	N	OTIFICAT	ION O	F ASBE	STOS AB/ 3:60 and 12	ATEMEN 1 2:120)				T	T- I	51	
11 th 0110		(Purst	iant to	Mayor			. 75	CTOI	E PE			M	
A QC		Nar	ne of E	Suilding	Owner/Ope	ILE	anco	STU	<u> </u>		1	HI	
Date of Notification (1)	7/29/16	Str	eet Add	dress	100		\	11	OCT 2	- 2016		业	
Agencies Notified	Type Notification												
□ EPA	☐ Initial	Ci	ty, Stat	e, Zip C	ode	8:10	C, N	08	177	O O KIT U		-	1
DEP	Amended Amendment #			TU	MS	KINC	1 1 2 2	Tele	phone Number			-	e e d
X DOL	Emergency (including justification)	N	ame of Eric Pl	Contact					-1-4				
DOH DCA	Cancellation		FACI	LITY IN	FORMATIC)N	pe of Facil	ity (4)					
	At atomost is Taking Place	(3)				1	1 School	(K-12)	V 40)				
Name of Facility When	e Abatement is Taking Place	1820					Subcha	pter 8 (Oth	er than K-12) & commercial bu	uildings, l	nome	5,	
. A Jarone	1 5 /						etc.)		of Floors	Bldg. Ag	ge		
Street Address						S	Square Fee	# 0	7 -	45			
City (5)	9 19	_					1858	(Prior if be	eing demolished)			
(0)	ns RIVEL	1	County	Code (7)		UI	2000					1
County (6)	VORN		0	USE O	VL1)	Name 0	f Abatemer	nt Contract	or (9)				
11.72	Firm Hired by Building Owner	(8)	ASC	CM No.		Brick	Industrie	s Inc.					1
Name of Monitoring	Linux					Street /	Address				200		
Street Address						P.O.	Box 915	nde					
1 - 22 N - 1						City, S	tate, Zip Co k, New Je	rsey 087	'23				4
City, State, Zip Coo	le				No.	Teleph	none No.		License No				
Project Manager fo	r Monitoring Firm		Tele	phone N	10.	(732)899-749	99	01190				
Project Manager 10	, wome	neduled C	omple	tion Date	e (11)	Name	of OSHA	Monitor					
Start Date (10)	120111 Sch	\n	771	6			t Address				78		
	(150) (O Check O	nly One)	11.			Stree	Address						-
Occupancy Status	During Abatement (Check O	od of Aba	itemen'	t		City,	State, Zip	Code					
Facility Close	ed/Vacated During Entire Peri Performed Outside of Normal I	Facility H	ours										
Other - Des	Clibe								nt with Negative	Pressure			
Scope of Work (C	Check All That Apply)	EX DO	novatio	n			Mini-	Enclosure					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lf.	Re De	molitio	n			Glov	ebag Proce	edure (*) and Non-Fria	ble Proc	edure Abater	mont	_
\(\frac{1}{2}\) ≥160 sf or ≥	≥260 11						L Non	LAGIN		<i>F</i>	Abatei Typ		
		ls l	_ocatio	n		Descrip	tion of		and the second s			Ш	-
		N	ormally Solely	by	Asbesto		na Material	(ACM)	Amount (Specify	Rer	Re	Encapsulate	Enclosure
Achestos-C	Location of containing Material (ACM)	Mai	ntenan odial S	ce/	(i.e. th	nermai sys	VAT, or	ilioi1,	SF or LF)	Removal	Repair	sula	Sure
Aspestes	O BE ABATED In Facility	Cust	(12)	tan.		other misc	ellaneous)			=		te	
	(13)	Yes	No	N/A			<u> </u>	1	MACE	X			
		162	1,10		091	Shos	41000	hle	12004	KI			
		-			1						1		
			-	1		3					1		
			-	+					of Registered Lar	ndfill			
			1	NJDEP '	Waste	Cubic Y	ards		WS Inc.				
Name of Reg	istered Waste Hauler		1	Hauler I	D No.	of Wast	\						
Brick Indus	stries Inc.			21602		Dispos	al Date	City, S	state				
City. State						1	210110	1		Date	17	118	10
Brick, Nev		Title				Si	gnature	1/1/			111	111	O
Completed b	ру		eside	nt				V.		angura a	xemp	ted ac	ctiviti
Eric Plack	(IS						* Do not u	se this forr	n for asbestos lic	CHOULE			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	OCT	3	_	2016	

(1/# 40/02)	N		ATION.	OF ASE	BESTOS ABATEN 8:60 and 12:120		OCT 3 - 2	016			
Date of Notification (1)			Name	of Buildin	OWNER/Operator	(2) S CON	STRUCTIO	DAL			
Agencies Notified Type Notific PA Initial Amende DD Amende Amendm	d nent # ncy (including tion)	_	City, S	State, Zip (SEA of Contact	300 7- Code ISLE	TT ST.	N.J. O	28	43		-
			FAC		ORMATION						
Name of Facility Where Abatement is RESIDE Street Address		(3)					2) 8 (Other than K-12 private & commercia	ıl build	ilings,		
City (5) AUALON	1					1500	_	1	50	9C +	_
County (6) CLAPE WAY				nty Code (TONLY)	7) (STATE		rior if being demolis	hed)			
Name of Monitoring Firm Hired by Buik		-1	SCM	No.		nent Contractor (9)				=
(8) NA		_1=			Street Address	LIMICO	INC				=
Street Address					369		PUCE AUG	-			_
City, State, Zip Code					City, State, Zip C	LE SH		- C	80	5	2
Project Manager for Monitoring Firm		Telep	shone h	No.	Telephone No. 856-77	9-0472	License No.	49	_		_
Start Date (10) Occupancy Status During Abatement	1 - 11	811	on Dat	te (11)	Name of OSHA N	Monitor M	4				_
Facility Closed/Vacated During Entit Abatement Performed Outside of No. Other - Describe:	re Period of	Abatem	nent		City, State, Zip C	ode	- ~			_	_
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Rer	novatio molition			Mini-End	closure aa Procedure	egative Pressure	e			
. Location of	No Used	ocation smally Solely	by		Description of		Amount		bate:	e	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Cu	tenano stodial staff? (12)	5200		os Containing Mat thermal systems in surfacing, VAT, other miscellaned	nsulation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		T10.14.15.17	T 15	1750 SE	V			
SIDING	-	-	X .		TRANSIT	10	17.00 30				
	-++	\dashv	+								
											_
Name of Registered Waste Hauler			DEP W uler ID 790		Cubic Yards of Waste		istered Landfill				
City, State		,	700	(5)	Disposal Date-	City, State	OBINE A	1 7	-		
Completed By	Title	1 (080	1)6	Signature -	100	Date	_7) -	16	
MICHAEL CLOWN	<u>S1</u>	UP.			_ Nun	wn			_	10	_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CV#40(00)				BESTOS ABATEA 8:60 and 12:12						
Date of Notification (1)		Nam		ng Owner/Operator	(2) - CONS	TRUCTIDAL				
Agencies Notified Type Notification BA Initial Amended			et Address	72 21°	ST					
DOL * Amendment #_	ding	_	State, Zip	AV ALON		Telephone Numb	per			_
Cancellation										
		FA	CILITY INF	FORMATION	Time of Facility	. (4)				
Name of Facility Where Abatement is Taking P	ace (3)				Type of Facilit	N (10450)				
Street Address					Subchapte	r 8 (Other than K-12 private & commercia		dings	,	2
City (5) BRIGANTIN	E				Square Feet	# of Floors		idg. A	- T	_
County (6) ATL AW TIC		Cou	inty Code (E ONLY)	7) (STATE		rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building Own	er	ASCN		Name of Abatem	ent Contractor (_	_
(8) W/A				KLEW	COINC					_
Street Address /				Street Address		EUCE LALE				_
City, State, Zip Code				City, State, Zip C		DE ALT	08	305	12	
Project Manager for Monitoring Firm	Tele	ephone	No.	Telephone No.		Liœnse No.	14			
Start Date (10) Scheduled			ate (11)	Name of OSHA N	Monitor					
Occupancy Status During Abatement (Check of		16		Street Address	NA				_	=
Facility Closed/Vacated During Entire Period		ment								
Abatement Performed Outside of Normal Factories Other - Describe:	ality Hou	rs		City, State, Zip Co	ode				10	
Scope of Work (Check all that apply)				☐ Full Con	tainment with Ne	egative Pressure				
	Renovati Demolitio			Mini-End	dosure g Procedure	on-Friable Procedur	e			
	s Locatio				7			bate		
200811011 01	Normally ed Solel	y by		Description of os Containing Mate	arial (AOM)	. Amount		1,7,		
Asbestos-Containing Material (ACM) M TO BE ABATED	Custodia			thermal systems in	nsulation,	(Specify SF or LF)	Rei	Re	Encapsulate	Enc
IN Facility (13)	Staff? (12)			surfacing, VAT, other miscellaneo		3F 0(LF)	Remova	Repair	psula	Enclosure
Yes	No	N/A					_		te	6
SIDING		X	_ 7	RANSITE		1250 SF	X			
	_								_	
Name of Registered Waşte Hauler	IN	JDEP V	Vaste	Cubic Yards	Name of Reg	stered Landfill			_	_
KLEMKO INC	_ 1	auler ID		of Waste	A.C	_ U. A				_
City, State MAPLE SHADE N.J		0,		Disposal Date	City, State PLEAS	ANTVILLE	1	U.)	
Completed By	ERWI	50K	2	Signature)	DL	Date	27	_	16	_

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BEST REMOVAL INC

PAGE 02/04

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J.Maiorano	Bst:	mat	OI				مرص موند		17/2	1/4	3
r-sent-41	* 60 mg	Utile Bal		निमा श्री	density Not	remote energy party	and the same			commencer:	

