## NO CK

D&S Proj. #: 2014-281-B epa

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

KECEIVED

			of During Co	herr = -14	Operator (0)				Water from					
Date of Notification	1/11 14 1		of Building C				2014	oc	T-1 PM 3:	20				
Agencies Notified	Type Notificatio		Address	HE S	CIENTIST						_ =			
EPA EPA	Initial	110000	BROAD S	TDEE	7T		ى 4	بالنار	TOS CONTR	n:				
☐ DEP	Amended		tate, Zip Coo	The second second	51	-		<del>de</del> L	-ICENSING					
DOL.	Amendment #:_				701									
	Emergency (including		D BANK, I	NJ 07	701	TO WAR			Telephone	Number				
☑ DOH	justification)	IName	JI Colliact				į							
☐ DCA	☐ Cancellation	TO	M MINDE	N							=	_		
	i i		F	ACILI	TY INFORMA	ATION								
Name of facility w	here abatement is	taking place (3	3)						Type of Facility (4) School	(K - 12)				
CHURCH OF	THE SCIENTIS	т								oter 8 (Oth	er tha	ın K-1	2)	
Street Address								11	Other (P	rivate/Cor omes, etc	nmero	ial		
211 BROAD S	STREET							11	Square Feet #			Bld	g. Age	е
City (5)		County (6	)			County	y Code (7)	11						
Oily (O)			200			(State	use only)		Current Use (Price	or if being	demo	lished	1)	
RED BANK		MONM				116	lame of Abateme	) 201 C	ontractor (9)				-	
Name of Monitori	ing Firm Hired by E	3ldg. Owner (8)		1	ASCM No.	- 11	1							
			and the second second				D & S REST C	JKA	HON, INC.			_		
Street Address						°	20 California	Ava	<b>.</b>					
						_	ity, State, Zip Co	-				-	-	
City, State, Zip Co	ode					1	Paterson, NJ		03					
Decision Manager	or Monitoring Firm		Phone N	lumbe	r		elephone Numb	THE RESERVE OF THE PERSON NAMED IN	05	License N	lumb	er		
Project Manager 1	or wonttoning rim		I none i	eum bo	•		973-345-80			01	169			
0 10 140		ISched Co	mpletion Da	te (11)		\	Name of OSHA			4				
Start Date (10)							D & S Resto	ratio	n, Inc.					
10/06/14		10/30/14	The second second second			5	Street Address	A						
	s During Abatemer						20 California City, State, Zip Co		enue					
Abatement	sed/vacated during performed outside	of normal facil	ity hours-	•			oity, State, Zip O	ouc						
Describe	oribe: NORMAL H	and the second s				-11	Paterson, N.	J 075	603					
	check all that apply								ull Containment w	/negative	press	ure		
>3 sf or >3		Renovation							/lini-enclosure					
		Demolition					-	H	Blovebag procedur Non-Exempted (*)	e and Non-f	riable	proce	edure	í
		Is location no	rmally used	solely				lamed .			R	R	E	E
Location of asbestos-o		by maintena	nce/custodia	I	Descript	ion of as	bestos-containin	ng	Amount	- C - C	m	p	n	n
material (a	cm) to be	staff(12)			material		and the state of t		(Specify S	or or	0	a	а	L
abated in f	acility (13)	Yes	No	N/A							e	r	р	
CHURCH SA	NCTUARY		X		CEILING	PLAST	TER		3,036 SQ FI		X			
CHORCHOA	.,01011111													10
										-			닏	무
											Ш	닏	닏	부
												Ш	Ш	
Registered Wast	e Hauler ORATION, INC.		Hauler ID#		ubic Yards of YDS	Waste	Name of Regist TULLYTOV	tered WN,	Landfill RESOURCE RI	ECOVER	RY			
City, State	JAN HOLY, HYC.	15500		osal D			City, State							
PATERSON,	, NJ 07503				US DATES	<u> </u>	TULLYTO	WN,	PA					
Completed by (F		Title			Signature					Date	/1 4			
BOGDAN JO		PRESIDE					d Ab /W			09/22	14			
ASB-41		* Do not use t	his form for a	asbesto	os licensure e	exempted	activities.							

OK 2850

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

KECENED

Date of Notification (1) 04/01/14			N:	ame of I	Building O	wner/	Operator RATION	(2) N AND	FACILIT	Y SHIP		s_in	0 6	a s	n -	
	Notification	-	St 1	treet Ad 001 L	dress OWER L	.AND	ING R	DAD, S	SUITE 60	4-605			-	Ci c	- 4	4
DEP DOL	Initial Amended Amendment#		Ci	ity, State	e, Zip Cod WOOD,	e NJ (	8012		SUITE 60		å Li	ČĒN		KG	KO.	L.
ĭ DOH	Emergency (in justification) Cancellation	cluding	-		Contact						none N					
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abaten	nent is Taking	Place (3)	12					☐ S	f Facility (4 chool (K-12	2)		40)				
Street Address 41 NORMONT LANE				-10-1500				⊠ o et	ubchapter 8 ther (i.e. pr tc.)	ivate & c	ommer			10.70 		s,
City (5) WILLINGBORO, NJ								Square 1000	e Feet	# of FI	oors		Bld	g. Ag	ge	
County (6) BURLINGTON COUNTY				ounty C	ode (7) SE ONLY)			Curren HOM	it Use (Prior E	r if being	demol	ished)				
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCM	No.				PROFES							
Street Address								Address	s OOVE CO	URT					55400-5-	
City, State, Zip Code						9		State, Zip	Code DD, NJ 08	3701						
Project Manager for Monitoring	3280117332	T	elephon	e No.			none No 668-90			icense 200	No.					
Start Date (10) 10/19/14	Scheduled (10/20/14	Comp	oletion D	Date (11)				A Monitor PROFES	SSION	ALS						
Occupancy Status During Abat	ement (Check	Only One)					Street	Address	s							
			tame	ant			6 WH	HITE D	OVE CO	URT						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	tside of Norma	al Facility He	ours			_		State, Zip EWOC	o Code DD, NJ 08	3701						
Scope of Work (Check All That	Apply)									SYNC I						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovati nolitic	(T)				Mini Glov	Containme i-Enclosure vebag Proc i-Exempted	edure	70					
						-0.		14011	I-LXempteu	( ) and i	4011-1	Table 1		V/4 53	ment	
or nor no		**************************************	catio	5.00			v 1 * P 1990 (12 10 a.2 a.2 Ma							Ту		
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Used S Mainte Custod	Solely enand	by ce/		os Co therm surf	escription ntaining Nal system facing, VA miscella	Material is insulat AT, or		(Sp	ount ecify or LF)	Zelloval	Domonia	Repair	Encapsulate	Enclosure
INTERIOR OF HO	DNAE.	Yes	No	N/A		E1	OOR T	II E		1000	0 SF	X			Ф	
INTERIOR OF HO	DIVIE				D	FL	.001	ILL			0 01	1				
Name of Registered Waste Ha	uler			IDEP W			ic Yards		Name of F	Registere	ed Land	Hill				
NEWARK CARTING				uler ID 509	No.	5	/aste		IESI					W-2-13		
City, State NEWARK, NJ					200000000000000000000000000000000000000	osal Date 20/14		City, State BETHLI		PA ,						
Completed by JOSEPH PERLSTEIN	Title OWNE	R		*		Signatur	re				Date 9/9/1	4				

