State of New Jersey NOTIF

ICATION OF ASBESTOS ABATEMENT					0	2
(Pursuant to NJAC 8:60 and 5:16)	-				Ta	,2
(Fulsdant to NoAO 0.00 and 0.10)	P	-	0	1-1		

THE STATE OF THE S								fings Man	1 1 1 1 A				
Date of Notification (1)			-		Name o	of Building	Owner/Operator (2	2)	CEIVED	1000			
9 /	13 / _	12	_		Trus	tees of F	Princeton Unive	rsity 2012 003	19 AM 9: 2				
Agencies Notified	Type Notificat	ion			Street	Address		COLT OF	19 AM 9: 2	0			
□ EPA		4		- 1	E.A.	MacMilli	ian Building	Acores		7			į.
⊠ DOLWD		at #5_1	10/15/-	12	City, St	ate, Zip C	ode	10766	US CONTROL				
☐ DHSS	☐ Emergence			12	Prin	ceton, N	J 08544	∝ LI	CENSING	•.			
(NJAC 5:23-8)	justification		9		Name	of Contact	0:		Telephone Numb	A.A.			
	☐ Cancellation	on			Rob	ert Orteg	ja			7			
					FAC	ILITY IN	FORMATION						
Name of Facility Where								Type of Facility					
Princeton Universi	ity-Elementar	y Par	ticle L	ab-	Buildir	ng 25		School (K-1)	2) 8 (Other than K-12)				
Street Address	-)								rivate and commerc		lding	s,	
Faculty Rd								homes, etc.				200	
City (5)								Square Feet	# of Floors		lg. Ag	je	
Princeton								11,000	1		+0		
County (6)		20			Coun	ty Code (7))(STATE USE ONLY)	CONTRACTOR CONTRACTOR CONTRACTOR	rior if being demolis	hed)			
MERCER								MRI Suite a					
Name of Monitoring Firm	n Hired by Build	ing Ov	vner (8)		ASCM I		Name of Abatem						
ATC Associates, I	nc.				0009	8	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
3 Terri Lane		2	V				1123 BEAVE		8				
City, State, Zip Code							City, State, Zip C						
Burlington, NJ 080							BRISTOL, PA	A 19007					
Project Manager for Mo	nitoring Firm				phone I		Telephone No.		License No.				
Michael R Keehn					09-386-		215-788-6040		00509				
Start Date (10)					tion Dat		Name of OSHA		I INC				
9 / 27	76.50			00	_	12		VIRONMENTA	AL, INC.				
Occupancy Status Durin					ero consenta que		Street Address						
☐ Facility Closed/Vaca						ib	1123 BEAVE						
Abatement Performe Time of Abatement:						Cribe	City, State, Zip C BRISTOL, PA						
Scope of Work (Check a	all that apply)												
□ >3 ef or >3 lf		r	⊠ Ren	ovat	ion		☐ Full Con	tainment with Ne closure	gative Pressure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Ĭ	Dem	oliti	on		☐ Gloveba	g Procedure	-: 11 5				
						1	⊠ Non-Exe	empted (*) and N	on-Friable Procedu			T	
				oca orma			Description	a.f			atem		-
Locatio Asbestos-Containing		,			ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AE	BATED	'			ance/ Staff?	(i.e	., thermal systems	insulation,	(Specify	SVOL	ar.	aps	uso
IN Fac			Cusic	(12)			surfacing, VAT other miscellane		SF or LF)	=		ulate	9
(13)	ts .		Yes	No	N/A			*				w	
1 st Floor -Work Area	1			\boxtimes		PIPE IN	ISULATION - WI	RAP & CUT	420 LF				
			\exists):						
					-						П	П	
										-	1	-	-
						Control of the Calendaria					Ш	Ш	
Name of Registered Wa	aste Hauler			100	NJDEP N Hauler II		Cubic Yards of Waste	CO	istered Landfill				
BRISTOL ENVIRO	NMENTAL, IN	IC.		'	18706		vvasie	G.R.O.W.	S. NORTH LAND	FILL			
City, State							Disposal Date	City, State					
BRISTOL, PA 190	07							MORRISV	ILLE, PA 19067		<u> </u>		
Completed By (Print or	Type)	Title		_			Signature	/ /-	/ - Da	ite	1,5	-/,	2
Brian Scafiro	(1989) 90	Es	timat	or			Brian	Scolero	1-gl	/0 /	,	/''	5%
				MICT			10000	1	1			7	

ASB-41 MAY 11 B S 12093-A

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

State of New Jersey FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) RECFIVES 1. NOTIFICATION OF ASBESTOS ABATEMENT



Date of Notification (1)			- //		Name	of Building	Owi	ner/Operator (2)	Charle I	to rue				
9 /	13 / _	12	_		1		3	ceton Unive		CT 19 AM	٥. ۵	_			
Agencies Notified	Type Notificat	tion			Street	Address				- AIT	3.5	9			
□EPA		Ĭ.			E.A	. MacMill	ian l	Building	ASHF	TOS CON	·				Œ
☑ DOLWD		Patricials at Decision			U.S. 2023	State, Zip C			21	-ICENSING	110	<u>L.</u>			
☑ DHSS	Amendme	ALCOHOLD STREET	OF THE PARTY			nceton, N		544	٠. ١	-ICEMPINE	į	4 a			
DCA	Emergenc justificatio		luding			of Contact				Telephone No	umber	W P			
(NJAC 5:23-8)	☐ Cancellation				1000000	bert Orte					_				
					FA	CILITY IN	FOR	MATION							
Name of Facility Where A	batement is Ta	aking	Place	(3)					Type of Facility	(4)					
Princeton University	y-Elementar	y Pai	rticle	Lab	-Build	ing 25			School (K-12		40)				
Street Address									☐ Subchapter ☐ Subchapter ☐ Other (i.e., p	B (Other than K	-12) mercia	ıl bui	ildina	s	
Faculty Rd									homes, etc.)		1101010	.,	9	Ψ,	
City (5)									Square Feet	# of Floors		Blo	lg. Ag	ge	
Princeton									11,000	1		6	+0		
County (6)		al olk-see			Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olishe	d)			
MERCER								# 4 × 50 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 ×	MRI Suite a	nd storage					
Name of Monitoring Firm	Hired by Build	ina Ov	wner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						
ATC Associates, Inc		9 -		-,	0009		0.7000		VIRONMENTA						
Street Address							77.00	eet Address		_,		-			_
3 Terri Lane							-	123 BEAVE	RSTREET						
City, State, Zip Code								, State, Zip Co				_			-
Burlington, NJ 0801	6							RISTOL, PA							
Project Manager for Monit				Tal	ephone	No		ephone No.		License No.			-0.00		-800
Michael R Keehn	only Finn			2000000	09-386		1000	15-788-6040		00509	•				
	10	obodu	ulad C	1	etion Da			ne of OSHA N		00000	w. = 22				
Start Date (10)9 /27 /					7_ /		83.		VIRONMENTA	L, INC.					
Occupancy Status During	Abatement (C	heck	only o	ne)			Stre	eet Address		- XXXXXX	94 14 W		-		
☐ Facility Closed/Vacate					ement		1	123 BEAVE	R STREET						
☐ Abatement Performed						scribe	City	, State, Zip Co	ode						
Time of Abatement: 7:	00AM-3:30P	M/	PI	VI	AM		В	RISTOL, PA	19007						
Scope of Work (Check all	that apply)	-						□ Eull Con	tainment with Ne	native Pressure					
≥3 sf or ≥3 lf			⊠ Re	nova	tion			☐ Mini-End		gative i ressure					
≥160 sf or ≥260 lf			☐ De	molit	ion			Gloveba	g Procedure	- Frieble Deser					
						T		⊠ Non-Exe	mpted (*) and No	n-Friable Proce	edure	•			
				Loca Norm	1020			Description of			-		atem		T
Location Asbestos-Containing		,			lely by	Asbe	stos	Containing Ma		Amount		Removal	Repair	E S	Enclosure
TO BE ABA	TED	´			ance/		., the	rmal systems	insulation,	(Specify		VOU	a.	aps	lost
IN Facilit	у		Cus	(12	Staff?			urfacing, VAT her miscellane		SF or LF)		<u>m</u>		Encapsulate	F
(13)		ı	Yes	No	1	1	Oti	ici illisocilario	ousy					œ.	
1 st Floor -Workarea N	F #1					Floor ti	le			1400 SF		\boxtimes			
1 st Floor- Workarea N	F #1				10	Pipe In:	sula	tion		20 LF					
1 St Floor- Workarea N	F #2				10	Floor ti	le		- W-1	25 SF		\boxtimes			
1 st Floor- Workarea N	F #1					Windov	v gla	zing		25 LF		\boxtimes			
Name of Registered Wast	e Hauler			- 10	NJDEP		0.000 2.300	oic Yards of	Name of Regis	stered Landfill					
BRISTOL ENVIRON	MENTAL, IN	IC.			Hauler I 1870		Wa	ste	G.R.O.W.S	S. NORTH LA	NDFI	LL			
City, State	City, State							posal Date	City, State						
BRISTOL, PA 19007						MORRISV	ILLE, PA 190	67							
Completed By (Print or Ty	rpe)	Title			- Way			Signature	1 1		Date	1	1	1	
Brian Scafiro	10 to	Es	stima	tor				Brian	Scafiro	/11	10	110	5/1	0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) ECEIVER #2358 Name of Building Owner/Operator (2)

							(2)		N .			
9 /	13 / _			1	rustees o	f Princeton Un	Habet 19	AM 9: 29	\$			
Agencies Notified EPA	Type Notifica	tion			et Address			20112001				
⊠ DOLWD	☐ Initial☐ Amended			E	.A. MacM	illian Building	SBESTOS	CONTROL	L			
⊠ DHSS	Amendme	nt #4-10	/11/1:	City	, State, Zip	Code	& LICE	NSING-	49			_
☐ DCA	☐ Emergenc			P	rinceton,	NJ 08544			d P			
(NJAC 5:23-8)	justificatio			1	ne of Conta	(C.1)		Telephone	Number	r		-
	☐ Cancellation	on			obert Orte		is in					
Name of Facility Where Al	hatamant in T	leine Di	- (0)	F	ACILITY I	NFORMATION					7.5	-
							Type of Facili					_
Princeton University Street Address	y-Liementar	Partic	ie La	b-Buil	ding 25		School (K	-12)	227000			
Faculty Rd							Other (i.e.	er 8 (Other than , private and co	n K-12) ommercia	l buildi	nge	
City (5)							homes, et	c.)	Jimmorola	ii bullul	nys,	
Princeton							Square Feet	# of Floor	rs	Bldg.	Age	-
County (6)							11,000	1		60-	F	
MERCER				Co	unty Code (7)(STATE USE ONLY)	Current Use (Prior if being de	emolishe	d)		-
	liend by D. H.F.		, <u></u>					and storage	•			
Name of Monitoring Firm H		ig Owne	r (8)	ASCN		Name of Abatem						
ATC Associates, Inc.	•			000	98	BRISTOL EN	IVIRONMENT	AL, INC.				
Street Address						Street Address						-
3 Terri Lane					-	1123 BEAVE	R STREET					
ity, State, Zip Code	•					City, State, Zip C	ode					-
Burlington, NJ 08016						BRISTOL, PA	19007					
roject Manager for Monito	oring Firm			ephone		Telephone No.		License N	lo.			-
Michael R Keehn			1 6	UO_38	6-8800		v					
1-4 D-1- (10)						215-788-6040	,	00509				
- I - Al - Barthard Salat	Scl		Comple	etion Da	ate (11)	Name of OSHA M	Monitor				-	
9 / 27 /	12	10	Comple	etion Da			Monitor			<u></u>		
9 / 27 /	12 Abatement (Ch	10 eck only	Comple / 1: one)	etion Da	ate (11)	Name of OSHA M	Monitor					
9 / 27 /	12 Abatement (Ch During Entire	10 eck only Period o	Complete / 1:	etion Da	ate (11) 12	Name of OSHA N BRISTOL EN	Monitor VIRONMENT			14		
9 / 27 /	Abatement (Ch During Entire Outside of Norm	eck only Period o	Comple / 1: one) f Abate	etion Da	ate (11) 12	Name of OSHA M BRISTOL EN	Monitor VIRONMENTA					
9 / 27 / Decupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: 7:0	Abatement (Ch During Entire Outside of Norm OAM-3:30 PM	eck only Period o	Comple / 1: one) f Abate	etion Da	ate (11) 12	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENT R STREET ode					
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9 / 27 / Occupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: 7:00 cope of Work (Check all the	Abatement (Ch During Entire Outside of Norm OAM-3:30 PM	10 eck only Period o nal Facili	Comple / 1: one) f Abate ity Hou	etion Date 1 1 1 1 1 1 1 1 1	ate (11) 12	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	Monitor VIRONMENT R STREET ode 19007 ainment with Ne	AL, INC.	re	10		
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9 / 27 / ccupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: 7:0 cope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	Abatement (Ch During Entire Dutside of Norm 10AM-3:30PM nat apply)	10 eck only Period of onal Facility R D Usi Ma Cus Yes	complete / 1: one) f Abate ity House enovate emolitic semolitic Norma et Sole aintena et collais (12) No	ement rs - Des AM ion on lly ely by nce/ Staff?	ate (11) 12 scribe Asbes (i.e.	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaneo	Monitor VIRONMENT R STREET ode 19007 ainment with Nellosure p Procedure mpted (*) and Nellosure pretal (ACM) nsulation, or ous)	egative Pressur on-Friable Prod Amount (Specify SF or LF)	Dedure	Repair	Encapsulate	-
9 / 27 / Decupancy Status During A Pacility Closed/Vacated Abatement Performed O Time of Abatement: 7:00 Cope of Work (Check all the 1 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	Abatement (Ch During Entire Dutside of Norm 10AM-3:30PM nat apply)	10 eck only Period o nal Facilit R D Usi Ma Cus Yes	one) f Abate ty Hou PM- enovate emolitic s Locat Norma ed Sole aintena stodial (12) No	etion Dispersion Dispe	ate (11) 12 scribe Asbes (i.e.	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaneo	Monitor VIRONMENT R STREET ode 19007 ainment with Nellosure p Procedure mpted (*) and Nellosure pretal (ACM) nsulation, or ous)	egative Pressur on-Friable Prod Amount (Specify SF or LF)) E	Repair	Encapsulate	-
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Date of Notification (1)	40			Nan	realite of Editioning Owner/Operator (2)											
9 /	13 /			Tı	ustees of	Princeton Univ	all supplies	AM 3: 9								
Agencies Notified	Type Notificatio	n		110000000000000000000000000000000000000	et Address		LEGETTOE I	OUTBOL								
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☑ DHSS	Amendment	#4-10	/11/12	No. of the last of	State, Zip		& LIVER	SINO 63)			-				
☐ DCA	☐ Emergency			P	inceton, I	NJ 08544		4,	500							
(NJAC 5:23-8)	justification)				e of Contac	164		Telephone Nun	nber							
	Cancellation			Ro	bert Orte	ga										
	0			FA	CILITY IN	FORMATION										
Name of Facility Where Al							Type of Facility (4)	-			_				
Princeton University	/-Elementary	Partic	le Lat	-Build	ding 25		School (K-12									
Street Address							Subchapter 8 Other (i.e., pr	(Other than K-12	2) ercial (huildie						
Faculty Rd							homes, etc.)	vate and comme	nciai i	Dullul	iys,					
City (5)		mata ek	= 1//0-0				Square Feet	# of Floors	1	Bldg.	Age	-				
Princeton							11,000	1		60+	0.00					
County (6)			12	Cou	inty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	ished)			-				
MERCER							MRI Suite an	d storage								
lame of Monitoring Firm H		Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)									
ATC Associates, Inc.	•:			000	98	BRISTOL EN	VIRONMENTAL	., INC.								
Street Address						Street Address	STATE OF THE STATE					-				
3 Terri Lane	20200 - 1245					1123 BEAVE	R STREET									
City, State, Zip Code	2	AN		Oliver Tolker		City, State, Zip Co	ode		-21-20-			-				
Burlington, NJ 08016						BRISTOL, PA	19007									
roject Manager for Monito	ring Firm		0.00	ephone		Telephone No.		License No.				-				
Michael R Keehn	.3	2000 DANCES E-0	and the		0088-	215-788-6040		00509								
tart Date (10)					ate (11)	Name of OSHA M	lonitor					-				
9 / 27 /				5_/	12	BRISTOL EN	VIRONMENTAL	, INC.								
Occupancy Status During A						Street Address										
Facility Closed/Vacated	During Entire Pe	eriod of	Abate	ment		1123 BEAVER	RSTREET									
Abatement Performed C Time of Abatement: 7:0	utside of Norma	I Facilit	y Hou	rs - Des	Commence of the Commence of th	City, State, Zip Co	de		_	-		-				
			TVI	AM		BRISTOL, PA	19007									
cope of Work (Check all the	iat apply)			35° X												
] ≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Conta	ainment with Nega	tive Pressure								
≥160 sf or ≥260 lf			emolitic			☐ Glovebag	Procedure									
						☑ Non-Exer	npted (*) and Non-	Friable Procedur	re							
			Local						0.150	oatem	ent T	Γy				
Location of			Norma	llv		12 H H H			AL		m	٦				
Location of Asbestos-Containing Ma			Norma		Ashes	Description of		A		20	-	1				
Asbestos-Containing Ma TO BE ABATE	aterial (ACM)	Use	ed Sole	ely by nce/		Description of tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify		Repai	ncap	- 1				
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Asbestos-Containing Ma TO BE ABATE	aterial (ACM)	Use	ed Sole intena todial	ely by nce/		tos Containing Mat thermal systems in	erial (ACM) nsulation, or	(Specify		Repair	Encapsulate					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	42				TA		JAC 8:60 and 5	281211	CT 19 AM) . ?		-	
	13	′ –	12			Trustees	ding Owner/Operate of Princeton Uni s	iversity& Spece	Tra.	U)	O		
Agencies Notified	Type N		ion		S	treet Addres	s	*.00CS	TUS CONT	DO			
☐ EPA	⊠ Initia					E.A. Mack	fillian Building	oc L	ICENSING	1101	•.		
☑ DOLWD ☑ DHSS	⊠ Ame				C	ity, State, Zip	Code			(74		
□ DCA	□ Eme	endmer	11 #3-1	0/5/1			NJ 08544				· Marie		20,8
(NJAC 5:23-8)	☐ Eme	fication	/ (INCILI	iding		ame of Conta							
	☐ Can	cellatio	n		- 1	Robert Ort			Telephone Nu	ımber			
Name of Facility Where Al	batemen	it is Ta	king P	lace (3	1		INFORMATION			20 1.0			
Princeton University	-Eleme	entary	Parti	icle I	h-Ru	ilding 25		Type of Facility					
Street Address						nung 25		School (K-1	2)				
Faculty Rd								Other (i.e., p	8 (Other than K-	12) Percial	Lbuild	inge	
City (5)				_				homes, etc.)	ici cia	Duno	ırıyə,	
Princeton								Square Feet	# of Floors		Bldg	Age	-
County (6)					10			11,000	1		60	+	
MERCER					10	ounty Code	(7)(STATE USE ONLY)	, ,	ior if being demo	lished	i)		
Name of Monitoring Firm H	ired by F	Buildin	T Owen	er /0\	TAGG	NA AL	T	MRI Suite a	nd storage				
ATC Associates, Inc.		- 4.70111	y Own	GI (0)		M No.		nent Contractor (9)					
Street Address						0098		NVIRONMENTA	L, INC.				
3 Terri Lane							Street Address						-
City, State, Zip Code							1123 BEAVE						
Burlington, NJ 08016							City, State, Zip C						-
Project Manager for Monitor							BRISTOL, PA	A 19007					
Michael R Keehn	ing riim	1			lephon		Telephone No.		License No.			-	
Start Date (10)		15.				36-8800	215-788-6040)	00509				
	12	Sche	duled	Comp	etion [Date (11)	Name of OSHA N	Monitor	1				_
9 / 27 /		-	10	/_1	5_/	_12	BRISTOL EN	VIRONMENTAL	INC.				
Occupancy Status During At	atemen	t (Che	ck only	one)			Street Address						
Facility Closed/Vacated E	Ouring E	ntire P	eriod o	f Abat	ement		1123 BEAVE	R STREFT					
Abatement Performed Ou Time of Abatement: 7:00	Itside of	Norma	I Facil	lity Hou	rs - De	escribe	City, State, Zip Co						
				PM	AN	A	BRISTOL, PA						
cope of Work (Check all the	t apply)			-									_
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf			⊠ R	enova emoliti	ion on		☐ Glovebac	ainment with Nega losure Procedure mpted (*) and Non-					
(E 30 = 30	50/32/3			s Loca				p.co () and 140N-	riable Procedur	_			
Location of Asbestos-Containing Mate	riol /AC	4.41	He	Norma ed Sol	lly		Description of				atem	ent T	ype
TO BE ABATED)	ivi)	Ma	aintena	nce/	Asbes	tos Containing Mat	erial (ACM)	Amount	Re	Re	Ē	1
IN Facility			Cus	stodial	Staff?	(I.e.,	thermal systems in surfacing, VAT,	nsulation,	(Specify	Remova	Repair	Encapsulate	Linconia
(13)			\	(12)	T.	4	other miscellaneo	us)	SF or LF)	<u>a</u>		Suls	2010
I			Yes	No	N/A							te	
Floor -Workarea NF #1				×		Floor tile			1400 SF	×			_
Floor- Workarea NF #1				×		Pipe Insu	ılation		20 LF				Г
Floor- Workarea NF #2				Ø		Floor tile			25 SF				
Floor- Workarea NF #1				×		Window	glazing		25 LF	×	=	_	_
ne of Registered Waste Ha				N.	DEP V	Vaste (Cubic Yards of	Name of Register	3	M			
RISTOL ENVIRONMEN	TAL, II	NC.			uler ID	No. V	Vaste		ORTH LANDF				
, State			-		18706		Disposal Date		CRIM LANDE	ILL			
RISTOL, PA 19007		8				1	nopusal Date	City, State					
pleted By (Print or Type)		Title		_				MUKKISVILL	E, PA 19067				
			tim -4	0.5				1 1-	Date	,	,		-
mpleted By (Print or Type) Brian Scafiro		Title Es	timat	or			Signature Brian A	MORRISVILL	Date	1-	1.0		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:46)CT 19