State of New Jersey APPROVED: TOM VOORHEES, NJOOL

NOTIFICATION OF ASBESTOS ABATEMENT

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

Cl# 3104

										_		IUT			
Date of Notification	(1) 9/28/10	6						wner / Operator Company	r (2)						
Agencies Notified	Type Not					ddres		Company							
EPA	Type No	uncation										1000			7
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☐ DCA		ancellation	Т	yso	n (Garv	еу				COI 0 #	7	_		
					CIL	ITY	INF	DRMATION		1 4				_	1
Name of Facility Wh	nere Abat	ement is Taking Pl	lace (3)				Type of Facilit	ty (4)	7131		Civitiu	La		
Colonial Pipeline	Linden	Junction						School (K	(-12)		LICENS	anta -			
Street Address						7.00		Subchap	ter 8 (O	ther than K-	-12)	1			
400 Blair Road								Other (i.e				as hon	000	to)	
400 Diali Koau														10.)	
								Square Feet	7	of Floors	t	Bldg. Ag	е		
City (5)		County (6)	Cor	inty (Coc	de (7))								
Avenel		Middlesex						Current Use (Prior if I	beina demo	lished)				
		imaaiooox						1		3	/				
Name of Manitorina	Ciron Llina	ad by Divildina Own	(0)		TA	001	1 1 1 -	Nome of Abot		Castesatos	'0\				
Name of Monitoring		ea by Building Own	ier (8)		1	1501	No.	Name of Abat			(9)				
Apex Companies	i							Bristol Envi		ental, Inc.					
Street Address								Street Addres	S						
8854 Rixview Lar	ne							1123 Beave	r Stree	t					
City, State & Zip Co	de					6000 <u> </u>		City, State & Z	Zip Cod	е					
Manassas, VA 20								Bristol, PA							
Project Manager for		og Eirm	Telepi	2020	NI	ımho	r	Telephone Nu			License N	Jumbar			-
Will Thomas	WONTON	ig Film	100000000000000000000000000000000000000				1				The State of the S	vuilibei			
			856-6					(215)788-60			00509				_
Scheduled Start Date		Scheduled Con			ite (11)		Name of OSH		TOTAL STATE OF					
9/29/16			9/29/	16				Bristol Envi	100000000000000000000000000000000000000	ntal Inc.					
Occupancy Status D	During Ab	atement (Check or	nly one)				Street Addres	s						
Facility Clos	ed/Vacate	ed During Entire P	eriod o	f Ab	ate	ment		1123 Beave	r Stree	t					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		d Outside of Norma						City, State & Z							
Describe:	OHOHHO	a Odioido or Horrin	ui 1100					Bristol, PA	11.5						
	المانية	ina Abatanat						Distoi, FA	19001						
Charles and Charle		ing Abatement												_	
Scope of Work (Che	eck all tha	t apply)											1		
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≥3 sf or ≥3 lf	f		\bowtie	Rer	nova	ation				/lini-Enclosu					
≥160 sf ≥260	O If			Der	noli	ition				Slove Bag P					
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10	cation of		ls l	ocat	ion			Description			Amount				
	os-Contai		Norm			100		Asbestos-Cont			(Specify				7
	erial (ACN			lely l		,		Material (AC			SF or LF)			Ш	
	BE ABATE		Maint			or		(i.e., thermal sy			0. 0. 2. /	Re	D	nc	E .
	Facility	<u>-D</u>	Custo			1,000	ir	sulation, surfac		т		Ä	Repair	aps	0
	(13)			(12)	Old			or other miscella				Remova	<u>a</u> .	Encapsulate	Enclosure
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Name of Registered	Waste H	auler		17 25 330			Contract of the	Cubic Yards	Name	of Registere	ed Landfill				
				Ha		r ID I	3500000	of Waste							
Service Transpor	t Inc.				20	0990		1 Cu Yd	Miner	va Landfil	I				
City, State				-				Disposal Date	City, S	tate					
New Castle, Dela	ware							9/30/16		esburg, O	Н				
Completed By (Print				Titl	lo.			Signature	7.	3,	<u> </u>	Date			
	Commence of the second			1 - 7 1 7 1 7 1 7		04	1	oignature /	r 6-	1	- 0	1	1		
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Date of Notification (1)				N				er/Operator (2		Canadaniadian				_
8 /	31 /	16			Prin	ceton Un	iver	sity-Office	of Design and	Construction	7 1	E	T _p	16
Agencies Notified	Type Notificati	on		S	Street /	Address			TE	(后临后	f 70		-11	111
⊠ EPA	⊠ Initial				200	Elm Dr.					1453		111	111
☑ DOLWD ☑ DHSS	Amended Amendmer	nt #2-9/2	3/16	C		ate, Zip Co			115	1	- 20	116	11.	7/1
☑ DCA	☐ Emergency	And the second s				ceton, N.	J 085	544		111 001 0	T LV	, 10	1	
(NJAC 5:23-8)	justification			N	Vame	of Contact			14	Telephon			و لسـ	
	☐ Cancellatio	n			Rob	ert Orteg	0			L'	rook	THOS	- &-	
	4.12				FAC	ILITY INF	ORI	MATION		ASPESLICE	NSINE	3		
Name of Facility Where A	Abatement is Ta	king Plac	e (3)						Type of Facility					
Princeton Universi	ty-Firestone l	ibrary							School (K-12	?) 8 (Other than K-12	Č.			
Street Address									Other (i.e., p	rivate and commer	cial bui	ildings	S,	
Washington Rd									homes, etc.)					
City (5)									Square Feet	# of Floors	1/ 1/2	lg. Ag	е	
Princeton									1,000,000	8		70		
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)		ior if being demolis	hed)			
MERCER									Library					
Name of Monitoring Firm	Hired by Buildi	ng Owne	(8)	A	SCM I	No.			ent Contractor (9)					
ATC Group Service	es LLC				0009	8			VIRONMENTA	L, INC.				
Street Address								et Address						
Three Terri Center							11	23 BEAVE	R STREET					
City, State, Zip Code							City,	State, Zip Co	ode					
Burlington, NJ 080	16						В	RISTOL, PA	19007					
Project Manager for Mor	itoring Firm		Te	elep	hone l	No.	Tele	phone No.		License No.				
Michael Keehn			- 1	-	The section of	-8800	21	15-788-6040		00509				
Start Date (10) BACK	ON SITE SO	cheduled	Comp	leti	on Dat	te (11)		ne of OSHA N						
9 / 29 /	16	_1_	/	30	_ / _	17	В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	g Abatement (C	heck only	one)				Stre	et Address						
☐ Facility Closed/Vacat						- J	11	123 BEAVE	R STREET					
Abatement Performe						cribe	City	State, Zip Ci	ode					
Time of Abatement:	7:00AIVI-3:30PI	VI/	PIVI		_AIVI		В	RISTOL, PA	19007					
Scope of Work (Check a	Il that apply)							D Full Con	tainment with Ne	antive Pressure				
☐ ≥3 sf or ≥3 lf		⊠ F	Renov	atio	n			☐ Mini-End		gative Flessure				
≥160 sf or ≥260 lf			emol					Gloveba	g Procedure	- Friehle Deced				
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Location Asbestos-Containing		U	sed S			Asbes	stos (Description of Containing Ma		Amount	Ren	Repair	Enc	Enc
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ASB-41 MAY 11 B 5 16 120

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

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Date of Notification (1)				N	ame o	f Building	Owne	er/Operator (2	2)							
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Project Manager for Mo			TTe	len	hone N	Vo.		phone No.			License No.					
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City, State BRISTOL, PA 190	007						Dis	posal Date	100000000000000000000000000000000000000	State ORRISV	ILLE, PA 190	67				
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Brian Scafiro		Estim	ator					Brian	, Sc	afiro	1-el	9/	28	//	6	

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) PAGE 1 NOCK

Date of Notification (1)	16/	16	A TE		100000		570	wner/Operator (ersity-Office		Design and C	onstruction					
Agencies Notified EPA	Type Notific	ation				t Address 0 Elm Dr.			- Inches	MEC	E	W (Ę	n		
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Princeton Univers	sity-Fireston	e Libra	ry							School (K-12) Subchapter 8 (Other than k	K-12)				
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Project Manager for Mo	nitoring Firm				ephone		1000000	lephone No.			License No 00509).				
Michael Keehn						-8800	10 -	215-788-6040 me of OSHA M			00505					
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1100 120 100 100 100 100 100 100 100 100		TW-						Signature :				Date		_		-
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ASB-41 MAY 11

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

Page Z NOCK Name of Building Owner/Operator (2) Date of Notification (1) Princeton University-Office of Design and Construction 9 / 16 / 16 Street Address Type Notification Agencies Notified 200 Elm Dr. ☐ Initial X EPA M Amended City, State, Zip Code □ DOLWD Amendment #1 X DHSS Princeton, NJ 08544 3 - 2016☐ Emergency (including ☑ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Robert Ortego Cancellation ASBESTUS CUNTHUL FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Princeton University-Firestone Library Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) Washington Rd # of Floors Blda. Age Square Feet City (5) 70 8 1,000,000 Princeton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Library MERCER Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. 00098 ATC Group Services LLC Street Address Street Address 1123 BEAVER STREET Three Terri Center City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Burlington, NJ 08016 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 609-386-8800 Michael Keehn Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC. 1 / 30 / 17 ON 140 842 1 16 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/___PM-__AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Mini-Enclosure Renovation >3 sf or ≥3 lf Glovebag Procedure Demolition ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure >160 sf or ≥260 lf Abatement Type Is Location Normally Description of Remova Encapsulate Location of Amount Used Solely by Asbestos Containing Material (ACM) nclosure Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 1,620 SF \bowtie X Fireproofing Levels B, A and 1 X 320 SF Radiator liner X П Levels B. A and 1 15,924 SF \boxtimes Spline, plaster & Drywall ceiling X Levels B. A and 1 Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste G.R.O.W.S. NORTH LANDFILL Hauler ID No. BRISTOL ENVIRONMENTAL, INC. 18706 Disposal Date City, State City, State MORRISVILLE, PA 19067 BRISTOL, PA 19007 Signature Title Completed By (Print or Type) 9/16/16 ran Saa do Estimator Brian Scafiro

ASB-41 MAY 11

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

B5 11/11/2009

CK# 3081

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

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Project Manager for Monito			Te	lephon	o No	Telephone No.	. 10001	License No.				_
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☐ Facility Closed/Vacated ☐ Abatement Performed Closed Face of Abatement: 7:0 ☐ Abatement Performed Closed Face of Abatement: 7:0 ☐ Scope of Work (Check all the second face of Abatement: 7:0 ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Mator Face of Abatement Face of Abat	Abatement (Che During Entire Foutside of Norm (I) AM-3:30 PM/(I) at apply) terial (ACM)	Period cal Faci	enovatiemolitic s Locat Norma ed Soleaintena stodial (12) No	ion ion ion Kaff? N/A	Asbes (i.e. Pipe and Floor tile Joint cor Acoustic Vaste No.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous end pipe fitting Insues and mastic mpound cal ceilin plaster	R STREET de 19007 sinment with Ne posure Procedure npted (*) and Ne erial (ACM) sulation, or us)	Amount (Specify SF or LF) 4190 LF 18,440 SF 16,520 SF 2,222 SF tered Landfill	Removal 🛛 🖂 🖂	-	_	
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Scope of Work (Check all the second of the	Abatement (Che During Entire Foutside of Norm (I) AM-3:30 PM/(I) at apply) terial (ACM)	Period cal Faci	enovatiemolitic s Locat Norma ed Soleaintena stodial (12) No	ion ion ion Kaff? N/A	Asbes (i.e. Pipe and Floor tile Joint cor Acoustic Vaste No.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclor Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, co other miscellaneous and mastic impound and mastic impound cal ceilin plaster Cubic Yards of Waste	R STREET de 19007 sinment with Ne posure Procedure hpted (*) and No erial (ACM) sulation, or us) station Name of Regist G.R.O.W.S. City, State	Amount (Specify SF or LF) 4190 LF 18,440 SF 16,520 SF 2,222 SF tered Landfill	Removal 🛛 🖂 🖂	-	_	
Facility Closed/Vacated Abatement Performed C Time of Abatement: 7:0 Cope of Work (Check all the state of th	Abatement (Che During Entire Foutside of Norm (I) AM-3:30 PM/(I) at apply) terial (ACM)	Period Cal Faci	enovatiemolitic s Locat Norma ed Soleaintena stodial (12) No	ion ion ion Kaff? N/A	Asbes (i.e. Pipe and Floor tile Joint cor Acoustic Vaste No.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclor Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, co other miscellaneous and mastic impound and mastic impound cal ceilin plaster Cubic Yards of Waste	R STREET de 19007 sinment with Ne posure Procedure hpted (*) and No erial (ACM) sulation, or us) station Name of Regist G.R.O.W.S. City, State	Amount (Specify SF or LF) 4190 LF 18,440 SF 16,520 SF 2,222 SF tered Landfill	Removal 🛭 🖺	-	_	T

