CK 005660

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-432 2014 UCT 22 AM 1: 20 Name of Building Owner/Operator (2) Date of Notification (1) 1 10 1/1 16 1/11 14 DAN SIERCHIO Agencies Notified Type Notification Street Address **Initial** EPA & LICLKEINE 18 THE CRESCENT AVENUE Amended DEP City, State, Zip Code Amendment #: DOL Emergency MONTCLAIR, NJ 07042 (including DOH. Telephone Number Name of Contact justification) ☐ DCA DAN SIERCHIO Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) DAN SIERCHIO Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 18 THE CRESCENT AVENUE Square Feet # of Floors County (6) County Code (7) (State use only) Current Use (Prior if being demolished) **ESSEX** MONTCLAIR Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 11/10/14 Street Address 11/31/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е е n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A V 0 250 L FT PIPE INSULATION  $\boxtimes$ BASEMENT NJDEP Hauler ID# Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 3 YDS Disposal Date City, State City, State PATERSON, NJ 07503 10/11/14 TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

11/16/14

CK 005659

D&S Proj. #: 2014-431

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

NECSIVE

						du 1_8		
Date of Notification (1)	Name of Building Ow	ner/Operator (2)		2014 0	CT 22 AM	, ,	2000	
$\frac{1}{1}$ $\frac{0}{1}$ $\frac{1}{5}$ $\frac{1}{1}$ $\frac{4}{4}$	antoinette piccolo	)			- LC AM	1:5	6	
Agencies Notified Type Notificati	Street Address		-	HILL	31			
EPA Initial Amended	108 park avenue			3	LICENTIN	CAU	Ľ,	
DEP Amendment #:					4111111	-		
DOL Emergency	madison, nj 0794	40						
DOH (including	Name of Contact			Telephone	e Number			
justification)		(5)						
Cancellation	antoinette piccol	10		20121	, 2023			
	FAG	CILITY INFORM	ATION					
Name of facility where abatement is	s taking place (3)			Type of Facility (	4) I (K - 12)			
antoinette piccolo					apter 8 (Other th	oon K	2)	
Street Address					Private/Comme		(2)	
0.00077.000					Homes, etc.			
108 park avenue				Square Feet	# of Floors	Bld	g. Aç	ge
City (5)	County (6)		County Code (7)					
	, coppie	3	(State use only)	Current Use (Pr	rior if being dem	olishe	d)	
madison  Name of Monitoring Firm Hired by B	MORRIS	LACOMANIA	I Name of Abatom	nent Contractor (9)			_	
Name of Monitoring Firm Filled by t	oldg. Owner (6)	ASCM No.	[1]	6050				
			D & S REST	ORATION, INC.			_	
Street Address								
City, State, Zip Code			20 Californi City, State, Zip C				_	-
City, State, Zip Code								
Project Manager for Monitoring Firm	Phone Num	phor	Paterson, N. Telephone Numb		TLicense Numb	ner .		
Project Manager for Monttoning Pilm	Friorie Nuit	ibei	973-345-80		01169	,01		
			Name of OSHA			-		
Start Date (10)	Sched. Completion Date (	11)	D & S Resto					
10/16/14	10/31/14		Street Address		1000	//4-2-3-		
Occupancy Status During Abatemen	nt (Check only one)	or a row vilke of the last	20 California	a Avenue				
Facility closed/vacated during			City, State, Zip C	ode				
Abatement performed outside Describe:	of normal facility hours-							
Other-Describe: NORMAL H	OURS		Paterson, N	J 07503				
Scope of Work (check all that apply	y)			Full Containment w	/negative press	ure		
$\boxtimes$ >3 sf or >3 if	Renovation		19	Mini-enclosure				
≥160 sf or ≥260 lf	Demolition			Glovebag procedur Non-Exempted (*)		proce	dure	
Location of	Is location normally used sole	ely		Tron Exempted ( )	R	R	E	
asbestos-containing	by maintenance/custodial	Descripti	on of asbestos-containing	na Amount	_ e m	e p	n	l E
material (acm) to be abated in facility (13)	staff(12)	material		(Specify S	SF or o	a	c a	C
abated in facility (13)	Yes No N/A				v e		р	-
BASEMENT	X	PIPE INSU	LATION	57 1 ft	×			
		1		THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME				
		7						
		1						
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of						
D & S RESTORATION, INC.	13506	1 yd		VN, RESOURCE RE	COVERY		-	
City, State	Disposal		City, State	TOT DA				
PATERSON, NJ 07503	10/17/		TULLYTO	WN, PA	I Doto			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature			Date 10/15/2014	1		
ASB-41	* Do not use this form for asbe	stos licensure ex	empted activities.		10/13/2014			

(K005663

D&S Proj. #: 2014-434

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

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Date of Notification (1)		lame of Bu	ilding Own	er/Operator (2)	)			2014	OCT 22	E M			
1 0 / 1 6 / 1 4		JEAN EL	LIS						00122	AFT	1:5	5	
Agencies Notified  Type Notificat	ion S	Street Addre	ess					Abul	-1	-			
DEP Amended	- 11	15 WEL	LESLY R	OAD				8	LIGH	1100 1110	MI	J.L	
Amendment #:		City, State,	Zip Code								Q .		
DOL Emergency		MONTO	CLAIR, N	J 07042									
DOH (including justification)	IN	ame of Co	ntact					Telepho	ne Numbe	er			
DCA Cancellation	. 11	JEAN E	LLIS					070					
Caricellation		<u> </u>		ILITY INFORM	MATION				_			_	
Name of facility where the same		(0)	FAC	ILIT INFORIV	ATION		I I Turn	a of Facility	(4)		0000000		
Name of facility where abatement i	s taking pi	ace (3)					l l iyp	e of Facility Scho	( <del>4</del> ) ol (K - 12)	)			
JEAN ELLIS								☐ Subc	hapter 8 (0	Other th	nan K	-12)	
Street Address							11	☑ Other	(Private/C	Comme			
15 WELLESLY ROAD							Sa	Bldgs uare Feet	# of Floo		Bl	dg. A	ne.
City (5)	I Cour	nty (6)			Cour	ity Code (7)	-	uare reet	# 01 1100	15	U	ag. A	gc
Oily (O)		, (0)				e use only)	Cu	rrent Use (I	Prior if bei	na dem	olishe	ed)	-
MONTCLAIR	ESS	SEX	A.							9 40	00	-/	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme	ent Contra	actor (9)					
						D & S RESTO	DRATIO	N, INC.		- 202			
Street Address						Street Address							
Blowner and the second						20 California							
City, State, Zip Code						City, State, Zip Co	de						
			7			Paterson, NJ							
Project Manager for Monitoring Firm		Ph	none Numb	er		Telephone Number 973-345-80			License	9 Numb 01169	er		
					-	Name of OSHA M			<u> </u>	71109			
Start Date (10)	Sched	i. Completi	on Date (1	1)		D & S Restor		nc.					
11/04/14	11/2	1/14			- 11	Street Address	deloli, li	10.					
Occupancy Status During Abatemer	nt (Check o	only one)				20 California	Avenue						
Facility closed/vacated during					11	City, State, Zip Co	de						
Abatement performed outside Describe:		facility hou	rs-										
Other-Describe: NORMAL H	OURS				- 11	Paterson, NJ	07503						
Scope of Work (check all that apply	/)							ontainment	w/negativ	e press	ure		8-1-1-11-1-1
$\boxtimes$ >3 sf or >3 if	Renovation	n				ļ		enclosure bag proced	uro				
≥160 sf or ≥260 lf	Demolition	n				1		Exempted (*		-friable	proc	edure	3
Location of			used solely	/	24					R	R	Е	E
asbestos-containing	staff(12)	enance/cus	stodial			bestos-containing	,	Amount	CE or	m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material	(ACM)			(Specify LF)	SF Of	o v	a	а	C L
	103	140	IN/A							е	r	р	
BASEMENT		X		PIPE INSU	JLATIO	ON	6	5 LN FT			Ц	Ш	1
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					Essilvier		_		4	ᆜ	닏	닏	부
										-111-	ᆜ	닏	111
Registered Waste Hauler	Living	ED Lie	10# 12	ubic Yards of	Moote	Nome of Design	rod Let 1	£ill .			Ш	Ш	
D & S RESTORATION, INC.	135	EP Hauler 506		l yd	vvasie	Name of Registe TULLYTOW			ECOVE	RY			
City, State			Disposal D		-	City, State	, - 350						
PATERSON, NJ 07503			11/05/1	4		TULLYTOW	N, PA						
Completed by (Print or Type)	Title			Signature					Date		5)		
BOGDAN JOLDZIC	PRESID		7	<u>L</u>		4' - 11'			10/16	/ 2014			_
ASB-41	Do not us	e this form	for asbest	os licensure ex	xempted	activities.							

