State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) F C F D 2858



Date of Notification (1)				10000		ng O	wner/Operator	(2)						
11/26/2	2012			Res	idence		201	2 NOV 29	AM 6:	<u> </u>				
Agencies Notified	Type Notific	cation		-	et Address -143 Tot		Avenue			100	Y .			
DEP DOL	Amende	nent #	_		State, Zip erson, NJ		e 🔑 🙏	& LICEN	sing	VI.				
⊠ рон	justifica		ıg		e of Conta				Teleph	one Numb	er	-		
DCA	Cancella	ition		Mr. I	Kevin Ca	spe	r (Owner's R	(lep.)						
				FA	CILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is	Taking Plac	e (3)					Type of Facilit	5 (8-9850)					
Street Address								School (K-	8 (Other t					
141-143 Totowa Av	enue							Other (i.e., homes, etc		commercia	al buil	dings		
City (5)								Square Feet	# of F	loors	1 9570	ldg. A	Age	
Paterson								1500	_ 2		- 1 -	0+		_
County (6) Passaic					onty Code ONLY)	(7) (STATE	Current Use (F Residence	rior if beir	ng demolis	shed)			
Name of Monitoring Firm	Hired by Bui	lding Owner	- 1	ASCM	No.			ent Contractor (
(8) <u>N/A</u>								I Constructio	n, Inc.			_		
Street Address						200	treet Address	Avenue, PM	R Suite	218				
City, State, Zip Code						_	ty, State, Zip C		D Cuito	210				=
City, State, Zip Gode							Clifton, NJ C							
Project Manager for Mon	itoring Firm		Tel	ephone	No.	1000	elephone No.			se No.				
			_			_	73-389-00		. 006	593				
Start Date (10) 12/08/2012	Start Date (10) Scheduled Completion Date (12/08/2012) 12/08/2012 12/09/2012						ame of OSHA N	Monitor Construction	n, Inc.					_
	Occupancy Status During Abatement (Check only one)						reet Address							
Facility Closed/Vacate						_		Avenue, PM	IB Suite	218				
Abatement Performed Other - Describe:	Outside of N	ormal Facili	ty Hou	ırs			ty, State, Zip C lifton, NJ 0			800	933			_
Scope of Work (Check a	ll that apply)		+			_		NV 8						
>3 sf or >3 lf >160 sf or >260 lf			enova Demo				Mini-End	ntainment with No closure g Procedure	egative Pri	essure				
							Non-Ex	cempted (*) and	Non-Frial	ole Proce				-
		10,700	Locati Iormall								'	Abate Ty	ment pe	
Location of Asbestos-Containing M			d Sole		Ashaa	ton (Description of Containing Mat		Amo	unt	-	Г		
TO BE ABAT		0	ntena	al		, the	rmal systems in	nsulation,	(Spe	cify	짆	70	Encapsulate	Enc
IN Facility (13)			staff? (12)				urfacing, VAT, ner miscellaned		SF or	· LF)	Remova	Repair	psul	Enclosure
(,			l i	Ι	1						/al	=	ate	- F
Basement		Yes	No	N/A X	Pine/El	boy	v Insulation	- Michies	30 LF		X			
Buschiene				A	1 17 01 221						-			
		_	-	-							1			
CONTRACTOR MONTHS AND ADDRESS OF THE PARTY O						-					T			
Name of Registered Was	te Hauler			NJDEP '		82000	ıbic Yards	Name of Reg	istered La	ndfill				
Service Transport Group Hauler ID No. 20990				o. of Waste 2 Minerva Landfill										
City, State				Disposal Date City, State										
New Castle, DE					12	2/09/2012								
Completed By	X	Title		~~=			Signature	1~~1	Date 11/26/2012					
Krutarth Jagad		Project N	viana	ger			, V	V //·		11/20/2	-012			

