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

Print I

Print I

NOTIFICATION //

Date of Notification (1)		Name of P.S.E.	Building C G.	wner/O	perator (2	)	٠					
Agencies Notified Type Notification	100	Street Ad 4000 H	idress IADLEY	ROAL	)	2	914 ( )	7-8 F	MU	: 3/	`.	
EPA   X Initial   Amended   Amendment #			te, Zip Coo		), NJ. 07	- 1	. <del></del>			24		
□ Emergency (in justification)     □ DCA     □ Cancellation	cluding	NRTH (0.15 ) (T.1	Contact A C U	ETI	TE ,	F411	Telepl	попе Мит	,	-	. v	
			LITY INFO		ON		<u> </u>					
Name of Facility Where Abatement is Taking	Place (3)					ype of Facility ( School (K-1						
Street Address 1389 RTE 20	12 N	1007	- 4			Subchapter Other (i.e. p	8 (Other			ings,	home	s,
City (5)			<u> </u>		8	etc.) Square Feet	# of F		- 1	idg. A	ge	
NESHANIC ST.	Alion	County (	Codo (7)			U/A- Current Use (Prid		1/A	-	U/	A	_
SOMERSET		(STATE (	JSE ONLY)		_		_	4 2	2.00	Tio	N	
Name of Monitoring Firm Hired by Building OF ENVIRONMENTAL TACTICS	wner (8)	ASCM 004				Abatement Cor JE SYSTEMS	itractor (9	)				
Street Address 64 BROAD STREET		1	.5		Street Ad 396 W	ddress HITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						te, Zip Code H RIVER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 92-2217		Telephor			icense No				
	Scheduled Con				Name of	OSHA Monitor						
Occupancy Status During Abatement (Check	10/	311	14		UNIQU Street Ad	JE SYSTEM:	S OF AN	MERICA				
Facility Closed/Vacated During Entire Pe	S 95	nent				HITEHEAD A	AVE.					
Abatement Performed Outside of Normal Other – Describe: Out Dooks	I Facility Hours					te, Zip Code H RIVER, N.	08882					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit					Full Containme Mini-Enclosure Glovebag Prod	e cedure	-			200	
	la l sasti					Non-Exempted	( ) and (	von-Fnabl			ment	
Location of	Is Locati Normal	ly		De:	scription o	f	-			Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Sole Maintena	nce/		os Cont		terial (ACM)		ount ecify	Z)	_	Enc	m l
In Facility (13)	Custodial (12)	Staff?	(	surfa	cing, VAT,	or		r LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A		outer 1	riioooiiario				al	_	late	Te
OUTS; DE	X		ACM	1 7	RANS	TE PIPE	3.	5 LF			X	
		-		-								
Name of Registered Waste Hauler WASTE MANAGEMENT	H	IJDEP W lauler ID 1125		Cubic of Wa	Yards ste		Registere S NOR	ed Landfill TH				
City, State ELIZABETH, NJ		1120		Dispos	sal Date	City, Stat	e ISVILLE	. PA				$\neg$
Completed by	Title			1 8	Signature				e /	_	/	$\overline{}$
CAROL RAIMO	OFFICE N	IGR.			Par	al Ra	mi	0 /0	2/1	7/1	14	

Che 2255

Date of Notification (1)				Building Owner / Ope	rator (2)			NAME OF THE OWNER OF THE OWNER, WHEN THE OWNER,				
$\frac{10}{10} / \frac{08}{14} / \frac{14}{14}$			First Ener	**				-				
Agencies Notified Type of Not	tification		76 South									
	nit <mark>i</mark> al Amended		City, Stat Akron, Oh	e, Zip Code nio 44308	201	107-	8 FM	L: 37				
DOH A	Amendment a	#	Name of			Telepho						
	Em <mark>ergency w</mark> Cancellation	// justification	Jim Halse	ey	·	21		***				
		F	ACILITY IN	FORMATION			-2.1 - 3.4	<u> </u>				
Name of Facility Where Abateme	nt is Taking	Place (3)		Type of Facility (4)	40)		22					
Street Address 185 NORWOOD AVE				☑ Other (I.e.	er 8 (Other on private & omes, etc.)		0.7500					
City (5) County (6)		County Code	(7)	Square Feet	# Of Floor	rs	Buildin	ig Age				
DEAL OCEAN				0 111 / 12 1	<u> </u>	- r- L - K	1					
		L		Current Use (Prior if Telephone Pole	being aen	iolisnea)						
Name of Monitoring Firm Hired b	y Bldg. Own	er (8)	ASCM NO									
					1500 B.O. <b>4</b> 00 D.O. 400							
Environmental Health Investigation Street Address	S			LVI Demolition Service Street Address	es Inc.							
655 West Shore Trail				Street Address								
City, State, Zip Code				32 Williams Parkway								
Sparta, NJ 07871				City, State, Zip Code	ķ.			•				
Project Mngr. For Monitoring Fire Dino Nappi	m	Telephone Nu 212-682-9271	mber	East Hanover, NJ 070								
	Sched, Comp	letetion Date (1	1)	Telephone Number	730	License	Number					
	10/	/	14	973-884-8682				00860				
Occupancy Status During Abater				Name of OSHA Monitor								
Facility Closed/Vacate	d During Ent	tire Period of		LVI Demolition Service	es Inc.							
Abatement Abatement Performed	Outside of N	lormal Facility		Street Address								
Hours - Describe: F				32 Williams Parkway								
☑ Other - Describe:				City, State, Zip Code								
Scope of Work (Check All That A	nnh()			East Hanover, NJ 070	36							
Scope of Work (Check All That A	ppiy)											
Demolition	✓	Renovation		Full Containment wit	th Negative	Pressure	•					
≥3sf or≥3lf     ≥160 sf or ≥260 lf				Mini - Enclosure Glovebag Procedure								
				Non-Exempted (*) an		ble Proce	dure	10				
				val=				<u> </u>				
Location of Asbestos Containing	Is Location		Descript			Abateme	nt Type	le le				
Aspestos Containing	Normally	As	bestos - C Material		Amount	R E	R	E E				
TO BE ABATED	Used		e., therma	systems	(Specify	М	E	c c				
in Facility	Solely			facing, VAT,	SF or LF)	0	P	A L				
(13)	by Main- tenance/	ord	other misc	ellaneous)		V A	A	P O S S				
	Custodial					Ĺ	R	lu lu				
	Staff (12)							L R				
	YES NO N/A	T	,		25.15			<del></del>				
Exterior Telephone Pole		Transite Condu	int		25 LF		H	<del>┨╒</del>				
				***************************************		H	H					
Name of Registered Waste Haule NEWARK CARTING	Г	NJDEP Waste Hauler ID No.		Name of Registered I.E.S.I.	Landfill							
City, State	Disposal	City. State										
NEWARK, NJ	Date	BETHLEHEM, PA 181	05									
Completed by (Print or Type)		Signature				Date						
Ct Ctil	52.	Sto	. 5			40/00/4						
Steven Stiles ASB-41		Project Manage	er	1	~	~>	-	10/08/14				

Ohe # 2256

Date of No	tification (	100000					Building Ow	ner / Oper	ator (2)	the same of the same	NAME OF TAXABLE PARTY.					
	/08	/14				First Energ			* * * * * * *							
Agencies	Notified	Type of No	tificati			76 South S					V-4					
Agencies i	EPA		Initial	OII			e, Zip Code									
	DEP		Ameno	led	9	Akron, Oh			2014 CCT	-8 FI	11:3	?				
	DOH			iment _		Name of 0				Telephor	1 11	r				
	DOL				justification	Jim Halse			. ,	• • • •		*				
	DOL	ΙH	Cance		justinoution		,	ž								
					FA	ACILITY IN	FORMATIO	N		<u> </u>						
					W.S. MASSA-18											
Name of F	acility Wh	ere Abatem	ent is 7	aking F	Place (3)		Type of Fa	cility (4)			7					
								School (K	-12)		- 0					
Street Add	dress						1 🗆	Subchapt	er 8 (Other	than K-12	2)					
231 PARK	<b>AVENUE</b>							Other (I.e.	, private &	commerc	ial					
								bldgs., ho	mes, etc.)							
City (5)		County (6)			County Code (	(7)	Square Fe	et	# Of Floor	S	Buildir	ng A <b>ge</b>				
OCEAN		MONMOU.	ΤΗ								1					
			Augusta esta esta esta esta esta esta esta e						being dem	olished)						
							Telephone	Pole								
Name of N	lonitoring	Firm Hired	by Bld	g. Owne	er (8)	ASCM NO										
								. 2 5								
		Investigatio	ns				LVI Demoli		es Inc.							
Street Add						enceditenced beautiful	Street Add	ress								
655 West S								2. 2.								
City, State							32 Williams									
Sparta, NJ							City, State	, Zip Code								
		onitoring Fi	rm		Telephone Nu	mber			221							
Dino Napp					212-682-9271		East Hanov		36							
Sheduled					letetion Date (1		Telephone	Number		License	Number					
	//	/14		10/	/	14	070.00	4.0000				00000				
/.	1	/			/		973-88			00860						
		uring Abate					Name of O									
	850		ted Dur	ing Ent	ire Period of		LVI Demoli	2.10	es inc.							
	Abatemer						Street Add	ress								
					ormal Facility		22 Milliams	Dorlaway								
					n to 5;00 pm		32 Williams									
<u></u>	Other - De	escribe:					City, State East Hanov									
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Scope of V	work (Che	ck All That	Apply)													
	Demolitio	n	- 1	7	Renovation		Full Conta	inment wi	th Negative	Pressure	a.					
	>3sf or >3		L.	<u>~</u> J	Kenovation	H	Mini - Encl		in regulive	1 1000011	-					
	≥160 sf or						Glovebag		60							
	_100 31 01		- 0			7			d Non-Fria	ble Proce	edure					
								•								
1	Location o	f		s		Descript	ion of			Abateme	ent Type					
Asbe	estos Cont	aining	Loc	ation	As	bestos - C	Containing			R		E	E			
70.00.00			Nor	mally		Material	(ACM)		Amount	E	R	N	N			
TC	BE ABAT	ED	Us	sed		e., therma			(Specify	M	E	C	C			
	in Facility	,	So	lely			facing, VAT	,	SF or LF)	0	P	A	IL.			
	(13)		33.	Main-	ог	other misc	ellaneous)			V	A	P	0			
			1 BESS	ance/						A	11	S	S			
				todial						L	R	U	U R			
				f (12)								<u> </u>	IK			
				N/A		.,			25.15		<del></del>	+	<del></del>			
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				444							<del>                                     </del>					
											1-4					
					N. IDES III	10	IN.		11511							
		Waste Hau	ler		NJDEP Waste	(10000000000000000000000000000000000000	Name of R	egistered	Landfill							
NEWARK	CARTING				Hauler ID No.		I.E.S.I.									
011 5					4509	of Waste										
City, State						Disposal	City. State		105							
NEWARK,	NJ					Date	BETHLEH	=IVI, PA 18	105							
Complete	d by /D=1=4	or Tu1			Title			Signature				Date				
Complete	u by (Print	or type)			Title			Jugilature		_		Date				
Stoven Sti	lee				Project Manage	or		Jus	160	2		1	0/08/14			