Date of Notification (1)				T	Name of B	uilding Owner/Ones	1.0001 19	朋与:	348	3		
9 / 13		12	- 1		Trustee	uilding Owner/Opera	iversity OS	Cou-				
	Notificatio	n		15	Street Add	ress	LICEN	STATEROL				
	tial nended					cMillian Building	~.,	OING AS				
	nended nendment	#2.0	19614	, 1	City, State,	Zip Code		()				
□ DCA □ Em	ergency (inclu	dina	≤		on, NJ 08544						
(NJAC 5:23-8) jus	tification)		unig	N	lame of Co							
☐ Cal	ncellation				Robert (Telephone N	umbe	r		
Name of English Where Abote					FACILIT	Y INFORMATION						
Name of Facility Where Abateme Princeton University-Elem	ent is Takir	ng Pi	ace (3)			Type of Faci	lity (4)				
Street Address	ientary P	aru	CIE L	ab-Bu	uilding 2	5	School (K	(-12)				
Faculty Rd							☐ Subchapt ☐ Other (i.e homes, e	er 8 (Other than K- ., private and comm	-12) nercia	al buil	dings,	ı
City (5)	_						Square Feet					
							11,000	# di Floors			, Age	1
County (6) MERCER				C	County Coo	e (7)(STATE USE ONL		Prior if being demo	- link -	60)+	
	5 7 7							and storage	ousne	a)		
Name of Monitoring Firm Hired by ATC Associates, Inc.	Building (Owne	er (8)	AS	CM No.	Name of Abate	ment Contractor	(9)				
Street Address				0	0098	BRISTOL E	NVIRONMENT	AL, INC.				
3 Terri Lane						Street Address						
City, State, Zip Code		-				1123 BEAV						
Burlington, NJ 08016				¥		City, State, Zip					_	
Project Manager for Monitoring Fire	m	-	Te	lenho	ne No.	BRISTOL, P	A 19007	#Acces = 38-55-10				
Michael R Keehn					86-8800	Telephone No.		License No.				
Start Date (10)	Sched	uled			Date (11)	215-788-604		00509				
9 / 27 / 12	1	0	/	8	/12	Name of OSHA						_
Occupancy Status During Abateme	nt (Check	only	onel				IVIRONMENTA	AL, INC.				
☐ Facility Closed/Vacated During E	Entire Peri	iod of	Ahat	emant		Street Address						
☐ Abatement Performed Outside or	f Normal B	Facili	N Ha	m D		1123 BEAVE						
Time of Abatement: 7:00AM-3:	30PW	F	M	AI	M	City, State, Zip C						
Scope of Work (Check all that apply)	-				BRISTOL, PA	19007				1252	
≥3 sf or ≥3 lf	Ē	XI Re	enova	ion		☐ Full Con	tainment with Ne	gative Pressure			-5000	
⊠ ≥160 sf or ≥260 lf	Ĉ	De	moliti	on		☐ Mini-End ☐ Gloveba	losure	-				
						☑ Non-Exe	mpted (°) and No	n-Friable Procedu	na.			
Location of			Loca							paten	and T	
Asbestos-Containing Material (AC	CM)	Use	d Sol	ely by	Ash	Description o estos Containing Ma	f			_		
TO BE ABATED IN Facility		Cust	intens	nce/ Staff?	(i.e	e., thermal systems i	nsulation	Amount (Specify	1 8	Repair	5	l ac
(13)			(12)	otali i		surfacing, VAT.	or I	SF or LF)	Removal	1.5	ps	Enclosure
		Yes	No	N/A		other miscellane	ous)		-		Encapsulate	8
st Floor -Workarea NF #1			×		Floor ti	le		1400 SF	57	_	_	_
st Floor- Workarea NF #1		ן כ	\boxtimes		Pipe in:	sulation			×			
St Floor- Workarea NF #2			\boxtimes		Floor ti			20 LF		×		
Floor- Workarea NF #1		ונ	Ø		Window	v glazing		25 SF	×			
ame of Registered Waste Hauler			N.	DEPV	Vaste	Cubic Yards of	No-	25 LF	\boxtimes			
BRISTOL ENVIRONMENTAL, I	NC.		Ha	uler IC	No.	Waste	Name of Registe	ered Landfill				
ly, State				8706		Disposal Date		NORTH LANDF	ILL			
BRISTOL, PA 19007						Disposal Date	City, State		10000	- C-1000		\neg
mpleted By (Print or Type)	Title					Signature	MOKKISVIL.	LE, PA 19067				

State of New Jersey, 12 OCT AM 9: 30 NOTIFICATION OF ASBESTOS ABATEMENT AM 9: 30 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			11) Juanani	NJAC 8:60 8	and 5:16)	hii 3.	28			
9 / 13	,	12	i.	Name of E	Building Owner	STAC	CONTR	n-			20.000
Aggraia				Truste	es of Princeto	n University	NSING"	UI.			
☐ EPA Type No	otricatio	n	No.	Street Add	Irace	- Chivelenty		d)			
☑ DOLWD ☑ Amer						63		VB	_	-	
☑ DHSS Amer	nded			City State	cMillian Build	ling					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ndment	# <u>1-9/</u>	18/12	City, State,	Zip Code						
(NJAC 5:23-8) justifi	gency (Cation)	includi	ng	Princet	on, NJ 08544						
Canox	ellation			Name of Co	ontact						
				Robert			Te	lephone Nu	ımbe	•	
Name of Facility Where Abatement	is Takin	o Plac	9 /31	FACILIT	Y INFORMATI	ON		-			
Initiation University-Elemen	tary P	articl	e (s)	D			Facility (4)				
			- CED	-building 2	5	□ Scho	ol (K-12)				
Faculty Rd						Subal	handar a com	0.46 14 -			
City (5)								and comm	2)		
Princeton									OI CARI	DULIG	ings,
County (6)		32				Square F	1 " "	f Floors	\neg	Bldg.	Ann
				County Cod	0 (7) (07)	11,000			- 1	-	. 100
MERCER					e (7)(STATE USE O		se (Prior If be	ing dame!		604	r
Name of Monitoring Firm Hired by Bui	iding O	wner (8) [4	SCM No.	and the first successive the	1 1011/1/20	IITA SAA AA-	A celuoli	sned)		
AIC Associates, Inc.			"		Name of Ab	atement Contract	01/01				
Street Address				00098	BRISTOL	ENVIRONME	MTA:				_
3 Terri Lane					Street Addre	SS SMINISTER	MIAL, INC.	•			
City, State, Zip Code						S AVER STREET	55 55				
Burlington, NJ 08016					City State 3	AEK SIKEET	V. ===				
					City, State, Z					_	
Project Manager for Monitoring Firm		T	Teleph	one No.	BRISTOL	PA 19007					
Michael R Keehn		- 1		386-8800	Telephone No		Licer	ise No.			4.5
Start Date (10)	chadule	od Con	000	200-8800	215-788-6	040				(1998)	
ON HOLD	W102016	/	npietioi	Date (11)	Name of OSH	A Monitor	- 00:	509			
		- ′ -		/	BRISTOL	ENVIRONMEN		SWELLY-			_
Occupancy Status During Abatement (C	heck or	nly one	(:)		Street Address	THAINOUMEN	IAL, INC.				
Facility Closed/Vacated During Entire	Period	of Ab	atemen	nt							
						ER STREET					
	N	_PM		W	City, State, Zip	Code					
ope of Work (Check all that apply)					BRISTOL, F	PA 19007					
≥3 sf or ≥3 lf					D-11-						
≥160 sf or ≥260 lf	× 1	Renov	ation		☐ Full Co	ontainment with N	legative Pres	Sura		dhee	
		Demoi	ition		Gloven	an Desertin					
		la L			⊠ Non-Ex	empted (°) and h	Jan P.				
Location of		Is Loc	Milen			/ / and h	TOTI-FRIBBle P	rocedure	200000000000000000000000000000000000000		
Asbestos-Containing Material (ACM)	Us	sed So	lely by		Description	of	1		Abate	mani	Tur
TO BE ABATED	/ M	ainten	ance/	Aspest	os Containing M	storial /ACLA	1				\neg
IN Facility (13)	Cu	stodia	Staff?	(i.e.,	mermai systems	insulation	Amou		18	Encapsulate	chclosure
(13)	-	(12)	1	SUMBCING, VAT	or	(Spec SF or L	m §	a a	. 3	8
	Yes	No	N/A		other miscellane	ous)	0,01	-() §	- -	I Su	. 3
loor -Workarea NF #1		×	10	+						100	1 0
loor- Workarea NF #1	旨	-	+	Floor tile			1400 S	E F	1=	+	+
loor- Workarea NF #2	-	×	0	Pipe insul	ation		20 LF	. 6	+=		
- C. T. C.		Ø		Floor tile					-		
on Workers NE 44				Window gl	azino		25 SF	163			
			ID DO		bic Yards of		25 LF				
of Registered Waste Hauler		N.	DEP V	and Ch	DIC Targs of	Name of Danie					_
of Registered Waste Hauler STOL ENVIRONMENTAL, INC.		Ha	Buler ID	No. Iwe	este	Name of Regist	ered Landfill				
of Registered Waste Hauler STOL ENVIRONMENTAL, INC.		Ha	18706	No. W	posal Date	G.R.O.W.S.	ered Landfill NORTH LA				
oor- Workarea NF #1 of Registered Waste Hauler STOL ENVIRONMENTAL, INC. state STOL, PA 19007 eted By (Print or Type)		Ha	Buler ID	No. W	este	G.R.O.W.S. City, State MORRISVIL	NORTH LA	NDFILL		_	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16 TUS CON 180# 2342