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

				(Pur	suant to	NJAC 8:60 and 5	:16)		P	4	1	12
Date of Notification (1)				1	Name of Bu	ilding Owner/Operate	or (2)	<i>[</i>	9	200	<u>ل</u>	190
8 /	31 / _	16	_		Princeto	on University-Offic	ce of Design	and Construction	on			
Agencies Notified	Type Notifica	ation		S	Street Addre	ess				-		
⊠ EPA	│				200 Elm	Dr.	F	SPRE	П	N/I	F	
☑ DOLWD ☑ DHSS	Amended Amendme			C	ity, State, 2	Zip Code	III	1 6 6 6	U	10	5	H
⊠ DCA	☐ Emergend	-	udina		Princeto	n, NJ 08544		7				
(NJAC 5:23-8)	justification		3	N	ame of Cor	ntact	111	Telephone, N	lumbe	2016	-	
	☐ Cancellati	on			Robert C	rtego				4	1	
					FACILITY	Y INFORMATION			-			
Name of Facility Where				3)			Type of Fac	cility (4)SBESTOS	CON	THU	La	
Princeton Universi	ty-Firestone	Librai	У				School (K-12) LICEN		G	-	parametric (C)
Street Address							Other (i	oter 8 (Other than K- e., private and comm	-12)	السطام	ldina	
Washington Rd							homes,	etc.)	riercia	ווטט וב	laings	5,
City (5)			0.000	-100-01-01			Square Feet	t # of Floors		Bldg	g. Ag	e
Princeton							1,000,00	0 8		70		
County (6)				С	ounty Code	e (7)(STATE USE ONLY)	Current Use	(Prior if being demo	olishe	d)		
MERCER						900	Library					
Name of Monitoring Firm	: ^	ng Owr	er (8)	ASC	CM No.	Name of Abatem	ent Contractor	(9)				
ATC Group Services	s LLC			00	0098	BRISTOL EN	VIRONMEN	TAL, INC.				
Street Address						Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code			150			City, State, Zip C	ode					
Burlington, NJ 0801	6					BRISTOL, PA	19007					
Project Manager for Monite	oring Firm		T	elephor	ne No.	Telephone No.		License No.				
Michael Keehn				609-38	86-8800	215-788-6040)	00509				
Start Date (10)	Sch	eduled	Comp	oletion [Date (11)	Name of OSHA N	fonitor					
9 / 14 /	16	1	/_	30/	_17_	BRISTOL EN	VIRONMENT	AL, INC.				
Occupancy Status During A	Abatement (Che	eck onl	y one)			Street Address						
Facility Closed/Vacated	During Entire F	Period (of Aba	tement		1123 BEAVER	RSTREET					
Abatement Performed C	outside of Norm	al Faci	lity Ho	urs - De	escribe	City, State, Zip Co	ide					
Time of Abatement: 7:0	0AM-3:30PM/		PM	Aħ	Л	BRISTOL, PA						
cope of Work (Check all th	nat apply)											
] ≥3 sf or ≥3 lf		Ω r		**			ainment with Ne	egative Pressure				
25 St of ≥3 If ≥160 sf or ≥260 If			lenova emolit			☐ Mini-Encl	osure Procedure					
						☐ Non-Exen	npted (*) and N	on-Friable Procedu	re			
			s Loca						_	baten	nent '	Type
Location of	4	He	Norm	ally lely by		Description of					T	-
Asbestos-Containing Mar TO BE ABATE			ainten			estos Containing Mate e., thermal systems in		Amount	em	Repair	nce	ncl
IN Facility	-	Cus		Staff?	(1.0	surfacing, VAT, of		(Specify SF or LF)	Removal	=	psu	Enclosure
(13)		Voc	(12) No	N/A	+	other miscellaneou	us)	Cases seriorities.			Encapsulate	e
vole R A and 4		Yes	-		 	- fi			-	-		
vels B, A and 1		Ø			Firepro	oting		1,620 SF				
vels B, A and 1		\boxtimes			Radiato	rliner		320 SF	\boxtimes			
vels B, A and 1		\boxtimes			Spline,	plaster & Drywall	ceiling	15,924 SF				
ne of Registered Waste H	auler		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill			_	
RISTOL ENVIRONME			10000	auler ID	No.	Waste		NORTH LANDF	11.11			
State				18706		Disposal Date	City, State					
RISTOL, PA 19007						Disposal Date		IE DA 40007				
<u> </u>	1 1975						MICKUSAII	LLE, PA 19067				
pleted By (Print or Type)	Title					Signature	P. 0	/ Date	/	/	,	
an Scariro	ES	timat	or			Frian	Scafer	0/11/8	/3,	1/10	0	
	1						12		-	_		

ASB-41 MAY 11 BS 16120

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

CK 3477

Date of Notification (1) September 29, 2016	lane.	0/5	-	Name of E Kean U			perator ((2)		***************************************						
Agencies Notified	Type Notification	-		Street Add		enue			11) 15	16		W	E		7	
EPA DEP DOL	Initial Amended Amendment			City, State Union, I	e, Zip Cod	ie				OCT	3 -	2016				
DOH DCA	Emergency (justification) Cancellation	including		Name of C Craig M				-		Tele	phor- '	_	— ;			
					ITY INFO	RMATIC	ON		ASE	115	, VUNT	TRO!	2			
Name of Facility Where A Kean University - Ne Street Address								S S	f Facility (4) chool (K-12 ubchapter 8) 3 (Othe	r than K	(-12)				
1000 Morris Avenue								17-3	ther (i.e. pri	ivate &	comme	ercial b	uildi	ngs,	nome	s,
City (5) Union		1000						Square			Floors			dg. Ag	ge	
County (6) Union				County C (STATE U			_	Curren	nt Use (Prior	r if bein	g demo	lished)			
Name of Monitoring Firm TTI Environmental		Owner (8)		ASCM	No.				ement Cont action Cor							
Street Address 1253 North Church	Street							Addres: Watch	s ung Aven	iue						
City, State, Zip Code Moorestown, NJ 080								tate, Zip	p Code ge, NJ 07	052						
Project Manager for Moni				Telephon 856-84			Teleph	none No 669-29).		License 01231					
Start Date (10) October 10, 2016		Schedule		mpletion D			Name	of OSH	A Monitor Laborator	ries G	ilobal l	Inc.				
Occupancy Status During	Abatement (Chec			2017				Addres								
Facility Closed/Vaca				ment			2512	W Ca	ary Street							
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hour	S		_	10700	State, Zij mond,	p Code , VA. 232	20						
Scope of Work (Check A	ll That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		- Inches	lenov: Iemoli				×	Min Glo	Containme i-Enclosure vebag Proc -Exempted	edure					a	
		la	Loca	tion				1,01	ZXOMPTOG	()				Abate	ment	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cust	Norma d Sole intena todial (12)	ally ely by ance/ Staff?		tos Cont thermal surfac		Material is insula AT, or		(S	mount specify or LF)		Removal	Repair	e Encapsulate	Enclosure
lad Davies Co	udia 110	Yes	No X	N/A	D	ipe/Fitt	fing In	culatio	n l	1.	40LF	Σ	7	_		
Ind Design St Finishing I			X	-		ipe Fitt					5LF		2			
			X			Floor T			-		27SF	2				
Finishing I			X			I Water	Insula				0LF		ζ.			
Restroom/Ad				NJDEP W	laste		Yards	GUOIT	Name of F		490 PM					
Future Sanitation Inc			100	Hauler ID		of Wa			Tullytow	450				69		
City, State Passaic, NJ 07055						Dispos	sal Date	9	City, State Tullytow		4					
Completed by Barbara Reed		Title Presi	ident			8	Signatur	ha	ie le	ed	2	Date 09/2		6		

		Stat	te of New Jers	ey					<u>670289</u>	N
		CATION	OF ASBESTOS o NJAC 8:60 a	BABATE	200		ak a	341	77	
Date of Notification (1)		Name of	Building Owner	/Operator	(2)		11	/		
September 29, 2016	2 4/1		Iniversity		. 1	D 厚	R B I W	7 133	TOTAL STREET	7
Agencies Notified Type Notification	20/7	Street Ad					4 E 1 E	L	1111	,
Agencies Notified Type Notification			Iorris Avenue	е		31			111	
K EPA K Initial	-		e, Zip Code				DCT 3 - 201	_		
DEP Amended Amendment	#		NJ 07083		14	1 4 1	JCI 3 - 201	6		
Emergency (Name of					Telephone Num	her		
X DOH justification)		Craig N				7,838				
DCA Cancellation				TION	-		40EH51VG	000	- 1	
Name of Facility Where Abatement is Taking	n Place (3)	FACIL	ITY INFORMA	HON	Type o	f Facility (4)				
Kean University - New Child Care										
						chool (K-12)	Other than K-12)		
Street Address 1000 Morris Avenue						ther (i.e. pri	vate & commercia	al build	ings, ho	omes,
					_ et	/	# -f []re	DI	ldg. Age	
City (5)					Square	reet	# of Floors	DI	ug. Age	
Union							**	1\		
County (6)		County C	Code (7) ISE ONLY)		Curren	t Use (Prior	if being demolish	ea)		
Union		8								
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	l No.			ement Contr	20020			
TTI Environmental Inc.						ction Cor	poration			
Street Address					t Address					
1253 North Church Street						ung Aven	ue			
City, State, Zip Code					State, Zip		250			
Moorestown, NJ 08057				Wes	st Orang	ge, NJ 07	052			
Project Manager for Monitoring Firm		Telephor		- 100 Sept. 100	hone No		License N	0.		
		856-84	0088-04	973	-669-29	000	01231			
Start Date (10)	Scheduled Co	mpletion [Date (11)			A Monitor				
October 10, 2016	October 9,	2017		Sch	neider	_aborator	ies Global Inc			
Occupancy Status During Abatement (Chec	k Only One)			200000000000000000000000000000000000000	t Addres					
		ment		251	2 W Ca	ry Street				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm		City,	State, Zip	Code						
Other - Describe:				Rich	hmond,	VA. 2322	20			
Scope of Work (Check All That Apply)				4.500						
	× Renov	ration] Full	Containme	nt with Negative F	ressu	re	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demo				Min	-Enclosure				
				-		vebag Proce		le Dro	cedure	
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				I NOT	-Exempled	(*) and Non-Friat	16 (10	Abaten	
	Is Loca	. 71							Тур	
Location of	Norma Used So			Description		(ACNA)	A ma c = 4			
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten		Asbestos C (i.e. therr	ontaining nal syster			Amount (Specify	Re	고	Enca