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Date of No	oțification (	1),				Name of B	uilding Ow	ner / Opera	ator (2)	LIDY					
10_/	/08	/14					NEW JERS	SEY, DEPT	OF TREAS	URY	_	- 12		-	
/	N-46-4	Trung of No	- Alfino	tion		Street Add	iress ICE BOX 00	n2							
Agencies	EPA	Type of No  ✓	Initia				, Zip Code	02	2314	-1-8	PA	, .			
	DEP		Amer			TRENTON					111	$L_i: \mathbb{C}$	6		
	DOH			ndment #		Name of C			, 1	Talanhor	Nun	har	- 77		
	DOL				justification	ROBERT S	SHAUGHNE	SSY		2.30			10		
			Cano	ellation		OII 177/ INT	CODMITION TO	N				<u> </u>	-		
					FA	CILITY IN	FORMATIO	N							
		ere Abatem					Type of Fa	cility (4)				eall.			
		PSYCHIATI	RIC H	OSPITAL			П	School (K-	.12)						1
NORTH C			_		<del></del>			100	er 8 (Other	than K-12	2)				- 1
	AL AVENUE	=						A CONTRACTOR OF THE PROPERTY O	private &		100				
								bldgs., ho			,				
City (5)		County (6	)		County Code (	7)	Square Fee	707 Vac	# Of Floors		Build	ing Ag	je		
PARSIPPA	ANY	MORRIS					18,000 3 Current Use (Prior if being demolished)						40+		
		<u> </u>					HOUSING	se (Prior II	being dem	olished)			401		
Name of B	Monitoring	Firm Hired	by Bl	Ida Own	er (8)	ASCM NO					-				
inallie of i	wormtorning	i ii iii i iii cu	Dy Di	iug. Own	51 (0)	, 10 0 111 110									
AET							NORTHST	AR CONTR	RACTING G	ROUP, IN	IC				
Street Add	dress						Street Address								
907 Doolit	Special December 11 and 11						20 14515	Deelessess							
	e, Zip Code						32 Williams Parkway City, State, Zip Code								
	er, NJ 0880		izm		Telephone Nu	mbor	City, State	, Zip Code							
Project M Eric House		onitoring F	ırm		908-218-1108	mber	East Hanov	ver. NJ 079	36						
		(10)	Sche	ed. Comp	letetion Date (1	1)	Telephone			License	Numb	er			
10	neduled Start Date (10) Sched. Complete 10 / 21 / 14 10 /					15	(								
/	//	/		/			973-88					0086	0		
Occupand	cy Status D	ouring Abat	emen	t (Check	Only 1)		tor	DOLID IN	10						
			ted D	uring Ent	tire Period of			ORTHSTAR CONTRACTING GROUP, INC							
	Abatemer		.d O	taida of N	lormal Facility		Street Add	iress							
		escribe:	ea Oui	tside of h	iornal Facility		32 Williams	Parkway							
V		escribe: _	7:00	AM - 3:30	PM		City, State, Zip Code								
							East Hanover, NJ 07936								
Scope of	Work (Che	ck All That	Apply	у)					Ø.						
v	Demolitio	n			Renovation		Full Conta	inment wit	th Negative	Pressur	е				
	>3sf or_>3	3If					Mini - Enc								
✓	≥160 sf o	r ≥260 If					Glovebag		d Non-Fria	hla Droo	adura				
						Ш	Non-Exem	ipieu () ai	iu Non-Fria	DIE FIOC	euure				
-	Location o	of	T	ls		Descript	ion of			Abatem	ent Typ	oe .	. 101		
The state of the s	estos Cont		Lo	ocation	As	sbestos - C				R		E		E	
				ormally	11	Material			Amount	E	R	N		N	
I	O BE ABAT			Used		e., thermal			(Specify SF or LF)	M	E	C		C	
	in Facility	1		Solely			facing, VAT ellaneous)	,	SF OI LF)	l v	A	P		0	
	(13)		9800	y Main- nance/	l or	other misc	elialieous		, ,	Å	11	s		s	
				ustodial						L	R	U		U	
				taff (12)								L		R	
			YES	NO N/A										1	
INTERIOR					PLASTER				71,500 SF	<b>V</b>		-		+	屵
	EXTERIOR R					APER			12,000 SF	-		-	H	+	H
EXTERIOR WA					WATERPROO	FING			5,000 SF	~	+	+	H	+	H
Name of Registered Waste Hauler NJDEI					NJDEP Waste	Cubic	Name of F	Registered	Landfill						
					Hauler ID No.	Yards	G.R.O.W.S								
The state of the s						of Waste									
City, State							City. State								
EAST HANOVER, NJ						Date MORRISVILLE, F									
Committee	Completed by (Print or Type) Title						ــــــــــــــــــــــــــــــــــــــ	Signature	-			Date			
Complete	ed by (Print	or type)			Title			7.1							
Steve Stile	es				Project Manag	er		1200	در م		-		10	0/08	/14

			ST NOTIFICATI (PURSUAN		BESTOS A	BATEMEN		2/	∐ ∏	225	52	
Date of Notification (	1) /14			Name of B STATE OF	uilding O NEW JEF	wner / Oper RSEY, DEPT	ator (2)			Maleria		
/ /	/   <del></del>	ere and a second		Street Add POST OFF		002	12		*	*		
Agencies Notified  EPA	Type of No ☑	Initial		City, State			2314 (	-8 1	D14 .			_
☐ DEP		Amended		TRENTON	NJ 0862				H 4:	SE.		
☑ DOH		Amendment #		Name of C ROBERT S		ECCV	$f_{ij} = \pi_{ij} \mathbf{I}$	Telenho	no 11 .			
☑ DOL	<b>l</b> H	Emergency was Cancellation	justification	RUBERTS	SHAUGHN	IESS I	U L			4		
			FA	CILITY INF	ORMATI	NC	Annual State of the State of th		•			
Name of Facility Whe GREYSTONE PARK I CHIEF'S HOUSE					Type of F	acility (4) School (K						
Street Address 1 CENTRAL AVENUE							er 8 (Other to , private & comes, etc.)					
City (5)	County (6)		County Code (	7)	Square F		# Of Floors	\$	Buildin	g Age		
PARSIPPANY	MORRIS			1		000 Ise (Prior if	being dem	olished)	-	40+	-0	
	<del></del>		L		HOUSING		being denie	Justical		10.		
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO	1							
AET					NORTHS	TAR CONTE	RACTING G	ROUP IN	NC.			
Street Address					Street Ac		0.011110					
907 Doolittle Drive					karanana ara							
City, State, Zip Code Bridgewater, NJ 0880						ns Parkway e, Zip Code						
Project Mngr. For Mo		rm	Telephone Nu		Oity, Otal	c, 21p 0040						
Eric Houseknecth	****		908-218-1108			over, NJ 079	36		<del></del>			
Sheduled Start Date 10 / 21	(10)	Sched, Comp 10	letetion Date (1	1) 15	Telephor	e Number		License	Number			
-10 // -21 /	/	10/	/		973-8	84-8682				00860		
Occupancy Status D	uring Abate	ement (Check	Only 1)			OSHA Moni		DOLLD IN	VIC.			
Facility Cl		ted During Ent	ire Period of		Street Ac	TAR CONTE	RACTING G	ROUP, II	VC .			
		d Outside of N	ormal Facility									
Hours - De		7.00.444.0.00				ns Parkway e, Zip Code						
Other - De	escribe:	7:00 AM - 3:30	PIVI			over, NJ 079						
Scope of Work (Che	ck All That	Apply)										
☑ Demolitio	n		Renovation		Full Conf	ainment wi	th Negative	Pressur	'e			
≥3sf or ≥3			rionovación		Mini - En	closure						
≥160 sf or	· ≥260 If					g Procedure mpted (*) an		ble Proc	adura			
				П	NOTI-LAG	iipica ( ) ai	ia Non i na	0.01.00	ouuro			
Location o	22. 9	Is		Descripti					ent Type		le.	
Asbestos Conta	aining	Location Normally	As	bestos - C Material (			Amount	R E	R	E	E N	
TO BE ABAT	ED	Used	(1.	e., thermal			(Specify	M	E	C	c	
in Facility		Solely		lation, surf			SF or LF)	O V	P	A	L	
(13)		by Main- tenance/	ord	otner misce	elianeous	)		Ā	17	S	s	
		Custodial						L	R	U	u	
		Staff (12)							+-	+	R	
		YES NO N/A										]
EXTERIOR			ROOFING MA	TERIAL			2,000 SF	V				]_
4			ļ				-	<u> </u>		1 4	++	_
Name of Registered	Waste Hau	ler	NJDEP Waste	Cubic	Name of	Registered	Landfill					
NORTHSTAR CONTR			Hauler ID No.	Yards of Waste	G.R.O.W	.S						
City, State EAST HANOVER, NJ				Disposal Date	City. Star MORRIS	te VILLE, PA						

Date

10/08/14

Steve Stiles

Completed by (Print or Type)

Title

Project Manager

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UL	0

2251

Date of Notificatio	The second		X MARINA SHIPE				wner / Oper					0			
10 / 08	/				The second second second	Control of the Control of the Control	RSEY, DEPT	OF TREAS	SURY	•					
Agencies Notified	Type of N	otific	ation		Street Ad	FICE BOX	002		9011	_					
☑ EPA	l ype or N	Initi				e, Zip Code			2014 ( )	7-8	FIG I.	27			
DEP			ended		Company of the Company of the Company	N, NJ 08625						4 lu			
☑ DOH		Ame	endment #	#	Name of	Contact		2	Telepho	no Numb	1-11	(2. <u> </u>			
☑ DOL				// justification	ROBERT	SHAUGHN	IESSY			- J C					
		Can	cellation	F	ACILITY IN	IFORMATIO	ON				* +				
					AOILITT II	ii Oranizi ii	J14								
Name of Facility V						Type of F	acility (4)				7				
GREYSTONE PAR		RIC F	HOSPITAL				C-110/	40\							
SOUTH COTTAGE Street Address						1	School (K	-12) er 8 (Other	than K 1	2)					
1 CENTRAL AVEN	JE							, private &							
•							bldgs., ho		****						
City (5)	County (6	5)		County Code	(7)	Square F		# Of Floor		Buildin	g Age				
PARSIPPANY	MORRIS						,500 Ise (Prior if	halas dans		-	40-				
						HOUSING		being dem	olisheuj		40	E.			
Name of Monitorin	a Firm Hired	bv B	Ilda, Own	er (8)	ASCM NO										
	9	1	3												
AET							TAR CONTE	RACTING G	ROUP, IN	IC					
Street Address						Street Ad	dress								
907 Doolittle Drive City, State, Zip Co	da					32 William	s Parkway								
Bridgewater, NJ 08						City, State									
Project Mngr. For	2373000	irm		Telephone Nu	ımber	1									
Eric Houseknecth				908-218-1108		East Hand	over, NJ 079	36							
Sheduled Start Da	, ,	Sch	9333	letetion Date (1	1	Telephon	e Number		License	Number					
	/_14		_10/	/ <u>20</u> /	15	072.0	04 0600				00860				
Occupancy Status	During Abat	emer	of (Chack	Only 1)		973-884-8682 00860 Name of OSHA Monitor									
				tire Period of			TAR CONTR		ROUP, IN	IC					
Abatem	ent					Street Ad									
		ed Ou	itside of N	lormal Facility		00 1450	· ·								
	Describe: Describe:	7:00	AM 2.20	NDA4			s Parkway								
Other -	Describe	7.00	AIVI - 3.30	) F IVI		City, State, Zip Code East Hanover, NJ 07936									
Scope of Work (Ch	eck All That	Appl	y)												
_					_		N2 100 N20 N20	2 22 30	2						
✓ Demolit				Renovation			ainment wit	h Negative	Pressur	9					
	or ≥260 If					Mini - End Glovebad	Procedure								
							npted (*) an		ble Proce	edure					
				_											
Location Asbestos Cor		1	ls		Descript				Abateme	ent Type	l=	le.			
ASDESIOS COI	itairiing		ocation ormally	A	sbestos - 0 Material			Amount	R E	R	E	E N			
TO BE ABA	ATED		Used	(1.	.e., therma			(Specify	M	E	c	C			
in Facili	ty		Solely	insu	ılation, sur	facing, VA		SF or LF)	0	P	A	L			
(13)		1000	y Main-	or	other misc	ellaneous)			V	A	P	0			
			enance/ ustodial						A L	R	S	S			
		3783	taff (12)						L	\ \ \	L	R			
			NO N/A								1	1			
INTERIOR			PLASTER				50,500 SF	7							
EXTERIOR		ROOF FELT P				8,300 SF	<b>V</b>								
EXTERIOR		WATERPROO	FING			4,000 SF	<i>\</i>		1 4	1 4					
Name of Posisters	NJDEP Waste	Cubic	Mama of F	Registered I	andfill										
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC Hauler					Yards	G.R.O.W.S		_anum							
					of Waste										
NOTES - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000					Disposal	City. State									
EAST HANOVER, NJ Da					Date	MORRISV	ILLE, PA								
Completed by (Print or Type) Title						Signature				Date					
Completed by (PIII		1.106	100	`	L'	_((	7		Date						
Steve Stiles				Project Manager 10/0								0/08/14			

