VA	T, or	on,		oecify or LF)	Remova	Repair	Encapsulate	Enclosure
	(10)		No I	N/A		otner m	niscellan	eous)				oval	air	sulate	sure
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	عالمان او عواد اوات				ACM	0.8	1 DOW	CA	U/Ciny	/5	OLF	X			_
															\neg
18	Name of Registered Waste Hauler WASTE MANAGEMENT		0.0000000000000000000000000000000000000	DEP W		Cubic \ of Was		11 2			ed Landfill				
	City, State		ACT COURT	125		APPX	(8		GROW		TH				
	ELIZABETH, NJ					•	al Date		City, State MORRI		= PA				
	Completed by	Title	-				anatura					e /			-
L	CAROL RAIMO	OFFICE	- MC	R.			ara	DR	ais	na)	1	e/19	/,	<u></u>	

CK# 6756

Date of Notification (1)		100	lame of P.S.E.(Building Owr G.	ner/O	perator (2)							
Agencies Notified Type Notification			street Ac	idress IADLEY R	OA L)			i	(0)	-2	5	ÜÜ	
EPA Initial Amended Amendment #_				te, Zip Code H PLAINFI	ELD	, NJ 07	7080		# #			-		- 101
□ DOH	luding	N	m				UR	AND	Telephone N	lumbe - 4	er 143	9:	707	2
Name of Facility Where Abatement is Taking P	Place (3)		FACIL	LITY INFORM	MATIC	NO.	Туре	of Facility (4)					
 PSEX Street Address 1401 KLOCKNE	e e	Α.						School (K-12 Subchapter (Other (i.e. pretc.)	2)	-12) rcial b	ouildi	ings,	home	s,
City (5) TRENTON							Squar	re Feet	# of Floors		1 3	dg. A	ge JR	2
County (6) MERCER				Code (7) USE ONLY)				nt Use (Prio	r if being demol		i)		/	~ .
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8)	1	ASCM					tement Cont			10			
 Street Address			004	0		Street /	Addres	SS					_	
 64 BROAD-STREET City, State, Zip Code						20010-01-01-01		EHEAD A	VE:			-		
MATAWAN, NJ 07747						SOU	THR	IVER, NJ						
Project Manager for Monitoring Firm TOM GEIGER		1 2 2	elephor 732-29	ne No. 2- 2217		Teleph 732-4			License 0111					
Start Date (10)	cheduled	Com	pletion [Date (11)				HA Monitor SYSTEMS	OF AMERI	CA				
Occupancy Status During Abatement (Check C	Only One)	_//	//	9		Street A		ss EHEAD A	VE					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility,H	ours	1			City, St	ate, Z	ip Code RIVER, NJ			-			
Scope of Work (Check All That Apply)				/										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat					Mir Glo	ni-Enclosure ovebag Proc						
	ls L	ocatio	n				110	II-Exempted	() and Non-in	labic		Abate	ment	
Location of Asbestos-Containing Material (ACM)	Used		y by	Asbestos		scription aining M		I (ACM)	Amount	t		ıy	pe m	
TO BE ABATED In Facility (13)	Main! Custo			(i.e. the	ermal surfac	systems cing, VA niscellan	insula T, or	ation,	(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
00 11 0 -010	Yes	No	N/A	<u></u>				Θ.	. 40 5				w	
3 RD F/R. CONTRO! ROOM	7			TRAS: 7	E	Mo	of '	Pewas	1285	7	\triangle			
					324183									
Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	JDEP Wauler ID 125	No.	Cubic of Was	Yards ste	2	The second second	Registered Land S NORTH	dtill				
City, State ELIZABETH, NJ						B Date		City, State	SVILLE, PA					
Completed by CAROL RAIMO	Title OFFIC	ΕM	GR.		S	ignature	sel.	Lac	ma	Date //	//	91	15	_