1 K 2865

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

KECEIVED

Date of Notification (1) 04/01/14			1	Name of PARK	Building C	wner/ EAL E	Operator	(2) E, LL <b>G</b>	114 OCT	-1	PM 2	> 51	~			
Agencies Notified	Type Notification		5	street Ac	dress 9TH ST			st.								
DEP DOL	Initial Amended Amendment #		1877		te, Zip Coo		NJ 0704	47	ا الا الا ه 11	CEM:	JING	<del>πū</del> ,	-			
DOH DCA	Emergency (in justification)  Cancellation	cluding	1988		Contact A FONT	AINA				Tele	ephone	Numl	ber			
				FACIL	ITY INFO	RMA	TION		7=							
Name of Facility Where	Abatement is Taking I	Place (3)							of Facility (4							
Street Address 1209 79TH STREE	Т	15		<u> </u>				☐ S X	School (K-12 Subchapter Other (i.e. pretc.)	8 (Othe				ings,	home	es,
City (5) NORTH BERGEN,	NJ								e Feet	# of	Floors		BI	dg. A	ge	
County (6) HUDSON COUNT	(				Code (7) ISE ONLY)			Currer	nt Use (Prio 1E	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	l No.		7.00		ement Con PROFE		O 20					
Street Address								Addres	s DOVE CO	DURT						
City, State, Zip Code	2					154		State, Zi	p Code DD, NJ 08	3701						
Project Manager for Mor			Telephor	ne No.		10	hone No 668-90			Licens		ki.				
Start Date (10) 10/7/14		Scheduled	Com	pletion [	Date (11)				A Monitor	SSIO	NALS		-			
Occupancy Status Durin			)					Addres				-				
Facility Closed/Vac	ated During Entire Pe	riod of At	atem	ent				Service Control	DOVE CO	DURT						
Abatement Perform Other – Describe:	ned Outside of Norma	I Facility I	Hours	-		_8	1 (20)	State, Zi EWO0	p Code DD, NJ 08	8701						
Scope of Work (Check A	All That Apply)			<i></i>		D) 4 110 St	-									
≥3 sf or ≥3 If ≥160 sf or ≥260 If			novat moliti	500000			2	Min Glo	Containme i-Enclosure vebag Proc	edure						
							L	Nor	n-Exempted	(*) an	d Non-F	riable			ement	
1	6	1100000	ocation of the contract of the	0.43	2	-									ре	
Locatio Asbestos-Containing	Material (ACM)		Solei		Asbest	os Co	escription ntaining N	Material	(ACM)		mount				ш	-
TO BE AB		Custo	dial S	07070	(i.e.		al system facing, VA		ition,		Specify or LF)		Removal	Repair	cap	Enclosure
(13)			(12)			other	miscella	neous)					oval	air	Encapsulate	sure
		Yes	No	N/A											Ф	
BASEM	ENT				AC	M PII	PE INS	ULATI	ON	1	50LF		X			
	1															
							_									
			1 1			11										
Name of Registered Wa			EC. 1032.2	JDEP W auler ID		of W	ic Yards /aste		Name of I	Registe	ered Lar	ıatıll				
			04	509		3 Dian	and D-1									
City, State NEWARK, NJ	装					10/7	osal Date 7/14	,	City, State BETHL		1 PA					
Completed by		Title					Signatur	е				Dat				
JOSEPH PERLSTE	IN	OWN	=R									9/9	/14		-23-24	