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

CK 4444

te of Notification (1 1/20/14	)		Patr	ica Gur	ing Owner/onble Priv	ate Hom	ie 		r,	ECE CT 22		0		
encies Notified	Type Notification			t Address					2014	OT 22	PHI	n• 5	<u>~</u>	
EPA DEP	Initial Amended	t	City,	State, Zip	o Code in NJ 080	050		r r	-1					
DOL	Amendment #  Emergency (included justification)	ling		e of Cont					Telepho	one Number	ر چرل کا پیرون ح	พบ	<u>L</u> .	
DCA	Cancellation				INFORMA	TION								+
me of Facility Who atrica Gumble reet Address	ere Abatement is Taking Pla Private Home	ce (3)	F	ACILITY	INFORMA	HON.		ol (K-12)	Other to	han K-12) ommercial b	uildings	s, hon	nes,	
5 Lawrence							etc.) Square Fe		# of Fl		Bldg.			1
ty (5) Ianahawkin N.	08050						1000+	se (Prior i	1 f being	demolished	35+			_
ounty (6)		6	Cot (ST	unty Code ATE USE	e (7) ONLY)		Home							
ocean ame of Monitoring	Firm Hired by Building Own	er (8)	1	ASCM No	).		of Abateme	ent Contra	actor (9	)				
N/A							t Address Box 329							
street Address						City.	State, Zip C	ode	72					
City, State, Zip Co.	de					We	st Berlin N	17 080a		License No				_
Project Manager fo	or Monitoring Firm		Te	elephone	No.	856	phone No. 3-753-980			00727				_
Start Date (10)		cheduled (	Comp	letion Da	ite (11)		ne of OSHA	Monitor				800		
10/21/14	During Abatement (Check (	0/24/15					et Address		2.000					
Facility Close Abatement F Other – Des	ed/Vacated During Entire Pe Performed Outside of Normal	riod of Aba Facility H	ateme ours			City	, State, Zip (	Containme	ent with	Negative*F	ressure			
23 sf or ≥3 l	[	☐ Rei	novat moliti	ion on		٠.	Mini-	Enclosure	9 duro					
≥160 sf or ≥	260 IT	Card					× Non-	Exempter	d (*) an	d Non-Friat	ole Proc	edure	ment	-
		ls L	ocati	on		A 10.00000-0.000000	<i>0</i> 77.7		8			Ty		_
Ashestos-Co	Location of ontaining Material (ACM)  DE ABATED In Facility (13)	Used	ormali Sole ntena odial S (12)	ly by nce/	(i.e. tl	nermal sys	otion of ng Material ( tems insulat , VAT, or sellaneous)	ACM) ion,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A		Extorio	r Siding		6	300 SF	X			
E	terior Siding	-	-	×		EXIGIO	Olding							
		+	-	-	-						-	-	-	+
		+		1				Name	of Regio	stered Land	fill	_		1
Name of Regis	tered Waste Hauler			NJDEP V Hauler ID		Cubic Ya of Waste		G.R.C						
United Contr				22459		2 Disposa		City St	tate					
City, State Elm NJ				N.		10/24/1	14	Morri	sville	PA 19067	Date			_
Completed by		Title	oido:	n†		Sig	nature				10/20	/14		
Anthony T F	Perna	Pres	sider	1τ 									0.000	Ī



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#### 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 /20/ 14			Owner/Operato Jo Tumino Pi	rivate H	ome		the Espel		-7%	7.5 111	
Agencies Notified Type Notification	1000000	eet Address 00 Long Be	ach Blvd	201	<b>I</b> UT 22	PHI	0: 15				
EPA Initial DEP Amended DOL Amendment #		y, State, Zip Co ant Beach N		45,	5ES/60	و.ل ب	INÛL				
Emergency (including justification)  DCA  Emergency (including justification)  Cancellation	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	me of Contact			# L/U	Action of the Contract of the	ane Numi	oer			
		FACILITY INF	ORMATION								
Name of Facility Where Abatement is Taking Place (3 John & Mary Jo Tumino Private Home	3)			☐ s	f Facility (4) chool (K-12)						
Street Address 3500 Long Beach Blvd		•	(98)	× o	ubchapter 8 ( ther (i.e. priv ic.)				ngs, I	nome	s,
City (5) Brant Beach NJ 08008		70 ×2		Square 1000-	500 00000	# of Flo	oors	35 35	dg. Aq 5+	ge	
County (6) Ocean		unty Code (7)	n	Curren	t Use (Prior i	f being (	demolishe	ed)			
Name of Monitoring Firm Hired by Building Owner (8) N/A	) /	ASCM No.	10000000	ne of Abate	ement Contra	actor (9)					
Street Address			1 7 11 7	et Address Box 32	첫번						
City, State, Zip Code				State, Zip est Berlin	Code NJ 0809	1					
Project Manager for Monitoring Firm	Tel	lephone No.	그 이번에 살아 있다.	phone No 3-753-98		170.000	cense No 0727	).			
Start Date (10) Schedu 10/21/14 10/24/		etion Date (11	) Nam Sai		A Monitor						
Occupancy Status During Abatement (Check Only O	ne)		Stre	et Addres	s			20			
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilit Other – Describe:	Abatemen	nt	City	, State, Zi	o Code		-				
Scope of Work (Check All That Apply)							T				
23 sf or ≥3 lf	Renovatio Demolition		ø	Min Glo	Containmen i-Enclosure vebag Proce	dure					
				INOI	n-Exempted (	) and i	WII-FIIAD	T	Abate		
Location of Asbestos-Containing Material (ACM)	Is Location Normally sed Solely laintenance	by Asbe	Descripti estos Containing e. thermal syste	g Material		Amo (Spe		70	Ту	ре	
TO BE ABATED Cu In Facility (13)	stodial Sta (12)	aff? (".	surfacing, other miscel	VAT, or	luon,	SF o		Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A								-	
Exterior Siding		х	Exterior	Siding		1000	SF	x			
Floor Tile			Floor	Tile		600	SF	x	_	_	
	-		(i)						-	-	
Name of Registered Waste Hauler	NJE	DEP Waste	Cubic Yard	S	Name of R	egistere	d Landfill				
United Containers	133,0000	uler ID No. 459	of Waste 3		G.R.O.W						
City, State Elm NJ			Disposal Di 10/24/14	ate	City, State Morrisvil		19067				
Completed by Title Anthony T Perna Pre	sident		Signat	ture				ate 0/20/	14		