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

Check# 2560

		(PURSUAN	I TO NJAC	0.00-7 AND	12.120-7					
Date of Notification (1)	5		Name of E	Building Own	er / Oper	ator (2)		Part Suitable Co.		
$\frac{1}{20} / \frac{20}{20} / \frac{10}{20}$,		Street Add	dress				11.011.0		
Agencies Notified Type	of Notification			LEY STREET	-	8		NOV 2	3 11	
□ EPA □				, Zip Code						-
				ADING, NJ 07	064					1
DOH DOH	Amendment #		Name of C	and the second second second second	001		Telephon	e Numbe	r	
□ DOL □	Emergency w		WILLIAM			- 8	гетерион	Citalino		
	Cancellation	Justinication	VVILLIANI	LLOLIK			732-726-7	208		a i da i suamo successi.
	, cancendation	F	ACILITY IN	FORMATION						
Name of Facility Where Ab	atement is Taking I	Place (3)		Type of Faci	lity (4)					
USG				l		40)				
					chool (K		L 1/ 40			- 1
Street Address						er 8 (Other 1				- 1
300 MARKLEY STREET						private & omes, etc.)	mmercia	1		
City (5) Coun	h. (C)	County Code	71	Square Feet		# Of Floors	. 1	Building	Λ σο	
	LESEX	County Code	(1)	75,00		# UI FIOOIS	'	Bullullig	40+	
PORT READING WIDD	LESEX			Current Use		boing dom	lichod\		40+	
ļ		L		MANUFACTU		being deine	Jilstieu)			- 1
Name of Manitonian Circuit	listed by Dide Own	(0)	ACCM NO			Contractor	(0)			
Name of Monitoring Firm H		er (8)	ASCINI NO	Name of Aba	atement (Contractor	(9)	*		
VERTEX COMPANIES, INC.	•	234		NORTHSTAF	R CONTE	ACTING G	ROLID IN	C		- 1
Street Address				Street Addre		ACTING G	TOOF, IN			-
400 LIBBEY PARKWAY				Street Addre	255					
City, State, Zip Code				32 Williams F	Dorlaway					- 4
				City, State, Z						
WEYMOUTH, MA 02189		I=		City, State, 2	zip Code					
Project Mngr. For Monitori	ng Firm	Telephone Nu	mber	C	- NIL 070	20				
GREG SAMPSON	10 1 1 0	401-714-4143		East Hanove						
Sheduled Start Date (10)		letetion Date (1	1	Telephone N	Number	- 1	License N	Number		
	5	/ <u> </u>	15	973-884-	0000	- 1		0	0860	
/ / /	/	/						U	0000	
Occupancy Status During				Name of OS			OUD IN	C		
	/acated During Ent	ire Period of		NORTHSTAF		ACTING G	KOUP, IN	C		
Abatement				Street Addre	ess					
	ormed Outside of N	iormai Facility		22 Milliams I	Dorlandy					
Hours - Describe				32 Williams F						
Other - Describe	:7:00AM-3:30P MON-FRI	IVI		City, State, 2 East Hanove						
Scope of Work (Check All				Last Hanove	1, 140 07 5	00				
Scope of Work (offect All	mat Apply)									
Demolition	\checkmark	Renovation	V	Full Contain	ment wit	h Negative	Pressure			
				Mini - Enclo	sure	_				
≥160 sf or ≥260	lf			Glovebag Pr	rocedure					
				Non-Exempt			ole Proce	dure		
					100000					
Location of	ls		Descript	ion of			Abateme	nt Type		
Asbestos Containing	Location	As	sbestos - C			(Carr)	R		E	E
Material (ACM)	Normally		Material			Amount	E	R	N	N
TO BE ABATED	Used		e., therma			(Specify	M	E	C	C
in Facility	Solely			facing, VAT,		SF or LF)	0	P	A	L I
(13)	by Main-	or	other misc	ellaneous)			V	A	P	0
	tenance/						A	1	S	S
	Custodial						L	R	U	U
	Staff (12)								L	R
	YES NO N/A					000 05				1
QC LAB		VAT				900 SF	7		1 4	
ADJACENT ROOM		VAT				120 SF	✓			
Name of Registered Waste	Hauler	NJDEP Waste		Name of Re	gistered	Landfill				
NEWARK CARTING			Yards	IESI						
		4509	of Waste							
City, State			Disposal	City. State			0			
NEWARK, NJ			Date	BETHLAHEN	VI, PA		1/			- 1
0 1/ 11 /5 / -		Territ			1/		V		In-r	
Completed by (Print or Typ	oe)	Title	NACEE	S	ignature		/h /	-	Date	
STEVEN STILES		PROJECT MA	NAGEK		110	1. 18 7	1.1	1.01	1	11/20/15