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

164 2207

Separation   Street Address   Stream   Street Address   Stream   Street Address   Street	Date of Notification (1)				I	lame of	Building C	wner/Operator (2						
DEPA		1 /	14	-		St Fra	ncis Med	dical Center	2014 OC	T-1 DM 2	-5211-12-13-13-1			
DEPA	Agencies Notified Tv	pe Notifica	tion		5	Street Ad	ddress			1 10 5:	23			
DCA   Cancellation   Name of Contact   Telephone Number   Chuck Lawson   FACILITY INFORMATION	190110100					601 H	amilton /	Ave	40000	Fire re-				
DCA   Cancellation   Name of Contact   Telephone Number   Chuck Lawson   FACILITY INFORMATION	☑ DOLWD □				(	City, Sta	te, Zip Coo	de	21	ICE PRO II W	COL			
DCA   Cancellation   Name of Contact   Telephone Number   Chuck Lawson   FACILITY INFORMATION	☑ DHSS					Trent	on NJ 08	629		ICLUSING				
Chuck Lawson   Chuc				iding	1	Name of	Contact			Telephone Num	ber			
Step			16					n			10			
Name of Facility Where Abatement is Taking Place (3)   St. Francis Medical Center   St. Execution   St. Francis Medical Center   St. Execution   St. Executi		Joanoona												
School (R-12)	No. of English Minara Abai	toment is T	akina F	Place (3	3)	TACI		OTT.	Type of Facility (	4)				
Street Address			akiliy r	lace (c	"				School (K-12)	)				
Source Feet   # of Floors   Square Feet   # of Floors   100		nter	4						Subchapter 8	(Other than K-1)	2) Szeigi buil	dinac		
Square Feet									Other (i.e., pr	ivate and comme	erciai bui	ungs		
County (6)	601 Hamilton Ave			_							Bld	a. Age		
County (6)	City (5)								100	114000 100 10 100 10 10 10 10 10 10 10 10 1	1			
MERCER Name of Monitoring Firm Hired by Building Owner (8)  Environmental Connection  Street Address 120 North Warren Street  City, State, Zip Code Trenton, NJ 08010  Project Manager for Monitoring Firm Rick Beach  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Project Manager for Monitoring Firm Rick Beach  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Project Manager for Monitoring Firm Rick Beach  10 / 6 / 14  10 / 8 / 14  10 / 8 / 14  RRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Asbestos-Containing Material (ACM) Amount Adams Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Asbestos-Containi	Trenton										190	_		-
Name of Monitoring Firm Hired by Building Owner (8)	County (6)					County	Code (7)(	STATE USE ONLY)		of it being define	iioneu)			
BRISTOL ENVIRONMENTAL, INC.	2.7. P. T.			6,852					1172			-		-
Street Address   120 North Warren Street   1123 BEAVER STREET   1124   126	Name of Monitoring Firm His	red by Buil	ding Ov	vner (8)	) /	ASCM N	0.							
1123 BEAVER STREET	<b>Environmental Conne</b>	ection							VIRONMENTA	L, INC.			-	_
1123 BEAVER STREET  City, State, Zip Code Trenton, NJ 08010  Project Manager for Monitoring Firm Rick Beach  Start Date (10)  10	Street Address													
City, State, Zip Code   Trenton, NJ 08010   Telephone No.   Telephone No.   Telephone No.   City State, Zip Code   BRISTOL, PA 19007   Telephone No.   City State   City State, Zip Code   SRISTOL, PA 19007   Telephone No.   City State   City State, Zip Code   SRISTOL, PA 19007   Telephone No.   City State   City S		eet						1123 BEAVE	R STREET					
Trenton, NJ 08010								City, State, Zip C	ode					
Telephone No.   Telephone N								BRISTOL, PA	<b>4 19007</b>					
Rick Beach	그는 그렇게 그렇게 하시다 내가 내려왔다면 어린다 하시다면 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	ring Firm	-		Tele	phone N	lo.	Telephone No.		License No.	- 144			
Start Date (10)		g				Ti Danie	enwarence.	215-788-604	0	00509				
10			Schedu	iled Co	mple	tion Date	e (11)	Name of OSHA	Monitor					
Street Address   Str					102/01		185	BRISTOL EN	IVIRONMENTA	L, INC.				
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/8:00PM-6:00AM								Street Address						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM(8:00PM-6:00AM)	☐ Facility Closed/Vacated	During Ent	tire Peri	od of A	bater	ment		1123 BEAVE	R STREET	12				
Scope of Work (Check all that apply)   Scope of Work (	M Abatement Performed C	outside of N	Normal I	Facility	Hour	s - Desc	ribe	City, State, Zip C	Code					
Solution	Time of Abatement:	AM	PM	1/ <u>8:00</u> F	PM- <u>6:</u>	MA <u>00</u>		BRISTOL, P.	A 19007					
Solution	Scope of Work (Check all the	hat apply)						F7 = 110-11	-t-itith No	antivo Proceure				
Section   Sect	200 A A COM TO C			M Dos	a coverti	on		⊠ Full Col	ntainment with Ne iclosure	galive Flessuic				
Non-Exempted (*) and Non-Friable Procedure   Abatement Ty   Description of     Used Solely by   Maintenance/  Custodial Staff? (12)     Yes   No   N/A     N/A   Duct Insulation   35 SF               Name of Registered Waste Hauler   BRISTOL ENVIRONMENTAL, INC.   NJDEP Waste   Hauler ID No. 18706   SC u Yd     Disposal Date   BRISTOL, PA 19007   Completed By (Print or Type)   Gino Pizzigoni   Estimator   Signature   Si	≥3 sf or ≥3 lf							☐ Gloveb	ag Procedure					
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  IN Facility (13)  Kitchen  Description of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A   Kitchen  Duct Insulation  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  Name of Registered Waste Hauler BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify (Specify SF or LF)  NAme of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  NAME of Registered Landfill G.R.O.W.S. NORTH LANDFILL  City, State BRISTOL, PA 19007  Title Estimator  Date  9/24/14	☐ ≥100 Si di ≥200 II							☐ Non-Ex	empted (*) and N	on-Friable Proce	dure			
Asbestos-Containing Material (ACM)   Amount   Specify   Sp		****						181			Ab	_	ent T	ype
Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF or LF   SURFACING   ST other miscellaneous   SF or LF   SURFACING   ST other miscellaneous   SF or LF   ST other miscellaneous   SF or LF o	Location of	f						Description	of	Amount	Re	Re	E	Enc
Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF or LF   SURFACING   ST other miscellaneous   SF or LF   SURFACING   ST other miscellaneous   SF or LF   ST other miscellaneous   SF or LF o			M)	5777255			Asbe	stos Containing IV	s insulation.	2000	moy	pair	ap	Enclosure
Yes   No   N/A					odial	Staff?	(1.6	surfacing, VA	T, or	SF or LF)	/al		sula	ure
Kitchen  Duct Insulation  S SF  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  NAME of Registered Waste Hauler BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  Duct Insulation  S SF  Name of Registered Cubic Yards of Waste Hauler ID No. 18706  S Cu Yd Disposal Date 10/9/14  Signature  Horrigan  Date  9/24/14					, ,			other miscellar	neous)				क	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  Discrimination  Discr				Yes	No	N/A								
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  City   Cubic Yards of Waste   Cubic Yards of Waste   G.R.O.W.S. NORTH LANDFILL   City, State   MORRISVILLE, PA 19067  Signature   Sig	Kitchen				$\boxtimes$		Duct In	sulation		35 SF			Ш	Ш
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  Name of Registered Waste Hauler BNJDEP Waste Hauler ID No. 18706  Cubic Yards of Waste Subject of Waste Sou Yd Disposal Date 10/9/14  City, State MORRISVILLE, PA 19067  Completed By (Print or Type) Gino Pizzigoni  Date  9/24/14				П	П	П								
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  NJDEP Waste Hauler ID No. 18706  NJDEP Waste Hauler ID No. 18706  Cubic Yards of Waste S Cu Yd Disposal Date 10/9/14  City, State MORRISVILLE, PA 19067  Signature  Lins  Paggon  Date 9/24/14			-		_	-					П			
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  City, State BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  NJDEP Waste Hauler ID No. 18706  Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL  City, State MORRISVILLE, PA 19067  Signature  Lins  Paggon  P					Ш					-		1		
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.  Hauler ID No. 18706  Signature  G.R.O.W.S. NORTH LANDFILL  City, State  BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  Title  Estimator  Waste 5 Cu Yd Disposal Date 10/9/14  MORRISVILLE, PA 19067  Signature  Lino  Paggion  Date 9/24/14										1.1			1	
BRISTOL ENVIRONMENTAL, INC.  Hauter ID No. 18706  5 Cu Yd  Disposal Date  10/9/14  City, State  BRISTOL, PA 19007  Completed By (Print or Type)  Gino Pizzigoni  Title  Estimator  Hauter ID No. 18706  5 Cu Yd  Disposal Date  10/9/14  MORRISVILLE, PA 19067  Signature  Lino  Paggoni  Paggoni	Name of Registered Waste	e Hauler			14.000						NDEU			
City, State BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  City, State  Disposal Date  10/9/14  MORRISVILLE, PA 19067  Signature  Lino  Lino  Disposal Date  MORRISVILLE, PA 19067			INC.			110-00-00-00-00-00-00-00-00-00-00-00-00-			G.R.O.W.	S. NORTH LA	NUTILL			
BRISTOL, PA 19007  Completed By (Print or Type) Gino Pizzigoni  Title Estimator  Signature Lino Pizzigoni   Date 9/24/14						10/00								
Completed By (Print or Type)  Gino Pizzigoni  Title  Estimator  Signature  Lino Pizzigoni  July 24/14								10/9/14	MORRIS	VILLE, PA 190	67			
Gino Pizzigoni Estimator Line Pizzigoni   Film Pizzigoni   9/24/14			Titl	Δ				Signature	0.	1	Date /	. 1	,	
Gino Pizzigoni		pe)	1/4	200	tor				Punian	ni /il	9/2	4/1	14	
ASP 41				Julia				poine	1000	- / /				