		Locati Iormal					d (*) and Non-Fria		Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar odial S (12)	ely by nce/		Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	sulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							fe	
Printer Room 117		X			Floor Tile w/Mas	stic	143SF	X			
Ind. Design Studio 111		X			Transite Panel	S	100SF	X			
111 Storage		Χ		F	Pipe Fitting Insula	ation	45LF	X			
Tool Storage 113		X			Cove Base Mas	tic	80LF	X			
Name of Registered Waste Hauler Future Sanitation Inc.		1000	NJDEP W Hauler ID		Cubic Yards of Waste	17690787240794444	Registered Landf wn Facility	ill			

City, State Disposal Date City, State Tullytown, PA Passaic, NJ 07055 Date Signature Title Completed by 09/29/16 Barbara Reed President

x

CK 3477

Date of Notification (1) September 29, 2016 Agencies Notified Type Notification	10	I Na											
Agencies Notified Type Notification	079		ame of Bu ean Uni		r/Operator	(2)	1000 to			11 11-1	Townson or the second		
The production of the second o	0		treet Addr 000 Mo	_{ess} rris Avenu	ıe		D) #				10		
EPA Initial Amended Amendment #				Zip Code J 07083				OCT	3 - 20	16			
Emergency (inclu	uding	N	ame of Co	ontact				Teleph	one Numb	er_		1	
DOH justification) DCA Cancellation		C	Craig Mil				h			- - - - - - - - - - - - - - - - - - -	1	_	_
			FACILIT	TY INFORM.	ATION	Type of I	acility (4)	1.0	ENONO	~~~	month of the control		
Name of Facility Where Abatement is Taking Pi Kean University - New Child Care Cer Street Address	ace (3) nter					Sch	nool (K-12)) R (Other t	han K-12) ommercial	buildin	as ho	omes.	
1000 Morris Avenue						Square	.)	# of FI			g. Age		-
City (5) Union					36								
County (6) Union		(County Co	ode (7) E ONLY) _					demolishe	ed)			
Name of Monitoring Firm Hired by Building Ow TTI Environmental Inc.	ner (8)		ASCM N	No.		of Abater Construc							
Street Address 1253 North Church Street						t Address Watchu	ng Aver	nue					
City, State, Zip Code						State, Zip st Orang		7052					
Moorestown, NJ 08057 Project Manager for Monitoring Firm			Telephone		Telep	ohone No. -669-29	20.20		License No 01231	ο.			
		Con	npletion D		Nam	e of OSHA	Monitor	ries Gl	ohal Inc				
October 10, 2016	Only One		2017			et Address		71103 01				- 325	-
Occupancy Status During Abatement (Check			nent		1	2 W Ca		t					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours	S			State, Zip hmond,		220					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoli				Mini	-Enclosure	e cedure	Negative F			3	
						Non	-Exemple	u () and	TYON THO		Abate		
	1	Locat	600								Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	intena	ely by ance/ Staff?	(i.e. th	Description Containing ermal system surfacing, other misce	g Material ems insula VAT, or	(ACM) tion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No			T '4 -	Danala		0	0SF	X			
Ind. Design Comp Lab 109 & 109A		X		Harry Lawrence	Transite				288SF	X			
Ind. Design Comp Lab 109 & 109A						w/Mastic			5SF	X			-
1 Process See See See See See See See See See		X			loor Tile		,		00SF	X			
Hallway Adj to 109 & 107		X			Transite		Nama	74	ered Landf				
Hallway Adj to 109 & 107 Design/Drafting Studio 107				Vaste	Cubic Yard	12				3.55			
Hallway Adj to 109 & 107			NJDEP V Hauler ID	No.	of Waste		Tullyto	Wn Fa	cility				
Hallway Adj to 109 & 107 Design/Drafting Studio 107			NJDEP V Hauler ID	No.				own Fa	cility				
Hallway Adj to 109 & 107 Design/Drafting Studio 107 Name of Registered Waste Hauler			700	No.	Disposal D		City, Sta		Δ	Date			

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

	,										-	
September 29, 2016				uilding Own	er/Operator	(2)	ME	CEIV	V E	F		
gencies Notified Type Notification	mb		reet Add	lress orris Aven	ue			OOT 2 20	916 -			
EPA Initial Amended Amendment #				, Zip Code NJ 07083	20000			001 3 20	710			
Emergency (inclu	ding	N	ame of 0	Contact			A	Telephone Numb	er _{OL}	2	1	
DOH justification) DCA Cancellation		C	raig M	iller						-		_
			FACIL	ITY INFORM	IATION	Tuno	of Facility (4)					
Name of Facility Where Abatement is Taking Pla Kean University - New Child Care Cer Street Address	ace (3)						School (K-12)	(Other than K-12) vate & commercial	buildin	gs, ho	omes,	
1000 Morris Avenue City (5)							etc.) re Feet	# of Floors	Bldg	g. Age)	
Union						Curre	nt Use (Prior	if being demolishe	ed)			
County (6) Union		(3	County C STATE U	ode (7) SE ONLY) _								
Name of Monitoring Firm Hired by Building Own TTI Environmental Inc.	ner (8)		ASCM	No.	Nam Be	e of Aba Consti	atement Contr ruction Cor	poration				
Street Address						et Addre	ss hung Aven	iue				
1253 North Church Street City, State, Zip Code					City,	State, 2	Zip Code nge, NJ 07	7052				
Moorestown, NJ 08057			Telepho	no No		phone N		License No),			
Project Manager for Monitoring Firm			856-84	10-8800	973	3-669-		01231				
		pletion 017	Date (11)	Scl	hneide	r Laborato	ries Global Inc.					
Occupancy Status During Abatement (Check C			2000			et Addr 12 W (ess Cary Street	i				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Ab Facility b	oatem Hours	nent				Zip Code id, VA. 232	20				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				H	Mini-Enclosure				e	
									8	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Custo	ntena odial (12)	ally ely by ance/ Staff?	(i.e. t	Descrip os Containir hermal syst surfacing, other misce	ng Mater ems ins VAT, o	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1	Transite	Panel	S	90SF	X			
Computer Lab 101		Λ				Tile	3	295SF	X			
	Storage 103 X				ransite Pa		Soffit	700SF	X			
Exterior	X			indow Ca			660LF	X			T	
Exterior	X			Cubic Yar		Name o	f Registered Landf				-	
Name of Registered Waste Hauler Future Sanitation Inc.		NJDEP Hauler		of Waste		1	own Facility					
City, State					Disposal I	Date	City, Sta Tullyto	ate own, PA				
Passaic, NJ 07055		Sign	ature /			Date	110					
Completed by Barbara Reed								ed	09/29	10		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NOT	(Pur	suant to	NJAC 8:6	0 and 1	12:120)				CK	34	171	7	
Date of Notification (1) September 29, 2016 Age 5	ofs			uilding Ow niversity	ner/Op	erator (2	2)	In	E (a E	I W	F	Tambus 1	
Agencies Notified Type Notification	1		treet Add	iress orris Ave	nue					-		120		
X EPA X Initial Amended Amendment #_		С	ity, State	, Zip Code NJ 07083					j ûc	7 3 -	2016		U	
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		lame of C Craig M						A	one Num	her	- &		
	70.		FACILI	TY INFOR	MATIO	N	Type	of Facility (4)				te-Chair		
Name of Facility Where Abatement is Taking Kean University - New Child Care Co	enter						П	School (K-12))					
Street Address 1000 Morris Avenue							X	Subchapter 8 Other (i.e. pri etc.)	vate & co	mmercia	al buildir			,
City (5)							Squa	re Feet	# of Flo	oors	Bld	g. Ag	9	
Union County (6)			County Co	ode (7) SE ONLY)			Curre	ent Use (Prior	if being	demolish	ed)			
Union Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM	No.		Name of Be C	of Aba	atement Contr ruction Cor	actor (9)	n				
TTI Environmental Inc. Street Address						Street	Addre							
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Moorestown, NJ 08057 Project Manager for Monitoring Firm			Telephon	e No.		Teleph	none N	No.	L	icense N	0.			
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	Scheduled October			Date (11)		Schr	neide	r Laborato	ries Glo	bal Inc	.			
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Scope of Work (Check All That Apply)						-	7							
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	ntena	nce/ Staff?	Asbest (i.e.	thermal surfa	taining I I system acing, V/ miscella	ns insi AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Future Sanitation Inc.	1	naulei ID	NO.	12.0			Tullyto		ility					
City, State Passaic, NJ 07055			0			osal Dat		City, Star Tullyto						
Completed by Barbara Reed	dent	t			Signatu	TE COLO	sea y	Les		Date 09/29/	16			

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

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Pro	ne	Ct.	#

	Check	#	3556
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Date of Notification (1)			N	Name of	Building C	wner/0	Operator	(2)		(a) [52]	7 0	77 E	3 [7	
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DOH	justification)	including	1 8	Name of						Telepho	ne Num	per	7		
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Agencies Notification PA	Date of Notification (1)	24.6					g Owner/Operator	(2)		7 5			
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Date of Notification (1) 09/27/2016			711	Name of Brian D	Building C)wner/C	Operator	(2)	01		7070	0 /	X	1 /		
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City, State, Zip Code									ip Code IJ 07512							
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City, State Totowa, NJ							sal Date	9	City, Stat		A					
Completed by Ned Joksimovic					Signatur	е	FN	^	1	Date 09/27	7/20	16				

NOTIFICATION OF ASBESTOS ABATEMENT MO#19730019532 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 29 / 16 09 Kelly Kawaguchi Type Notification Street Address Agencies Notified ☐ EPA ASBESTOS CONTROL & LICENSING ☑ DOLWD Amended City, State, Zip Code Amendment # X DHSS Oradell, NJ 07649 Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Kelly Kawaguchi FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) Oradell, NJ 07649 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Bergen Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 10 / 11 / 16 10 / 10 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure X Renovation Mini-Enclosure >3 sf or >3 lf = 160 sf or 260 lf Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Remova Encapsulate Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A \times 8 LF Duct-wrap&cut Basement NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 Gr Tech LLC City, State Disposal Date City, State Tullytown, PA TBD Wayne, NJ 07470 Date Signature Completed By (Print or Type) Title 09/29/16 Mewic Wenaa Owner N.Jevtic ASB-41

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Hoon Kim 9/27/2016 Agencies Notified Street Address Type Notification []EPA [X] Initial 2016 Notification City, State, Zip Code []DEP []Amended Fort Lee, NJ, 07024 [X] DOL Notification Name of Contact [X] DOH Telephone Number [] EMERGENCY Hoon Kim []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hoon Kim []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) 88 2400 2 (STATE USE ONLY) Fort Lee Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10/7/16 10/10/16 N/A Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf []Mini-Enclosure [X] Renovation [X] Glovebag Procedure []≥160 sf or ≥260 lf []Demolition []Non-Friable Procedure Is Abatement Type Location Normally Location of Description of NCAPSU N Asbestos-Containing Asbestos-Containing Amount Used EMOV CLOSU EP Solely By Main Material (ACM) Material (ACM) (Specify SF or TO BE ABATED (i.e., thermal systems AI tenance/ In Facility insulation, surfacing, VAT, LF) Custodial Staff (12) A or other miscellaneous) R (13)R Yes No N/A 170 lf X Basement X Pipe insulation Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 City, State Disposal Date City, State 10/11/16 Waynesburg, Ohio 44688 Montclair, NJ 07042 Completed By (Print or Type) Title Signature Date Constantine Vivian President 9/27/2016

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Hauler ID No.

