Pitha of Shalle and	art i malament i .							Table 1	1 Mins	argerettin - 17.	4	in a set	S of the
Dala of Notification (1)	., .	Name	at Building	Ov/rier/Operator	(2)	الأدادة ورسمهما والمستعملية والمستعملية	****	Date		Mar.	liner,	1:41	
Aggicles Notified Type Notified EPA Initial		JOHN Street A	V LEAH	A.	BAFOUND CHO	PERSONAL PROPERTY AND ADMINISTRA	15564:×××	#Khinwasanings	inan Considerate	Maretaken na	VI.		
DOL Amendad		168 I	MAIN S'I	REEI	Med 18				1		- Ant Long	erange in progr	Letting STATE Value
M HOO DOH HOO DO	cy .	WOO	DDBRID Contact					- 14 min	O THE STREET	TIN THE	Corporal Control of the Control of t	tentena:	Er years Carbrid
I UCA   Justification   Cancellat		11 -	N LEAH	Y				. Te	dephone	Numbe	) [	and the same	<b>中央通知企业企业</b>
											}	orient filling	
Mame of facility where abutemer	it is taking	place (3)		ACILITY INFOR	MATION								
JOHNIRAHY				W				Type of F	School (	K - 12)			
Street Address 1 68 MAIN STREET		The state of the s							Subchapi Other (Pri 3ldgs,/Ho	Chater	ODWA	han Ka erdəl	12)
(City (6)	Te	ounty (6)						Square F		of Floor		Hilo	lg. Age
Washin			*		County	Code (7)			_				- 2
WOODBRIDGE Name of Monitoring Firm Hired by	A Bidg Ou	MDDLES	EX			ion only)		Current U		If being	j den	olishe.	4)
	- i ag. Cr	tinor (a)	į.	ASCM No.	NH	ine of Abate	ment i	Contractor (9	)	LECTION	lacustr;		OR THE PROPERTY.
Street Address	- House Co		-		I	& S RES	TOR/	TION, IN	A.	e da se			
City. Blate, Zip Code						eet Address						Taroli.	The same of the
say, paste, zip Code						20 Californ , State, Zlp (	ua Av	tt. Burkananan arabayan	and the state of the second	esperature and	- Company	Village and a series	
Project Manager for Monitoring Firm					11	Paterson, N		-03			kolisek eriti i	- Anti-	PERSONAL PROPERTY.
and Building Ist is an inclinating Fill	п	. TF	hone Nun	nber		phone Num		American de l'American de l'Am	Till.	enne )			and the second
Start Date (10)				**		245.045	THE REAL PROPERTY.		1		iumbe 159	ar'	
10/26/11		d. Comple	tion Date (	11)	Nar	THE OF OSHA	Monito	or .	KEIPATTA ATTA		home		NALE WATER
Occupancy Status During Abatemen	11/0	07/11			Stre	& S Rest	Oratio	n, Inc.		bressess.	DATES OF THE PARTY	Mark Control	
Abstance t performed outside Describe:	entire per of riormal		sment. Irs-		20	California State, Zip C	Ave.	nne -	- No.			1	Earner descriptions of
Other-Describe: NORMAL H	OURS	-			-11								
Scope of Work (check all that apply	)		1		-11-5	aterson, N.	0750	)3					
1 >1A0 of or >280 is	Renovation Demolition		s				Mi	ll Containmei ni-anclosure		tive pri	PSSUI	3	- Vapina un a
Location of	Is location	D Dormally	uged aniak				No.	ri-Exempted	dura (*) and N	'nn dein	hin		
ashestos-containing material (acm) to be	by maint staff(12)	JUNUON CAR	todial	1					1 / 6110 13	F	ine pr	AND DESCRIPTION OF	0
abated in facility (13)	Yos	No	N/A	material (A	of asbesto GM)	98-containing	1	Amoun (Sparifi LF)		n n	e	n	E n
BASEMENT			-	DIDE TYPE	1	~~~~		1 57		V	i	10	i.
CANAL COMPANY				PIPE INSUL	ATION		-	35 LFT			T	7	- Joseph
The state of the s				The state of the s		-					TIC		一一
A STATE OF THE PARTY OF THE PAR												行	适
glatered Waste Hauler							-	N. Company	COMMUNICATION OF THE PERSON OF				
E S RESTORATION, INC.	135(	P Hauler In		hic Yarde of Was	1,0000110	of Registers	ed Lan	dE)I					
ly, State PATERSON, NJ 07503		aj	ar Isaoqal	YD te	City.	TALOMY	, RES	OURCER	ECOVE	RY			
completed by (Print or Type)			10/27/11		1 410,1	LYTOWN					Total September 51	Maria de la companya	MATERIAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDR
FU WELLANT TOY TOPE	itto RESIDE	NT		Signature		TIOWN	, PA	-	·	Manage of the	-	AT The series	PRTopus.
		lila form for	Sahastas	Doong					Date 10/25	/11			

11 1	11		og Owner/C	operator (2)			Date:	MEZIL	Thua: 9	4 (A.)	四		
	- Laborator	Married and Add Soft of College of	c produktenski		gywra ar coll	The state of the s	THE PERSONAL PROPERTY.	enkontarren arabient	CELEBORY WHEN	N. State	estiniza	CHACKED	PREST
							23						
ended	2 1		(	AD	and the second			THE PERSON NAMED IN THE PE		24245	Art water	1797	and the same
dment#:	-10-			40									
ergency		and the second second second		Control of the latest of the l	-	to the state of th	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T	algohone Nim	where	-	CHARLE	THE PARTY NAMED IN	turne.
	Name	e of Contac	ĊŤ										
	B	EN PEN.	<u>A</u> .							a.		T PROCES	***************************************
			FACILI	TY INFORMA	MOITA								
atement is to	iking place	(3)					Type of	Facility (4)   School (K-	12)				
										r thai	1K-1	2)	
					-			Other (Prive	te/Comm			•	
								Bldgs./Hom	es, ato.			myen-	JA 9834
DAD						17	Square	Feet # of	Floors		trick	I. Aga	
	County	(B)					Curror	1: Ues (Prior !	baing d	emal	sher	) untern	
	BBRO	3EN							TOSAS TAY		7044	UNIFE BY	307,227.
Hired by Bk	ig. Owner	(H)		ASCM No.	1 1								
							RATION,	INC.	· www.mc.indicates	2 <b>22</b> 55			
THE COLUMN TWO	STATE OF THE PARTY				S								
					-		THE RESIDENCE PROPERTY.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	erewspe odddina	KHER	en activiti	NAME OF STREET	ECEPHYSIA
			-		G								
				-				Lic	iense M	mbe	r F	anc arc	wexte:
itoring Firm		Pho	ne Numbe	1	11'	elepricine indirible		.   ""					
in and the state of the state o				AND THE RESERVE	h	larne of OSHA M	Aonitor	1.12			-	A HOLLMOND TO 1849	and and a
White Land of the Control of the Con	Sulred.	Completion	n Date (11)						THE STATE OF THE S	ewithous	e de la constante de la consta	TERMONE CO.	nerene e
	11/07/	/11.				treat Address		OCA PLEMINATION V					
g Abatement	(Check on	ly one)									racinomir fo	- Andrews	er ele
almu during e nad outside t	intire peda: of nomel fr	d of abaten actilly hour:	mont. S∽			illy, State, Zip Oc	oda						
						Paterson, NJ	07503					( han a han hingan)	
								tainment w/ne	galiva p	6931	ire		-
		n .											
2000							Gloveba	g procedure	i Nirun-fri	shla	የነጽነናነል	adı mə	
<u> </u>			and notate				LINGIER	an pred ( ) ann	T	17	R	E	-
	by mainte	nance/cus	todiat	10	tion of or	haetas cantalain	,	Amount		m l	6	Ti	En
ba	staff(12)	<del></del>	<del></del>			COORDS CONCINI	"		x	0	ล	2	C
(13)	Yes	No	N/A					L. /		e e	į	þ	
		X	1	BULLER	INSUL/	TION	30	SQFT		X	口		
						Name and Address of the Owner, where the Owner, which is the Ow	THE STREET						
		Q.		and the second s	-	THE RESERVE AND ADDRESS OF THE PARTY OF THE			1			10	
<del></del>					ESTRESSEED NO			Marian party party of the second colored	Accordance !	beard	Law of		
							roce		TANGET STATE		Ī	П	
									Comment				
		P Haular I		ubić Yards o	/ Waste	Name of Regist	pred Landfill		Thursday.				
ion, inc.	NJDE 135			I YD	Waste	TULLYTOV	ered Landrii VN, RESO	URCE REC	OVER		百		
ION, INC.			Disposal L	ypia YD	Waste	Gity, State	VN, RESO	URCE REC	OVER		百 回		
10N, INC. 17503	135			YD ppia 1	/ Waste	TULLYTOV	VN, RESO	URCE REC	to the second second second	bhann't-	<u></u>		
ION, INC.		506	Disposal L	ypia YD	Waste	Gity, State	VN, RESO	URCE NEC	and the state of t		百	The state of the s	
	oAD  Thired by Bk  Intoring Firm  g Abetement  alted during emed outside of  NORMAL HO  all that apply	Notification is interest of the place of the	BEN PENA Street Address  23 RIDGBI City, Shale, Zip PARAMUS Name of Conta BEN PEN  BEN PENA  Street Address  23 RIDGBI City, Shale, Zip PARAMUS Name of Conta BEN PEN  BEN PEN  County (6)  BERGEN  Hired by Bidg. Owner (8)  Sched. Completion  11/07/11  g Abatement (Check only one) Saltrd during entire period of abater med outside of normal facility hours  NORMAL HOURS  all that apply)  Renovation  Demolition  Is location normally in by maintenance/cus staff(12) the period of staff (12) Tes No	BEN PENA Street Address  23 RIDGBLAND RO City, State, Zip Code PARAMUS, NJ Name of Contact BEN PENA FACILI Datament is taking place (3)  County (6) BERGEN Third by Bidg. Owner (8)  Sched. Completion Date (11)  11/07/11  g Abatement (Check only one) Beth decided of abatement. The doutside of normal facility hours- NORMAL HOURS  eli that apply) Renovation Demolition  Is location normally used solely by maintenance/custodial staff(12)  Yee No N/A	BEN PENA Street Address  23 RIDGBLAND ROAD City, Shale, Zip Code PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORM  Demolitation  BERGEN  County (6)  BERGEN  ASCM No.  Sched. Completion Date (11)  11/07/11  g Abatement (Check only one)  alterd during entire period of abatement.  The doubtide of normal facility hours-  NORMAL HOURS  ell that apply)  Renovation  Demolition  Is location normally used solely by maintenance/custodiat by maintenance/custodiat by maintenance/custodiat by maintenance/custodiat by maintenance/custodiat by maintenance/custodiat custodia  Description  Is location normally used solely by maintenance/custodiat by maintenance/custodiat custodia  Description  Is location normally used solely by maintenance/custodiat by maintenance/custodiat custodia  Description  In Demolition  Is location normally used solely by maintenance/custodiat by maintenance/custodiat poscription  In Demolition  Is location normally used solely by maintenance/custodiat poscription  In Demolition  Is location normally used solely by maintenance/custodiat poscription  In Demolition  Is location normally used solely by maintenance/custodiat poscription  In Demolition  Is location normally used solely by maintenance/custodiat poscription  In Demolitic properties and p	BEN PENA Street Address  23 RIDGELAND ROAD City, Strita, Zip Oode PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORMATION  PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORMATION  PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORMATION  PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORMATION  PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORMATION  PARAMUS, NJ NAME OF CONTACT BEN PENA  FACILITY INFORMATION  INFORMATION  Phone Number  Informing Firm  Phone Number  Information Date (11) I 1/07/11 I g Abatement (Check only one) Alterulating entire period of abatemont. Inded outside of normal facility hours- NORMAL HOURS  Ill that apply)  Renovation Demolition  Is location normally used solely by maintanance/custodiat staff(12) Yes No N/A  NORMAL HOURS  Ing ba staff(12) Yes No N/A  Description of as material (ACM)	Street Address 23 RIDGBLAND ROAD Address 23 RIDGBLAND ROAD City, State, Zip Code PARAMUS, NJ Name of Contact BEN PENA FACILITY INFORMATION  Satement is taking place (3)  County (6) BERGEN  ASCM Nc.  D&S RESTO Street Address 20 California City, State, Zip Code PARAMUS, NJ Name of Abatoma D&S RESTO Street Address 20 California City, State, Zip Code Paterson, NJ Telephone Number  Suited. Completion Date (11) 11/07/11  g Abatement (Check only one) Saturd during entire period of abatement. med outside of normal facility hours- NORMAL HOURS eli that apply) Renovation Demolition Demolition Demolition Demolition Lis location normally used solely by maintananoe/custodiat staff(12) Yee No N/A N/A  Doscription of asbeetos-containing material (ACM)	BEN PENA Street Address  23 RIDGBLAND ROAD  City, Stata, Zp Code PARAMUS, NJ Name of Contact BEN PENA  FACILITY INFORMATION  FACILITY INFORMATION  Description of abbettors of abbettors of abbettors of abbettors of activated and received an	BEN PENA Street Address  23 RIDGBLAND ROAD  Cary, Stata, Zp Code  PARAMUS, NJ  Name of Contact  BEN PENA  Steed Address  BEN PENA  Steed Address  BEN PENA  Steed Address  County (6)  County (8)  BERGEN  ASCM No.  Name of Abatoment Confractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NI 07503  Telaphone Number  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NI 07503  Telaphone Number  Suited, Completion Date (11)  11/07/11  g Abatement (Check only one)  saturd string entire period of abatement.  med outside of normal facility hours-  NORMAL ROORS  all that apply)  Renovation  Demolition  Demolition  Demolition  Demolition  List ideation normality used solely by maintanance/custodial staff(12)  Yee No N/A  N/A  Paterson of abates-containing material (ACM)  Amount (Specify SF of Cary)  Amount (Specify SF of Cary)  Amount (Specify SF of Cary)  Cary State Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Full Containment w/ne  Mini-enclosure  City State, Zip Code  Paterson, NJ 07503  Amount (Specify SF of Cary)  Amount (Specify SF of Cary)  Cary State Address  Completion  Amount (Specify SF of Cary)  Amount (Specify SF of Cary)  List its cary in a cary of the ca	Restriction   Street Abdress	Steel Address   Steel Addres	BEN PENA   Street Asserses   23 RIDGBLAND ROAD   City, State, Zip Code   PARAMUS, NJ   Name of Contact   Ben PENA   Subchapter 6 (County Code (7)   County (6)   County (6)   Subchapter 6 (County Code	BEN FENA   Street Address   23 RIDGELAND ROAD   City, State, Park Address   23 RIDGELAND ROAD   County Code (7)   City of Facility (4)   County Code (7)   City of Facility (8)   County Code (7)   County Code (7)   City of Facility (8)   County Code (7)   County Code (7

Gas right & Wall-414	TOOK SERVICE S		(Pursi	uant to NJAC	28:6	0 and 12:120)		APPAON Healib A		f Serv	inne	
Date of Notification (1)		Name of	Building Own	ner/Operator (2	)	a commence commence commence account to public to the commence account to the company of the commence account to the commence	HADOUL OF	SAL TANK	with a street of the	All and		
1 10 1/1 19 1/11 11			L ANN W	31		39	Date: 12/2			1:5	AAC	?
Agencies Notified Type Notifi	cation	Street Ad		-	- American de la composition della composition d	CONTRACTOR OF THE PERSON OF TH	and the same of the same	and the second	resempted 2	and the	The state of	-enemy
M DEP ☐ Amended	i -	154 22	ND AVEN	TUE .			XAAM	ail	ml	200	111	
Amendmeni	1 1	City, Stat	e, Zip Code				A STATE OF THE STA	The same	at hat y	CECH	of James	es was upo
DOL Emergen	cy	PATE	RSON, NJ								23	
DOH (Including	1 1	Name of (	Contact	Marie Comment of the	-		Telephon	e Numbe	pos-common	ENTROPIA	ritti kadeinene	DO AFRICANS
☐ DGA ☐ Cancella		CAR	OL ANN W	ILSON					I.E.			
The state of the s			FAC	ILITY INFORM	АТЮ	N	The state of the s		A PERSONAL PROPERTY.			
Name of facility where abatemen	nt is taking p	Jace (3)					Type of Facility (	4)		******		المنافضة المنافضة
ALDOT AND TOW CONT		r tatan en et gra					Presety.	(K - 12)				
CAROL ANN WILSON Stroet Address								apier 8 (C				
Street Address	***						<b>区</b> Other ( Blags,)	Private/C Homes, a	somm etc.	arcial		
LS4 22ND AVENUE							Square Feet			Б	ldg. A.	go .
City (5)	Col	unty (6)				unity Code (7)				1		est in
PATERSON, NJ	PA	ASSAIC	87		(State use only) Current Use (Prior If being demolish							
lame of Montoring Firm Hired I				ASCM No.	1	Name of Abatement C	ontractor (9)		-211	OPHO:		-
, W						D&SRESTORA						
tract Address	**************************************			Landing		Street Address		*****		w====		-
						20 California Av	e.					
y, State, Zip Code	82. <del>************************************</del>			THE STATE OF THE S		City, State, Zip Code			out of the latest	Dir Manche M	Per Maria	PER SELECT
74.5						Paterson, NJ 075	603			_		
oject Manager for Monitoring F	m.		Phone Num	ber	Total Control	Telephone Number		License			(CLURINICT)	
E	35								00159			
Start Date (10)	Sche	d. Comp	etion Date (1	1)		Name of OSHA Monito D & S Restoratio						
0/20/11	10/3	31/11		á .		Street Address	H <sub>2</sub> 1DG.	EX MANAGEMENT	NA STERES	Markeyson	POPER TON	BOOMESTE'S
coupancy Status During Abaten					_	20 California Ave	enue					
Facility closed/vacated duri						City, State, Zlp Code				Contraction of		
Abatement performed outs Describe:		I racinty re	ours-		_							
Other-Describe: NORMA						Paterson, NJ 075						
cope of Work (check all that ar						Name of the last o	ull Containment w	negative	press	erus		
THE PROPERTY OF THE PROPERTY O	Renovet	ion				Wheels	fini-enclosure flovebag procedur	6				
≥160 af or≥260 lf	Derricilitie						ion-Exempted (*)			אאחמי	A	-e
Location of		on normal	lly used solel	`			A		R	R	E	E
asbestos-containing material (acm) to be	staff(12	)		Descripti material		asbastos-containing	Amount (Specify S	For	m	p	c	n
abated in facility (13)	Yes	No	N/A	THE CONST		•	ĹF)		V	i	a p	L
ASEMENT		-		PIPE INSU	LAT	ION	29 L FT		Å	f		
ASEMENT BOILER		1		BOILER IN		The same of the sa	35 SQ FT			南	T	T
Tel-Annual Company and Company of the Company of th		1					<b>-</b>		一	同	茴	同
		1					-		TO			
							HART STREET, ST. T. PART, AND STREET,	"Westerness	面			
P. C. DECTOR ATION IN	NJE	DEP Hauk		Cubic Yards of V	Vaste		andfill	מינים איניים בייבי מינים איניים	v			
& SRESTORATION, INC	v. 13	506	Disposal I	1 YD		TULLYTOWN, R	ESOUKUE KE	COVEK	<del>, indicated /-</del> / I	- Proposition		CONTRACT.
ty, State PATERSON, NJ 07503			10/21/3			TULLYTOWN, I	A.					
Completed by (Print or Type) Title				Signature							<b>4,275</b> ,	
BOGDAN JOLDZIC	PRESI	DENT						10/19/				
S9-41	* Do not u	se this for	m for asbest	os licensure exi	empte	d activities.		- S. S. Asside to b	CMIC AND	HE WALLEY	MSKin-Cities	CP-MPC-

#### Strice of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

		APP	ROWE	]	-
NH	ept. p	I Healt	1450	nior Se	rvicas
1:4	and,	(sig	nature)		<u> </u>
1.Date	10	acl	Line	12	10P

1	<u>lols</u>	A	Lillepa	10)				
ephone Number:	in			* Fitz				
lephone Number:	in	ال						
Jophone Number:	m	All .		1.				
lephone Number:		V/2	MA	alli				
		and t	STOR.	711				
or then K-12)								
& commercial building	E.S.							
Square Foct; NA # of Floors: 2 Bldg. Age: N.								
f being domolished)								
r verng demonshed).	•							
Name of Abatement Contractor (9):								
S/M Enterprise of NI, Inc.								
Street Address:								
339 North 6th Street								
e:	····							
07508			*.					
License No.	:							
00641								
nitor: New Jersey, Inc.				Wiff an amount				
·	•							
			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
Full Containment w Wrap & Cur Glovebag Procedure	ith No	gative	Pressa	re				
Non-Friable Procedum	ċ							
			ype	t				
0		T	<del>-</del>	T				
Amount	1 20	123	1 3	图				
(Specify	1 1	Repuir	124	응				
SF or LF)	Removal	E.	Encapsula	Edclosure				
		-	112	C0				
2 SF	X	-						
Name of Regi	sterrei	landfi	it:					
5126	************							
				1				
		2 SF X  Name of Registered (ESI  5126	2 SF X  Name of Registered landfil (ESI)  5126  Date:	Name of Registered landfill:  [ESI]  Dete:				

HOLONIAL adure)
Lnine 153

Date of Notification (1	10/20/11					ding Owner/Operal			j		1		
Agencies Notified	Type Notific	ation		+	Straet Addre	65	Stacey Um	land k	Ca	HAM	<u>'</u>	·	
EPA CEP	Initial Amended	4		1.		12	4 Mountwell	Aveauc	10	120	111		
図 DOL	Amendm	ent #			City, State, Z	p Code					-44		
R) DOH	Emergen juatificat	cy (inclu	ding			H:	ddenfield, N	J 08033					
C DCA	Cancellat	lon			Vame of Con		Telephone Number						
				1-		Stacey Umland	<u> </u>						
Hama of Facility Where	Abaiemont la	aking P	nce /1	_	FACILITY I	NFORMATION	~~~~						
to an and a second		Reside		,			Type of Facility (4)						
Sitsel Address			-				School (K-12) Subchapter 8 (Other than K-12)						
	124 Mc	uniwe	II A	venu	ic		homes, etc	private & comme	ercial L	ullding	)D,		
Cliy (5)	22		-				Square Feet	# of Floors	γ	Bldg.	Age	_	
County (8)	H	addon.	field								, .8.5	ļ.	
	amden		XW.C.7517-2	15	County Code USE ONLY)	(7) ISTATE	Current Use (Prior if being demolished)					-	
Name of Monlioring Firm	Hirad by Build	on Aum						Residence	ce				
	MECS	ng Own	Ģ1	AS	CM No.		neni Contractor (S		_			-	
Street Address				L=		Stevens Environmental Services, I							
	P.O. Box	341				Street Address	PO I	Box 322					
City, State, Zip Code						City, State, Zip C	ode	304 344				*	
CY	osswicks, N	IJ 085						n, NJ 08501					
Project Manager for Mor William We			43272		one No.	Telephone No.		License No.	-			-	
Slart Date (10)					298-4070	- <b>5</b> 2) 2	200088		004	93			
10/21/11	Sec				Date (11)	Name of OSHA					-	-	
Occupancy Status During	Abalament (C	backon	10/2	1/11			M	ECS	¬			100	
J Facility Closed/Vacals	d Ouring Enlice	Parlori e	dana	amax	.,	Street Address	ו ממ	741				-	
.] Abaiemani Parformad	Outside of Non	mel Faci	By Ho	ure	n.	City, State, Zip C		Box 341					
[] Other - Describe: 8	AM - 4PM					049, 51815, 24		s, NJ 08515					
icope of Work (Check a)	that apply)						OZOSKI VICK	3, 40 00013	-	<del></del>		-	
1 ≥3 s1 or ≥3 ¥	*	¶Z] R	enove	tlon		☐ Futi Con ☐ Mini-Enc	lainmant with Neg	allve Pressure					
]≥160 sf or ≥260 ff			emoli	an		☐ Gloveba	a Procedure						
		la la	Locali	lon.	T	Non-Exe	mpled (7) and No	n-Friable Proced	lure				
v - 122		I	lonnal	y			ł		Abatemen			1	
Location of Asbestos-Containing M	aterial (ACM)		d Sole intenar		à-1	Description of				J. J		7	
TO BE ABATE	12	c	ustodi	æ[	(1.0.,	os Containing Mate thermal systems in	aulation.	Amount (Specify	1 72	3	m	-	
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellangou	or l	SF or LF)	RATIONAL	Repair	dia	-	
		Yas	No	N/A	$\exists$	The Moderning of	.3,		P		Encapsuale	-	
1st floor		+		X	+	divas ! 1 ··		1 C T 1=	-			-	
The second secon		+		1^	<del> </del>	duct insulation	-	16 LF	X			1.	
		+		<del> </del>	<del> </del>	(wrap and cu	11)			-		L	
		+			<del> </del>	-			+-		_		
	is of Registered Weste Heuler NUC					Cubic Yarda	Name of Registe	ered Landfill	_l	L_,_	l	_	
tevens Environme	ntal Service	es inc.	H			of Waste			31	<b>~11</b>			
Stele						I CU Disposal Date	City State	R.F., Inc. I	andi	111	-=	-	
), Ciato	Allentown, NJ					H 보기 있는데 그렇게 되었다면 하게 되었다	- 1	T. H. dans	)7 A				
	Allentown,	NJ			Salar Sa	10/24/11/6-/1	1 /	1 11111/11/11/11	100				
NW 100	Title	2			nager	10/24/11/   Signature	4/-	Tullytown,	r A	====		-	