ASB-41

CK 6565

D&S Proj. #: 2015-411

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

						MULL 2 5		-		
Date of Notification (1)	Name of Building	Owner/Operat	tor (2)		(2)					
1 1 /1 6 / 1 5	FOREST GRE	EN MANA	GEMENT C	CORP.						
Agencies Notified Type Notification										
EPA Initial Amended	26 COURT ST	REET, SUI	TE 300							
DEP Amendment #:	City, State, Zip Co									
DOL Emergency	BROOKLYN	, NY 11242	2							
DOH (including	Name of Contact				Telephon	e Number				
justification)	JOE SCHAC	HTER			201-646	5-529-3632	!			
Cancellation		FACILITY INF	ORMATION							
		I AOILITT IIVI	Of HVII TTO C		Type of Facility (4)				
Name of facility where abatement is	taking place (3)				Schoo	l (K - 12)				
FOREST GREEN MANAGEM	ENT CORP.					apter 8 (Oth			2)	
Street Address						(Private/Com 'Homes, etc.		iai		
1 UNIVERSITY PLAZA						# of Floors		Bldg	J. Age)
City (5)	County (6)			nty Code (7)						
2 202	7255259		(Stat	e use only)	Current Use (P	rior if being	demo	lished	1)	
HACKENSACK	BERGEN	1 40014	No.	Name of Abatement	t Contractor (9)					
Name of Monitoring Firm Hired by Bl	ldg. Owner (8)	ASCM	NO.	D & S RESTOR						
				Street Address	CATION, INC.					_
Street Address				20 California A	ve.					
City, State, Zip Code				City, State, Zip Code						
City, State, Zip Gode				Paterson, NJ 0	7503					
Project Manager for Monitoring Firm	Phone	Number		Telephone Number		License N		er		
,				973-345-8020		01	169			
Start Date (10)	Sched. Completion Da	ate (11)		Name of OSHA Mo						
	01/20/16			D & S Restora Street Address	tion, Inc.				_	
11/30/15 Occupancy Status During Abatement	01/30/16			20 California A	venue					
Facility closed/vacated during		t.		City, State, Zip Cod						
Abatement performed outside	of normal facility hours-									
Describe: NORMAL HO	OURS			Paterson, NJ (7503					
Scope of Work (check all that apply				×	Full Containment	w/negative p	oressi	ure		
	Renovation			-	Mini-enclosure Glovebag proced	ura				
≥160 sf or ≥260 lf	Demolition			-	Non-Exempted (*) and Non-fr	riable	proce	dure	
	Is location normally used	solely					R	R	E	E
Location of asbestos-containing	by maintenance/custodia staff(12)	0		asbestos-containing	Amount (Specify	SFor	m	р	C	n
material (acm) to be abated in facility (13)			aterial (ACM)		LF)	01 01	0 V	a i	a p	L
abated in facility (15)	Yes No	N/A			1000000		е	r		-
GROUND FLOOR OFFICE #02	X	SPR	AY ON FIR	EPROOFING	850 SQ FT		×	무	屵	뉴
							븕	片	片	누
							H	믐	H	卡
		_					H	片	Ħ	늗
Decisioned Wester Hawley	NJDEP Hauler ID#	L Cubic Ya	ards of Waste	Name of Register	ed Landfill					
Registered Waste Hauler D & S RESTORATION, INC.	13506	20 YD		TULLYTOW	N, RESOURCE I	ECOVER	Y			
City, State		oosal Date	+ mr.c	City, State	DI DA					
PATERSON, NJ 07503		ARIOUS D		TULLYTOW	N, PA	Date				
Completed by (Print or Type)	Title PRESIDENT	Sign	ature			11/16/	/15			
BOGDAN JOLDZIC	LVESIDEMI	1								_