OK 4447

# Emergenal

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

Date of Notification (1) 10 /20/ 14						uilding Owr nne Priva						· · · ·					
Agencies Notified	Type Notif				eet Add	lress dia Lane				24	14 0	T 22	PH	0:	16		
EPA DEP DOL		nded ndment #				, Zip Code wkin NJ (	08050	,		Ą					(U <u>!</u>		
DOH DCA	justifi	gency (inc cation) ellation	luding	1,110,000	me of C	Contact					Tele	ohone Nu	imber	ت	N .		
Name of Facility Where		s Taking P	lace (3)		FACILI	TY INFORI	MATION	Ту	pe of F	acility (4)	)						$\exists$
Matt Dunne Private Street Address 59 Claudia Lane	Home							×	Sub Oth	er (i.e. pri	(Othe	r than K-1 commerc	12) cial bui	ldin	gs, h	omes	
City (5) Manahawkin NJ 08	3050							0.000	etc. quare F 000+		# of	Floors		Bldg 35-	J. Ag	9	
County (6) Ocean		•			ounty Co	ode (7) SE ONLY)		100 3339	urrent l	Jse (Prior	r if beir	g demolis	shed)				
Name of Monitoring Firm	n Hired by E	Building Ow	mer (8)	1	ASCM	No.	120000	ame of		nent Cont	ractor	(9)		63		5	
Street Address								treet Ad						110			
City, State, Zip Code		<del></del>					C	ity, Stat	e, Zip (	Code NJ 0809	91						
Project Manager for Mo	nitoring Firm	n		Т	elephon	e No.	T	elephor	ne No.			License 00727	No.				
Start Date (10) 10/21/14			Schedule 0/24/1		oletion D	Date (11)	1 70	lame of Same	OSHA	Monitor							
Occupancy Status Duri	ng Abateme						S	Street Ac	ddress								
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside	g Entire Pe e of Norma	riod of A I Facility	bateme Hours	ent		_	City, Sta	te, Zip	Code							
Scope of Work (Check	All That App	oly)				-		President .			200						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Supplemental Control	enovati emolitio				×	Mini-	Enclosure	e cedure	n Negative				<u>.</u>	
									NOTE	LACITIPIE	<u> </u>	d (VOIL)	1		Abate	ment	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (1:	ng Material ( BATED cility	ACM)	Use Ma	Location lormally d Solel intenant dial S (12)	y y by ice/ taff?	(i.e. t	os Contai hermal sy	ystems ng, VAT	iterial (/ insulati , or		(	Amount Specify F or LF)	TO HOUSE	Demoval	Repair	e Encapsulate	Enclosure
Exterior	Siding		Yes	No	N/A X		Exteri	or Sidi	ina		10	000 SF	x	-		-	
Exterior	Exterior Siding							-									
						-											
Name of Registered V United Containers				Н	JDEP V lauler ID 2459		Cubic Y of Wast 3			G.R.O.		tered Lan	dfill				
City, State Elm NJ							Disposa 10/24/	1.00		City, Sta Morris		A 1906	7				
Completed by Anthony T Perna			Title Pres	ident			Sig	gnature	٤		_		Date 10/2	:0/	14		



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

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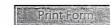
Date of Notification (1) 10 /20/ 14		***************************************	- 1	Name of	f Building	Owner/0	Operator	(2) Home	e 2914 G	med to 1	L	D				
Agencies Notified	Type Notification			Street A	ddress	y 1 0x 1	iivato	110111	2914 G	777	· PM I	0.				
EPA EPA	☐ Initial			6 East	Atlantic	Ave					· 147 [	U: į	E			
DEP DOL	Amended Amendment				ite, Zip Co		8008		ALUES &	100	ا بر ال با	'nΟ	1			
DOH DCA	Emergency ( justification) Cancellation		1	Name of	f Contact					Tele	phone N	umbei				
				FACI	LITY INFO	DRMAT	ION									
Name of Facility When Steve & Sherry Fo		g Place (3)						Туре	of Facility (4	4)		*****	S. and S.			
Street Address	ox i iivate i ioiile				W				School (K-1 Subchapter		er than K-	12)				
6 East Atlantic Av	е							X	Other (i.e. p				ildi	ngs,	home	es,
City (5) Harvey Cedars No	J 08008								re Feet	# of	Floors		Blo 35	dg. A	ge	
County (6)			-	County	Code (7)			100000000000000000000000000000000000000	nt Use (Pri		ng demoli	ished)	300000	т		-
Ocean					USE ONLY	)		Hom	ne							
Name of Monitoring Fi N/A	rm Hired by Building	Owner (8)		ASCN	A No.			of Aba	tement Cor	itractor	(9)					
Street Address								Addres 30x 32								
City, State, Zip Code									ip Code n NJ 080	91						
Project Manager for M	onitoring Firm		Т	Telepho	ne No.		Teleph	none No 753-9	0.		License 00727	No.				
Start Date (10)		Scheduled		pletion	Date (11)		Name	of OSH	A Monitor		00727		-			
10/21/14		10/24/15					Sam									
Abatement Perfor	acated During Entire I	Period of Al	atem	ent			*	Addres	p Code		4					
Other – Describe:						<del></del>			<u> </u>							
Scope of Work (Check	All That Apply)	_					6 Per	9							1000000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Mir Glo	Containme ni-Enclosure nvebag Prod n-Exempted	e edure	_				a.	
		ls L	ocatio	on						. /			_	Abate	ment	l
Locati	(T204E3)	No Used	ormali			- De	scription	of				-	_	Ту	pe	
Asbestos-Containin TO BE A In Fa (13)	BATED	Main Custo	itenan dial S (12)	ice/ taff?	Asbes (i.e.	therma surfa	taining N I system: icing, VA miscellar	s insula T, or	(ACM)	(S	mount pecify or LF)	Kellioval	Domaid.	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1	4		w	
Bottom o	of house		X		Trar	nsite Bo	pard		60	0 SF	X	+	_			
													+			
N 65 11 11																
Name of Registered W United Containers	aste Hauler		Ha	JDEP W auler ID		of Wa	Yards ste		Name of I	1000 00 <del>0</del> ,0000 1000	red Land	ħll				
			22	459		3			G.R.O.\							
City, State Elm NJ						Dispo 10/24	sal Date 1/14		City, State Morrisvi		19067					
Completed by Anthony T Perna		Title Presid	ent				Signature	1			1.07	Date 10/20	)/14	4		