RMINGE		. (1	Pursi	uant to	o NJI	ac e	3:60-7	7 and 12:1		#: 4478 Verenord	M	2/3	011	L			
Wate of McEnticeti	on (I)		TN.	To say	Bus:	i, a i i	ig Cali	in:/Operat	or (2)	-1994		-	ı	•			
110/12	10/11	111	IIE	Butler S	Schoo	ol D	istrict		· [	- Appr							
Agencies Notified	Type Noti	noisas,	-     27	creat	Addre	225				When of Healt	18,30	nior 8	ervic	es			
` (X)F2PA			113	8 Bartl	holdi	AV	anua		-	FRAUL!		140					
OXIDES	(X) Laiti	ial Scation	, ,	LEY S				íe –		10/10/1	atuce) I	^	301	101			
DXI DOL	(1500000	ed व	11 .	tuillar h	NI I OT	740	E		IT	Date: 16 30 1	Tim	e: Cr	不不	4			
1 1 2		leation		Butler, h	No. of the last of				1741	ephone Rigibo	-	-					
(X) DOD	[ 1Cance	llation	11	and Or	CON	¢ac.				ceptione man							
CX ) DCA				)ebbie	Nale	y-M	linear	a, Bus. Ad	lmin.		- 120			and Affile and			
Photo common transporting and property and p							chroni	<b>WILLON</b>									
Hame OF FOCKLYEY W	bers Abaten	ent in T	AK).II	g Plac	e (3	7			Type of Yaca								
Buffer High School								]	XIschoo	ol (K-12) mapter 3 (Dt)	ar r	kan	K-12	1			
Sereet Address									1 1Kthone	" fr m lak'is	ate.	E CC	remote	<u>~</u>			
								1	cial Square. Feat	of Floor	THI	dg.	Age				
38 Bartholdi Avenue						-			6500	1	64						
CXYY (ST		Counc	A (e	,		(51	LATE 1	USE ONLY)	Curtent Use	Prior it be	ng d	emoil	ishe	d)			
Butler, NJ 07405		Morris						and the second	School								
Nesc of Monitoring	Pica Rire			POZA	No.	٠	Name	e of Abace	ment Contracts	ox (9)			. 6				
Owner (8)							_	D/	all large laws 1								
Westchester Enviror	imental, Inc			0012	7_		FOU	ir Strong B	uilders, Inc.								
Street Address							SEC	CER WATER	-								
307 North Walnut St							180	Sargeant	Avenue	*							
Caty, State, Tap C	oge																
West Chester, PA 19	id firm	Tele	phone	Kunts	<b>6</b> E	Clif	ton, NJ 070	013-1935 Gec	Lice	the N	Unios	ī.					
Matt Abraham	610-	996-35	15			وال معرايان أكوا والم		0800	7								
Scheduled Start Da	te (10)	ched.Com				III	Nam	e of OSKA	Montcor								
Month   2 1 1	1 1 Year	1 0 // Month /	Day	1/11	11			r Strong B	uilders, Inc.					<b></b>			
Occupancy Status D																	
nr Abacement							180	Sargeant	Avenue					·			
( )Abatement Fer Hours - Descr		erde at M	EMA	I Fact.	TICA		Cre	y. State,	Lip tode								
( Jother - Descr							Clif	ton, NJ 070	013								
Scape of Pork (Che	ck all that	apply							Containment	with Meastiv	e Pre	E S S IS					
( )Demolit	ion		ΙX	Renov	atio	n		i imini	-Enclosure		6						
( ))3 pt 0	or >260 1							[ ]Glov	rebay Procedure Friable Proce	c dure							
CX17440 ac		· 	<del></del>						<del>,</del>		Xbet	かけん	nt 19	rise			
				is cacion					(t) (t) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		R		E N	22			
	ion of Containing			rmaily Used				Descriptio estos-Cont		Amount	P	E E	C	1,0			
Materia				Main-	. 1		74	aterial () , thermal	ACTO)	SF or	M	5	A	0			
in Fac	Elity		te	nance/			nsula	tion, surf	facing, VAT.	LF	U A	A	5	S			
. , , ,	3)		32	stodia aff(12	1		O.L	ocuet misc	'CTT direogn'		ĭ	R	L	RE			
			Yes	No N		1	Tilo	Mastic		1.584 SF	X		<del> </del>	E			
Band Room			-		r	1001	Tile	IVIdSuc		1,007.0	1		-				
	·										-		<del> </del>	ļ			
							_										
										1							
Name of Registered	Vaste Bau.	[er		JUEF H				c Yards	Name of Rogi	stered Landi	ill.						
				auler ocoo	TON	ω.	OT A	kate	G.R.O.W.S.	Inc							
Four Strong Builder	s, Inc.		1	2609			RYEN	osal Date		IIIC.	~~~~	سمر د.ن.ده					
City. State																	
Clifton, NJ					51 <u>.</u> 359		L		Tullytown, PA	<u> </u>		6 No. of the last					
Completed By (Pran	t or Type)	Title				1800		Signatur	- Land		į.	ste					
Bilyana Kulakovska		Office A	Administrator B					18/	Pho -	anne anne de la Contra de la Co	1	0/20	111				
ASB-41		L Tillog /1						1						,			
Man or													12.12.24				

NOTIFICATION OF ASBESTOS ABAYEMENT (Pursuant to NJAC 8:60 and 12:120)

Agencies Notified Type Notified			Ner	ne of Building Ou	FRIE	or (2)	F 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
EPA Initle				at Address	WEST (	Buack.	454	Jul	ania a			
Amenda Emerger	nent #	ding		DUMONT	N5	0262	-}		*****			
DCA Caricella	illion			e of Contact PRTEAL ACILITY INFORM			Telephone Number					
Nome of Facility Where Absterners is To  A. F. R. I.E.  Street Address  131 W. QUACKEL  Oity (5)				<u> </u>	TATION	Other (i.e. p	2) 8 (Other than i	(-12) proial l	bulldli	nga, h	ють	
Dunow?			****			Square Feet 1 450	# of Floora		Bld	g. Age	e	
BEAGER			Count (97A7	y Code (1) Euseonly	···	Current Use (Prio	r if baing domo		)	ξη 		
Name of Monitoring Firm Hirad by Buildin Street Address	19 Owner	(6)	ASC	CM No.	Name A. M	of Abstement Cont ac Contracting	réctor (0)					
*	•				Street	Address owell Road				**************************************	*****	
City. State, Zip Cone				N 1'	City, St	ato, Zip Code Rock, NJ 0745	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Project Manager for Ministering Firm			Teleph	one No.	Telenty		License				and Same .	
San Date (19)	11	4/3	mpletion 4/17	Cate (11)		CSHA Monitor	00156				Marketonia ,	
Coupancy Status During Abatement (Che Facility Closed/Vecated During Entire Abatement Parties	Doelog a	Dno)			Street A	a Environment ddress uyler Street	TO SHE SHOW THE STATE OF THE SHEET OF THE SH					
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	mal Facili	ity Hou	ment 16		City, Sta	to, Zip Code					ma today	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if		Y-144-			Hacke	msack, NJ 076	06					
25 51 or 23 ff 2160 sf or 2260 ff		Renov Demoli			Full Containment with Negative Pressure Mini-Enclosurs Glovebag Procedure Non-Exempted (*) and Non-Enable Procedure							
Location of		s Locat Norma	lfv				and Non-Frag	NE MIC	Abat	re vitien yre	)(	
Asbeetos-Containing Material (ACM) <u>IQBE ABATED</u> In Facility (13)	Me	ed Sole Antener Itodiai 5 (12)	nce/	Ashestos Cor (Le. Ihorme surfe	escription of plaining Mate of systems in acing, VAT, miscollance	sulation,	Amount (Specify SF or (.F)		Repair	Encapsulate	Enclosura	
Date :	Yes	No	NiA					Removal	317	ulate	ang.	
BASENTER	+		ļ	PIPE			90 W	×				
	-			Boica	1		25 32	<b>y</b> .:				
the of Registered Waste Hauler	114			ste Cubic to of Was	Yards	Neme of Regu						
y, State arny, New Jersey			1681	Diepo	al Date	City, State	d County La	indfil				
mpleted by McDonald	Title Presid				Newburg, PA 17242							

#### New Jersey Department of Health and Senior Services PO Box 369 Trenton, NJ 08625-0369

Scennel 10/20/11

Telephone: (609)826-4956	)		Fax: (609)8	26-4975
NOTIFICAT	ION OF NON-FR	IABLE ASBI	ESTOS WORK ACTIVITIES	
Type of Notification [x] Is	nitial [ ] Amended	I [] Emergency	Date of Notification: 10/20/11	
Name of Building Owner/	Operator: =Picati	inny Arsenal		
Street Address: Cir	ty: Picatinny Arsen	al State:	NJ Zip 07806	
	reag Gainer		Number: 1000 1000	11-12-12-12-12-12-12-12-12-12-12-12-12-1
	FACUI	LTY INFORM	MATION	
Name of Faculty Where W	ork Activity is to	Take Place: B	Suilding 3306	productive and the same and the
Describe Facility Use: Offi	cers Building			
Street Address:	City:	State:	Zip:	And the second second second second second second
County Name: Morris		County	Code (State Use Only):	130000
Scheduled Start Date: 11/1	/11	Scheduled Cor	npletion Date: 11/22/11	
[ ] Activ	ity closed/vacated during the performed outside of the performed outside of the performed outside of the performed outside of the performance of t	of normal facility a off building otage 6000	hours - Describe	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
[ ] Roof	ng ndrate tox	otage; otage;	Percentage Asbestos:	
	_1	ACTOR INFO		
ompany Name: National Floor	ing Pemoual			
ew Jersey Asbestos License Nu	C	ity: Augusta	Telephone Number: ( State: NJ Zip: 07827	
lonitoring Firm		Telepho	ne Number: ( )	
ompleted by (Type or Print ignature:	legibly): _Robert H	aas	Title: Owner	PORTER AND THE PROPERTY OF THE
			(AA) Date:   0 20 11	

#### New Jersey Department of Health and Senior Services Consumer, Environmental & Occupational Health Service PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 509-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

	Aleles	MVED		
NJASER	t of Health		ir Servi	lees
	A Same			
	e series	ating)	Esys E A	
Date:	F Sont offers	Time	11	100

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted	
Initial   ] Amended [ ] Cancellation [ 1 Emergency (must include justification) Date of Notification: 10 /21/	
Building Information	4 !
Name of Building Owner/Operator Kear C-1	- Million
Street Address: 1150 McBride Ave City: Little Folls State No. 2014	
	2
resephone No. Tet Ally to Lo	(A)
Facility Information	-
Name of Facility Where Work Activity is to Take Place: Kear Pott Carp. Guidance & Navigation Div	
Street Address 1150 McBride Ave court Little Falls StateN J Zip: 0743	-
	4
Scheduled Start Date: 10 / 22 / 11 Scheduled Completion Date: 10 / 24 / 11	-
Occupancy Status During ActMity (check only one):	
Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Norma: Facility HoursDescribe:	
Other-Describe:	-
Scope of Work (check all that apply):	
Floor Tile Square Footage: 525 st Percentage Asbestos: 82	
] Mastic Square Footage: Percentaga Asbestos:	
[ ] Other: Square Fontage:	
Percentage Asbestos:	
Company Name: ACTICAL AND SECURE CONTRACTOR Information	7
Company Name: AZTECH MANAGEMENT INC Telephone No. (Street Address: 86 Chartoples St.	~1
City Montclair State: NJ Zip: 07042	
Asbestos Ekcense Number (if applicable): 00371	
Monitoring Firm (if applicable):	
Signature	1
Completed By (type or print legibly): front antin Vivian Title: President	
Signature: Onto 10 21 11	

EMEMBER – MAIL IN	HABD CODA									13	antol.	
EMICINIDE!! — MIVIE IIA	ו זוט פוואוו		FICATIO	tate of New Ji N OF ASBEST t to NJAC 8:51	TOS ABATE		r	- CH	<u>ICC</u>	X.	4	16
Date of Notification (1) 10/24/2011				of Building Own		r (2)				0	UA	<u> </u>
(Check	Notification			Address outh Broadw	ay			OCI	2	1 2	011	
X DEP DOL	Amended Amendment#			ale, Zip Code le Brook, Nu	07660	PL		17	9)	T		
IX DOH	Emergency (includir ustification) Cancelletion	ig		of Contact lopher Mego	owan		- <del></del>	Telephone III	MAI	P)	R0	VE
			FAC	ILITY INFORM	IATION			· · · · · · · · · · · · · · · · · · ·				
Name of Facility Where Abatem Private Residence	ent is Taking Place	(3)					e of Fecility	VEV.03				9 No.
Street Address 58 South Broadway						×	School (K- Subchapts Other (i.e.	12) r 8 (Other than K-1 private & commerc	(2) dal bui	dings	, hom	es,
Gity (5) Saddle Brook					11-14		etc.) are Feet	# of Floors		3lcg. /		
County (6) Bergen County				Code (7) USE ONLY)				for if being demolis				
Name of Monitoring Firm Hired I	by Building Owner (	B)	ASC	M No.			etement Co Contractir				~	
Street Address					Street	Addr						
City, State, Zip Code							Zip Code IJ 07013				*******	
Project Manager for Monitoring I	-lim		Telepho	ne No.	Telep	none l	No.	License N 01099	Vo.			
Start Date (10) 10/25/2011		led Co /2011		Date (11)			HA Monitor					
Occupancy Status During Abate	ment (Check Only C	ne)			Street	Addre	255				mrner	
Facility Closed/Vacated Du Abatement Performed Outs Other - Describe: 8:00am	ide of Normal Facili	Abater ty Hour	ment 3		City, S	iate, i	Zip Code		·			
Scope of Work (Check All That A												
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renove Demoli			>	М Gl	ini-Enclosur lovebag Pro	cedure				
				1		J No	on-Exempte	d (*) and Non-Frigh	ole Pro		emen	
Location of		s Locat Norma	lly		Description	of			_		епен фе	
Asbestos-Containing Materie TO BE ABATED In Facility (13)	M	ed Sole alntena stodial ( (12)	rice/ Staff?	(i.e. then	containing National systems infacing, VA er miscellar	fateria insul T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Ericapsulate	Endosure
Basement	Yes	No	N/A	Diag Is-	ulošia - r		Win dea	co.ir		ļ	iii	- T
Dasement		X	+	ripe ins	ulation ar	io Fil	ungs	60 LF	x			
Name of Registered Waste Haule	er e	IN	JDEP W	aste I Cui	oic Yards		Name of	Registered Landfill	<u></u>			
Pyramid Contracting Corp		H	lauler ID 2613	No. 011	Vaste		GROW	S				
City, State Clifton, NJ 07013				Dis	posal Date		City, State Morrisv					
Completed by Dimo Galcev	Title V. Pi	reside	rit		Signature		20	5/ 00	ite 1/24/2	011		

Check	2054	10				Í					2022
Creck		·			BESTOS ABATEM C. 8.60 and 12.120			ECE			
ate of Notification (1)					Name of Buildin	g Owner/Or	erator			- 1	
78. VSC/P-0784					Kennedy Health	Systems		OCT 2	4 2011		j
0-17-11		Notification 1	Type		Street Address			001		1	
gencies Notified	1	Notification	1700		18 East Laurel F	Road				-	
x) EPA ) DEP		(X) Initial N () Amended	d Certification	n	City, State, Zip ( Stratford, NJ 08	084		FALL ALL	5 0 L		
x) DOL x) DOH ) DCA		( ) Cancelle	d		Name of Contact  Doug Ducat	<u>#:</u> \	en e	Tel. Number	gement, Inc.		
				FACILITY IN	FORMATION				4 20:1  tc.  magement, Inc.		
Street Address 18 East Laurel Road	tement is Ta	aking Place (S	3)		Type of Facility ( ) School (K-12 ( ) Subchapter (x ) Other (i.e. p	2) 8 (other that rivate & con	nmercial bld		s.	tt, Inc.	
TO Last Lauter House					Sq. Feet 40000	SF	# 0	f Floors 4			
	County (6) Camden		County Co (State Use		Bldg. Age: +/- 4 Current Use (pri		lemolished)				
Name of Monitoring Firm H	red by Bldg.	Owner (8)	ASCM No				Name of Co USA Enviro		gement	, Inc.	
Criterion Labs Street Address 3370 Progress Drive / Suite	: J	4		34	Street Address 8436 Enterpris	e Avenue					
City, State, Zip Bensalem, Pa. 19020					City State, Zip C Philadelphia, P						
Project Manager for Monitor Mike Panepresso	ring Firm	Telephone	Number	) ))	Telephone Num	nber		License Num 00702	<u>ber</u>		
Scheduled Start Date (10) 10-31-11		11-15-11	Completion	Date (11)	Name of OSHA USA Environm	ental Mana	gement, Inc	c.			
Occupancy Status During A  ( ) Facility Closed/Vacated (X) Abatement Performed Obscribe_Area in question hours in the 1st,2nd and 3rd rooms.	During Enti Outside of N Work will be	re Period of A ormal Facility e performed o	batement Hours	al business	Street Address 8436 Enterpris City, State, Zip Philadelphia, F	e Avenue Code			•		
Other - Describe											
Source of Work (Check all	that apply)										
( ) Demolition (x ) Rend ( ) Large Proj. (>160 SF o () Full Containment with N	r >260 LF A	ssure ( )	Mini-Enclos	ure (X) G	lovebag Procedure	( ) Non E	kempted or r	or <10 LF ACM	(		
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loc	cation Normal y by Maint./Cu ? (12)	ly Used ustodial NA	Description of thermal system surfacing, VA miscell.)	ems insulation,	Amount (S	Specify SF or	(Rem			<u>Enclose</u>
Removal of Asbestos	X	, 110	1 100	.,,,,,							
Containing Pipe Insulati										-	-
Fittings									-	1	+
				Fire Proofin		300 SF		X	+	1	
Blood Draw Room	X		-	File Proofili	9	00001			_	1	

Name of Reg. Landfill
Minerva Landfill NJDEP Waste Hauler ID # Cubic Yards of Waste 20 yds Name of Reg. Waste Hauler USAEMI

City, State Philadelphia, PA 19153

Disp. Date 40-31-09

City, State Waynesburg, OH 11-15-11

Completed by (Print or Type) Dilip Kumar

<u>Title</u> <u>Program Manager</u>

<u>Date</u> 10-17-11

No Check Sent

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

Pg 1

Date of Notification (1)				Name of Bu	ilding Owner/Operator	(2)				
8 / 18	Type Notification    Initial			Princeto	on University - Office	e of Design an	d Construction	n n		
	es Notified A				ess	Tim (	the second contract of			
				200 Elm	Drive		T 0 4 com	11 11	1	
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			t	City, State,	Zip Code	HILL OC	<u> </u>		1	
			11		n, NJ 08544	] ;				
DCA Eme	rgency (incl	uding	-	lame of Co		1 /2	r=		į.	
177_1170	and the state of t						Telephone Nun	nber		
				Robert (	Y INFORMATION	With Property of the State of the Control of the Co		<b>D</b>	<u>i</u>	
Name of Facility Where Abatemer	nt is Taking F	Place (	3)	PACILIT	TINFORMATION	Type of Facility	(4)			
Princeton University - JAD	WIN HALL					School (K-12	5005			
Street Address						Subchapter	8 (Other than K-12	2)		
Washington Road						Other (i.e., p	rivate and comme	ercial build	dings,	
City (5)						homes, etc.)				
Princeton						Square Feet	# of Floors	Bldg	g. Age	
County (6)			1	County Co	de (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)		
Mercer										
	Building Ow	ner (8)	AS	SCM No.	Name of Abateme	ent Contractor (9)				
ATC Associates Inc.			(	00098	BRISTOL EN	VIRONMENTA	L, INC.			
Street Address				n- Average III	Street Address			-		-
<b>Bromley Corporate Center</b>	- Three Te	rri La	ne		1123 BEAVE	RSTREET				
City, State, Zip Code			*****		City, State, Zip Co					
			Falask	11-	BRISTOL, PA	19007				
	.11		elepn	one No.	Telephone No.		License No.			
PARAMETER AND			and		ALEST SO SUAN	Secretary and the second	00509			
Start Date (10)					Name of OSHA M	onitor				
09/01/11	10	_ / _	31_	/11	BRISTOL EN	VIRONMENTAL	., INC.			
Occupancy Status During Abateme	ent (Check o	nly one	2)		Street Address					
☐ Facility Closed/Vacated During	Entire Perior	d of Ab	ateme	nt	1123 BEAVER	STREET				
☐ Abatement Performed Outside	of Normal Fa				City, State, Zip Co					
Time of Abatement: 7:00AM-5	:30PM/	_PM-		AM	1 17.5					
Scope of Work (Charle all that and	Y 5A1	n - /.	30	PNI	BRISTOL, PA	19007				
Scope of Work (Check all that appl	V )				M Full Cont	ainment with Neg	100 123			
≥3 sf or ≥3 lf	,,				M I dii Cont					
		Reno	vation		☐ Mini-Encl	osure	ative Pressure			
⊠ ≥160 sf or ≥260 lf					☐ Mini-Encl ☐ Glovebag	osure Procedure				
☑ ≥160 sf or ≥260 lf		] Demo	lition		☐ Mini-Encl ☐ Glovebag	osure Procedure	ative Pressure n-Friable Procedur	re		
⊠ ≥160 sf or ≥260 lf		Demo	olition		☐ Mini-Encl ☐ Glovebag ☐ Non-Exer	osure Procedure npted (*) and Nor			ement 1	Гуре
☑ ≥160 sf or ≥260 lf  Location of		Is Lo	olition ocation mally	1	☐ Mini-Encl ☐ Glovebag ☐ Non-Exer	osure Procedure npted (*) and Nor	-Friable Procedur	Abate		T-
	ACM)	Is Lo Nor Used S Mainte	ocation mally Solely tenance	py As	☐ Mini-Encl☐ Glovebag☐ Non-Exer  Description of sbestos Containing Mat	osure Procedure npted (*) and Nor erial (ACM)	n-Friable Procedur Amount	Abate		T-
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility	ACM)	Is Lo Nor Used S Mainte	ocation mally Solely tenance ial Stat	py As	☐ Mini-Encl ☐ Glovebag ☐ Non-Exer	osure Procedure npted (*) and Nor erial (ACM) nsulation,	Amount (Specify	Abate		T-
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility	ACM)	Is Lo Nor Used S Mainte Custod	cation mally Solely tenance ial Stat	Dy As	☐ Mini-Encl☐ Glovebag☐ Non-Exer  Description of sbestos Containing Mat (i.e., thermal systems in	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	n-Friable Procedur Amount	Abate		T-
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility  (13)	ACM)	Is Lo Nor Used S Mainte Custod ("	ocation mally Solely tenance ial Stati	Dy As	Description of sbestos Containing Mat (i.e., thermal systems is surfacing, VAT, other miscellaneo	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify SF or LF)	Abate Removal		T-
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor	ACM)	Is Lo Nor Used S Mainte Custod ("Yes N	ocation mally Solely tenance ial Statiliz)	Dy As ff? I/A Floor	Description of sbestos Containing Mat (i.e., thermal systems is surfacing, VAT, other miscellaneous tile and mastic	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify	Abate	Encapsulate	Enclosure
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor	ACM)	Is Lo Nor Used & Mainte Custod ("es No Nor Nor Nor Nor Nor Nor Nor Nor Nor	ocation mally Solely tenance ial Station No N	Dy As	Description of sbestos Containing Mat (i.e., thermal systems is surfacing, VAT, other miscellaneo	osure Procedure npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify SF or LF)	Abate Removal	Encapsulate	T-
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor	ACM)	Is Lo Nor Used & Mainte Custod ("es No Nor Nor Nor Nor Nor Nor Nor Nor Nor	ocation mally Solely tenance ial Station No N	Dy As	Description of sbestos Containing Mat (i.e., thermal systems is surfacing, VAT, other miscellaneous tile and mastic	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or inus)	Amount (Specify SF or LF)	Abate Removal	Encapsulate	Enclosure
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor 3 <sup>rd</sup> floor 3rd floor 3rd floor	ACM)	Is Lo Nor Used & Mainte Custod ("Tes Nor Is	ocation mally Solely tenance ial Stati	Poy As	Description of sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  r tile and mastic  le block  vapor barrier mater	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or inus)	Amount (Specify SF or LF) 27,295 SF 85 each 220 SF 10 each	Abate Removal	Encapsulate	Enclosure
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor 3 <sup>rd</sup> floor 3rd floor 3rd floor Name of Registered Waste Hauler	ACM)	Is Lo Nor Used & Mainte Custod ("'es N	ocation mally Solely tenance ial State 12)	Py As	Description of sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  T tile and mastic  T tile block  Vapor barrier mater  GS  Cubic Yards of	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or inus)	Amount (Specify SF or LF) 27,295 SF 85 each 220 SF 10 each	Abate Removal	Encapsulate	Eliclosure
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor 3 <sup>rd</sup> floor 3rd floor 3rd floor Name of Registered Waste Hauler	ACM)	Is Lo Nor Used & Mainte Custod ("'es N	ocation mally Solely tenance ial Station NJDE Haule	Py As	Description of sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  Tile and mastic  Itel block  Vapor barrier materings  Cubic Yards of Waste	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or inus)	Amount (Specify SF or LF)  27,295 SF  85 each  220 SF  10 each	Abate Removal	Encapsulate	Liciosofe
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor 3 <sup>rd</sup> floor 3rd floor 3rd floor Name of Registered Waste Hauler	ACM)	Is Lo Nor Used & Mainte Custod ("'es N	ocation mally Solely tenance ial Station NJDE Haule	Py As	Description of Sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  Tile and mastic  Itel block  Vapor barrier mater  GS  Cubic Yards of Waste 120	osure Procedure Inpled (*) and Nor Insulation, Insulation, Insulation Insulat	Amount (Specify SF or LF)  27,295 SF  85 each  220 SF  10 each	Abate Removal	Encapsulate	Liciosofe
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3rd floor 3rd floor 3rd floor 3rd floor Containing Material (A  TO BE ABATED IN Facility (13)  3rd floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  TO BE ABATED IN Facility (13)  Strain floor Containing Material (A  To Be ABATED IN Facility (13)  Strain floor Containing Material (A  To Be ABATED IN Facility (13)  Strain floor Containing Material (A  To Be ABATED IN Facility (13)  Strain floor Containing Material (A  To Be ABATED IN Facility (13)  Strain floor Containing Material (A  To Be ABATED IN Facility (13)  Strain floor Containing Material (A  To Be ABATED IN Facility (13)  Strain floor Containing Material (A  To Be	ACM)	Is Lo Nor Used & Mainte Custod ("'es N	ocation mally Solely tenance ial Station NJDE Haule	Py As	Description of sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  It tile and mastic  Ite block  Vapor barrier mater  Cubic Yards of Waste 120  Disposal Date	osure Procedure Inpred (*) and Nor erial (ACM) Insulation, or ius)  Name of Registe GROWS Lar City, State	Amount (Specify SF or LF)  27,295 SF  85 each  220 SF  10 each ered Landfill	Abate Removal	Encapsulate	Liciosofe
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3rd floor 3rd floor 3rd floor Name of Registered Waste Hauler SERVICE TRANSPORT GRO	ACM)  Y  DUP, INC.	Is Lo Nor Used & Mainte Custod ("'es N	ocation mally Solely tenance ial Station NJDE Haule	Py As	Description of Sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  Tile and mastic  Itel block  Vapor barrier materings  Cubic Yards of Waste 120  Disposal Date as needed	osure Procedure Inpled (*) and Nor Insulation, Insulation, Insulation Insulat	Amount (Specify SF or LF)  27,295 SF  85 each  220 SF  10 each ered Landfill endfill  PA 19067	Abate Removal	Encapsulate	Liciosofe
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)  3 <sup>rd</sup> floor 3 <sup>rd</sup> floor 3rd floor 3rd floor City, State NEW CASTLE, DE 19720  Completed By (Print or Type)	ACM)  Y  C  DUP, INC.	Is Lo Nor Used S Mainte Custod (**  Yes Nor Used S Mainte Custod (**  Yes Nor Used S Mainte S	ocation mally Solely tenance ial Stat 12) No N N N N N N N N N N N N N N N N N N	Py As	Description of sbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned)  It tile and mastic  Ite block  Vapor barrier mater  Cubic Yards of Waste 120  Disposal Date	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ital  Name of Registe GROWS Lar City, State Morrisville,	Amount (Specify SF or LF)  27,295 SF 85 each 220 SF 10 each ered Landfill hdfill PA 19067	Abate Removal	Encapsulate	Liciosofe