Date of Notification (1)	/19/15			Name	of Buildin	g Owner/Operator	(2) Shapiro	¥	١,	4	Č		B
Agencies Notified	Type Notific	cation		Stree	t Address		опарио						_
⊠ EPA	Initial						1 Orchard Ci	rcle		30.30			
DEP DOL	Amende Amendr		1	City, S	State, Zip (Code	And the second of the second o						
	☐ Emerge	ncy (includin	g			Pr	inceton, NJ	08542					
M DOH □ DCA	justifica Cancella			Name	of Contac			Teleph	none Numb		sess comp	0012	
					St	ephen Mileto			(215)	668-	380	6	
				FA	CILITY INF	ORMATION							
Name of Facility Where							Type of Facility						
Street Address		Resident	141				School (K-1		than K-12	2)			
Street Address	1.0	Orchard C	ircle				Other (i.e.,	private &	commerci	al buil	dings	,	
City (5)	1 (oronara c	neic				homes, etc Square Feet		Floors	ΙR	ldg. A	ne.	
	P	rinceton,	NJ				3500		2	"	70 To 100 To	+/-	
County (6)						7) (STATE	Current Use (F	rior if bei		hed)			_
	1ercer			USE	ONLY)								
Name of Monitoring Firm		ilding Owner		ASCM	No.		nent Contractor (7.0					
	MECS						ens Environ	mental	Service	es, Ir	ic.		
Street Address	DO Day	. 241				Street Address	DO 1	20	2				
City, State, Zip Code	PO Bo	X 341				0: 0: 7: 0		Box 32	2				
City, State, Zip Code	Crosswi	cks NI				City, State, Zip C	ode Allentow	n NI (08501				
Project Manager for Mor		010, 113	Tele	phone	No.	Telephone No.	7 HICHTO W		nse No.				_
	isgarber				8-4070	(609) 25	59-9688	Lioci		0493	3		
Start Date (10)		Scheduled (_			Name of OSHA							_
11/30/15		1	2/11	/15			DB Env	vironme	ental				
Occupancy Status Durin	17	. 3				Street Address							_
Facility Closed/Vacat							4 Berk	eley Pl	ace				
☐ Abatement Performed ☐ Other - Describe:	d Outside of N	Normal Facil	ty Hou	rs		City, State, Zip C		1 277 0					
	H.U. 7						Freehold	1, NJ 0	7728				_
Scope of Work (Check a	ili that apply)	20					ntainment with Ne	gative Pr	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			Mini-End	closure ag Procedure						
			orrionac				empted (*) and N	on-Friable	Procedu	е			
		1000	Location Lormally							A	bate		
Location		Use	d Solel	y by		Description of					Тур	e	
Asbestos-Containing N TO BE ABAT			ntenan			tos Containing Mat thermal systems in		Amo (Spe		_		щ	Е
IN Facility			Staff?		(1.6.,	surfacing, VAT,	or	SF o		Rem	Repair	icap	nck
(13)			(12)			other miscellaned	ous)			Removal	oair	Encapsulate	Enclosure
		Yes	No	N/A								ē	ťÞ
Basement/1	st floor		×		The	ermal Duct Ins	sulation	60	1f	×			
Baseme	ent		×			VAT		6	sf	X			
lst floo	or		×			Transite		9	sf	×			
2nd Flo	or		×		V	AT/ Sheet Flo		260		X			
Name of Registered Was	ste Hauler		100	JDEP \	Vaste	Cubic Yards	Name of Regi	stered La	ındfill				
Stevens Environn	nental Ser	vices, Inc	<u>.</u> ⁻	lauler ID 182	No. 292	of Waste 3 CU		GROV	WS Lan	dfill			
City, State						Disposal Date	City, State						=
-	Allentov					12/11/15	14	Morr	isville,	PA			
Completed By		Title			-	Signature	1		Date		. /	ě.	
Mahlon E. Ste	vens]P	roject	Man	ager		1,			11/19	9/15	4	_