ASB-41 MAY 11 GI 14/80

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

OK 3454

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

KECEIVED

Date of Notification (1)	Name of Buildin	ng Owner/Operator	(2) S BUIZ (	DEPLS - I P	M 2	: 21	t	
Agencies Notified Type Notification	Street Address	SHUMPI	KE RÔ	10 ESTUS CC	J.IT	K01		
DEP Amended Amendment #	City, State, Zip	Code	ALT	08201	NG			$\neg$
Emergency (including	CAPE		<u>MJ.</u>	08204				=
M DOH justification justification ☐ DCA ☐ Cancellation	Name of Conta			Telephone Number	er			I
		FORMATION		L				- 1
Name of Facility Where Abatement is Taking Place (3)		Oranation	Type of Facility	(4)				$\dashv$
RESIDENCE			School (K-1:					
Street Address 7.87 87TH ST.				8 (Other than K-12) rivate & commercia		lings,		
City (5)			Square Feet	# of Floors	Ble	dg. A	ge	$\dashv$
STANE HARBOR			1000			20-	-1	
County (6)  CAPE MAY	USE ONLY)	(7) (STATE		ior if being demolish	hed)			
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem	nent Contractor (9					$\neg$
(8)		KLO	MCO IN	LC.				_
Street Address		Street Address	S. SPR	NCE AVE	5			
City, State, Zip Code		City, State, Zip C		NOS PADE		_		=
City, State, Zip Code		MAY	LE SH	APE NIS	_ (	180	25	_
Project Manager for Monitoring Firm Tel	ephone No.	Telephone No.	79-6472	License No.	u		27	
Start Date (10) Scheduled Compl	etion Date (11)	Name of OSHA		1				=
10/13/14 10/21/1		Tos	MPH K	MAN		- 55-25		
Occupancy Status During Abatement (Check only orle)		Street Address	3 9 9	0.005 11				
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hot		City, State, Zip C		reue A	UE		_	-
Other - Describe:		City, State, 200		Apr. N.	50	380	5	2
Scope of Work (Check all that apply)		Пено	ntainment with Ne	gative Processo				
≥3 sf or ≥3 lf       Renova         ≥160 sf or ≥260 lf       Demolition		☐ Mini-En ☐ Gloveba	closure ag Procedure	on-Friable Procedur	e			
Is Locati			1		T	bate		
Normal Location of Used Sole	•	Description of	f		L.,	Typ	e	
Asbestos-Containing Material (ACM) Maintenal TO BE ABATED Maintenal Custodi	1079000 B 107900000000000000000000000000000000000	stos Containing Ma , thermal systems i		Amount (Specify	æ	_	Enc	m
IN Facility Staff?		surfacing, VAT,	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	T	Other miscenaries	ous)		Val.	-	ilate	ure
Yes No	N/A	704.65				$\vdash$		-
_ SIDING	X	TRAM SIT	E		7	H	_	-
	<del>                                     </del>				-	-	-	-
					$\vdash$		-	
Name of Registered Waste Hauler	WDEP Waste	Cubic Yards	Name of Reg	stered Landfill				
	tauler ID No.	of Waste		ICOA				
City, State	-x-4	Disposal Date	City, State	BINE	11	1	- 170 m	
Completed By Title		Signature	1 -0001	Date	,,,	0	) 1	
JOSEPH KLOMIN PRES.		1 Just	2.1/		-2	9-	-1	<u>1_</u>