A	/_	12		Na	me of Bu	vilding Owner	Operate	SISTUS COLLECTION	CONGR	# 23	342
☐ EPA ☐ Initia ☐ DOLWD 675 8 ☐ Ame	l Nded			Stre	et Addre	ess Millian D.	con Uni	versity		9	
DCA Emer		(inclu	ding	Pi	inceto:	n. N.I ness					
☐ Cano	ellation	1		Re	bert O	tect			Total		
Name of English 14th and 1				EA	Oll In	rtoga			1 1000	hone Num	ber
Name of Facility Where Abatement	is Taki	ing Pla	ce (3)	- FA	CILITY	INFORMA	TION			-	7
Princeton University-Elements Street Address	tary	Partic	le La	b-Build	ina se			Type of Fac	Hity (4)		
Faculty Rd		-						School of	401		
City (5)								1 Stababaa	a_ a	han K-121	
Princeton	1)/200							homes, e	itc')	d commen	zial buildings.
County (6)								Square Feet	# of F		
MERCER				Count	v Code	TYSTATE USE		11,000	1 4		Bidg. Age
Name of Monitoring Firm Hired by Bui				1	, 5000 (INSTALE USE	ONLY	Current Use (Prior If being	domelist	60+
ATC Associates, Inc.	lding (wner	(8)	ASCM N	lo.	I Name 4 i		MRI Suite	and stom	ae de la constante de la const	ad)
Street Address				00098		PRICE.	batemer			96	
3 Terri Lane						Street Add	DL ENV	RONMENT	AL, INC.		
City, State, Zip Code						-1.001 1400	622				
Burlington, NJ 08016						City City	AVER	STREET			
Project Manager for Monitoring Firm						City, State,	Zip Cod				
Michael R Keehn			Telep	hone No.		BRISTO Telephone I	L PA 1	9007			NAME OF THE PARTY
			609	386-88	100	215-788-			License	Mo	
9 / 24 / 12	chedul	ed Co	mplatic	Dota (441				00509		
				/ 12	2	Name of OS	HA Moni	tor			
Occupancy Status During Abatement (Ci	neck o	nly on	9)		-	DICIOIOL	ENVIR	ONMENTAL	-, INC.		
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norr Time of Abatement: 7:00AM-3:30PM	Period	of At	ateme	nt	1	snaat Woolet	S				
Time of Abatement: 7:00AM-3:30PM	nal Fa /	cility F	iours -	Describe	1	1123 BEA	VER S	TREET			
Scope of Work (Check all that apply)		-LM-	_	AM	10	ity, State, Zi	Code				
						BRISTOL,	PA 190	07			
] ≥3 sf or ≥3 M] ≥160 sf or ≥260 M		Renov Demoi	ation Ition			1 1 1 1 1 1 1 1 1 1					
Location of		Is Loc	ation	\neg		⊠ Non-E	xempted	odure (°) and Non-F	riable De-		
Asbestos-Containing Material (ACA)	l us	Nom	ally Jely by						HODIE PIDOS	The same of the sa	
TO BE ABATED IN Facility	I M	ainter	Bhos/	A	sbestos	Description Containing &	And	4000		Aba	tement Type
(13)	Cu	stodia	Staff?	1	/ mid	ALTHOUGH PARTIMUM	P impedant	ion.	Amount	Removal	20 m m
,	Yes	(12	-	_		urfacing, VA er miscellan	TAP	,	(Specify SF or LF)	1 8	Enclosure Encapsulate
Floor -Workarea NF #1	-	No	N/A	1		AL HINDCHIED	eous)		or or Cr)	1 50	1 8 8
		X		Floor	tile						8 0
Floor- Workarea NF #1		X		-	nsulati				1400 SF	⊠ c	1=1=1
Floor- Workarea NF #2		Ø	后		_	on			20 LF	1=1=	
loor- Workarea NF #1			_	Floor				_			
e of Registered Waste Hauler		⊠ ×		Windo	w glazi	ng			25 SF		
ISTOL ENVIRONMENTAL, INC.		No.	DEP V	Veeta	Cubic	Yards of	Mari	-/2	25 LF		1
State			8706	No.	Waste		rame	of Registered	Landfill		
STOL, PA 19007					Dienas	al Date	G.R.	o.w.s. Nor	TH LANDE	:ILI	
					1 - 10h02	EI UMIA	City, St	ole		- 400-00	1



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Date of Notification (1)	40 .	40					870	vner/Operator (R_{i}	ECE	111	F	٠.
	13 /	12			Tru	istees of	Prir	nceton Unive	ersity	2010	-			j
Agencies Notified EPA	Type Notific Initial					t Address . MacMi	llian	Building	27	2012 OC	719	AM	8: :8	ີ ວ
☑ DOLWD ☑ DHSS		250	s_40/4	6112	City,	State, Zip	Code			ASSES & L	TOO		- 6	· J
□ DCA	☐ Emerger	- 57			Pri	nceton, l	NJ 0	8544		&1	ICE C	ONT	Rn	,
(NJAC 5:23-8)	justificati	ion)		,		of Contac				Telephone Nu	imber 3	ING		
	☐ Cancella	tion			Ro	bert Orte	ga					1857	. (5
					FA	CILITY II	VFO	RMATION						
Name of Facility Where A									Type of Facility	(4)				
Princeton Universit	ty-Elementa	ary Pa	article	Lab	-Build	ing 25			School (K-12		12)			
Street Address									Other (i.e., p	8 (Other than K- rivate and comm	nercial b	uilding	js,	
Faculty Rd									homes, etc.	·				
City (5)									Square Feet	# of Floors		dg. A	ge	
Princeton									11,000	1		60+		
County (6) MERCER					Cou	nty Code (7)(STA	ATE USE ONLY)		rior if being dem	olished)			
	Name of Monitoring Firm Hired by Building Owner (8								MRI Suite a					
ATC Associates, In	wner	(8)	ASCM				ent Contractor (9)							
Street Address	C.				0009	98			VIRONMENTA	L, INC.				
3 Terri Lane								eet Address 1123 BEAVEI	POTPEET		2000			
City, State, Zip Code			7					y, State, Zip Co	- West and the second					_
Burlington, NJ 0801	16						100,400	BRISTOL, PA						
Project Manager for Moni				Tel	ephone	No.		lephone No.		License No.				
Michael R Keehn					09-386		1000	215-788-6040		00509				
Start Date (10)	15	Sched	luled C	1	etion Da		Na	me of OSHA M	lonitor	1				
9 / 27 /				1,171	1 /	2.5	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Check	c only o	one)			Str	eet Address						
☐ Facility Closed/Vacate					ement			123 BEAVER	RSTREET					
☐ Abatement Performed						cribe	Cit	y, State, Zip Co	ode			- 1/20		
Time of Abatement: 7	:00AM- <u>3:30</u> F	PM/	P	M- <u></u>	AM		1 - 0	BRISTOL, PA						
Scope of Work (Check all	that apply)					11 16	1			200				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De					☐ Mini-Encl			dure			
			ls	Loca	ation	T	-	M HOH-EXC	mpted () and 140	III-I Habie I Toce		atem	ant T	vne
Location	of		1	Norma	ally			Description o	f					
Asbestos-Containing N TO BE ABA		1)			lely by ance/			Containing Mar ermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit				odial	Staff?	(1.6	5	surfacing, VAT,	or	SF or LF)	Val	=	psu	Sur
(13)		3		(12)	100000000	-	ot	her miscellane	ous)		100		late	œ
			Yes	No										
1 st Floor -Work Area						PIPE IN	ISUL	_ATION - WR	AP & CUT	420 LF				
Auditoria de la companya della companya della companya de la companya de la companya della compa								w.u				П		
													_	
Name of Registered Wast	e Hauler		П		NJDEP /	Naste Naste	Cut	oic Yards of	Name of Regis	tered I andfill			П	
BRISTOL ENVIRONI		IC.		- 1	Hauler II		Wa	:		. NORTH LAN	IDEILI			
City, State					18706	i	Die	nocal Data						
BRISTOL, PA 19007							DIS	posal Date	City, State	LLE, PA 1906	7			
		TiAle						Cianations	MOLKIONI			0.500		
Completed By (Print or Ty Brian Scafiro	pe)	Title	stimat	0-				Signature	1.0	/ >	Jo // 6	1	2	
Dilan Scallio		_ =:	ountal	.01				Khein	Scofero	1/1	10/10	//		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				IN	lame	of Building	n Ow	ner/Operator (2)	LUEIV	F. F	1				
	3 /	12							ceton Unive	ersity 2012 ()	CT 19 AM	ha t)			
Agencies Notified T	ype Notifica	ation			S	treet	Address				- 19 AM	8.	•			
133-0	Initial					E.A	. MacMil	lian	Building	ASRE	770	0. 4	3			
I TO THE PARTY OF	Amended				c		state, Zip C			8 1	100 COM	TDO				
☑ DHSS	Amendm	100			2		nceton, N			Œ [STOS CUN ICENSING	iku	L.			
DCA (NJAC 5:23-8)	Emergen justification		cluding	3	N		of Contac				Telephone No	umbei	43		_	-
	Cancellat				1.		ert Orte				Tolophone Itt		€2.			
						1.000		_	DIATION					-		
Name of English Where Abo	tomont in 7	ration.	- DI	(2)		FAC	JILII Y IN	FOF	RMATION	I =	745					
Name of Facility Where Aba		NO PROPERTY OF	E 74 0000000							Type of Facility	4					
Princeton University-	Elementa	ry Pa	articie	La	p-B	uildi	ng 25			☐ School (K-12		-12)				
Street Address										Other (i.e., p	rivate and comr		l bu	ilding	ıs,	
Faculty Rd										homes, etc.)						
City (5)										Square Feet	# of Floors		Blo	dg. A	ge	
Princeton										11,000	1			+06		
County (6)						Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olishe	d)			
MERCER										MRI Suite a	nd storage					
Name of Monitoring Firm Hir	red by Build	ding C)wner	(8)	AS	SCM	No.	Na	me of Abatem	ent Contractor (9)						
ATC Associates, Inc.						0009	8	E	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address						-		Str	eet Address							
3 Terri Lane								1	123 BEAVE	R STREET						
City, State, Zip Code			-						y, State, Zip C							
Burlington, NJ 08016									BRISTOL, PA							
Project Manager for Monitori	ing Firm			Te	elenh	one l	No		ephone No.	1 10001	License No.		-			
Michael R Keehn	g				me Tierre		-8800	10.00	15-788-6040		00509					
Start Date (10)	10	chad	uled C			1212	te (11)	1000	me of OSHA N		00000					
9 / 27 /			0 /					115000000		VIRONMENTA	L, INC.					
Occupancy Status During At	patement (0	Check	only	one)				Stre	eet Address			-				
☐ Facility Closed/Vacated D	During Entir	e Per	riod of	Abat	teme	ent		1	123 BEAVE	R STREET						
☐ Abatement Performed Ou							cribe	City	, State, Zip Co	ode		700 151111				
Time of Abatement: 7:00)AM- <u>3:30</u> F	M/	P	M		_AM		В	RISTOL, PA	19007						
Scope of Work (Check all tha	at apply)				1					***************************************						
☐ >3 sf or >3 lf			N D-		-41				☐ Full Con	tainment with Neg	gative Pressure					
≥ 160 sf or ≥260 lf			Re De De De De Re Re							g Procedure						
									Non-Exe	mpted (*) and No	n-Friable Proce	dure				
3.24.0		V			ation								Aba	atem	ent T	уре
Location of					nally				Description of				ZJ	Z	ш	ш
Asbestos-Containing Mat TO BE ABATE)	5.00000000		nanc		Asbe	stos	Containing Ma ermal systems	iterial (ACM)	Amount (Specify		Removal	Repair	nca	nclo
IN Facility			Cus		al Sta	iff?	(1.0		surfacing, VAT		SF or LF)		val	=	Encapsulate	Enclosure
(13)				(12	1			otl	her miscellane	ous)					ate	æ
			Yes	No	0	N/A									877	
1 st Floor -Workarea NF #					[Floor til	le			1400 SF		\boxtimes			
1 st Floor- Workarea NF #	#1			Ø	[Pipe Ins	sula	tion		20 LF			\boxtimes		
1 St Floor- Workarea NF #	#2			Ø	[Floor til	е			25 SF		X			
1 st Floor- Workarea NF #	¥1				1		Window	ı gla	zing		25 LF		X			
Name of Registered Waste H	lauler						Vaste	0.0000000000000000000000000000000000000	oic Yards of	Name of Regis	tered Landfill					
BRISTOL ENVIRONME			ler ID 3706		Was	ste .	G.R.O.W.S	. NORTH LAN	NDFIL	L.						
City, State	20000	25.5						Disp	posal Date	City, State						
BRISTOL, PA 19007										MORRISVI	LLE, PA 1906	57				
Completed By (Print or Type))	Title						-	Signature			Date	1	/		
Brian Scafiro		Es	stimat	tor					Brian	Scolino	/je	101	16	/10	7	

ASB-41 **MAY 11**

ame of Registered Waste BRISTOL ENVIRONMI ty, State BRISTOL, PA 19007 Impleted By (Print or Type	ENTAL, INC.		54 0404	auler II 18706		Disposal Date Signature	City, State	NORTH LANDF	ILL			
BRISTOL ENVIRONM			54 0404					NORTH LANDF	ILL			-
ame of Registered Waste	Hauler						Name of Registe					
W/ N/2000 10				JDEP V	Vaste T	Cubic Yards of	Name of Daniel	and Lander				
		#										1
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			-	-	FIFE IN	SULATION - WR	AF & CUI	420 LF	Ø			-
t Floor -Work Area			No	I D	DIDE IN	PULL ATION: 14:	AD 0 0115		-			_
(13)		Yes	(12) No	N/A		surfacing, VAT other miscellane	, or ous)	SF or LF)	a		sulate	
Location of Asbestos-Containing Mi TO BE ABATI IN Facility	aterial (ACM) ED	M	Norma ed Sol aintena stodial	ely by ince/		Description of stos Containing Ma	iterial (ACM) insulation,	Amount (Specify	Remova	Repair	Encapsulate	-
*		7 1	s Loca		<u> </u>	⊠ Non-Exe	empted (*) and Nor	n-Friable Procedur	_	atom	ant 7	_
Scope of Work (Check all t ≥3 sf or ≥3 if ≤ 160 sf or ≥260 if	hat apply)		enova: emoliti			☐ Mini-End	g Procedure	**************************************				
Abatement Performed 0 Time of Abatement: 7:0	<u>00</u> АМ- <u>3:30</u> РМ	nal Facil	ity Hou PM	rs - De AM	scribe I	City, State, Zip C BRISTOL, PA			-			_
☐ Facility Closed/Vacated	During Entire	Period o	f Abate	ement		Street Address 1123 BEAVE	R STREET					
9 / 27 / Occupancy Status During				7_/	12		IVIRONMENTA	L, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Start Date (10)	Scl		Comp	etion D	ate (11)	Name of OSHA		00309			- 1100	-
Michael R Keehn	oung t mm		1	ephone 09-38	6-8800	Telephone No. 215-788-604	0	License No. 00509				
Burlington, NJ 0801 Project Manager for Monit			To	onker	No	BRISTOL, P.	A 19007					
City, State, Zip Code	c					City, State, Zip C					-	_
3 Terri Lane						1123 BEAVE	R STREET					
Street Address						Street Address	TAIRONMENIA	IL, INC.				_
ATC Associates, Inc		ig Owne	(0)		и No. 098		nent Contractor (9)	•				
Name of Monitoring Firm	Hired by Ruildin	o Own	r (2)	ASC	d No.	IN.	MRI Suite a	and storage				
County (6) MERCER		****		Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed	-	**	-
Princeton							Square Feet 11,000	# of Floors		Bldg 604	_	
City (5)							homes, etc.	.)			or t eest v	
Street Address Faculty Rd							Other (i.e.,)	8 (Other than K-1)	2) ercial	buildi	nas.	
Princeton Universi	ty-Elementar	y Partio	ele La	b-Buil	ding 25		School (K-1	2)				
Name of Facility Where	Abatement is Ta	king Pla	ice (3)			- Cramarinon	Type of Facility	(4)		-		_
						NFORMATION		•			1-15-76	_
(110/10/0.25-0)	☐ Cancellation	(12 C)			obert Ort	1000		Telephone Nun	nber		-	
☐ DCA (NJAC 5:23-8)	☐ Emergence justificatio	y (includ	ing		rinceton, ne of Conta							
☑ DHSS	Amendme	nt # <u>5-1(</u>)/15/1	4 1	, State, Zip	Code	- LICE	MSING ROL		_		-
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended			E	.A. MacM	illian Building	ASUESTOS & LICE	Cours				
Agencies Notified	Type Notifica	tion		Stre	eet Address	ing Owner/Operato f Princeton Uni	ASOF	AM 8: 23				_
	13 /	12			iustees 0	rinceton Uni	versity /	J A14 .				
9 /	40 .	40		1 7	ruetose	6 Daimandan II.	LOCT I	0 -				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT RECEIVER9.1.