ASB-44 MAR 00

Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)		5 :						
11 /17 /		Kenr	edy Uni	versity Health	1	Job #1511-2036	CI	nk. #	4157	'					
Agencies Notified Type Notificat	ion	2422		Street A	ddress				18.0						
☑ EPA ☑ Initial				500 N	Marlboro	Road									
□ DOLWD □ Amended				City, Sta	ate, Zip Co	ode		* # Indicate I				4 -			
□ DHSS Amendme	-	udina		Cher	ry Hill, N	IJ 08021									
DCA Emergence (NJAC 5:23-8)		uaing		Name o	f Contact		Telephone Number								
☐ Cancellati				Stev	e Cotech	n, PM		352-949-9791	ĺ						
		111747		FAC	ILITY IN	FORMATION									
Name of Facility Where Abatement is Ta	aking F	Place	(3)				Type of Facility (
Kennedy University - Stratford							School (K-12) (Other than K-12)							
Street Address							Other (i.e., pr	ivate and commerc	ial bui	ldings	5,				
18 East Laurel Road							homes, etc.)	Tw .=:	T 51		V200				
City (5)							Square Feet	# of Floors		g. Ag	е				
Stratford							207,122	5		969					
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolish	nea)						
Camden							Hospital/He								
Name of Monitoring Firm Hired by Build	ing Ov	vner (8	3) /	ASCM N	lo.	Name of Abateme									
Criterion Laboratories							d Mold Service	s, Corp.							
Street Address						Street Address									
3370 Progress Drive, Suite J						3859 Sylon Boulevard									
City, State, Zip Code						City, State, Zip Code									
Bensalem, PA 19020					Hainesport, NJ 08036										
Project Manager for Monitoring Firm					phone No. Telephone No. License No.										
Mike Panepresso			5210	5-244-	New York	609-702-0400		00862							
Start Date (10) Start Date (10			970	etion Date (11) Name of OSHA Monitor EMSL Analytical, Inc.											
Occupancy Status During Abatement (0	Check	only o	ne)			Street Address									
☐ Facility Closed/Vacated During Entite				ment		200 U.S. Rou	ite 130 North								
☐ Abatement Performed Outside of No	ormal F	acility	Hour	s - Desc		City, State, Zip C	ode								
Time of Abatement:AM * POSSIBLE SATULDAY WOR			_PM-	/	MA	Cinnaminson	n, NJ 08077								
Scope of Work (Check all that apply)	-K.						.72								
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-En		gative Pressure							
≥160 sf or ≥260 lf		☐ De	molitio	on			ng Procedure empted (*) and No	on-Friable Procedu	re						
			Locat			See and the second			Ab	Abatement T					
Location of	.		Norma d Sole		A a b a	Description stos Containing M		Amount	Re	Re	En	E			
Asbestos-Containing Material (ACN TO BE ABATED	1)	Ma	intena	ince/	Asbe (i.e	e, thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT	Γ, or	SF or LF)	/al	328	sula	ure			
(13)		Yes	No	N/A		other miscellane	eous)				ē				
Rooms 493 & 494					Mastic			650 SF							
Nurse Stn Outside Rms 493 & 49)4				Mastic			150 SF							
Name of Registered Waste Hauler				JDEP \		Cubic Yards of		stered Landfill							
Freehold Cartage, Inc.			-	dauler II 02265		Waste 5	GROWS L	andfill.							
City, State Freehold, NJ						Disposal Date 12/4/15	City, State Morrisville	e, PA 19067							
	Title					Signature /	7		ate			_			
Completed By (Print or Type) Kimberly A. Trumbetti	80000		Coor	dinato	r	Signature	11-17-21								