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) CK#24492

Date of Notification (1)			Name of Buil	ding Owne	7/Operator (2) FH 5:							
9/29/2014					MERCER C	COUNTY	' FA 5:	28				
Agencies Notified	Type Notifica	tion			Street Addres	ss.	CENSING					
□ EPA	, Initial				300 SCOTO	H ROAD	LY LU ITH	CI				
☐ DEP	Amende	ed Ame	ndmen	#	City, State, Z	ip Code	PENUMO	L				
□ DOL	Emerge				WEST TRE	NTON, N	U -8690					
□ DOH	justificat				Name of Con		.0 0050		Telep	hone	Numb	er
DCA	☐ Cancella				DAVID J. D		Δ -		1			
	L ourison				ACILITY IN							-
Name of Facility Where Ab	atement is Ta	king Pl	ace (3)		ACILITI III	ORIGIA	1014	Type of Facility (4)				
					TED			School (K-12)				
MERCER COUNTY CO	MIMIUNITY	GUID	ANCE	CENI	EK			Subchapter 8 (Oth	or than	K-12	`	
Street Address								Other (i.e., private				dinge
2300 HAMILTON AVE	NUE											
City (5)								Square Feet	# of F	10015	Diug.	Age
TRENTON, NJ									<u> </u>		-15	
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if be	eing de	molisi	ied)	
MERCER												
Name of Monitoring Firm H	lired by Buildi	ng Owr	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)				
PENNONI ASSOCIATE	S, INC.				00102	CREAM	A RIDGE ENVI	RONMENTAL INC.				
Street Address						Street A	ddress			31000	1000-0-0	
515 GROVE STREET, S	TE, 1B					15 BLA	CK FOREST R	OAD				
, , , , , , , , , , , , , , , , , , , ,						City, Sta	te, Zip Code					
HADDON HEIGHTS, N				HAMIL	TON, NJ 08691	í l						
Project Manager for Monito	hone N	0.		Telephor			Licer	se No				
JOSEPH ANELLO, JR.	,g		47-050			609-890			0067	6		
Start Date (10)		1			on Date (11)		OSHA Monitor		10007			
				ompion	on Date (11)	AMERI	2008-2002-2002					
10/10/2014	Abstamast /C	10/12				Street A			_			
Occupancy Status During					.nt			VENUE				
Facility Closed/Vacate				Dateme	erit.		LAWRENCE A	VENUE				
Abatement performed out		ng nour	S				te, Zip Code					
ESSENTIAL PERSONNE						SEASIL	DE PARK, NJ 0	8/52	ith Nie	- ative	Droot	
Scope of Work (Check all t	that apply)							Full Containment	with ine	gative	Pies	sure
$\sum_{X} \ge 3 \text{ sf or } \ge 3 \text{ lf}$					x Renova			Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demolit	tion		Glovebag Procedu			V 922	1020
	An also							☐ Non-Exempted (*)				cedure
			Locati						Abat	ement	Туре	
Location of Asbestos-C	Containing		mally l				stos Containing	Amount (Specify SF o			E	ū
Material (ACM) TO BE	ABATED In		Solely b	/Custo			hermal systems , VAT, or other	LF)	Remova	Reg	Encapsulate	Enclosure
Facility (13)			Staff?			miscellane			ova	ă.	suls	sur
		Yes	No	N/A					=		ate	O .
BOILER ROOM		X			PIPE INSU	LATION		100 LF	X			
BOILER ROOM		TX.			BOILER PA	ACKING		1 SQ. FT	X			
		+/										
				<b></b>					1			
Name of Registered Waste	e Hauler		-	-	NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered La	andfill			
CARNEVALE DISPOSA	AL CO., INC				17297		5 YDS	TULLYTOWN				
City, State							Disposal Date	City, State				
HAMILTON, NJ						7.62	10/13/2014	TULLYTOWN, PA.		400		
Completed By		Title				Signatur	е 🕡 и		Date			
DAVID D'ANDREA PRESIDENT						Nai	ved A. I	Jerenea	9/29	2014		
ASB-41						U			0	11000		

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

(K 0062 39

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

D&S Proj. #: 2014-392				ation of Asb ant to NJAC				MEC Mecr-1	7				
							2	910 0-	18	-17			
Date of Notification (1)	N	ame of Bui	ding Owne	r/Operator (2)				1-17	Dr.				
0 9 /2 6 / 1 4 Agencies Notified Type Notifica				augustuwicz			ب .		FM 5				
EPA   Initial	St	reet Addre	SS				(	211390	n .	6			
DEP Amended		131 brook		nue				-10KING	$Y/I_{R}$	Λ,			
Amendment #	: [	ity, State, Z	ip Code						110	٠.			
DOL Emergency		nutley, n	Annual Control of the										
DOH (including justification	) IN	ame of Con	tact					Telephone	Number				
DCA Cancellation	8 11	patricia a	nd stever	augustuwicz	Z			1	-3009				
			FACI	LITY INFORMA	ATION								
Name of facility where abatement	is taking pla	ce (3)					Тур	e of Facility (4	(K - 12)				
patricia and steven augustuw	icz							=	pter 8 (C	ther th	nan K	12)	
Street Address							11	Other (I	Private/C	omme		•	
131 brookfield avenue							Sa		Homes, e		Blo	lg. Ag	je
City (5)	Coun	ty (6)		T	Count	y Code (7)							
	T100	anas.			(State	use only)	Ci	urrent Use (Pr	ior if bein	g dem	olishe	ed)	
nutley  Name of Monitoring Firm Hired by	ESS Bldg Owne			ASCM No.		Name of Abatemer	nt Contr	actor (9)					
Tvame of wormoning timi timed by	Diag. Owne	(0)	- 1	ASOM No.		D & S RESTO							
Street Address					- 5	Street Address	KATIC	711, 1110.					
0.0007.000						20 California	Ave.						
City, State, Zip Code						ity, State, Zip Cod	de						
						Paterson, NJ	07503						
Project Manager for Monitoring Fire	m	Ph	one Numb	er	T	elephone Numbe			License		er		
						973-345-802	_		0	1169			
Start Date (10)	Sched	. Completic	n Date (11	)		Name of OSHA Mo							
10/14/14	10/30	V1.4				D & S Restora	ation, L	nc.			-		-
Occupancy Status During Abateme					-	20 California	Avenue						
Facility closed/vacated durin			ment.			City, State, Zip Coo						_	_
Abatement performed outsid Describe:	e of normal t	facility hour	s-			,,							
Other-Describe: NORMAL	HOURS				=	Paterson, NJ	07503						
Scope of Work (check all that app	oly)						Full C	ontainment w	/negative	press	ure		
>3 sf or >3 lf	Renovatio	n				Ē		enclosure					
≥160 sf or ≥260 lf	Demolition	1				ř		ebag procedur Exempted (*)		friable	proce	edure	
Location of		normally i								R	R	Е	Е
asbestos-containing	by mainte staff(12)	nance/cust	odial			oestos-containing	- 1	Amount	For	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	NI/A	material (	(ACM)			(Specify S LF)	r oi	o v	a	a	L
	165	140	N/A							e	r	р	
BASEMENT		$\square$ X		PIPE INSU	ILATIC	N		190 l ft			1	ᆜ	님
										井		片	믐
								-	-	井	H	H	님
										#	H	片	H
Registered Waste Hauler	INIDE	EP Hauler I	D# IC	ubic Yards of V	Waste I	Name of Register	red Land	Hfill	-	- -		Ш	
D & S RESTORATION, INC			7.3	yds		TULLYTOW			COVE	RY			
City, State			Disposal D			City, State	2000 CATTON						
PATERSON, NJ 07503			10/15/1			TULLYTOW	N, PA		-				
Completed by (Print or Type) BOGDAN JOLDZIC	Title	CNT		Signature					Date 09/26	(/201/	1		
ASB-41	* Do not us		for asbesto	s licensure ex	empted	activities.			09/20	n 2015			
	21/2003/01/2014 (0.000)				MATERIAL STREET								