	13 /	_ 12				ng Owner/Operator	`" <#12 nr	T 19 AM					
9 / _					4010030	f Princeton Unive	ersity - oc		D. A.				
Agencies Notified	Type Notific	cation		Stree	et Address		Acora.	711	0: 23	}		-	
□ EPA	☑ Initial			E.	A. MacMi	illian Building	ASBEST & LI	OS COM	ITD -				
☑ DOLWD				City	State, Zip	9	& [1	CENSIL	TROF			_	_
☑ DHSS □ DCA		ment #5-10		, ,		NJ 08544		oolia	3	70.			
(NJAC 5:23-8)	Emerger justificat		ling		e of Conta				<u>}</u>	, v			_
•	☐ Cancella				bert Orte	73		releption	ne Numb	er			
						NFORMATION				•		_	_
Name of Facility Where A	batement is	Taking Pla	ace (3)		COLLIA I II	W OKWATION	Type of Facilit	v (4)					_
Princeton Universit				b-Build	lina 25		School (K-						
Street Address							☐ Subchapte	r 8 (Other tha	an K-12)				
Faculty Rd							Other (i.e.,	private and	commerc	ial b	uildin	gs,	
City (5)							homes, etc						
Princeton							Square Feet	# of Flo	ors	В	lldg. A	177	
County (6)				Cou	nty Code /	TVOTATE HOE ONE VA	11,000	1			60+		
MERCER				100	inty Code (7)(STATE USE ONLY)				red)			
Name of Monitoring Firm I	Hired by Buil	Idina Own	r (0)	ACCM	I Na	Ti	MRI Suite	_	je				
ATC Associates, Inc		iding Own	ei (o)	ASCM		Name of Abateme							
Street Address	<u> </u>			000	98	BRISTOL EN	VIRONMENT	AL, INC.					
3 Terri Lane						Street Address							
						1123 BEAVE							
City, State, Zip Code	^					City, State, Zip Co				112			
Burlington, NJ 0801						BRISTOL, PA	19007						
Project Manager for Monite	oring Firm			ephone		Telephone No.		License	No.				
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Michael R Keehn				09-386		215-788-6040		0050	9				
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Start Date (10)9 /27 /	12 _	10	/ _1	letion [Date (11) 12	Name of OSHA M	onitor /IRONMENTAL				
Michael R Keehn			1	609-38	36-8800	215-788-6040		License No. 00509			
Project Manager for Monitor	ing Firm		Te	lephon	e No.	BRISTOL, PA	19007	11.			
Burlington, NJ 08016						City, State, Zip Co					_
City, State, Zip Code						1123 BEAVE					
Street Address 3 Terri Lane						Street Address	AIMENIA	L, ING.			
ATC Associates, Inc.					098		ent Contractor (9) VIRONMENTA				
Name of Monitoring Firm H	red by Buildin	g Own	er (8)		M No.	Name of Abatem	MRI Suite a	nd storage	- 650		<u> </u>
County (6) MERCER				C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished	d)	·
Princeton							11.000	1		Bldg.	
City (5)							homes, etc.	# of Floors			105000
Faculty Rd							Other (i.e., p	8 (Other than K- private and comm	·12) nercia	l build	inas
Street Address		, rand	CIG L	10-Bu	ilding 25		School (K-1)	2)			
Name of Facility Where At Princeton University	-Elementer	KING PI	ace (3)) ob 5			Type of Facility				
Name of Escility Where At	otoma at la T				FACILITY	INFORMATION					
ļl	☐ Cancellation				Robert Or			Telephone N	umbe		
(NJAC 5:23-8)	☐ Emergenc justificatio	n)	ding		me of Cont	, NJ 08544 act					
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□ EPA	ype Notifica	tion		S	reet Addres						
	Type Notifica	12 tion				ding Owner/Operator	ersity	HI 8: 53			

State of New Jersey RECEIVED 9 1
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 576) OCT 10

9 /	13 /		12		Na	me of Build	ding Owner/Operator	(2)	API 8: (23			
□ EPA	Type Notification Amend	ded		0/4 4 /4		reet Addres E.A. MacN y, State, Zi	lillian Building	& LICE	CONTRO NSING	DL.			
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency ation	(includ	<u>0/11/1</u> ding	- 1		NJ 08544		Telepho	no Alumai			
	☐ Cancell	llation	n			Robert On			relapho	ne rumi	ber		
Name of Facility Where Ab	atement is	s Tak	king Pla	ace (3)			INFORMATION	Time of Facility	4 70				
Princeton University	-Element	tary	Parti	cle La	b-Bui	lding 25		Type of Facili					635-R
Street Address								☐ Subchapte	er 8 (Other the	an K-12))		
Faculty Rd								Other (i.e., homes, et	, private and (commerc	cial	build	lings,
City (5) Princeton								Square Feet	# of Flo	ore	_	Dide	A
					- 8			11,000	1	VIS		Bidg. 60	-
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MERCER									and storag		icu,	,	
Name of Monitoring Firm His	rea by Bui	ılding	Owne	er (8)	100000000000000000000000000000000000000	M No.	Name of Abateme	ent Contractor (9)		_	_	
ATC Associates, Inc.					00	098	BRISTOL EN						
3 Terri Lane					-		Street Address				_		
- 10111							1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip Co	xde				_	
Burlington, NJ 08016							BRISTOL, PA	19007					
Project Manager for Monitori Michael R Keehn	ing Hirm		•		lephon		Telephone No.		License	No.	_		
itart Date (10)		<u> </u>				6-8800	215-788-6040		00509				
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9 / 27 / 1	12		10			12	Name of OSHA MO		I INC				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) 2012 OCT 19 AM 8: 2

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NOTIFICATION OF ASBESTOS ABATEMENT 9
(Pursuant to NJAC 8:60 and 5:16)

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NOTIFICATION OF ASBESTOS ABATEMENT STOS CON (Pursuant to NJAC 8:60 and 5:16) & LICEACON

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Name of Facility Where Abates				Robert	TV MAD			Telephon	e Numb	er
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City, State, Zip Code				12	A COL VODI 622	•				
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Burlington, NJ 08016					City, State, Zip	Code				
Project Manager for Monitoring Fin	n				BRISTOL, F	DA CAC	A.D.			
Michael R Keehn	••		Telep	hone No.	Telephone No.	A 190	07			
Start Date (10)			600	200 0000			T	License No.		
ON HOLD	Schedu	led Co	moletic	n Date (11)	215-788-604	Ю				
- Contraction -				Date (11)	Name of OSHA	Montor		00509		
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NOTIFICATION OF ASBESTOS ABATEMENT

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Agencies Notified Ty	pe Notific		_	Trusti	pes of Princeton Un	itor (2)	b C	C# 2	342
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ATC Associates, Inc. Street Address	_		. (0)		Name of Absterna	ni O	and stoll	JUDO 	10)
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City, State, Zip Code					Street Address	INCHMENT!	L, INC.		
Burlington, NJ 08016		_			1123 BEAVER				
Project Manager for Maria					City, State, Zip Cod	OIREET			
Project Manager for Monitoring Firm Michael R Keehn			Tale	phone No.	BRISTOL, PA 1	9002			
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Occupancy Status During Abatement □ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A 01 to	(Check (Check (ire Periodomal Fa	PM- Renov Demoi	balemics	on Date (11) / 12 ont Describe AM	Name of OSHA Moni BRISTOL ENVIR Street Address 1123 BEAVER ST City, State, Zip Code BRISTOL, PA 190 Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	ONMENTAL, TREET 07 ont with Negative	INC.		
Occupancy Status During Abatement Facility Closed/Vacated During Ent Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply) 3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	(Check (Check (ire Perio) ormal Fa	PM-Renovable Local Normal Relations of States	balemic fours.	on Date (11) / 12 ont Describe AM	Name of OSHA Moni BRISTOL ENVIR Street Address 1123 BEAVER ST City, State, Zip Code BRISTOL, PA 190 Full Containme Mini-Enclosure Glovebag Proc Non-Exempted Description of	ONMENTAL, TREET O7 Put with Negeth edure (*) and Non-Fri	INC.	dure	Ment Turn
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CK 9720902857

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

RECEIVED

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Date of Notification (1) 10/10/12			2.0	ame of E Ars. Mo	Building Owner organo	/Operator	(2)	2012 OC	T 19	AM o				
Agencies Notified	Type Notification			treet Ad 340 Sec	dress cond Avenu	е		ASBES	The	CONT	64			
EPA DEP DOL	Initial Amended Amendment				e, Zip Code rst, NJ 0707	' 1		& E	ICEA	ISING	OL			
☑ DOH DCA	Emergency (injustification) Cancellation	ncluding		lame of o	Contact				Tele	phone Nur	nbec)		
					ITY INFORMA	TION			-		7000			
Name of Facility Where A House Street Address		Place (3)						of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri) 3 (Othe	r than K-12	2) al build	lings,	home	S,
640 Second Avenu	е						- e	etc.)						
City (5) Lyndhurst							N/A	re Feet	N/A		N	ldg. A /A	ge	
County (6) Bergen				County C STATE U	ode (7) SE ONLY)		Curre	nt Use (Prior se	r if beir	ig demolisl	hed)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.			tement Cont ement, Inc		(9)				
Street Address				l		100000000000000000000000000000000000000	Addres	ss gren Aven	ue					
City, State, Zip Code								ip Code IJ 07512						
Project Manager for Mon	nitoring Firm		T	Telephor	ne No.	Telep	hone N 345-8	0.		License N #00675				
Start Date (10) 10/29/12		Schedule		pletion [Date (11)	2.572222		HA Monitor ement, Inc	l c.					
Occupancy Status Durin	ng Abatement (Che			-			Addre		-					
A STATE OF THE STA	cated During Entire			ent		11 F	Rosen	gren Aven	ue					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours					ip Code NJ 07512						
Scope of Work (Check	All That Apply)													
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		Т.						JII Exempted	1 / 2			1000	emen	
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Name of Registered W	aste Hauler		100	JDEP V lauler ID		ıbic Yards Waste		Charles Sin III		ered Landf				
D&S Abatement, In	ıc.			20996	TE	BD	5100	11 - 12 - 12 - 12 - 12 - 12		gement	UI PA			
City, State Totowa, NJ	22					sposal Dai 3D	te	City, Stat		A				
Completed by Deanna Brkusanin		Title Proje	ect M	anager		Signate	7 lea	rua Ru	luce		Date 10/10/	12		

RECEW #D2190

Date of Notification (1) 10/16/12					Building Manage			(2)	2012	OCT	19 AM	0.			
Agencies Notified	Type Notification	1	- 0	Street Ad 43 San	ddress nworth	Road	Į.		4 58	ESTr)Siron	· »			
EPA DEP DOL	Initial Amended Amendment				te, Zip Co , NJ 070				ó	ELIC	IS CON ENSIN	HRC G	L.		
⊠ DOH ⊠ DCA	Emergency (justification) Cancellation	N 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100		Contact chael D	eBlasio)				phone Nu		63		
				FACII	LITY INFO	ORMATI	ON			-14					
Name of Facility Where Felician College - I Street Address								Туре	School (K- Subchapter Other (i.e.	12) r 8 (Othe			dings	hom	
21 Milton Court City (5)									etc.) are Feet		Floors		Bldg. A		cs,
Rutherford								80,0	000 +	4		5	0+	J-	
County (6) Bergen				County C (STATE U	Code (7) ISE ONLY)		Sch	ent Use (Pri 1001	or if beir	ng demolis	hed)			
Name of Monitoring Fire Accredited Enviror			c.	ASCM 0002					atement Con Contractin			- 1 April 1			
Street Address 907 Doolittle Drive				d	·			Addre	ess eant Aver	:	550				
City, State, Zip Code Bridgewater, NJ 08							City, S	State, 2	Zip Code J 07013	140					
Project Manager for Mo Mr. Eric Housekne	nitoring Firm		1.73	Telephor 908-21	ne No. 8-1108		Telepi	hone N 689-6	lo.	1	License N 01099	lo.			
Start Date (10) 10/26/12		Schedule 12/21/1		pletion [Date (11)				HA Monitor ronmenta		atories L	LC		9	
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	Addre	ess						
	cated During Entire I ned Outside of Norm Occupied Building						City, S	State, 2	ite 22 We Zip Code J 07081	st 	-	100 C.D.			
Scope of Work (Check							Offic	/II, INC	07001					_	
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Asbestos-Containing TO BE AF In Fac (13)	g Material (ACM) BATED illity	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?		tos Cont thermal surfa	aining N	Materia s insul T, or	220	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	_	w	
Gara	ge		X		Cer	nentitio	ous Fir	epro	ofing	3,70	00 SF	Х			
Name of Registered Wa	seta Uaular		LN	JDEP W	anta	Cubic	Varde		Name of	Pogistor	ed Landfill				
Pyramid Contracting			Н	auler ID		of Was			G.R.O.						
City, State Clifton, New Jersey							sal Date)	City, Stat		nsylva	nia	75		
Completed by Dimo Golcev	0.20	Title	ral M	anger		S	ignature		(1)	H	Da	ite 0/16/1	2		
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ASB-41 (R-06-08)						0	* Do no	ot use	this form for	asbesto	s licensur	e exem	npted	activit	ties.