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

ck-4020

Street Address County Code (7) Code (7	Date of Notification (1) 11-24-12	Name of Building Owner/Operator (2) Jeffrey Schwartz														
Dispart Disp		**************************************	(MV)				reet			2012 A	10V 2	9 AM 6	: 69			
DOH	DEP	Amended Amendment								A SEE	510	S CONT	FAI	. 616-		
Type of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other 10)	☑ DOH ☐	justification)	ncluding	1005		젊잖니다 동안 출시 살아지는데				Öt	[thi	to beind William	her			
Street Address County (6) Longport, NJ 08403 County (7) Longport, NJ 08403 County (8) Longport, NJ 08403 County (8) Assured Rect of Address County (9) Attantic Street Address Street Add					FACIL	ITY INFO	RMATIC	NC								
City (6) County (6) Square Feet # of Floors Bidg. Age 45		tement is Taking	Place (3)		-				Тур	School (K-1	2)					
County (6) Atlantic County Code (7)										Other (i.e. p etc.)	rivate 8	& commercia	l build			es,
Atlantic Name of Monitoring Firm Hired by Building Owner (8) SEM ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Streat Address 1636 Dellaware Street Streat Address 1636 Dellaware No. 1610-304-4676 City State Jip Code 1611-304-4676 City State Jip Code 1611-304 Monitor Streat Address 200 Route 130 North City State Jip Code Cinnaminson, NJ, 08077 Scope of Work (Check All That Apply) Streat Address 200 Route 130 North City State Jip Code Cinnaminson, NJ, 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Proc	City (5) Longport, NJ 08403	***************************************							300	00	2		4		ge	
SEM Street Address Street Address Street Address Street Address Street Address STO Clems Run City, State, Zip Code Paulsboro NJ 08066 Project Manager for Monitoring Firm Ed Keegan Telephone No. 609-868-3544 Gley-868-3544 Start Date (10) 11-26-12 Start Date (10)											or if bei	ng demolish	ed)			
State, Zip Code Project Manager for Monitoring Firm Telephone No. 609-868-3544 Telephone No. 610-304-4676 City, State, Zip Code Mullica Hill, Nj 08062		ed by Building C	Owner (8)		ASCM	No.							nc.			
Paulsboro NJ 08066 Project Manager for Monitoring Firm Ed Keegan Telephone No. 609-868-3544 Talephone No. 610-304-4676 Start Date (10) 11-26-12 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ, 08077 Scope of Work (Check All That Apply) 23 of or ≥31 fror 231 fror					L							/				
Scheduled Completion Date (11) 11-26-12 Scheduled Completion Date (11) 12-17-12 Start Date (10) 11-26-12 Scheduled Completion Date (11) 12-17-12 Start Date (10) 11-26-12 Scheduled Completion Date (11) 12-17-12 Start Date (10) 11-26-12 Scheduled Completion Date (11) 12-17-12 Start Date (10) 11-26-12 Start Date (10) 11-26-12 Scheduled Completion Date (11) 12-17-12 Start Date (10) 12-17-12 Scheduled Completion Date (11) 12-17-12 Start Date (10) 12-17-12 Scheduled Completed by Start Date (11) 12-17-12	City, State, Zip Code Paulsboro NJ 08066		····								62					
Start Date (10) 11-26-12 Scheduled Completion Date (11) 12-17-12 Scheduled Completion Date (11) 12-17-12 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cinnaminson, NJ, 08077 Scope of Work (Check All That Apply) 3 sf or ≥3 lf 2160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) 1 TO BE ABATED In Facility (13) First Floor Walls (Flood Cut) Normally (13) Scheduled Completion Date (11) 12-17-12 Name of OSHA Monitor EMSL Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ, 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*		ing Firm		1).			
Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Abatement Period Per	Start Date (10)	T.			pletion [Date (11)				SHA Monitor						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cinnaminson, NJ, 08077 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Procedure Pr								170000		[T/E] Three-1000						
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Facility Closed/Vacated	During Entire F	Period of Al	atem	ent						rth ———					
Same of Registered Waste Hauler Non-Exampted Same of Registered Waste Hauler Non-Exampted Non-Exampt		Outside of Norm	ial Facility I	Hours							08077	7				
Demolition Description of Abatement Type Description of Asbestos Containing Material (ACM) Amount Description of Asbestos Containing Material (ACM) Amount Description of Asbestos Containing Material (ACM) Amount Description Demolition Demolition Demolition Description of Asbestos Containing Material (ACM) Amount Description of Asbestos Containing Material (ACM) Description of Asbestos Containing Material (ACM) Amount Description of Asbestos Containing Material (ACM) Amount Description of Asbestos Containing Material (ACM) Amount Description of Asbestos Containing Material (ACM) Desc		hat Apply)		2000	vation						ressu	re				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) First Floor Walls (Flood Cut) Name of Registered Waste Hauler Nets Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) First Floor Walls (Flood Cut)					1,71,71,71,71,111111111111111111111111					lini-Enclosure	e cedure				e	
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A First Floor Walls (Flood Cut) Name of Registered Waste Hauler Nets Name of Registered Waste Hauler Nets Name of Registered Waste Hauler Nets No N/A Name of Registered Waste Hauler Nets No N/A Name of Registered Waste Hauler Nets No N/A Name of Registered Landfill Allied Waste Disposal Date 12-17-12 In Facility (Specify SF or LF) Registered Landfill Allied Waste Disposal Date 12-17-12 In Facility (Specify SF or LF) Registered Landfill Allied Waste Date Date			le l	0004	on									Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Nets Name of Registered Waste Hauler Nets Name of Registered Waste Hauler Name of Registered Landfill Name of Registered Waste Hauler Name of Registered Landfill Name of Registered Waste Name of Registered Landfill Name of Registered Waste Name of Registered Landfill	Location of		No	ormal	ly		Des	scription	n of						pe I	_
First Floor Walls (Flood Cut) Name of Registered Waste Hauler Nets NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No. Disposal Date Hazleton PA Title Signature Date Date Date	Asbestos-Containing Ma	aterial (ACM)									170		70		E	<u>m</u>
First Floor Walls (Flood Cut) Name of Registered Waste Hauler Nets NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No. Disposal Date Hazleton PA Completed by Title Signature Total		<u>:D</u>	100000000000000000000000000000000000000	CHARLES OF THE	Staff?	(i.e.	surfa	cing, VA	AT, or				emo	Rep	caps	nclos
First Floor Walls (Flood Cut) Name of Registered Waste Hauler Nets NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No. Disposal Date Hazleton PA Title Signature Date Date Date	(13)			(12)			other n	niscella	neous	5)			<u>×a</u>	ai.	ulate	sure
Name of Registered Waste Hauler Nets NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No. Name of Registered Landfill Allied Waste City, State Hazleton PA Disposal Date 12-17-12 Imperial PA Completed by Title Signature Date			Yes	No	-			^				1000	-		_	
Nets Hauler ID No. of Waste Allied Waste City, State Hazleton PA Disposal Date 12-17-12 Imperial PA Completed by Title Signature Date	First Floor Walls (F	lood Cut)			X		Joint	Comp	ound	3		1200	×			
Nets Hauler ID No. of Waste Allied Waste City, State Hazleton PA Disposal Date 12-17-12 Imperial PA Completed by Title Signature Date													-	-	_	_
Nets Hauler ID No. of Waste Allied Waste City, State Hazleton PA Disposal Date 12-17-12 Imperial PA Completed by Title Signature Date					-								-			
Nets Hauler ID No. of Waste Allied Waste City, State Hazleton PA Disposal Date 12-17-12 Imperial PA Completed by Title Signature Date	Name of Bogistored Wasto	Houler		LN	IDED W	laste	Cubic	Cubic Yards Name of Registered Landfill								
Hazleton PA 12-17-12 Imperial PA Completed by Title Signature Date		i iaulei		4 00			75.77									
Completed by									•							
* MIII 17 YU 1 17111	Completed by Title				7-1			Signatur	1. 1	in Co	un	/		12		

State of NJ

B & G proj. #: 2012-227

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

Non Sub 8

				-	MOILS	uu	٥ و د داره و دره	1 11	line ()					
Date of Notification (1)		Nan	ne of Buil	ding Owne	er/Operator (2)		2012 11011							
1 1 1/12 6 1/11 12	J	A	tlantic H	ealth Sys	stem		2012 NOV 2	AM 6	6: 69				4	
Agencies Notified Type Not	tification	7	et Addres											
EPA Ini	itial	1 4	75 South	Street			ASSESTOS	COM	TROL					ŧ
☐ DEP ☐	iuui		, State, Z					Holl	G				V. 1975	
☑ DOL ☐ Am	nendment	11 -	100	wn, NJ 07	7960									
□ DOH			ne of Con		700				Telepho	ne Numbe	r			
_ П Ca	ncellation	11												
DCA C		1 1	Peter Pal	mer							_==	_		
				FACI	LITY INFORM	ATION	1							
Name of facility where abatem	nent is taki	ng place	e (3)	9 				Туре	of Facility Scho	(4) ol (K - 12)			
Morristown Medical Cen	ter (Non s	sub 8)					7	1 1	Subc	hapter 8 (Other th	nan K	12)	
Street Address										(Private/0		rcial		
	111-4							Saua	re Feet	# of Floo		Blo	ig. A	ge
100 Madison Avenue, Fr	anklin 4	Count	. (6)			I Cou	unty Code (7)	Squa	ie reet	# 01 1 100	,,,,	J.	·9· · ·	90
City (5)		County	(0)			1 2000	ate use only)	Curre	ent Use (i	Prior if bei	na dem	olishe	ed)	
Morristown, NJ 07960	- 1	Morr	is			(0	,,			n sub 8)			·-,	
Name of Monitoring Firm Hire	ed by Bldg.				ASCM No.		Name of Abatement		The second second					
CONTROL CONTRO	, ,			1	0017	- 1	B & G Restoration	n. Inc.						
PMK Group Street Address					0017	_	Street Address							
65 Jackson Drive, P.O.Bo	ov 5000						105 Ryerson Roa	ad					TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City, State, Zip Code	0X 3000						City, State, Zip Code							
Cranford, NJ 07016							Lincoln Park, N	J 07035	j,					
Project Manager for Monitoring	g Firm	-	Ph	one Numb	er		Telephone Number				e Numb	er		
Kevin Burns			90	8-497-89	900		973-696-6869			0378				
Scheduled Start Date (10)		Sched.		on Date (1			Name of OSHA Mon							
		10/10/		u			B & G Restoration	on, Inc.			-	- 20	-	
12/7/12 Occupancy Status During Aba		12/10/			-		Street Address	1						
Facility closed/vacated of				ment			105 Ryerson Ro	ad						
Abatement performed or	utside of n	ormal fa	cility hou	rs-			City, State, Zip Code							
Describe:start jo	b 3:00pm -	11:00pm	n			_	Lincoln Park, N	J 07035	5					
Scope of Work (check all that												11.550-5-550		
☐ Demolition	⊠ Ren	ovation					Full Containment w/ne	gative pi	ressure	Glove	ebag pr	ocedu	ire	
>3 sf or >3 lf	☐ >160	sf or ≥	260 If			\boxtimes	Mini-enclosure			☐ Non-	friable _l	oroce	dure	
				used solely	у			Т			R	R	Ε	E
Location of asbestos-containing			nance/cus	todial	Descript	ion of a	asbestos-containing		Amount	05	e m	e p	n	n
material to be abated in facility (13)		ff(12)		1	material	(ACM))		(Specify LF)	SF or	0	a	a	C
abated in facility (10)	Y	es	No	N/A				- 1			v e	r	р	_
4th floor 12 locations				IX	pipe insula	tion		30	lf					
										11				
Registered Waste Hauler			P Hauler		Cubic Yards of	Waste				. Conto			,	
B & G Restoration, Inc.		1956	0.5		2 yards		Tullytown Resor	irce &	Recover	y Center				
City, State Lincoln Park, NJ 07035			7.	Disposal [12/10/1		3	Tullytown, PA		-					***
Completed by (Print or Type)	Titl	e			Signature		Gordana Luna		***	Date				
Gordana Luna		asurer					Gordana Luna			11/26	/2012			