17040

Disposal Date

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

Name of Registered Landfill

Minerva Enterprise INC

City, State

Waynesburg, Ohio 44688

Signature

President

Date

9/27/2016

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification 2016 9/28/16 George & Laurie Ackerman Private Home Agencies Notified Type Notification × EPA Initial City, State, Zip Code DEP Amended X Amendment # Harvey Cedars NJ 08008 DOL Emergency (including Name of Contact Telephone Number justification) DOH Kelly DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) George & Laurie Ackerman Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age Harvey Cedars NJ 08008 1000 +35= County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Ocean Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 10/11/16 10/18/16 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Exterior Transite board Transite board 800 SF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Roll Off G.R.O.W.S. 22459 3 City, State City, State Disposal Date Elm NJ 10/18/16 Morrisville PA 19067 Completed by Title Signature Date Anthony T Perna 9/28/16 President

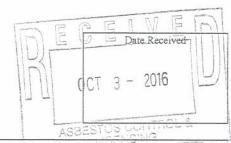
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Completed by (Print or Type) Nicholas Fernicola Title Project Manager					Signature		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	1			Date 9/28	3/2016	5	
City, State Toms River,	New Jersey			Disposa 10/14/			City, St Tullyt		Pennsylvania	ı					
Name of Registered Waste Hauler NJDEP Waste Hauler Guardian Contracting, Inc. 20223						Cubic Ya 3	rds of Was		Name of Registe T.R.R.F.	red Landfill					
Exterior	N/A	Asbesto	os sidin	g			800 sf		L X		E	E			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12)						Asb M (i.e. insu	Description destos-Cor Material (A , thermal alation, su VAT, cor miscella	ntainin ACM) syster rfacin or	ns ig,	Amou (Specif or Ll	y SF	R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R
1 2	sfor≥3 lf		[] [x]	Renovati Demoliti			[] [] [x]	N	full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	ıre			re		
10/12/16 10/13/16 Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of							Street Ad		1056 St	telton Roa way, New	ıd	y 088:	54		
Scheduled Start Date (10) 10/12/16		n Date (11)				A Monitor	L. Analyti								
Project Manager for Monito	Number	X-2		Telephon		iber	Lic	ense Ni 624	-	33-12	/1				
City, State, Zip Code							City, Stat	te, Zip	Code	oute 9, Ur Liver, New		w 007	55_10	71	
Name of Wontoring Firm N/A Street Address		JWHCI (8)		1	ASCIVI NO.		Street Ad			n Contrac	cting, l	Inc.			
Seaside Heig		Ocean			ASCM No.	П	Name of		rent Use (Prior if Resider ment Contractor	nce	lished)		4,5		
City		County	(6)		County Cod STATE US		n	Squ	are feet 900 sf	homes, etc		Bldg	. Age)	
Name of Facility Where Ab Res Street Address	sidence	Place (3)						1 yp	e of Facility (4) [] [X]	School (k- Subchapte Other (i.e.	r 8 (othe , private			l build	ings,
27 77 W7 41		D1 (2)		FACI	LITY IN	FORM	ATION	T	- 6F-37-74)			V 170	DING	*******	
[x] DOH [] DCA	justifi	gency (inc cation) ellation	luding		Name of C		Seasid	le He	ights, NJ 087	elephone-Nu	ımhər			- 8	
[x] EPA [] DEP [x] DOL	[] Amen	Notificati ded Notifi dment #_			City, State,	, Zip Cod			-Lt- NI 007		OC1	Г 3	- 20	16	
		Street Addi		Nick I			In E	36	1	108					
Date of Notification (1) September 28, 2016					Name of B	uilding C	wner/Oper	rator (2	.)		.0	19			

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755





Operato	or Project #:	Postmark:		Notificati		ENSING	and the same of th
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	ancelled):	0	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contractor	or and other o	operator)				
	OWNER NAME: Nick Durovich						
	Address:						
	City: Forked River State:	NJ		Zip:	08731		
	Contact: Nick Durovich			Tel:			
	REMOVAL CONTRACTOR: Guardian Cont	racting, In	ıc.		NJ License: 000	624	
	Address: 1889 Route 9,	Unit 61					
	City: Toms River State:	New Je	rsey	Zip:	08755		
	Contact: Nicholas Ferni	cola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:			Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation	E - Emergency R	enovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a	and floor or r	oom number)				
	Building Name: Residence						
	Address: 105 Marlin Drive						
	City: Seaside Heights State:	NJ		County:	Ocean		
	Site Location: exterior						
	Building Size: 900 sf # of Floo	ors:	1	Age in Ye	ears: 60		
	Present Use: Residence		Prior Use:	Residence	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIAT	TE, USED TO DETE	CT THE PRES	SENCE OF ASBESTOS MAT	TERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				T	Non	friable
	Regulated ACM to be removed		RACM				s Material To Be
	Category I ACM not removed Category II ACM not removed		To Be Removed		LOCATION	Ren	noved
	Pipes (Linear feet):	-				Cat I	Cat II
	# 5 S						
	Surface Area (Square feet): 800 sf	Asbesto	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/12/	16	Complete:	10/13/16	

	NOTIFICATION OF	DEMOLI	TION AND RENOV.	ATION (continued	d)/P [[[NA PERSI
X.	DESCRIPTION OF PLANNED DEMOLITION OR REN					1016
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINE AND RENOVATION SITE: Prior to removal, the work area around the building will be roped or removed by non-friable procedures. All waste will be placed in do	off with caution	tang and warring since. District	ASE	BESTOS CONT LICENSING	TROL&
xii.	WASTE TRANSPORTER #1 Name: Guardian (Contracting	g, Inc.			
	Address: 1889 Rout	e 9, Unit 6	51			
	City: Toms River	State:	New Jersey	Zip:	08755	
	Contact Person: Nicholas F	'ernicola			00733	
	WASTE TRANSPORTER #2 Name:					
	Address:					
	City:	State:		Zip:		
	Contact Person:					
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.					
	Location: Bordentow	n Road				
	City: Tullytown	State:	Pennsylvania	Zip:	19007	
	Telephone: 215-943-9732		Permit #: 1	01494	13007	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AG	ENCY, PLEA			CH COPY OF O	RDER
	Name:		Title:			
	Authority:					
	Date of Order (MM/DD/YY):		Date Ordered to Begin (I	MM/DD/YY):		
XV.	FOR EMERGENCY RENOVATIONS					
	Date and Hour of Emergency (MM/DD/YY):					
	Description of the Sudden, Unexpected Event:					
	Explanation of how the event caused unsafe conditions or we	ould cause eq	uipment damage or an unreas	onable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED I ASBESTOS MATERIAL BECOMES CRUMBLED, PULV	N THE EVE ERIZED, OR	NT THAT UNEXPECTED A R REDUCED TO POWDER	SBESTOS IS FOUND O	R PREVIOUSLY	NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE F THE DEMOLITION OR RENOVATION AND EVIDENCE AVAILABLE FOR INSPECTION DURING NORMAL BU				ART M) WILL BE ED BY THIS PE	ONSITE DURING
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	perator)	Septem	nber 28, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS COR	RECT.		1		20
	Nicholas Fernicola / Project Manager				0	L 20 2016
	(Printed Name/Title)	-	(Signature of Owner/Op	erator)	<u>Septem</u>	(Date)

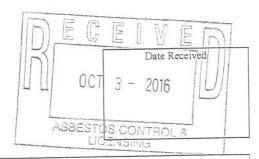
(Date)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 28, 2016		Name of Buildin	g Owner/Oper Elite C	ator (2) construction Corp.		3	04	17	
Agencies Notified Type of Notification [X] EPA [X] Initial No		Street Address		den Avenue	DE C		\mathbb{V}	E	
[X] DOL Amendm	cy (including	City, State, Zip (Mantu	a, NJ 08051	ncT phone Number	3 - 2	2016		
justificati Cancellat	ion		k Salemo		M000010	S CON	TROL	R	
	FA	CILITY INFOR	MATION	I m SE-Dit (4)	110	110114	3		
Name of Facility Where Abatement is Taking Pla Residence	ce (3)				School (k-12) Subchapter 8 (other Other (i.e., private	than k-	12) iercial l	ouilding	gs,
Street Address					nomes, etc.)				
City	County (6)	County Code (7) (STATE USE O		Square feet 1000 sf	# of Floors 1	Bldg. A	.ge 60		
Little Egg Harbor	Ocean			Current Use (Prior if be Residenc	e				
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)	ASCM No.			Contracting, I	nc.			
Street Address			Street A	1889 Rotate, Zip Code	ate 9, Unit 61				_
City, State, Zip Code				Toms Ri	ver, New Jerse License Nu	y 0875 imber	5-127	1	-
Project Manager for Monitoring Firm	Telephone Numb		732-3	49-9932 of OSHA Monitor	00624		_		
Scheduled Start Date (10) 10/10/16	Scheduled Comp 10/11/16	metion Date (11)	2.6-00.00	E.M.S.L Address	. Analytical				_
Occupancy Status During Abatement (Check on [X] Facility Closed/Vacated I [] Abatement Performed On [] Other – Describe	Ouring Entire Period of .	/ Hours	City, S	tate 7 in Code	elton Road vay, New Jerse	y 0885	4		
Scope of Work (Check all that apply)			[Full Containment v	with Negative Pres	sure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	F 7	novation molition	[2	Glovebag Procedu Non-Exempted (*)	re and Non-Friable I	Procedur	e		
[X] 2100 St 01 2200 ti						Abate	ment T	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO	dial I/A		Containing (ACM) al systems	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	ENCLOSURE
Exterior	X	Asbestos	siding		900 sf	X			-
LINUALVA									
				Waste Name of Regist	ared I andfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste I 202	23	abic Yards of Y	T.R.R.F.	orog Landini				
City, State Toms River, New Jersey	175	Disposal Date 10/12/16 Signature	Tu	y, State llytown, Pennsylvani	a	Date			
Completed by (Print or Type) Nicholas Fernicola	Project Manager		\ <u>\</u>	exempted activities.		9/2	8/16		