Date of Notification (1)			-	Nam	e of Buildi	ng Owner/Operator	(2)		18.42	16		
8 /	18 / 1	1				University - Office		d Construction	-			
Agencies Notified							Con Design an			= ¡*		
⊠ EPA	Initial	11		1,000,000	et Address 0 Elm Dr				.j :!			
☑ DOLWD ☑ DHSS	Notified				State, Zip	Code	11111		* 1.5		+	
⊠ DCA	The state of the s			Pr	inceton,	NJ 08544		OCT 24 2	0.1	17	- 1	
(NJAC 5:23-8)	8		9	Nam	e of Conta	ct	- J	Telephone Num	ber			1
M30	☐ Cancellation			Ro	bert Orto	ego			<b>.</b>			
	×			FA	CILITY	NFORMATION		12 (12)		_		$\vdash$
Name of Facility Where A	Abatement is Taki	ng Place	e (3)				Type of Facility (	(4)		( ) A constraint		_
Princeton Universit	ty - JADWIN HA	ALL					School (K-12					
Street Address							Subchapter 8	(Other than K-12	2)	201101		
Washington Road							homes, etc.)	ivate and comme	rcial b	uildir	ıgs,	
City (5)							Square Feet	# of Floors	F	Bldg. /	Age	-
Princeton										nag. /	igo	
County (6)	. 7			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Mercer								or in pointing dominals	onea,			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc	8				98		VIRONMENTAL	. INC.				
Street Address						Street Address		,				
<b>Bromley Corporate</b>	Center - Three	Terri l	_ane			1123 BEAVE	R STREET					
City, State, Zip Code					-	City, State, Zip Co				_	-	
Burlington, NJ 0801	16					BRISTOL, PA						
Project Manager for Moni	toring Firm		Te	ephone	No.	Telephone No.		License No.				
Michael Keehn			-			40000000000	•	00509				
Start Date (10)	Sche	duled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor			2000000		
09 /01 /	11	10 /	_3	1 /	11	BRISTOL EN	VIRONMENTAL	. INC.				
Occupancy Status During						Street Address						
				ement		1123 BEAVER	STREET					
☐ Abatement Performed	Outside of Norma	al Facility	у Нос	ırs - Des	scribe	City, State, Zip Co					100	
Time of Abatement: 7	:00AM-5:30PM/	PI	M	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)	/N -	113	0 1/1	1							
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if		⊠ Re □ De				☐ Mini-Encl ☐ Glovebag	Procedure					
		le	Loca	ition	Т	☐ Non-Exer	mpted (*) and Non	-Friable Procedur				
Location	of .	N	Norm:	ally		Description of			At	atem		ype
				ely by ance/		stos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
				Staff?	(i.e	., thermal systems in surfacing, VAT,	nsulation,	(Specify	Remova	air	aps	Enclosure
The state of the s	,	Voc	(12) No	N/A	-	other miscellaned		SF or LF)	<u> </u>		Encapsulate	Jre
3 <sup>rd</sup> floor			TANASS.	-	-				-	_		
3 11001			$\boxtimes$		Ceiling	Plaster		482 SF	$\boxtimes$			
									$\Box$	П		
										] [		
Name of Registered Wast	e Hauler		<u> </u>	JDEP /	Nosto	Cubio Varda -f	None (D)	-11			Ш	
		C.		lauler II	No.	Cubic Yards of Waste	Name of Registe GROWS Nor					
City, State	· · · · · · · · · · · · · · · · · · ·			20990		120 Disposal Date	City, State		-			
HELECO PROGRAMMENT	9720					as needed	Morrisville, I	PA 19067				
		ρ	-									
Brian Scafiro	7-2		or			Signature	0 - 1.	/ : Dat	e 10/0	01/	//	
SR.41		Junat				Xrean	Scafiro /	The I	0/0	XI/I		

Pg 1

Notifica					n University or	to a control	15 113 17E	3 0	-		
	tion		5	Street Addre	n University - Off	ice of Design a	nd Construct	ion			17 av
20700777				200 Elm	Drive	i/i } }:			1000	50.7	1
			10	ity, State, Z			OCT 2 A	1 00	14	- 7	
nename	nt #4-	10/14/	11			1 1	-0;4	20	11		×,2
nergenc	y (incli	uding	N.							į.	199
ancellation	יי מכ					1	Telephone N	lumbe	r		-
21100Hatic				Robert O	rtego	her severe	Administra				
				FACILITY	INFORMATION						-
ent is Ta	king P	lace (3)				Type of Facility	(4)				_
DWIN	HALL										
						→ Subchapter	8 (Other than K	-12\			
						Uther (i.e., p	rivate and come	mercia	al buil	dina	
						nomes, etc.)			7.7	g	•
						Square Feet	# of Floors		Bldc	ı. Ao	16
			10							, 3	18
			10	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olishe	۲)		_
D. " "							3 40111	J	٠,		
y Buildin	g Own	er (8)	ASC	CM No.	Name of Abatem	ent Contractor (0)					
			00	8000	BRISTOI FA	IVIRONATE NTA	INIO				
W States	111111111111111111111111111111111111111	+			Street Address	THOMMENTAL	-, INC.				
r - Thre	e Ter	ri Lane			CONTROL CONTROL DE LA CALACTE	D 0====		59.67			-
										-	-
rm		1=				19007					
1111		le	ephor	ne No.	Telephone No.		License No				_
		4			A151000:004	,	and the second				
Sch	eduled	Compl	etion [	Date (11)			00309				
-							14162				
ent (Che	ck onl	(ana)				VIRONINEN I AL,	, INC.				
Entire P	eriod (	of Abote			The state of the s	*******				_	-
of Norms	al Faci	lity Hou	ment								
:30PM/		iity nou PM-	IS - DE	escribe	City, State, Zip Co	de			_		_
1:26	PM			VI.							
y)											200
	Me					inment with Negat	ive Pressure				
		emolitic	on on		☐ MILLI-FUCIO	osure	ressure				
	_		558		☐ Glovebag	Procedure	2000				
	1	s Locat	ion	T	L Non-Exem	ipted (*) and Non-F	riable Procedu	re			
	1	Normal	ly		Description			Al	atem	ent	T
(CM)	Us	ed Sole	ly by	Asbes	stos Containing Mate	erial (ACM)	A		_	1	-
	Cur	stodial S	taff?	(i.e.	, thermal systems in	sulation		1 8	epa	nce	
		(12)	, tuii	1	surfacing, VAT, o	or I	SF or LF)	l ova	₹.	sd	
	Yes	No	N/A		other miscellaneou	ıs)	- /	-		ulat	
		-		Floor tile	e and mastic			-		æ	
		-		Saddle b			27,295 SF	Ø			
					or barrier materia		85 each	Ø			1
		-			or barrier materia		220 SF	$\boxtimes$			1
				Hillings					1000		
				fittings	Cubic Vanda (		10 each	$\boxtimes$			-
UP, INC		NJ		Vaste (	Cubic Yards of Waste	Name of Registere	d Landfill	$\boxtimes$			
UP, INC		NJ Ha	DEPV	Waste (	Cubic Yards of Waste	Name of Registere GROWS Land	d Landfill	$\boxtimes$			
UP, INC		NJ Ha	DEP V	Vaste (	Naste 120	GROWS Land	d Landfill				_
UP, INC	:.	NJ Ha	DEP V	Vaste (	Naste 120		d Landfill fill		미		_
	Tele  Scheduled Complet  10 / 31  ent (Check only one) Entire Period of Abatem of Normal Facility Hours: 30PM PM-  1:36 PM  We Renovation Demolition  Is Location Normally Used Solely Maintenanc Custodial St. (12)  Yes No  Yes No  No  Normally  Yes No  Normally  Yes No  Normally  Haul		stification) ancellation  Pancellation  Pent is Taking Place (3)  DWIN HALL  Telephor  Scheduled Completion of 10 / 31  ent (Check only one)  Entire Period of Abatement of Normal Facility Hours - Deficion of Normally Used Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A	stification) ancellation  Robert O  Robert O  FACILITY  ent is Taking Place (3)  DWIN HALL  County Code  y Building Owner (8)  ASCM No. 00098  r - Three Terri Lane  Telephone No.  Scheduled Completion Date (11) 10 / 31 / 11  ent (Check only one) Entire Period of Abatement of Normal Facility Hours - Describe :30PM/ PM- AM  J:30 PM  W Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbes (i.e.	Scheduled Completion Date (11)  Scheduled Completion Date (11)  10 / 31 / 11  ent (Check only one)  Entire Period of Abatement of Normal Facility Hours - Describe (30 PM)  Entire Period of Abatement of Normal Facility Hours - Describe (30 PM)  Renovation  Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  PACM)  Name of Contact Robert Ortego  FACILITY INFORMATION  Name of Abatement of Abatement of Normal Facility Hours - Describe (i.e., thermal systems in surfacing, VAT, of other miscellaneous of the misc	Name of Contact Robert Ortego	Name of Contact Robert Ortego   Telephone Name of Contact Robert Ortego	Name of Contact Robert Ortego   Telephone Number   Telephone Number   Telephone Number   Type of Facility (4)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial homes, etc.)   Square Feet # of Floors   Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial homes, etc.)   Square Feet # of Floors   Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial homes, etc.)   Square Feet # of Floors   Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial homes, etc.)   Square Feet # of Floors   Floors	Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Scheduled Completion Date (11) 10 / 31 / 11  ent (Check only one) Entire Period of Abatement of Normal Facility Hours - Describe - 30PW PM- AM  BREAD PM- AM  REPORT OF THE PROPERTY OF THE PROPER	Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Telephone No.  Scheduled Completion Date (11) 10 / 31 / 11 ent (Check only one) Entire Period of Abatement of Normal Facility Hours - Describe 130PM/PM - AM  BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1124 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1124 BEAVER STREET  City, Stat	

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

Date of Notification (1)	18 /	44		N	ame of Buil	ding Owner/Operato	(2)	· · · ·		V	<u>C</u>	
					Princeto	n University - Off	ce of Design ar	id Construc	tion			
		ion		St			1 1		7 4	<u> </u>		1
					200 Elm [	Drive	j	;				
⊠ DHSS		+ #A 4	4 14 4 14	Ci	ty, State, Zi	p Code						
	Type Notification			İ		5 6	4-2					
(NJAC 5:23-8)	justification	)	ung				5#*5##-Cal-	T= .				
	Cancellatio	n					¥	Telephone N	lumber			
								bund			i 13	
Name of Facility Where Aba	tement is Tal	king Pla	ace (3)		ACILITY	INFORMATION	1=					
Princeton University	Name of Building Owner(B)   School (R-12)   Street Address   Street Addr											
Street Address							School (K-12)	) (Other than 14	40)			
Washington Road							Other (i.e., pr	ivate and com	-12) mercial	huildir	nne	
City (5)							homes, etc.)		nor old	Dulidii	iys,	
Princeton							Square Feet	# of Floors		Bldg. A	Age	
County (6)		-		10								
Mercer				100	ounty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished	1)		_
	od by Duildia	^	(6)									
ATC Associates Inc.	ed by Building	Owne	er (8)			Name of Abateme	ent Contractor (9)					
				00	098			. INC.	- 1			
Street Address								,				
	nter - Three	e Terri	Lane	•		1123 BEAVE	RSTREET					
City, State, Zip Code												
Burlington, NJ 08016						The second secon						
Project Manager for Monitoria	ng Firm		Te	ephon	e No.			T1:				
Michael Keehn			0	09.38	010000							
Start Date (10)	Sche	eduled	Compl	etion D	ate (11)		nnitos	00509				
_09 / _01 / _1										:: <del></del>		
Occupancy Status During Ab							TRONWENTAL,	INC.				
						Control of the Contro						
Abatement Performed Out	side of Norma	al Facili	tv Hou	re - Do	coribo							
lime of Abatement: 7:00A	M-5:30PM/	F	PM-			The state of the s						
10/14 0 NLY - 5	AM-1	:30	PM			BRISTOL, PA	19007					
scope of work (Check all that	apply)					F2						
≥3 sf or ≥3 If		⊠ R	enovat	ion			inment with Negati	ive Pressure				
≥160 sf or ≥260 If			emolitic	on								
		т.				☐ Non-Exem	pted (*) and Non-F	riable Procedu	ıre			
Location of										ateme	nt Tu	me
Asbestos-Containing Mate	rial (ACM)	Use	ed Sole	ly by	Asha	Description of				T		_
TO BE ABATED		Ma	intena	nce/	(i.e.	thermal systems in	rial (ACM)		en	l ép	S.	nc
IN Facility		Cus		Staff?	,	surfacing, VAT, o	r		SVO	a.	aps	SO
(13)		Voc	T .	1	+	other miscellaneou	s)	o. o. e. ,	=		Li at	ř
<sup>rd</sup> floor			-	N/A							e	
floor			$\boxtimes$		Ceiling I	Plaster		482 SF	M		$\neg$	
									-		4	_
			-						1	Ш		
				0.027.53							7/1	
ame of Registered Waste Hau			N.	DEPV	Vaste	Cubic Yards of	Name of Registere	d Landfill		٦١١	7	
SERVICE TRANSPORT O		:			No.	Waste						
	ROUP, INC		1									
ty, State	ROUP, INC	-		20990				Lanum				
	GROUP, INC	-		20990		Disposal Date (	City, State					
ty, State	***************************************	•		20990		Disposal Date (	City, State					

REV #4

Date of Notification (1)

Date of Notification (1)		11		Na	ame of Bui	Iding Owner/Operato	r (2)	MEGE		W	ß.	***************************************
Agencies Notified	Type Notificati			St	reet Addre	n University - Offi	ce of Design a	and Constructi	on	17	٠	
⊠ EPA				1	200 Elm			U 0CT 2	A :	in i		
⊠ DOLWD				0:4	ty, State, Z			W: 001 4	4 1	.iJi I		
☑ DHSS ☑ DCA	Amendmen	it #3-9	/21/11	200 000		n, NJ 08544	1	Ĺ		15		
(NJAC 5:23-8)	☐ Emergency justification	(includ	ding		me of Con						·	
	☐ Cancellatio	•		1	Robert O		. L-	Telephone N	umber	8±		
-										(100 p.) in (100 p.) in	-	****
Name of Facility Where	Abatament in Tal	de a Di		F	ACILITY	INFORMATION				-		
Princeton Univers			ace (3)				Type of Facilit	y (4)	_			
Street Address	ILY - JADWIN H	IALL					School (K-	12)				
Washington Road							☐ Other (i.e.,	r 8 (Other than K- private and comr	-12) nercial	build	ings,	
City (5)							homes, etc Square Feet					
Princeton							Square Feet	# of Floors		Bldg.	Age	
County (6)		-		Co	unty Code	(7)(STATE USE ONLY)	-					
Mercer	22				ounty Code	(I)(STATE USE ONLY)	Current Use (F	Prior if being demo	olished	)		(d) 6
Name of Monitoring Firm	n Hired by Building	Owne	er (8)	ASC	M No.	Name of Abatem	274 62-4-1-16			111 4030 - 1000		
ATC Associates In			, ,		098							
Street Address		-					VIRONMENTA	AL, INC.				
Bromley Corporate	Center - Three	e Terr	ilane	_		Street Address						
City, State, Zip Code						1123 BEAVE						
Burlington, NJ 080	16					City, State, Zip C						
Project Manager for Mor			TT.	la a b		BRISTOL, PA	19007					
Michael Keehn	morning i min			lephon	e No.	Telephone No.		License No.				
Start Date (10)	10.1		-		1888119			00509				
09 /01 /					ate (11)	Name of OSHA M						
Occupancy Status During							VIRONMENTA	L, INC.				
☐ Facility Closed/Vacate				2222		Street Address						
Abatement Performed	Outside of Norma	eriod o	ity Ha	ement		1123 BEAVER	STREET					
Time of Abatement: 7	:00AM-5:30PM/		PM-	AN	scribe M	City, State, Zip Co	de				-	_
1. 9/22 + 9/23/	11-7AM-	121	M			BRISTOL, PA	19007					
Scope of Work (Check all	that apply)					<u> </u>	-			-		
≥3 sf or ≥3 lf		⊠R	enovat	ion			ainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf			emoliti	on		Glovebag						
						☐ Non-Exen	npted (*) and No	n-Friable Procedu	ıre			
,		100	s Loca Norma			0				batem	ont 7	T
Location Asbestos-Containing N			ed Sol			Description of				_		Ť
TO BE ABA		Ma	aintena	ince/	Asbe	estos Containing Mate	erial (ACM)	Amount	en	Repair	Enc	
IN Facilit		Cus	todial	Staff?	. (1.6	e., thermal systems in surfacing, VAT,	sulation,	(Specify	Removal	air	ap	
(13)		-	(12)		1	other miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	1 8
		Yes	No	N/A							ē	
<sup>rd</sup> floor					Floor ti	le and mastic		27,295 SF	$\boxtimes$			10
<sup>rd</sup> floor					Saddle	block		85 each				E
rd floor			$\boxtimes$		wall var	oor barrier materi	al	220 SF			·	-
rd floor					fittings	***************************************		10 each	+-+	-	-	-
lame of Registered Waste	Hauler		N.	JDEP V	The second secon	Cubic Yards of	Name of Posist		$\boxtimes$			L
SERVICE TRANSPOR	RT GROUP, INC	<b>)</b> .	H	auler ID	No.	Waste	Name of Registe					
ity, State				20990		120	GROWS Lar	natili				
NEW CASTLE, DE 19	720					Market Committee	City, State					
HLTV CASILE, DE 19	120				1	as needed	Morrievilla	DA 400c7				

State of New Jersey NOTIFICATION OF ASBESTOS ABATÉMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 18 / Princeton University - Office of Design and Construction Agencies Notified Type Notification Street Address **⊠** EPA 200 Elm Drive **⊠** DOLWD City, State, Zip Code □ DHSS Amendment #3-9/21/11 DCA ☐ Emergency (including Princeton, NJ 08544 (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Telephone Number Robert Ortego FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Washington Road Other (i.e., private and commercial buildings, City (5) homes, etc.) Princeton Square Feet # of Floors Bldg. Age County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates Inc. 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Bromley Corporate Center - Three Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. Michael Keehn License No. Start Date (10) Scheduled Completion Date (11) 00509 Name of OSHA Monitor <u>09</u> / <u>01</u> / <u>11</u> 10 / 31 / 11 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 1123 BEAVER STREET Time of Abatement: 7:00AM-5:30PW PM-KEV# 3 - 9/22 - 9/23/(1 - 7AM - 12 Scope of Work (Check all that apply) City, State, Zip Code BRISTOL, PA 19007 Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Repair Removal Encapsulate Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A 3<sup>rd</sup> floor  $\boxtimes$ Ceiling Plaster 482 SF  $\boxtimes$ П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of SERVICE TRANSPORT GROUP, INC. Name of Registered Landfill Hauler ID No. Waste

20990

NEW CASTLE, DE 19720

120 Disposal Date

as needed

**GROWS North Landfill** 

Morrisville DA 40067

City, State

			(	Pursu	ant to N.	JAC 8:60 and 5:1	6)	25 (5)8			Porl	Ι.
Date of Notification (1)  8 / 1	8 /	11						Constructio	<del>\}\7</del> \ <i>1</i> <b>n</b> . ·	谓- 品-		
- Y2-20/42 (May 20)		on		Stre	eet Address	s				-		1
	E-			2	00 Elm D	rive		OCT 24	2011			/
☑ DHSS	8 / 18 / 11    Cicies Notified   Type Notification   Minitial   Mamended   Amendment #2-9/0   Memory   Minitial   Mamended   Mamendment #2-9/0   Minitial   Minitial   Mamendment #2-9/0   Minitial   Minitial   Mamendment   Minitial   Mamendment   Minitial   Min	06/44	City	, State, Zip	Code	1 100				12 4 300	1	
	Second Content   Seco		1									
(NJAC 5:23-8)	DLWD  Amended Amendment #2-9  Emergency (incluing justification)  Cancellation  Of Facility Where Abatement is Taking Placeton University - JADWIN HALL  Address Schington Road  Cancellation  Address Canceton  Cancellation  Address Canceton  Cancellation  Address Canceton  Canceton  Canceton  Canceton  Canceton  Cancellation  Canceton  Canceton  Canceton  Canceton  Canceton  Cancellation  Canceton  Cancellation  Canceton			Nan	ne of Conta	act		Telephone Nur	mher	.S		+
	OLWD  HSS  CA  JJAC 5:23-8)  Emergency (including striction)  Cancellation  Canceton  Cancellation  Canceton  Cancellation  Canceton  Cancellation  Canceton  Canceton  Canceton  Canceton  Canceton  Cancellation  Canceton				tego	General Mary Services and Aller			. r ster Year		a consid	
/5 111 110	10			F	ACILITY	INFORMATION	•					
			ce (3)				Type of Facility (	4)				
	JADWIN H.	ALL					School (K-12)	22.01				
MACON AND TO SECOND WITH							Subchapter 8	(Other than K-1	2)	h. illəti		
							homes, etc.)	vate and comme	Ciciai	Dunga	igs,	
City (5)							Square Feet	# of Floors	Ti	Bldg.	Age	
County (6)				TC		/7//07/77						
Mercer				Col	unty Code	(1)(STATE USE ONLY)	Current Use (Prio	r if being demol	ished)			.=365-307
Name of Monitoring Firm Hire	ed by Building	Owne	r (8)	ASCA	d No	Name of Abotem						
ATC Associates Inc.			. (-)					INC				
Street Address							A INCIAINE NI TAL	, INC.				
Bromley Corporate Ce	nter - Three	Terri	Lane				R STREET					
City, State, Zip Code												
Burlington, NJ 08016	a 0 1									٠		
	ng Firm		Te	ephone	No.			License No.				
Michael Keehn	rinceton  Inty (6) Idercer  The of Monitoring Firm Hired by Building Owner  TC Associates Inc.  Idet Address  romley Corporate Center - Three Terr  In State, Zip Code  In State, Zip Code  In Indiana Keehn  In Date (10)  In Indiana Keehn  In Date (10)  In Indiana Scheduled  In Indiana Scheduled  In Indiana Scheduled					FE 188/5049	:	00509				
Start Date (10)												
				/		BRISTOL EN	VIRONMENTAL,	INC.				
National Control of the Control of t			•			Street Address						
Abatement Performed Out	inng Entire Pr	eriod o	Abate	ement		1123 BEAVER	STREET					
Time of Abatement: 7:004	M-5:30PM/	ii raciii	ry not PM-	ns - De AM	scribe							
						BRISTOL, PA	19007					
	чрр.у/					□ Full Conta	ainment with Negat	ive Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf							osure					
M = 100 01 01 = 200 11			SHIOIIL	OH		☐ Non-Exer	Procedure noted (*) and Non-F	riable Procedu	re .			
		1 8			T				1	atem	ent T	- VIDO
										_	1	1
	iai (ACM)								Rem	(epa	nca	ncl
		Cus			(,			(Specify SF or LF)	ova	3	psu	Enclosure
(13)	87	Voc	1	T	-	other miscellaneo	us)		-		Encapsulate	6
3 <sup>rd</sup> floor		-	-	-	Fl Ail				4_			-
		-	-		-			27,777 SF	+-			
			-	12				85 each	Ø			
3rd floor		-	-	-			ial	320 SF				
3rd floor												
			17327						-			
	SKOUP, INC	··			20.00 TES		GROWS Land	fill				
City, State						Disposal Date	City, State				- 32.33	
NEW CASTLE, DE 19720						as needed	Morris ville, P	4 19067				
Completed By (Print or Type)	Title					Signature	6	Date	e	-		