1384

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

RECEIVED

Date of Notification (1) 11-23-12				of Building		Operator	r (2)	2012	NON?	/ 29	AM I	5· 6	n	
Agencies Notified Type Notification		1	Street	Address ace Stre								-		-
EPA Initial Amended Amendmen	t #	-	City, St	tate, Zip C	ode				& L	LOS C	SINE	RO	<u></u>	- (
DOH justification) DCA Cancellation	(including	_	Name (of Contact					Tele	enhone M	ımher			-
				ILITY INF		ION					71			
Name of Facility Where Abatement is Takir Residential House Street Address 38 Race Street	ng Place (3))					S S	of Facility (4) chool (K-12 ubchapter 8 other (i.e. pri) I (Othe			ildings	, hom	ies,
City (5) Plainfield			-/				Square 2,500		# of 2	Floors	1.5	Bldg.	Age	
County (6) Union				Code (7) USE ONLY	,			t Use (Prior lential Ho		g demolis				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.				ement Contr Contractor					•	e e e e e e e e e e e e e e e e e e e
Street Address							Address dsall D							
City, State, Zip Code						THE RESERVE OF THE PARTY OF THE	tate, Zip	Code 07461						
Project Manager for Monitoring Firm			Telepho	one No.			one No.			License I	No.			
Start Date (10) 11/24/12	Scheduled 11/26/12		pletion	Date (11)		Name of Amer		Monitor						
Occupancy Status During Abatement (Chec		•		:		100000000000000000000000000000000000000	Address	₹ .0	0.00				13	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of At al Facility I	oatem Hours	ent			City, St	tate, Zip				**			
Scope of Work (Check All That Apply)						New	York, I	NY 10016						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	20000000	novati molitic				×	Mini- Glove	Containment Enclosure Bebag Proced Exempted (1	dure			240	e	
	D 2000	ocatio	3000								T	Abat	ement	t
Location of Asbestos-Containing Material (ACM)	Used	mally Solely	550000000			cription					-	13	pe	
TO BE ABATED In Facility (13)	Main Custo	tenandial St	ce/ taff?	Asbest (i.e.	thermal surfac	aining Masystems systems sing, VAT niscelland	insulation	ACM)	(Sp	ecify or LF)	Ramoval	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A		Pipe	Insulat	ion		30	L.F.	x		Φ	
	\vdash	\dashv						-			-			
Name of Registered Waste Hauler		NJ	DEP W	aste I	Cubic Y	/ards	Ti	Name of Re	nistere	d Landfill				
Atlantic Carting		Ha	uler ID 085		of Was	te	1	G.R.O.W.		carraill				
City, State Wayne, NJ		1			Disposa	and the second		City, State Morrisville	, PA					
Completed by Marko Stankovic Titte President				I		opplyte la 17	KO /	Haur		500	ite 1/23/2	2012		-

Nonell

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

RECEIVED

Date of Notification (1) 11/26/12 Agencies Notified Type Notification				200	Building (110	`	21	112 NOV	29	AM 51 (
	pe Notification			Street Ad 1970 B	dress runswic	k Aver	nue, Su	ite 40	00	~~	HIT GILL	0		2.50 853	
DEP X DOL	Amendment		_	City, Stat	e, Zip Co ceville,	_{de} NJ 08	648	76.	& LII	CEN	AM 51 CONTRO	L.			
DOH DCA	Emergency (justification) Cancellation	including	1 1	Kevin F	elix					Tel	ephone Num	ber			
Name of Facility Where Aba	tement is Takin	g Place (3)		FACIL	ITY INFO	RMATI		Туре	of Facility (4	1)	-				
The Gardens at Birmin	ngham								School (K-1		er than K-12	1			
Street Address 1460 Parkway Avenue	•							X			& commercia		lings,	home	es,
City (5)								Squar	e Feet	# o	Floors	1	ldg. A	ge	
Ewing County (6)				County C				Currer			ng demolish				
Mercer	<u>-</u>	(0)	- (SE ONLY)	- Table State Stat		N/A	ement Con	tractor	(0)				
Name of Monitoring Firm Hir N/A	red by Building (Jwner (8)		ASCM	NO.				Contracto						
Street Address							Street /								
City, State, Zip Code							City, St	ate, Zi	p Code		11				
	in a Firm		- 1 -	Telephon	no No		Susse		J 07461		License No	,			
Project Manager for Monitor	ing Fiim			eleprior	ie ivo.		973-8				01137	<i>,</i> .			
Start Date (10) Scheduled Completion Date (11) 11/24/12 12/03/12							Name of Amer		A Monitor				- 4110000000		
Occupancy Status During A							Street A		7			6			
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire Outside of Norn	Period of A nal Facility	batem Hours	ent			City, St	ate, Zi		16			46		
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Desired 1	enova emoliti				×	Min Glo	i-Enclosure vebag Prod	e edure	n Negative P			e	
		ls	Locati	on								Π	Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely Maintenance Custodial Sta (12) Yes No				ly by nce/		tos Con thermal surfa	escription taining M I systems acing, VA1 miscelland	aterial insula T, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Outdoors x					pipe	insulai	ton		14	10 L.F.	x				
						-	-11								
											0				
Name of Decistered West	Hauler		1 61	IDED W	aste	Cubio	Yards		Name of	Renistr	ered I andfill		<u> </u>		
Name of Registered Waste Atlantic Carting	Atlantia Corting				NJDEP Waste Hauler ID No. 26085 Cubic Yards of Waste G.R.O.W.S.										
City, State Wayne, NJ						100000000000000000000000000000000000000	sposal Date City, State n completion Morrisville, PA								
Completed by Title Marko Stankovic President				١	Signature	KO	Thu	1/1	Da 11	te /26/	12				

State of New Jersey ENT

RECEIVED

	State of New Octoby
	NOTIFICATION OF ASBESTOS ABATEME
No much	(Pursuant to NJAC 8:60 and 5:16)
1 1 1 0 0 -	