(KZ6645

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

Date of Notification (1)				Name VERIZ	of Building O	wner/C	Operator (2	2)					
10 / 7 /14				Street	Address					-	age .		
Agencies Notified Type Notified	cation				AKESIDE BLVD	).							
EPA X Initial DEP Amer	Notificat nded Not ellation		į	City, S	State, Zip Code ING, NEW JER			## <del>(37 -</del> /		1.0	35,		
X DOH On H		/ NOTI	-104-		of Contact			Telephone	himhe	, 2r .			
DCA EME	RGENCY	NOTI			GLAS O'HARE			I					
Name of Facility Where Abatement is	Taking l	Place (3		ACILITY IN	FORMATION	Type	of Facility	(4)					$\dashv$
,		(	,			1700	School (K-	P0312-077					
VERIZON						X		er 8 (Other the			hom		to\
Street Address						2.7	uare Feet	private & con # of Floo		Jiugs.		. Age	
71 MADISON AVENUE						200	13,347	5				10	
	ity (6) SON CO	INITY			y Code (7)			ior if being de ION BUILDIN		hed)	Phar	m. La	b.
Name of Monitoring Firm Hired by Br		em a va recite	8)	(STATE	ASCM No.			ment Contra		9)			$\dashv$
ESIS HEALTH & SAFETY	anding c	yvariei (	٥,		17			MENTAL CO			N		
Street Address		8					t Address	01/ 0010					100
436 WALNUT STREET City, State, Zip Code							State, Zip	Code					-
	ELPHIA	, PA 19	106					V YORK 109	01				
Project Manager for Monitoring Firm		Tele	phone	Number		Telep	hone Num	ber	Licen	se Nu	ımbeı		
FRANK WESTFALL			640-5				369-7500		1101				
Expected State Date (10)	Sc		20700	tion Date (1	1) /15		e of OSHA		· INIO		#1.	1480	
10 / 20 /14 Month Day Year		Month	2 /	15 Day	Year	AIVIE	KISCI LAB	ORATORIES	S IINC		#1	1400	
Occupancy Status During Abatement (							t Address						
X Facility Closed/Vacated Dur Abatement Performed Outsi					ribo:	1117 E	EAST 30TH	STREET					
	DAY-FR				nbe.	City,	State, Zip	Code					$\neg$
				-				W YORK, NE		RK 1	0016		
Scope of Work (Check all that apply)  Demolition	X Re	novatio	\r	-	Full Conta Mini-Enclo		t with Nega	tive Pressure	е				
X >3SF OR LF		novalic	4.5		Glovebag	1000	edure						
>160 SF OR 260 LF					X Non-Friab	le Prod	cedure						
Location of		Is Loca			escription of As				.		patem		
Asbestos-containing Material (ACM)	r	ormally solely		"	ontaining Materi (ie. Thermal sy	107		Amoun (Specif		REMOVA	REPAIR	ENCAPS	ENCLOS
TO BE ABATED	М	aint/Cu		in:	sulation, surfaci			SF or Li		NO.	AIR	AP.	5
in Facility (13)		Staff (	12)		or other miscella				50	¥.	-	SULE	
	Ye	s No	N/A									m	ᇛ
FLOORS 1-5 EAST ELEVATION EXTE	RIOR		Х	EXTERIOR	CAULK			58 SF		X			
FLOORS 1-5 EAST ELEVATION EXTE	RIOR		Х	STONE CA	ULK			66 SF		X			
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Name of Registered Waste Haule EXPRESS WASTE LLC		IDEP W		Cubic Yard	s of Waste 20			ered Landfill COUNTY LA	NDFI	LL			
614 FRELINGHUYSEN AVENUE	1116	1593				100000000000000000000000000000000000000	NEWVILLE						
City, State				Disposal Da			State	170.15					
NEWARK, NEW JERSEY 07114 Completed by (Print or Type	Title			10/20-2/15/	2015 Signature	NEW	BURG, PA	17242	Date		7		-
BENJAMIN SANCHEZ	CONTROLL S	OR OF	OPER	RATIONS		5	5		Date	10	1=	1/1	4

	<del></del>		1 diodd		of Building Ow	ner/Operator (2)					
Date of Notification (1)					CK SHARP & DO						
10 1	6 /14	New A		Stree	t Address		* * * * * * * * * * * * * * * * * * * *		- 194		$\dashv$
Agencies Notified	Type Notifica	tion		126 F	LINCOLN AVE	NUE, P.O. BOX 2	2000: RY28-41	4			
X EPA DEP X DOL X DOH	Initial N	lotification ed Notification lation	# 2	City,	State, Zip Code WAY, NEW JER		Telephone Nu	0 11	<b>4:</b> .	33	
DCA		GENCY NOTI		ON MIKE	LATRONICA		<b></b>	.,			
Name of Facility Where	Abatament is T	aking Place /		ACILITY IN	IFORMATION	Type of Facility	(A)				-
Name of Facility where	ADALEINEIR IS I	dkilly Flace (	3)			School (K-	1791371				
MERCK SHARP & DOHN	IE CORPORAT	ION					er 8 (Other than orivate & comm		. home	s. etc	.)
Street Address						Square Feet	# of Floors			. Age	
126 EAST LINCOLN AVE	NUE - BUILDIN	G 805				23,835	. 2			35	
City (5) RAHWAY	Count				ity Code (7) E USE ONLY)	Current Use (Pri VACANT- (Ar			Phar onal are		b.
Name of Monitoring Firm			3)	1 (OIAII	ASCM No.	Name of Abate					
ENVIRONMETAL HEALT			,		17	PAR ENVIRON			NC		
Street Address		-				Street Address 313 SPOOK RO	OCK BOAD				
655 WEST SHORE TRAI City, State, Zip Code	<u> </u>					City, State, Zip C				-	
City, State, Zip Code	SPARTA, N	IEW JERSEY	07871			SUFFERN, NEV	W YORK 1090				
Project Manager for Monit	oring Firm	Tel	ephone	Number		Telephone Num	ber	License N	lumber		
WILLIAM S. KERBEL, CI			3-729-56			845-369-7500		1101			
Expected State Date (10	7 /14	Sched. (	comple 2 /	tion Date (1		Name of OSHA AMERISCI LAB		NC	#11	480	
Month Day	Year	Month	21	Day	Year	,					
Occupancy Status During	Abatement (Che	eck only one)				Street Address	LOTOFFT				
X Facility Closed	/Vacated During	Entire Period	of Abat	tement urs <sub>-</sub> Descri	he-	117 EAST 30TH	ISIKEEI				
X Other - Descri		AY-FRIDAY 7				City, State, Zip C					
1. <del>100.000</del> 20							W YORK, NEV	V YORK	10016		
Scope of Work (Check all Demolition	that apply)	Renovati	ממ		Mini-Enclo	inment with Nega	tive Pressure				
>3SF OR LF X >160 SF OR	260 LF	· Nonovaci	211		Glovebag	Procedure					
Location		Is Loc	ation		Description of As				Abaten	nent T	уре
Asbestos-co		normali	y used		Containing Materi		Amount	RE	REPAIR	E	EN
Material (A		solei	6. 67. <b>6</b> . O	l .	(ie. Thermal sy		(Specify SF or LF	10	PAII	ENCAPSULE	ENCLOSURE
TO BE AB in Facility		Maint/C Staff		'	nsulation, surfaci or other miscella	-	SFULLE	)   \{	~	USG	USC
iii raciity	(13)	Yes No		1	or other missens					Fin	RE
WINDOW CAULK		х		WINDOW	CAULK		2,000 LF	X			
ROOFING		X		ROOFING			12,600 SF	X	_	_	1
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Name of Registered Was	te Hauler	NJDEP	Vaste	Cubic Yard	ds of Waste	Name of Regist	ered Landfill				
FREEHOLD CARTAGE,		Hauler II			120	LYCOMING CO	OUNTY RESOL		ANAGE	EMEN	TSER
825 HIGHWAY 33		159	39	Dienal-1	Note	447 ALEXANDI	ER DRIVE/RO	UTE 15			
City, State FREEHOLD, NEW JERS	SEY			Disposal E 9/29/2014	oate -02/15/2015	City, State MONTGOMER	Y , PA 17752			,	
Completed by (Print or Ty	pe)	Title			Signature	W		Date	101	6/	10
BENJAMIN SANCHEZ		DIRECTOR C	F OPE	RATIONS	150	$\Delta$			/	9/1	_

				(7 0.000		e of Building Ov CK SHARP & DO	vner/Operator (2)			.,,		
Date of Noti	Secretaria Direct	na.								61	3	-
9 Agencies No	/ 23 /1	4 otification			Stree	et Address Filincol Niave	ENUE, P.O. BOX (	1000 RY28-418	EW F	9.	٥	
	1	itial Notifi			City,	State, Zip Code		2010			_	$\dashv$
	DEP A	mended I		tion	RAH	WAY, NEW JER	SEY 07065	1				
		ancellation In Hold			Nam	e of Contact		Telephone Numb	er	-		$\neg \neg$
				OTIFICATI	ON MIKE	LATRONICA						
	1774 VAR. AL A	A in Table	an Diag		FACILITY IN	NFORMATION	Type of Facility	(4)				-
Name of Fa	cility Where Abatemen	t is Takii	ng Plac	.e (3)			School (K-					
MERCK SH	ARP & DOHME CORPO	RATION	I					r 8 (Other than K-		• 10.000000000		
Ot 1 A							X Other (ie. p	# of Floors	oldgs.,		s, etc.	
Street Addre	ess LINCOLN AVENUE - BU	ILDING :	805				23,835	2		_	5	
City (5)		ounty (6				nty Code (7)		or if being demolis		Phan		).
RAHWAY	the sale of the sa	INION	- 0	(0)	(STAT	E USE ONLY)  ASCM No.		reas fences from o		nal are	as)	$\dashv$
	onitoring Firm Hired by METAL HEALTH INVEST					17		MENTAL CORPO		N		
Street Addr	ess					4	Street Address	OK DOAD				
	SHORE TRAIL						City, State, Zip C					$\dashv$
City, State,		TA, NEV	V JERS	EY 07871			SUFFERN, NEV	V YORK 10901				
Project Man	ager for Monitoring Firm		- 1	Telephone			Telephone Num		nse Nu	ımber		
	. KERBEL, CIH			973-729-5		44)	845-369-7500 Name of OSHA	Monitor 110	1			-
Expected 8	State Date (10) / 29 /	14	Sche	11 /	tion Date (			ORATORIES INC		#11	480	
Month	Day Yea	ır		nth	Day	Year	Oter d. Address					
Occupancy	Status During Abatemer Facility Closed/Vacated	nt (Check During Fr	only on tire Pe	e) riod of Aba	tement		Street Address 117 EAST 30TH	STREET				
	Abatement Performed O	utside of	Normal	Facility Ho	ours - Descr	ibe: -						
X	Other - Describe:	NONDAY	-FRIDA	Y 7AM-3:	30 PM		City, State, Zip (	Jode W YORK, NEW Y	ORK 1	0016		
Scope of W	ork (Check all that apply	)					ainment with Nega					
	Demolition	X	Reno	vation		Mini-Encl	os, g Procedure					
	>3SF OR LF >160 SF OR 260 LF	:					ole Procedure					
	Location of			Location	T	Description of A				batem		
	Asbestos-containing		1000000	nally used		Containing Mater (ie. Thermal s)		Amount (Specify	REMOV	REPAIR	ENCAPSULE	ENCLOSURE
17	Material (ACM) TO BE ABATED		- 4	olely by nt/Custodia		insulation, surfac		SF or LF)	VOV	AIR	APS	100
	in Facility (13)		S	taff (12)		or other miscell	the same of the sa		P		SUL.	SUR
			Yes	No N/A					+-	+	m	m
WINDOW	CAULK		Х		WINDOW	/ CAULK		2,000 LF	X	-	-	-
ROOFING		1	Х		ROOFING	3		12,600 SF	X	-	├—	-
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	egistered Waste Hauler			EP Waste	Cubic Yar	rds of Waste	Name of Regist	ered Landfill DUNTY RESOUR	~E N/A	NACE	MEN	LSEP
FREEHOL 825 HIGH	D CARTAGE, INC.		Haule	er ID No. 15939		120		ER DRIVE/ROUT		NAGE	. IVILIN	, SER
City, State				10000	Disposal		Gity Stage			,		,
FREEHOL	D, NEW JERSEY	1-21			9/29/2014	1-11/1/2014   Signature	MONTGOMER	Y , PA 17752 Da	0	1	17	111
	by (Print or Type) SANCHEZ	DIF		R OF OPE	RATIONS	Signature	XXX	Da	7	10	5/	17