CK 1094360

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

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Date of Notification (1) 10/09/12	10/09/12					Owner/O	perator	(2)	2	2012	OCT 1	-	¥-,	-	,	
Agencies Notified	Type Notification		+	Street A	y Smith						061	9 1	H	9: /	7	
X EPA	× Initial			333 Ha	arding A	venue			4	SAF	STO	٠			F	
DEP X DOL	Amended Amendment		_ [te, Zip Co NJ 070					&	STOS LICE	NSI	NG	RO	L.	
DOH DCA	justification) Cancellation				Contact y Smith					Tele	ephone I	Numb	er		(1	
					LITY INFO	<u> </u>	N							-		
Name of Facility Where	Abatement is Takin	g Place (3)					-2010	Type o	of Facility (4)							
House		-							chool (K-12							
Street Address 187 Livingston Stre	eet							× o	ubchapter 8 ther (i.e. pri tc.)	vate 8	er than r & comme	(-12) ercial l	build	ings,	home	s,
City (5)								Square		100000000000000000000000000000000000000	Floors			dg. A	ge	
Clifton								N/A		N/A				/A		
County (6) Passaic				County C	Code (7) ISE ONLY)			Curren	it Use (Prior e	if bei	ng demo	olished	i)			200
Name of Monitoring Firm					l No.				ement Conti		(9)					
Street Address	eet Address						Street	Address	3		-					
0"- 01-1-7-0-1									ren Aveni	ue						
City, State, Zip Code	ty, State, Zip Code							state, Zip wa, NJ	Code I 07512							
Project Manager for Mo	nitoring Firm			Telephor	ne No.			none No 345-86			Licens #0067				800000	
Start Date (10) 10/23/12		Scheduled 10/24/12		npletion [Date (11)				A Monitor ment, Inc							
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street	Address	5							
	cated During Entire I								ren Aveni	ne						
Abatement Perform Other – Describe:	ned Outside of Norn Occupied	nal Facility I	Hours	· · · · · · · · · · · · · · · · · · ·	L	_		state, Zip wa N.	Code J 07512							
Scope of Work (Check A	All That Apply)		-					,	7 07 0 12							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	edure					e.	
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(13)			1000	Г		other m	niscellar	neous)					oval	a:	sulate	sure
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						711111						+				
Name of Registered Wa		-	34 27	IJDEP W lauler ID		Cubic of Was			Name of R							
D&S Abatement, Inc	C.			20996		TBD			Waste M		gemen	t of F	Α			
City, State Totowa, NJ						Dispos TBD	al Date		City, State Tullytow		4					
Completed by		Title	4.8.4			S	ignature	111	,,,,)	11	v I	Date		^	-C-16111	
Deanna Brkusanin		Projec	t Ma	anager				Y//// 0	Ulle K	Mil	4	10/0	19/1	2		

No check

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

Date of Notification (1) 10/15/12					Building C ersey C			(2)	-019	201	POCT 1	9	M -	· ()	
Agencies Notified EPA	Type Notification Initial Amended	1	!		dress mburg 7 e, Zip Coo		(e			453 —d	ESTOS LICE/	CO	VTP	16	
EPA DEP DOL DOL	Amended Amendment #, Emergency (in justification)		- '	Wayne	NJ Contact		lly lad	untrios		Tele	phone Nu	mber	G"		
DOH DCA	Cancellation				elleher (ustries		1					
Name of Facility Where A Street Address 594 Hamburg Turnp		Place (3)		FACIL	ITT INFO	KWATI		S S X	of Facility (4 chool (K-12 ubchapter other (i.e. potc.)	2) 8 (Othe	er than K-1	2) ial build	dings,	home	s,
City (5) Wayne				-				Square 47,00	e Feet 00	3	Floors	1	ldg. A 00	ge	
County (6) Passaic				County C	ode (7) SE ONLY)			Curren	nt Use (Pric	r if beir	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building O	wner (8)	<u> </u>	ASCM	No.		Name ABS	of Abate Enviro	ement Con onmental	tractor Serv	(9) ces, LL()			
Street Address	1034							Address Sate D	s rive, PO	Box 4	183				8 7 41 7 11 11
City, State, Zip Code								tate, Zij wood,	Code NJ 074	18					
Project Manager for Mon	itoring Firm		T	Telephon	e No.			one No 583-85			License 1	No.			
Start Date (10) 10/16/12		d Com	pletion C	Date (11)		Name	of OSH	A Monitor					2550		
Abatement Perform Other – Describe:	ated During Entire Poet Outside of Norma second shift: 3:30 - 1	eriod of A	batem	ent				Addres							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	il That Apply)		enova emolit					Full Min Glo	Containmoi-Enclosure vebag Producent	e cedure				re	
		le le	Locati	00				1101	·				Abat	emen	t
Locatior Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) <u>ATED</u> lity	Use Ma	lormal d Sole intenai odial S (12)	ly ly by nce/		tos Cont thermal surfa		Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
attio	·			X		pipe	insula	tion		1	0 LF	x			
bar ar				х			oor tile			2	00 SF	x			
bar ar		х		sheet	rock c	eiling		6	00 SF	x					
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Name of Registered Wa		ا	10000	JDEP W		Cubic of Wa	Yards		OUROSCHUR DAVIDANT AND		ered Landf	ill .			y
Freehold Cartage			0.00	fauler ID 5939	140.	20			GROW		andfill				
City, State Freehold NJ						TBD	sal Date	×	City, Stat Morrisv			2-45	-		
Completed by Andrew Scott Higgin	าร	Title Presi	dent			. 8	Signatur	e		_		Date 10/15/	12		

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1			ICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT	A SM	7=11	har	ر (
Date of Notification (1) 9/26/12				f Building Jersey			(2)	MEN	<u> </u>	Die				
Agencies Notified Type Notification	-		Street A				_ 201	RECO.	9 AF	9: 16				
EPA Initial Amended Amendmen	1	-		ate, Zip C	erministrative d									
Emergency		-	Wayn	e N f Contact				ESTOS & LICE	MSIA	IG KUL				
DCA justification Cancellation				Kelleher					le	ephone Mi	mber			******************************
Name of Facility Where Abatement is Takin	ng Place (3)	FACI	ILITY INF	ORMAT	ION	Type	of Facility	(4)					
37	50 00							School (K-	12)					
Street Address 594 Hamburg Turnpike							×	Subchapte Other (i.e. etc.)	private	& commerc		dings	hom	es,
City (5) Wayne							Squa 47,0	re Feet 100	3	f Floors		3ldg. / 100	\ge	
County (6) Passaic			County (Code (7) USE ONL	n		Curre	ent Use (Pr	or if be	ng demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	ЛNo.				tement Co ronmenta						
Street Address						Street 4 E C		ss Drive, PC) Box	483				
City, State, Zip Code						City, S	tate, Z	ip Code				- 1000		
Project Manager for Monitoring Firm			Telepho	ne No		Glen		NJ 074	18	License N	do.			
•						973-5	583-8	500		703	····			
Start Date (10) 10/15/12	11/15/	12	npletion I	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Chec	k Only Or	ne)		2		Street	Addre	SS				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other - Describe:	Period of Anal Facility	Abaten Hours	nent S			City, St	tate, Z	ip Code		<u> </u>				
Scope of Work (Check All That Apply)					·	<u> </u>	201401						-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	l Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure	•				
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Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	Asbes	Des	scription		(ACM)	А	mount	-	1,	ре	
TO BE ABATED In Facility	4	intenar odial S	\$10000000000 III		thermal		insula		(8	pecify or LF)	Removal	Repair	ncap	Enclosure
(13)	Yes	(12) No	N/A		other n	niscellan	eous)			**************************************	oval	oair	Encapsulate	sure
attic			×		pipe	insulat	ion		- 1	0 LF	×	-		
bar area		х	-	flo	oor tile			20	0 SF	x				
roof			х		interi	ior roof	ing		10	00 SF	x			
Name of Registered Waste Hauler		LN	JDEP Wa	acto	Cubic '	Varda		Nama af	Danista	red Landfill				
Freehold Cartage	H	auler ID I		of Was			GROW							
City, State Freehold NJ					Dispos TBD	al Date		City, State Morrisv						
Completed by Andrew Scott Higgins	Title Presid	dent			Si	ignature				Da 9/	ite 26/12	10	15	1/3



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∞ ∞ c	Emergency (in	duding				po m		,0013.	VIII NEED W		0	an	=	4
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Name of Facility Where	Abatement is Yakim	Place	11:				TY	pe of Facility (4)					7
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Street Address	Buoso	ST	. FI	200	2-1	blog)	2	Other (I.e., pri	Asta e comus	irdai c	, Calcula	٠.		
	2000	_					30	W3/9 Fee!	VOLVIDOIT.		Glad.			٦
City (5)	a' 14 at						1/	000	2	_		o t		
(10)	DEMAY		_	<u> </u>	Code D) (STATE	- Ci	urrent Use (Prk	or If being den	okshe	d)			٦
County (6)	- 11.4			USE C	WLY)	1 King		MAC	DUT		(46) (20)			.
CAP	E MAY		_			New of the	amen'	Convegor (9)						7
Name of Monitoring Fin	n Hired by Building C	ywn er	A	SCM N	0	Name of Abai	M C	o IN	ci					
(8)	1/1		_ _											-
Street Address	/=		-7/22-55		2	Sueel Addres	" C,	SPRUC	E AVE					
?		5250000				369	$\stackrel{\cdot}{=}$	27100						7
To Ta Code		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				City. State, Zi	p Code	Cuan	E, NJ	0	305	L		•
City, State, Zip Code							PL	SHA	Limosa N		-		-	7
Project Manager for Mi	nitorina Firm	7	, Yelep	hone N	Q.	Yelephone No). 	01/77	00	44	4			
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	I Scher	uled Co	moleti	on Date	(11)	Name of OSI	M Mar	inos /	4.1					
Stan Date (10)		15		12		JOSE	ام خ	HICM	7-1			_	_	==
10/29/														
Occupancy Status Dur	ing Abatement (Che	CK ONLY	2101			369	5,0	Spruce	= 100					=
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Pagin Cigenta	ed Outside of Norma	I Facility	Hours	•		CRY, State, 2	تنز رو	SHAD	É, N.3	5:0	805	12		_
Other - Describe:														
Scope of Work (Check	(all that apply)			38		FUE	Conta	inment with Ne	gatve Pressu	16				
		□ Re	novatio	on .		☐ Mini	· Enclo	eure						
23 \$1 or 23 H 2160 \$1 or 2260 H		Z 00	mollion	1			r Exen	Procedure	on-Friable Pro	con dur	e .			÷
☐ 3100 \$1.01 \$100 ;;			- antio								A.	Type		
		I N	ocalio omely	.		Description	1				-			-
Locatio	n of	Used	Soleh	y by	Arba	eine Containing	Maler	ial (ACM)	Amount		-	1	ē	,/
Ashestos Containin	g Malerial (ACM)	Mair	sicola	CSI	(i.e	thermal syste	ims ins	sulation.	(Specify		Removal	Repair	Encapsulate	,,
TO BE AS	MIED		Staff?			sudaging.	VAT, O	1	3, 4 6.	'	ğ	8	3	
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				1	1	T Cubic Yard	s	Name of Re	gistered Land	Kill	ľ			
Name of Registered	Waste Hauler			JOEP I	O No.	of Waste	•	1 C.M	, C, M	,U	, 6,		1	_
Y SA	o INC.		_ '	179	07	5		Ciry. State			,			
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City State MAPLE SI	LADE AT	5,0	80:	52		.		1000	DBINE	<u>, , , , , , , , , , , , , , , , , , , </u>	_		=	=
		te .				Signal		1100		Date	116	11	2:	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 AND 12:120)

Date of Notification (1) Oct 16, 2012					Name of Buildi PSEG	ing Owner/C		M.F.	CE	IVE	D	
Agencies Notified () EPA		Notification (X) Initial No	otification		Street Address 4000 HADLEY	-		H2 OC 1	19	AM 9:	13	
() DEP () DOL () DOH		() Amende () Cancelle		ion .	City, State, Zip SOUTH PLAIN		*.0	EST & LIL	OS C.	ONTR	0 <u>L</u>	
() DCA					Name of Conta	act E		Tel. Nu	umber		69	
				FACILITY IN	FORMATION							
Name of Facility Where Al	batement is T	aking Place (3)		Type of Facility () School (K- () Subchapte	12) r 8 (other th	an K-12)					,-
Street Address 33 LITTLETON AVE					(X) Other (i.e. Underground s		mmerciai bio	gs., nom	ies, etc.			
City (5) NEWARK	County (6) ESSEX		County C (State Us		Sq. Feet 60,000 Bldg. Age 60 Current Use (p	# of Floo 5		OFFICE	:			
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM No	0.	T Gament Good (F	71101 II DOMIS	Name of Co Absolut Ac	ntractor				
NA							71200141710					
Street Address					Street Address PO BOX 295	3						
City, State, Zip Code					City State, Zip		022					
					FLORHAM PA	ARK, NJ U	932					
Project Manager for Monit	toring Firm	Telephone	Number		Telephone Nu (973) 410-921			Licens 00225	e Numb	<u>er</u>		
Scheduled Start Date (10) Oct 31, 2012	1	Scheduled DEC 31, 20		Date (11)	Name of OSH, MECS	A Monitor		4				
Occupancy Status During (X) Facility Closed/Vacate () Abatement Performed	ed During Ent	ire Period of	Abatement		Street Address 5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe					10							
Source of Work (Check al	I that apply)											
(x) Demolition () Ren (X) Large Proj. (>160 SF ((X) Full Containment with	ovation or >260 LF A0 h Negative Pr	CM) () SM Pressure (X	roj. (>25<16) Mini-End	60 SF or >10 <26	60 LF ACM) (Glovebag Proce) Minor Produre	oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos-	Is Loc	ation Normally	y Used	Description of	ACM (i.e.		Specify SF or	LF)	Abate	ment Ty	pe	
Containing Material (ACM Facility (13)	l) in Solely Staff?	by Maint./Cu: (12)	stodial	thermal systen surfacing, VAT						1220000		
4ST ETH ELOOD	YES	NO	NA X	miscell.) PIPE COVERI	NC	1,000 LF	3500 SF		Rem.	Rep.	Encap I	<u>=nclose</u>
1 ST -5 TH FLOOR			^	TRANSITE-TI		1,000 EF	3500 31					
												-
Name of Reg. Waste Hau CALI CARTING	The design of the second of th				Cubic Yards o	f Waste			of Reg. D CENT	Landfill FRAL SA	NITAR	Y
City, State KEARNY, NJ+	KEARNY, NJ+						Disp. Date 12/31/12			City, Stat PENN A		PA
Completed by (Print or Ty	completed by (Print or Type) <u>Title</u>				Signature 1	$\overline{\ }$		Date				55
ROBERT GROGAN		<u>VP</u>			/			1016/1	2			

VIA US MAIL

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 (1) 16 HEAltheARE 10 Type Notification Street Address Agency Notified Quitial Amen **EPA** City, State, Zip Code Amended D,DEP =90NOO Amendment # ☐ Emergency (including justification) D DCA ☐ Cancellation EACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) D.Subchapter 8 (Other than K-12) NO. 1030 Other (i.e. private & commercial buildings, Street Address homes, etc.) # of Floors Bldg. Age Square Feet 50 **City (5)** 5,000 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) OFFICES ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. NOVALEDA 1100 Street Address City, State, Zip Code City, State, Zip Code Telephone No. Project Manager for Monitoring Firm etion Date (11) Start Data (10) is During Abatement (Check only one) A Facility Closed/Vacated During Entire Period of Abatemet

Abatement Performed Outside of Normal Facility Hours City, State, Zip Code NO 08857 Other - Describe: Scope of Work (Check all that apply) □ Full Containment with Negative Pressure Renovation Demolition ☐ Mini-Enclosure Q≥3sfor≥3ff D Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure 160 sf or ≥ 260 lf Abatement Type Is Location Normally Description of Lised Solely by Encapsulate Location of Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Remova Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial SF or LF) surfacing, VAT, or Staff? · IN Facility other miscellaneous) (12) (13)NA Yes No PASEMEN Name of Registered Landfill Cubic Yards of NJDEP Waste Hauler Name of Registered Waste Hauter Waste ID No. N Disposal Date Date Title Do not use this form for asbestos licensure exempted activit