Date of Notification (1)							Owner/Operator (2				-				
11 /	11/8/12					Trustees of Princeton University 2017 NOV 29 AM 4: 59									
Agencies Notified	Type Notification	1		S	treet Ad	Idress				धा भ	43				
⊠ EPA	Initial				E.A M	acMillan	Building		-31 18TUS C	DATE	7.01				
⊠ DOLWD				c	ity, Stat	e, Zip Co	de		& LICENS	ONL	VUL				
☑ DHSS	Amendment	1000				eton, NJ			er FIOFIA	HHO					
☑ DCA	Emergency (i	including		N		Contact			Telephone Number	r					
(NJAC 5:23-8)	justification) Cancellation					rt Ortega	1	30							
	Caricellation						ORMATION		•						
		- Di	(2)		FACIL	LITTINE	ORIVIATION	Type of Facility (4	4)				\neg		
Name of Facility Where A	Abatement is Taki	ng Place	(3)		D(4)			☐ School (K-12)							
Princeton Universi	ty-87 Prospect	St. Cor	nput	er	Bullai	ng		M Subchanter 8	(Other than K-12)						
Street Address								Other (i.e., pri	vate and commerci	ai bulic	iings,				
87 Prospect St								Square Feet	# of Floors	Bldo	. Age)	\neg		
City (5)								30,000	3	50					
Princeton							OTATE LIGE ONLY		or if being demolish				\neg		
County (6)					County	Code (/)(STATE USE ONLY)	Current Ose (Fin	of it being defined	,					
MERCER								- 1 O 1 10 - (O)			-				
Name of Monitoring Firm	Hired by Building	g Owner	(8)	A	SCM N			ent Contractor (9)	INC				- 1		
Pennoni Assoicate	es, Inc.				00102	24		VIRONMENTAL	_, INC.				-		
Street Address							Street Address								
515 Grove St., Suit	te 1B						1123 BEAVE					_	\dashv		
City, State, Zip Code							City, State, Zip C								
Haddon Heights, N	J 08035						BRISTOL, PA	A 19007				J.			
Project Manager for Mor			Те	lep	hone N	0.	Telephone No.		License No.						
Alan Lloyd	₹		8	856	6-547-0	0505	215-788-604	0	00509						
Start Date (10)	Sch	neduled (Comp	leti	on Date	(11)	Name of OSHA			1/2					
	11 / 26 / 12 12 /						BRISTOL EN	IVIRONMENTA	L, INC.				100000		
Occupancy Status Durin		eck only	one)	-			Street Address								
☐ Facility Closed/Vaca	ted During Entire	Period o	Abat	tem	nent		1123 BEAVE	R STREET							
☐ Abatement Performe	ed Outside of Norr	nal Facil	ty Ho	urs	s - Desc	ribe	City, State, Zip C	ode							
Time of Abstement	7:00AM-11:30P	M/	PM-		AM		BRISTOL, P.	A 19007							
Scope of Work (Check	all that apply	3 PM	-//	•	301	74			2000			- 0.10			
Scope of Work (Check	all that apply)						Full Cor	ntainment with Ne	gative Pressure						
≥3 sf or ≥3 lf			enov				☐ Mini-En	closure ag Procedure							
≥160 sf or ≥260 lf		Пп	emoli	ItiO	п		☐ Non-Ex	empted (*) and No	on-Friable Procedu	re	- 100				
			ls Loc	cati	ion					Aba	ateme	ent T	уре		
Location	on of		Norn				Description	of		R	Re	En	E		
Asbestos-Containin	g Material (ACM)		sed Sed Sel			Asbe	stos Containing N	laterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
TO BE A	BATED	IV			Staff?	(I.e	surfacing, VA	T, or	SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7	Sul	Sure.		
IN Fac			(1	2)			other miscellar	neous)		1		i de			
	•	Ye	s N	ю	N/A					4_	_	_	-		
Basement Room G	20B		×	1		Firepro	ofing		1589 SF						
Dasement Room G	Dascillett (Coll. C2C)														
8 - 1 - 1										-		П			
										ᆜ			-		
			T	٦											
Name of Registered W	laste Hauler				JDEP \	Waste	Cubic Yards of		istered Landfill			. 11. 10.			
SERVICE TRANS				1	lauler II	D No.	Waste	G.R.O.W.	S. NORTH LAND	FILL					
	FUNT GROUP			L	18706	3	Disposal Date	City, State							
City, State	20						Disposal Date		/ILLE, PA 19067						
NEW CASTLE, DE									ate /		,				
Completed By (Print or Type) Title				.7		Signature	Scolino	1.	11/2	1/	12				
Brian Scafiro	,	Estin	nator	r			Brian	scopero	170		//				
In the state of th				-	- 10 TO A			//	0						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) RECEIVER 2371

Date of Notification (1)				Na	me of Buildi	ing Owner/Operator	(0)					
11 /8	_ /	12		T	rustees o	f Princeton Univ	(2) /e 设 权 NOV 2	9 AM L. 5				
Agencies Notified Typ	e Notification	n		Stre	et Address			2 HIT 4. 2	<u> </u>			
	nitial Amended			7		llan Building	A SBESTO	S CONTRO		í		
	Amendment			City	, State, Zip	Code	& 110	ENSING				-
1	Emergency		_	P	rinceton.	NJ 08544	2.0	CHOING				
	ustification)	(IIICIGGII	ıg		ne of Conta			Telephon N				
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Cancellation			1000	obert Ort	1772		Telephone N	umber			
Name of English Mhase Abata				F	ACILITY I	NFORMATION			·			
Name of Facility Where Abate Princeton University-87				ifor D.	.ilali		Type of Facilit					
Street Address		. 01. 00	mpu	itel Di	alluing		School (K-	12) r 8 (Other than K-	.12\			
87 Prospect St							Other (i.e.,	private and comr	nercial	buildi	ngs,	
City (5)							homes, etc					215. SS
Princeton							Square Feet	# of Floors		3ldg.	10.00	
County (6)		-		I Co	h. O	71/07475 1:05 01:11	30,000	3		504	į	
MERCER	11.			100	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being dem	olished)			
Name of Monitoring Firm Hired		Owner	(8)	ASCI	VI No.	Name of Abatem	ent Contractor (9	9)		-		
Pennoni Assoicates, Inc	<u>. </u>			00	102		VIRONMENT					
Street Address						Street Address						V-DELINATE
515 Grove St., Suite 1B City, State, Zip Code	yen)					1123 BEAVE						
Haddon Heights, NJ 080	35					City, State, Zip C						
Project Manager for Monitoring			Tel	ephone	- No	BRISTOL, PA	4 19007					
Alan Lloyd					7-0505	215-788-6040	1	License No. 00509				
Start Date (10)	Sche	duled C			ate (11)	Name of OSHA N		00309	- 3			
_11 / _26 / _12					_12		VIRONMENTA	L. INC.				
Occupancy Status During Abate						Street Address						
☐ Facility Closed/Vacated Duri	ng Entire P	eriod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Outsid	de of Norma	al Facilit	y Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:00AN			PM	^	М	BRISTOL, PA						
Scope of Work (Check all that a	pply)					⊠ Full Cont	tainment with Ne			- 10		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re					losure	gative Pressure				
△ ≥100 St of ≥200 If		☐ De	moliti	on		☐ Glovebag	g Procedure	n-Friable Proced				
		Is	Loca	tion	T	- I MOII-EXE	impled () and No	n-Friable Proced				
Location of			Norma			Description o	f			_	ent T	ype
Asbestos-Containing Materia	I (ACM)		d Sol	ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	Re	Re	g	m
TO BE ABATED IN Facility				Staff?	(i.e.	, thermal systems i	insulation,	(Specify	Removal	Repair	율	Enclosure
(13)		Von	(12) No			surfacing, VAT, other miscellane	or ous)	SF or LF)	a		Encapsulate	ure
Basement Room G20B		Yes	-	N/A	 	_						
Dasement Room G20B					Firepro	ofing		1589 SF				
					-							
							anesitti.					
Name of Registered Waste Haule			N	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill				=
BRISTOL ENVIRONMENT	AL, INC.		Н	18706		Waste		NORTH LAND	FILL			
City, State						Disposal Date	City, State					-
BRISTOL, PA 19007						1		LE, PA 19067				
Completed By (Print or Type)	Title)	-			Signature						
Brian Scafiro	E	stimat	or			Brian	Scafero	Lil 1	ate / 8	1,)	
CD 44						12 marc	poro	17	10	110	ž.	