# N Emergency

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

4442

Date of Notification (1) 10 /20/ 14			Na W	me of Bu illiam &	ilding Own Heather	er/Operator Lyon Priv	(2) vate Hor	me	The Ville					
Agencies Notified	Type Notification			eet Addr 37 E Oh	ess nio Ave			2014	OCT 22 F	M 10:	· 3	6		
EPA DEP DOL	Initial Amended Amendment #				Zip Code es NJ 08	3008		ASS	2 1 1/1/6/		ίŪ	1		
DOH DCA	Emergency (ir justification)  Cancellation	cluding	Na Bi	me of Co	ontact	W.			Telephone Nu	mbeg				
_ bcx	- Canconation		1_	FACILIT	Y INFORM	IATION								_
Name of Facility When William & Heathe	e Abatement is Taking r Lyon Private Hor	Place (3) ne					☐ Scl	Facility (4) hool (K-12)		2)				
Street Address 137 E Ohio Ave							Sul Sul Oth etc	ner (i.e. pri	(Other than K-1 vate & commerc	ial build		2000		
City (5) The Dunes NJ 08	8008						Square 1000+		# of Floors 2	3	5+	. Age	-	
County (6) Ocean				ounty Co	de (7) E ONLY)		Current Home		if being demolis	shed)				
	irm Hired by Building C	wner (8)	1	ASCM N	No.		of Abate	ment Conti	ractor (9)					
Street Address						100	t Address Box 329		*			V40.7		
City, State, Zip Code			-			City,	State, Zip	1/2	91					
Project Manager for N	Monitoring Firm		T	elephone	e No.	Telep	hone No.		License 00727	No.				$\neg$
Start Date (10)	- I	Scheduled	Comp	oletion D	ate (11)		-753-98 e of OSHA		00727		-			$\dashv$
10/21/14		10/24/15				San	ne _							_
Eacility Closed		Period of Aba	ateme	ent .		City,	State, Zip		4	_				
≥3 sf or ≥3 lf ≥160 sf or ≥260	If		novati molitic				Mini	-Enclosure					)	
				· ·		<i>y</i>	INOI	FEXCHIPIO	/ / and / ton / ·			bate	ment	
Asbestos-Contai TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	No Used Main Custo	tenan	y y by ice/	(i.e. t	Descripti s Containing nermal syste surfacing, \ other miscel	Material ms insula VAT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal		Repair	e Encapsulate	Enclosure
detached S	Shed / shower	1 1		×		Transite	Board		300 SF	Х				
										_	+	-		-
			-							-	+			
Name of Registered	i Waste Hauler			JDEP W		Cubic Yard	s		Registered Lan	dfill				1
United Containe				lauler ID 2459	NO.	of Waste	ato	G.R.O.			_			
City, State Elm NJ						Disposal Di 10/24/14			ville PA 1906					
Completed by Anthony T Perna	a	Title Presid	dent			Signa	ture		_	10/2	0/1	4		



# b Emergency &

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

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CK	party.	7		1	•	Mu	ر

Date of Notification (1) 10 /20/ 14					ding Owner isanti Priv		ne	in the last		¥ 3						
Agencies Notified	Type Notification		17833	eet Addres	ss Iltimore A	ve	2	PA GUT 2	22	M 10:	16					
EPA DEP DOL	Initial Amended Amendment Emergency (		City	y, State, Zi			Ą	ê Li	- U U	م زیرل دند	(CL					
■ DOH DCA	justification)  Cancellation	including	Nar Ph	me of Con nil	tact				Tele	phone N	lumber					
				FACILITY	INFORMA	TION										
Name of Facility Where A Philip Dellisanti Priv		g Place (3)					☐ s	of Facility (4) school (K-12)	)							
Street Address 1400 B Baltimore A	ve			4 7			×	ubchapter 8 other (i.e. pri tc.)				ildi	ngs,	home	s,	
City (5) Lavallette NJ 08735	5	and the set described in					Square 1000-	e Feet	# of 1	Floors				ge		
County (6) Ocean				unty Code			Currer	nt Use (Prior	if bein	g demo	lished)					
Name of Monitoring Firm	Hired by Building (	Owner (8)	1	ASCM No.		Name	of Abate	ement Contr	actor (	9)	100-1100	11			-	
N/A						Perr	aco In	с.					٠			
Street Address						7 7 7 7 7 7	Address Box 329 State, Zip Code t Berlin NJ 08091 hone No. License No. 753-9800 00727									
City, State, Zip Code									11							
Project Manager for Mor	nitoring Firm		Tel	lephone N	0.					License 00727		Sie S			4/	
Start Date (10) 10/21/14		Scheduled 10/24/15	Comple	etion Date	(11)	Name Sam		A Monitor						A Company of the Comp		
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addres	s			an K-12) mmercial buildings, homes ors Bldg. Age 35+ demolished)  cense No. 0727  cense No. 0727  Abatement Type unt cify LF) Removal  Removal  Landfill					
	ated During Entire I ned Outside of Norn			nt		City, S	State, Zij	p Code								
Scope of Work (Check A										-			-	7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	a mac apply)		ovation nolition	5.5	ħ		Min Glo	i-Enclosure vebag Proce	edure	Ī				<b>a</b>	7	
		lalia	cation					LXCIIIpide	( ) und	. 1401111	1	_	Abate	ment		
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) <u>ATED</u> lity	Nor Used S Maint Custod	mally Solely to enance lial Star 12)	by A	Asbestos Co (i.e. therm sur		Material ns insula AT, or		(S	mount pecify or LF)	. Control	Demoval		555	Enclosure	
Exterior	Siding		+	X	Ev	terior S	idina		80	00 SF	×	+				
Exterior	Sidilig	-	$\rightarrow$	<del>^</del>		terior o	ding				- 1.2	-				
			_									-	-		-	
			-								+	-				
Name of Registered Wa	ste Hauler		NJD	DEP Waste	1 2 3 3 3 3	ic Yards		Name of F	Registe	red Lan	dfill					
United Containers			Hau 224	iler ID No. 159	of V	Vaste		G.R.O.V								
City, State Elm NJ						oosal Dat 24/14	е	City, State Morrisvi		1906	7			***************************************		
Completed by Anthony T Perna		Title Preside	ent	9		Signatur	re				Date 10/2	0/1	4			

NO CK

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

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_	1 5	1,000	20.1	100	ii.	1 2	~	