ASB-41

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	1 1				O Openior	1710	H2 nor		-	7
Date of Notification (1)	16 12		PERT	th 1	Owner/Operator	"PROFE	5510191	AM 9. CE	NI	\$1
Agency Notified Typ	e Notification		Street At	ddress	=W BB	บพรณ์เ	SE TROOPS	MAUE		
DEPA . DE	nitial		201	te, Zip Co		<u>UIQ QII</u>	1 QQ ENST	NOROL		7
DDEP /O/	Amended Amendment#		Pent	7	MODON	N.O.	38861.	140		1
DE LOS	Emergency (including	3	Name of	Contact	10201	112125	Telenhone Num	her to vi	W/A	
D DCA	ustification) Cancellation		MR G	SEOF	RGE LI	KAKIS	1	-		1
GDCA	7		FACILI	TY INFO	RMATION					-
Name of Facility Where Abate	ment is Taking Place	B (3)	75	_		Type of Facility	(4)			.
519 NEW 1	BRONSW	KK	AU	E		School (K-12	2) 8 (Other than K-12	η.		1
Street Address		_	-01	201		Other (i.e. p	ivate & commercia	al buildings,		
PERTO AME	XXY NV	J	088	<u>100</u>		homes, etc. Square Feet	# of Floors	Bldg. Age		\dashv
City (5)	1	•				2000	2	80		1
			L Comment	Code (7)	STATE USE	Current Use (P	rior if being demol			٦
County (6)			ONLY)	Code (1)		(<	KESIDEN			
HIDDLES	OEX_	LASC	M No.	<u> </u>	Name of Abaten	nent Contractor (
Name of Monitoring Firm Hire (8)	d by building Owner	1	101 100.	-	NOVA	Tech	INC			\dashv
Street Address					Street Address	v 9111.	i.			1
Street Audress	••				4.0.130	X SIT				一.
City, State, Zip Code					City, State, Zip	CIDGE	NO. C	1885	+	
	-	Tolonh	one No.		Telephone No.	CIDOC -	L C Ale			
Project Manager for Monitoris	ng Firm·	reichi	ione ivo.		73212	38×750	0.0	308		\dashv
	Scheduled Co	mpletion (Date (11)	-	Name of @SHA	Monitor	INC	4.		- 1
Start Date (10)	1 1112	30 12	`		MONAL	EC(1)	1100			ㅓ
Occupancy Status During Ab	atement (Check only	one)			Street Address	11 x	F .		100000-100	
M == == ==============================	wing Entire Period C	f Abatema	mt .	1	City, State, Zip	Code		1000		
1 Absternant Performed Out	side of Normal Facili	ily Hours			OID B	RIDGE	Ciul :	388St		\dashv
Other - Describe:	at anniv)				nea		th Negative Press			1
Scope of Work (Check all the	r cobball	• • •	☐ Rend	ovation	'Ball Milan	il-Enclosure				
10 ≥ 3 sf or ≥ 3 lf 11 ≥ 160 sf or ≥ 260 lf			Dem	oggon	(II) Glo	webag Procedure n-Exempted (*) a	e and Non-Frieble Pr	ocedure .	batem	
G 2 100 01 01 = 1		ls Loc		T .	/			Ľ	Type	
	,-	Nom	nally		Description	n of	•			
Location of Asbestos-Containing M	otorial (ACM)	Used S Mainte	olely by	Asbei	toe Containing I	Material (ACM)	Amour (Specif		Repair	Enclosure
TO BE ABAT	타 !	Cust	odial	(i.e.	, thermal system surfacing, V/	AT. OF	SForL	Removal	Repair	neo
IN Facility (13)		Sta	111? 2)		other miscella	neous)		. 2	86	3 3
(10)	-					_			₩	+
NOO STELL		Yes N	X	THE	AN-UP O	OF RESIL	DUAL 4	90 M	++	+
BASETTEN			1	CIU	El DOW	FITTINGS		- Jels	++	+-
Didicio Roma	PORCH		X	Floo	RTILE	CNIY	1 47	10 HE	++	+
2"AGOR REAR	TORCY		-1/-			9x9	157	<u>'</u>	\perp	
Name of Registered Waste I	tauler		P Waste H	lauler	Cubic Yards o		gistered Landfill			
		ID No.	2501		Waste '2	(O.K	2.0.65	t		
NOVATECH	INC	1 17	000		Disposal Date	City, State	.*.1	DN	#6	
City, State	NO. C	285	7		10H9/15	X HOARI	SULLIE_	17 17 ·		
OID BRIDGE	Title ()				Signature	2 NZ		Date	16/	12
CARIOS ALYEN	IDE	SiDE	JT		1 Cut	2000m	W.C.	1101	-	.0
UHICIOS AFTEN	* Do no	t use this	form for as	sbestos li	censure exempt	ed activities.		•		

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT

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

								RES				
Date of Notification (1)	October 16, 201	2	10/10/20		Name of Buildin	ng Owner/Op Indiar	erator (2) 1 RE	20- 8/1	158	180	0	
Agencies Notified [X] EPA	1 2	l Notific			Street Address	61 M	orris Avenue	PECETS AM	9: i	B		
[] DEP	Amer	ndment gency (including		City, State, Zip	Ode Neptu	ine City, NJ 077	LICENSING	TROL		*	
[x] DOH [] DCA		ication) ellation		66.15	Name of Contac Ahn	t ned Khawa		Telephone Number		<u> </u>		
				FAC	CILITY INFOR	MATION	Name of the second					
1.4.92.02	batement is Takin sidence	g Place	(3)				Type of Facility (4	School (k-12) Subchapter 8 (o	ther tha	n k12)		
Street Address 95	Woodland Ave						[x]	Other (i.e., priva	ate & co	ommer	cial buil	ldings,
City		Coun	ty (6)		County Code (7) (STATE USE ON	JLY)	Square feet 1500 sf	# of Floors		g. Age	50	
Neptune Cit	у	Mon	mouth				Current Use (Prior Reside	if beingdemolished ence	1)			
Name of Monitoring Firm		Owner	(8)		ASCM No.	Name of	Abatement Contractor	or (9) ian Contracting	. Inc.			
Street Address						Street A	ddress	Route 9, Unit 61				
City, State, Zip Code						City, Sta	ite, Zip Code	River, New Jers		755_1	271	50-50
Project Manager for Moni	toring Firm	T	Telephone	Number			ne Number 19-9932	License 1 00624			2/1	
Scheduled Start Date (10) 11/02/12	cheduled Start Date (10) Scheduled Con						OSHA Monitor	.L. Analytical				
Occupancy Status During			ne)		natement	Street A	ddress	Stelton Road				
[] Aba	tement Performed er – Describe					City, Sta	nte, Zip Code					
								away, New Jers		354		
Scope of Work (Check all	that apply)					[]	Full Containmer Mini-Enclosure	nt with Negative Pro	essure			
[] >3 s [x] ≥16	of or ≥3 lf 0 sf or ≥260 lf		[] [x]	Renova		[] [x]	Glovebag Proce Non-Exempted (dure (*) and Non-Friable	Proced	ure		
								1	Aba	tement	Туре	
			Is Location			Description			R	R	Е	Е
Location	77.7	1	Normaliy u		A	sbestos-Co		Amount	E	E	N	N
Asbestos-Containing N TO BE ABA		Mair	Solely by ntenance/C		6	Material (A .e., thermal		(Specify SF or LF)	M	P A	C A	C L
in facility		Ivian	Staff	ustourar		sulation, su		0.11	0	I	P	O
(13)			(12)			VAT,	or		V	R	S	S
= =		YES	NO	N/A	0	ther miscell	aneous)		A L		L	U R
Exterior	X	T	Asbestos sid	ing		1300 sf	X		Е	Е		
Name of Registered Waste Guardian Co	Hauler ontracting, Inc.		NJDEP Was 2	20223	3	Yards of Was	T.R.R.F.	tered Landfill				
City, State Toms River,	New Jersey			Dispo		City, St Tullyt	ate Wn, Pennsylvani	ia				
Completed by (Print or Ty Nicholas Fer		Title Proje	ect Manag	ger	Signature	chol	ter	1	Date 10/	: 16/20	12	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) October 16, 201	2		Name o	f Building	Owner/Ope F Squa	rator (2)	RECEIVE	SEE	19	7	
	tion Notificat ded Notif		Street A	Address	12 Litt	201/	IICT 10	. 6			
[x] DOL Amen	dment #_ gency (inc	cluding			White	Plains, NY 1060	LICENSIN	TRO	L		
	cation) ellation		Name o	of Contact Greg I	ricke	T	elephone Number	Q	4 h		
		FA	CILITY	INFORM	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3))				Type of Facility (4)	School (k-12)				
Street Address 335 6 th Street				***		[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial bui	ldings,
City	County	(6)	County (Code (7) USE ONL	Y)	Square feet 1500 sf	# of Floors	Bld	g. Age	50	
Surf City	Ocean					Current Use (Prior if Residen)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCM N	No.	Name of	Abatement Contractor Guardia	(9) in Contracting,	Inc.			
Street Address					Street Ad		oute 9, Unit 61				
City, State, Zip Code					City, Star	te, Zip Code Toms R	iver, New Jers	ey 08	755-1	271	
Project Manager for Monitoring Firm	1	Telephone Numb	er		Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 10/31/12		Scheduled Compl 11/02/12	etion Date ((11)	Name of	OSHA Monitor E.M.S.I	. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated			Abatement		Street Ad		elton Road				
Abatement Performed (Other – Describe	Outside of	f Normal Facility	Hours		City, Stat	e, Zip Code Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)	- V			اد د	[]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		5 5	vation olition		[] [x]	Glovebag Procedu Non-Exempted (*		Proced	ure		
[]					. ,					n	
					Danaminatia	f		Abai	ement	lype	-
Location of		s Location ormally used.			Descriptio estos-Con		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)		Solely by		N	laterial (A	CM)	(Specify SF	M	P	C	C
TO BE ABATED in facility	Mainte	enance/Custodia Staff	al		, thermal s lation, sur		or LF)	0	A	A P	L
(13)		(12)		IIISC	VAT, o			V	R	S	S
8-2				oth	er miscella	ineous)		A		U L	U R
.0	YES	NO N/A						L		E	E
Exterior-house		X	Asbe	stos sidin	g		1150 sf	X			
Exterior-garage		X	Asbe	stos sidin	g		600 sf	X			
							L				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJ	DEP Waste Hau		Cubic Ya	rds of Wast	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey			osal Date 03/12		City, Sta	_{own} , Pennsylvania	0				
Completed by (Print or Type) Nicholas Fernicola	Title Project	t Manager	Signat	sure (do	1 Jul		Date 10/1	6/201	2	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) October 16, 201	2	Name of Buildin		pencer	RECEIV	ED.	9	6	
	ntion I Notification Inded Notification	Street Address		ianam Koaa		9: 6			
[x] DOL Amer	ndment # gency (including	City, State, Zip (ills, NJ 07931 &	ESTOS CON LICENSIN	ITRO	L.		
I I DCA	ication) ellation	Name of Contact Joe S	: Spencer		Telephone Number	•			
		FACILITY INFOR	MATION			***************************************			
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (or	ther then	L12\		
Street Address 30 4 th Avenue				[x]	Other (i.e., priva		3.55	al bui	ldings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors	Bldg.	Age 60)	
Normandy Beach	Ocean			Current Use (Prior i Reside)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	f Abatement Contracto Guardi	r (9) an Contracting,	Inc.			
Street Address			Street A	ddress	oute 9, Unit 61				1.00
City, State, Zip Code			City, Sta	nte, Zip Code	River, New Jers		55-12	71	
Project Manager for Monitoring Firm	Telephone Nur	nber		ne Number 19-9932	License N 00624		00,12		
Scheduled Start Date (10) 10/29/12	Scheduled Con 10/30/12	npletion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check		of Abatement	Street A	ddress	telton Road				
	Outside of Normal Facil		City, Sta	nte, Zip Code Piscata	way, New Jerse	ey 0885	54		
Scope of Work (Check all that apply)			[]		t with Negative Pre	essure			
[] >3 sf or ≥3 lf		novation	[]	Mini-Enclosure Glovebag Proced					
[X] ≥160 sf or ≥260 lf	[x] De	molition	[x]	Non-Exempted (*	*) and Non-Friable	Procedur	e		
						Abate	ment T	ype	
Location of	Is Location Normally used	A	Descriptionsbestos-Con		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)	Solely by		Material (A	ACM)	(Specify SF	M	P	C	C
TO BE ABATED in facility	Maintenance/Custo		e., thermal sulation, su		or LF)	0	A	A P	L
(13)	(12)	200	VAT, o	or		V	R	S	S
_ = 5	VEC NO N	55.55. Com	her miscell	aneous)		A		U L	U R
Exterior	YES NO N	/A Asbestos sid	inσ		1300 sf	L X	-	E	Е
2.KGTGT	- 1.	1.550055555			1		\rightarrow		
									1
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha 2022	3 3	ards of Was	T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey		isposal Date 0/31/12	City, St Tullyt	ate ow r , Pennsylvania	1				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	bol	1,1		Date 10/16	5/2012	2	
			11~	1					4

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	October 16, 201	2			Name o	of Building		rator (2) Sheldrick	RECENT	50	79	8	
Agencies Notified [X] EPA [] DEP	[] Amer	l Notific ided No	tification		Street A	Address	ie	avis Avenue	ZUCT 19 AM	9: 6	8	1	
[x] DOL [x] DOH [] DCA	[] Emer	ndment # gency (i ication)	ncluding			of Contact	Kearn	y, NJ 07032	ESTOS CON & LICENSIA Telephone Number	TRO	<u>. </u>		
[] bek	[] Canc	ellation				Tom S	Sheldrick						
N	41 4 4 5 m.1.1	DI	2)	FAC	CILITY	INFORM	ATION	Type of Facility (4)			- 1/4	
	esidence	g Place (School (k-12) Subchapter 8 (ot	her thar	n k12)		
Street Address	03 Mary Alice R	oad						[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City		Count	y (6)		County (STATE	Code (7) USE ONL	Y)	Square feet 1000 sf	# of Floors		, Age	0	
Beach Hav	ren en	Ocea	ın					Current Use (Prio Resid	r if beingdemolished lence)			
Name of Monitoring Fir	m Hired by Building	Owner	(8)		ASCM N	No.	Name of	Abatement Contrac Guar	tor (9) dian Contracting,	Inc.			
Street Address							Street A	1889	Route 9, Unit 61				
City, State, Zip Code	=						City, Sta	te, Zip Code Tom:	River, New Jers			271	
Project Manager for Mo	nitoring Firm		Telephone	Number			732-34	ne Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10/31/	12		Scheduled 11/02/		tion Date	(11)	Name of	OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status Durin [x] Fa	g Abatement (Check acility Closed/Vacate			iod of Al	batement		Street A		Stelton Road				
	batement Performed ther – Describe	Outside	of Normal	Facility F	Hours		City, Sta	te, Zip Code Pisca	taway, New Jerse	y 088	54		
Scope of Work (Check a	all that apply)						[]	Full Containm Mini-Enclosur	ent with Negative Pre	essure			
	3 sf or ≥3 lf 160 sf or ≥260 lf		[] [x]	Renova			[] [x]	Glovebag Proc		Procedu	ıre		
										Abat	ement	Туре	
Asbestos-Containing TO BE AB in facil	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A						Description destos-Conditional (A daternal (A , thermal allation, su VAT, of er miscelle	ntaining LCM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior-house	Exterior-house X						g		800 sf	X			
			-	-									
			-	-								-	
Name of Registered Was Guardian C	ste Hauler Contracting, Inc.	1	J NJDEP Was 2	0223		Cubic Ya	ırds ofWas	T.R.R.F.	stered Landfill				
City, State	r, New Jersey			Dispo 11/0	sal Date 3/12	the second secon	City, St Tullyt	ate own, Pennsylva	nia 🕜				
Completed by (Print or 7 Nicholas Fe	Гуре)	Title Proje	ct Manag		Signat	ture	hor	17 / 1		Date 10/1	6/20	12	