REV #2

Date of Notification (1)  8 / 18 /	11	_	A	Name of Bui	ilding Owner/Operato on University - Off	(2)	and COCI				, ( ) , ( )
Agencies Notified  ☐ EPA ☐ DOLWD ☐ Amende	d			Street Addre 200 Elm I	ss Drive	or Design	A.54 / 8			-	
☑ DCA ☐ Emerge	nent # <u>2-9</u> ncy (inclu	9/06/ uding	[		n, NJ 08544	L.	21,1			~~~	
(NJAC 5:23-8) justificat				ame of Con Robert Or		*	Telephone I	Numbe	r		
					INFORMATION		-	1097			
Name of Facility Where Abatement is Princeton University - JADWIN	Taking P	lace (	(3)	· AOILITI	INFORMATION	Type of Facili	ty (4)				_
Street Address	HALL					School (K-	12)				
Washington Road City (5)						Subchapte Other (i.e., homes, etc	r 8 (Other than k private and com	(-12) Imercia	ıl buil	dings	•
Princeton						Square Feet	# of Floors		Bldg	, Age	3
County (6) Mercer	5		C	ounty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being dem	nolishe	4/		
							3 11	.0	۷)		
Name of Monitoring Firm Hired by Build ATC Associates Inc.	ing Own	er (8)		CM No.	Name of Abateme	ent Contractor (9	9)				
			00	8000	BRISTOL EN						
Street Address					Street Address		,				
Bromley Corporate Center - Th	ee Teri	i Lai	ne		1123 BEAVE	RSTREET					
City, State, Zip Code					City, State, Zip Co						
Burlington, NJ 08016					BRISTOL, PA						
Project Manager for Monitoring Firm	550	7	elephor	ne No.	Telephone No.		License No.				8
Michael Keehn			A 110	0-0000	210-200-0040		V				
Start Date (10) So	heduled	Com	pletion [	Date (11)	Name of OSHA M	onitor	00509				
			31 /	11	BRISTOL ENV	IRONMENTA	L, INC.				
Occupancy Status During Abatement (C	neck only	one)	)		Street Address						
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Nor	Period o	of Aba	tement		1123 BEAVER	STREET					
Time of Abatement: 7:00AM-5:30PM	nai Facii V	ITY HO	ours - De	escribe	City, State, Zip Coo	de					
			An	VI	BRISTOL, PA	19007					
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enov: emoli			☐ Glovebag	Procedure	ative Pressure				
		s Loc				7 7 2110 1101	- Hable Flocedi				
Location of Asbestos-Containing Material (ACM)		Norm	ally lely by		Description of				baten	1	-
TO BE ABATED	Ma	ainter	ance/	Asbes	stos Containing Mate , thermal systems ins	rial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility (13)	Cus	todia (12	Staff?	(	surfacing, VAT, o	duation,	(Specify SF or LF)	VOL	air.	aps	los
(10)	Yes	No	1	-	other miscellaneou	s)	OF OF EFF	=		Encapsulate	Гe
3 <sup>rd</sup> floor		×	I N/A	Ceiling F	Plactor					6	
	+=-	1	10	Jonning P	143(5)		482 SF	$\boxtimes$			
			10								
1.5	15		+								
Name of Registered Waste Hauler										П	
SERVICE TRANSPORT GROUP, IN	C.	F	JDEP V	No. V	wasto	lame of Registe		1-			
City, State			20990		120	GROWS Nor	in Landfill				
NEW CASTLE, DE 19720					Disposal Date C as needed	ity, State Morrisville, P	Δ 19067				
Completed By (Print or Type) Titl	e				Signature						
n : n .z					1 - 5		Dat Dat	e			

Date

REV

		18030			Name of Bu	ilding Owner/Operat	01 (2)	1	- 9	13	1 =	
		11	_		Princeto	on University - Off	fice of Design a	nd Construe	tion			
Agencies Notified		ation		-	Street Addre	900		- Constitut	O A	60	1	
⊠ EPA					200 Elm			Lis OCT	1 34			7
0.0000				1	City, State, 2			į				Ť
THE PERSON NAMED IN	Amendm	ent # <u>1-</u>	8/23/1	1				والمسترين والمسترين	- 1			
	iustification	cy (incli	gnibu	-	lame of Cor	n, NJ 08544		P-37.7	4.5			- Aleks de
200000000000000000000000000000000000000				1"		(10000000 ft)	Nerva	Telephone	Numbe	er	-	
					Robert O			60336				
Name of Facility Where At	atement is T	aking P	lace /	21	FACILITY	INFORMATION				_		
Princeton University	- JADWIN	HALL	iace (	3)			Type of Facility				-	
Street Address		HALL					School (K-1	2)				
Washington Road							Other (i.e., homes, etc.	8 (Other than I	K-12) nmerci	al bui	ldings	š,
City (5)							Square Feet					
							oquale real	# of Floors		Bld	g. Ag	е
County (6) Mercer				C	County Code	(7)(STATE USE ONLY)	Current Use (P	rior if being den	nolishe	ed)		
Name of Monitoring Firm Hi	gencies Notified  JEPA  DOLWD  DHSS  DCA (NJAC 5:23-8)  DCA (NJAC 5:24-8  DCA (NJAC 5:24-					To						
ATC Associates Inc.		3	o. (o)		CM No. 0098		nent Contractor (9)					_
Street Address					0090		NVIRONMENTA	L, INC.				
Bromley Corporate C	enter - Thre	a Tar	rilan	•		Street Address						
		-6 1611	Lan	e		1123 BEAVE						
						City, State, Zip C						
	no Eiron		-1-			BRISTOL, PA	4 19007					
	ng rim		1	elepho	ne No.	Telephone No.		License No.				
					M	215-18 UM 041	n.	00509				
•	Sch	reduled	Comp	eletion	Date (11)	Name of OSHA N	Monitor	10000				
		10	/_	31 /	11	BRISTOL EN	VIRONMENTAL	INC				
						Street Address		., 110.				
☐ Facility Closed/Vacated D	uring Entire I	eriod o	f Abat	ement		1123 BEAVER	CTDEET					
☐ Abatement Performed Ou	side of Norm	al Faci	lity Ho	urs - D	escribe	City, State, Zip Co						
Time of Abatement: 1:00	AM- <u>3:30</u> PM/		PM	AI	M					7000		
Scope of Work (Check all tha	apply)					BRISTOL, PA	19007					
□ >3 et or >3 H		F3 5				□ Full Conta	ainment with Nega	tivo Process				
≥ 160 sf or ≥260 lf		D D	enova	tion		LJ MINI-ENCIO	osure	tive Flessure				
			OITIONE	1011		Glovebag	Procedure					
	18800		s Loca		T	L Non-Exem	npted (*) and Non-	Friable Proced	ure			N
		11-	Norma	ally		Description of			Α	baten	nent '	Гуре
	rial (ACM)	Ma	ainten:	ance/	Asbe	stos Containing Mate	erial (ACM)	Amount	Re	R	ĮŪ.	
		Cus	todial	Staff?	(i.e.	, thermal systems in	sulation,	(Specify	Removal	Repair	cap	1 6
(13)			(12)			surfacing, VAT, o other miscellaneou	or or	SF or LF)	Val	15	Encapsulate	Enclosure
		Yes	No	N/A		ower miscellaneou	15)				late	0
<sup>rd</sup> floor			$\boxtimes$		Floor tile	e and mastic		27,777 SF		-		Ļ
<sup>rd</sup> floor	14		$\boxtimes$		Saddle I	olock		85 each	-	분	1	L
rd floor			$\boxtimes$		Wall vap	or barrier materia	al	320 SF				L
d floor			$\boxtimes$		Fittings					Ш	Ц	
ame of Registered Waste Hau	ler		N.	JDEP V	Vaste	Cubic Yards of	Name of Desiri	10 each	$\boxtimes$			
SERVICE TRANSPORT O	ROUP, IN	<b>D</b> .	H	auler ID	No. 1	Waste	Name of Registere			0.00		
y, State				20990		120	GROWS Land	fill				
NEW CASTLE, DE 19720							City, State			_	-	
1211 UNUTEL, DE 19120						as needed	Morrisville, PA	19067				

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

	1			Name of Bi	uilding Owner/O	perator (2) - Office of Design	#215/ 2	4. 0	0:1	10	7:
Agencies Notified Type Not	ification			Street Addr	- Joily	Onice of Desig	gn and Constr	uction	n	:	
⊠ EPA ⊠ Initial				oucet You	ess		ridt				
☑ DOLWD ☑ Amend			-	200 Elm		in the same of	1.1		-		
	dment #	1-8/23	3/11	City, State,		7					
The chief	ency (ir	cluding	9	Princeto	n, NJ 08544	Parading as miles and					
(NJAC 5:23-8) justific	ation)			Name of Co			17.				
Li Calice	lation			Robert C	rtego		Telephon				
None de la constant					Y INFORMATION	-		3704			
Name of Facility Where Abatement is	Taking	Place	(3)		THEORMATI						
Princeton University - JADWI	N HAL	.L				Type of Fac				_	-
Street Address		-				School (	K-12)				
Washington Road						Subchar	oter 8 (Other than	K-12)			
City (5)						homes,	e., private and co	mmerc	cial b	uilding	gs,
Princeton						Square Fee					
County (6)							# 01 F100F	5	B	dg. A	ge
Mercer			(	County Code	(7)(STATE USE O	NLY) Current Lica	(Principle)				
						- / Correin Use	(Prior if being de	molish	ed)		
Name of Monitoring Firm Hired by Buil	ding Ov	vner (8	) AS	CM No.	Name of AL	atomont C					
ATC Associates Inc.			0	0098	PRISTO!	atement Contractor	(9)	195-			
Street Address					BRISTOL	ENVIRONMEN	TAL, INC.				
Bromley Corporate Center - Th	ree Te	rri La	ne		Street Addre						
City, State, Zip Code		-				AVER STREET					
Burlington, NJ 08016					City, State, Z						
Project Manager for Monitoring Firm		- 15			BRISTOL	, PA 19007					
Michael Keehn			Telephor	ne No.	Telephone No	0.	License No				
				00000	215 788 6	Design .					350100
	chedule	d Com	pletion l	Date (11)	Name of OSH		00509				
	10	- / _	31 /			ENVIRONMENT					77
ccupancy Status During Abatement (C	heck or	ly one	)		Street A Li		AL, INC.				
Facility Closed/Vacated During Entire	Period	of Aba	tement		Street Address				-		
Abatement Performed Outside of Nor	mal Ea		Annese Pare			VER STREET					
Time of Abatement: 7:00AM-3:30PM	N	_PM	A	А	City, State, Zip						
ope of Work (Check all that apply)					BRISTOL,	PA 19007					
				11.10							_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova	tion		☐ Glovet	ontainment with Ne nclosure pag Procedure xempted (*) and No					::3 <del>0        </del>
Location of		Is Loca Norm	ation			1,7=10	Hable Proced				575
Asbestos-Containing Material (ACM)	U:	sed So	lely by		Description	of		A	bater	nent	Туре
TO BE ABATED	l N	lainten:	ance/	Asbest	los Containing N	faterial (ACM)	Amount	R	R	m	Tn
IN Facility	Cu		Staff?	(i.e.,	thermal systems surfacing, VA	s insulation	(Specify	Remova	Repair	1 2	100
	1	(12)	_	1	other miscellan	eous)	SF or LF)	val	5	Encapsulate	Enclosure
(13)	Yes	No	N/A		2011017					late	9
				Ceiling P	lastor					10	1
		-	+	Joining P	aster		482 SF	Ø		П	
	-		101					-	1	1	-
	10		1= 1								
	-		15		25-20-50-5			-			
									П	П	
floor											
Floor  of Registered Waste Hauler			D DEP W	aste Cu	ubic Yards of	Name of Book					
floor  e of Registered Waste Hauler  RVICE TRANSPORT GROUP, IN		□ N. Ha		No. W	ubic Yards of aste 120	Name of Registe	red Landfill				

Agencies Notified Type No ⊠ EPA 0208 ⊠ Initial		1		Manue of B	uilding Owner/Operate	or (2)	Ck-	TTX	/ _	50	) ]
MEDA		_		Princet	on University - Off	ce of Design	and Con-				
				Street Addr	229	Local	and Constr	uction			1
				200 Elm			1.00		2007		-
D	nded ndment #			City, State,							
DCA 0/6/ ☐ Emer	ioment #		-								
(NJAC 5:23-8) justific	cation)	cludin	9	Namedo	n, NJ 08544						
☐ Cance	ellation			Name of Co			Telephon	a Ni			
		-		Robert C	Ortego		relephon	e Numi	ber		
Name of Facility Where Abatement	is Takine	Diam	(0)	FACILIT	YINFORMATION			O FIRM	7		
Princeton University - JADW	/IN LIAL	riace	(3)			Type of Facili	ty (A)				
Street Address	III HAL	.L.				School (K-					- 200
Washington Road			- 678			∃ Subchante	R A (Other th -	. 1/ 401			
City (5)						U Other (i.e.,	Drivate and or	1 K-12)	ial h		200
							c.)		יום ובויי	uliain	gs,
Princeton						Square Feet	# of Floor	s	BI	ldg. A	OP.
County (6)				County Co	71.00		1			-9. A	35
Mercer				County Code	(7)(STATE USE ONLY)	Current Use (F	rior if being de	molish	7		
Name of Monitoring Firm Hired by Bu	ildina	m c - /-				,	oung at	noush	ea)		
ATC Associates Inc.	nuing Ov	vner (8	) AS	SCM No.	Name of Abateme	nt Contractor (	11				
Street Address			(	86000	BRISTOL EN	/IDOMASSIS	"			in the last	
					BRISTOL EN	TRUNMENTA	L, INC.				
Bromley Corporate Center - T	hree Te	rri La	ne		The second secon					_	
City, State, Zip Code					1123 BEAVER	STREET					
Burlington, NJ 08016					City, State, Zip Co						
Project Manager for Monitoring Firm		- 1-			BRISTOL, PA	19007					
Michael Keehn				one No.	Telephone No.		Ties				
			A 1084	01-0800	A 100 00 407		License No	),			
	Schedule	d Com	pletion	Date (11)	Name of OSHA Mo		00509				
05 / 01 / 11	10	_ /	31	/ _11							-
ccupancy Status During Abatement (0	Check on	ly one			BRISTOL ENV	RONMENTAL	-, INC.				
Facility Closed/Vacated During Entire	o Dania d		1		Street Address						
Abatement Performed Chitside of No	mal F-	****			1123 BEAVER	STREFT					
Time of Abatement: 7:00AM-3:30P	M/	PNA-	ours - D	escribe	City, State, Zip Code						
			A	M	BRISTOL, PA 1						
cope of Work (Check all that apply)		•			Ditto TOL, PA 1	9007					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	ation tion		□ Full Contair     □ Mini-Enclos     □ Glovebag P     □ Man F     □ M	OCOduro					
		Is Loca	ation	T	☐ Non-Exemp	ed (*) and Non-	Friable Proced	lure			
Location of		Norm	ally						hate	ment 1	Total
Asbestos-Containing Material (ACM) TO BE ABATED	Us	ed So	lely by	Asbes	Description of los Containing Materia	1 (4 0) 11			_	_	-
IN Facility	CII	ainten.	ance/ Staff?	(i.e.,	thermal systems insu	II (ACM)	Amount	Removal	Repair	Ē	1
(13)	00.	(12)			surfacing, VAT, or		(Specify	lou	oair	Encapsulate	
••	Yes	T No		+	other miscellaneous)		SF or LF)	100	1	lu S	
Toor		1	N/A							ate	1
ALTERIA.		$\boxtimes$		Floor tile	and mastic			-	-		
		Ø		Saddle bl			27,295 SF	$\boxtimes$			
loor	_	Ø	6				85 each	$\boxtimes$			Ī
		1 1/31		WALL VADO	r barrier material				-		-
loor			-		- material		220 SF				1
loor floor		Ø		fittings	Tariff material			+			
floor floor floor e of Registered Waste Hauler		⊠ N.	DEP V	fittings Vaste C	ubic Yards of Na	ne of Registers	10 each				
loor floor		N. Ha		fittings Vaste Ci No. W	ubic Yards of Na	me of Registered	10 each	+	_	-	

Niver t

Date of Notification (1)				Nan	ne of Build	ding Owner/Operat	or (2)					
10/19/2011				Eric	Litzky						1	
Agency Notified	Type Notification				et Addres	ss		+1				
⊠ EPA	⊠ Initial			5311	vy Ave							
□ DEP	☐ Amended				State, Zi	p Code					-	
⊠ DOL	Amendment #  Emergency (inclu	ıdina		Haw	orth, NJ	07641	1	5				
⊠ DOH	justification)	uing			e of Cont			Telephone Number				_
□ DCA	☐ Cancellation			Eric 1	Litzky			Americans.				
				FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is Taking F	Place (3)		11.500.000			Type of Facil	ity (4)		_		
							147,400000000000000000000000000000000000					
Street Address							☐ School (K-	·12) r 8 (Other than K-1 2)				
531 Ivy Ave	*						Other (i.e.	private & commercial bu	ilding	js,		
City (5)							homes, et					
							Square Feet	# of Floors B	lldg. /	Age		
Haworth, NJ 07641 County (6)												
				ONLY		(7) (STATE USE	Current Use (	Prior if being demolished	(t			-1-2-1/4
Bergen	10 11 5 11 5				,			Home				
Name of Monitoring Fire (8) LCS Envi	m Hired by Building Owi	ner /	ASC	И No.		Name of Abater	ment Contractor	(9)				
	runmental					RICI CORP						
Street Address						Street Address						
134 Pennington PKY				4		41 LIBERTY S						
City, State, Zip Code						City, State, Zip	Code					
Franklin Lakes, NJ 08						PASSAIC, NJ	07055					
Project Managerfor Mor	nitoring Firm	Tel	lepho	ne No.		Telephone No.		License No.				
Chris Lis						September 1		00838				
Start Date (10)	Scheduled C	Completio	n Da	te (1 1)		Name of OSHA	Monitor					
10/20/11	10/20/11				200000	RICI CORP						
Occupancy Status Durin	g Abatement (Check on	nly one)			235	Street Address						
☑ Facility ClosecNacate	ed During Entire Period	of Abate	men	ŧ		41 LIBERTY S	TREET					
☐ Abatement Performed ☐ Other - Describe	d Outside of Normal Fac	cility Hou	rs			City, State, Zip (	Code					
						PASSAIC, NJ	07055					
Scope of Work (Check a	II that apply)					D Full	Containment wit	h Negative Pressure		30.0		
□ ~: 3 sf or ~: 3 lf					novation	☐ Mini-	Enclosure	327 K				
△ ~: 1 60 sf or ~: 260 lf				☐ Der	nolition	☐ Glove	elbag Procedure	d Non Edubli B				
		Γ.			F	⊠ NO∏-	exempted (*) ar	nd Non-Friable Procedur	<u>е</u> 	Aba	eme	ent
			ocat ormal								ype	2111
Location Asbestos-Containing		Used	Sole	ly by		Description		Ä. a				
TO BE A		100000000000000000000000000000000000000	tena stodi	2007		stos Containing Ma		Amount (Specify	1	. L	E	ū
IN Fac		170	Staff?			surfacing, VAT	, or	SF or LF)	9	Rep	aps	iclo
(13)	)		(12)			other miscellane	eous)		Verificati	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1				"	-	æ	"
Ground floor				IN/A	DIDE D	NSULATION		1000 CF	+	+	+	-
Steama Hoor		X	_		FIFE II	NSULATION		1000 SF	X	+	-	$\vdash$
-			-	-					_	_	-	
Name of Desister 111	As Davidson						N					
Name of Registered Was	te Hauler	ID No		laste H	auler	Cubic Yards of Waste	Name of Reg	stered Landfill	2,000		0.	27,2
UCI CORP		2555	200			TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	000000					
City, State		2905	1			TBD	G.R.O.W.S.	LANDFILL				
					Disposal Date	City, State						
ASSAIC, NJ Completed by	Title				TBD Signature	MORRISVIL						
TETO TO A THOM	חומים ממ	,				Signature / /A /	19 46	Date	V201			

			+	
(1)	181	LO	ins	583
~	-	-	100	20

Date of Notification (1) 10/17/11			of Building m Macch			r (2)		)OT	S A	- -(j.)		11			
Agencies Notified	Type Notification				Address ouglas Di	rive						مارد ور			
EPA DEP DOL	Initial Amended Amendmen		_	City, S	tate, Zip Co skill NJ C	de	3								
DOH DCA	Emergency justification Cancellation				of Contact m Macch	0					elephone		r		
Name of Facility Where	Abatement is Takir	ng Place (3)		FAC	CILITY INFO	ORMA	TION	Ту	pe of Facility (	4)		-			
house Street Address 12 Douglas Drive								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			uilding	js, hor	nes,
City (5) Cresskill	3							Sq 20	uare Feet	2	of Floors		Bldg 50	. Age	
County (6) Bergen					Code (7) USE ONLY)			Cu	rrent Use (Prid	or if be	ing dem	olished		-1-2	
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASC	M No.				batement Con vironmental			LC.			
Street Address						XXXIII	Street 4 E C		ress Drive, PO	Box	483				
City, State, Zip Code							City, S	tate,	Zip Code od NJ 0741		1				
Project Manager for Mo	Project Manager for Monitoring Firm						Teleph				Licens 703	e No.			
Start Date (10) 11/7/11	-	Scheduled 11/21/11		pletion	Date (11)		Name	of O	SHA Monitor					_	
Occupancy Status Durin	ng Abatement (Chec	k Only One	)				Street	Addr	ess	-					
Abatement Perform  Other – Describe:		Period of Abnal Facility F	atem	ent		_	City, St	tate,	Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	Distriction of the last of the	novat moliti		22		×	N G	ull Containme lini-Enclosure slovebag Proce on-Exempted	edure				ıre	
Locatio	n of	No	ocatio	y		Do	escription	of					77.17.4	temen ype	t
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity		enan	ce/	(i.e. t	s Con herma surfa	taining Ma I systems Icing, VAT miscellane	ateria insu r, or	lation,	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ent			×		f	loor tile			60	00 SF	х			
	W -														
Name of Registered Was	ste Hauler		NJ	DEP W	aste	Cubic	Yards	-	Name of Re	eaiste	red Land	fill		1	
Newark Carting			10000000	uler ID I	No.	of Was 10			Cumberla						
City, State Newark NJ							sal Date		City, State Newburg	PA					
Completed by Andrew Scott Higgin	s	nt		3	S	ignature	2			1	Date 10/17/	11			