ASB-41 MAY 11 BS 12113

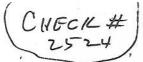
^{*} Do not use this form for asbestos licensure exempted activities.

No Neck Charles (1)	NOTIFICATION OF A	New Jersey SBESTOS ABATEMENT AC 8:60 and 12:120)	RECEIVED		
11-17-12	-/	George Mellin	NOVO		
D EPA DAnitial	2646	301 Forest	DRIVE AM SOS	#h	
D DEP Amended Amendment #	10	Short Hill	LICEN TH QZ	078	
DOH (Cancellation)	Geo	orge Neil	Telepholic Manager		
Name of Facility Where Abatement is Taking P		Type of Facility	(4)		\dashv
Street Address 301 Forest	Dwelling Drive Soc	☐ Subchapter	8 (Other than K-12) rivate & commercial building	gs,	
City (5) Short Hills	NJ 070	Square Feet	# of Floors Bldg.	Age フラマー	
County (6)			rior if being demolished)	<u> </u>	
Name of Monitoring Firm Hired by Building Own (8) EPC Technologies Street Address	ner ASCM No.	Name of Ab ment Contractor (oclegies, Ir	14	
P.O. Box 337		P.O. Be	z 337		
City, State, Zip Code New Egypt NJ	8533	New Equpt	MJ '083.	33	
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609 758 -3 36.	Telephone No. 517 609-758-3365	License No.	Y	
Start Date (10) Scheduled (Completion Date	Name of OSHA Monitor EPC Tech	Notice Inc	(
Occupancy Status During A sment (Check or		Street Address		£0	6
☐ Facility Closed/Vacate During Entire Period ☐ Abatement Performed Dutside & Normal Fac ☐ Other - Describe:	of A atem ity H vrs	City, State, Zip Code New Egypt	NJ 085	 33	
Scope of Work (Check all hat apply) Pa 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	☐ Renovatio	□ Full Containment with on □ Mini-Enclosure n □ ★Glovebag Procedure	n Negative Pressure		
	Is Location	Tron Examples () of		Abatemen Type	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of sbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Encapsulate Repair Removal	Enclosure
	Yes No N/A	11:	50 LF	×	
1st Floor Room	×	ipe Insulation	30 51		
					-
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No. 17000	Cubic Yards of Name of Region Waste	stered Landfill Mensyemen	+	
City, State A) E A) J		Disposal Date City, State 11-28-12 Monni	17.1	n .	
Completed by .Title .Do	sident	Signature Stave Sch	Date	17-12	
		s licensure exempted activities.			

Nobel

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

		(1	ursi	uant to NJA	6.00 and i	12.120)	-00000-1000	静	Enn				
Date of Notification (1)	1	Name	of Buil	ding Owner/Operat	or (2) New Mosella	SEWER	AVE	AUTO	1:74	100	/E	D	
Agency Notified Type Notification Type Notification Initial		Street	Addre	ding Owner/Operate The CINI ss 5005. ip Code Linder	SOUTH NO	od Avi	ENU	ε ²⁰¹² Νι	DV 29	Ar	14.	:57	
DEP Amended	.	City, S	itate, Z	ip Code Linder	v, N.3	. 070	36	A stiff 5	108 /	1:4	() 'y		k
✓ DOL Amendment #	11	Name	of Con	itact				Telephone [HOPEN!	IN	G	BL	
DCA justification		20	ody	SPADONE					_	- • •			
				ACILITY INFORMAT	econocia de la companiona								
Name of Facility Where Abatement is					100	Type of Facil	2007 35 50						
FRANKLIN HUDSON					DM .		ter 8 (O	ther than K-1					
Street Address 5005 SouTi	Hunn	N .	AV	۶.		Other (i.e.	e. privat	e & commerc	ial buildin	gs,			
City (5)	1000			7		Square Feet		# of Floo	ors	T	Bldg.	Age	
LINDEN				C + C + (7) //	TATELICE	10,000		being demoli	ched)	6	25	1	
County (6) UNION				County Code (7) (5 ONLY)		Comm	ENC		sileu)				
Name of Monitoring Firm Hired by Bu			ASCM	No.	Name of Abatemen	nt Contractor (9)						
(8) HILLMAN ENVIRONI	MEJAC				DSA Services,	Inc.						15 7.00.	
Street Address	7 51	, -	_		Street Address 800 East Elizabe	th Avenue							
City, Slate, Zip Code					City, State, Zip Code							-	
UNION INS.	07	08	33		Linden, New Jers	sey 07036		A CANADA		2			
Project Manager for Monitoring F	irm		Teler	thone No. 1800	Telephone No. 908-925-5855			License No. 00843					
Start Date (10)	Schedul			on Date (11)	Name of OSHA Mo	onitor							
NOVEMBER 277, 2012	NOU	lon	Lul	297,2012	DSA Services,	Inc.			48				
Occupancy Status During Abatement	(Check or	nly one	e)		Street Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of	Abate	ment	/	800 East Elizabet			9					
Other – Describe:	IIIIai Facili	y Hou	3		City, State, Zip Coo Linden, New Jer								
Scope of Work (Check all that apply)	ľ								N	_			
□ μ3 sf or μ3 lf					Renovation		-ull Cont 1ini-Enc	tainment with Iosure	Negative	Pre	SSUR	3	
□ μ 160 sf or μ 260 lf					Demolition		G!oveba	g Procedure mpted (*) an	d Non Eri	ablo	Dro	andı ir	
	T			T		10/20	NOI I-EXE	inpled (*) an	u Non-Fii		_	ment	
		ocatio									Ту	pe	
Location of Asbestos-Containing Material	Used	ormall Solel	y by	Asbestos	Description of Containing Materia	al (ACM)		Amount		A.		5	
TO BE ABATED	a	itenan istodia		(i.e., th	nermal systems insu surfacing, VAT, or	lation,		(Specify SF or 1.F)		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Staff? (12)			ther miscellaneous))		31 01 1.17)		<u>a</u>	읔.	ulate	ure
	-		· · · · ·			-	+			\dashv	+		-
	Yes	No 🔀	N/A	1100 06	Aug Flank	n T.75 /	14.7/1/	400	SF	V			
(Connound office)	+	_	×		9×9 Floor	11000	7	100		-	급		
(and the control of the c)				(,,,,									
	I AUTO	-D 147	cto II-	ulor	Cubic Yards	of IN	lame of	Registered La					
Name of Registered Waste Hauler	ID No		iste Ha	uier	Waste		arrie Of	registered La	a IGHH				
DSA SERVICES INC. City, State					JJA Disposal Da	te C	ity, Slat	e			_		
800 EAST ZUABELL	AVC				TBA		_	a .	Dale	-	,		
Completed by Title	GH'	1.10	MI	WS Masse	1 Signature	11/1)	Dale /	/	201	1/12	
C114 110/3	111 (10	, 17/1	מת מחיו כ		///				1	1		



% .