		.5-00				sbestos aratement	7			A Brown or a	CTC.		
Date of Notification	(1)	(1				60~7 and 12:120- ing Owner/Operat		D.		APPRO		÷ 87.4	
10-16-12	. ,					brera	OF (2)	· V E.		LER	DM		
Agencies Notified	Type Not:	ficati	on s	treet à	ddres	8		-2012 nr	Toalegia	(signatus		n 7	- 1
[]EFA	[]Inst	ial		68 C	hest	mut st			711	113-	95	7.	77
[]DEP	Not	ificati	on c	itv. St	ate.	Zip Code		ASRED		3.0	_		
TOC DC	[]Amen		- 11			E NJ,,07042	2	ASBEST & LI	OS COA	ITAG			
(X)DOH	Not	ificati	. On :	ame of			150	Or []	CENSIN	TRUL			
[]DCA	[X] KREEK		li.	- Commence Commence		brera		1411-01144	N N I SHELLOW Y	500 J			
	i jeano	GYTWCIO	<u> </u>		7 CTT T	TI INFORMATION		1		CONTROL CONTROL OF THE			
Name of Facility Whe	re Abatem	ent is	Taking			II IMPORDATION	Turne	of Pacili	to: (2)				_
Same as above							1	[School (
Street Addres							1 1] Subchapt	ex 8 (Oth				
7,412.00							(2	cial bu:	.ə., priv ildings, l				
City (5		r _m ;	oty (6			b		re Feet	# of Flo	ore B	ldg.	Age	
1-		1	sex	,		County Code (7) (STATE USE ONLY)		800	2.5		110		
							Curre	ent Use (P	flor if be	aing de	moli	pode	1)
Name of Monitoring F	irm hired	by Bul	lding	ASCH F	PO -	Nama of Abat	ement (Contractor	(9)			~	-
Owner (8) N/A						AZTECH	MANAC	gement,	Inc.				
Street Address				•		Street Addre	22						
						86 Chri	stoph	ner St.					
City, State, Zip Cock	2	100				City, State,	Zip Co	nde				-	
						Montcla	ir, b	NJ 0704	2				
Project Manager for t	Monitorin	g Firm		phone M	umber	Telephone Nu	mber		þ	Lioense	Miga	ber	
			N/A	•		(973) 74	4-880	00	Ī	0037	'1		
Scheduled Start Date 10/17/12	(10)	10/1	Complet .8/12		e (1:	N/A	Monito	r	_				
	ar	Month	Day	Y Y	PAT								
(X) Famility Clos	od/Vacate	d Puris	back or Ng Enti	re bezi	od	Street Addre	98						
of Abatement []Abatement Per		tside o	e rom	ol Faci	lity	City, State,	7i- 0-						
Mours - Descr	ibe: «Off#	ours De	script	36		Dicy, scace,	orp Co	KDE					
[]other - Descr Scope of Work (Check			ancy D	escript									
scope or work (mieck	arr coat	sbbrA)				[X!Full	Contai	nment with	Wana time	Preser	ITA		
[X] >3 sf or 2				Renovat		[]Mini	-Enclos	rure			TI-E		
[]≥160 af o:	. 2200 IE		1 14	Demolit	lon			ocedure Procedure	1				
Location	-6			Is acion	T					Abe	tome) Pod
Asbestos-Cont			NOE	ually sed		Descripti Asbestos-Cor			Amount	R		E	B
Material () To ma agai			So	lely		Material	(ACM)	-	(Specify	M	E P A	CARR	\$040s
În Pacili		1	ten	ence/		insulation, surf			SE or	v	À	5	S
(13)	Staf	r (12)		or other misce				A	R	U	U R		
Basement			X05 1	% IN/	-	iler INsula	4:00		14 sf	x			B
Basement		-		X		pe Insulati					-		
		-	-			he insuraci	LOM		16 lf	X	-		
lame of Registered Wa	ste Baulo	er -	NJDE	P Waste		Cubic Yards	Name	of Regist	ered Tand	Pill			
AZTECH MANAGE				er ID K		of Waste 1.5	3	LO.W.S.					
ity, State						Disposal Date	City	, State					
Contclair, NJ	07042					10/19/12	Mor	risvil	le, PA	1906	7		
Completed By (Print o		ritle				Signature	-/	1.	•	Date			
Constantine Vi	vian	Pres.	ident	:		1/03	at de	16%	~~~	10/19	/12		

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

RECEL B & G proj. #: 2012-194 Name of Building Owner/Operator (2) Date of Notification (1) 2012 DET LO

1 10 /1 5	1/11/21		Mimi Eic	hner			2012 (ואנו	19 AM 9:	EU.				
Agencies Notified	Type Notificat	tion	treet Addre	SS			ASAF	CTO	-					
☐ EPA	✓ Initial		30 Susses	x Road		£.	2	310	S CONTRI	01				
DEP			ity, State, Z	Zip Code				-10	CHOING	as		42-50-50-1		
DOL	Amend	ment	Clifton,	NJ 07011			O			67				
☑ DOH	_	N	ame of Cor						Telephon	e Number				
☐ DCA	Cancell	ation	Mimi Ei	chner					'					
					LITY INFORM	ATION								
Name of facility wh	here shatement i	is taking nis	re (3)	17101				T	ype of Facility ((4)				
Name of facility wi	icie abatement	is taking pie	100 (0)							K - 12)				
Mimi Eichner	- with the second							4		apter 8 (C			-12)	
Street Address										(Private/C /Homes, e		rcial		
30 Sussex Road	d							1 3	and the same of th	# of Floor		В	dg. A	\ge
City (5)		Cour	ity (6)			Cou	nty Code (7)				200		50386	2010
							te-use only)		Current Use (P	rior if bein	g den	nolish	ed)	
Clifton, NJ 070		Pas						1 -	esidential					
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abateme	nt Con	tractor (9)					
n/a							B & G Restora	tion,	Inc.					
Street Address							Street Address	4 80						
							105 Ryerson R					-		
City, State, Zip Cod	le		***************************************				City, State, Zip Coo							
				n 45500000000000000000000000000000000000		_	Lincoln Park,		7035	7			-	
Project Manager for	r Monitoring Firm	n	Ph	one Numb	er		Telephone Numbe			License 0378	Numi	per		
						_	973-696-6869 Name of OSHA Mo			0378				
Scheduled Start Da	ite (10)	Sched	. Completio	on Date (11)		B & G Restora		Inc					
10/25/2012		10/25	5/2012				Street Address	etion,		1100				
Occupancy Status I	During Abateme	nt (Check o	nly one)				105 Ryerson R	Road						
							City, State, Zip Coo		Water Street,				-	
Abatement per Describe:	erformed outside	of normal	facility hour	S-										
Other-Descri	be:					=	. Lincoln Park,	NJ 07	7035					
Scope of Work (ch	eck all that appl	y)									//::::	10,01	7,23	
Demolition	\boxtimes	Renovatio	n			⊠ F	ull Containment w/r	negativ	ve pressure	Glovel	oag pr	oced	ıre	
≥ 3 sf or >3 If		≥160 sf or	≥260 If				fini-enclosure		[Non-fr	iable	proce	dure	
Location of		Is location	normally i	used solely	1		•			***	R	R	Ε	E
asbestos-cor		by mainte staff(12)	nance/cust	todial	Description	on of a	sbestos-containing		Amount		e m	e p	n	n
material to be abated in fac				Τ	material (ACM)			(Specify S LF)	ir or	0	a	a	C
abated in ide		Yes	No	N/A			NO.				v e	l r	р	Ľ
basement				X	VAT & Ma	stic			200 sf		X			
														坦
														10
										see Head Petrological	Ш		Ш	쁜
						AT			1611			Ш	Ш	
Registered Waste H B & G Restoration		NJDE 195	P Hauler I 63		ubic Yards of \ yards	vaste	Name of Register Tullytown Res			Center				
City, State	on, mo.			Disposal D			City, State	ource	a Recovery	Conto				
Lincoln Park, N	J 07035			10/27/2			Tullytown, PA	A						
Completed by (Prin		Title			Signature		1			Date				
Gordana Luna		Treasure	r				Gordana Luna	7		10/15/	2012			2001

CK 2348	N	(Pu	ırsuant 1	to NJAC 8	3:60 a	nd 12:120	2	3						
Date of Notification (1) 10/15/2012 #				D 11.11 /		10	100	EIV	ED					
Agencies Notified Type Notification	***********		Street Ad	ddress orris Ave	enue	, P.O. B	007 0x 627	9 AM	8: 57					
EPA Initial DEP Amended Amendment #_	i	_	City, Sta	te, Zip Co	de 902	- 65 BE	STO	SCONT	8: 57 ROL					
Emergency (ind justification) DCA Emergency (ind justification) Cancellation	cluding	_ -	Name of Terri H	Contact lutchins	on .		-100	KSING	Telenhon	a Niim	hor			
_ Galicellation			FACII	LITY INFO	RMA	TION		***	1		•	-		
Name of Facility Where Abatement is Taking F New Summit Park Condominiums	Place (3	5)				******		of Facility (School (K-1	- 5 0					
Street Address 412 Morris Avenue	50							Subchapter	8 (Other that rivate & com			ings,	home	es,
City (5) Summit								e Feet	# of Floor	s		dg. A Oyrs	ge	
County (6) Union				Code (7) USE ONLY)			Currer		or if being de	molish	ed)			
Name of Monitoring Firm Hired by Building Ow Sky Environmental	ner (8)		ASCN	No.				ement Cor ci Corpor	ntractor (9) ation					
Street Address 140 Boulevard	-						Addres Watch	s ung Ave						
City, State, Zip Code Mt. Lakes NJ 07046		1.0					state, Zi t NJ 0							
Project Manager for Monitoring Firm Leonid Shereshevsky			Telephoi 973-76	ne No. 69-6946			hone No 243-98		Lice 011	nse No 71).			
	chedule		pletion I	Date (11)				IA Monitor d Analyti	cal					
Occupancy Status During Abatement (Check C	Only Or	ne)				-	Addres	×31000 100 000 000 000 000 000 000 000 00						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: work hours 7:00am- 3:3	Facility					City, S	Colin I State, Zi	p Code						
	орт					Holo	brook	NY 117	41					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Min Glo	i-Enclosur vebag Pro					a	
	le	Locati	on	T			1101	1-Exemple	a () and two	11100		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	l Use Ma	Normal ed Sole intenar todial S (12)	ly ly by nce/		tos Co thern su	Description ontaining I nal system rfacing, VA er miscella	Material s insula \T, or		Amour (Specif SF or L	y	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										æ	
Building #3 beneath units 19 and 20		х				oe insula			150 L		Х			
beneath unit 21and 22		х			pi	oe insula	ation		150LF		Х			
beneath unit 23 and 24		х			pi	oe insula	ation		150LF		Х			
beneath unit 25 and 26		х				oe insula	ation		150LF	15-12-50	X			
Name of Registered Waste Hauler Circle Rubbish		Н	JDEP W auler ID 3816		30125370	oic Yards Vaste	0		Registered L wn Resour		cility	C.		
City, State Linden NJ					Dis	posal Date)	City, Star Morisvi						
Completed by Slawomir Kielczewski	Title Presi	ident	3007	1000		Signatur	е			Da 10	te /15/1	2		4

RECEIVED

Date of Notification (1) 10/15/2012 CONTINUATION SHEE	2	Name of Building Owner/Operator (2) Towne Property Management LL 2012 OCT 19 AM 8: 57 Street Address															
Agencies Notified Type Notification	1 776	-	Street A	ddress	y ivid	anagoni		KAIZ OF	119	AM	8: 57	_					
☐ EPA ☑ Initial	£.		412 M	orris Ave	enue	, P.O. B	ox 62	ASRES!	roc.	00							
DEP Amended DOL Amendment #		_	City, Sta Summ	te, Zip Co it NJ 079	de 902			ASBES:	ICEN	SING	ROL						
Emergency (in justification)	cluding		Name of	Contact			Telephone Number										
DCA Cancellation			lutchinso														
Name of Facility Where Abatement is Taking	3)	FACI	LITY INFO	ORMA	TION	Type	f Facility (4)										
New Summit Park Condominiums	,						School (K-1										
Street Address						***************************************		Subchapter	8 (Other	r than K	(-12)			.			
412 Morris Avenue			Other (i.e. private & commercial buildin etc.)														
City (5) Summit							Squar	e Feet	# of I	Floors			dg. A)yrs	ge			
County (6) Union				Code (7) USE ONLY)			Curre	nt Use (Pric	or if bein	g demo	olished)						
Name of Monitoring Firm Hired by Building Ov Sky Environmental	vner (8)		ASCM	1 No.	200.00	\$25000 Ballings		tement Con ki Corpora		9)							
Street Address			lear-we		1107-00		Addres	W. E. T. W. V. V. V.			1997						
140 Boulevard								ung Ave	8								
City, State, Zip Code Mt. Lakes NJ 07046						S 60 - 6 5 10 - 6	state, Zi t NJ 0	p Code 7052									
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephoi 973-76	ne No. 69-6946		700000000	243-9			License 01171								
	Schedule 1/02/2		pletion	Date (11)	10		7 7	IA Monitor d Analytic	cal								
Occupancy Status During Abatement (Check	Only On	ne)					Addres					-					
Facility Closed/Vacated During Entire Pe	riod of A	Abatem	ent			110	Colin I	Drive						- 555			
Abatement Performed Outside of Norma Other – Describe: work hours 7:00am- 3:		Hours				9000		p Code	14								
Scope of Work (Check All That Apply)			Holobrook NY 11741														
≥3 sf or ≥3 lf	X F	Renova	vation Full Containment with Negative Pr						o Pres	ressure							
≥160 sf or ≥260 lf		Demoliti				i-Enclosure											
			49-19-11-2	61-01-04-07-00 INVX		Ė		vebag Prod n-Exempted		Non-F	riable P	roc	edur	Э			
	ls	Locati	on									,	612.6	ment			
Location of		Normall d Sole		1,7749-72 8334-432-4		Description					H	П	ıy	ре			
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	ice/			ontaining Nata				nount pecify		,	71	Enc	Ш		
In Facility (13)	Cusi	todial S (12)	tan?			facing, VA			SF	or LF)	CAG		Repair	Encapsulate	Enclosure		
(10)	Yes	No	N/A		Olifo	moodia	ilouus				2	-	7	late	re		
Building #3 beneath units 27 and 28		X			pip	e insula	ation		15	0 LF	X	1					
Building #4 beneath 29 and 30		х			pip	e insula	ation		15	OLF	Х	1	.==0.00				
beneath unit 31 and 32		х			pip	e insula	ation		15	OLF	х						
beneath unit 33 and 34		х			pip	e insula	ation		15	OLF	Х						
Name of Registered Waste Hauler		1 1 1 1 1 1 1 1 1 1	JDEP W		-1011000	ic Yards		Name of I	Register	ed Lan	dfill						
Circle Rubbish		auler ID 8816	INO.		Vaste			own Resource Facility									
City, State Linden NJ				Disp	oosal Date	•	City, State Morisvil										
Completed by	Title Presi					Signature	е				Date		_				
Slawomir Kielczewski						1 8		10/15	5/1	2	III						



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVE

Date of Notification (1)					Name of Pui	Idina Oun	er/Operator (2)	0.0		(2 to 1)	1 V P					
					The City of	Ocean Cit	v	201	2nr	7						
	10/15/	12					2		00	19	AM 2	2 2				
Agencies Notified		Notification	Type	*	Street Addre	SS	****	438	Fee		AM 2	19				
(X)EPA	60	/ \ Initial N.	- 4161 41 1			7		ړ	23/	OS C	MAINA					
() DEP		() Initial No (X) Amend		ation	861 Asbury				FLI	ENS	UMIR	01				
(X) DOL			ment # _1		City, State, Z	ip Code					iu?	-				
(X) DOH		() Emerge	ency (include	ding justification)	Ocean City,	NJ 08226										
() DCA		() Cancell	ation	3/92	Name of Cor	ntact		Tel Ni	ımha-	-						
					Roger Rinck	<		22 (2008)								
Name of Facility Where Ab	atement is T	aking Place	(2)	FACILITY IN	FORMATION											
Ocean City Plaza Hotel	odomont is 1	aking riace ((3)		Type of Facil											
			() School (K-12) () Subchapter 8 (other than K-12)													
Street Address	A. A. S.		(X) Other (i.e	. private &	commercial blo	dgs., hom	es, etc	.								
701-703 8 th St. City (5)	County (C)		16.		Sq. Feet 40,000 # of Floors 4-6											
OILY (5)	County (6)		(State I	Code (7) Jse Only)	Sq. Feet 40,	000 # of l	Floors 4-6									
Ocean City	Atlantic		Torace C	ise Offiy)	Bldg. Age	100										
Name of March 1997					Current Use (prior if being demolished) hotel											
Name of Monitoring Firm EHS Environmental	No.	Name of Contractor (9)														
Street Address			1		Alliance Env Street Addres	ironmenta	al Systems									
411 Southgate Ct., Suite E					550 East Uni	ion Street						James Language				
City, State, Zip Code			-		City State, Zi											
Mickleton, NJ 08056					West Cheste	r, PA 193	82									
Project Manager for Monitor Jack Carney	oring Firm	Telephone 856-224-00			Telephone N	<u>License (valide)</u>										
out ourney	West -	050-224-00	00		610-701-9000	0		00508								
Scheduled Start Date (10)		Scheduled (Completion	n Date (11)	Name of OSI	A Monitor										
9/21/12		10/30/2012			EHS	w (Monitor										
Occupancy Status During A (X) Facility Closed/Vacated	Abatement (C	heck only on	ne)		Street Address				(CESTIFICATE)							
() Abatement Performed C	Outside of No	e Period of A	Hours -		411 Southgat	e Court										
. ,	2000000110	mair domey	riouis -		City, State, Zi	n Codo										
Describe				41	Mickleton, NJ											
Other -																
Source of Work (Check all t	that apply)															
(X) Demolition () Rend	ovation															
(X) Large Proj. (>160 SF or	>260 LF AC	M) () SM Pr	oj. (>25<1	60 SF or >10 <26	0 LF ACM)	() Minor F	Proj. (<25 SF or	<10 I E A	CM							
() Full Containment with Ne	egative Press	sure () Mir	ni-Enclosu	re () Gloveb	ag Procedure				(CIVI)							
Location of Asbestos- Containing Material (ACM)		tion Normally by Maint./Cus		Description of	ACM (i.e.	Amount	(Specify SF or	LF)	Abate	ment Ty	/pe					
Facility (13)	Staff? (stouiai	thermal system surfacing, VAT	or other											
	YES	NO	NA	miscell.)	, or other				Rem.	Rep.	Fncan	Enclose				
TUDQUQUE										1	T	T				
THROUGHOUT			Х	Exterior transi	te shingles		SF (imminent		Х		1					
Roof	+	+	X	Doofing falls	16 1	collaps										
			^	Roofing felts ar	id flashings	8,000 (u	nsafe to work of	n)	X		2 2000 200					
										-		-				
								- 1								
Name of Reg. Waste Hauler		NJDEP Was	to Houler I	ID #1	0.11.16											
		17237	ile mauler i	ID #\	Cubic Yards o	f Waste		Name of	f Reg.	Landfill						
Waste Management					70 CY			ICape M	lav Co	untv I a	ındfill					
City, State					1000		Disp. Date	.oupo iii		ity, Stat						
					1/	1						a so W				
Completed by (Print or Type)	Title	Montues a color succ		Sidnature	11	TBD	Data	0	ape Ma	y Count	ty, NJ				
	-				Signature	7/1	1	<u>Date</u> 10/15/12	,							
Robert Casciato		President		/	All (M		10/10/12	•							
Mail to: NJDEP-DSHW-BF	RRTP	Telephone 60	09-984-663	20 /	- 00			CHMODE	NA 82 45	000:::						