Check # 8019

Date of Notification (1)			Name	e of Building Owne	er Operato	1 (2)	+					0
10-20	11-0			o or Danding Own	Cherait	Spac	ē <	Saule.	, c		+	
Agencies Notified Type Notificati	on			t Address		And the second second second second		7 7			i	
EPA Initial Amended				- 10	71 (	County	Roc	id.	56	13	,	100
, and a substituted	ent# -	1	City,	otate, Lip Code	200 C 100 C							1
Emergend	cy (includin		Name	of Contact	lemi	ngton		r - C			2	232
DCA justification Cancellation				Les Pago		-	Tel	ephone Nu	umbe	r		
				CILITY INFORMA	TION		ليا ا		~			学
Name of Facility Where Abatement is Tal	king Place	(3)			· · · · · ·	Type of Facility	(4)					
Single family T	) well	1'19				School (K-						
46 Meado	D	C .	4			Subchapte	er 8 (Othe	er than K-1	12)			
City (5)						Other (i.e. etc.)	private 8	commerc	ial bu	uilding	is, ho	mes
Whitehouse	A)	7	$\wedge$	8888		Square Feet		Floors		Bldg	Age	
COUNTY (b) .		<u> </u>		y Code (7)				2		6	5+	-
Hunterdo,	$\circ$		(STATE	EUSE ONLY)		Current Use (Pr	ior if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building	g Owner (8	3)	ASC	CM No.	Name	of Abatement Co	ta	rily	D	لوور	lin	5_
EPC TECHNOLOGIES, INC	30.0	•	N/A		EPC	TECHNOLO(	Intractor (	(9) NC			•	
Street Address						Address		<b>VC</b>				
P.O. BOX 337						BOX 337						
City, State, Zip Code					City, S	tate, Zip Code						
NEW EGYPT, NJ 08533					NEW	EGYPT, NJ	08533					
Project Manager for Monitoring Firm STEVE SCHENKER				one No.		one No.	T	License N	0.			
Start Date (10)				32/3066	<b>CONT</b>			00394				
10-31-11				Date (11)		of OSHA Monitor		-		-		
Occupancy Status During Abatement (Che	1 0-1-0	J	31-	1 (	EPC	TECHNOLOG	SIES, IN	1C				
					1 2 2 2 2 2 2	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of a	Abate	ment			BOX 337						
Other - Describe:	ar r dollit	, Hour	3			ate, Zip Code						
Scope of Work (Check All That Apply)					INEVV	EGYPT, NJ 0	18533		Victoria de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición del composición dela			
\$\rightarrow 23 sf or ≥3 lf	П	Renova	otion			V 14 TO 17 TO 18 T						
] ≥160 sf or ≥260 lf		emoli				Full Containme Mini-Enclosure	ent with N	legative P	ressu	ire		
					A	Glovebag Proc	edure					
3,000	1			Γ		Non-Exempted	(*) and I	Non-Friabl	e Pro			
Location of		Locat									ement /pe	1
Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Asbestos Con	scription o	of			-	· ·	T	
TO BE ABATED In Facility		intena odial S		(i.e. therma	systems	insulation.		ount ecify	R	_	E	E
(13)		(12)		surfa other r	cing, VAT niscellane	, or	SF o	r LF)	Remova	Repair	aps	Clos
	Yes	No	N/A			000)			val	¥	Encapsulate	Enclosure
Rassanial	1		1 1								е	
Basement	+X		-	Pipe I	nsul	ation	150	O LF	X			
		500										_
									-		-	
ame of Registered Waste Hauler			JDEP W			Name of R	egisteren	Landfill				
PC TECHNOLOGIES, INC			auler ID I	No. of Was		WASTE			ΤOI	<b>.</b> p.v		
ty, State				Dianas	al Data			OLIVICIA	. 0	FA		
W EGYPT, NJ 08533				Dispos	al Date	City, State MORRIS	\/II I E	DΛ				
empleted by	Title		-		gnature	MONIO	A A					
EVE SCHENKER	PRES	IDEN	IT	31	2	150	()	Date				
	1		and to have been	CHANGE CONTRACTOR OF STREET		EL UNICO M	1 Va	1 1	C7 -	20	-11	

4		1 140 2		and the second
11	100	1/	100	53
	121	10	. (CC	500
	12.53	100000000000000000000000000000000000000	· #	

Date of Notification (1)	-	T			Owner/Op	erator	(2)			-,				
Agencies Notified Type Notification		_	Mr. Le					( C	CT.	2 / 2				
				rews Pla	ace							-1.		
DEP Amended  DOL Amendment		_		ate, Zip Co ton Plair				40.	•		** o os.			
DOH justification)  DCA Cancellation	CAN CONTRIBUTE TO BE SELECT		Name o Mr. Le	f Contact				`	Tel	ephone N	umber	-		
			FAC	ILITY INFO	ORMATIO	N			1					
Name of Facility Where Abatement is Takin house	g Place (3)	)					Type of	Facility (4	)					
Street Address								hool (K-12 bchapter 8	· ·	er than K	12)			
8 Andrews Place							▼ Oth	ner (i.e. pri				ilding	, hom	ies,
City (5)							Square			f Floors		Bldg.	Age	
Pompton Plains							2500		2			50		
County (6) Morris				Code (7) USE ONLY,	)	_	Current	Use (Prior	r if bei	ng demoli	ished)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	И No.		Name	of Abater	nent Conti	ractor	(9)			-	
								mental			.C			
Street Address					- 1		Address Sate Dri	ve, PO I	Box 4	483				
City, State, Zip Code							tate, Zip (	Code IJ 0741	8					
Project Manager for Monitoring Firm		T	Telepho	ne No.			one No.			License 703	No.			
Start Date (10)	Schedule	d Con	nnletion	Data (11)		Namo	of OSHA	Monitor		703				
10-31-11	Concadio		-14-		1	vairie	01 03114	MOTITO						
Occupancy Status During Abatement (Chec	k Only One	=)	11	(1		Street	Address				-	-		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Alal Facility	baten Hours	nent			City, S	tate, Zip (	Code						3
Scope of Work (Check All That Apply)	-													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit				×	Mini-E Glove	ontainmer inclosure bag Proce exempted (	dure	3			re	
	ls l	ocati	on						. /			Aba	emen	t
Location of		ormal Sole				ription					-	T	уре	_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair Custo	ntenar odial S (12)	nce/ Staff?		tos Contain thermal sy surfacin other mis	ystems	insulation		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
kitahan dining living garage ball	Yes	No	N/A			('1					_	_		
kitchen, dining, living rooms, hall, and 3 closets			X		1100	or tile			46	55 SF	x	1	-	
and 5 closets						_		-			-	-		
Name of Registered Waste Hauler		1850	JDEP W auler ID	The second	Cubic Ya of Waste		1	ame of Re	(5% <sub>110</sub>		ill			
Newark Carting								Cumberla	ana (	ounty				
City, State Newark NJ				Disposal TBD	Date		ity, State Iewburg	PA						
Completed by	Title				Sign	nature	1			D	ate			
Andrew Scott Higgins	Presid	ent							_		10-	17.	11	

#### State of New Jersey

Check #: 9820

NOTIFICATION OF ASBESTOS ARATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pursua	ant to NJAC	3:60-	7 and 12:120-7	) [1.5]	4				
e of Notification	on (1)	- T	Name of Buil	ding	Owner/Operator	(2)	OCT 2	A 201	1	41.	//
10/19/11			Lisa Go	nza	lez	1.)	II, OOL -			1	
encies Notified	Type Notificat	ion	Street Addre	ss						i	T
[ ]EPA	[X]Initial		15 Burn	ett	Place		AUGENT ST	, Juli	, et		1
E 5	Notifica	tion	City, State,	Zip	Code		La transporter de la constitución de la constitució				
[ ]DEP	[]Amended		Nutley,								
[X]DOL	Notifica	tion		- III.							-
[X]DOH	[ ]EMERGENCY		Name of Cont Lisa G		-1	relepho	one Number	a			
[ ]DCA	[ ]Cancellat		LISA G	OHZ	arez	-		5.A			
	[ ]Cancerrac.	LOII	FACII	ITY I	NFORMATION				Mercal III		-
me of Facility W	here Abatement i	s Takir				Type of Faci	lity (4)				
civate			3E 3 G			[ ]School	(K-12)				
						[ ]Subcha	pter 8 (Other				
reet Address							(i.e., privat buildings, ho				
15 Burnett P.	Lace					Square Feet	# of Floor		dg.		
ty (5)	lo lo	ounty	(6)	Cou	nty Code (7)	1400	2		35		
Nutley		Ess		(ST	ATE USE ONLY)	Current Use	(Prior if bei	ng der	nolis	hed)	,
						Residen	ce				
me of Monitoring	Firm hired by E	uildin	g ASCM No.		Name of Abate	ment Contract	or (9)				
ner (8)			67		AZTECH N	ANAGEMEN'	T, Inc.				
reet Address					Street Addres	s					
					86 Chris	stopher S	t.				
ty, State, Zip C	ode				City, State,	Zip Code					
					Montcla:	Lr, NJ 07	042				
oject Manager fo	r Monitoring Fir	m Te	lephone Numbe	er	Telephone Num	ber	L	icense	Numl	oer	
.ojece imiger io		N	(\$1) <del>(</del> 1)		(9 14) 14	18.80P		0037	1		
heduled Start Da	te (10) Sched	l. Comp	letion Date	(11)	Name of OSHA	Monitor					
10/29/11		/30/1			N/A						
Month Day	Year Mor	ith :	Day Year								
cupancy Status D	uring Abatement losed/Vacated Du	(Check	only one)		Street Addres	ss					
of Abateme	ent										
[ ]Abatement ]	Performed Outsid scribe: «OffHours	e of No	ormal Facilit	-Y	City, State,	Zip Code					
[ ]other - De	scribe: «Other Oc	cupancy	Descript»								
cope of Work (Che					11			2.55	ase.		
1854						Containment v -Enclosure	with Negative	Pressi	ure		
[X]≥3 sf o	or >3 lf f or >260 lf		X]Renovation ]Demolition		[X]Glove	ebag Procedure					
[ 1 <u>&gt;</u> 100 B1	. 02				[ ]Non-	Friable Proces	dure	1230	teme	<u></u>	Themo
Locati	on of	]	Is Location		Descripti	on of			Teme	E	E
Asbestos-C		1	Normally Used		Asbestos-Cor	ntaining	Amount	R	R	C	C
Materia		١.	Solely		Material		(Specify	M	P	A	P
TO BE			By Main- tenance/		(i.e., therma		SF or LF)	\ \footnote{\pi}	A	S	S
In Fac	San Contract		ustodial taff (12)	1r	sulation, surf or other misce			A	R	T T	UR
(1	3)	Yes	No N/A						-	ļ.	E
Basement			X	Pi	pe Insulat	cion	170 lf	X			
Basement			Х	Bo:	iler Insul	Lation	15 sf	X			
		-									
ame of Registered	l Waste Hauler	N	JDEP Waste	Cu	bic Yards	Name of Rec	gistered Land	Eill			
AZTECH MANA			auler ID No. 7040	of	Waste 1.5	G.R.O.W	.s.				
			. 70-20	Di	sposal Date	City, State	9				
ity, State Montclair, N	IJ 07042				10/31/11		ille, PA	1900	67		
LULICOLGIL, I						///	1				
'ammleted Ru (Prin	nt or Type) Tit	le	KI		Signatur	1	1/	Date			

7154.7005

. / / 2			T	- 15	ilding Owner	Operator (	2)		CONTRACTOR OF THE		- []	1		7
Date of Notification (1)			Na	me of Bu	/ d	Operator (	12	2-2 E	ower f	olan.	الله			
\$ 9/30/2	O //		Str	eet Addr	/H.CPC	Craic	Nucle	200			With the second			
Agencies Notified T	ype Notification		6	- 1 6	= Allac	JAN C	reek	Neck	rd Pd	4 - 24				4
2, 41	Initial		Cit	y, State,	Zip Code	~~~				_				
DEP L	Amended  Amendment #_		21	VOC **	KS E	Bridge	NJ	der desta dies 177	080	0				4
	Emergency (inc	duding	Na	me of Co	ontact	-			Telephone N	umber				
DOH DCA	justification) Cancellation		111	ack C	Form	zer			4	31192		1		-
				FACILIT	YINFORMA	TION	Type of F	acility (4)			-			٦
Name of Facility Where Ab	atement is Taking F	Place (3)	_		0/ - /		Sentence -							
Solen/Hope	rick Mic	leas	Pa	المال	Han+		= 0 .	ool (K-12) chapter 8 (	Other than K	-12)				
Street Address							Othe	er (i.e. priv	ate & comme	rcial bu	ilding	s, no	mes,	
End of Allow	UM Creek	Neck	RC	<u> </u>			etc.) Square F	eet	# of Floors	T	Bldg	. Age		
City (5)							04							
Hancocks Br	idge	64	To	ounty Co	nde (7)		Current L	Jse (Prior i	f being demo	lished)				
County (6)	0				E ONLY)									_
Name of Monitoring Firm I	dired by Building O	vner (8)	4	ASCM N	No.		of Abatem							
Name of Monitoring Firm	alled by Building O	Wilet (6)					NPS,	INC						_
Street Address						Street	Address	1	01	0	١	- /	101	
Street Address						165	7 +1	eedoa	· Rd,	20	4. 4	( (	-0	$\dashv$
City, State, Zip Code							State, Zip C		17/	21				1
Oily, Oldio, E.P T						LAN	CASTER	- PH	176			-		$\dashv$
Project Manager for Moni	toring Firm		T	elephone	e No.	Telep	hone No.			113	١			
						Name	of OSHA	Monitor		110				
Start Date (10)		Scheduled			ate (11)	Name	e di OSHA	Widilitoi						
10-12-2011		10-1	3.	1105	407.54	Stree	t Address							
Occupancy Status During						Olice	171441000							
Facility Closed/Vaca	ated During Entire F	eriod of Ab	atem	ent		City.	State, Zip	Code						
Abatement Performance Other – Describe:	ed ( ) itelds of North	al Facility I	10013		me									
I —														
Scope of Work (Check A	II That Apply)						☐ Full C	Containme	nt with Negat	ive Pre	ssure	9		
23 sf or ≥3 lf			enova emolit				■ Mini-	Enclosure						
≥160 sf or ≥260 lf		ы					Glove Non-	ebag Proc Exempted	(*) and Non-	Friable	Proc	edure	:	
		1			T						A	Abate	ment	
		23.7500	Locati							1		Ту	pe	
Location	n of	N 251772	ormal d Sole	Marines and	Ashestos	Descripti Containing	Material (	ACM)	Amount		_		Ē	Ш
Asbestos-Containing	Material (ACM)	Mai	ntena	nce/	(i.e. the	ermal syste	ms insulat	ion,	(Specify SF or LF		Rem	Repair	cap	nclo
TO BE AB		Cust	odial : (12)	Staff?		surfacing, \other miscel	VAT, or	1	3F 01 L1	,	Remova	pair	Encapsulate	Enclosure
(13)			(,-,		1	Mier miscer					-		te	(0
		Yes	No	N/A							1			
C. 1111				/	colho	N CD	ble of	185			4	-	-	
Jahn Uld													-	-
		-		1	-									
				-	-									
					1	Cubia Vard	le	Name of	Registered L	andfill				-
Name of Registered W	aste Hauler		1	NJDEP \ Hauler I	,,,,,,,,	Cubic Yard of Waste	19	, tallie of						
	525	)		, ,00001		~~~~						1	2	
Public Sepur						Disposal D	ate	City, Sta	te	,	۸ ۱	7 /	~ 303	8
City, State	- 0-110 A	ock P	7			SV.		Hano	ocks Br	idge	Kc	10	-	1000
END OF Allow	week 11	Title	<u>.</u>			Signa	ature			Da	ite 9 - 3 :	n - 3	DII	
LORK A. Fa	PUCE-	1	05.	V42		4	Yel C	). <u>U</u>		1	1.3	0 - 0	~ 11	
1808 H. T.C.	C FC CF	1-1-1			0.000		l							

# 012410dH01

Date of Notification (1) October 10, 2011				Name A M	of Buildir	ng Owner	/Operato	r (2)			n ==	- 1			
	ype Notification		-		Address	прапу			-						
X EPA	Initial				ose Ave	e, #234									
DEP	Amended				state, Zip										
	Amendmen Emergency		_		h Orang		7079							17	
DOH DCA	justification) Cancellation	_			of Contact Toriello	7.7				Te	lephone N	ber			
			-		CILITY IN		TON	-60,00							
Name of Facility Where Aba	tement is Takir	ng Place (3	3)	FAC	- ILIIY IN	FURMAI	ION	Type	of Facility (4	(1)		-			
House	-252							Leaned	School (K-1)						
Street Address		0-10-0-10 - 10 H2F-00							Subchapter	8 (Oth	er than K-	:.)			
21 Mountain Road								×	Other (i.e. pretc.)	ivate	& commer	1 bu	ldings	s, hon	nes,
City (5) Verona								Squa	re Feet	# 0	f Floors		Bldg.	Age	-
County (6)						- Total		N/A		N/			N/A		
Essex				County (STATE	Code (7)	ຶກ	_	Curre Hou	nt Use (Prio se	r if be	ng demol	·C			
Name of Monitoring Firm Hir N/A	ed by Building	Owner (8)		ASC	M No.				tement Cont		(9)		-	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (	
Street Address								Addres				'-			
City, State, Zip Code							Section of the sectio		ren Aven	ue					
				100					p Code J 07512						
Project Manager for Monitori	ng Firm			Telepho	one No.		A	one No	00000-		License 4				
Start Date (10) 10/24/11				mpletion	Date (11	)			IA Monitor						
Occupancy Status During Ab	atamant (Ot	10/25/1							ement, Inc						
							Street								
Facility Closed/Vacated Abatement Performed C  Other – Describe: Occu	Outside of Norm	Period of A al Facility	bater	ment					ren Avenu	ie		_			
Other - Describe: Occu	pied	u. r dointy					City, St		J 07512						
Scope of Work (Check All Th	at Apply)		-						01012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli				×	Mini	Containmer -Enclosure /ebag Proce		Negative	e- †u	re		
		Т			-			Non	-Exempted (	*) and	Non-Fri	- 10	cedur	е	
			Locat orma											ement	
Location of Asbestos-Containing Mate	erial (ACM)	Used	Sole	ely by	Ashar	Des	cription	of		10401		-	, ,	pe	_
TO BE ABATED			ntena	nce/ Staff?	(i.e	stos Cont. . thermal	aining ivi systems	ateriai ( insulat	ion.		nount pecify			E	m
In Facility (13)	*		(12)	otan :			ing, VAT				or LF)	9.2	Repair	caps	Enclosure
		Yes	No	N/A		ouler II	iiscen i i	sous)					air	Encapsulate	sure
basement			X			pipe	insulati	์ดก		20	0 LF				-
														-	
						,							-		-
							***	_				. !			
Name of Registered Waste Ha	auler		IN	JDEP W	aste	Cubic	/ards	7	Name of Re	aintar	ad Lauri				
D&S Abatement, Inc.			Н	auler ID 20996		of Was		3844	Waste Ma						
City, State Totowa, NJ						Disposa	al Date		City, State		-				
						TBD			Tullytown	, PA					i
Completed by Deanna Brkusanin		Title Projec	t Ma	nager		Sig	gnatoro	Deello	la lluce	111-		1	1		
			-				-01/26	uny	rannu	w	/				

31HM

Date of Notification (1)	<u>.</u> 1 .			Name		ng Owner/		(2)						
10/1	11.1					LEY	Y		400					
Agencies Notified	Type Notification	1			t Address	0	7							
	Initial			A commenced	395	14	316	A DUA	JE					
DEP DOL	☐ Amended				State, Zip	Code				-	-			
	Amendmen  Emergency			Te	EANC	icic.	NJ	. 07666	5					
DOH .	justification)	)	9	Name	of Contac	#				hone Nu	mber			
□ DCA	☐ Cancellation	n			R. 1-E				Acceptance	N . 20		-	31	
Name of Facility 188				FA	CILITY IN	FORMAT	ION							
Name of Facility Where A	batement is Takir	ng Place	(3)					Type of Facility	(4)					
Me. CE	09		00000					☐ School (K-	-12)				15	
Street Address		8						☐ Subchapte	er 8 (Other	than K-1	2)			
395 725	TAND	AU C	5				- 1	Other (i.e.	private &	commerc	ial bu	ilding	s, hon	nes,
City (5)					-			etc.) Square Feet	# of F	loore		Bldg.	Ago	
TEA	VECK						1	2000	La contratante	2.	-		4	2
County (6)				Count	y Code (7)			Current Use (Pr		- 100 N. VII.		1. 1	9	
BERG	50V			(STATE	E USE ONL	רו	_		5 Si O					
Name of Monitoring Firm H	The state of the s	Owner (8	0	LASC	CM No.		Name							
		owner (o	,	1 200	NAI 140.			of Abatement Co						
Street Address								Remova	T Inc					
							400000000000000000000000000000000000000	Address						2020
City, State, Zip Code								South	River	St				
Oily, Olate, Zip Gode							City, St	ate, Zip Code				6.5. 6.87		
Desired Manager & 18 H							Hac	kensack	, N.J	. 0	760	1		
Project Manager for Monito	nng Firm			Teleph	one No.		Telepho	one No.	. L	icense N				
										003	88			
Start Date (10)		Schedul	ed Co		Date (11)			f OSHA Monitor						
111711			11/	3/11			Omeg	a Envir	onmen	tal :	Ser	vio	es	
Occupancy Status During A	batement (Chec	k Only O	ne)				Street A	ddress		******				
☐ Facility Closed/Vacate	d During Entire F	eriod of	Abater	nent			280	Huyler	St	_			35.	
Abatement Performed Other – Describe:	Outside of Norm	al Facility	Hour	s		- 1	City, Sta	ite, Zip Code						
		212				- 1	Sout	h Hacker	nsack	N.	Т	076	06	
Scope of Work (Check All T	hat Apply)			87777				ii iiuckei	IDUCK	9.14 . 0	•	0.70	00	
23 sf or ≥3 lf		A F	Renova	ation			. 🗆	Full Containme	ami selik bi-					
□ ≥160 sf or ≥260 lf	4	1 10 10 10	emoli					Full Containme Mini-Enclosure	BUT MITH WE	gauve P	ressu	re	50	
#63 <b>8</b>				7.5			A							
		T -			T	-		Non-Exempted	(°) and N	on-Friabl				
			Locat		1							Abate		t
Location of			lormal d Sole		ļ	Desc	cription o	f			<u> </u>	Ту	pe	_
Asbestos-Containing Ma TO BE ABATE	terial (ACM)	2 A 1 A 122 S 2 S 2 S	intena		Asbes	tos Conta	ining Ma	terial (ACM)	Amo				m	_
In Facility	<u></u>		odial S		(i.e.		ystems i ng, VAT,	nsulation,	(Spec		Removal	20	Encapsulate	Enclosure
(13)			(12)		1		scellane		SF or	LF)	l o	Repair	Dad	Sol
		Yes	No:	N/A	1			,		19	a	-	late	2
0.45		165	140	-			-							
BASSNEW 4				7	THER	mal e	Medu	MOITE	100	CF	p			
<del></del>		1		1-	-									
3.00			-			0.								
Name of Registered Waste I	lauler	·	N	JDEP W	/aste	Cubic Y	ards	Name of F	Registered	Landfill				$\dashv$
DJM Transpo				auler ID		of Wast	е					_		ا. ی
	,		2	2393		2	ey	Cumbe	riand	Cou	nty	7 Ь	anc	III
City, State						Disposa	Date	City, State	)		•			-
South Kearny	N.J. 0	7032		58		rt	3/11	Newh	urgh	PA	172	242		.
Completed by		Title					nature	4		Date	9 .		1	-
J. MAIOR	OUR	Est	ima	tor			1	Moison	مسع		in	117	/11	
2								1 6000			(0)	11	111	- 1

(CHECK#)

Date of Notification (1)	120/11		1	lame of Build	ing Owner/Operato	(2) PAT	MACTURIC	,			
Agencies Notified	Type Notification		S	treet Addres			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				=
Ø oor Ø oeb	Amended Amendment #			ity, State, Zip			<u></u>			-	==
DOH .	justification) Cancellation			ame of Conta	eci E Breun	114	Telephone Num	per	(1)		
				FACILITY IN	FORMATION		<del></del>				
Name of Facility Where		g Place	(3)		•	Type of Facility  School (K-1	2)				
	ND ST.		•				8 (Other than K-12 private & commerci )		dings		
City (5) OCEAN	CITY.					Square Feet	# of Figors		ldg. A	ge	
County (6)	MAY			Ounty Code USE ONLY)	(7) (STATE	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm (8)	Hired by Building C	wner	AS	CM No.	Name of Abatem	THE T	.5		·		
Street Address					Street Address	S,S PRUC					
Čity, State, Žip C∞de					City, State, Zip C	ode •	DEINJ	08	05:	2	
Project Manager for Mor	itoring Firm	T	Telepho	ne No.	Telephone No.	1	License No.	100000			$\exists$
Start Date (10)		uled Con		Date (11)	Name of OSHA N	donitor EPH KL			<del></del>		=
Occupancy Status Durin    Status Durin	g Abatement (Check	only or	ne)		Street Address		· u u= d u z.				
Abatement Performed Other - Describe:					City, State, Zip Co	∞de	LODE, N.	<u>-</u>	08	05	2
Scope of Work (Check a	Il that apply)			,		tainment with Ne					ᅱ
≥3 s1 or ≥3 II ≥160 s1 or ≥260 II	[	Reno Demo	vation dition		☐ Mini-End ☐ Gloveba	losure g Procedure	n-Friable Procedur	e			
		ls Loc	ally					-	typ.		
Location o Asbestos-Containing M TO BE ABATI IN Facility (13)	atenal (ACM)	Used So Mainter Custo Sta (12	nance/ odial ff?		Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneous	nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	.Enclosure
•		Yes N	lo N//							ē	
SIDIM	10	-	1×	1-11	2ANSITE		2500 14	X		$\dashv$	; -
			+-	-			-	-		•	
Name of Registered Wast	e Hauler Inc		Hauler	Waste ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill				
CIN State	SINDE, N	(, 7			Disposal Date	City, State	DBINE, N		-, ·		
Completed By  JOSEPH K	Title Title	V	IP	1	Signature		n Date /	20/	11	•	
58-41					(						