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

Street Address PA Dinital	Agencies Notified Type Notification Street Africance City State Amendment # City State Am	(Building Ov					1	
Service Months and State Production State Address State Ad	Agencies Notified Type Notification Street Africance City State Amendment #	1	wuet@becator (2)		-1116	PACH	
STATE ORDINARY STATE OF STATE	Gencies Notified Type Notification Street A. Street A. Dep	SAL	N FEC!	1 LON	T	HAV OO		=
PROPERTY OF THE PROPERTY OF TH	Gencies Notified PA Sinitial City, Sta DOL Emergency (including Name of the control of the cont	Iddeess.			CO LEC	MUY 29	AM 4: 5	0
Second Application Concentration Concent	DOL Sinvisi City Sta	155	RT, 5	ن				
Control Cont	Amended Cry. Sta				中心是	(والداخة		-
Source Control Contr	Emergency (including	ale. ∠IP C∞6	- , _ , _ ,	N N.J	-,083	3,000	シリは「内容	<u> </u>
DOA			GR 1-180	1	Telec	One He make	SINO	
Description		of Contact	Λ					
FACELTY INFORMATION FACELTY INFORMATION FACELTY INFORMATION Type of Facility (4) Sometiment of Facility (1) Face in Address 10 mer than K-12) Face in Address 10 mer than K-12 Face in Address 10 mer than	DON Description	SAUCE Y	BREUNI	<u></u>				
Ame of Facility Where Absembant is Taking Place (3) ### C5								
ame of Facility Where Abalement is Taking Place (3) DEFENDED COMPANY AS AULTY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY AS AULTY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY AS AULTY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY AS AULTY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY AS AULTY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY ONE (16. private 4 commercial outlands) DIFFENDED COMPANY ACCOUNTY OUTLANDS O	FACI	ILITY INFOR	CHATION	Yuna al Fac	lity (4)			į
Size Address	0000/1							1
Size Address	ame of Facility Where Abatement is Taking Place (3)			School ()	(-12)	r (han K-12))	1
Size Address For Foots	1126 10000			Subcrap	DOYBLE	commercia	i buidings.	- 1
County (5)	1 4 4 1 5	_		· homes	010./		T Bido Age	
County (5)	Greet Address LATE > -39 AS AUCTA CO.			Square Fee	1 80	7		Sittle Co.
County (5) OCEAN CITY County (6) OF MAY USE ONLY) Name of Montoning Firm Fired by Building Owner Normal Abatement Converging (9) Street Address 369 S. SALUE AVE. Co., State Up Code Project Manager for Montoning Firm Telephone No. Street Address 369 S. SALUE AVE. Co., State Up Code Project Manager for Montoning Firm Telephone No. Street Address 369 S. SALUE AVE. Co., State Up Code Project Manager for Montoning Firm Telephone No. Street Address 369 S. SALUE AVE. Co., State Up Code Project Manager for Montoning Firm Telephone No. Street Address 369 S. SALUE AVE. Co., State Up Code Project Manager for Montoning Firm Telephone No. Street Address State Options State Of Code Telephone No. Street Address State Address Suset Address	7037			1000	_ _			
County (6) C A RE MAY Size of Movisoning Film Histed by Building Owner ASOLINO. Name of Movisoning Film Histed by Building Owner ASOLINO. Name of Movisoning Film Histed by Building Owner ASOLINO. Name of Movisoning Film Histed by Building Owner ASOLINO. Name of Movisoning Film Histed by Building Owner ASOLINO. Size 1, Address 3 3 6 9 S. SPLUCE AUX. CRY. State: Zip Code APPLY CHAPTER OWNER CRY. State: Zip Code APPLY CHAPTER OWNER APPLY CHAPTER OWNER CRY. State: Zip Code APPLY CHAPTER OWNER AND APPLY CHAPTER OWNER CRY. State: Zip Code CRY. State: Zip Code APPLY CHAPTER OWNER CRY. State: Zip Code CRY. State: Zip Code APPLY CHAPTER OWNER CRY. State: Zip Code CRY. State: Zip Code CRY. State: Zip Code APPLY CHAPTER OWNER CRY. State: Zip Code CRY. State	City (5) 0 17 17			Current Us	Prior H b	eing demoks	(Ded)	
Superior		nry Code (7)	(STATE	3	, ACAA	J T		
Name of Monitoring Firm Myred by Building Owner Street Address Street	11125	ONLY			1180			
Name of Monitoring Firm Myred by Building Owner Street Address Street	1 /1 /4 /= 0 - 1 1	No. T	Name of Abater	meni Convag	(a)			
Size i Address 369 S. SPALLE AV C. Size i Address 369 S. SPALLE AV C. City State Up Code City State Up City City City City City City City City	Sim Hired by Building Owner ASCA	140.	B1.00	100			-	
Size Address City State Up Code Project Manager for Monitoring Firm Telephone No. Project Manager for Monitoring Malenal Completion For Monitoring Monitoring Firm Telephone No. Project Manager for Monitoring Monitoring Firm Tel	Name of Movioring Fill I		Sireal Address		_	Lut.		65-87
Cry. State. 25 Code Project Manager for Monitoring Firm Project Manager for Monitoring Monitoring Manager for Monitoring Monitoring Manager for Monitoring Manager for Monitoring Manager for Monitoring Manager for Monitoring Monitoring Monitoring Monit			769	S. 500	LUCE			
Cry, State Up Code Cry, State Up Cry, Cry, Cry, Cry, Cry, Cry, Cry, Cry,	Street Aggress		301	Code		-	A 9 A < 1	
Telephone No. Project Manager for Monitoring Firm Scheduled Completion Date (11) Stan Date (10) Scheduled Completion Date (11) Name of OSFA Monitor JOSE ON MAN Substitude Status During Abatement (Check only one) Cocupancy Status During Abatement (Check only one) Scheduled Completion Date (11) JOSE ON MAN Substitude Status During Abatement (Check only one) Cocupancy Status During Abatement (Check only one) Scheduled Completion Date (11) JOSE ON MAN Substitude Status During Abatement (Check only one) Substitude Status During Entire Period of Abatement For Containment with Negative Pressure Glove Date Containment with Negative Pressure Glove Date Containment with Negative Pressure Man Exempted (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Non-Exempted (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Glove Date (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Gry State (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Gry State (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Gry State (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Gry State (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Gry State (1) and Non-Example Procedure Asbestos Containment with Negative Pressure Gry State (1) and Non-Example Procedure Gry	· · ·		City. State, UP	0.3 (FOOL	ND.	0863	
Project Manager for Monitoring Firm Telephone No. S 6-779-0472 00499	7 o Code			PLE	77.	MARSON		
Sian Daie 10 Scheduled Completion Daie (11) Name of OSHA Michael Name of OSHA Micha	City State Up Code	110	Telephone No.	- 0 0/		004	49	
Stan Date 10) Scheduled Completion Date (11) Name of OSHA Monkoy DS E PIKM C M M Substance (10) Name of Registered Waste Hauler Name of Registered Waste Hauler	. Yelephone	s 100.	856-7	79-09	120			
Sian Daile 10) Note 10 12 12 12 12 12 12 12	Project Manager lox Montoning					15 - 19		
Occupancy Status During Abatement (Check only one) Occupancy Status During Abatement (Check only one) Facility Closed/Acated During Entire Penod of Abatement Facility Closed/Acated During Entire Penod of Abatement Describe Other - Describe Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Provided Brown Finable Procedure Scope of Work (Check all that apply) Renovation Operation Operation Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	and Completion 0)ale (11)	Name of Co.	PILAL	EMM			
Occupancy Status During Abatement (Chock only one) Coupancy Status During Abatement (Chock only one) Facility Closed/Vacated During Enter Period of Abatement Facility Closed/Vacated During Enter Period of Abatement Facility Closed/Vacated During Enter Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe Scope of Work (Check all that apply) Cry, State, Agp Code MDP_E Sh/DE, N, J, 0865 Z MDP_E Sh/DE, N, J, 0865 Z MDP_E Sh/DE, N, J, 0865 Z Full Containment with Negative Pressure Glovebag Procedure Glovebag P	Siza Date (10)	A present	71136	1111	प्र	1 -	the second	