Data of Notice die o (1)							14	LCEW	~ /~ ·			
Date of Notification (1)  01 /	15 /	14		1		ng Owner/Operator University-Office	(2)		n Exp			
Agencies Notified	Type Notif						2014	CT 22 PM	0:20	t _		
☐ EPA				0.075200-25.57	t Address 0 Elm Dr		Δεζε		ຸ ຂູ	,		
☑ DOLWD ☑ DHSS		ed ment #19-		City,	State, Zip	Code	9	110000	INUL			
□ DCA	10/17/14	ment # <u>13-</u>		Pri	nceton,	NJ 08544	Œ	LICENSIN	ũ			
(NJAC 5:23-8)	☐ Emerge	ency (includi	ng		of Conta			Telephone Nur	nber			
	ا م							1				
Name of Facility Milese	Ab = 4 = = = = 4 :	T-11- DI-	(0)	FA	CILITY	NFORMATION	12			0		
Name of Facility Where			ce (3)				Type of Facility	3 (%)				
Princeton Univers Street Address	ity-rirestor	ie Library	-				School (K-12	:) 3 (Other than K-1	2)			
Washington Rd								rivate and comm		uildin	gs,	
City (5)							Square Feet	# of Floors	TR	ldg. A	.00	
Princeton							oquare i cot	# 011 10013		iug. A	ige .	
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
MERCER							Library					
Name of Monitoring Firm	-	ilding Owne	r (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
ATC Associates Ir	nc.				THE STREET	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
Three Terri Center	-//					1123 BEAVE	R STREET					
City, State, Zip Code			21-1-15			City, State, Zip C	ode .					
Burlington, NJ 080						BRISTOL, PA	19007					
Project Manager for Mo	nitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Michael Keehn				609-386		215-788-6040		00509				
Start Date (10) 2 / 5 /	14	Scheduled 10	1.5	letion Da 31 /	S 50	Name of OSHA N		INC				
			2.00			HEADER SECTION CONTRACTOR	VIRONMENTA	-, INC.				
Occupancy Status Durin				ement		Street Address	D CTDEET					
☐ Abatement Performe					scribe	City, State, Zip Co					- 00/10/04	
Time of Abatement:	6:30AM-3:0	0PM/2:30PI	N-12:0	00AM *		BRISTOL, PA						
2:30 PM - I2 AM Si Scope of Work (Check a	HIFT - 10/1	7,10/2011	0/21	14	ONLY	BRISTOL, FA	( 13007					-
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		lenova emolif			Mini-End     Gloveba	g Procedure		suddhorn to			
			ls Loca	otion	T	⊠ Non-Exe	mpted (*) and No	n-Friable Proced				
Location	n of		Norm	ally		Description of	of			_	ent T	T
Asbestos-Containing	Material (AC	IVII	sed So lainten	lely by		estos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		10,000		Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	lova	air	apsi	uso
(13)			(12	)	4	other miscellane		or or Er,	=		late	ē
		Yes										_
B Level		⊠			Floor t	ile and mastic		40 SF				
B Level		×			Pipe In	sulation (Wrap &	Cut)	2 LF	$\boxtimes$			
Delong Reading Lev	el	⊠			Pipe In	sulation (Wrap 8	Cut)	30 LF	$\boxtimes$			
C Level Near Vault					Floor 1	ile & Mastic		700 SF				
Name of Registered Was		ID INC	100	NJDEP I		Cubic Yards of Waste	Name of Regis		· · ·			
SERVICE TRANSP	UKT GROU	PINC		20990				NORTH LAND	JFILL			
City, State  NEW CASTLE, DE						Disposal Date	City, State MORRISVII	LE, PA 19067				
Completed By (Print or T	vne)	Title				Cianatura						
Brian Scafiro	Jbc)	Estim	ator			Signature	Sufirs	Lo	ate  0   / r	1/	14	•

#### State of New Jersey

			NC					BESTOS ABAT AC 8:60 and 5:1		CEVER	) }	I		
Date of Notification (1)  01 /	15	1	14					g Owner/Operator ( Iniversity-Office	(2)		n re		7	
Agencies Notified	Type N	lotifica	ation	-	+	Street	Address		2014 60	177 LUIN:	CJ			_
☐ EPA	Initi	al					Elm Dr.		رست در ښ					
□ DOLWD	⊠ Am		See SHOW			City. S	State, Zip (	Code		100000000	UL			
☑ DHSS			ent #19-					NJ 08544	ė.	LICENCING				
☐ DCA (NJAC 5:23-8)	10/17/		cy (includ	lina			of Contac	No. of the Control of		Telephone Num	her			
(1.01.10 0.20 0)		ification		ilig			bert Orte			1 cicphone reality	Dei			
	100		•	-				<u> </u>		·		-		-
Name of Facility Where	Ahateme	nt is T	aking Dis	nce /3	81	FA	CILITY	NFORMATION	True of Facility	(4)				
Princeton Universi					,,				Type of Facility ☐ School (K-12					
Street Address		tone	Library							:) 8 (Other than K-12	)			
Washington Rd									Other (i.e., p	rivate and commer	cial b	uildin	gs,	
City (5)		-							homes, etc.)					
Princeton									Square Feet	# of Floors	В	ldg. A	ge	
County (6)						_	1 0 1 /	7/074751105 011116						
MERCER						Cour	ity Code (	7)(STATE USE ONLY)	1410000-01	ior if being demolis	shed)			
Name of Monitoring Firm	Lizad by	Duile	#== O	(0)		0011		T	Library				99-72-87A-	
ATC Associates In		Bullo	ing Own	er (8)	A	SCM	No.	Name of Abateme						
Street Address	c.				$\perp$				VIRONMENTA	L, INC.				
								Street Address						
Three Terri Center								1123 BEAVE						
City, State, Zip Code	40							City, State, Zip Co						
Burlington, NJ 080								BRISTOL, PA	19007					
Project Manager for Mon	itoring Fi	rm		17		hone		Telephone No.		License No.				
Michael Keehn					-		-8800	215-788-6040		00509				
Start Date (10)		S	cheduled					Name of OSHA N						
_2 / _5 /			10	′ _	31	_ / -	14_	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During								Street Address						
☐ Facility Closed/Vacate								1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 6								City, State, Zip Co	ode			-		7.5-21
2:30PM-12AM SH	IFT - 10	117	10/20	10/21	1/14	O	JLY	BRISTOL, PA	19007					100
Scope of Work (Check al	I that app	ily)	1-1	120.	,,,						-			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				Reno				Mini-Enc     Glovebag	g Procedure	ative Pressure	e e			
					catio						Ab	atem	ent T	vpe
Location Asbestos-Containing		(A C N A)	, lu	Nor sed S	mally Solely			Description o			Z,	R	т	m
TO BE ABA		ACIVI	, P	<b>N</b> ainte	enan	ce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	пса	ncic
IN Facili	ity		C	ustod	ial St 12)	aff?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)			Ye		No	N/A		other miscellane	ous)				ate	· O
Throughout Levels C	, B and	A			ו כ		Floor ti	le and mastic		1,465 SF		П	П	
Office A-7J				C			Windov	v Caulk		96 LF				
Throughout Levels C	, B and	A					Duct W	ork		1775 SF		П	П	
1 <sup>st</sup> Floor Level 1					] [		Pipe Ins	sulation (Wrap &	Cut)	72 LF				
Name of Registered Was					1,000,000,000	200 E-31 - 27 1	Vaste	Cubic Yards of	Name of Regis	tered Landfill	-	-		-
SERVICE TRANSPO	ORT GR	OUP	INC		0.000	uler ID 0990		Waste	G.R.O.W.S	NORTH LAND	FILL			
City, State						5550		Disposal Date	City, State					
NEW CASTLE, DE										LE, PA 19067				
Completed By (Print or Ty	ype)	T	Title				-	Signature		Da	to .			
Brian Scafiro			Estim	ator	6		5	Brian	Scafiro	/ fl	10/	17/	14	,
SB-41 DEILLAN.	20								0	//		-		