					State of New Jersey						
<i>y</i>				Pursu	ant to NJAC 8:60-7 and 1	2:120-7)  Owner/Operator (2)	2)		-		
Date of Notification (1)						& DOHME CORP.					
9 / 10 /1	4				Street Address						
	otificatio	n				AVENUE, P.O. BOX	2000/RY28-41-49	PM	[4: '	33	
X EPA X In	itial Noti	fication			City, State, Zip Co	de	-23 M. G. S. J. V. O				
	mended ancellati		cation		RAHWAY, NEW	JERSEY 0/065	1				
Х ДОН О	n Hold				Name of Contact		Tolonhone Nim	her '			
DCAE	MERGE	NCY I	NOTIF	ICAT	TON MIKE LATRONIC	A					
Name of Facility 18th and Black					FACILITY INFORMATIO						
Name of Facility Where Abatement	is lak	ing Pla	ace (3	)		Type of Facility	• • •				
MERCK SHARP & DOHME CORPO	RATIO	N					ter 8 (Other than K-		•0000000		
Street Address						Square Feet	private & commcl. # of Floors	blags.		es, etc g. Age	
126 EAST LINCOLN AVENUE - BUI	LDING	805				23,835	2			g. Age 35	
	ounty (	5)			County Code (7)	Current Use (P	rior if being demolis	shed)	Pha	m. La	b.
	NION				(STATE USE ONLY		reas fences from o		onal ar	eas)	
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	Buildin	g Owi	ner (8)	)	ASCM N		ment Contractor				
Street Address	IGATIO	NS, IN	IC.		17	Street Address	IMENTAL CORPC	RATIO	ON		
655 WEST SHORE TRAIL						313 SPOOK R	OCK ROAD				
City, State, Zip Code				0.00000000		City, State, Zip		_			
Project Manager for Monitoring Firm	ra, nev	V JER	_	-	N		W YORK 10901				
WILLIAM S. KERBEL, CIH					Number	Telephone Nun	mana a prosec	ense N	umber		
Expected State Date (10)		Isch		729-5	etion Date (11)	845-369-7500 Name of OSHA	Monitor 110	1			
9 / 29 /1	4			/	1 /14		SORATORIES INC		#11	480	
Month Day Year			onth	-	Day Yes				27.65.65		
Occupancy Status During Abatement  X Facility Closed/Vacated D Abatement Performed Ou  X Other - Describe: M	uring Er tside of	ntire Pe Norma	eriod o	lity Ho	ours - Describe:	Street Address 117 EAST 30T					
Scope of Work (Check all that apply)	ONDAY				Full C	ontainment with Nega	W YORK, NEW Y	ORK 1	10016		
X Demolition >3SF OR LF	X	Reno	ovatior	1	Mini-E						
X >160 SF OR 260 LF						bag Procedure riable Procedure	46 Feb				
Location of		Is	Local	ion	Description o		1	ΤΔ	batem	ent T	/ne
Asbestos-containing			mally		Containing Ma		Amount	-	7		
Material (ACM) TO BE ABATED			solely	•	(ie. Therma		(Specify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
in Facility (13)			nt/Cus Staff (1		insulation, sur or other miso		SF or LF)	NA NA	R	PS	SO
in radiity (13)				N/A	di other misc	elianeous)		-		I E	I R
WINDOW CAULK		х			WINDOW CAULK	1	2,000 LF	х			111
ROOFING	1	x			ROOFING		12,600 SF	x			
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Name of Registered Waste Hauler		-	EP Wa		Cubic Yards of Waste	Name of Registe		-			
FREEHOLD CARTAGE, INC.		0.0001100000	er ID N		120	LYCOMING CO	UNTY RESOURCE		NAGE	MENT	SER
825 HIGHWAY 33 City, State			15939	,	Disposal Date	City, State	R DRIVE/ROUTE	15			_
FREEHOLD, NEW JERSEY					9/29/2014-11/1/2014	MONTGOMER	Y , PA 17752		53		
Completed by (Print or Type)	Title	CTO	2.05	0000	Signature	N	Date	a	110	2/1	4

CK 45148

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

Date of Notification (1) 10-7-14			T		f Building City M				ıthority	2014	C-7			7.4		
Agencies Notified	Type Notification		- 1	Street A	ddress oute 44	n				r = 0 1:4	<u> 227</u> .	-8	H	Lį:	32	
EPA DEP DOL	Initial Amended Amendment Emergency		-	City, Sta Jersey	ate, Zip Co y City, N	ode	sey			(,	Lic	14	.,	···		
DOH DCA	justification) Cancellation		- 1		f Contact Ambros	e				Tel	ephone	Numb	ег			
				FACI	LITY INF	ORMATI	ON									
Name of Facility Where Jersey City Bayfro		g Place (3)						1	of Facility (4 School (K-12							
Street Address 501 Route 440								×	Subchapter ( Other (i.e. pretc.)	8 (Oth			buik	dings,	hom	es,
City (5) Jersey City, New .	Jersey 07305							Squa 45,0	re Feet 00	# o	f Floors			ldg. <i>A</i> 975	ge	
County (6) Hudson					Code (7) USE ONLY	)			ent Use (Prio in use	r if bei	ng demo	olished	i)			
Name of Monitoring Fir Omega Environme		Owner (8)		ASCN	И No.				tement Cont		(9)					
Street Address 280 Huyler Street,							Street	Addre	ss			×			1100	
City, State, Zip Code		10000					City, S	00 Burns Avenue , State, Zip Code								
	io. Hackensack NJ 07606  roject Manager for Monitoring Firm							tagh I	NY 11793 o.		Licens	e No.				
Veronica Kero Start Date (10)	eronica Kero				39-8700			876-0			01085	5				
10-21-14		Scheduled 1-31-15	Con	Gran					HA Monitor Group Inc	).						
Occupancy Status Duri  Facility Closed/Va	ng Abatement (Chec cated During Entire F	5 5	atem	ent				Addre: ) Burn	ss Is Avenue							
Abatement Perform	med Outside of Norm Facility scheduled fo	al Facility H	ours	rs City, State, Zip Co o occupancy Wantagh, NY						3						
Scope of Work (Check  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	All That Apply)		novat				×	1 0	I Containme	nt with	Negativ	ve Pre:	ssur	e		
		M Del	nonti	D D					Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					е		
	7	Is Lo	catio										10	Abate Ty	ment pe	t
Location Asbestos-Containin		Used S	Solel	y by	Asbes	Des tos Cont	scription aining M		(ACM)	А	mount				Er.	
TO BE AF In Fac (13	BATED cility	-				thermal surfac		s insula T, or		(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Please see a	Please see attached list					See a	ttache	d liet		Δtt	ached	X				
110430 300 4		X				id list		A11	acrieu	^^						
Name of Registered Wa	este Hauler		NJDEP Waste   Cubic Yards			Vards		Name of R	eniste	red Land	dfill					
Horwith Trucks Inc				Hauler ID No. of Waste 16227 200				Cumberl				dfill				
City, State Northampton, PA 18067						Dispos	al Date	_	City, State Shippens		PA, 1	7257				
Completed by Title						6	gnature	1		76.5		Date			0	$\dashv$
Robert Lewin Environme				ntal Co	pordinat	or	NOV	X				10-7	-14	61		

#### SUMMARY OF HAZARDOUS MATERIALS

#### For Asbestos

Sample Number	Material	General Location	Approximate Quantities
	Cor	ntractor Garage	
200	Pipe insulation elbows	Office 1, Break room	4 each
201	Pipe insulation	Office 1, Break room	30 ln ft.
202	Black Mastic on Duct Insulation	Loft	250 sq. ft.
306	9"x9" Floor tile, red and associated black mastic	Office 1, Office 2, Break room, Band room	500 sq. ft.
309	Caulk, steel beams exterior	Exterior steel beams	2,100 ln. ft.
311	Window caulk	Windows	225 sq. ft.
313	Floor tile and associated black mastic under HA 312	Office 2	100 sq. ft.
		Salt Dome	10
300	Red asphalt shingles	Roof	8,000 sq. ft.
301	Grey/Red asphalt shingles	Roof	8,000 sq. ft.
	Incir	nerator Building	
320	Window glazing, shite	Windows	2,500 sq. ft.
321	9"x9" Floor tile, green and associated black mastic	3rd floor offices south side	150 sq. ft.
335	Roof sealant	Roof of inspector trailer	800 sq. ft.
342	Built-up roofing	All three roofs	10,500 sq. ft.
343	Flashing	All three roofs	1,700 sq. ft.
	Admir	istration Building	
339	Flashing	Roof	1,000 sq. ft.
	Ve	ehicle Garage	
341	Flashing	Lower and upper roofs	1,800 sq. ft.

CKF2465/

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

Date of Notification (1)	0/6/14		Name of Build	ling Owner/Operato	r (2) Nolla	94		and the same of th		
Agencies Notified	Type Notification		Street Address	s	81 Gillespie	46-1-8 P Rd.	M 4:	29		_
DEP DOL	Amended Amendment #	ng	City, State, Zip	Blo	oomfield, NJ	0.7003		۲,		<u> </u>
DOH DCA	justification)  Cancellation		Name of Cont	act George Noll		Telephone Nur	nber			
			FACILITY II	NFORMATION						
Name of Facility Where	Abatement is Taking Place Resident				Type of Facility  School (K-1					
Street Address	81 Gillespi	e Rd.	-			8 (Other than K- private & commercy		ldings	i,	
City (5)	Bloomfield, N		13		Square Feet 2000	# of Floors	B	ldg. A	\ge )+/-	
County (6)	Essex	3 0700	County Code USE ONLY)	(7) (STATE		rior if being demo Residentia			, , , , -	_
	n Hired by Building Owner		ASCM No.	Name of Abater	ment Contractor (9		1			
(8)	MECS			Ste	vens Environ	mental Service	es, I	nc.		
Street Address	PO Box 341			Street Address	PO I	30x 322				
City, State, Zip Code	rosswicks, NJ 0851	5		City, State, Zip 0		n, NJ 08501				
Project Manager for Mo			hone No.	Telephone No.	7 11101110	License No.				
William W	eisgarber Jr.	(609	9) 298-4070	(609) 2	59-9688		0049	3		
Start Date (10) 10/17/14		Completi [ 0/22/ ]	on Date (11)	Name of OSHA	AND THE PERSON NAMED IN COLUMN	ECS				
	ng Abatement (Check onlined During Entire Period o	y one)		Street Address	PO F	30x 341				
	d Outside of Normal Facil			City, State, Zip C	Code	ks, NJ 08515				
Scope of Work (Check a				J	CIOSSWICI	3, 117 00515				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolition		☐ Mini-En ☑ Gloveb	ntainment with Ne closure ag Procedure empted (*) and No		ıre			
	N	Location lomally						bate		
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	Material (ACM) Ma	d Solely intenance custodial Staff? (12)	e/ Asbe	Description of stos Containing Mar , thermal systems in surfacing, VAT other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme		x		nermal Pipe In	sulation	160 LF	×			
Name of Registered Was	ste Hauler	1	DEP Waste uler ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill				-
	nental Services, Inc	:	18292	2 CU		T.R.R.F., I	nc.			
City, State	Allentown, NJ			Disposal Date	City, State	Tullytown,	PA			
Completed By Mahlon E. Ste	Title	Manager	Signature	K 1//	Date	10/22	2/14			

ASB-41

MAR 00 \* Do not use this form for asbestos licensure exempted activities.