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator :	Project #: Po	ostmark:	Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Car	ncelled):	П.	IS ASBESTOS PRESENT? (Yes	:/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contractor	and other operator)				
	OWNER NAME: Elite Construction Corp.					
	Address: 49 Linden Avenue					
	City: Mantua State:	NJ	Zip:	08051		
	Contact: Nick Salemo		Tel:	856-468-9955		
	REMOVAL CONTRACTOR: Guardian Contra	acting, Inc.	i i	NJ License: 00624		
	Address: 1889 Route 9, U	Jnit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Fernic	ola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		
	Address:			-		
	City: State:		Zip:			11
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation E - Emerge	ncy Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a					
	Building Name: Residence					
	Address: 49 Lake Michigan Aven	iue				
	City: Little Egg Harbor State:	New Jersey	County:	Ocean		
	Site Location: Exterior					
	Building Size: 1000 sf # of Floo	ors: 1	Age in	Years: 60		
	Present Use: Residence	Prior Use:	Reside			
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIATE, USED TO	DETECT THE PR	ESENCE OF ASBESTOS MATER	RIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?				Nonfr	
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RAC	20.4		Asbestos Not T	
	Regulated ACM to be removed Category I ACM not removed	To I	Ве	LOCATION	Remo	oved
	Category II ACM not removed Category II ACM not removed	Remo	oved		Cat I	Cat II
	Pipes (Linear feet):					
	Surface Area (Square feet): 900 sf	Asbestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/10/16	Complete: 10	/11/16	

	NOTIFICATIO	N OF DEMOLIT	TION AND RENC	OVATION (continued)	
x. 1	DESCRIPTION OF PLANNED DEMOLITION	OR RENOVATION W	ORK, AND METHOD(S	S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND AND RENOVATION SITE:	ENGINEERING CON	TROLS TO BE USED TO	O PREVENT EMISSIONS OF A	ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will removed by non-friable procedures. All waste will be pl	be roped off with caution acced in double 6 mil. Bags	tape and warning signs. Plast s, sealed and labeled and plac	tic sheeting will be placed on the gro sed in a locked container for disposal	und below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gu	ardian Contracting	g, Inc.		
	Address: 188	39 Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nic	cholas Fernicola			
	WASTE TRANSPORTER #2 Name:	The second secon			
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	R.F.			
	Location: Bor	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	17007
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AG	A DATE OF THE STATE OF THE STAT	H COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Beg	gin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condit	tions or would cause eq	uipment damage or an un	reasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EVE ED, PULVERIZED, OF	NT THAT UNEXPECTE R REDUCED TO POWD	ED ASBESTOS IS FOUND OR ER	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE	E REOUTRED TRAINING	G HAS BEEN ACCOMPLISHE	T M) WILL BE ONSITE DURING D BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner	er/Operator)	September 28, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT.		11	2 3
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owne	er/Operator)	September 28, 2016 (Date)

(Signature of Owner/Operator)

September 28, 2016 (Date)

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Date of Notification (1)		Na	ame of E	Building (Owner/Operator ((2)	III OCT				
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	endment #		NOR	141	SERCER	. 100.	Telephone Numi	ber		- 2	=
	rgency (including lication)	14:	ame of	Contact	110 1101		1020311011		*		
□ DCA □ Can	cellation				NGUISA	\(\)	r				٦
,	*		FACILIT	TY INFO	RMATION	Type of Facility	(4)				7
Name of Facility Where Abateme	nt is Taking Place (3	3}		•							
45.	ANGUIS	SUA.	3	٠.		School (K-12	Other than K-12				
Street Address					:	Domer (i.e. pr	vate & commercia	i buildings	š.,		
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Project Manager for Mo	nitoring Firm	Telephon	ne No.		201-329	-7444 -	00388				
Start Date (10)	Scheduled Con	naletion Da	te (11)		Name of OSHA	Monitor		8			
10/11/16		2115				Environm	ental				
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Name of Facility Where A Residential	Abatement is Takir	ig Place (3	3)						of Facility (School (K-1 Subchapter	2) +05	S CON	TR:	12.5		1000	
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City (5) Florham Park, NJ									re Feet	# of	f Floors			ldg. A	ge	
County (6) Morris				County (Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Name	of Aba	tement Cor	tractor	(9)	_				
							010-00000000	110000111000000	vironmen	tal Se	rvices	, LL	C			
Street Address								Addres Virgin	ss ia Avenu	е						
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Project Manager for Mor	itoring Firm			Telepho	ne No.		Telepi	hone N 333-8	0.		Licens).			
Start Date (10) 9-19-2016	<u> </u>			npletion	Date (11)		Name	of OSH	HA Monitor		0111					
		9-26-2							above							
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Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A	Abaten / Hours	nent			City, S	State, Z	ip Code							
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Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED	Ma Cus	ed Sole intena todial ((12)	nce/ Staff?		tos Cont thermal surfa	aining N	Material s insula AT, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Through			X				ow Gla				00 LF		х			
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Name of Registered Was Green Environmenta			H	IJDEP W lauler ID 034889	No.	of Was			Name of G.r.o.w				II			
City, State Jersey City, NJ							sal Date 2016		City, State Morrisv		Α					
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		МО	TIFIC/ (Pur	ATION O	of New Jersey F ASBESTOS A NJAC 8:60 and	BATEN	ЛEN	Т	OK	19	917	1	
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gencies Notified	Type Notification			treet Add	ress dbridge Cent	er Driv	e #	600					
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lame of Facility Where Residential	Abatement is Takin	g Place (3)					Ту	pe of Facility (4) School (K-12))	-			
Street Address							×		(Other than K-12) vate & commercial	buildi	ngs, h	omes	
City (5) Florham Park, NJ	07932						200000	quare Feet 500	# of Floors 2		lg. Ag 6+	е	
County (6) Morris	+ 045, H38900100			County Co	ode (7) SE ONLY)		Cı	urrent Use (Prior	if being demolishe	ed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	No.			Abatement Cont Environmenta	ractor (9) al Services, LL(
Street Address		Stree 235		_{dress} ginia Avenue									
City, State, Zip Code								e, Zip Code City NJ 0730)4				
Project Manager for M	onitoring Firm			Telephon	e No.		Telephone No. License No. 01174						
Start Date (10) 9-24-2016	-	Schedule 9-24-20		pletion D	Date (11)	San	ne a	OSHA Monitor as above					-
Occupancy Status Du	ring Abatement (Che	ck Only One	9)			Stree	et Ad	dress					
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Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l			enova emolit				×	Mini-Enclosure			cedure		
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Boile	r room		Х		Ducti	voin a	0D	, upoi					
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Morris		(:	STATE US	E ONLY)									
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM N	No.	Name Gree	of Abat en Env	ement Contra ironmenta	actor (9) Services, L	LC				
Street Address	-					t Addres Virgini	s a Avenue						
City, State, Zip Code					City, S Jers	State, Zi sey City	p Code / NJ 07304	ļ					
Project Manager for Monitoring Firm			Telephone	e No.		hone No -333-8		License 1 01174	No.				
Start Date (10)	Scheduled 9-24-20		npletion D	ate (11)		Name of OSHA Monitor Same as above							
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Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	batem Hours	nent		City,	State, Z	ip Code						
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Green Environmental Services, LLC	;		034889		1			s. North Lar				_	
					Disposal Da		City, State						
City, State Jersey City, NJ					9-24-2016	6	Morrisv	IIIe PA	Date				

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Date of Notification (1)			$\neg \neg$	Name	of Building	Ownerio	perator (2)	- 10-41-	OCT .3	<u> </u>	+	\underline{y}					
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Agencies Notified	Type Notification			Street	Address	-		1 1	SRESPOS	CONTRO	1 12						
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☐ DCA	Emergency (Inc	duding	1	Summit, NJ 07901													
(NJAC 5:23-8)	justification) Cancellation			Mana	of Contact				Talaphona Ni	umber							
	Ceuchisten				D. Macgi	The second secon			<i>(</i> **								
Manager Co. Mr.				FAI	CILITY IN	FORMA	TION	1									
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Private house Street Address								School (K-1)	2) 8 (Other than K-	1 21							
SAGAL VOCICES								🛭 Other (i.e., p	rivate and comm	nercial bull	dings,						
Clly (5)		_	_	-				homes, etc.									
Summit, NJ 07901							1	Square Feet	# of Floors	Bldg	, Age						
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Union					·/ (-)	200	- U.E. ()	anii diil Ase (L)	-ec ii Paliifi Attii	A11511401							
Name of Monitoring Firm	Hired by Building C	Muet (8	ASCM	No.	Name o	f Abatemen	d Contractor (9	1		_						
						Gr Tech											
Street Address						Street A											
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Project Manager for Mon	toring Firm		Tale	phone	No	Wayne,	NJ 0747)	I Dear Ma			_					
Jan. 1	and a di		1 616	prione		leann Bed			License No.								
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09 1 29 1					16			sultents, inc	. 8								
Occupancy Status During	Abatement (Check	only t	ne)			Street A		Sulfatts, Me									
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					V IAI	Fair La	wn, NJ 07	410									
Scope of Work (Check all	that apply)					H			nation with nega		Liji						
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Gr Tech LLC			1	003379		TBI		T.R.R.F. Inc									
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Wayne, NJ 07470	3-2	_				TBI	0	Tullytown, P	A								
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	200 (3)		ACILII	TINFORM	ATION	17	ype of Fa	icility (4)	Te =63022						
ame of Facility Where Abatement is Taking Pl	ace (5)					F	Scho	ol (K-12)							
rivate House								hapter 8 (0 r (i.e. priva	Other th	an K-12) mmercial	building	s, ho	mes,		
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County (6)		(ST	ATE US	EONLY) _		-								_	
Orris Name of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM N	No.	100			ent Contra							
Name of Monitoring Fifth Filled by Ballang Ch	50 Table 100 F							ion LLC				-	_	_	
Street Address							Address								
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Sity, State, Zip Seas			8					07869	11	icense No	D.				
Project Manager for Monitoring Firm		Te	elephone	e No.			one No.	0	- 1	1133					
ā.					- 15	3/3-9 Nome	33-255 of OSHA	Monitor	10						
Start Date (10)	Scheduled		letion D	ate (11)		RIS	01 00117								
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Occupancy Status During Abatement (Check	Only One	≘)					RT 22								
Facility Closed/Vacated During Entire Po	eriod of A	bateme	ent				state, Zip	Code							
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Location of	Use	d Solel	y by	Asbest	os Cont	aining	Material (ACM)		nount	20		Enc		
Asbestos-Containing Material (ACM) TO BE ABATED		intenan todial S		(i.e.	thermal	systen cing, V	ns insulati	on,		pecify or LF)	Remova	Repair	aps		
In Facility	Ous	(12)			other n	niscella	aneous)				oval	air	Encapsulate		
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2											-	-		+	
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TW			JDEP V	Naste	177117717000	yards		Name of	Registe	ered Land	fill				
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Nick Restoration LLC		3	3782		TBD	osal Da	ite	City, Sta							
City, State Randolph, NJ 07869					TBD			Tullyto		A	200				
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Elvira Mrda	Pres	sident						/	_						