CK006238

# State of NJ

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

D&S Proj. #:	2014-391	_					s Abatement and 12:120)	2011 GCT - 1	317	<b>-</b> [∩			
Date of Notification (	1)	TIN	ame of Bui	Iding Own	er/Operator (2)			CUIL GET .	`	es 2 7	70		
0 9 /12 6			ELISA SU	IDOI				4	PMS				
Agencies Notified	Type Notificati		reet Addre			_		501		- 40			
Name of the control o	Initial		366 SHE	ROTTRN	E TERRAC	RE		GE LICE	10 1T.	'n.			
I DEP I	Amended Amendment #:	1 1	tv. State. Z		E ILIGAC.	ICL		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1840	177			
M DOI I-	Emergency	- 11	RIDGEV		1.07450								
<b>⊠</b> DOH	(including	Na Na	me of Con		3 07450	-		Telephone	Number				
☐ DCA	justification)  Cancellation		ELISA S	UDOL			17			22.2			
-				FACI	LITY INFORM	ATION		T.					
Name of facility whe	re abatement is	s taking pla	ce (3)					Type of Facility (4					
ELICA CUDOI								1 =	(K - 12)		34		
ELISA SUDOL Street Address								A STATE OF THE PARTY OF THE PAR	pter 8 (O Private/Co			-12)	
Street Address									Homies, et		IGIAI		
366 SHELBOUR	RNE TERRA							Square Feet	# of Floor	s	Ble	dg. A	ge
City (5)		Coun	ty (6)				nty Code (7) te use only)	Current Use (Pr	ior if being		olishe	ed)	
RIDGEWOOD		berg	en										
Name of Monitoring	Firm Hired by E	3ldg. Owne	r (8)		ASCM No.		Name of Abatemen	t Contractor (9)					
							D & S RESTOR	RATION, INC.					
Street Address							Street Address						
							20 California A						
City, State, Zip Code							City, State, Zip Code	9					
							Paterson, NJ 0	7503					
Project Manager for N	Monitoring Firm		Ph	one Numb	er -		Telephone Number	,	License	Numb 1169	er		
							973-345-8020 Name of OSHA Mo		1	1109	==		
Start Date (10)		Sched	Completic	on Date (11	)		D & S Restora						
10/08/14		10/24	/14				Street Address	tion, me.		_		K	- 3
Occupancy Status Du	uring Abatemen	t (Check o	nly one)				20 California A	venue					
Facility closed/							City, State, Zip Code						
Abatement per Describe:			acility hour	'S-									
Other-Describe	: NORMAL H	OURS				_	Paterson, NJ 0	7503					
Scope of Work (che	ck all that apply	')						Full Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	$\boxtimes$	Renovatio	n				¥	Mini-enclosure Glovebag procedur					
≥160 sf or ≥26	0 If	Demolition						Non-Exempted (*)		friable	proc	edure	1
Location of			normally i							R	R	Е	E
asbestos-conta		by mainte staff(12)	nance/cust	logial			sbestos-containing	Amount (Specify S	E or	m	e p	n c	n
material (acm) abated in facili		Yes	No	N/A	material (	ACM)		LF)	ı Oı	0	a	a	L
		, 00	110	19/7						е	ŗ	р	
BASEMENT			$\square X$		DUCT INS	ULA?	rion	32 SQ FT		X	<u> </u>	브	닏
				ļ						부	ᆜ	부	닏
										#	屵	부	14
						-			_	무	무	븜	H
Registered Waste Ha	ulor	INIDE	P Hauler I	D# 10	ubic Yards of V	Maeto	Name of Registere	d Landfill		Ш	Ш	Ш	
D & S RESTORA		135			YD	14510		, RESOURCE RE	COVER	Y			
City, State				Disposal D		Salar Of Land	City, State						
PATERSON, NJ	07503			10/09/1	4		TULLYTOWN	I, PA					
Completed by (Print of		Title			Signature				Date	1./			
BOGDAN JOLD	ZIC	PRESID:		for achast	s licensure ex	empto	d activities		09/26/	14			
ASB-41		DO HOLUS	uno ioiiii	ioi asnesii	o liceriouse ex	CHINE	a douvides.						