PHU1 X1

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

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)				-			
	03 /	14	Division of Property Management & Construction  Street Address												
Agencies Notified	Type Notific	ation			Street	Address		E917. C	JI -0 FA 6:	<u> </u>					
☑ EPA					33	West Sta	te Street	įž –							
DOLWD					City, S	State, Zip (	Code		Lic.						
⊠ DOH	Amendm		-			nton, NJ		1,0	<b>L</b> 10						
DCA (NJAC 5:23-8)			cluding	1	1000	of Contac			Telephone Numb	er					
(140/10 0.20-0)	☐ Cancella	5.5			milento/c	k Ferrera			Totophono Hamb	0.					
				-	100,000		FORMATION								
Name of Facility Where A	batement is	Takino	Place	(3)	FA		NFORMATION	Type of Facility (	4)						
Residential House		9	11100	(0)				School (K-12							
Street Address						TOTAL CONTRACTOR OF THE PARTY O		Subchapter 8	(Other than K-12)						
20 Belmont Avenue	3							Other (i.e., pr homes, etc.)	ivate and commerc	cial bu	ilding	s,			
City (5)		2						Square Feet	# of Floors	DI	dg. A	70			
South River								Square Feet	# 01 F10015	DIC	ay. A	ge			
County (6)					Cour	aty Codo (	7)(STATE USE ONLY)	Current Hee /Dri	or if being demolish	d\					
Middlesex					Cour	ity Code (	(STATE USE ONLY)	Current Ose (Pri	or it being demolist	iea)					
Name of Monitoring Firm	Uirad by Duil	dina C		(O) T	ACCM	NI-	N	10		200					
Bio Terra Solutions	and the second s	aing C	wner	(0)	ASCM	NO.		ent Contractor (9)	•						
Street Address								NAGEMENT LI	_C						
4000 7000 American (200 00000000							Street Address								
P.O. Box 1224					27 Outwater Lane										
City, State, Zip Code				City, State, Zip Code											
Union, NJ				1			Garfield, NJ	07026							
Project Manager for Moni	toring Firm			1	phone		Telephone No.	e.	License No.						
Rick Eustaquio				1	73-494		973-928-4888		1188						
Start Date (10)	AND TOTAL STREET					ite (11)	Name of OSHA N		_						
		16	- 19	The Park	_ / -	14	ALL PRO MA	NAGEMENT LI	_C						
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate						2000	27 Outwater								
Abatement Performed Time of Abatement: _							City, State, Zip Co								
							Garfield, NJ	07026							
Scope of Work (Check all	that apply)						M Eull Con	tainment with Neg	ofive Property						
≥3 sf or ≥3 if			Re	novat	on		☐ Mini-End		alive Fressure						
≥160 sf or ≥260 If			☑ De	molitic	οп			g Procedure							
			lo	Loca	ion		Non-Exe	mpted (*) and Noi	n-Friable Procedure	1	000	1000			
Location	nf -			Norma			Description of	of.		-		ent T			
Asbestos-Containing I	26	Л)		d Sole	, ,	Asbe	stos Containing Ma		Amount	Rer	Repair	E	Enclosure		
TO BE ABA	ACT TO SECURITY OF THE SECURIT			intena Iodial	nce/ Staff?	(i.e	e., thermal systems		(Specify	Removal	air.	aps	dos		
IN Facilit	У		-	(12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	ıre.		
, ,			Yes	No	N/A							0			
1 <sup>st</sup> Floor					$\boxtimes$	Flue M	ortar		1 SF	$\boxtimes$					
Throughout Interior					$\boxtimes$	Plaster	Sysytems		800 SF			$\boxtimes$			
Exterior Under Siding	l			П		Cemen	t Shingles		1,500.SF	$\boxtimes$	П	П	П		
Basement			$\overline{\Box}$	П	⊠(		sulation )		120 LF		П				
Name of Registered Was	e Hauler				JDEP !	-	Cubic Yards of	Name of Regis	1						
Yanuzzi Group Inc.	.5 ( )			1779	lauler II	O No.	Waste	IESI Landfi							
City, State			-		17467	7	As Needed	0.5-490.80.374.37.63.46888002	SEC		_				
Hillsborough, NJ							Disposal Date TBD	City, State	DΛ						
		T						Bethlehem			/	,			
Completed By (Print or Ty	rpe)	Title					Signature	1/2/	Dat	/	2/	111			
Zvonko Veskov		Pr	eside	ent			15-11	lsh	10	1/5	5//	4			
ASB-41		* /	o not	1100 #	nic form	for ashan	toolicansura avami	ated activities		1 /	/	0			

P.004/005

Yes   No   N/A									Ų-	ALV)			P.O	04/0
Date of Notification (1)   19	E & W Park	NAME OF	لاساد				State of	New Jereny						
Date of Notification (1)  10 03 / 14  Agencies Notification (1)  17 yes Notification  28 Councy  29 Councy  29 Councy  20 South River  20 Councy  20 Yes South River  20 South Rive	0000 C 7	o EM	1 1	= NC	TIFI	CATIC	ON OF A	SBESTOS AB	ATEMENT-	DOI 1	ΛΓ	141/		
Agendele Notities   Type Notification   Type of Pacific   Type of Type	Date of Noticestine	-8 FF	1 73. (	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	(					DUL - 1	LU 1.	MY		
Appended Signer Address Sireer S		90	, .	4.4		Nac	ne of Bull	Ing Owner/Operato	7(2)				-	
### DOLYD ### DO		and the second second second	-				Avielon c	of Property Mans	gement & Co	nstruction .	-1	Á		
## Spoke Dook   Amended				n		1-2-2-20-20		-		1	1600	pt-	_	_
Deck (NAC 6:23-8)   Emergency (Including justification)   Processor   Proces		Amer	nded							Tuy	200	1		
CALLETY INFORMATION   Name of Pacific Pacifi										WAIVERA	PP	सा	IFI	
Cancelation   Rick Perera   Falephone Number   Talephone Number   FACILITY INFORMATION   FACILITY INFORMATION   FACILITY INFORMATION   FACILITY INFORMATION   Talephone Number   FACILITY INFORMATIO		justifi	gency ( cetion)	(knchid	Ing					141(11 F) ; ;				
Name of Facility Where Abstement is Taking act (3)  Residential House  Street Address 27 Outworker Land 1975 and Abstement Luc 1975 and Abstement Performed Outside of Normal Facility 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 14 1 10 1 18 1 10 10 10 10 10 10 10 10 10 10 10 10 1	•									Talephone Nur	ושטווי			
Residential House Street Address 20 Balmont Avanua City (3) South River County (8) Middlesex Hame of Monitoring Firm Mired by Building Operar (8) Street Address Street Address Currant Use (Prior II being demollahed) Hame of Monitoring Firm Mired by Building Operar (8) Street Address Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired by Building Operar (8) Hame of Monitoring Firm Mired Mired Monitoring Firm Mired Monitoring Monitoring Firm Mired Monitoring Monitoring Firm Mired Monitoring Monitoring Firm Mired Monitoring				-11	-									
Short Address 20 Balmont Avenue 30 Balmont Avenue 30 Balmont Avenue 31 Balmont Avenue 32 Balmont Avenue 33 Balmont Avenue 34 Balmont Avenue 35 Balmont Avenue 35 Balmont Avenue 36 Balmont Avenue 36 Balmont Avenue 37 Balmont Avenue 38 Balmont Avenue 38 Balmont Avenue 38 Balmont Avenue 39 Balmont Balmont Balmont Balmont Conductory 30 Balmont Balmont Balmont Conductory Oral 30 Balmont Balmont Balmont Conductory Oral 30 Balmont Balmont Balmont Balmont Conductory Oral 30 Balmont Balmont Balmont Balmont Balmont Conductory Oral 30 Balmont	Name of Facility Where A	batement	ls Taki	ng la	CE (3)			HOLLY WILLIAM	Type of Faci	Hu (d)		-		
20 Belimont Avanue    Subclapies 2 (Colors Ham K-12)   Color (In private and commercial buildings, homes, etc.)   South River   All PRO MANAGEMENT LLC   Strest Address   River Address									School (K	-12)				
Square Peet	1000 100 100 100 100 100 100 100 100 10	3		11					Subchapt	er 8 (Other than K-9	2)			
Square Peet				- 31					homas, e	(c.)	orcini i	bulldi	iga,	
Middlesex Nome of Mortioring Firm Hired by Building Osher (8) ASCM No. Nome of Mortioring Firm Hired by Building Osher (8) ASCM No. Biol Terra Bolutions Size II Address P.O. Box 1224  Union, NJ City, State, Zip Code Union, NJ Crigot Manager for Mortioring Firm Telephone No. Size II Address P.O. Box 1224  Union, NJ Crigot Manager for Mortioring Firm Telephone No. Size II Address Size II Address P.O. Box 1224  Union, NJ Crigot Manager for Mortioring Firm Telephone No. Size II Address Size II Address P.O. Box 1224  Union, NJ Crigot Manager for Mortioring Firm Telephone No. Size II Address P.O. Box 124  The Control of Absternant (Check coty one) Size II Address P.O. Box 124  The of Absternant AM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- ABsternancy Assessed Vector Vector (Check all thetapy)  Cocupancy Status During Absternant (Check coty one) PM- PM- ABsternancy Assessed Vector Vector (Check all thetapy)  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- PM- AM  Cocupancy Status During Absternant (Check coty one) PM- AM  Cocupancy Status Dur												Part College		
Name of Montioring Pirm Mired by Suliding Other (8) ASCM No.  Bio Terra Solutions  ALL PRO MANAGEMENT LLC  Stress Address P.O. Box 1224  Stress Address City, State, Zip Code Union, NJ Corporative Repair for Maniforing Pirm Riok Eustragatio  10 / 08 / 14 11 / 10 / 14 Normal Period Abstament 10 / 08 / 14 11 / 10 / 14 Normal Period Abstament 10 / 08 / 14 11 / 10 / 14 Normal Period Abstament 10 / 08 / 14 Normal Period of Abstament 10 / 08 / 14 Normal Period of Abstament 10 / 20 Normal Period of Abstament 10 Normal Period of Abstament 10 Normal Period of Abstament 10 Normal Period of Abstament 11 Normal Period Outside of Normal Period of Abstament 12 Outwards Lane 13 Normal Period Normal Period Outside of Normal Period Outside Outside of Normal Period Outside Outside of Normal Period Outside Outside Outside of Normal Period Outside Ou				- 11		Cni	inty Code	17V9YATE LOC AN	0		$\perp$			
ALL PRO MANAGEMENT LLC			20				,	( ) NOTATE DOE ONLY	Current Usa	Prior If being demoi	(Cortei			
ALL PRO MANAGEMENT LLC	Name of Monitoring Firm	Hired by B	uliding	On he	r (8)	ASCA	A Na.	Name of Abaten	sent Contractor	(9)		-		<del>-</del>
Street Address   Stre	- j : [영화] : ( 이러 보트를 1957년 1일 : ( 1957년 1			7-1				ALL PRO M						
Common   C		12												
Union, NJ Toject Waneper for Monitoring Firm Talephone No.  173-494-3782 Street Manager for Monitoring Firm Talephone No.  173-494-3782 Street Manager for Monitoring Firm Tole (10)  10												•	1).	
Telephone No.   License No.	Union, NJ				- C		'							
Start Date (10)   Schadulad Completion Date (11)   Name of OSHA Monitor   1195	roject Manager for Month	oring Firm	1.		Ya	laphone	Na.		0/025				- 1	
Scheduled Completion Date (11)   10   14   10   10		<u>/</u> '		•	1 '5	73-49-	4-3782		8 .	The second second second	٠.			
Company Status During Abatement (Check only one)   Street Address		44						Name of OSHA	Vionitor			_		
Abstement Performed Outside of Normal Fedilly Hours - Describe Time of Abstement				11_	<u></u>	0 /	14'		MAGEMENT	LLC	. ,	000		(#)
Time of Abatement Performed Outside of Normal Feelility Hours - Describe   AM	E Facility Closed/Vecated	During Er	ntime Da	nhoh a	Abone	28900							-	-
Composition   Containment   AM	ച് കാലത്തേന്റെ Performed (	Dulakla of	Norma	Fool	he Ha	m Da	ecribe							
Selection of   September   Selection   September   Selection   September   Selection   September   Selection   September   S	I IIII A OI VOSISMENE -	AM	P	M/	PN	1	AM							
Demoition   Demo	icope of Work (Check all t	hat apply)												
Location of   Location   Non-Exempted (*) and Non-Friable Procedure	28 af or ≥3'If			□ R	anoval	l'an		☐ Full Con	bilment with N	agative Pressure			7.	
Location of Aabestos-Containing Meterial (ACM) TO SE ARATED IN Facility (13)  St Floor  Throughout interior  Separate  Separate  Strict  Separate	2 ≥ 160 81 or ≥260 II			図 D	Mome	non		☐ Gloventan	a Procedure					
Asbestos Containing Meterial (ACM)  TO BE ARATED IN Facility (13)  Yes No N/A  Place Mortan Interior  Throughout I					Leon	tlen	7	Non-Ex	mpled (") and N	ion-Friable Procedu	1			
IN Facility	Asbestos-Containing M	riadal (Ar	.041	Uni	Norma ad Sal	ally		Description	of		-	_	_	7
Yes No NA Street Interior	TO BE ARAT	ED	nn j	Ma	inten	anca/	().4	., thermal systems	Insulation.		1 1	1	1 5	E
Floor    Second   Sec								munfacing, VAT	. Or	SF or LF)	五	14.	Die o	Enchouse
Aroughout interior	N mu			-	No	-				L				
## Plaster Systems 860 8F						Ø	Flue M	ortop		1 8F	X			
Sement   S		-				×	Plaster	Syaytems		800 SF	-			П
Pipe Ineulation  The Pipe Ineu	The same of the sa					X	Commit	( Griffigha		1,000.95	+	F	_	
Manuazi Group inc.  Waste Hauler ID No. Hauler ID No. 17487  Waste Hillsborough, NJ  Disposal Date City, State  Hillsborough, NJ  Prosident  Tho Signature  Date 10/3/14						<b>B</b> (						1	H	
Vanuszi Group inc.  Hauler ID No.  17487  As Needed  City, State  Hillsborough, NJ  Impleted By (Print or Typa)  Evenko Veskov  President  Date  10/3/14		Hauler			IN	NDEP !	VB6te	Cubic Vards of	Name of Red				<u></u>	
Hillsborough, NJ  Prosident  Disposal Date City, State Bethishem, PA  Signature  Prosident  Disposal Date City, State Bethishem, PA  Date 10/3/14					I H	17487	No.	Wasta						
Prosident Prosident Sursus 10/3/14		-				and the second s		Disposal Date				_	-	
Evonko Veskov Prosident 5-1124 10/3/14	1 Table 144		( Spins						Bethisher	n, PA				
3.11sh 10/3/14	그 경기가 되었다. 그 그 그 그래요 그 그 그리고 있다면 하는 그리고 있다면 하는 그리고 있다면 하는데 없다.	a)			104			Signature	6/			-		_
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* Do not use this form for exbesto floorisure exempted solivities.	13		° [	o not	uso (h	kş form .	for asbeat	מת פונים פוצים המספרים	ted activities.		1			