## 2018

Date of Notific		11			Name o	of Building	Owner/0	Operator	(2)	Ī.,					711	
October 4,	AN AND COMMENT PLESCO				Fred	Tomea						- +J		* .		
Agencies Noti	ified	Type Notification	l		Street A					(4) (4)				İ		
DEP X DOL		Amended Amendmen				ate, Zip C Caldwe		7006				1.		<b></b>		
▼ DOH		Emergency justification	(including	_		f Contact	- Marian				Tel	ephone Nu	ımher			
DCA		Cancellation			Fred 7	Готеа			1.99							27
					FAC	ILITY INF	ORMAT	ION								
Name of Facil House	lity Where	Abatement is Takin	ng Place (3)	1	J#=111C=000-1				Type	of Facility (4	)					
										School (K-12						
Street Address 31 Hope St	TR									Subchapter 8 Other (i.e. pr				ildina	e hor	200
	ueet .									etc.)						ics,
City (5) Nutley										re Feet	19920 500	Floors		Bldg.	Age	
				- 1	0				N/A		N/A			N/A		
County (6) Essex						Code (7) USE ONLY	·		Hou	ent Use (Prior se	r if beir	ng demolis	hed)			
Name of Monit	toring Firm	Hired by Building	Owner (8)		ASCN	/ No.				tement Cont ement, Inc		(9)				
Street Address	s							Street					-			
Oit Otal 7	0.1									gren Aveni	ue					
City, State, Zip	Code									ip Code IJ 07512						
Project Manag	er for Mon	itoring Firm		Telepho	ne No.		Teleph	one N			License N #00675					
Start Date (10)	)	****	Schedule		npletion	Date (11)		Name	of OSI	HA Monitor			-			
10/18/11	otus Dusina	Ab =4====4 (Ob =	10/19/1							ement, Inc						
22 55		Abatement (Che	95/0	500				Street A		ss gren Avent	10					
Abatemen	nt Performe	ated During Entire ed Outside of Norr	Period of Al	baten Hours	nent s					ip Code	70			<u> </u>		
Other – D	Describe: C	Occupied								J 07512						
Scope of Work ≥3 sf or ≥	8	I That Apply)						_	1							
23 si 0i 2		**		enova emolit				7	Ful Min	l Containmer ni-Enclosure	nt with	Negative F	Press	ure		
			_					-		vebag Proce						
			Τ						I Noi	n-Exempted	(*) and	Non-Friat	ole Pr		re temen	
	Loostina		1100000	ocati ormal			_	1.12							ype	
Asbestos-C	Location Containing	Material (ACM)	Used	Sole	ly by	Asbes	tos Cont	scription aining M		(ACM)	Ar	nount			T.,	T
ı	In Facili		Custo	itenai			thermal	systems	insula		(S	pecify	Re	R	ncs	E
	(13)	ty		(12)	**********			cing, VA			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A				į.				<u> </u>	-	late	Гe
	baseme	ent		X		-	pipe	insulat	ion		20	) LF	x			$\vdash$
									1							
Name of Regis	tered Was	te Hauler		I NI	JDEP W	aste	Cubic	Varde		Nama = C	naist-	od   4- 45"				
Deanna Brku			Н	auler ID   20996		of Was			Name of Re Waste M	100 CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.						
City, State	_		1772	.0000			al Date		City, State							
Totowa, NJ				TBD	ui Dale		Tullytowr	ı, PA								
Completed by			Title					ignature		01		Da	ite			
Deanna BRk	mpleted by Title anna BRkusanin Project I							YM	MAG	Klune	7		)/04/	11		

Check # 8020

ate of Notification (1) Name of Building Owner(Operator (2)														
Agencies Notified Type Notification	Robert De Angelo Heating and A/C Street Address													
☐ EPA ☑ Initial	Street Address 601 Cantenbury AUE													
DEP Amended	City, St.	ate, Zip Code		1	RI .	7.1								
DOL Amendment #_ Emergency (including		Pit of Contact	man	NZ 080										
DOH justification) Cancellation	7.01	7/4/	ngelo	Telephone Nur			-17-							
Name of Facility Where Abatement is Taking Place (3)	FAC	ILITY INFORMATION	<u> </u>											
Single family Dwelle	'ac		Type of Facil	45 A440										
Street Address 194 Roose velt		nt	School Subchar Other (i. etc.)	(K-12) pter 8 (Other than K-12 .e. private & commerci	2) al bui	ildings	, hom	ies,						
City (5) Thorofane N3	T (	38086	Square Feet	# of Floors		Bldg.	Age	-						
County (6) Conder Gloucester		Code (7) USE ONLY)	Current Use	(Prior if being demolish	ned)									
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M No. Na	me of Abatement	Contractor (9)										
EPC TECHNOLOGIES, INC	N/A		PC TECHNOL					0.83						
Street Address P.O. BOX 337			eet Address O. BOX 337											
City, State, Zip Code NEW EGYPT, NJ 08533			City, State, Zip Code NEW EGYPT, NJ 08533											
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. License No. 00394												
I I I I I I I I I I I I I I I I I I I							Name of OSHA Monitor							
Occupancy Status During Abstract (Charles Only Only		EPC TECHNOLOGIES, INC												
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abater			eet Address O. BOX 337					-						
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour Other Describe:	City, State, Zip Code NEW EGYPT, NJ 08533							-						
Scope of Work (Check All That Apply)	•	INI	EW EGIFI, N	J 00555										
≥3 sf or ≥3 lf		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
Is Local	tion		THOREXCITE	Acc ( ) and ivon-rhabi	Abatement									
Location of Norma  Ashestos Containing Material (ACM) Used Sole		Descript			<u></u>	Ту	pe	_						
TO BE ABATED Maintena	ince/	Asbestos Containin (i.e. thermal systematics)	g Material (ACM) ems insulation,	Amount (Specify	<sub>Z</sub> D	-	Enc	ш						
In Facility (12)		surfacing, other misce		SF or LF)	Remova	Repair	Encapsulate	Enclosure						
Yes No	N/A				/al	=	ılate	ure						
Boiler Room X		Candboard	on Boiler	50 SF	χ									
		<u>-</u>												
							- 1							
l L	JDEP W		s Name	of Registered Landfill										
EDC TECHNOLOGIES INC	JDEP W lauler ID 7000		4	of Registered Landfill TE MANAGEMEN	T O	F PA								
EDC TECHNOLOGIES INC	lauler ID		WAS City, S	TE MANAGEMEN	то	F PA								

Check # 8021

Date of Notification (1)		I N:	ame of Bui	Idina Owno	r/Operator (	'O)									
10-20-	11		arrie or bu	tmas											
Agencies Notified · Type Notification	n	Street Address				Rei	· thian	r (		-					
EPA Initial					1 Ke	ocKh	ill Dri	رو							
DEP Amended Amendmen	dmont#					1	A1: 1	Λ ^-	7.0	2.0					
DOH Emergency justification		Na	me of Cor		10170	ston	Telephone N	0 /	0	2					
DCA Cancellation			Ac	lan	Reil	man	7/3/17	umbe	2		L				
Name of Facility Where Abatement is Taki	no Place (3)		FACILITY	INFORMA						-100					
· Single Family	1000	ellin				Type of Facilit	FOR 5								
Street Address J		CITIA	<del>)</del> —			School (F Subchap	<-12) ter 8 (Other than K-	.12)							
14 Rockhil	. 1	DRI	ve		7	Other (i.e etc.)	e. private & commer	cial b	uilding	s, ho	mes,				
City (5)	NIT	^~	10.20			Square Feet	# of Floors	Т	Bldg	Age					
County (6)	NI		039	(7)		2 40									
ESSex			unty Code			Single	Prior if being demoli			11					
Name of Monitoring Firm Hired by Building	Owner (8)	17	ASCM No.	-	Name of			D	سر	ex lling					
EPC TECHNOLOGIES, INC		1	N/A		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC										
Street Address P.O. BOX 337					Street A										
City, State, Zip Code						OX 337									
NEW EGYPT, NJ 08533					City, State, Zip Code NEW EGYPT, NJ 08533										
Project Manager for Monitoring Firm STEVE SCHENKER	Tel	ephone No		Telephor	ne No.	License									
Start Date (10)	d Comple	ppletion Date (11) Name of OSHA Monitor						4							
11-2-11	-11	,	EPC TECHNOLOGIES, INC												
Occupancy Status During Abatement (Che			Street Address												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Ab	atement				OX 337									
Other - Describe:	nai Facility F	1001\$				e, Zip Code EGYPT, NJ	00522								
Scope of Work (Check All That Apply)		·			I INCAN C					_					
≥3 sf or ≥3 lf	☐ Re	novation				Full Contains	nent with Negative	Drace	150						
≥160 sf or ≥260 lf Demol					Н	Mini-Enclosu Glovebag Pro	re	1000	ii e						
					<u>*</u>		ed (*) and Non-Frial	ole Pro	ocedu	re					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Is Location of Norma Used Sol Maintena Custodial (12)											t				
			/ Δε	De	escription of taining Mate	orial (ACM)		-	T	ype					
				i.e. therma	I systems in	sulation,	Amount (Specify	Z	77	Enc	T T				
				surfa other i	cing, VAT, omiscellaneo	or us)	SF or LF)	Remova	Repair	Encapsulate	Enclosure				
V Control	Yes	No N	/A			,		val	=	ulate	ure				
exterior Walls			x 5	al : a a	Si.	1	7000 (=	-	-						
CKIERCOK WALLS	1		- 0	iding	Spire	JIEZ	2000 SF	-k	-						
	+-+	$\dashv$						-	_	_					
	+	_						-							
Name of Registered Waste Hauler		NJDE	P Waste	Cubic	Yards	Name of	Registered Landfill	1							
EPC TECHNOLOGIES, INC			ID No.	of Was			E MANAGEMEN		FΡΔ						
City, State	6.	1,,000		Dispos	sal Date	City, Stat					_				
NEW EGYPT, NJ 08533				1 100	3-11		SVILLE, PA								
Completed by	Title PRESID	>====		S	ignature	70	1 Dat	e 1		1					
STEVE SCHENKER			010	1.1.00	1. 1/2	101	20	11+							

Print Form

1-1	1.1	-1006
1 100	10	- INV

Date of Notification (1) 10/11/2011		Name of Building Ov City Contractor					Operator (2) 642 pai L	LC							
Agencles Notified	Type Natification	A													
DEP DOL	Amended Amendment	#1			tate, Zip C										
DOH DCA	Emergency justification) Cancellation				of Contact B Rocha		Telephone Number								
				FAC	LITY INF	ORMAT	ION				~				
Name of Facility Where A private property	Abatement is Takin	ig Place (	3)	mente control i i i i i i	100000000000000000000000000000000000000		Ty	pe of Facility	(4)	STREET, MILLION COM-					
Street Address 642 Palisade Ave							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hornes, etc.)								
City (5) Jersey City NJ								quare Feet 500	3	# of Floors Bidg. Age +50					
County (6) Hudson						0	Current Use (Prior if being demofished)								
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	1	ASC	M No.		Name of Abatement Contractor (9) First Phase Group Inc								
Street Address N/A							Street Address 567 52nd Street Suite# 16								
City, State, Zip Code N/A	87						City, State, Zip Code West New York NJ 07093								
Project Manager for Monitoring Firm N/A								phone No. License No. 001144						•	
Start Date (10)   Scheduled Completion Date (11)   10/24/2011						Name of OSHA Monitor J&S Environmental Corp									
Occupancy Status During		k Only On	e)			Street Address									
Fadility Closed/Vacated During Entire Period of Abatem					pent 2333 Route 22 West										
Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 hours				5 		City, State, Zip Code Union NJ 07083									
Scope of Work (Check All	That Apply)	,													
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if				enovation emolition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Is Location of Normali					İ		- 5-4 1	1011-CABITIFIE	1 ) and				emen		
					ĺ	Des	scription of	on of				Туре			
Asbestos-Containing Materiel (ACM)  TO BE ABATED  In Facility  Used Sol Mainten: Custodial			ntenai	Asbestos Containing Monce/ (i.e. thermal systems				ng Malerial (ACM) tems insulation, VAT, or		Amount (Specify SF or LF)		Repair	Encepsulate	Enclosure	
		Yes	No	N/A						•	movai		id	(D)	
exterior	•			x		asbes	stos siding	,	0SF	x					
7												ļ			
					-						<del>                                     </del>				
W .											ļ			-	
MLD	me of Registered Waste Hauler NJDEP Waste Hauler ID No.					Cubic Yards of Waste  Cubellano  Cubellano  P.A  Disposal Date  City, State									
City, State 109-113 Jacobus Ave				• • • • • • • • • • • • • • • • • • • •		Disposi	al Date	City, State South K	earny	NJ					
Completed by Edwin Precilla		Title projec	t Mar	nager		Si	griature	- /u		Dat	e /11/2	011	*****		
							-						*****		

Date of Notification (1) 09/15/2	011					ing Owner/Operat Easter Union C			-	melotic the		
Agencies Notified	Type Notificat	ion		Stre	et Addres 5 Madiso	s	Junty				* #	- Marie W
DEP	Amended Amendmer	nt # 1	_	City	State, Zip zabeth, N	Code						
DOH DCA	justificatio  Cancellatio	n)	9	Nan	ne of Conta	ict		Telephone Nu				
				F	ACILITY IN	FORMATION		1				
Name of Facility Where A YMCA Building	batement is Ta	king Place	(3)				Type of Facility School (K-1			rour		
Street Address 135 Madison Ave.,							Subchapter	8 (Other than K-		ilding	18,	
City (5) Elizabeth, NJ 07201							Square Feet 20,000 SF	# of Floors 4	- 1	Bldg. 60+	Aye	
County (6) Union					unty Code E ONLY)	(7) (STATE		for if being demo			***********	
Name of Monitoring Firm (8) Brinkerhoff Envio	Hired by Buildin	g Owner vices In	c	ASCN 0010			ment Contractor (9 al Construction					
Street Address 1913 Atlantic Ave., S				0010		Street Address	<del></del>					
City, State, Zip Code						City, State, Zip	Avenue, PME	3 Suite 218				
Manasquan, NJ 08736						Clifton, NJ	07012					
Project Manager for Monitor Jason Hooper	oring Firm		Telep	phone	No.	Telephone No.		License No. 00693		10. Dell 7 (200		
Start Date (10) 09/29/11		eduled Co	mp!et	ion Da	ate (11)	Name of OSHA	Monitor I Construction					
Occupancy Status During	-	THE PERSON NAMED IN	one)			Street Address	CONSTRUCTION	110.				
Facility Closed/Vacated	During Entire F	Period of /	Abaten	nent			Avenue, PMi	3 Suite 218	ومرسوبة والمواري			
Abatement Performed C Other - Describe: Occ	outside of Norm cupied	al Facility	Hours	5		City, State, Zip ( Clifton, NJ 0					***************************************	
Scope of Work (Check all t >3 sf or >3 lf >160 sf or >260 lf	hat apply)		ovatio moliti			Full Co Mini-En Goveba	ntainment with Neg		edure			*******
		No	mally						1	Abate Ty	ment pe	t
Location of Asbestos-Containing Mat <u>TO BE ABATE</u> IN Facility (13)		Cus	enance stodial aff?			Description of os Containing Mat thermal systems i surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
See Attached		Yes	No	N/A					+-		iii	_
Name of Registered Waste	Hauler		100000	DEP V	2000	Cubic Yards	Name of Regist	ered Landfill				
Service Transport Grou	ıp		Hau 20	uler ID )970	No	of Waste 80 CY	Minerva Lar	dfill				
City, State New Castle, DE							City, State Waynesburg	, OH 44688				
Completed By Crutarth Jagad	Pre	esident			J	Signature		Date 10/21/	2011			

									e entreto		Che	eck # 48	325	medical pro-	1 24.44	· š.
Date of Notification	1 (1)		111	Name of E	Building Ov	wner/0	Operator (2)			rists	57 751 1				T7	
1 0 /12 1	1/111	1			Auccillo									1.	, <b>1</b>	
Agencies Notified EPA	Type Noti	fication	18	treet Add									-		1.1	
☐ DEP	✓ Init	tial		55 Elm	Road					- 1 :	7.7	* *	3.1		, 11	
	□ Am	endment		ity, State	, Zip Code	2				1			_			
⊠ DOL		enument			ell, NJ 07	666									1	
⊠ DOH	Псап	cellation	N	ame of C	ontact					<u></u>	Telep	hone Nu	mber		×. • ×	
☐ DCA	L Can	ICCIIALION		Karen	Muccillo				And		82	متثث	红			
					FA	CILIT	Y INFORMAT	TIO	N							
Name of facility wh	ere abatem	ent is taki	ng pla	ice (3)						П	Type of Facili	ty (4)				
Karen Muccillo												nool (K -	3.5			
Street Address										=		chapter				2)
												er (Priva gs./Home		merci	al	
55 Elm Road			^	1 (0)				_		_	Square Feet	# of F	loors	T	Bldg.	Age
City (5)			Coun	ty (6)					unty Code (7) ate use only)	1						
Caldwell, NJ 0	7666		Esse	ex				(Ot	ate use only)		Current Use residential	(Prior if	being d	emoli	shed)	
Name of Monitoring	Firm Hired	by Bldg.	Owne	r (8)		TAS	SCM No.	1	Name of Abatem	ent Co	2002001-0200000000000000000000000000000			_		
n/a									B & G Restor	ation	, Inc.					
Street Address								٦	Street Address							
~ ~ ~ .								_	105 Ryerson							
City, State, Zip Code	)								City, State, Zip Co							
Project Manager for	Monitorina F	irm	-	ĪΡ	hone Num	her		-	Lincoln Park Telephone Numb		7035	Llica	nse Nur	nhor		
,	J.			ľ		1001		1	Telephone Hamb			037		noei		
Scheduled Start Date	e (10)	Is	ched.	Complet	ion Date (1	11)		-	Name of OSHA N	/lonitor						
11/2/2011	(8) (8)	Ι,	1/2/2	0011		50			B & G Restor	ation.	Inc.					
Occupancy Status D	uring Abater					*		-	Street Address	Dood						
Facility closed/									105 Ryerson City, State, Zip Co							
Abatement per Describe:	formed outs	ide of nor	mal fa	acility hou	ırs-				,							
Other-Describe									Lincoln Park,	NJ 0	7035					
Scope of Work (che	<u>, 2</u>															
Demolition	2	Reno					L		ull Containment w	'negati	ve pressure	⊠ Glo	vebag p	roce	lure	
>3 sf or >3 lf		≥160 s				_	$\boxtimes$	J N	lini-enclosure			☐ Nor	n-friable	proc	edure	
Location of asbestos-conta	aining			normally ance/cus	used solel	1							R	R	E	E
material to be	J	staff(	12)				Description of material (ACI		sbestos-containing		Amount (Specify	SF or	m	р	C	n
abated in facilit	ty (13)	Yes	;	No	N/A			0.708			LF)		V	i	a p	L
basement			$\neg$		TX	] pip	e insulation				93 lf		e	1	П	$\vdash$
													市	旨	H	卅
																盲
			4													
Registered Waste Hau	uler		LIDE	Hauler I	D# 10	II Noice V	Yards of Wast	tó	Wassa -45	- 11	JEII					
B & G Restoration			1956			l yard		ıe	Name of Register Tullytown Res			Center				
City, State					Disposal D				City, State							
Lincoln Park, NJ Completed by (Print o		1			11/3/20		otus .	_	Tullytown, PA							
Gordana Luna	i (ype)	Title Treas	urer			Sigi	nature	9	Gordana Luna			Date 10/2	1/2011			

10/21/2011

3 2							james 2	Check	(# 4823		٠		
Date of Notification	n (1)	IIN	lame of Br	uilding Owr	ner/Operator (2)	)	/ <del>F</del> ==	Page 18-18	The second second				
1 10 1/12 11	_/\ <u> _</u>		Astrit Va	***	1811 1822 - 123				117		(m)	1	
Agencies Notified	Type Notification		treet Addr										
☐ EPA ☐ DEP		1		iew Aven	ue			nrt :	101		) .	<u> </u>	
☐ DOL	Amendm		Sity, State, Summit	zip Code t, NJ 0790	1								
☑ DOH			ame of Co			197		Telepho	ne Numbe	er			
☐ DCA	L Cancella	tion	Astrit V	atoci				13.2.	Tally	y	ا. ـــــا		
				FAC	ILITY INFORM	MOITA	N				J		
Name of facility wh	here abatement is	taking pla	ace (3)				T	Type of Facility		,			
Astrit Vatoci						)3 (************************************		1 =	ol (K - 12 napter 8 (		than	K-12)	
Street Address									(Private/0	Comm			
25 Fairview Av	venue							Square Feet	/Homes, # of Floo		Г	Bldg. A	Age
City (5)		Cour	nty (6)			Cou	unty Code (7)				_		
19 <b>3</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						(Sta	ate use only)	Current Use (F	rior if bei	ng der	nolis	hed)	
Summit, NJ 07		Uni Ilda Owne			ASCM No.		Name of Abatement	residential					
	.g , -		(-/		7 IOOM 140.		B & G Restoration						
n/a Street Address						-	Street Address	on, me.					
5,445,53							105 Ryerson Ro	ad			0.00		
City, State, Zip Cod	le					_	City, State, Zip Code						***
							Lincoln Park, N	J 07035					
Project Manager fo	r Monitoring Firm		P	hone Numb	per		Telephone Number		License	Num	ber		
							. 10 (17)	14	0378		_		
Scheduled Start Da	ate (10)	Sched	. Completi	ion Date (1	1)		Name of OSHA Mon B & G Restorati						
10/31/11		11/1/	11				Street Address	on, me.			Secretary of the least of the l		
Occupancy Status	During Abatemen	(Check o	nly one)				105 Ryerson Ro	ad					
Abatement pe	d/vacated during of erformed outside						City, State, Zip Code						
Describe: Other-Descri	be:					-	Lincoln Park, N	J 07035					
Scope of Work (ch		)											
☐ Demolition	The state of the s	Renovatio	n			⊠ F	ull Containment w/ne	gative pressure	Glove	bag pr	oce	lure	
$\boxtimes$ >3 sf or >3 lf		160 sf or	≥260 If				Mini-enclosure		Non-f	riable	proc	edure	
Location of				used solely	/					TR	R	E	E
asbestos-cor		by mainte staff(12)	enance/cus	stodial			sbestos-containing	Amount (Specific S	·E or	e m	e p	n	n
material to be abated in fac	DE CONTROL MODERNO	Yes	No	N/A	material (A	ACM)		(Specify S	or 01	0	a	а	L
			140	IN/A						е	Ľ.	P	_
basement					thin duct ins		on	120 sf		Ø	닏	븯	岸
basement				LX.	pipe insulati	on		45 lf		N	ᆜ	井	ዙ
		==		-						#	片	ዙ	H
						77.55.0		_		H	금	ዙ	卅
Registered Waste F	lauler Jt	NJDE	P Hauler	ID# C	ubic Yards of W	Vaste	Name of Registered	Landfill		لكا		ייו	1_
B & G Restoration		195		2	2 yards		Tullytown Resou		Center				
City, State	11.07025			Disposal D	ate		City, State						
Lincoln Park, N		Title		11/1/11	Signature		Tullytown, PA		Date				
Gordana Luna		Treasurei	г			(	Gordana Luna		10/21/	2011			