ASB-41 MAY 11 B 5 1 4 0 0 3 - B

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

Ch# 2711

MORRISVILLE, PA 19067

Signature

Date

10/6/14

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	)				Name	of Building	Owner/Operator (		Live Eg. 2				
01/	15	/1	4		Prin	ceton Ur	niversity-Office	of Design and	Construction				
Agencies Notified	Type No	otification	1			Address							
☐ EPA	Initia	1			200	Elm Dr.		ASUESIU	, LULLINGL				
□ DOLWD					City, Si	tate, Zip C	ode	ASULTICE & LIVE	Notwa				
☑ DHSS	1 than 10 th 1 t		# <u>18-10/6</u>		Prin	ceton, N	J 08544						
DCA (NJAC 5:23-8)		rgency ( fication)	including		Name	of Contact			Telephone Numb	er			_
(110/10 0.20 0)		cellation			Rob	ert Orte	ga .		!				
					FAC	ILITY IN	FORMATION						
Name of Facility When	re Abatemen	t is Taki	ng Place	(3)				Type of Facility	(4)				200
Princeton Univer				100				School (K-12					
Street Address		10010						Subchapter 8	(Other than K-12)				
Washington Rd								Other (i.e., property)	rivate and commerc	ial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Princeton											•		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)	-		
MERCER								Library					
Name of Monitoring Fi	irm Hired by	Building	Owner (	(8)	ASCM I	No.	Name of Abatem	ent Contractor (9)					
ATC Associates	inc.						BRISTOL EN	VIRONMENTA	L, INC.		100		
Street Address						***	Street Address						
Three Terri Cente	er						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Burlington, NJ 08	8016						BRISTOL, PA	19007					
Project Manager for M	Ionitoring Fir	rm		Tele	ephone I	No.	Telephone No.		License No.				
Michael Keehn				6	09-386-	-8800	215-788-6040	)	00509				
Start Date (10)		Sch	eduled C	omple	etion Dat	te (11)	Name of OSHA N	<b>Nonitor</b>					
_ 2 / _ 5	/14	_	10 /	_3	1 / _	14	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Du	ring Abatem	ent (Che	eck only	one)			Street Address						
☐ Facility Closed/Vac	cated During	Entire F	Period of	Abate	ement		1123 BEAVE	R STREET					
☐ Abatement Perform						cribe	City, State, Zip C	ode				~~~	
Time of Abatement	t: <u>6:30</u> AM- <u>3</u>	:00PM	P	M	AM		BRISTOL, PA	A 19007					
Scope of Work (Check	k all that app	oly)		20 72875						AU-12-F-1111			
☐ >3 sf or >3 lf			⊠ Re	nova	tion		☐ Full Con  ☐ Mini-End	tainment with Ne	gative Pressure				
≥3 \$1 61 ≥3 11     ≥3 \$1 61 ≥3 11     ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4				moliti			☐ Gloveba	g Procedure					
							⊠ Non-Exe	empted (*) and No	n-Friable Procedur	1			
			100	Loca			100			Ab	atem	ent T	ype
Locati		(A C N A)		Norma ed Sol	lely by	Ashe	Description estos Containing Ma		Amount	Re	Re	m	E
Asbestos-Containi TO BE A		(ACIVI)	Ma	inten	ance/		., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Fa	acility		Cus	todial (12	Staff?		surfacing, VAT	, or	SF or LF)	Va.	~	Sul	sure
(1:	3)		Yes	No		-	other miscellane	eous)				ate	
B Level			⊠			Floor ti	le and mastic		40 SF			П	
		-	_	H	+=-		sulation (Wrap	P C116)	2 LF				
B Level				+-								무	1
Delong Reading Lo		12		무		<u> </u>	sulation (Wrap	e Cut)	30 LF				닏
C Level Near Vault							ile & Mastic		700 SF				
Name of Registered V				100	NJDEP \ Hauler II	20012075	Cubic Yards of Waste	- 14 C	stered Landfill	<b>-</b> 1			
SERVICE TRANS	SPORT GR	OUP II	NC		20990		774316	G.R.O.W.S	S. NORTH LAND	FILL			
City State				-11		- No 17	Disposal Date	City State					Call Control

Estimator

Title

NEW CASTLE, DE

Brian Scafiro

Completed By (Print or Type)

NT CEN 2711

Date of Notification (1)					Name of Building Owner/Operator (2)  Princeton University-Office of Design and Construction										
	15 /	14	_		Prin	ceton U	niver	sity-Office	of Designand	Construction	23				
Agencies Notified	Type Notific	ation				Address									
☐ EPA					200	Elm Dr.			Aborbio & Liv	U N	<i>[]</i>				
⊠ DOLWD		100 A. S. C.	0 4016	214.4	City, S	tate, Zip C	ode		& LIV	Lhuliva					
☑ DHSS □ DCA	☐ Emerger	the same of the same			Prin	ceton, N	J 085	544							
(NJAC 5:23-8)	justificat		cidanig		Name	of Contact	t			Telephone Nu	umber				-
	☐ Cancella	ation			Rob	ert Orte	ga			٠٠٠.					
					FAC	CILITY IN	IFOR	MATION				3			
Name of Facility Where A				(3)					Type of Facility	(4)					
Princeton University	y-Fireston	e Libi	rary						School (K-12		10)				
Street Address									Subchapter 8			uildi	nas.		
Washington Rd									homes, etc.)						
City (5)									Square Feet	# of Floors	E	Bldg.	Age	N.	
Princeton															
County (6)					Cour	ity Code (7	)(STAT	E USE ONLY)	Current Use (Pr	ior if being dem	olished)		1. 11111		
MERCER									Library						
Name of Monitoring Firm	8)	ASCM	No.	Nam	ne of Abatem	ent Contractor (9)						= 20			
ATC Associates Inc							BI	RISTOL EN	VIRONMENTA	L, INC.					
Street Address							Stre	et Address					-		
Three Terri Center							11	23 BEAVE	R STREET						
City, State, Zip Code							City,	State, Zip C	ode					-	
Burlington, NJ 0801	6						В	RISTOL, PA	19007						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tele	phone No.		License No.					
Michael Keehn				6	09-386	-8800	21	15-788-6040	)	00509					
Start Date (10)		Sched	duled C	omple	etion Da	te (11)	Nam	ne of OSHA N	Monitor						
2 / 5 /	14		10 /	3	1_/	14	В	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During	Abatement	(Chec	k only o	one)			Stre	et Address				-			
☐ Facility Closed/Vacate	d During En	tire Pe	riod of	Abate			11	123 BEAVE	R STREET						
☐ Abatement Performed						scribe	City	State, Zip C	ode			14 (51 (51		-	-
Time of Abatement: 6:	30AM-3:00	PM/_	PI	M	AM		В	RISTOL, PA	19007						
Scope of Work (Check all	that apply)												(FOREST		-
□ >3 of or >3 If			⊠ Re	nova	tion			☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure	•				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			De					Gloveba	g Procedure						
							112-1-11	⊠ Non-Exe	empted (*) and No	n-Friable Proce	edure				
			123	Loca		1					A	bate	men	t Ty	/pe
Location Asbestos-Containing		M		Norm ed So	lely by	Acho	octor (	Description of	of aterial (ACM)	Amount	2	1 3	D I	m l	En
TO BE ABA		ivi)	Ma	inten	ance/			mal systems		(Specify	Kellova		2.	cap	clos
IN Facilit			Cus	todial (12	Staff?			urfacing, VAT		SF or LF)	ğ	-		Encapsulate	Enclosure
(13)			Yes	No	-	1	oth	er miscellane	eous)					te	
Throughout Levels C	B and A	4				Floor ti	ile an	d mastic		1,465 SF	- E	1 [	7 1		
Office A-7J						Window				96 LF	D	-	7   1	7	
Throughout Levels C	B and A				+	Duct W				1775 SF			7 7	=	
1 <sup>st</sup> Floor Level 1	, D and A	_		H	岩	-		ion (Wrap	& Cut)	72 LF		+	7   1	=	
Name of Registered Wast	e Hauler			14	NJDEP			ic Yards of		stered Landfill		1 1	- 1		
SERVICE TRANSPO		IP INC			Hauler I	D No.	Was			S. NORTH LA	NDFIL				
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NEW CASTLE, DE							'			ILLE, PA 190	67				
Completed By (Print or Type) Title						-	Signature	1 - 1		Date	, ,	,			
Brian Scafiro		E	stima	tor				Brian	Scaliro /	l	10/0	//	4		