CK 005400

## State of NJ

D&S Proj. #: 2014-395

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

Agancies Nulled po Nullidation po Nullidation plantal	Date of Notification (1)	- 11		•	er/Operator (2)				2014 007 -	8 PM	<b>L</b> <sub>i</sub> :	27			
GPA					ILE					-	_				
Dock									***		٠.	,			
DOL   DOH   Cancellation   Double	DEP Amended	11 -			VE				سٹ لیاز						
DONELLEN, N 19812   Telephone Number   Telephone	▼ DOI	Ci	ty, State, Z	Zip Code											
DCA   DCA   DCA   DOCA   DOCA   DOCA   DOCA   DOCA   DCA	Emergency				08812				400	-		nine di co	- 25.50		
DCA		Na	me of Cor	ntact					Telephone	Number					
NORMAN STREHLE Street Address  510 MADISON AVE City (5)  DUNELLEN Name of Monitoring Firm Hered by Bidg. Owner (8)  Street Address  20 California Ave. City, State, Zip Code City, State City, S	□ DCA -		NORMA	AN STRE	HLE										
School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Other than K-12)				FACI	LITY INFORM	ATION									
STREHALE  STICE Address    County (8)	Name of facility where abatement i	s taking plac	ce (3)					T							
SID MADISON AVE  City (5)   County (6)   County (5)   Cou	NORMAN STREHLE							_			ther th	an K	-12)		
Square Feet   # of Floors   Bigg. Age	Street Address							7				rcial			
DUNELLEN  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  Street Address  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Project Manager for Monitoring Firm  Phone Number  Paterson, NJ 07503	510 MADISON AVE			-200				_   -							
DUNELLEN  Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.    Name of Abatement Contractor (9)	City (5)	Count	ty (6)			700000000000000000000000000000000000000		_ا ا							
Name of Monitoring Firm Hired by Bildg. Owner (8)  ASCM No.    Name of Abatement Contractor (9)   D & S RESTORATION, INC.	DIMPLIPA	MIL	DI ECES	v		(Sta	te use only)		Current Use (Pri	or if being	g dem	olishe	ed)		
Street Address    D & S RESTORATION, INC.				<u> </u>	ASCMNO	Ь,	Name of Abatem	ent Co	ntractor (9)						
Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address 20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address 20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address 20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address 20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Paterson, NJ 07503  Paterson, NJ 07503  Demolition  Demolition  Demolition  Description of asbestos-containing material (acm) to be abated in facility (13)  B ASEMENT  Description of asbestos-containing material (acm) to be abated in facility (13)  PATERSON, NJ 07503  Paterson, NJ 07503  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  Paterson, NJ 07503  Description of asbestos-containing material (ACM)  Description	realise of wormoning rather the day	Bidg. Ownor	(0)	1	AGGIVITIO.				7007						
20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Paterson, NJ 07503  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be abated in facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (acm) to be a facility (13)  Paterson, NJ 07503  Description of asbestos-containing and prid (14)  Paterson, NJ 07503  Description of asbestos-containing and prid (14)  Paterson,	Stroot Address					-		OKAI	ION, INC.						
City, State, Zip Code Paterson, NJ 07503  Telephone Number  973-345-8020  10/6/2014  Decoupancy Status During Abatement (Check only one)   Gality closed/vacated during entire period of abatement.	Street Address							α Δνα							
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#### D&S Proj. #: 2014-398

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

CK 006385

2014 COT -8 PM 4: 26 Name of Building Owner/Operator (2) Date of Notification (1) 1 0 / 0 3 / 1 4 1 Helen Miller Agencies Notified Type Notification Street Address ☐ EPA Initial 106 Westervelt Ave Amended DEP City, State, Zip Code Amendment #: DOL **Emergency** NO. PLAINFIELD, NJ 07060 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Helen Miller Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Helen Miller Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age 106 Westervelt Ave Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) NO. PLAINFIELD SOMERSET Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Phone Number Telephone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 10/6/14 10/8/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure >3 sf or >3 lf □ Renovation Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-friable procedure Is location normally used solely E E Location of A by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) D C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) L Yes No N/A p PIPE INSULATION 157 LF X BASEMENT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 2 yds Disposal Date City, State City, State 10/15/14 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 10/5/2014 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities. A CR\_//1

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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

2614 CCT -8 PM 1:57

(Pursuant to NJ.	C 8:60 and	12:120)
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Date of Notification (1)	,		ng Owner/Operator		ـ ـ . ایس		~ .						
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Agencies Notified Type Notification	Street Address	55 RT. 50	
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) PM 1: 65

10 असी मीठीमा व्यास्ति। (त) 2014 6/14 ONSTRUCTION Street Address Type Notification Agencies Notified 300 \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{ ☑ Inisa Amended City, State, Zip Code Amendment # SED TYLE Emergency (including Telephone Number Name of Contact justification! □ 00H Cancellation DUDITOI - aduk FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDERCE Subchapter 8 (Other than K-12) Other (i.e., physic & commercial buildings, Street Address homes, etc.) Blog Ag Square Feet # of Floors City (5) County Code (7) (STATE Current Use (Prior if being demosshed) VACANT County (6) ~ USE ONLY) BPE MY Name of Abatement Contractor (9) ASCH No red by Building Owner Name of Monitoring LEMED Sueel Address Street Address 369 5 PRULE City, State, Zip Code 0005 City, State, Zip Code MOPLE License No Telephone No Telephone No Project Manager for Monitoring Firm 009 856-779-0472 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 8 S F P W 10/27 10/20/14 Sueel Address Occupancy Status During Abatement (Check only one) 369 ☐ Facility Closed/Vacated During Entire Period of Abatement City State, Zip Code Abatement Performed Outside of Normal Facility Hours MAPLE Other - Describer Trul Containment with Negative Pressure

Mini-Enclosure Scope of Work (Check all that apply) Renovation \_\_ ≥3 s1 or ≥3 H \_\_ ≥160 s1 or ≥260 H Glovebag Procedure □ Demai∞ Non-Exempted (') and Non-Friable Procedure Abaten TYPK is Location Normally Description of Used Solely by Amount Asbesios Containing Material (ACM) Location of Maintenance/ (Specify Asbestos-Containing Material (ACM) Removal Repair (i.e., thermal systems insulation, Custodial SF or LF) TO BE ABATED surfacing, VAT, or Staff? other miscellaneous) IN Facility (12) (13) NIA YPS No RANSITE SIDING Name of Registered Landfill Cubic Yards NUDEP Waste M, C, M.V. A. Name of Registered Waste Hauler 17904 of Waste City, State Disposal Date JUOD BING City. State SHAD MARKE Date Signature 10 Completed By EM JOSEPN



\* Emergency \*

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

CK-4423.