ASB-41 MAY 11

CK 4945

Date of Notification (1) 11/20/2015	Name of Building Owner/Operator (2) Principal MRY Associates													
Agencies Notified Type Notification			eet Addre 55 Sprir	ess ngfield Aver	nue	NOV 2.3 Lett								
▼ EPA ▼ DEP ▼ DOL ▼ Amended ▼ Amendment #				Zip Code NJ 07901	3									
Emergency (inclusion) DOA justification Cancellation	uding	10000	ame of Co					Telephone Nu (908) 516-2						
			FACILIT	Y INFORMA	TION	T (==10h · (4)					_		
Name of Facility Where Abatement is Taking Pla Residential Building Street Address	ace (3)					Sch	Facility (4) nool (K-12 ochapter 8) (Other than K-	12)	as b	amar.			
31 Euclid Street			Square	.)	vate & commer		g. Age		-					
City (5) Summit														
County (6) Union County		C (S	ounty Co	de (7) E ONLY)		Reside	ential Bu		sneu)					
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM N 0095	No.			ment Cont any, Inc.							
Street Address						Address	Avenue					*		
5434 King Avenue City, State, Zip Code		-			City, S	State, Zip	Code							
Pennsauken, NJ 08109	elephone	No.		on, NJ (No.	0.								
Project Manager for Monitoring Firm Tom Pruno	(856) 61	16-9516	(973	(973) 2538-8828 00704 Name of OSHA Monitor									
Oldit Date (10)	Com 15	pletion D	ate (11)		VMC Company, Inc.									
Occupancy Status During Abatement (Check C	Only One))			Stree	t Address	3							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Ab Facility H	atem	ent		City,	State, Zip	Code		×					
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti				× Min	i-Enclosur vebag Pro				p.			
						INOI	i-Exemple	u () anu ivon-i		Abatement				
	1000000	_ocati ormal	2020		Description	on of				Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	(12)	nce/ Staff?	S		Material ms insula AT, or	(ACM) ition,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A	Non-	Friable F	Procedu	ire	2,560 sf	x	-		+		
Roof Flashing (Garage) Floor Tile/Mastic Various Location			X		Friable I			564 sf	x		. 8	+		
Pipe Insulation			X		vebeg P			6 If	X					
Name of Registered Waste Hauler Newark Carting, Inc		1	NJDEP V Hauler ID)5409		ubic Yard f Waste	S	Name o	f Registered La andfill	ndfill					
City, State			70-100	0	isposal D	ate _/	City, Sta Bethle	ate ehem, PA						
Newark, NJ Completed by	Title Vice-	12/5/	:500 P5		Signa	ture /	01	hul	Date 11/20	1201	5			

Cl# 29/8

	5.50ga 5.50					D :: 1: 0	······································	(2)			29	. +				
Date of Notification (1)		5		1			wner/Operator (rections	4.17 2						
11 /	State of NJ Department of Corrections															
Agencies Notified	Type Notification ☐ Initial	n		5	PO B	ddress ox 11401				1 100	.* 5		1			
☑ DOLWD	☐ Amended		City, State, Zip Code													
□ DHSS	Amendment	#		Yardville, NJ 08620												
☐ DCA	☐ Emergency (ding	-	Name of	elephone Number										
(NJAC 5:23-8)	justification) Cancellation			- 1		ld Bohn		0.0	609-291-2015							
	Cancellation	ODMATION														
					FACI	LIIYINF	ORMATION	TT	ype of Facility (4)							
Name of Facility Where		ing Pl	ace (3	5)					School (K-12)							
Garden State Cor	rectional							ᆛᅣ	Subchapter 8 (0	Other than K-12)						
Street Address								D		ate and commercia	build	ings,				
Highnridge Rd (o	ff of Rt 130)		-	homes, etc.)	# of Floors	Blda	. Age									
City (5)								5	Square Feet 100000	2	35					
Yardville, NJ								1		177 C			1 1 2 2 3			
County (6)					County	Code (7)	STATE USE ONLY)		Surrent Use (Prior	if being demolishe	u)					
MERCER									(0)							
Name of Monitoring Fi	rm Hired by Buildin	g Ow	ner (8)	1	SCM N	lo.	Name of Abater									
Environmental C							BRISTOL ENVIRONMENTAL, INC.									
Street Address							Street Address									
120 N Warren Str	eet						1123 BEAV									
City, State, Zip Code						City, State, Zip Code										
Trenton, NJ 0860	18						BRISTOL, PA 19007									
Project Manager for M			Т	Tele	phone N	10.	Telephone No. License No.									
Steve Mania	ioniconing i iiii			60	9-392-	4200	215-788-604	40		00509						
Start Date (10)	Sc	hedul	ed Co	mple	tion Date	e (11)	Name of OSHA	Мо	nitor							
11 / 30_					_ / _		BRISTOL E	NV	TRONMENTAL,	INC.						
							Street Address									
Occupancy Status Du	ring Abatement (Cr	Porio	of of A	hate	ment		1123 BEAV		STREET							
☐ Facility Closed/Vac	cated During Entire	mal F	acility	Hour	s - Desc	cribe	City, State, Zip									
Time of Abatemen	it: 8:00AM-4:30PN	Л/	PN	1	AM		BRISTOL, PA 19007									
Scope of Work (Chec	k all that apply)						☐ Full C	onta	ainment with Nega	ative Pressure						
≥3 sf or ≥3 lf			⊠ Rer				☐ Mini-E									
☐ ≥160 sf or ≥260 lf			_ Der	noliti	lition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure											
			le.	Loca	tion						Abatement Typ					
				lorma			Descriptio	n of	F		Z.	R	Щ	Щ		
Local	tion of ing Material (ACM)				ely by	Asbe	stos Containing	Mat	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Clo		
TO BE	ABATED				ance/ Staff?	(i.e	., thermal syster surfacing, V	MS II	nsulation,	SF or LF)	oval	=	insc	Enclosure		
	acility		Oust	(12)			other miscella	anec	ous)				ate	1		
	13)	1	Yes	No	N/A											
		_	\boxtimes			Pine In	sulation			9 LF						
Basement Tunnel	S	-	_	ᆜ							П	П	П	Г		
											-		_	_		
												Ш	Ш	닏		
									\boxtimes							
				1-	\/\asta	Cubic Yards o	f	Name of Regis	tered Landfill							
	Name of Registered Waste Hauler NJDEP Waste Hauler ID No.								G.R.O.W.S	NORTH LAND	ILL					
BRISTOL ENVIR	RONMENTAL, IN	IC.			1870		.5		City, State	NO 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
City, State							Disposal Date		100 100 100 100 100 100 100 100 100 100	LLE, PA 19067						
BRISTOL, PA 19	9007						11/30/15		WORKISVI		to					
Completed By (Print	or Type)	Title					Signature		0	Da Da		1/	_			
Gino Pizzigoni	**************************************	Es	stima	tor			Hen	0	1 133cgc	ue/gl !	1/1	1/1	_			
3									000	. /						