B & G proj. #:	2011-180	-		(,				and the second second	Check	# 4821				<u>-</u>
Date of Notification	/1)	- 110		ildiaa Oosaa	dOperator (2)				. [	17 14	11.7			
1 10 1/12 11					r/Operator (2)									
Agencies Notified	Type Notification		rank Ke					f i	ren ey	1.0.1	-			
EPA	✓ Initial		71 Boul				184 5			.U.				
☐ DEP	M Illitial			Zip Code				Server of		tion to				
☑ DOL	☐ Amendme	ent_	Mountai	in Lakes, N	J 07046									
□ DOH	_	Nar	ne of Co						Telepho	ne Numbe	r			
☐ DCA	Cancellati	on	Frank K	Celleher			* - 6-1	w ·	100	MEZZ		- 3		
				FACI	LITY INFORM	IATION								
Name of facility wh	nere abatement is	taking plac	e (3)					Туре	of Facility	(4) ol (K - 12)		***************************************		
	1010 asatoman	3.								hapter 8 (0		an K.	12)	
Frank Kelleher									Other	(Private/C	omme		12)	
Street Address									Bldgs	./Homes, e		RI	ig. Ag	
171 Boulevard						1 0	ty Code (7)	Squ	are Feet	# of Floo	is	DIC	y. n	36
City (5)		Count	y (6)				use only)	Cur	rrent Use (	Prior if beir	ng dem	olishe	d)	
Mountain Lake	es NJ 07046	Mor	ris						idential					
Name of Monitorin	g Firm Hired by B	ldg. Owner	(8)		ASCM No.		Name of Abatemen							
n/a							B & G Restorat	tion, Inc	D					
Street Address		K.					105 Ryerson R	oad	100					
							City, State, Zip Cod							
City, State, Zip Coo	ie						Lincoln Park,	NJ 0703	35					
Project Manager fo	r Monitoring Firm		P	hone Numb	er		Telephone Number	[		License 0378	Numb	er		
							Name of OSHA Mo	onitor		03/8				
Scheduled Start Da	ate (10)	Sched.	Comple	tion Date (1	1)		B & G Restora		c.					
11/1/11		11/1/2	2011				Street Address							
Occupancy Status	During Abatemen	(Check or	nly one)				105 Ryerson R							
Abatement p	ed/vacated during of the efformed outside	entire perion of normal f	od of abar acility ho	tement. urs-			City, State, Zip Coo							
Describe: Other-Descr	ibe:					=	Lincoln Park,	NJ 070:	35					
Scope of Work (c	heck all that apply	)					502 5 F 74 W		100000000000000000000000000000000000000					
☐ Demolition		Renovatio	n				ıll Containment w/r	negative	pressure		ebag pr friable			
>3 sf or >3 l	f 🔲 :	≥160 sf or				M M	ini-enclosure			L] Non-	TR	R	E	
Location of		Is location by mainte	normall nance/cu	y used solel ustodial		tion of ac	bestos-containing		Amount		e m	e p	n	E n
asbestos-co material to b	oe l	staff(12)				I (ACM)	bestos-containing		(Specify LF)	SF or	0	a	c a	C
abated in fa	cility (13)	Yes	No	N/A					N.		v e	r	р	_
basement					pipe			2	05 lf				X	早
Sastination					]						ᆛ		片	쓔
											묶	H	H	卄
				4=	<del> </del>			_			計	H	Ħ	怡
Registered Waste	Hauler	INJDI	P Haule	er ID# T	Cubic Yards o	f Waste	Name of Register	red Land	fill				_	
B & G Restorat	tion, Inc.	195			2 yards		Tullytown Res	source &	& Recove	ry Center				_
City, State	NI 07025		-60	Disposal 11/2/1			City, State Tullytown, PA	A						
Lincoln Park, 1 Completed by (Pri		Title			Signature					Date				
Gordana Luna		Treasure	r				Gordana Suna	z 		10/21	/2011			

(Pursuant to NJAC 8:50 and 12:120)

D&S Proj. #: MS 11-413

ASR-41

	-						<b>6</b> 13	Chec	k # 4826				
Date of Notification	(1)	110	(5.1		/Oto/2)				-4	-			
					er/Operator (2)	)	f .	Fin E Fi	E 1 1	7 6	1:		
Agencies Notified	Type Notificat		arence R						1 11			111	
EPA	-1	110000											
☐ DEP	Initial		3 Wilkir State, Zip	nson Av	enue					0.1 U.1			_
⊠ DOL	☐ Amendr	ment			205							i	
☑ DOH	0.7.00000000000000000000000000000000000		e of Conta	y, NJ 07 act	303		1	Telepho	ne Numb	er .			
	Cancella	ation					Ī		F 89	) <u>.</u>	* n e'		
☐ DCA			larence	Ragland					2 4				
				FACI	LITY INFORM	IATION					1(4)		
Name of facility wh	ere abatement i	s taking place	(3)	anes:				Type of Facility	/ (4) ool (K - 12	1)			
OI Declar								=	chapter 8 (		han l	(-12\	
Clarence Raglar Street Address	10								r (Private/				
Street Address								Bldgs	s./Homes,	etc.			
213 Wilkinson	Avenue							Square Feet	# of Flo	ors	В	ldg. A	ge
City (5)		County (	(6)				nty Code (7) te use only)	Current Use (	Drive if ho	na dan		(od)	_
C't. NI	07205	Hudso	n			(Sta	te use only)	residential	Prior ii bei	ing den	101151	eu)	
Jersey City, NJ Name of Monitoring	Firm Hired by				ASCM No.	-	Name of Abatement						
	,						B & G Restorati	on, Inc.					
n/a Street Address						-	Street Address						
01100171441							105 Ryerson Ro	ad					
City, State, Zip Code	5						City, State, Zip Code						
							Lincoln Park, N	IJ 07035					
Project Manager for	Monitoring Firm	1	Pho	ne Numb	er		Telephone Number		Licens 0378	e Numl	oer		
							Name of OSHA Mor		0378				
Scheduled Start Dat	te (10)	Sched. C	ompletion	Date (1	1)		B & G Restorati						
11/2/2011		.11/2/20	11				Street Address			1000			
Occupancy Status D							105 Ryerson Ro						
□ Facility closed							City, State, Zip Code						
Abatement pe Describe:	erformed outside	of normal faci	lity nours	) <b>-</b>									
Other-Describ	oe:					- 1	Lincoln Park, N	IJ 07035	- :-				
Scope of Work (ch	eck all that appl	y)											
Demolition	$\boxtimes$	Renovation					ull Containment w/ne	egative pressure		ebag pr			
$\boxtimes$ >3 sf or >3 lf		≥160 sf or ≥26				Πи	Mini-enclosure		☐ Non-	friable		-	
Location of		Is location no by maintena						Amount		e	R	E n	E
asbestos-con material to be		staff(12)			Descripti material		sbestos-containing	(Specify	SF or	m o	p a	c a	n c
abated in faci		Yes	No	N/A		,		LF)		V	i	p	L
					pipe insula	tion		115 lf		e 🛛	ń	$\vdash$	I
basement					boiler insul			35 sf		X	H	H	H
pasement			-		l contraction							旨	
	2	FF											
			==			-							
Registered Waste H			Hauler ID		ubic Yards of	Waste	Name of Registered						
B & G Restoration		19563			2 yards		Tullytown Reso	urce & Recover	y Center		100000		
City, State	1.07025			Disposal D 11/3/20			City, State Tullytown, PA						
Lincoln Park, N Completed by (Print		Title		1115120	Signature	==			Date				
Gordana Luna	(or type)	Treasurer				(	Gordana Luna			/2011			

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

				FICATIO	N OF AS	BESTOS	ABATE		m		C E		ĪĒ	3 100	
Date of Notification (1) 10/20/11 Ck:1590	\$200				of Building					<u></u>		,	0-4	:	
Agencies Notified	Type Notification			Street A	Address River R					<del>-                                    </del>	<del>)(T 2</del>	/1.	4.1.		- 1
DEP  DOL	Initial Amended Amendment	#		City, St	ate, Zip C	Code	 ev 0766	 36						******	***
DOH DCA	Emergency justification) Cancellation		3		of Contac		,		<u> </u>	Tel	ephone N	umber			
		-		100000000000	ILITY INF	FORMAT	ION	e manage			2011011/11				
Name of Facility Where Fairleigh Dickinson	Abatement is Takin University, The	g Place ( Science	3) ce Bui	ilding				C-rest	Facility (4	88					
Street Address 285 Madison Aven	ue					**************************************		☐ Su	bchapter her (i.e. pr	8 (Othe	er than K- commer	12) cial bu	ilding:	s, hor	nes.
City (5) Madison, New Jers	ey 07940							Square 20,000	Feet	# of	Floors		Bldg. 55+	Age	
County (6) Morris					Code (7) USE ONL				Use (Prio		ng demoli	shed)			
Name of Monitoring Firm Environmental Des		Owner (8	)	ASC	M No.			of Abater Corpor	ment Cont ration	tractor	(9)				
Street Address 5434 Kings Avenue	e, Suite 101							Address McBride	Avenue	e			***********	en ren en ala a	
City, State, Zip Code Pennsauken, New	Jersey							tate, Zip (	Code ark, Nev	w Jers	sev 075	25			
Project Manager for Mor Tom Pruno	itoring Firm		Telepho	ne No.	7	Teleph	one No.	7		License				** * * * * * * *	
Start Date (10) 11/01/11		Schedul 11/02/		npletion	Date (11)			of OSHA Environ	Monitor mental l	Labs I	LLC				
Occupancy Status During							Street	Address	 22 West						
Facility Closed/Vac Abatement Perform X Other – Describe:							City, S	tate, Zip C							
Scope of Work (Check A	II That Apply)						011101	1, 11011	001009						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Printers.	Renova Demolit				×	Mini-E Glovel	ontainmer nclosure pag Proce xempted (	dure	8			e	
Location	of		Locati Normal	ly		Des	scription	of						emen pe	it
Asbestos-Containing <u>TO BE AB</u> / In Facil (13)	Material (ACM) ATED	Ma	ed Sole intenar todial S (12)	nce/		stos Cont thermal surfac	aining M	aterial (A) insulation T, or		(Sp	ount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ē	L.".
Chemical Store	age Room	X			TSI We	t wrap	& Cut		17	LF	X				
N	L- 11- 1		1			1									
Name of Registered Was Lilich Corporation	te nauler		Н	JDEP W auler ID 3724		of Was		1 1	ame of Re i.R.O.W						
City, State Woodland Park, New	/ Jersey 07424			. н		Dispos 11/02/	al Date '11		ty, State Iorrisville	e, Per	nsylvar	nia			
Completed by Tatiana Kalenikova		Title Vice	Presid	dent		Si	gnature /a/	tren	ofl	ale	Da 10	te /20/1	1		

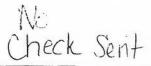
	NC	TIFIC <i>A</i> (Purs	ATION C suant to	OF ASBES	105 At 60 and 1	12:120)	ICN I		YERE	il i	77 - Tr	Sy jai	
Date of Notification (1) September 26, 2011				Building Ov City Med					Trans.		1 1		
Agencies Notified Type Notification			reet Add 925 Pa	fress acific Ave	enue				1 OCT 2	4 50	1; 1	larea.	71
EPA Initial Amended Amendment #		Ci A	ty, State tlantic	, Zip Code City, Ne	e w Jers	sey 08	401	+		Ty . * *.		2	i
Emergency (inclusion)  DOH  DCA  Emergency (inclusion)  Cancellation	iding		ame of C	Contact Boyden					Telephone Nu	mber			
K box   L			FACILI	TY INFOR	OITAMS	N			A source of the second				
Name of Facility Where Abatement is Taking Pla Atlantic City Medical Center	ace (3)							of Facility (4 School (K-12		2)			
Street Address 1925 Pacific Avenue				6	1		Z (	Other (i.e. pretc.)	ivate & commerc	ial build			s,
City (5) Atlantic City							8500		# of Floors eight	3	ldg. A 8 ye:		
County (6) Atlantic			ounty Co	ode (7) SE ONLY)	<u> </u>		Curre		r if being demolis	shed)			
Name of Monitoring Firm Hired by Building Owr Quality Evironmental Concepts	er (8)		ASCM NA	No.				tement Con vironmen	tractor (9) tal Concepts		8-9//-		
Street Address 1053 North Tuckahoe Road						Street /		ss h Tuckaho	oe Road				
City, State, Zip Code Williamstown, New Jersey 08094								ip Code wn, New	Jersey 08094				
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph	one N	0.	License 001086				
Glari Dato (10)	hedule			ate (11)				HA Monitor	tal Concepts				
October 06, 2011 Occupancy Status During Abatement (Check C					_	Street	Addre						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: In the basement mecha	-acility	Hours		ess		City, S	tate, Z	ip Code					
Scope of Work (Check All That Apply)	Tilical To	5111 - 1111	illou doo			VVIIII	amsto	own, New	Jersey 08094				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Minutes of the last of the las	enovati emolitio				×	Mi	ni-Enclosure				e	
	-	Location	3.95								Abat	emeni ype	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	lormally d Solely intenant todial S (12)	y by ice/ itaff?	Asbest (i.e.	os Conta thermal surfac	scription aining N system cing, VA niscellar	/lateria s insul \T, or	1	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Dina	noulati	ion on	conc	densate	70 linear fee	t x	+	$\vdash$	<del>                                     </del>
Basement South Mechanical Room	X		×		- Proj				70 iiridai 100		$\dagger$		
			-	Pipe I	nsulati	ion on	stea	m lines	90 linear fee	t x			
				e	abando	on - Pr	oject	2			T		
Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Was			Comment with a second and and a	Registered Land County Land				
Quality Environmental Concepts  City, State		119	9710			sal Date		City, Stat	e				
Williamstown, New Jersey 08094						0-31-1		Egg Ha	rbor Townshi	p, Nev	w Jer	sey	
Completed by Ed Knorr	Title Vice	Presi	dent	n - 150 - 150 -	18	signatur O	ver	大火		09-26	-201	l	

Date of Notification (1) / 0 - 3	)	Nan	ng of Duildir	ng Owner/Operator	(2) Paple	AVE	LL	۷.		
Appendix Appendix Appendix on the conservation of	otilication	Stre	et Address			_		energy record and con-	Napul Markey	
Tran Initia	d		27	MAIN	sinse	Land of the second	and the second	and the second	entente entente	
DEP Ame	ended audmont#	City	managed and the subgraphs on							
[] Em	ergency (including ification)				holl of	Telephone Num	ber			entra en la la la la la la la la la la la la la
	cellation	Ivan	ne of Conta	2 21		7 EL462		13		
	outra egg allow a lander remeder en er et et et e gan en hou	.] (F)	ACILITY IN	FORMATION	THE TAXABLE PROPERTY OF THE PROPERTY OF THE					
Name of Facility Where Abateme			arria arria de la Constanta de Constanta de Constanta de Constanta de Constanta de Constanta de Constanta de C	ary a new myr power bound is neglegic and distribution in the law is study that	Type of Facilit	y (4)		234 N. CO. CO.		
REGA 152	PARK A	VS		And and the same of the same o	School (K-	12) r 8 (Other than K-1	2)			
Street Address	PARK I				Other (i.e.,	private & commerc	ial bui	lding	3,	
City (5)		- 1114.NOIV		alayar a marayar a yana da mada da mada da mada da mada da mada da mada da mada da mada da mada da mada da mada	Homes, etc Square Feet	1 # of Floors	TE	ildg. i	\ge	,
SAST RUT	han FORA				6000	3	_	8	Ö	
COUNTY (S) BERGEN			unty Code ( E ONLY)	7) (STATE	A	Prior if being demol の て ろんらん	shed)			
Name of Monitoring Firm Hired by	Building Owner	ASCA	d No.	Name of Abatem	nent Contractor (	9)	e g sar rancombre h	err	- area ( 2 m - 2	15-44197
(8)	and the second residence of a second			Acc .	<u> </u>	Tren Cu		·N	<u>L</u>	A T 4 WE
Street Address				Street Address	50 m	RA				
City, State, Zip Code			er ger nage produgense stor gen by er gen bet by break film	City State Zin C	ode		er to 10 . 544			and or a se
Ony, Oleto, Cip Volto				COLTSI	véde N	1 07722	, ·	materic . A	g (m) ; s-u	,
Project Manager for Monitoring Pi	m Te	lephone	e No.	Telephone No.	7 7	License No. このひ久	 C			Clauda 14
Start Date (10)	Scheduled Comp	letion D	ate (11)	Name of OSHA		The state of the s		·····	- men menjan v. n	
10-31-11	111-5-	1			V31/17/0	N CO In		4		
Occupancy Status During Abatem			LENGTHON A THE PARPERS	Street Address	moster /	) A				
Facility Closed/Vacated During Moatement Performed Outside			_	City, State, Zip C	VIROLE G	A TABLE OF THE PARTY OF THE PAR	regeggeren en ber	and the second s		) 1414 F-01
Other - Describe: 7 Am	1-7PM			Coli	NEUC	NS DZ	12	J		
Scope of Work (Check all that app	ly)	eringan tiatrake	autrania anterior nel esta esta esta esta esta esta esta esta	11-10-bit and the state of the state of the state of the	ne las laborar localisación del Salabora Protection de Pro-	nga tinakan an manada tangga namatan 1,4 an an anda tangga 1,5 d			et marin	
≥3 sf or ≥3 lf   ≥160 sf or ≥260 ll	Renova			Mini-Enc	closure ag Procedure	egative Pressure				
	tend	ntifekut Make	Y-20220	Non-Exe	empted (*) and N	on-Friable Procedu [		Abate	ment	
<b>€</b> Ř	ls Locat Normal	lly					1	Ty		2
Location of Asbestos-Containing Material (A	Used Sole CM) Maintena		Asbest	Description of os Containing Mate		Amount		1	pri	
TO BE ABATED	Custodi Staff?	ial		thermal systems in surfacing, VAT,	nsulation,	(Specify SF or LF)	70	Repair	Encepsuiete	FUCIOSUIS
IN Facility (13)	(12)			other miscellaneo		Or Or El /	Remova	PH-	Suiz	DSUI:
	Yes No	N/A							(0)	
BASEMENT		·	F	),03	genin 1986, on the grade in the de-	130212	1	1		
1917.1.61.161.	e de la casa de deste de la casa	1		And the core and the process and the	1 - 1995 P. P. 1915 P. 192 P. 193 P.	And the control of th	,		*****	S to people a
nd gat a money per productive and color to the reserve of the sense that a constructive and the sense of the c Colores of the sense that the sense of the colores of the sense	- No. 1007 april 100 april	·	Automorphism (Automorphism)	entring and in column and the entring the Column and the Column and Column an	and the second s	AND AND THE PROPERTY OF THE PR				representation of
				amen op 1881 i model op 1884 av 1988 av 1989 av						
Name of Registered Waste Haufer		UDEPT		Cubic Yards	Name of Reg	istered Landfill		900		
ACG INSULAT	IUN EU	taules II	386	of Waste	IIGS					
City, State	A	- Indian Chin		Disposal Date	City State	Ican Pr	1			
COLT NEGL	Λ'Σ,			Signature	TRAM	Date	L			
Completed By		m 6	1/L.	Jack	Galt	Date	-21	-1	/	
<u> </u>	No. 8 an income		Lagrangian or a con-	- Jan	nija Militarija na Princi su u na princi na princi na princi na				and (all	

-							12:120)		报	5 (	9 K. I	1 11/	(E.,		
Date of Notification (1)	121/11		Na	ma pl B	uilding 1 M D	Owner/C	perator (:	2)	7	ME	FIDIG	100	> <del>-</del>		
Agencies Nouhed  D & PA  D & PA	Type Notification  invial Amended				vess 0; /c	OX	782	_	8 C	LE!	2 M O	NY	T	200	
☐ 00 <sup>th</sup>	Amendment #_ Emergency (incident)	duding	_	me of C	LIO	<u> </u>			۸ <sub>۱</sub> یی	Tele	phone Nu	2/0 mber			<b>-</b>
	Cancellation		<u></u>			RMATIC	ING	W	17	400					<u> </u>
tame of Facility Where	Abatement is Taking	Place (3)							of Facility chool (K-1)	2)	700				į
	4 SUNSE	T DI	210	) <u>E</u>				Son	ubchapter ther (i.e., p omes, etc.	8 (Ottonvale )	er than K & comme	ircial bu	mançs Bido A		<b></b>
	= Hans							10	eni Use (P		2_	_	40	. 20	_
	E MAX		C	ounty C ISE ON!	Code (7) LY) —	(STAT			Ourador (	CAI	UT				<u>:</u>
Name of Monitoring Fir	m Hired by Building O	wner	AS	CM No.		K	r.cm	00							=
Street Adoress	1.								SPRU						2
City, State Zp Code							MAP	Li	SHP	1 1	JOBASE N	0		=	==-
Project Manager for M				one No		Name	OLOSHA	Monre				440	1		
Start Date (10)	/	' ' ' '	///	n Date (	.11)	J	7 5 E/1	P14/	41.01	4 1	1.=			_	==-
Occupancy Status Du	called Durana Engre Pt	1100 01 10		ent		3	695		PILUC				£ 2.5		
Other - Describe	med Outside of Northe	V Facility I					MAP	تغ پ	JHN.				307		==-
Scope of Work (Cher	\$	Rend	ovation dition	, n ,			MIN-E	nclosu	req (,) suq toceqnite nite weut with				e	a:err	en.
	on of	Is Lo Non Used S	cation malty- solely	by	Asbe	Cal	e scription	ol (atena	al (ACM)		Amour	nt		1 /2	
Aspessos Contain	BATED	SI	aff?		(i.e	. worm	al system adng, VA myscellar	T. 01			SFOL		Renova	Rathm	nchewitata
ĭ		Yes	НО	AIN		TRA	w 517	FE			1800	#	×		
5171	n a	+								-			+		
			_								iered Lar	of ili			
Name of Registere	o Waste Hauler		h	JOEP V	NO.	01 Y	Vasie		<u>C</u> ,	Μ,	C, ^	1.0	, s		<u> </u>
KIEM	ico INC.	J, 0	- L	×		Os	posal Dai	e	Ciry. Sta	o D	BIN	F , 1	<u>۔۔</u> ۲۰۱۲		
Competed 6y	,	Tire		ER		<u>- L</u>	Signatur	e	y IC	e			2/2		//_
IOSEPH	(LEMM					e stos li	consure	) exemp	pled activ	ties					,

DE-CI- FREMEMBER DIMAIL (			- Table and	(2001-	-C40/62-50000	
927	State of Pullstant to W.M.	C 8:50 and 12	720)	DOL-10	DAY	
Dado of Notification (1)	Rame of Both	Y OF H	Partie	2000		
Agency Notified Yyea Notification  D. EPA D. Wiled  D. PPP D. Amended	Stront Address    3 U	BACK,	quach	Bluet	CH HANS	3
C DOM Described	Aflata de Com		May	VAINERAL	RADISTU	#
Carcallens	1 / /	FORMATION	· res			
News of Passide Advance Abusinesses in Toking Plan VAC - A JUHET West 8!	dg		Type of Food		)	
1706 HRCTIC AT	ne .	•	Square Post	4)	BOOD ABO	1
COURTY OF Allentic	CMIA)	n (STATE USE	Clarent Use (	Pulser If being domests		] .
Namo of Montbeing From Vilred by Bidishing Comme (8)	ASCM No.	Harris of About 9	ELLC			11
Sitrout Address City, State, Zo Carlo		/2 CNU. Shifty. Zp C	oda	alingter !		$\frac{1}{2}$
Project Manager for Mankering From	Talephenn No.	Tolophano Na.	ANCO	NJ 080 License No. 0107		
Start Date (10) Scheduled Date  10-21-11 10 -:	application Dirate (11):	I Roma of DSHA N	ardiar ·		•	
Occupancy Status Daving Abandatahi (Grassi surly	Alminosta	Street Addresse  City, Spain, Zip Go			-	
U Arthrough Performed Outsides of Meaning Paints O'Otror - Describer - JAC Scorpe of Vier's (Check of State apply)	, nous			Maguilleo Pressure		
C = 160 at or 2 200 f	O Countries	Cleares	PRINCIPAL APP	Non-Prismo Procest	Abstantal	
Automo Continuo Recordo (ACM) TO SE ADATEO IN Facility	thornally Unned Stately by Chilefornacol Controllal Controll Control (Lo.	Dusaristism of the Centerbring Math their sections surfacing VAT.	andridek.	Ammint (Opecity SF or (-F)	Encettre B Ensaguists Repail Removal	
h-	es Mu NVA	HASHINS	<u> </u>			
York Turk		Papapet Ces	ecut.	2505		
	1000 Waste Healer		terno of Regist	cred Locato		
Jank Robinson Weste .   Bellmasur NS	15751	Z Disposal Base   C	WH O	1 1		
Cantrolled by		3 protection (	11/9	tuzun lat	->1,-1(	
Sea Descript	this form for a pheaton lices	1	Militare.			
						-
				} -		1)