J. Maiorano

page 1

PAGE 182/E BEST REMOVAL INC 89/28/2816 09:50AM 2013297448 GOT-3-30765 State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Purmisset to NJAC 8:60 and 12:128) person of Building Change Concept (2) HE . HAY FORLES JE 9/28/16 City, State, Zip Code 07628 , 25. DUHONT D DOL Ragran of Gordaca MR. TEGUES O DCA PAGELTY MPORMATION Type of Facility (4) Hanne of Paulity Veltage Airesterment in Taking Plants (4) 2 Substantion S (Other State Not2) State (La., pubate & consessable HR. FEBLES JR Street Address 1940 2000. 2 Custom Line (Prior I being dom CITY (B) County-Code (7) (STATE USE CHELY) THONE RESIDENCE Cottenty (6) Harne of Abstantunt Contraditor (6) BERGEN Harry of Mediating Plan Hard by Building Corner Best Removal Inc 450 South River St Street Address. Hackensack, N.J. 07601 City, Classo, To Code 201-329-7444 Telephone No. 00388 Project Missinger for Missingly Part Name of CONA Marie 10/1/16 Omega Environmental 9/30/16 .280 Huyler St C Feeling Consed/Vacated During Ender Feeled of Abstracted
C Abstractat Performed Outside of Normal Feeling House
AF Other - December 8: 80 A/7 CT 0 \$1 40 A/F S. Hackensack , N.J. 07606 G Full Complement with Happins Pressure

Grand Products

C Granding Procedure

C Hart-Sampled (*) and Main-Richle Proposition Scope of White (Check all that apply) O Designation 23de131 Q 1 160 ef et 2 200 F Legation of Conjulsing like S.o., Depresal systems, less partyring, 1657, or IN Packy (14) Yes No NA BSLPX THERMAL SESTEM INSUMED BASHERT Cubic Yorks of | House of Registered Lands Minerva Enterprises , LLC Restate of Registered Waste Hauter 2/201 EC ide. Best Removal Inc 17109 Disposi Dale Waynesburg, Oh, 44688 10/3/16 Hackensack , N.J. 07601 9/28/16 صر مر درو Commissional By Estimator

" Do not went his form for order

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 9	
Agencies Notified Street Address Street Address	
Sepa	
☑ DOLWD ☑ Amended City, State, Zip Code ☑ DCA ☐ Emergency (including justification) ☐ Canden, NJ 08102 Name of Contact Pat Williams FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12)	
DOH	
DCA	
Name of Contact Pat Williams FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Former Convent - Notre Dame Del aller Parish School (K-12)	
Cancellation Pat Williams FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)	
Former Convent - Notre Dame Del aMer Parish	
Subchapter 8 (Other than K-12)	
Street Address	
2900 Pacific Avenue homes, etc.)	
City (5) Square Feet # of Floors Bldg. Age	
Wildwood	
V Commont	
Cape may	
0. All	
Street Address	
1000 Maplewood Bive, Oute 201	
51, 1 OL 1- NI 00072	
Hapto Grade, No Color	
Project Manager for Monitoring Firm Telephone No. Telephone No. Chris Macri 856-755-9300 856-755-0099 00842	
Cities maderi	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08	
Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 North	
☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ City, State, Zip Code	
Time of Abatement:AMPM/PMAM Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)	
☐ Full Containment with Negative Pressure	
□ Non-Exempted (*) and Non-Friable Procedure	
Is Location Abatement	Туре
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED Normally Description of Asbestos Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify 2)	Enc
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED Custodial Staff? Custodial Staff? Custodial Staff?	Enclosure
IN Facility (12)	ı Te
(13) Yes No N/A	
Bldg. 1-Basement Ceiling & Debris 🔲 🖂 🖂 Plaster 225 SF 🖂 🖂	
Building 1 - Basement Ceiling Soft White Board 6 SF	
Building 1 - Basement	
Building 1 - Dasement	
Building 1 & Connector-Introdgitote 2 7 in Connector-Introdgitote 2 7 in Connector-Introdgitote 2 7 in Connector-Introdgitote 7 in Connector-I	
Haules ID No. Wester	
20812 90 City State	
Oity, State	
Woodbine, NJ 10/14/2016 Woodbine, NJ	
Woodbine, NJ Completed By (Print or Type) Title Signature Date	

ASB-41

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

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		Undetermined	4 SF	30,000 SF	30,000 SF	108.75 SF	120.5 SF	67.2 SF	8 SF	30 SF	12 SF	201 SF	350 SF	380 SF	410 SF	410 SF	504 SF	140 SF	18 SF	108 SF	106 SF	105 SF	117 SF	105 ₁ SF	140 SF	18 SF	18 SFS	198 SF	481 \$F	18 SF	18 SF		,	10*01
		Fittings and Fitting Debris	Flue Patch	Plaster Smooth Coat	Plaster Rough Coat	12"x12" Tan Vinyl Floor Tile	12"x12" Stone Face Vinyl Floor Tile	Black Mastic a/w Tan Vinyl Floor Tile	Green Transite Panels	Tan Vinyl Sheet Good	Green, Pink, Tan Sheet Good	Green Floor Tile under the G, P, T Sheet Good	Tan Sheet Good	9"x9" Tan Floor Tile	9"x9" White Floor Tile	9"x9" Green Floor Tile and Mastic	9"x9" Green & White Floor Tile and Mastic	9"x9" Tan Floor Tile and Mastic	9"x9" Green Floor Tile and Mastic	Brown Floor Tile w/ Beige Splotches and Mastic	Beige Floor Tile w/ Blue Splotches and Mastic	9" Tan Floor Tile w/ Green Splotches	Tan Floor Tile w/ Black Splotches and Mastic	9" Brown Floor Tile w/ White Splotches	Mastic over Concrete a/w Brown Floor Tile	9"x9" Tan and Brown Floor Tile	Tan and Brown Stair Tread	9"x9" Brown Floor Tile and Mastic	12" Gray Floor Tile w/ Brown Splotches	Green Tread/Glue	9" Green Floor Tile and Mastic	12" Brown Floor Tile and Mastic	Tan Floor Tile w/ Brown & White Streaks	L L
Ulai Otaii :	A/N																																	
ance/Custo	oN N	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
by Maintenance/Custodial Staff?	Yes																																	
(ACM) TO BE ABATED In Facility		Building 1 and Connector - Throughout	Building 1 - Basement	Building 1 - 1st Floor and 2nd Floor	Building 1 - 1st Floor and 2nd Floor	Building 1 - 1st Floor	Building 1 - 1st Floor	1	Building 1 - 1st Floor	Building 1 - 1st Floor	Building 1 - 1st Floor	Building 1 - 1st Floor	Building 1 - 1st Floor	Building 1 - 1st Floor Fire Place Room	Building 1 - 1st Floor	Building 1 - 1st Floor	Building 1 - 2nd Floor	Connector - Level 1	Connector - Level 1	Connector - 2nd Floor	Connector - 2nd Floor	Connector - 2nd Floor	Building 2 - Ground Floor	Building 2 - Ground Floor	Building 2 - Ground Floor	Building 2 - Stairwell to 1st Floor	Building 2 - Stairwell to 1st Floor	Building 2 - Level 1	Building 2 - Level 1	Building 2 - Level 1 to Level 2 Stairwell	Building 2 - Level 1 to Level 2 Stairwell	Building 2 - Level 2	Building 2 - Level 2	

		EG	E	J W	EM
		OCT	3 -	2016	
	AS	BESTO LIC	S CON ENSIN	NTROL 8	

nock
ETS JOB # 4600/16

AMENDMENT # 1

Date of Notification				Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY										
A NI-LIGI	9/26/2016	et		Address	UKII	T OF NEW 1	UKN & I	VEVV JERSE						
Agencies Notified EPA	Type Notifica	tion		RIE STREET	r RO	OM 236		ASBETT						
DEP	Initial	Notification	_	ate & Zip Cod		0111 200								
⊠ DOL		ded Notificatio		Y CITY, NJ		10								
⊠ DOH	V	ellation		of Contact				T	elephone Number					
DCA			MR. R	ALPH CAM	IPIONE									
					D114	TION								
Name of Facility W	kara Abatana	et is Tokina Di	2000	ILITY INFO		of Facility (4)								
TERMINAL "B" – (CONCOURSE	LEVEL. SATI	ELLITE B-1	ADJACENT		School (K-12)								
Street Address						Subchapter 8 (Other than	1 K-12)	AT					
NEWARK LIBER	TY INTERN	ATIONAL AII	RPORT						gs, homes, etc.					
3 BREWSTER R	OAD				Squa	are Feet	# of Floor	rs BI	ldg. Age					
City (5)		County (6)	County Co	ode (7)		100,000		3	70+					
NEWARK		ESSEX				ent Use (Prior								
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)	ASCM No.		e of Abatemer								
Street Address				98		CONTRACT et Address	ING, INC	•						
104 E. 25TH STF	REET - 10TH	FLOOR			160 CLAY STREET									
City, State & Zip Co					City, State & Zip Code									
NEW YORK 100						OKLYN, NY								
Project Manager fo	r Monitoring F	irm	Telephone 1 212-353-82		1 2 2	phone Number -706-6300		License N	umber 00511					
Scheduled Start Da	to (10)	Scheduled Con			_	e of OSHA Mo	nitor							
9/30/201	Company of the Compan		1/30/2016	5 (11)		TOR TECH.								
Occupancy Status				toment		et Address 9 JACKSON	J AVENII	F						
		During Entire Putside of Norma				State & Zip Co		_						
		- FRIDAY 9:0				IG ISLAND		11101						
Other - Des		TRIBATION						5564960 Without the 6						
Scope of Work (Ch	eck all that ap	ply)												
Demolition			ion				ntainment							
∠ Large Proje						Mini-En		Tag						
	≥ 3 SF or ≥ 3						ag Procedu	ure LOVEBAG						
		≥ 260 LF ACM	la Lasadia		D	escription of	TENT/G	Amount	Abatement Type					
155	ocation of tos-Containin	,	Is Location Normally U	0.711		stos-Containin	a	(Specify	(Specify: Removal,					
	terial (ACM)	9	Solely b			aterial (ACM)		Square Feet or	Repair,					
	BE ABATED		Maintenand	ce or		hermal system		Linear Feet)	Encapsulation or					
i	n Facility		Custodial S			on, surfacing, \			Enclosure)					
	(13)		(12)	0	r othe	er miscellaneou	18)							
OPERATIONS LEV	VEL		NO		FIR	EPROOFING		2,400 SF	FULL CONTAINMENT					
OPERATIONS LEV	VEL		NO		PIF	PE FITTINGS		25 LF	TENT/GLOVEBAG					
Name of Registere		er #1	NJDEP Was	ste Hauler ID	#	Cu. Yds. of W	(A. 1944 - 24 Octobrille)		tered Landfill #1					
TRI-STATE TRA		2A-456		160			ITERPRISES, INC.							
City, State				Disposal Date		City, State	/A DOAD							
1199 RANDALL	0474	474 TBD					/A ROAD, RG, OH 44688							
Completed By (Print of	nr Type\	Title		Signature //				//	Date					
Richie Smith	Executive			C47	A	/h-	9/26/2016							