401 E. State St., PO 414 Trenton, NJ 08625-0414

C:\WORD\MYDOCS\ASBESTOS 9/18/00

2012 OCT 19 AMORFICIASION OF ASBESTOS ABATEMENT (Purauant to N.J.A.C. 8-60 and 12-120)

SEP 1 9 2012

DOL - 10 DAY

Date of Notification (1)	A.S	BESTOS & LICE	CONT	ROL.		Ocean City				i						
Agancias Notified	9/18/1	Notification			Strept Addre	- L	- W	AIVE	PA	PPI	301	FD				
(X) EPA () DEP (X) DOL (X) DOH		() Inilial No	olification d Notificat ment // _1		D81 Asbury Avonue City, State. Zin Code Ocean City, NJ 08226											
() DGA		Justification)	exist.	Name of Conlact Rogor Rinck											
		1 / Carricon	anon	FACILITY	INFORMATION			I.		-	- y	w				
Name of Facility Where Abel Ocean City Plaza Hotel	antant la	Taking Place ((3)		Type of Fac		nan K-12)				12					
Stront Address					(X) Other (I,d	o, privata & c	onumercial bio	dgs., home	es, alc							
701-703 8 th St. Cl(y (5) C	ounty (G)		County	Code (7)	Sq. Feet 40,000 # of Floors 4-6											
Ocean City A	tiantic		Dialitic	/88 CHIV)	Bido Age	100 (prior if baing	. damallahad	امرا ا	اه							
Nama of Monitorina Firm			ASCM	Vo.	Name of Cor	itractor (9)	500 000 500 000)hol	.61							
EHS Environmental					Alliance Env	/Ironmental	Byalema									
Street Address 411 Southgala Ct., Sulla E					550 East Un	ion Stroot										
Cilv. Siato. Zip Code Mickleton, NJ 08056					City State, Z	l <u>pCodn</u> er, PA 1938:	2									
Project Manager for Monitorin	Mickleion, NJ 08095 Prolect Manager for Monitoring Firm BB6-224-0080						-	Licenso	Nunit	200						
Jack Carney		610-701-900	۵		00508											
Scheduled Start Date (10) 9/21/12	n Date (11)	Nama of OSI	HA Monitor													
Occupancy Slatus During Abs (X) Facility Closed/Vacated D	Ilement (Check only on	A)		Street Addres											
() Abatement Performed Out	alde of No	ormel Facility	Hours -													
Doscribs					City, State, Z Mickleton, N.											
Other - Source of Work (Check all the																
(X) Demolition () Roneva (X) Lerga Proj. (>160 SF or >2 () Full Contellament with Naga	ation 260 LF AC	sura () Mli	nl-Enclosu	ro () Glov	abag Procedura	() Minor Pro										
Cocation of Asbestos- Containing Material (ACM) In Facility (13)	Solely Staff?	ition Normally by Maint./Cus (12)	lalbol	aurfacing, V	ama insulation,	Amount (8	3poolly SF or		Abalement Type Rent. Rep. Encap Enc							
	YES	NO.	NA_	miscall.)					rem.	Knb.	Encho	Enclose				
THROUGHOUT			X		religning of the	16,000 BF			X							
Rouf			Х	Roofing falls	and flashings	8,000 (und	salo la work u	711)	Х							
				244												
Name of Reg. Waste Hauler	<u> </u>	NJDEP Was 17237	to Hauler	ID.M	Cublo Yorda	Wasin		Name of	Rog.	االلهود		.l				
Vaste Management	.]				70 CY			ICape M								
XIV. Sinto					/	أزمر ور	Disp. Date	12		ity. 6tn						
completed by (Print or Type)		Tille			Skinalyce		TED	Date .		аро Ма	y Coun	ty, NJ				
Robort Cascleto		President			Tanto	UPE)	-	Date -9/18/12								
Mail to NJDEP-DSHW-BRR 401 E. State St., PO Trenton, NJ 08625-0	414	Telephone 80	09-984-66	20	() د) خاصت دار	Jones Of Street		C.\WQRD 9/18/00	MYD	OCSAS	BESTO	9				

CHECK# 10039 28

Date of Notification (1) 10-16-12		Name of Building Owner/Operator (2) Ferro Corporation														
Agencies Notified	Notification Type			et Addr 30 Sout		20	12 OCT 19	AM 2: 02								
DEP DOL	Amended Amendment #1				Zip Cod NJ 08014		8FSTne	00:0==		1						
□ DOH □ DCA	☑ Emergency (Incl Justification)☐ Cancellation	uding		e of Co n Nep		*	& LILEN	ISING elephone.	Numb	er						
			F	ACILIT	Y INFO	RMATION										
Name of Facility Where Ferro Corporation	Abatement is Taking P	lace (3)					Type of Fac	50.50				1				
Street Address Rt 130 South			4	☐ School (☐ Subchap ☐ Other (i. homes,	oter 8 (other than e. private & comm	K-12) iercial	buil	ding	s,							
City (5) Bridgeport	2						Square Fee			Bldg. Age						
County (6) Gloucester					County ON	Code (7) (STATE ILY)	Current Use	(prior if being de	nolish	ed)						
Name of Monitoring Firm	Hired by Bldg. Owner	(8)	ASCM	l No.		ne of Contractor (9) unty Environme	ntal	V		201 -						
Street Address PO Box 160		,			Stre	et Address New Churchma						a Wasa				
City, State, Zip Code Kirkwood, De					Nev	State, Zip Code v Castle, DE 19	720									
Project Manager for Mor Lew Morrison		Teleph 800-3	19-00	04	(30	phone Number 2) 322-8946		License Nun 00578	nber							
Scheduled Start Date (10 10-23-72) Scheduled Co		Date (11)		e of OSHA Monitor Inty Environmer		(12-018A)								
Occupancy Status During		X3 059				et Address New Churchma	an's Road									
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: Und	l Outside of Normal Fac occupied area.	of Abater ility Hour	ment s -		City, State, Zip Code New Castle, DE 19720											
Scope of Work (Check al	that apply)							gative Pressure			-					
 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf					novation molition	☐ Mini-Enclo ☐ Glovebag	sure Procedure	on-Friable Proced	ure							
			s Locati Normal			Description	of		A	Abatemer Type						
Location of Ma				ly by nce/ al		estos Containing Ma e. thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
Pipe rack steam line outsid	No x	N/A	Insula	ation is a thermal ap	oplication on	20 lf	X									
				an ou	itside steam line in TSD) building.	pipe rack at										
Name of Reg. Waste Hauk County Environmental Gro	DEP Wa No. 21005	iste Ha	uler	Cubic Yards of Waste >20	Name of Re Minerva Lar											
City, State New Castle De		1,102				Disposal Date 10-17-12	City, State Waynesburg	g, OH	·							
completed by charles Flowers	Title Project Manager					Signature	(1)	Date	16_1			\neg				

RECEIVED

Initial Dot	rank Marino		ger Signature Date Oct. 15, 2012														
Separation County Code (7) County (6)	Completed by		Title				Dec. 3	0, 2012			m, PA			33			
Separation County Code (7) County (8) Stare Address Size Address Code (7) County Code (7) C	City, State			H	auler ID N		of Wast 60	e	1	ESI - Be							
Street Address	Name of Registered Waste Hauler									Name of D						1000	
	Ground: By dumpster	on south side	-							3			x	×	x		
Amended Amended Amended Amended DEP			×			т.							x				
Linitial Dep			-		-						32,720	SF	х				
Initial	Bld. 100, 2nd	Floor			10//										ē	æ	
Initial Department	Asbestos-Containing M <u>TO BE ABAT</u> In Facility	laterial (ACM) ED	Use Ma Cus	d Sole intena todial s (12)	ely by nce/ Staff?	Asbes (i.e.	tos Conta thermal surfac	aining Ma systems i sing, VAT.	terial (nsulati or	ACM) on,	(Spec	ify	Removal		tement ype	Enclosur	
PA	Location of	of	0.000						Lxempled	() and No	Abatement						
EPA DEP] ≥3 sf or ≥3 lf	That Apply)						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
Part	Facility Closed/Vacat Abatement Performe	ed During Entire P	oriod of	۸ ۵ – ۵ –	ment s	city, State, Zip Code											
Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address Square Feet # of Floors Bldg. Age 70	Oct. 30, 2012	mpletion 112	Zlate Geleski							5							
Street Address Street Address Sayonne, New Jersey Square Feet # of Floors Bldg. Age 70 County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC Street Address 307 North Walnut Street City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Jersey City, NJ 07310 Name of Contact Telephone Number Telephone Number Telephone Number Telephone Number School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.) Square Feet # of Floors Bldg. Age 70 Potential Street Potential S	Mat Abraham	610-43	Pelephone No. Telephone No. License No. 973-832-4244 01155														
EPA DEP Amended Amended Amended Emergency (including justification) DCA DC	West Chester, PA 1					City, St	ate, Zi	p Code									
Initial	307 North Walnut St	treet								uite 14							
Steet Address Street Address Stree	Westchester Enviror	nmental LLC	·)	100000000000000000000000000000000000000			Acad	emy (Construc	ntractor (9)			-				
Steet Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)	Hudson	(STATE	USE ONL	(Y)	_	ware	ehouse			ished)	7015-35						
Street Address Initial Amended Amended	Bayonne, New Jers	еу					Squa 90,0	re Feet 00	3			70	. Age				
EPA DEP DOL Amended Amended Amendment # 01 Emergency (including justification) Cancellation Cancellation Cancellation Slobodan Buljovcic Name of Facility Where Abatement is Taking Place (3) Port Jersey Marine Terminal 241 Erie Street City, NJ 07310 Name of Contact Slobodan Buljovcic FACILITY INFORMATION Type of Facility (4)	100 Military Ocean					×	Subchapte Other (i.e.	er 8 (Other	than K	(-12) rcial b	uildinç	js, hoi	mes				
EPA DEP DOL Amendment # 01 Series CONTROL Dersey City, NJ 07310 DOH DCA DOA DCA DOA DCA	Port Jersey Marine	Terminal	ig Place	(3)						58-00-00-00-00-00-00-00-00-00-00-00-00-00							
EPA DDP Initial Amended Amendment # 01 Emergency (including justification) Initial 241 Erie Street Amended City, State, Zip Code Jersey City, NJ 07310 Name of Contact Telephone Number Contact						FACILITY INFORMATION											
IXI EDA I I I Z41 Frie Street Street	■ DOH	Emergency justification)	(includir	ıg	Name	of Contac	ct	310									
Street Address	DEP	Amended	: :#01		City, S	tate, Zip	Code			- 6	FICE	CO	HTR	OL.			
Agencies Notified Type Notification	Agencies Notified	Type Notification			Street	Address				455	For.	A AI	7 2:	ĉ0	_		
Date of Notification (1) Aug. 17, 2012 Name of Building Owner/Operator (2) Port Authority of NY & NJ 2012 OCT 10	Aug. 17, 2012				Port Authority of NY & NJ												



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Date of Notification (1) 10/02/2012					Owner/Ope		(2)		2012 n	CT 19	 (, [0			
Agencies Notified Type Notification			Street Ad		TDEET		-		U VI	61 19	A	M E	1: 5	S		
EPA Initial				4	TREET				SHE	STOS	00	200		9		
EPA Initial DEP Amended Amendment	#1		City, State NEWA						&	LICEA	c_0	NT	ROL) B		
Emergency (including	_	Name of						Tolo	whan- hi	1011	A.C.	-	19	-	
DOH justification) Cancellation			Paul Ma	archese	Э		6				(
	- Dlass /0	, '	FACIL	ITY INFO	ORMATION	N	Tunn	of Facility (4	4)							
Name of Facility Where Abatement is Taking Commercial Building	g Place (3)					Property .		H1500							
Street Address							T S	school (K-1 Subchapter	8 (Othe							
1015 Broad Street								other (i.e. p	rivate 8	commer	rcial b	ouildi	ngs,	home	s,	
City (5)								e Feet	# of	Floors		Ble	dg. A	ge		
Newark																
County (6) Essex			County C (STATE U			-	Com	nt Use (Prio mercial			ished	1)				
Name of Monitoring Firm Hired by Building of Sky Environmental Services Inc.	Owner (8)		ASCM	No.	5.0			ement Con di Corpor		(9)						
Street Address 140 Boulevard			- house com				Addres Natch	s ung Ave								
City, State, Zip Code								p Code								
Mt. Lakes NJ 07046				Longe		AND C 1 1 1 1		ge NJ 07	7052	License						
Project Manager for Monitoring Firm Leonid Shereshevsky		100	Telephone No. Telephone No. 973-769-6946 973-243-9872													
Start Date (10)			mpletion D	Date (11)	1.05			A Monitor						0		
10/11/2012	10/24/2	A HERSTEIN STANSSE	1			_		d Analyti	cai							
Occupancy Status During Abatement (Chec							Addres Colin [
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: building operating di	nal Facility	Hour	City, State, Zip Code													
Scope of Work (Check All That Apply)						110101	brook					-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	ition Mini-Enclosure Glovebag Proced													
	Is	Loca	tion										A 7 (4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	patement Type		
Location of		Norma	ally ely by			ription		(4.014)			H		.,			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena	ance/ Staff?		thermal sy surfacir	taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								}	S40-70.		тe		
2ND FL North Side		х			Plaste	er Cei	iling		1,	600sf	2	c				
2nd FL North Side		х		01000000	pipe ir	nsula	tion			65lf	2	ς .				
1st FL South Side		х			floor tile	and r	mastic	;	4,	600sf	2	<				
1st FL Stairway North Side		х			pipe ir	nsula	tion			20lf	2	ζ.				
Name of Registered Waste Hauler			NJDEP W		Cubic Ya			Name of	Registe	red Land	fill					
Circle Rubbish			Hauler ID No. of Waste 18816					Tullytov		source	Fac	ility				
City, State Linden NJ					Disposa			City, Stat Morrisv								
Completed by Slawomir Kielczewski	vski Title Signat President							10 PN8ki Date 10/15/2012								