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

D&S Proj. #: 2014-390	— UU	0.71		tion of Asbe nt to NJAC 8			Re	RE Mect	Ċċ	77	1 mg	D
	II Na	me of Build	ding Owner	Operator (2)			75	HECT	-1	6.		
Date of Notification (1)				/ <b>Opolitic</b> / (=)			7		1	PH	5:	25
Agencies Notified   Type Notification		eorge pol					+0	5-016				e ()
☐ EPA ☐ Initial	110"							& Lic	ں ہے۔ الجار	$U_{i,j}$	ric	11
☐ DEP ☐ Amended	1 1 2 2 2	95 airmo y, State, Zi							-110	H.C		
Amendment #:												
Emergency	11.	MAHWA me of Cont	H, NJ 07	430			Telephone	Number		-1		
justification)	l liva	nie or com	acı									
☐ DCA ☐ Cancellation		george po	olicastro								_	
			FACIL	ITY INFORMA	TION							
Name of facility where abatement is	taking place	e (3)					Type of Facility (4)	(K - 12)				
										1/	4.0\	
george policastro								oter 8 (Oti rivate/Co			12)	
Street Address								omes, etc				
195 airmount road		- 25					Square Feet #	of Floors		Blo	g. Ag	ge
City (5)	Count	y (6)				ty Code (7)						
	601				(State	use only)	Current Use (Price	or if being	demo	olishe	d)	
MAHWAH	berg			1001111	-	Name of Abatemen	t Contractor (9)					
Name of Monitoring Firm Hired by E	liag. Owner	r (8)		ASCM No.								
					_	D & S RESTOR	RATION, INC.			_		
Street Address						20 California A	110					
						City, State, Zip Code					-	
City, State, Zip Code						Paterson, NJ 0						
Salas Managar for Manitoring Firm		l ph	one Numbe	or .		Falerson, NJ 0	7505	License I	Numb	er		
Project Manager for Monitoring Firm		File	one Numbe	21		973-345-8020	)	01	169			
	10 1	0 1 1-11-	n Date (11		<u>-</u>	Name of OSHA Mo	nitor					
Start Date (10)	Sched.	Completic	n Date (11	)		D & S Restora	tion, Inc.					
09/29/14	10/10					Street Address						
Occupancy Status During Abatemen			***************************************			20 California A						
Facility closed/vacated during Abatement performed outside	entire perio	od of abate	ment.		15	City, State, Zip Cod	е					
Describe:		acility flour	3-		_	D. C. S. NII O	7502					
Other-Describe: NORMAL H	OURS				- Ц	Paterson, NJ 0				=	_	_
Scope of Work (check all that apply	')					L	Full Containment water	negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovatio	n					Glovebag procedure	е				
≥160 sf or ≥260 lf	Demolition	i					Non-Exempted (*)	and Non-f				3
Location of		normally enance/cus	used solely						e R	R	E n	E
asbestos-containing material (acm) to be	staff(12)	ilarice/cus	louiai	Descriptio material (A		sbestos-containing	Amount (Specify S	For	m o	p	С	n
abated in facility (13)	Yes	No	N/A	material (A	ACIVI)		ĹĖ)		v	a	a p	L
	,,,,	110	1		- 1	-	200 I EE		e	-	-	+
BASEMENT		X		PIPE INSU		UN	200 L FT 304 sq ft		X	무	片	++
BASEMENT		X		transide pan		PH E	66 sq ft		岩	片	片	╁
BASEMENT		X		VINYL asbe	and the second	IILE				片	片	1
BASEMENT		X		chimney pag	cking	-30	2 sq ft		H	片	片	믐
	INUE	D Marda	ID# 1.0	ubic Yards of V	Naste	Name of Register	ed Landfill					1
Registered Waste Hauler D & S RESTORATION, INC.	135	EP Hauler 606		yds	74010	TULLYTOWN	N, RESOURCE RE	COVER	Y			
City, State			Disposal D			City, State						
PATERSON, NJ 07503			09/30/1			TULLYTOW	N, PA					
Completed by (Print or Type)	Title			Signature				Date	14			
BOGDAN JOLDZIC	PRESID				ometr	d activities		09/26/	14			
ACD A1	Do not us	e this form	ior aspesto	os licensure exe	CHIDIG	activities.						

## State of New Jersey

					State of Ne	w Jerse	∌y	1.3				
	3: 74				Check #			**,	- C	=/1	d	
Check#24491				(Pursu	ant to NJAC	8:60 an	d 12:120)	2014 no	7	- / 2	( in )	<u> </u>
Date of Notification (1)					Name of Build	ling Own	er/Operator (2)	~	1-1	PA	c.	
9/26/2014					COMMUNI	TY RED	EVELOPMENT	GROUP -		. 11	3: 5	25
Agencies Notified T	ype Notificat	ion			Street Addres	s		& Li	U- 1		~	
T EBA	Initial				1540 KUSEF	ROAD	SUITE A-4	or Li	CEN	0.1	Inco	1
DEP	Amende	d Amer	dment	#	CITY, STATE					LINE	;	
	 ☑ Emerger				MERCERVI	ILLE, N.	J 08619					
□ DOH	justificat			- 1	Name of Cont				Telep	hone	Numb	er
DCA	☐ Cancella				VINCENT C	TVALE			•			
Bort			-		ACILITY INF		TION					
Name of Facility Where Abar	tement is Ta	king Pla	ace (3)	200	AOILIT III	O I COLOR		Type of Facility (4)				
FORMER WACHOVIA B			.00 (0)					School (K-12)				
Street Address	PALTUR						···	Subchapter 8 (Oth	er than	K-12	)	1
	ONTELES							Other (i.e., private				dinas)
532-536 HAMILTON AVI	LINUE							Square Feet	# of F			
City (5)								oqualo i oot				
TRENTON, NJ					Caushi Cada	(7) (CT)	ATE USE ONLY)	Current Use (Prior if be	ing der	nolish	ed)	
County					County Code	(1) (317	TE USE UNLT)	Current Ose (Frior it be	ing dei	HOHOI	(00)	
MERCER			(0)		A COM N	151	f Abatement Contr	ractor (0)				
Name of Monitoring Firm Hir	ed by Buildii	ng Own	er (8)		ASCM No.							
								RONMENTAL INC.				
Street Address				40		Street A						
							CK FOREST R	DAD				
							ate, Zip Code					
							LTON, NJ 08691		Tr.			
Project Manager for Monitori	ing Firm	Teleph	one N	0.		Telepho	ne No.			se No		
						609-890			0067	6		
Start Date (10)		Sched	uled C	ompleti	on Date (11)	Name of	f OSHA Monitor					
9/30/2014		10/8/2				N/A						
Occupancy Status During Al						Street A	ddress					
Facility Closed/Vacated	d During Enti	ire Perio	od of A	bateme	ent							
Abatement performed outs ESSENTIAL PERSONNEL		ng hours	5PM-	2 AM		City, Sta	ate, Zip Code					
Scope of Work (Check all th	at apply)			-				Full Containment	with Ne	gative	Pres	sure
1 ≥ 3 sf or ≥ 3 lf					Renovat	tion		Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demoliti	ion		Glovebag Procedu	ire			
								☐ Non-Exempted (*)	& Non	-Friab	le Pro	cedure
		Is	Locati	ion	I		-	r <del>=</del>	Abate	ement	Туре	
Location of Asbestos-Co Material (ACM) <u>TO BE Al</u> Facility (13)	•	Nor S Mainte	mally l Solely b	Jsed by e/Custo	Material (Ad insulation,	CM) (i.e.	stos Containing thermal systems g, VAT, or other eous)	Amount (Specify SF of LF)	Removal	Repair	Encapsulate	Enclosure
THROUGHOUT			X		VCT			5314 SQ. FT.	X			
EXTERIOR WINDOWS			<b>\( \)</b>		CAULK			900 LIN FT.	X			
EXTERIOR SIDING			<b>V</b>		TRANSITE	PANEL	S	780 S.F.	X			
MARK MINIOTO DEPT. 10		+-										1 200
Name of Registered Waste	Hauler			1	NJDEP Waste		Cubic Yards of	Name of Registered La	andfill			
JACK ROBINSON WAS		SAL			Hauler ID No.		Waste 40	GROWS				
					127007		Disposal Date	City, State				
City, State							10/9/2014	MORRISVILLE, PA				٠
WEST CREEK, NJ		Title				Signatu	10/3/2014 16:27-Mar	1	Date			
Completed By DAVID D'ANDREA		12.000000	IDEN	Т		1	sevid ,	L. Cerdren	1 12 14 15 15 15			