Cocalian of Aspestos Containing Material (ACM) Staff (Iss) Staff	5/10/12		Sueet Addres	CON	il E/	1051		·
Facility Closed/Vacalety Duriside of Normal Facility Hours Cap. Apatement Performed Outside of Normal Facility Hours Cap. Apatement Performed Outside of Normal Facility Hours Cap. Apatement Performed Outside of Normal Facility Hours Cap.	The state of the s		369	21211				
Abatement Performs	Occupancy States of Abatement		Cov State &	o Code		115	0805	2_
Abatement Performs	K Facility Closed Vacaled Durside of Normal Facility Hours		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DUE SI	TUDE	10,0		
Scope of Work (Check all that apply) 23 st or 23 it 2160 st or 2260 it Cocation of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Is Location Normally Used Solety by Melintenance/ Custodial Start? (12) Yes No N/A TIMES I TO ODUP SIDER Waste Hauler Name of Registered Waste Hauler Registere	Abalement Performance		1 - 1 > 12		7877 - 6883	- Drassull	P	
Scope of Work (Check all that apply) Renovation Demotion Renovation Closed of Procedure Non-Exempted (*) and Non-Fnable Procedure Asbestos Containing Material (ACM) (Specify Stat? (I2) Yes No NIA TOOD D TOOD Waste Name of Registered Maste Hauler Non-Exempted (*) and Non-Fnable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non	Other Describe		□ Full	Containment	with Nega	Ove Piesso.	•	
Description of Non-Exempted (*) and Non-Exempted (*	Twork (Check all that apply)							
Aspesios Containing Material (ACM) Is Location Normally Used Solely by Maintenances Custodial Staff? (12) Yes No N/A NAME of Registered Waste Hauler K CAMCO FAC. Tige	Scape of Horaton	85	☐ G10	vebag Proce	on and Non	Friable Prox	œoure an	a:emer.
Location of Aspesios Containing Material (ACM) Aspesios Containing Material (ACM) IO BE ABATED IN Facility (12) Yes No NIA NOTED Waste Hauler Name of Registered Waste Hauler Noted Waste Name of Registered Landfill Name of Registered Land	7 >3 \$1 01 23 11		_ No	- Exemples			1~	Type
Location of Aspesios Containing Material (ACM) Aspesios Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No NIA NOTE Waste Hauler Name of Registered Waste Hauler Note Waste Hauler Note D No. (17) Note D No. (18) Note D No. (19) Note D No. (160 st or 2260 II				1		-	
TO BE ABATED IN Facility (12) YES NO N/A YES NO N/A TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED TO BE ABAT	Is Localici	1	Oascoot	ion of	1	Amount	i i	l E
TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) YES NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED IN Facility (12) THE NO N/A TO BE ABATED TO BE AB	NOTION?) y		~ /13/8/JG (U.	CM)		7.	E :
TO BE ABATED IN Facility (12) YES NO N/A YES NO N/A	Lised Solery V.	/ ASD			n.	SFOLF) 3	0.0
Name of Registered Waste Hauler Name of Registered Landfill Name of Registere	1	1 10					1 5	
Name of Registered Waste Hauler Name of Registered Landfill C, M, C, M, U, A, Osposal Date No PLE SIADE, NJ, 08052 Signature MOPLE SIADE, NJ, 08052 Signature NJ/26/1.	Location of Maintenance/ Containing Material (ACM) Custodial	1	ower wisce	HISTORY			l	
SIDING Y TRANSITE Y TRANSITE Name of Registered Landfill NIDEP Waste Cubic Yards of Waste Cubic Yards of Waste C, M, C, M, U, S, of Waste C, M, C, M, C, M, U, S, of Waste C, M, C, M, C, M, U, S, of Waste C, M, C, M, U, S, of Waste C, M,	Location of Custodial Aspestos Containing Material (ACM) Aspestos Containing Material (ACM) TO BE ABATED Staff?	1						
SIDING Y TRANSITE Y TRANSITE Name of Registered Landfill NIDEP Waste Cubic Yards of Waste Cubic Yards of Waste C, M, C, M, U, S, of Waste C, M, C, M, C, M, U, S, of Waste C, M, C, M, C, M, U, S, of Waste C, M, C, M, U, S, of Waste C, M,	Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility Location of Maintenance/ Custodial Staft? (12)		24		1			
Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler No. Of Waste C.M.C.M.U.S. Osposal Date City. State Woods. Date 11/26/1.	Location of Aspessos Containing Material (ACM) TO BE ABATED IN Faciny (13) Maintenance/ Custodial Staff? (12)	AIA	i)			3000	W X	
Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill C, M, C, M, U, A, Hauler D No. 17907 Osposal Date Wood D SINE, N, J, 08052 Signature MDPLE SIND DE, N, J, 08052 Signature Osposal Calle 11/26/11	Location of Aspessos - Containing Material (ACM) TO BE ABATED IN Facility (13) Location of Maintenance/ Custodial Staff? (12)		-11A	15175		3000	× Aid	-
Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill C, M, C, M, U, A, Of Waste Of Waste City, State WOODSINE, N, J, Date Time Time Time Time NUCEP Waste Cubic Yards Of Waste C, M, C, M, U, A, Of Waste Signature Office	Location of Aspestos Containing Material (ACM) TO BE ABATED IN Facility (12) Yes No		TRA	15175		3000	Ψ ×	
Name of Registered Waste Hauler NOEP Waste Hauler D No. 17907 Osposal Date C.M.C., M.C., M.C., ITIGE OSPOSAL DE NOP LE SIND DE NOT LOS DE TIGE ON NER Signature Osposal Calle 11/26/15	Location of Aspestos-Containing Material (ACM) TO BE ABATED IN Facility (12) Yes No		TNA	15175		3000	W X	
Name of Registered Waste Hauler NOEP Waste Hauler D No. 17907 DEPOSATION CITY, State WOODSINE, N.J. Date 11/26/11	Location of Aspestos Containing Material (ACM) TO BE ABATED IN Facility (12) Yes No		TNA	15175		7000	УФ X	++
Name of Registered Waste Hauler NOEP Waste Hauler D No. 17907 Osposal Date C.M.C., M.C., M.C., ITIGE OSPOSAL DE NOP LE SIND DE NOT LOS DE TIGE ON NER Signature Osposal Calle 11/26/15	Location of Aspestos-Containing Material (ACM) TO BE ABATED IN Facility (12) Yes No		TNA			=		+++
Name of Registered Waste Hauler KIEMCO INC. TOROSZ DEPOSZO DATE N.J. 08052 Signature MAPLE SIADE, N.J. 08052 Signature MAPLE SIADE, N.J. 08052	Location of Aspessos - Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No				ame of Re		d(iii	1
CITY State MAPLE SINADE, N.J. 08052 Signature OBLIT Date 11/26/19	Aspesios Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No	y	. Cubic Ya	rds N	ame of Re		d(iii	1
CIT State MAPLE SINADE, N.J. 08052 Signature Signature 11/26/19	Location of Aspesios Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No	y	. Cubic Ya	vos N	C,M		d(iii	1
MAPLE SHADE, N.J. 08032 Signature Signature 11/26/17	Aspesios Coniaining Maienal (ACM) TO BE ABATED IN Facility (13) Yes No SID INC.	y	Cubic Ya	vos N	C, M	pistered Lan	orin 1.0, s	1
MARCE SHADE Tice	Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No Name of Registered Waste Hauler Kiemco LNC	UOED Waste tauler D No.	Cubic Ya	vos N	C, M	pistered Lan	J.U. S	1
Time MUNER	Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No Name of Registered Waste Hauler Kiemco LNC	UOED Waste tauler D No.	Cubic Ya of Waste	VOS N	C, M	pistered Lan	T. O. A	5.
Compeled By LEMM OWNET TASEPH KEMM OWNET THE STATE OF THE PROPERTY OF THE	Aspestos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No Name of Registered Waste Hauler Kiem CO Inc.	UOED Waste tauler D No.	Cubic Ya of Waste	VOS N Date O	C, M	pistered Lan	T. O. A	5.
TASEPH CEMPI	Name of Registered Waste Hauler Kiemco Inc. State No PLE SIN A DE N. J. 0805	Y Wasie Hauker D No.	Cubic Ya of Waste	VOS N Date O	C, M	pistered Lan	T. O. A	5.
	Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Manuer Standard Name of Registered Waste Hauler	Y Waste tauler D No. 17904	Cubic Ya of Waste Obs posal	Oale C	C, M Liv. State Woo	pisiered Lan , C , A	T. O. A	5.