Pg 2

01 /	15	/ 14				Iniversity Office	- 6 D !		SIOD			
Agencies Notified	Type Not	tification	_	Princeton University-Office of Design and Construction  Street Address								
□ EPA	☑ Initial			1.000								
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				F	ACILITY I	NFORMATION						
Name of Facility Where A			ce (3)				Type of Facility	(4)				
Princeton University	y-Firesto	ne Library					School (K-12	300 m				
Street Address							☐ Subchapter 8	(Other than	n K-12)			
Washington Rd							Other (i.e., p	rivate and co	ommercial	buildi	ngs,	
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ATC Associates Inc.		uliding Owne	r (8)	ASCN	No.	Name of Abateme	Marian Caraca and Cara					
						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
Three Terri Center						1123 BEAVER	RSTREET					
City, State, Zip Code						City, State, Zip Co	de					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monito	ring Firm		Tel	ephone	No	Telephone No.		License N	V.			-2.5
Michael Keehn			6			A CONTRACTOR OF THE PARTY OF TH			100			
		Scheduled		09-38	0088-8	215-788-6040		00509	100			
	14	Scheduled 10	Comple	09-380 etion Da	6-8800 ate (11)	215-788-6040 Name of OSHA M	onitor	00509	100			
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Start Date (10)  2 / 5 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed O  Time of Abatement: 6:3  Scope 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	Abatement During En Outside of I OAM-3:00 nat apply)	10 It (Check only ntire Period of Normal Facility DPM/F  Right   Discourse   Check only	completed and a completed and	ement rs - Dei AM ion on lilly ence/	6-8800 ate (11) 	215-788-6040  Name of OSHA M BRISTOL ENV  Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA  Full Conta Mini-Encle Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, of	onitor //RONMENTAL R STREET  de 19007  ainment with Nega  bosure Procedure  p	onto on one of the original original of the original original original original original origi	ocedure A	T	t Encapsulate	-
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	Date of Notification (1)				N:	ame of Buil	dina	010							
	01/15	_ / _	14					Owner/Operator iversity-Office	<sup>(2)</sup> of Design and	Construc	ction		-		
		Notificati	on			reet Addres									
	□ EPA □ In	itial mended -			100	200 Elm [									
		mended		514	Ci	ty, State, Zi	p Co	de					errer tal		·
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	(NJAC 5:23-8) ju	stification	)	9		ame of Con				Telephor	ne Numbe	_		_	
-		ancellatio	n			Robert Or	tega	1		1 copilor	ic redifibe				
1	Mone of Facility Mileses About					FACILITY	INF	ORMATION		1		200			
	Name of Facility Where Abaterr			æ (3)	)				Type of Facility	(4)		decor			
-	Princeton University-Fire Street Address	stone L	ibrary						School (K-12	2)					
1									☐ Subchapter 8 ☐ Other (i.e., p	(Other tha	in K-12)	-16		220	
-	Washington Rd								homes, etc.)	ivate and c	Joinnerca	al D	uligir	igs,	
1	City (5) Princeton								Square Feet	# of Flor	ors	В	ldg. /	Age	
-															
	County (6) MERCER				C	ounty Code	(7)(S	STATE USE ONLY)	Current Use (Pri	or if being	demolishe	d)			
-									Library						
	Name of Monitoring Firm Hired I	by Buildin	g Owner	(8)	ASC	CM No.	N	Name of Abateme	ent Contractor (9)						
	ATC Associates Inc.							BRISTOL EN	VIRONMENTAL	_, INC.					
1	Street Address						S	Street Address					-		
1	Three Terri Center							1123 BEAVER	R STREET						
1	City, State, Zip Code					_	C	City, State, Zip Co	ode						
-	Burlington, NJ 08016							BRISTOL, PA	19007						
1	Project Manager for Monitoring F Michael Keehn	-irm			elepho		T	elephone No.		License	No.				
1	Start Date (10)	16.1	1111	- 1 to		86-8800		215-788-6040		00509	€ .				
1	2_ /5_ / _14	Sch				Date (11)	N	lame of OSHA M	(50) (67-50)						
L		-   -						BRISTOL EN	/IRONMENTAL	., INC.					
	Occupancy Status During Abater						S	treet Address				_			
1	Facility Closed/Vacated Durin	g Entire F	eriod of	Aba	tement			1123 BEAVER	STREET						
-	Abatement Performed Outside Time of Abatement: 6:30AM-	3:00PM/	ai Facilit	y Ho	urs - D	escribe	С	ity, State, Zip Co	de				_		-
_	1 255 Section 1				^	141		BRISTOL, PA	19007						
5	cope of Work (Check all that ap	piy)						□ Full Conta	.:				-		-
	] ≥3 sf or ≥3 lf	1.0	⊠ Re					☑ Mini-Enck	ainment with Nega	ative Pressi	ure				- 1
$\triangleright$	2 ≥160 sf or ≥260 lf		☐ De	moli	tion			Glovebag	Procedure						
-		-	le le	Loc	ation		-	⊠ Non-Exen	npted (*) and Non	-Friable Pro	ocedure				
	Location of		1	Norm				Description of				Aba	atem	ent T	уре
	Asbestos-Containing Material	(ACM)	Use	d So	lely by	Asb	estos	Containing Mate		Amour	nt i	R	Re	En	Ē
	TO BE ABATED IN Facility				nance/	/i	e., th	ermal systems in	sulation,	(Specif	fy	Removal	Repair	cap	Co
	(13)			(12				surfacing, VAT, other miscellaneo		SF or L	F)	1		Encapsulate	Enclosure
			Yes	No	-	4	_							ē	
-	hroughout Levels C, B and	Α				Floor t	ile a	nd mastic		1,465 9	SF [	3			
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	me of Registered Waste Hauler					Waste	100000000000000000000000000000000000000	bic Yards of	Name of Registe	red Landfil	1		=1		=
5	SERVICE TRANSPORT GR	OUP IN	3	1	2099	ID No.	VVa	iste	G.R.O.W.S. I						
, S.	y, State						Dis	posal Date	City, State				_		
h	NEW CASTLE, DE								MORRISVILI	E, PA 19	067				
Col	mpleted By (Print or Type)	Titl	e				1	Signature			Date				
E	Brian Scafiro	E	stimate	or					Scalins /	:0	9/9	-1	111	/	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Level Level Level Iong Reading Level The of Registered Waste Hauler ERVICE TRANSPORT GROUP II State EW CASTLE, DE	Yes 🖂	No NJ Ha	N/A  N/A  DEP Wuler ID	Pipe Inst	vaste	r is)	ORTH LAN	⊠ ⊠ □		Encapsulate	
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Level Level Long Reading Level The of Registered Waste Hauler ERVICE TRANSPORT GROUP II	Yes 🖂	No NJ Ha	N/A	Pipe Inst	surfacing, VAT, of other miscellaneous and mastic ulation (Wrap & Culation (Wrap & Cubic Yards of	cut)	40 SF 2 LF 30 LF			sulate	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Level Level long Reading Level	Yes	No	N/A	Floor tile Pipe Inst	surfacing, VAT, of other miscellaneous and mastic ulation (Wrap & Culation	cut)	40 SF 2 LF 30 LF		" 0000	sulate	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Level	Yes	No	N/A	Floor tile	surfacing, VAT, of other miscellaneous and mastic ulation (Wrap & C	r is)	40 SF 2 LF		" 000	sulate	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Level	Yes	No	N/A	Floor tile	surfacing, VAT, of other miscellaneous and mastic ulation (Wrap & C	r is)	SF or LF)		" 00	sulate	-
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Yes	(12) No	N/A	Floor tile	surfacing, VAT, of other miscellaneous and mastic	r es)	SF or LF)		-	sulate	+
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Ma Cus Yes	(12) No	N/A		surfacing, VAT, o other miscellaneou	r		oval	=	sulate	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Cus	todial (12)			surfacing, VAT, o	r		oval	5	Sula	- 1
	1	aintena	nce/	Asbes (i.e.	tos Containing Mate	rial (ACM)	Amount	Remova	Repair	Encap	
		s Local Norma ed Sole	lly ely by	Ashae	Description of		Hable F10C	A	bater	_	-7
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf	_ D	enovat emoliti	on		Glovebag	inment with Negati sure Procedure pted (*) and Non-F				-	
cope of Work (Check all that apply)					BRISTOL, PA	19007					
Facility Closed/Vacated During Entil Abatement Performed Outside of No Time of Abatement: 6:30AM-3:00F	re Period o	f Abate	re D-	escribe	Street Address 1123 BEAVER City, State, Zip Co.	de					_
Occupancy Status During Abatement (	Check only	one)	OL.	<u></u>		/IRONMENTAL,	INC.				
Start Date (10)	Scheduled O A	Comp	etion C	Date (11)	215-788-6040 Name of OSHA M		00509				_
Michael Keehn			lephon	e No. 86-8800	Telephone No.		License N	lo.		_	
Burlington, NJ 08016 Project Manager for Monitoring Firm		T=			BRISTOL, PA						
City, State, Zip Code					1123 BEAVE City, State, Zip Co						_
Three Terri Center					Street Address						_
Street Address					BRISTOL EN	VIRONMENTAL	INC.		52		
Name of Monitoring Firm Hired by Bu ATC Associates Inc.	ilding Own	er (8)	ASC	M No.	Name of Abatem	Library					
MERCER			C	ounty Code	(7)(STATE USE ONLY)		or if being d	emolishe	d)		_
Princeton County (6)						Square Feet	# of Floo	rs	Bldg	. Age	e
City (5)						Homes, etc.)				ungs	5
Washington Rd						Subchapter 8 Other (i.e., pri	(Other than	n K-12)	al buil	din	
Street Address	ne Librar	y			<u> </u>	School (K-12)					
Name of Facility Where Abatement is Princeton University-Fireston	s Taking P	ace (3)				Type of Facility (	4)				_
Name of English Minera Above					INFORMATION						_
☐ Cance	llation			Robert Or		62	Telephone	e Numbe	r		
(NJAC 5:23-8) justific	ation)	ding	Na	ame of Cont	, NJ U8544		T=				
□ DCA □ Emero	dment #16 ency (inclu	7/25/		ity, State, Zi	p Code , NJ 08544				-	-	_
☑ DOLWD ☑ Amend			-	200 Elm [							
	incation		Si	treet Addres	SS						_
☐ EPA ☑ Initial						e or Design and	OCH SU UC	rion			
l Ed mittel	14	-		Princetor	University-Offic	of Deglan and	Construe				