Date of Notification (1)					Building (				Cr		1000		,			
10/6/14	T N-45 "				Berardi	Priv	ate Horr	ne	2214		~ <u>-</u>					
Agencies Notified  EPA DEP	Type Notification		1		ontclair I				<b>2014</b> C.	J - (	S PM	1:	45			
DEP DOL	Amended Amendment				ie, Zip Co jat NJ 0		5		V			115	CI.			
DOH DCA	justification)  Cancellation			lame of Jenice	Contact					Tel	ephone	Numb	ег			
				FACIL	ITY INFO	RMA	TION									
Name of Facility Where Jenice Berardi Priv		g Place (3)						Inches .	of Facility (4	-36						
Street Address	4.01101110								School (K-12 Subchapter		er than k	K-12)				
124 Montclair Rd								×					I buildings, homes,			es,
City (5)				3.4.550					e Feet	# 01	Floors		Bldg. Age			
Barnegat NJ 0800	5							1000		1				5+		
County (6) Ocean					code (7) ISE ONLY)	_		Curre	nt Use (Pric Se	r if bei	ng demo	olishe	d)			s
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM				of Abar	tement Con	tractor	(9)	100				
Street Address				L				Addres						020		
							POI	32 Box	29							
City, State, Zip Code									p Code n NJ 080	91						
Project Manager for Mo	ject Manager for Monitoring Firm				ne No.			hone No 753-9			Licens 0072		V			
Start Date (10) 10/7/14		Scheduled 10/10/14		The state of the s					IA Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One)				20	Street	Addres	SS							
Abatement Perform	cated During Entire med Outside of Norr			ent			City, S	State, Zi	p Code		+					
Other – Describe:						_										
Scope of Work (Check A	All That Apply)	П во	novati	ion			Full Containment with Negative Pressur									
≥160 sf or ≥260 lf			nolitio				Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce					,				
		1 1-1					Ľ	NO	n-Exempted	1 (*) an	a Non-F	riable			ement	
Locatio	on of	No	ocation rmally	y		r	Description	n of							ре	
Asbestos-Containin	g Material (ACM)	Used Maint				os Co	ontaining I	Material			mount		_		щ	Ш
TO BE AS		Custoo	dial St	taff?	(i.e.	sui	nal system facing, V	AT, or	ition,		Specify or LF)	1	Remova	Repair	cap	Enclosure
(13	)		12)			othe	r miscella	neous)	8 77				oval	air	Encapsulate	sure
		Yes	No	N/A											Ф	
Exterior	Exterior Siding					Ex	terior Si	iding		12	00 SF		Х			
No (D. : )																
United Containers				JDEP Wauler ID		of V	oic Yards Vaste	Name of Registered G.R.O.W.S.			natill					
City, State				459		3 Die	nocal Det					W-1000	27.0.202			
Elm NJ				Disposal Date City, State 10/10/14 Morrisville PA 19067												
Completed by Title				Signature Date			53			_						
Anthony T Perna President									10/6/14				1			



### Emergenal

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

	(Pu	rsuant to	o NJAC 8	:60 and	12:120	)	CK	44	129	1				
Date of Notification (1) 10/6/14			Building O I Barikia					20		- i	j			
Agencies Notified Type Notification	4 8	Street Ad 1918 B	dress ay Terra	ice			2014 (	- 	8 PM	4 1:	2.6			
EPA Initial DEP Amended Amendment #			e, Zip Cod ottom N		08		1	~			400	L		
Emergency (includin justification)  DCA  Emergency (includin justification)  Cancellation		Name of Michae					ű	Tele	phone N	lumbe	ì			
		FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Place Michael Barikian Private Home	(3)					Тур	oe of Facility (4) School (K-12	)						
Street Address 1918 Bay Terrace						×	Subchapter 8 Other (i.e. pri etc.)				uildi	ngs,	nome	s,
City (5) Ship Bottom NJ 08008						10000	uare Feet 00+	# of 2	Floors		35	ig. A	je	
County (6) Ocean		County C	ode (7) ISE ONLY)				rrent Use (Prior DUSE	if bein	g demo	lished	)			
Name of Monitoring Firm Hired by Building Owner (N/A	(8)	ASCM	No.		Name Pern		batement Cont	ractor (	9)					
Street Address					Street PO E									
City, State, Zip Code			-		100000000000000000000000000000000000000		, Zip Code erlin NJ 0809	91	_		-			
Project Manager for Monitoring Firm	.	Telephon	ne No.		Teleph	none			License					
Start Date (10) Sched 10/7/14 10/10	luled Con	npletion D	Date (11)			of O	SHA Monitor			(1)				
Occupancy Status During Abatement (Check Only					Street		race							
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilities Other – Describe:	of Abatem						, Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renova Demolit				>	1 ;	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				13	9	
	Is Locati Normal			Anna de				( )			_	Abate		
TO BE ABATED In Facility (13)	Jsed Sole Maintena ustodial ( (12)	ely by nce/ Staff?		tos Con thermal surfa		Mate is ins AT, o		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Ye	s No	N/A			Seed James	San:								
Exterior Siding inside porch	-	X		Exte	erior Si	ding	3	20	00 SF	>	2			
Name of Registered Waste Hauler		NJDEP Waste C			Yards		Name of F	Pagisto	red Lan	dfill				
United Containers	F	lauler ID 2459		of Wa			G.R.O.V		red Lan	um				
City, State Elm NJ				Dispo 10/10	sal Date 0/14	9	City, State Morrisvi		1906	7				
Completed by Titl Anthony T Perna Pro	e esident	Signature				e	2			Date 10/6				

Ch# 2711

Date of Notification (1)				1	Name o	f Building	Owner	r/Operator (2	()	J	-7 2.00				
01 /	15 / _	14		Princeton University-Office of Design and Construction											
Agencies Notified	Agencies Notified Type Notification					Street Address									
	✓ Initial				200 [	Elm Dr.			1						
				1	City, State, Zip Code										
☑ DHSS	Amendme	2-17 Intel-Australia China VI		-	Princeton, NJ 08544										
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		ıg	1	Name o	of Contact				Telephone Nur	nber				
	☐ Cancellati				Robe	ert Orteg	а								
					FAC	ILITY INF	ORM	ATION							
Name of Facility Where At	patement is T	aking Plac	ce (3)	-	11,100,000				Type of Facility (	4)			1100		
Princeton University									☐ School (K-12		liero.				
Street Address				-			(Other than K-1	han K-12) d commercial buildings,							
Washington Rd									homes, etc.)	ivate and commi	Croiai bai	lullig	٠,		
City (5)			-						Square Feet	# of Floors	Blo	lg. Ag	je		
Princeton															
County (6)					Count	y Code (7)	(STATE	USE ONLY)	Current Use (Pri	or if being demo	lished)				
MERCER									Library						
Name of Monitoring Firm I	Hired by Build	ling Owne	r (8)	IA	SCM N	No.	Name	e of Abateme	ent Contractor (9)						
ATC Associates Inc.			4.7				BR	STOL EN	VIRONMENTA	L, INC.					
Street Address					Street Address										
Three Terri Center							112	23 BEAVE	R STREET						
City, State, Zip Code				-			City,	State, Zip Co	ode						
Burlington, NJ 0801				BR	RISTOL, PA	A 19007									
	Project Manager for Monitoring Firm Te						Telep	phone No.	License No.						
Michael Keehn	60	9-386-	-8800	21	5-788-6040	40 00509									
Start Date (10) Scheduled Comp						e (11)	Name	e of OSHA N	lonitor		_				
2 / 5 / 14 10 / 3						14	BR	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During		Check onl	v one)				Stree	et Address							
☐ Facility Closed/Vacate					nent		11	23 BEAVE	R STREET						
☐ Abatement Performed						cribe		State, Zip Co				-	-		
Time of Abatement: 6:	30AM-3:00F	PM/	PM		AM		100	RISTOL, PA							
Scope of Work (Check all	that apply)									1,500					
_		В			ON-FOR			☐ Full Con	tainment with Ne	gative Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renov Demol					☐ Gloveba	g Procedure						
2 - 100 31 01 - 200 II		_			☑ Non-Exempted (*) and Non-Friable Procedure										
			Is Lo								Ab	batement Type			
Location			Norr Ised S			Ashar	Description of stos Containing Material (ACM)		Amount	Re	Re	Ē	E		
Asbestos-Containing N TO BE ABA		")	Mainte	na	nce/			mal systems		(Specify	Removal	Repair	cap	Enclosure	
IN Facilit		C	ustodi 1	al 3 2)	Staff?			surfacing, VAT, or		SF or LF)	/a		Encapsulate	ure	
(13)		Ye		lo	N/A		otne	er miscellane	eous)				e		
B Level						Floor til	le and	d mastic		40 SF	$\boxtimes$				
B Level			-	_			al Shiron	on (Wrap 8	& Cut)	2 LF	$\boxtimes$				
Delong Reading Leve	1		-	1	<del> </del>	<u> </u>		ion (Wrap 8		30 LF					
C Level Near Vault				1	I	Floor Ti				700 SF					
Name of Registered Was	te Hauler				JDEP \			c Yards of	Name of Regi	stered Landfill		1	J		
SERVICE TRANSPO		PINC		1 1	auler II 20990	D No.	100000000000000000000000000000000000000	Waste G.R.O.W.S. NORTH LAN			NDFILL				
City, State					2000		Disp	osal Date	City, State						
NEW CASTLE, DE									MORRISV	ILLE, PA 190	37				
Completed By (Print or Ty	/pe)	Title						Signature	. 1	,	Date	-	3		
Brian Scafiro		1000000000	nator		Pris				Leafer		10/6	//	4		
Dian ouno								1	1 -70	~		1			

ASB-41 MAY 11 B 5 1 4 0 0 3 — B\* Do not use this form for asbestos licensure exempted activities.