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

IT		
農	ECEIVE	D
	NOV 29 AM I	80
-		50.1 W
	ESTOS CON & LICENSIN	G
ľ	Telephone Number	г
	Other than K-12) ate and commercia	al buildings,
Feet	# of Floors	Bldg. Age
O Sq Ft	2 story	60 years
t Use (Prior ident	if being demolishe	ed)
ractor (9) onmental	Services, LLC	-
	2	
31		
	License No.	
	01158	
onmental	Service, LLC	£
31		
t with Negat	ive Pressure	
dure	Friable Procedure	
, and 14011-	Tiable Frocedure	Abatement Type

Date of Notification (1)			- 10	Name	of Buildin	g Owner/Operator (2)		- Kee				
				Emma Hallam 2012 NOV 29 AM 4: 56									
Agencies Notified Type Notification					Street Address								
☑ EPA ☑ Initial					409 Huckleberry rd								
☐ DHSS	☑ DOLŴD ☐ Amended ☐ Amendment #					City, State, Zip Code & LICENSING							
□ DHSS	☐ Emergency (in			Alle	Allentown, PA 18104								
(NJAC 5:23-8)	justification)		Name	of Contac	t	Telephone Number							
	Cancellation		Em	ma Halla	m								
				FA	CILITY IN	IFORMATION							
Name of Facility Where A	batement is Taking	Place	(3)				Type of Facility (4)					
Residence		☐ School (K-12)											
Street Address	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,												
156 Maple Terrace		homes, etc.)											
City (5)			Square Feet	# of Floors	1	dg. A							
Merchantville							2500 Sq Ft	2 story		60 ye	ears	ALMERICA CONTRACTOR	
County (6) County Code ((STATE USE ONLY) Current Use (Prior if being demolished)							
Camden						REsident							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.						Name of Abatement Contractor (9)							
Environmental Management Inter, Inc.						Graham-Tech Environmental Services, LLC							
Street Address						Street Address							
34E. Germantown Pike #204						14 Read Drive							
City, State, Zip Code						City, State, Zip Code Sicklerville, NJ 08081							
East Norriton , PA 19401 Project Manager for Monitoring Firm Telephone No.						A CONTRACTOR OF THE PROPERTY O							
Raymond J. Giordano 1-610-277-													
Start Date (10) Scheduled Completion Date (11						(11) Name of OSHA Monitor							
						Graham-Tech Environmental Service, LLC							
Occupancy Status During Abatement (Check only one)						Street Address							
☐ Facility Closed/Vacated During Entire Period of Abater													
Abatement Performed Outside of Normal Facility Hou					s - Describe City, State, Zip Code								
Time of Abatement: 7AM-4:30PM/PM					Sicklerville, NJ 08081								
Scope of Work (Check all		me was a se		☐ Full Cont	ainment with Neg	ative Pressure							
≥3 sf or ≥3 lf	77.5	tion	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure										
☐ ≥160 sf or ≥260 lf ☐ Demolition					on ⊠ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure							- 0	
Is Locat					Γ		Inpice () and Nor	I-I Habie i Toccoure	Abatement Type				
Location of Norma						Description o	f				· ·		
Asbestos-Containing Material (ACM) Used So						stos Containing Ma	terial (ACM)	Amount	Removal	Repair	8	Enclosure	
TO BE ABATED Mainten				7011477.TA	(i.e	., thermal systems i		(Specify	100	air.	aps	losı	
IN Facility Custodial (13) (12))		surfacing, VAT, other miscellane		SF or LF)			Encapsulate	Ē	
		Yes	No						_		_		
Basement Crawl Space			\boxtimes		50 Lf Pi	pe insulation		50LF			Ш		
					Vaste	Cubic Yards of	Name of Registered Landfill						
Graham- Tech Environmental Serv, LLC					No.	Waste	Atlantic County Utitities						
City, State				00345	000	Disposal Date	City, State		40	_		\neg	
Egg Harbor , NJ							EggHarbor						
Completed By (Print or Type) Title						Signatura	_3320					-	
Vernice Graham President					Signature Vound 11-13-12					10			
ACD 41	F	coluct	16			Lypure	- July	m. 11	1-1	0-	ld		

MAY 11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 11/26/2012					Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.								
Agencies Notified [x] EPA		l Notific			Street Address 940 Park Avenue 2012 NOV 29 AM 4: 5								
[] DEP	Ame [x] Emer	ndment # gency (i	tification t ncluding		City, State, Zip Code Lakewood, New Jersey 03/05 CONTROL								
[x] DOH [] DCA	justification) [] Cancellation				Name of Contact Irving	Telephone Number							
		FAC	CILITY INFORMATION										
Name of Facility Where Al			Type of Facility (4	School (k-12)	har tha	ak 12)							
Street Address 44.5	Sherie Court			14	[] Subchapter 8 (other thank-12) [X] Other (i.e., private & commercial homes, etc.)						ial buil	dings,	
City	County (6)			County Code (7)		Square feet	# of Floors	Bldg	g. Age				
Lakewood	Ocea	n		(STATE USE ONL	Y) -	2000 sf 1 6 Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A					ASCM No.	Name of	ne of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		51			e1 1	Street Address							
City State Zin Code						1889 Route 9, Unit 61					_		
City, State, Zip Code						City, State, Zip Code Toms River, New Jersey 08755-1271							
Project Manager for Monitoring Firm Telephone Number						Telephone Number License Number 732-349-9932 00624							
Scheduled Start Date (10) Scheduled Complet 11/27/12 11/28/12					ion Date (11) Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other – Describe							Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all	that apply)					[]	Full Containmen	nt with Negative Pre	<u> </u>				
[] >3 sf or ≥3 lf [] Renova				Renovat	Parameter Control Cont								
$\begin{bmatrix} x \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ $\begin{bmatrix} x \end{bmatrix}$ Demoliti					ion	[x]	Non-Exempted (*) and Non-Friable	Procedu	ire			
								Abatement Type					
Location of Normally Asbestos-Containing Material (ACM) TO BE ABATED Maintenance/			Solely by tenance/Cu Staff (12)	ed As I stodial (i.e		Description of pestos-Containing Material (ACM) , thermal systems plation, surfacing, VAT, or er miscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior			X		Asbestos sidin	g		2000 sf	X				
								11.					
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223				0223	ler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F.								
City, State Disposal Date City, State Toms River, New Jersey 11/29/12 Tullytown, Pendsylvania													
Completed by (Print or Typ Nicholas Fern	e)	Title Project Manager			Signature	Cho + Date 11/26/2012							

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