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Date of Notification (1)												
01 / 15	5 /	14			Name of Bu	ilding Owner/Operat	or (2)					
Agencies Notified Tvi	-		_		Princeto	n University-Offic	Ce of Design a	nd Connta				
[ C co.	pe Notific	ation			Street Addre	22		iu constru	ction			
	Initial Amende	94			200 Elm							_
			~ =		City, State, Z							
	Amendm Ernergen	ent #1	<u>6-7/25</u>	/14	Princete, 2	ip Code						_
(NJAC 5:23-8)	justificati	ich (iuc	luding	H	rincetor	n, NJ 08544	*					
	Cancella	tion		- [	Name of Con			Telephon				
					Robert O	rtega	* *	relepitori	e Numb	per		
Name of Facility Where Abate					FACILITY	INFORMATION				. 59		
Princeton University-Fir	restone	aking F	Place (	3)			Type of Facilit	v (4)				
Street Address		LIDIA	гу				School (K-				2050	
Washington Rd							☐ U Subchanter	8 /Other the	D K 400			
City (5)							Ed Oniei (i.e.,	private and co	0Mmerc	ial h	ildinaa	
Princeton								./		nai bu	mumgs	,
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County (6)				10	County Code	(7) (0.7)	1			1	-g. ng	
MERCER					oddiny Code	(7)(STATE USE ONLY)	Current Use (P	rior if being di	emolish	-		
Name of Monitoring Firm Hired	by Buildi	na Owe	ner /P\	-			Library			eu)		
ATC Associates Inc.	, - and	g OWI	ici (8)	AS	CM No.	Name of Abatem	ent Contractor (0	· -				
Street Address						BRISTOL EN	VIRONMENTA	1 1110				
Three Terri Center				Total Control		Street Address	MOMINIENTA	L, INC.				
						1123 BEAVE	D CTDD=					_
City, State, Zip Code			9 7150									
Burlington, NJ 08016						City, State, Zip C						
Project Manager for Monitoring F	irm		T	elenho	ne No.	BRISTOL, PA	19007					
Michael Keehn						Telephone No.		7				
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	100	nedula d	10-	609-3	86-8800	215-788-6040		License N	0.			
Start Date (10)	Sch	neduled	Comp	eletion	Date (11)	215-788-6040		00509	0.			
tart Date (10)		01	Comp	eletion	Date (11)	215-788-6040 Name of OSHA M	onitor	00509	0.			
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	19/14		\ \ \	lame o	1 Buildin		Decator	(2) (~)	ع له	د ن د د	in the second second	IVE	D	
7	pe Notification		S	Vest A	ddress	5 14	2cca	n a	w n	2014	G1 22	PH 10:		
	Amended Amendment #	8	-	iry. Sta	ile, Zip C	<sup>2∞e</sup> 5 r	-0 N 0	<u></u>	1200	20	in		- 17	
00H	Emergency (in justification) Cancellation	duding	-		Contac		NO	==		-	eprone www.	94/12		
	,			EACH	TY INF	ORMATI								==-
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#### State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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#### State of New Jersey NOTESCATION OF ASSESTOS ASATEMENT (Pursuant to NJAC 8:60 and 12:120)

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