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

PRESIDENT

DAVID D'ANDREA

ASB-41

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

Name of Building Owner/Operator (2) Date of Notification (1) Karch 9/29/14 Agencies Notified Type Notification Street Address 115 Jefferson Street Initial EPA DEP Amended City, State, Zip Code DOL. Amendment # Princeton, NJ 08540 Emergency (including DOH DCA justification)

Cancellation Name of Contact Telephone Number Eric Karch **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residential School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 115 Jefferson Rd. homes, etc.) Square Feet # of Floors Bidg. Age City (5) 80+/-2200 Princeton, NJ 08540 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Residential Mercer Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Stevens Environmental Services, Inc. **MECS** Street Address Street Address PO Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Allentown, NJ 08501 Crosswicks, NJ 08515 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (609) 259-9688 00493 (609) 298-4070 William Weisgarber Jr. Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **MECS** 10/9/14 10/10/14 Occupancy Status During Abatement (Check only one) Street Address PO Box 341 ▼ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 8am - 4pm Crosswicks, NJ 08515 Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Mini-Enclosure Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Location of Description of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate (i.e., thermal systems insulation, Custodial (Specify TO BE ABATED Removal Repair Staff? SF or LF) surfacing, VAT, or IN Facility other miscellaneous) (12)(13)Yes No N/A Thermal Pipe Insulation 120 LF x × Basement NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards Hauler ID No. 18292 of Waste T.R.R.F., Inc. Stevens Environmental Services, Inc. 2 CU City, State Disposal Date City, State Allentown, NJ 10/10/14 Tullytown, PA Date Completed By Title Signature 9/29/14 Mahlon E. Stevens Project Manager

ASB-41

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

#### State of New Jersey Check #24156

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

KEDEIVED

Check#24490				\$6.				~ i.,	-19			
Date of Notification (1)					Name of Build	ding Owne	er/Operator (2)	2014 007 -1				
9/26/2014					JOE FILOO	N (OWN	(ER REP)	-1.061-1	PM	5. 0		
Agencies Notified	Type Notifica	tion			Street Addres	ss		4		o. €	4	
☐ EPA	ty Initial				128 BARTL	ETT AV	E	& LICEN	1	7		
☐ DEP	Amende	ed Amen	dment	#	City, State, Z	ip Code		W LICEN	Siller	(MU	<u>.</u> .	
□ DOL	Emerge	ncy (inc	luding		WEST CRE	EK, NJ	08092		1111			
□ DOH	justifica			8	Name of Con	tact			Telep	hone	Numb	er
DCA	☐ Cancell	ation			JOE FILOO	N (OWN	NER REP)					
				F	ACILITY IN	FORMAT	TION					
Name of Facility Where	Abatement is Ta	aking Pla	ace (3)	8				Type of Facility (4)				
PRIVATE RESIDENC	CE							School (K-12)				
Street Address								Subchapter 8 (Other				
55 JOSHUA LANE								Other (i.e., private				
City (5)								Square Feet	# of F	loors	Bldg.	Age
MANAHAWKIN, NJ								247.000 200.000000 000 0000000000000000000				
County			#E-2014		County Code	(7) (STA	ATE USE ONLY)	Current Use (Prior if be	ing der	molish	ed)	
OCEAN												
Name of Monitoring Firm	Hired by Buildi	ing Own	er (8)		ASCM No.	Name of	f Abatement Contr	ractor (9)				
3						CREAN	M RIDGE ENVI	RONMENTAL INC.				
Street Address						Street A	ddress				71.5-117.	
						15 BLA	CK FOREST R	OAD				
						City, Sta	ate, Zip Code					
						НАМП	LTON, NJ 08691	l				600
Project Manager for Mor	nitoring Firm	Teleph	none N	0.		Telepho			Licen	se No		
rejectimanager in the						609-890	0-7110		0067	6		
Start Date (10)		Sched	uled C	omplet	ion Date (11)	Name o	f OSHA Monitor					
9/29/2014		9/29/2			WW. 2222-2440-222-00-00-00-00-00-00-00-00-00-00-00-0	N/A						
Occupancy Status Durin	ng Abatement (C			)		Street A	ddress					
Facility Closed/Vac					ent							
Abatement performed						City, Sta	ate, Zip Code					1344
ESSENTIAL PERSON												
Scope of Work (Check a								Full Containment	with Ne	gative	Pres	sure
$\geq$ 3 sf or $\geq$ 3 lf	., .,				Renova	ition		Mini-Enclosure				
> 160 sf or ≥ 260 lf	f				Demolit	tion		Glovebag Procedu	ıre			
								■ Non-Exempted (*)	& Non	-Friab	le Pro	cedu
	-	Is	Locati	ion					Abat	ement	Туре	
Location of Asbesto	e Containing	10000000	mally l		Descriptio	n of Asbe	stos Containing				En	ш
Material (ACM) TO B			Solely b				thermal systems	Amount (Specify SF o	err	Re	cap	l cc
Facility (1			enance Staff?			miscellan	g, VAT, or other	1	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1	rinocona.	.0000	1			ate	(D)
EXTERIOR			X		TRANSITE	SIDING	3	1400 SQ. FT.	X			
EXTERIOR		1	/									
		+										
Name of Registered Wa	aste Hauler		-	-	NJDEP Waste		Cubic Yards of	Name of Registered La	andfill		×	
					Hauler ID No.		Waste	CDOWIC				
TIMSTER TRUCKIN	1G				21079		5 YD.	GROWS				
City, State							Disposal Date	City, State				
WEST CREEK, NJ							9/30/2014	MORRISVILLE, PA				
Completed By		Title				Signati	ri 27-Mar	OF a	Date			
DAVID D'ANDREA		PRES	SIDEN	T		16/1	will to	Verdies.	9/26	/2014		
ASB-41						1000		14				
		* Do	not us	e this f	orm for asbes	tos licens	sure exempted act	ivities				