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	- 1	IK	-#	- /	71	66	_

Date of Notification	(1)		aing (wner / Operator	(2)	486	57.			ē = 1						
	9/20/2016				Sahol							-				
Agencies Notified EPA	Type Notific	ation	5	Street	Addre	SS										
□ DEP		ıl	C	City, S	tate &	Zip C	ode									
□ DOL	i i	nded			nce N											
□ DOH	☐ Fme	rgency			of Cor					Tel	ephor	e Nu	ımbe	er		
DCA		cellation			Sahol											
				FAC	HIT	INF	ORMATION						-			
Name of Facility Wi	nere Abatem	ent is Taking Pl	ace (3				Type of Facility									
							School (K									
Street Address								er 8 (Other tha		Idinas	homo	00 0	ic)			
							Square Feet	# of Flo		Bldg. Age						
City (E)		County (6)	ICar	inty C	ode (7	7)	5000	# 01 F101	2	Dia		80+				
City (5)	unity C	oue (')	Current Use (F	Prior if heing d	emolished)			00.		-					
Florence	Burlington				Current Ose (i											
Name of Monitoring Firm Hired by Building Owner (8)																
							Alpha Enviro		ervices							
Street Address							Street Address									
City, State & Zip Co	do						City, State & Z							-		
							Hamilton, N	J 08610		N .						
Project Manager for	Monitoring	Firm	Telep	hone	Numb	er	Telephone Nu 609-847-295		Licens	se Nur	Number 01222					
Scheduled Start Da	te (10)	Scheduled Cor	npletic	n Dat	e (11)		Name of OSH	A Monitor			110					
9/29/201		10/3/2016					EMSL Analy									
Occupancy Status	During Abate	ement (Check o	nly one	e)	tomo	n#	Street Address									
		During Entire F Outside of Norm					107 Haddon City, State & 2									
Describe:	Periormed C	Juiside of North	аі по	115 - 1	aiii ic) Shiii	Westmont, I									
	upied Durin	g Abatement					I vvestillonit, i	40 00 100								
Scope of Work (Ch									74.000 S 1			_				
								☐ Full Cor ☐ Mini-En	ntainment wi	ith Ne	gative	Pres	sure	6		
≥3 sf or ≥3			Ц		ovatio											
≥160 sf ≥26	60 If		\boxtimes	Den	nolition	1			Bag Procedu			2222	100002			
									empted and							
	ocation of		1000	Locati			Description Asbestos-Cont		Amour (Speci		Aba	teme	ent I	ype		
	tos-Containi terial (ACM)	ng		nally t olely t			Material (AC		SF or L				ш	_		
	BE ABATED			tenan			(i.e., thermal sy			. ,	Remova	R	nca	Enclsoure		
	n Facility	*	100000	odial S			insulation, surfac				Nou	Repair	psu	Isou		
	(13)			(12)			or other miscella	aneous)			/al	=	Encapsulate	лге		
			Yes	No	N/A						53					
Basememt					Ш		Pipe Insula	tion	220lf			Ш	Ш			
Name of Registere	d Waste Hau	ıler	J		DEP V		Cubic Yards									
ALPHA ENVIRO			uler II 03333		of Waste	Grows Landfill										
City, State							Disposal Date	City, State		A-246-0X		200200				
Trenton, NJ							various	Morrisville,	PA							
Completed By (Print or Type) Title							Signature				Date					
Rod Richardson				Pr	oject						9/20	/20	16			
Manager																

Print Form

nch		NO	OTIFIC	ATION C	e of New of ASBES NJAC 8:0	TOS A	BATEN 12:120	TENT		ID)	<u>L</u>	9] /A			
Date of Notification (1) 9/27/16			N	ame of E Sarden	Building Ov State Ep	wner/Op	perator pal Cor	(2) mmui	nity Devel	opmer	nt Corp	g-).		20			
Agencies Notified	Type Notification			treet Add	dress nmit Ave	Э					L ASBER	STO	s o	010	FiOi	- is,	
EPA DEP DOL	X Initial X Amended Amendment			City, State, Zip Code Jersey City, NJ 07304													
☑ DOH DCA	Emergency (injustification) Cancellation	including	1 1 1 1 1 1 1	ame of C Carlos I	Contact Morales					Tele	ohone N	umbe	er 9				
				FACILI	ITY INFOR	RMATIC	N	-	1 F - 111 - 74							$\overline{}$	
Name of Facility Where Commercial Prope		g Place (3)						П	of Facility (4 School (K-12 Subchapter 8	2)	r than K	12\					
Street Address 184 Hobart Avenue	Э							×	Other (i.e. pr etc.)	ivate &	comme	rcial b				i,	
City (5) Bayonne								1,90		2+	Floors		50	ig. Ag +	е		
County (6) Hudson				County C	ode (7) SE ONLY)		_	Curre	ent Use (Prio	r if bein	g demol	lished	1)				
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.				atement Con Contracting								
Street Address							Street 205		ess 46, Suite	7A							
City, State, Zip Code									Zip Code NJ 07512								
Project Manager for Mo	nitoring Firm		T	elephon	e No.			ephone No. License No. 01232									
Start Date (10) 10/3/16		Schedule		pletion D	ate (11)				HA Monitor ion Consu	ltants,	Inc.						
Occupancy Status Duri				ent				Addre 1 Wa	ess agaraw Rd	., Bldg	35 E						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	mal Facility	Hours	GIR					Zip Code n, NJ 0741	0							
Scope of Work (Check	All That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Name of Street, or other Designation of Street, or other Desig	Renovat Demoliti					M G	ull Containmo lini-Enclosure llovebag Prod on-Exempted	e cedure							
			Location	99944	112										ment		
Locati Asbestos-Containir <u>TO BE A</u> In Fai (13	ng Material (ACM) BATED cility	Use Ma	Normali ed Solel iintenar todial S (12)	y by nce/	Asbest (i.e.	tos Con therma surfa	escriptio taining I systen icing, V miscella	Materi ns insu AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A													
Ro	of			Х	Ві	uilt-Up	Roof	Mate	erial	5,0	000 SF		X				
												Jan					
Name of Registered W Unicorn Contractin			H	JDEP Wauler ID	No.	of Wa	Yards aste		Name of Tullyto				COV	ery F	acili	ty	
City, State Totowa, NJ						Dispo	sal Dat	e	City, Sta Tullyto		Ą	-0.05-					
Completed by Dimo Golcev		Title Gen	eral N	lanage	r		Signatu	7	1/	1/1	1	Dat 9/2	e !7/16	3			

The not use this form for aspestos licensure exempted activities.

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Date of Notification (1) 09/27/2016				Building (uthority		11		OCT		Ü	201	ਹੈ
Agencies Notified Type Notification		1 ~	Street Ad 80 Han	ldress nilton A	venue					-	ASB	ESTO)S	CC	NTF	OL
EPA Initiat Amended Amendment #		100		e, Zip Co n, NJ 08					-			LIC		101		
DOH justification) DCA Cancellation	cluding	10.00	Name of Al Colli	Contact ns					Te	elepho	one N	umber				
			FACIL	ITY INFO	RMATI	ON										
Name of Facility Where Abatement is Taking Mercer County Courthouse and Ann Street Address								e of Facility (School (K-1 Subchapter	2)	her th	an K.	12\				
209 South Broad Street							×	Other (i.e. p etc.)	rivate	& co	mmer			277500		s,
City (5) Trenton							~ 4	are Feet 6,800	6	of Flo			7C	dg. A I+	је	
County (6) Mercer			STATE U	Code (7) ISE ONLY)			Co	rent Use (Prio urthouse a	ind C	Office		shed)				
Name of Monitoring Firm Hired by Building Ov Pennoni Associates Inc.	vner (8)		ASCM 00102				Name of Abatement Contractor (9) Neuber Environmental Services, Inc.									
Street Address 515 Grove Street Suite 1B				# 17		Street 42 R		ess Road								
City, State, Zip Code Haddon Heights, NJ 08035				2				Zip Code rille, PA 19	460							
Project Manager for Monitoring Firm Thomas Adams	elephon 356 65	ne No. 6-2912		Telephone No. 610 933-4332				License No. 00836								
	Scheduled 10/07/20		pletion D	Date (11)				SHA Monitor Environme	ntal S	Serv	ices,	Inc.				
Occupancy Status During Abatement (Check						Street 42 R		ess Road						112.00		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ent		_			Zip Code ville, PA 19	9460							
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enovat				××××	G	ull Containme lini-Enclosure lovebag Prod on-Exempted	e cedure	е	-				Э	
To be a second of the second o	1.75	ocatio			D-								ŀ	Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Custod						systems cing, VA	ng Material (ACM) ems insulation, VAT, or ellaneous)			Amount (Specify SF or LF)		Kellioval		Repair	Encapsulate	Enclosure
	Yes	No	N/A			- 0					120	\perp		2 30 1	Ф	
Throughout			X			ached			A CONTRACTOR	S/A 2039E	ache		1			
Old Courthouse Basement			X			ned Sp				_	ache	d X				
Old Courthouse Various Areas			X	Pla	aster D	ebris (Clea	n Up		20 5	SF	X			DIAME.	
Name of Registered Waste Hauler		N.	JDEP W	acto	Cubia	Yards		Name of	Regio	tered	Land	fill	4			
Horizon Disposal		Ha	auler ID 0416		of Wa	ste	<u></u>	GROW					ill			
City, State Fairless Hills, PA						sal Date 6-10/2		City, Stat Morrisv		PA						
Completed by Patrick Larney	Title Projec	et Ma	Signature			E LA LL	Date 09/27/2016									

PrintEorm



3.4 SUMMARY OF WORK

ASBESTOS CONTROL & ASBESTOS CONTROL & Certain identified asbestos-containing materials and hazardous materials. These materials are summarized in the following summary table. The table is provided to supply Contractors with information to aid in the bidding process. The table provides an estimated scope of work for general purposes only. The Contractor shall be responsible to fully investigate the scope of work and provide a bid proposal based on all existing conditions.

Table 1 – Asbestos-Containing Materi Mercer County Courthouse An 209 South Broad Street Trenton, New Jersey 08608	Mex
Description	Total Estimated Quantity
Plaster Partition Walls	46,000 SF
Plaster Perimeter Wall	30,000 SF
Plaster As Drop Ceiling	17,630 SF c
Plaster Ceiling On Concrete Deck	48,600 SF
Drywall	12,150 SF
Sheet Flooring / Mastic	21,780 SF /
Floor Tile / Mastic	11,290 SF
Red Backed Ceiling Tile	9,560 SF
Cork Hvac Duct Insulation	1,400 SF
Transite Panels	1 SF
Ebonite Boards	60 SF
Roof Equipment Mastic	40 SF
Pipe Fittings	25 each
Fiberglass End Caps	200 each /
Interior Boiler Insulation And Rib Packing	970 SF /
Pipe Insulation	4,210 LF
Fire Doors	60 each
Tank Insulation	200 SF

SF - Square Feet, LF - Linear Feet

Mercer County Improvement Authority Mercer County Courthouse Annex and Boiler Room

Technical Specifications MCIA1501

Table 1 – Asbestos-Containing M Mercer County Courth 209 South Broad Str Trenton, New Jersey 0	nouse reet
Description	Total Estimated Quantity
Plaster Walls	1,000 SF
Plaster Ceilings	1,000 SF
Pipe Fittings	50 each