Ck# 2918

Date of Notification (1)					Name	of Building	o Owi	ner/Operator (2)										
11 /	15			Name of Building Owner/Operator (2) Trustees of Princeton University															
Agencies Notified	Type Notifica	tion			Street Address														
☐ EPA					E.A	MacMilla	an B	uilding											
⊠ DOLWD	Amended				City,	State, Zip C	Code												
□ DHSS	Amendme	-		25	Pri	nceton, N	J 08	3544											
(NJAC 5:23-8)	justificatio		iuding		Name	of Contac	t		Telephone Number										
	☐ Cancellati				Ro	bert Orte	go			609-258-184	1								
					FA	CILITY IN	FOF												
Name of Facility Where A	Abatement is T	aking	Place	(3)	70000				Type of Facility	(4)									
Princeton Universit	ty-Cannon C	lub						School (K-12											
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,													
11 Prospect Ave.			homes, etc.)		iciai bu	manig	5,												
City (5)									Square Feet	# of Floors	BI	dg. A	ge						
Princeton									***			50÷							
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being demolis	shed)								
MERCER				(0)			1												
Name of Monitoring Firm		ing O	wner ((8)	ASCM	No.			ent Contractor (9)										
Pennoni Assoicate	s, inc.	2							VIRONMENTA	L, INC.									
Street Address								eet Address											
	515 Grove St., Suite 1B									1123 BEAVER STREET									
City, State, Zip Code					City, State, Zip Code BRISTOL, PA 19007														
Haddon Heights, N				T-1	1	N1-	Telephone No. License No.												
Project Manager for Mon	itoring Firm				ephone		111001111111111111111111111111111111111	epnone No. :15-788-6040	v:	00509									
Alan Lloyd	ا ادمار			7-0505		me of OSHA N		00509											
Start Date (10)11 /30 /	0.202V					ate (11) 15			IONITOT VIRONMENTAI	L, INC.									
Occupancy Status During				×	73/2			eet Address	34.0000	The state of the s									
☐ Facility Closed/Vacate		ement		100000000	123 BEAVE	R STREET													
☐ Abatement Performed						scribe		y, State, Zip C											
Time of Abatement: 7	:00AM-3:30P	M/	P	M	AM		BRISTOL, PA 19007												
Scope of Work (Check al	I that apply)		-																
		☐ Full Containment with Negative Pressure																	
≥3 sf or ≥3 lf ⇒160 sf or >260 lf			⊠ Re □ De						g Procedure										
					☐ Non-Exe	n-Friable Procedu	-Friable Procedure												
				Loca							Ab	atem	ent T	уре					
Location Asbestos-Containing	1170 has been and a second as a second	,		Norma ed So	ely by	Ashe	etne	Description of Containing Ma		Amount	Re	Re	En	E					
TO BE ABA		<i>'</i>			ance/			ermal systems		(Specify	Removal	Repair	cap	Enclosure					
IN Facili	ity		Cus	todiai (12	Staff?			surfacing, VAT her miscellane		SF or LF)	/al		Encapsulate	ure					
(13)		Ī	Yes	No			Oti	nei miscenane	(ous)				te						
Throughout					$\forall \Box$	Plaster	-Dril	ling holes		3 SF									
·····oug.ious								3				П	П	П					
		-			100 100		-			+=									
							+=												
Name of Basic and State	ta Harrier			Ц		Mests	10.1	bic Yards of	Name of Regis	stored Landfill									
Name of Registered Was BRISTOL ENVIRON		NJDEP Hauler	ID No.	Wa			. NORTH LAND	FILL											
City, State					2099	U	Dis	posal Date	City, State										
BRISTOL, PA 19007	7								MORRISVI	LLE, PA 19067									
Completed By (Print or T	ype)	Title		100			_	Signature		/ Da	ate		/	_					
Brian Scafiro	5.4.4950	Es	stima	tor				Bucan	Serfino /	191	9/15								