01 / 15	Date of Notification (1)  01 / 15 / 14					Name of Building Owner/Operator (2)  Princeton University-Office of Design and Construction [1] 1: 1.5								
Agencies Notified		Street A			4.	, pr. 4, -			•					
Z Di loc	idment #18	-	/14	City, State, Zip Code Princeton, NJ 08544										
	gency (inc	luding	-	Name of Contact Telephone Number										
(NJAC 5:23-8) justifi ☐ Canc	cation)			00558tr (EV	, , , , , , , , , , , , , , , , , , , ,	No.								
Calic	Cilation			200000000000000000000000000000000000000	ert Orteg			1						
		5	101	FAC	LITYINE	FORMATION	Type of Facility	(A)		-	7 / 1879			
Name of Facility Where Abatement Princeton University-Firest Street Address							School (K-12		2) ercial buil	dings	i,			
Washington Rd							homes, etc.)			3970	500			
City (5)	City (5)						Square Feet	# of Floors	Bldg	g. Ag	е			
Princeton														
County (6)	·			Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being demol	ished)					
MERCER							Library							
Name of Monitoring Firm Hired by	Building O	wner (8	3) [	ASCM N	lo.	Name of Abateme	ent Contractor (9)							
ATC Associates Inc.		•				BRISTOL EN	VIRONMENTA	L, INC.						
Street Address						Street Address								
Three Terri Center						1123 BEAVE	RSTREET							
City, State, Zip Code			-			City, State, Zip Co	ode					_		
Burlington, NJ 08016						BRISTOL, PA								
	m		Tolo	phone N	lo .	Telephone No.	License No.					-		
Project Manager for Monitoring Fir Michael Keehn			60	9-386-	8800	215-788-6040 00509								
Start Date (10)			- 2	tion Dat	30 00	Name of OSHA M								
2 /5 /14	1	0_ /	31	_ / _	14	BRISTOL EN	VIRONMENTA	L, INC.						
Occupancy Status During Abatem	ent (Check	only o	ne)			Street Address								
☐ Facility Closed/Vacated During						1123 BEAVE	R STREET							
☐ Abatement Performed Outside Time of Abatement: <u>6:30</u> AM- <u>3</u>	of Normal :00PM/	Facility Pl	Hour /	s - Desc AM	cribe	City, State, Zip Co								
Scope of Work (Check all that app	ly)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De				Mini-End     Gloveba	g Procedure	_						
						IXI Non-Exe			■10.00 (a) (a) (b)					
						Z Hon zwe	empted (*) and N	on-Friable Proced			T	1		
		175-79	Locat					on-Friable Proced	Aba	atem		Enc		
Location of	(MOA)	1	Locat forma	lly	Ashe	Description	of	on-Friable Proced	Aba			0		
Location of Asbestos-Containing Material TO BE ABATED	(ACM)	Use Ma	lorma d Sole intena	lly ely by ince/		Description of stos Containing Ma	of aterial (ACM) insulation,	Amount (Specify	Aba	atem Repair		SC		
Asbestos-Containing Material <u>TO BE ABATED</u> IN Facility	(ACM)	Use Ma	lorma d Sole intena todial	lly ely by ince/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	Amount				Enclosure		
Asbestos-Containing Material TO BE ABATED	(ACM)	Use Ma Cus	d Sole intena todial (12)	lly ely by ince/ Staff?		Description of stos Containing Ma	of aterial (ACM) insulation, , or	Amount (Specify	Aba		Encapsulate	sure		
Asbestos-Containing Material <u>TO BE ABATED</u> IN Facility		Use Ma	lorma d Sole intena todial	lly ely by ince/ Staff?	(i.e	Description of stos Containing Ma ., thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	Amount (Specify	Aba					
Asbestos-Containing Material TO BE ABATED IN Facility (13)		Use Ma Cus	d Sole intena todial (12)	lly ely by ince/ Staff?	(i.e	Description of stos Containing Ma s., thermal systems surfacing, VAT other miscelland	of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair				
Asbestos-Containing Material  TO BE ABATED IN Facility (13)  Throughout Levels C, B and	A	Use Ma Cus Yes	Norma d Sole intena todial (12) No	lly ely by ince/ Staff?  N/A	(i.e	Description of stos Containing Management, thermal systems surfacing, VAT other miscellane of the and mastic of Caulk	of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Ab Removal	Repair				
Asbestos-Containing Material TO BE ABATED IN Facility (13)  Throughout Levels C, B and Office A-7J	A	Use Ma Cusi Yes	Norma d Sole intena todial (12) No	lly ely by ince/ Staff?  N/A	Floor ti Windov	Description of stos Containing Management, thermal systems surfacing, VAT other miscellane of the and mastic of Caulk	of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF) 1,465 SF 96 LF	Ab Removal	Repair				
Asbestos-Containing Material TO BE ABATED IN Facility (13)  Throughout Levels C, B and Office A-7J  Throughout Levels C, B and 1st Floor Level 1	A	Use Ma Cusi	Norma d Sole intena intena iodial (12) No	lly ely by ince/ Staff?  N/A	Floor ti Window Duct W	Description of stos Containing Material systems surfacing, VAT other miscellane le and mastic w Caulk	of aterial (ACM) insulation, , or cous)	Amount (Specify SF or LF) 1,465 SF 96 LF 1775 SF	Ab Removal	Repair	Encapsulate	)sure		
Asbestos-Containing Material  TO BE ABATED IN Facility (13)  Throughout Levels C, B and Office A-7J  Throughout Levels C, B and	A	Ves Ma	Norma d Sole intena todial (12) No	lly by ince/Staff?	Floor ti Window Duct W Pipe In:	Description of stos Containing Material systems surfacing, VAT other miscelland le and mastic w Caulk fork sulation (Wrap & Cubic Yards of Waste	of aterial (ACM) insulation, or eous)  & Cut)  Name of Reg	Amount (Specify SF or LF) 1,465 SF 96 LF 1775 SF 72 LF	Removal	Repair	Encapsulate			
Asbestos-Containing Material  TO BE ABATED IN Facility (13)  Throughout Levels C, B and Office A-7J  Throughout Levels C, B and 1st Floor Level 1  Name of Registered Waste Haule SERVICE TRANSPORT GR	A	Ves Ma	Norma d Sole intena todial (12) No	Ily ely by ince/ Staff?  N/A  N/A  NJDEP N Hauler II	Floor ti Window Duct W Pipe In:	Description of stos Containing Max., thermal systems surfacing, VAT other miscellane le and mastic w Caulk fork sulation (Wrap of Cubic Yards of	of aterial (ACM) insulation, , or eous)  & Cut)  Name of Reg G.R.O.W.	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF istered Landfill S. NORTH LAN	Removal S	Repair	Encapsulate			
Asbestos-Containing Material  TO BE ABATED IN Facility (13)  Throughout Levels C, B and Office A-7J  Throughout Levels C, B and  1st Floor Level 1  Name of Registered Waste Haule SERVICE TRANSPORT GR	A	Ves Ma	Norma d Sole intena todial (12) No	Ily ely by ince/ Staff?  N/A  N/A  NJDEP N Hauler II	Floor ti Window Duct W Pipe In:	Description of stos Containing Material systems surfacing, VAT other miscelland le and mastic w Caulk  Ork  Sulation (Wrap of Waste  Disposal Date	of aterial (ACM) insulation, , or eous)  & Cut)  Name of Reg G.R.O.W.	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF istered Landfill	Removal    Control   Contr	Repair	Encapsulate			
Asbestos-Containing Material TO BE ABATED IN Facility (13)  Throughout Levels C, B and Office A-7J  Throughout Levels C, B and 1st Floor Level 1  Name of Registered Waste Haule SERVICE TRANSPORT GR	A A ROUP INC	Ves Ma Cusi	Norma d Sole intenatodial (12)	Ily ely by ince/ Staff?  N/A  N/A  NJDEP N Hauler II	Floor ti Window Duct W Pipe In:	Description of stos Containing Material systems surfacing, VAT other miscelland le and mastic w Caulk fork sulation (Wrap & Cubic Yards of Waste	of aterial (ACM) insulation, , or eous)  & Cut)  Name of Reg G.R.O.W.	Amount (Specify SF or LF)  1,465 SF 96 LF 1775 SF 72 LF istered Landfill S. NORTH LAN	Removal S	Repair 🔲 🖂 🖂	Encapsulate			

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Pa	0	2.	٠	

Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator (	2)	7 0 511 1	-					
	_ / _1	4				Iniversity-Office		Construction	: 50	}				
□ EPA 🛛 II		)			Street Address 200 Elm Dr.									
	mended			City,	City, State, Zip Code									
	mendment		_	100000000000000000000000000000000000000	Princeton, NJ 08544									
	mergency ( stification)	ncludin	ıg		Name of Contact Telephone Number									
The state of the s	ancellation			10000	bert Orte	58 ·		relephone Num	iber					
						NFORMATION		L						
Name of Facility Where Abater	nent is Takir	ng Plac	e (3)		ACILITY II	NFORMATION	Tona of Facility	(4)						
Princeton University-Fir			o (o)				Type of Facility (4)  School (K-12)							
Street Address							☐ Subchapter 8	Other than K-12 (Other and comme	?) rcial b	uildin	20			
Washington Rd					homes, etc.)		I Clai U	unum	ys,					
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Princeton	Maria de la companio									6.50				
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)					
MERCER							Library							
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)							
ATC Associates Inc.							VIRONMENTAL	., INC.						
Street Address	-					Street Address		•						
Three Terri Center						1123 BEAVER	RSTREET							
City, State, Zip Code	-					City, State, Zip Co								
Burlington, NJ 08016						BRISTOL, PA								
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.						
Michael Keehn			70.00		6-8800	215-788-6040		00509						
Start Date (10)			ate (11)	Name of OSHA M		00000			_					
2 / 5 / 14			14		VIRONMENTAL	INC								
Occupancy Status During Abate							VIII ON III I AL	., 1140.						
☐ Facility Closed/Vacated Duri			200000000000000000000000000000000000000	moni		Street Address								
☐ Abatement Performed Outsid					scribe	1123 BEAVER								
Time of Abatement: 6:30AN	- <u>3:00</u> PM/_													
Scope of Work (Check all that a	oply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re				Mini-Encl     Glovebag	Procedure	ative Pressure n-Friable Procedu						
		Is	Loca	tion	T	Z NOI-EXE	Tipled ( ) and Non	- riable Procedu						
Location of		1	Norma	ally		Description of			-	-	ent T	Ť		
Asbestos-Containing Materia	I (ACM)		ed Sol	ely by		stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure		
TO BE ABATED IN Facility		1,0000000		Staff?	(i.e	., thermal systems in surfacing, VAT,		(Specify	Von	air	aps	los		
(13)			(12)			other miscellaneo		SF or LF)	<u>n</u>		Encapsulate	l'e		
		Yes	No	N/A							e e			
B Level					Floor til	e and mastic		40 SF						
B Level					Pipe Ins	sulation (Wrap &	Cut)	2·LF	Ø					
Delong Reading Level					Pipe Ins	sulation (Wrap &	Cut)	30 LF						
									П	П	П			
Name of Registered Waste Haul	er		1	JDEP I	Waste	Cubic Yards of	Name of Registe	ered Landfill	1=			Щ		
SERVICE TRANSPORT G	ROUP INC		H	lauler II	25 (40) (50) (50)	Waste		NORTH LAND	FILL					
City, State	1			20990	)	Disposal Data								
NEW CASTLE, DE						Disposal Date	City, State	LE DA 40007	\$00					
	1=						MUKKISVIL	LE, PA 19067						
Completed By (Print or Type)	Title					Signature	1 1 1.	Da	te /	1	,			
Brian Scafiro	E	stimat	or			Brian y	cafiro fl		9/5	114	!			

Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)		-				
	5/	14			Pi	rinceton	University-Office	of Design and	Constructio	: 50				
□ EPA 🗵	pe Notif		-			et Address 00 Elm Dr								
☑ DHSS		lment #j	17-9/5	/14	City	State, Zip	Code	, , , , , , , , , , , , , , , , , , , ,	<u></u>			-		
	Emerge				Pr	rinceton,	NJ 08544							
(NJAC 5:23-8)	justifica					Name of Contact Telephone Number								
L	Cancel	lation			Re	bert Ort	ega		1					
					F	ACILITY I	NFORMATION							
Name of Facility Where Abai				(3)				Type of Facility	(4)					
Princeton University-F	ne Libr	ary					School (K-12	)						
Street Address								Subchapter 8	Other than K	-12)				
Washington Rd								Other (i.e., pr homes, etc.)	ivate and com	mercial t	ouildir	igs,		
City (5)								Square Feet	# of Floors	TE	Bldg.	Age		
Princeton		231 - 233									3			
County (6) MERCER					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)				
Name of Monitoring Firm Hire	ed by Bu	ilding C	wner (	(8)	ASCN	No.	Name of Abateme							
ATC Associates Inc.				5572		60 S05 (742)	1	VIRONMENTAL	INC					
Street Address							Street Address	VIICONIIIENTAL	TINORMENTAL, INC.					
Three Terri Center							1123 BEAVE	R STREFT						
City, State, Zip Code						City, State, Zip Code								
Burlington, NJ 08016							BRISTOL, PA							
Project Manager for Monitorin	g Firm			Tel	ephone	No.	Telephone No.	License No.						
Michael Keehn 60						6-8800	215-788-6040		00509					
Start Date (10)		Schedu	uled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor	10000					
2 / 5 / 1	4					14	BRISTOL EN	VIRONMENTAL	, INC.					
Occupancy Status During Aba							Street Address							
☐ Facility Closed/Vacated Du	iring Ent	tire Peri	od of	Abate	ement		1123 BEAVER	RSTREET						
☐ Abatement Performed Out Time of Abatement: 6:30A	side of N	Normal I	Facility	Hou	rs - De	scribe	City, State, Zip Co	ode						
		- IVI/		/	AM		BRISTOL, PA	19007						
Scope of Work (Check all that	apply)													
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	٠		⊠ Rer □ Der							dure				
			ls	Loca	tion			1	Thable Thoops		atem	ont T		
Location of		.		orma	ally ely by		Description of				_	T	T	
Asbestos-Containing Mater TO BE ABATED	rial (ACN	VI)			ance/	Asbe	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	(em	Repair	nca	ncl	
IN Facility			Custo		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Removal	ai-	sde	Enclosure	
(13)	-1864		Yes	(12) No	N/A		other miscellaneo		,	-		Encapsulate	le	
Throughout Levels C, B a	nd A					Floor ti	le and mastic		1,465 SF	Ø	П			
Office A-7J			$\boxtimes$			Windov	v Caulk		96 LF	×				
Throughout Levels C, B a	nd A					Duct W	ork		1775 SF					
1 <sup>st</sup> Floor Level 1						Pipe Ins	sulation (Wrap &	Cut)	72 LF		П		П	
Name of Registered Waste Ha				1 (35)	JDEP V		Cubic Yards of	Name of Registe	red Landfill				-	
SERVICE TRANSPORT	GROUF	INC		Н	20990 20990	SOUTH OF STATE OF STA	Waste	G.R.O.W.S.	NORTH LAN	DFILL				
City, State					_5000		Disposal Date	City, State						
NEW CASTLE, DE							4377	MORRISVILI	LE, PA 19067	7				
Completed By (Print or Type)		Title					Signature		Ir	Date				
Brian Scafiro Estimator							Brisa >	Scafino /	il !	9/5	114	/		