ASB-41 B 5 1 5 1 2 2



Date of Notification (1) 11/19/2015	90 mg 8 mg 8 mg 8 mg 8 mg 8 mg 8 mg						Name of Building Owner/Operator (2) City of Elizabeth											
Agencies Notified Type Notification		Street Address 50 Winfield Scott Plaza																
EPA Initial Amended Amendment				e, Zip Code th, NJ 07201														
☐ DOH justification) ☐ DCA ☐ Cancellation		1000		Contact				Telephone Number										
DOA Gardenator			-			_		_										
Name of Facility Where Abatement is Takin Mack Building	ITY INFORMAT	Type of Facility (4) School (K-12)																
Street Address 155 First street	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)																	
City (5) Elizabeth		29	uare Feet 0,000		Floors 3		5	dg. Ag 50+	ge									
County (6) Union	(OT A TE 110							Current Use (Prior if being demolished) Abandoned										
Name of Monitoring Firm Hired by Building T&M	Owner (8)		ASCM	No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.													
Street Address 11 Tindall Rd		Street Address 135 Kinnelon Rd Suite 102																
City, State, Zip Code Middletown, NJ		City, State, Zip Code Kinnelon NJ 07405																
Project Manager for Monitoring Firm Louis Tedesco	Т	elephor	ne No.	Telephone No. 908-218-0880				License 01228										
Start Date (10) 12/01/15	oletion [Date (11)		me of OSHA Monitor annuzzi Environmental Services, Inc.														
Occupancy Status During Abatement (Check Only One)							dress							\neg				
							135 Kinnelon Rd											
Abatement Performed Outside of Nori Other – Describe:	mal Facility F	lours	2111		City, State, Zip Code Kinnelon, NJ 07405													
Scope of Work (Check All That Apply)											2	-						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	novati molitic					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	_				e						
										Abatement								
lti of		ocation ormally		D.	escription	ntion of						Ту	Туре					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely tenan dial Si (12)	y by ce/ taff?	Asbestos Cor (i.e. therma surf	ntaining I	Mate ns in AT, o	sulation, or	(amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A						200 - 5	_								
Roof			Х	non fria					00 sf	_	х							
roof			Х	coping	stone (cau	cking		40 sf		Х							
Name of Registered Waste Hauler			JDEP Wauler ID		c Yards aste		Name of	Regist	ered Lan	Ilitbi								
Yannuzzi Group, Inc.		10000	467	2	0 roof/		- I											
City, State Kinnelon, NJ 07405	Title			Disp 12/1	vsal Date	5)\	City, Stat Morriis		A									
Completed by John Mucha		Signature Date 11/19/2015																