· . · · · · · · · · · · · · · · · · · ·	State of New		PERSONA .	InE	GEIW.	73
Pur Pur	SASHER OF PROPERTY.		-		10 E 11. W.	当目的
	Name of Building	Owner Ocianator		wo -		-
Data of Notification (1)		tmerso	an le	100	<del>197 - 2 4</del> (201)	711/
Denum Neoffied Type Notification	Street Address	2 /1	ma De			
Agency Notified Type Notification	City, State, Zip C	aria -	13.1	1115		
DEFA G Amended Amendments	City. State, Zip	Eggt	taras	Telephone Num	alle co	-
DOOL DETERMINE GROWING	Name of Contac	1/6		Temphone run	15/0/27	4
D DOH publication) D DCA D Cancellation	ORNIE	ALC S		10.		
	FACILITY INFO	ORMANON	Type of Facility	(4)	. •	
Name of Pacifity Where Abahament is Taking Place (3)	-		U School (K-	2)		
Refusent.			La Cother (Le. P	8 (Other than K-12 rivate & commercia	i buidings.	
Street Address Central All			homes etc	1 g of Floors	Billing ASB	7
7600. 0000	111	•	Square Fest	4	1.70	
CHY S OCEAN CITY	County Code (7)	ISTATEUSE	Current Use (	rier if being derive	jehed) .	-
County (5) All Lin	ONLY)		1/2	esident.	· · · · · · · · · · · · · · · · · · ·	
HAMANIC IN COUNTY IA	9CM No.		ment Contractor	?,		1   -
Name of Manifering Firm Hired by Building Census A	•	Street Address	2 66	111	Ann	7
Sirest Address		12		elingter		-
		City, State, Zip	Code	NJ 08	075	1.
City, State, Zip Coxis		Telephone No.	TANCO	License No.		7
Project Manager for Monitering Furn Tel	ephone No.	REST 82	705/	010	70	
Schadhriad Gonnalais	on Date (11) : '	Name of OSH	Monitor .		** 0.00 state	
Start Date (10)		- Laddence		-		$\neg \mid \mid$
Occupancy Status Daving Abstractant (Check only one)		Street Address		-		-
file and a file of the file of	MATERIAL STREET	Gily, State, Zip	Gode .			
I PLANTAGE PARTICIPATION OF TH				1		7
O Other - Describe; Scope of Wark (Check all that apply)		" - O PM		Negative Presen	16	1-1
Trades SE	Li Benevation			nd Non-Frieble Pro	Abateme	at l
075 160 8 01 5 200 B		-			. Тура	7
	Location Vomesity	Description	n of	Amount	-   -	
Lamelan of Use	a Calobrin	estos Containing e. thermal system	fill-planted (Philadia)	(Bacify	Encapsulate Repair Removal	Enclosime
Asbestos Consening marine	Gustodial (i.	e, thermin space V cherminating, V therein retho	M14	SForLF	- lath	eure
(N Facility	(12)	Office attendoor		1 .		
Yes	No N/A	DAHIL GU	lin1	350	10594	$\sqcup$
OUTSIAK,	1 10	TUN DU		11		$H \mid I$
. 901 5100	<del> </del>					$H \mid$
	<b>├-</b> / : -			gistered Latellill		$H \mid$
A LEGISTA A LEGI	ICE P Waste Hauter	Cubic Yesds of Wissis	Mamo of Re		Q.	
Name of Registered Waste Hather	18387		Wr	100	·· ·	$\dashv$
JACK Robinson Waste	1000	Disposal Data	City. State	Mutore	n PA	
City, State BellyANR	$v_{\mathcal{J}}$	Clearing	7.1		Date 1/	
Tale, 10	•	\$ SALES	H-		10-20-11	_
THEHI	this form for asbestos	Freuents extents	d adirios.	-		
ASS 41	They bearing to					-
322						1
		50			7:	1
1 10				1 1		1



Date of Notification (1)		5-100-2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		Na	me of Build	ing Owner/Operator	(2)	11.				
	30 /	11		F	rinceton	University-Office	of Design and	Construction	7 2	4	J:	
	Type Notific	ation		Str	et Address	S		. 1		200		-
	Initial     Initial			2	00 Elm D	7		Towns				1-00.0
		d nent # <u>2-1(</u>	12414	City	, State, Zip	Code	- 1					
☐ DCA	Emerger			- P	rinceton,	NJ 08544	-	and the same of the same of the same of	erin engan menga			
(NJAC 5:23-8)	justificati		ing	Nar	ne of Conta	act		Telephone Nu	mber	7		
	☐ Cancella	ition		R	obert Ort	ega		1 1 1 1 1 1 1				
					ACILITY	NFORMATION				-		
Name of Facility Where Ab	atement is	Taking Pla	ice (3)	)			Type of Facility	(4)			-	
Princeton University-	Jadwin I	Hall					School (K-12	2)				
Street Address							Subchapter	8 (Other than K-	12)			
Washington Rd							homes, etc.)	rivate and comm	ercial t	ouildi	ngs,	
City (5)							Square Feet	# of Floors	E	Bldg.	Age	
Princeton											5.78/CC	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		0	
MERCER												
Name of Monitoring Firm Hi	red by Build	ding Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
ATC Associates Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address					-	
Bromley Corporate C	enter-Thr	ee Terri	Lane			1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode		-			
Burlington, NJ 08016						BRISTOL, PA	A 19007					
Project Manager for Monitor	ing Firm		Te	elephon	e No.	Telephone No.		License No.	-			
Michael Keehn			1		COOK!	18488-6040	7	00509				
Start Date (10)	18	Scheduled	Comp	oletion D	ate (11)	Name of OSHA N	Monitor		-			
_10_/_10_/_	11_	11	/	25_ /	_11_	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During A	batement (0	Check only	one)			Street Address				-		
☐ Facility Closed/Vacated I	During Entir	re Period	of Aba	tement		1123 BEAVE	R STREET					
Abatement Performed O						City, State, Zip Co						
Time of Abatement: 7:00	DAM-3:30F	M/	PM	AN	1 0 00	BRISTOL, PA						
REV# 2 - 10/21/11 Scope of Work (Check all the	at apply)	7 51	4 M	1.3	0 / /11	1		-			-	
□ . 0 . t 2 K		57.	•				tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demoli			☐ Mini-End	losure g Procedure					
<u></u>			, c			Non-Exe     Non-Exe	mpted (*) and Nor	-Friable Procedu	ıre			
			Is Loc						Ab	atem	ent T	vpe
Location of		. 10	Norm	nally olely by		Description of						T
Asbestos-Containing Mat TO BE ABATE		1		nance/	Asbe	estos Containing Ma e., thermal systems	terial (ACM)	Amount	em	Repair	nca	ncl
IN Facility		Cu		I Staff?	1	surfacing, VAT,	or	(Specify SF or LF)	Removal	₹.	psu	Enclosure
(13)			(12		_	other miscellane		/	-		Encapsulate	6
		Yes	No	o N/A								
3 <sup>rd</sup> Floor					ACM W	indow frame cau	ılk & glazing	6,527 LF				
										П	П	П
		$\neg \vdash$										
			In						+-		-	
Name of Registered Waste H	lauler		ᆛᆛ	NJDEP	Masta	Cubic Yards of	Name of Registe	red Lendfill		ш	Ц	Ш
SERVICE TRANSPORT		INC		Hauler I	D No.	Waste	A company of the comp	NORTH LAND	FILL			
City, State				2000		Disposal Date	City, State					-
NEW CASTLE DE 1972	.0							LE, PA 19067				
Completed By (Print or Type)	1	Title	8811 co.c.	777-1-100-C		Signature	L	T Do	ite ,	-Ve-		_
Brian Scafiro		Estima	ator			Bries	Scalin !	il "	10/2	1/	11	

100000000000000000000000000000000000000	enter Territoria	e managage.	destant.	internation	Water to a	A a tra-
2.00			* *			
No.	IC	n	FF I	FLIT		-
	E	5		17//	157	11
11/4/	-			1./	Man i	IMI
1171	į	20			- 39	: ///
111 11	i					- 111

Date of Notification (1)	30 /	11	100		me of Buildi	ing Owner/Operator	(2)	1 1	T 2	477	20:1	
Agencies Notified	Type Notificatio			-	eet Address	University-Office	e of Design an	d Constructio	n	1000	11 2	
☐ EPA	☑ Initial			2	00 Elm Dr							
□ DOLWD     □ DHSS     □		40		City	, State, Zip	Code		The State of the s	***	e ,		
□ DCA	Amendment  Emergency (					NJ 08544		C				
(NJAC 5:23-8)	justification)	inciua	ng	-	ne of Conta			T= : : :				
•	☐ Cancellation				obert Orte			Telephone N	umber		interior-	
								(M)				
Name of Facility Where	Abatement is Taki	no Pla	ce (3)		ACILITY	NFORMATION	T- (					
Princeton Universi			00 (0)				Type of Facility					
Street Address	-, -==::::::::::::::::::::::::::::::::::	100					School (K-1	2) 8 (Other than K-	401			
Washington Rd							Other (i.e.,	o (Other than K- private and comm	12) nercial	build	inac	
City (5)							homes, etc.	.)	iordiai	Dullo	ings,	
Princeton							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished	,		
MERCER								and a comp comp	Justica	)		
Name of Monitoring Firm	Hired by Building	Owne	(8)	ASC	И No.	Name of Abatem	ent Contractor (9)	1	4-42			
ATC Associates Inc	2						VIRONMENTA					
treet Address		-	77.5			Street Address		L, INC.				_
<b>Bromley Corporate</b>	Center-Three 1	erri L	ane			1123 BEAVE	RSTREET					
ity, State, Zip Code						City, State, Zip Co						
Burlington, NJ 0801	16					BRISTOL, PA						
roject Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.	15007	1				
Michael Keehn			1 2	-	6-6600			License No.				
tart Date (10)	Schee	duled (			ate (11)	Name of OSHA M		00509				
10 /10 /		11_	/ _25		11	The Control of the Co	onitor VIRONMENTAI	L, INC.				
ccupancy Status During						Street Address						_
Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		1123 BEAVER	RSTREET	<i>W</i>				
Abatement Performed Time of Abatement: 7:	00AM-3:30PM/	F	y Houi M			City, State, Zip Co BRISTOL, PA	de					_
cope of Work (Check all	that apply)	-				,						
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf		⊠ Re	enovati emolitic	on •n		☐ Mini-Encl	ainment with Neg osure Procedure npted (*) and Nor		ıro			
		300	Locat	0.770.70			/	- Habie i Toccat				-
Location of			Normal d Sole		200	Description of				atem	T-	-
Asbestos-Containing M TO BE ABAT IN Facility	ED	Ma	intena lodial S (12)	nce/	Asbes (i.e.,	tos Containing Mate thermal systems in surfacing, VAT,	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	11.000010
(13)		Yes	No.	N/A	1	other miscellaneo	us)		_		late	0
Floor		_									LS .	
11001					ACM Wir	ndow frame caul	k & glazing	6,527 LF	$\boxtimes$			
<del></del>												
									In			Г
me of Registered Waste SERVICE TRANSPOR			Ha	DEP V	No.	Cubic Yards of Waste	Name of Registe	ered Landfill NORTH LAND		7		_
	720		:	20990		Disposal Date	City, State		FILL			_
ity, State  NEW CASTLE DE 197  ompleted By (Print or Type				20990		Disposal Date						

Date of Notification (1)			1.0	Name of Buil	ding Owner/Operat	or (2)					_
9 / 30	/			Princetor	university-Office	ce of Design	and Construction				
Agencies Notified Type No	otification		-	treet Addres				on \[//	G	( Page	7
☐ EPA ☐ Initia				200 Elm I		1		1.7	(:= ·,	11	Ť
□ DOLWD 07%0 □ Amer			10	ity, State, Z							
	ndment #_		1				OCT 24	2011		++	;
DCA Emer	rgency (inc ication)	luding	-		, NJ 08544	_  - 4	100	U , i		أوجا فسلام	1
Canc			l N	ame of Con			Telephone N	lumbe	r		-
				Robert Or		70	14 2 2 3 3 3 3		· · · · · · · · · · · · · · · · · · ·		
Name of Facility Whore Abstance				FACILITY	INFORMATION	£	***************************************				_
Name of Facility Where Abatement	is laking	Place	(3)			Type of Facil	lity (4)				_
Princeton University- Jadwi	in Hall					School (K	-12)				
Street Address				REVASULE REPORT		── Subchapte	er 8 (Other than K	-12)			
Washington Rd						Other (i.e. homes, et	, private and com-	mercia	l build	lings	ŝ,
City (5)	mich carry										
Princeton						Square Feet	# of Floors		Bldg	. Age	е
County (6)			IC	ounty Code	(7)/STATE USE ONLY	-					
MERCER				Jamy Gode	(7)(STATE USE ONLY,	Current Use (	Prior if being dem	olished	<b>d</b> )		
Name of Monitoring Firm Hired by B	uilding Ow	mer (8	) ASC	CM No	IN. COL		_				
ATC Associates Inc		1101 (0	,   ^30	JIVI INO.	Name of Abaten						
Street Address					BRISTOL E	VIRONMENT	AL, INC.				
Bromley Corporate Center-T	heas Tair				Street Address						-
City, State, Zip Code	mee ren	rı Lar	ie		1123 BEAVE	R STREET					
					City, State, Zip C	ode				_	_
					BRISTOL, P.	A 19007					
Burlington, NJ 08016											
Project Manager for Monitoring Firm			Telephor	ne No.	Telephone No.		License No				_
Project Manager for Monitoring Firm Michael Keehn			Telephor	ne No.			License No.				
Project Manager for Monitoring Firm				E SHOW	(ALLEGA MARIE MARI	r	License No. 00509				
Project Manager for Monitoring Firm Michael Keehn	Schedule	ed Cor	npletion	Date (11)	Name of OSHA M	Monitor	00509				
Project Manager for Monitoring Firm Michael Keehn Start Date (10)	Schedule	ed Cor	npletion	Date (11)	Name of OSHA M BRISTOL EN	r	00509				
Project Manager for Monitoring Firm Michael Keehn  Start Date (10)	Schedule 11 (Check or	ed Con	npletion (	Date (11)	Name of OSHA M BRISTOL EN Street Address	Monitor VIRONMENTA	00509				
Project Manager for Monitoring Firm Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of N	Schedule 11 (Check or	ed Con	npletion   25 /	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTA	00509				
Project Manager for Monitoring Firm Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of N	Schedule 11 (Check or	ed Con	npletion   25 /	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co	Monitor VIRONMENTA R STREET	00509				
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Decupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30	Schedule 11 (Check or	ed Con	npletion   25 /	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTA R STREET	00509				
Project Manager for Monitoring Firm Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of N	Schedule 11 (Check or	ed Con	npletion   25 /	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007	00509 AL, INC.				
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Decupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf	Schedule 11 (Check or otire Period Normal Fa	ed Con /_ nly one of Ab cility H _PM-	atement lours - D	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007 ainment with Ne	00509 AL, INC.				
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Eccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)	Schedule 11 (Check or otire Period Normal Fa	ed Con	atement lours - D. Al	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007 ainment with Nerosure	00509 AL, INC.				
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Decupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf	Schedule 11 (Check or otire Period Normal Fa	ed Con / _ nly one I of Ab cility H _PM Renor Demo	atement lours - Di Al	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007 ainment with Necosure	00509 AL, INC.	ure			
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Cocupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf  2160 sf or 2260 lf	Schedule 11 (Check or otire Period Normal Fa	nly one of Ab cility H PM- Renor Demo	npletion 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007 ainment with Necosure	00509 AL, INC.				
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Indecupancy Status During Abatement  Facility Closed/Vacated During End  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Independent Properties of Monitorian Properti	Schedule  11 (Check or other Period Normal Fa	red Con  / _  nly one i of Ab cility H  PM-  Renor Demo	npletion 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer	Monitor VIRONMENTA R STREET ode 19007 ainment with Necesure Procedure npted (*) and No	00509 AL, INC.	At	patem	_	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Independent Status During Abatement  Facility Closed/Vacated During End  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Respectively Time of Abatement Performed Status During End  Abatement Performed Outside of Normal Time of Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Respectively Time of Abatement Performed Outside of Normal Time of Normal Time of Norma	Schedule  11 (Check or atire Perioc Normal Fa	Renor Demo	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer	Monitor VIRONMENTA R STREET ode 19007 ainment with Necosure Procedure regret (*) and No	00509 AL, INC. gative Pressure	At	_	_	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Indecupancy Status During Abatement  Facility Closed/Vacated During End  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Recope of Work (Check all that apply)    23 sf or 23 lf     2160 sf or 2260 lf    Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	Schedule  11 (Check or atire Perioc Normal Fa	Renord Demo	popletion 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems in	Monitor VIRONMENTA R STREET ode 19007 ainment with Nerosure Procedure Procedure Inpled (*) and No	00509 AL, INC. gative Pressure on-Friable Procedu	At	_	_	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Independent Status During Abatement  Facility Closed/Vacated During End  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Respectively Time of Abatement Performed Status During End  Abatement Performed Outside of Normal Time of Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Respectively Time of Abatement Performed Outside of Normal Time of Normal Time of Norma	Schedule  11 (Check or otire Period Normal Fa	red Correlation of Abdragate American A	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer	Monitor VIRONMENTA R STREET ode 19007 ainment with Necosure Procedure Inpled (*) and No	00509 AL, INC. gative Pressure		patem	_	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf  2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)	Schedule  11 (Check or atire Perioc Normal Fa	red Correlation of Ab I of Ab	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT.	Monitor VIRONMENTA R STREET ode 19007 ainment with Necosure Procedure Inpled (*) and No	00509 AL, INC. gative Pressure on-Friable Procedu	At	_	Encapsulate	Ť
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf  2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)	Schedule  11 (Check or otire Period Normal Fa	red Correlation of Abdragate American A	propletion 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA  R STREET  ode 19007  ainment with Nerosure Procedure Inpred (*) and No  erial (ACM) insulation, or us)	ative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	_	Encapsulate	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf  2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)	Schedule  11 (Check or otire Period Normal Fa	Renovable State St	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT.	Monitor VIRONMENTA  R STREET  ode 19007  ainment with Nerosure Procedure Inpred (*) and No  erial (ACM) insulation, or us)	00509 AL, INC. gative Pressure on-Friable Procedu	At	_	_	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Indecupancy Status During Abatement  Facility Closed/Vacated During End  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Recope of Work (Check all that apply)    23 sf or 23 lf     2160 sf or 2260 lf    Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	Schedule  11 (Check or atire Perioc Normal Fa )PM/   V)  Ye	Renor Demo	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA  R STREET  ode 19007  ainment with Nerosure Procedure Inpred (*) and No  erial (ACM) insulation, or us)	ative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	_	Encapsulate	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf  2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)	Schedule  11 (Check or otire Period Normal Fa	Renovable State St	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA  R STREET  ode 19007  ainment with Nerosure Procedure Inpred (*) and No  erial (ACM) insulation, or us)	ative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	_	Encapsulate	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10 / 10 / 11  Iccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf  2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)	Schedule  11 (Check or atire Period Normal Fa DPM/   W)  Ye	Renovable Signature Signat	propletion 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  1 11  escribe  M  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA  R STREET  ode 19007  ainment with Nerosure Procedure Inpred (*) and No  erial (ACM) insulation, or us)	ative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	_	Encapsulate	_
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10  / 10  / 11  Inccupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30  Itary and the state of the	Schedule  11 (Check or atire Perioc Normal Fa )PM/   V)  Ye	Renor Demo	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Date (11)  11  escribe  Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA R STREET ode 19007 ainment with Nerosure Procedure Inpled (*) and Normaliation, or us) k & glazing	O0509 AL, INC.  gative Pressure on-Friable Procedu  Amount (Specify SF or LF)  6,527 LF	Removal	_	Encapsulate	
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Decupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)  Floor	Schedule  11 (Check or atire Perioco Normal Fa )PM/   Ye   The control of the con	Renor Demo	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA R STREET ode 19007 ainment with Nerosure Procedure rpted (*) and No erial (ACM) insulation, or us) k & glazing Name of Registe	O0509 AL, INC.  gative Pressure on-Friable Procedu  Amount (Specify SF or LF)  6,527 LF	Removal 🛛 🖂 🖂	_	Encapsulate	
Project Manager for Monitoring Firm  Michael Keehn  Itart Date (10)  10	Schedule  11 (Check or atire Perioco Normal Fa )PM/   Ye   The control of the con	Renor Demo	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Asbes (i.e.  ACM Will  Waste O No.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA R STREET ode 19007 ainment with Nerosure Procedure rpted (*) and No erial (ACM) insulation, or us) k & glazing Name of Registe	O0509 AL, INC.  gative Pressure on-Friable Procedu  Amount (Specify SF or LF)  6,527 LF	Removal 🛛 🖂 🖂	_	Encapsulate	_
Project Manager for Monitoring Firm  Michael Keehn  Start Date (10)  10 / 10 / 11  Decupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement: 7:00AM-3:30  Cope of Work (Check all that apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of  Asbestos-Containing Material (ACM  TO BE ABATED  IN Facility  (13)  Floor	Schedule  11 (Check or atire Perioco Normal Fa )PM/   Ye   The control of the con	Renor Demo	population 25 / 25 / 25 / 25 / 25 / 25 / 25 / 25	Asbes (i.e.  ACM Will  Waste O No.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat thermal systems ir surfacing, VAT, other miscellaneo	Monitor VIRONMENTA R STREET ode 19007 ainment with Nerosure Procedure rpted (*) and No erial (ACM) insulation, or us) k & glazing Name of Registe	O0509 AL, INC.  gative Pressure on-Friable Procedu  Amount (Specify SF or LF)  6,527 LF	Removal 🛛 🖂 🖂	_	Encapsulate	1 1

				* *	Emerg	<b>ഉ</b> ഹര്	7 XX	·	Charle H	1000			
Date of Notification	(1)		I Nan		g Owner/Operator		The Party	* State Contract Cont	Check#	4822		_	
Agencies Notified		tification	_ Ks	ithy LePor		(2)	In E		NJ Dan	A Tof H	PPM Patter 1	MED.	ior Servic
☐ EPA			Stree	et Address					-	AZD.	ann c	z Seul	or Servic
☐ DEP	⊠ Ir	nitial	27	1 Burlingt State, Zip C	on Avenue				Date:	ob	(Signati	ire)	9:4
⊠ bor	☐ Ar	nandment	11	sterson, NJ			4 .	. i)				Jima:	3 - 4
HOÒ 🔯			Name	of Contact	07302		-						
DCA.	∐ Ca	ncellation	100	athy LePor	re	:	and a second second	Te	lephone N				
			-11		FACILITY INFOR	MATION			181811		=		
Name of facility who	re abatem	nent is taki	ng place (	3)				T = .=			13		
Kathy LePore								Type of Fe	scility (4) School (K	- 121			
Street Address			-				-	11 -	Subchapte			ап К	12)
271 Burlington A	LVBNIIA				2.				Other (Privi Blogs./Hom	ate/Co	mmer	cial	12)
City (5)			County (6	1				Square Fe		Floors		Blde	g. Aga
				,			Code (7)						
Paterson, NJ 075	02		Passaic			Cotate	use only)	Current U	se (Prior if	being	demo	lished	1)
Name of Monitoring I	-im Hired	by Bldg. (	)wner (8)		ASCM No.	IN.	ame of Abatemen	residentia	11		_		
n/a Street Address		W			_	1.1	3 & G Restorat	C. C. C. C. C. C. C. C. C. C. C. C. C. C					
01100171011255					***************************************	St	eet Address		-				
City, State, Zip Code							05 Ryerson Ro						
						11	, State, Zip Code						
Project Manager for Mo	onitoring F	lrm	~	Phone Nu	Imber .		Lincoln Park, N	J 07035					
				1	in jej	iei	aphone Number		11 6 (1) (2) (1)	nse Nu	Imper		
Scheduled Start Date (	10)	Sc	hed. Com	pletion Date	(11)	Na:	me of OSHA Mon	ftor	037	8	-		
10/25/11			/25/2011		,		& G Restorati					x	
Decupancy Status Duri	ng Abaten	rent (Chec	K only and	2)		Stre	et Address		Total States			-	
Facility closed/va	cated durin	ng antire p	eriod of al	hatement			05 Ryerson Ros	ıd					
Abatement perfor Describe;	med outsid	de of norm	al facility l	hours-		City	State, Zip Code						
Other-Describe:						-   ,	incoln Park, NJ	00000					\$\tag{2}
Scope of Work (check	all that app	ply)				-11-	meon Fark, NJ	07033					
Demolition	$\boxtimes$	Renova	tion		1	⊠ Full Cr	ontainment w/neg	. 11.	<b>~</b>				
≥3 æt ot >3 H		≥180 sf d	or ≥260 If		ī		nolosure	anne bressnie	Glov				
Location of		Is locat	ion norma	lly used sole	ly				☐ Non	-maple	-	adure	-
asbestos-containing material to be		staff(12	itenance/c	custodial	Description	of asbest	os-containing	Amount		e	R	E	E
abated in facility (1	(3)	Yes	No	N/A	material (A)	CM)		(Specify		m	D	c	n
asement		-	1	INA				(F)		V	1	p	Ĺ
			#		boiler insulati	on		20 sf		B	1		1
~		-					7300			市	m	H	計
					<del> </del>	·		-				百	T T
					1	~							
gistered Weste Hauler & G Restoration, In	^		EP Haule	1D#  C	ubic Yards of Was	ste Name	of Registered La	andrill					
y, State	U.		563		yard	1	ytown Resource	e & Recoven	r Center		3070		
incoln Park, NJ 070	35			Disposal D 10/26/1		City.	State						
mpleted by (Print or Ty		Title		1 10/20/1	Signature	_ Tul	lytown, PA		2.,,,,,,				
ordana Luna		Treasure	r		oil/ing/rite	Goods	na Leves	**************************************	Date				
						9			10/21/2	2011			

B & G proj. #:	2011-201		* }	(Fulsua	MERGE	0.00-	1 本本	1	Check	# 4822			1	11
Date of Notification	n (1)	11		911/2	ner/Operator (2	20/3/11	+	1700	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			the state was		
1 10 1/12 11	1/11 11 1			NAME OF THE PARTY	iciroperator (2	-/				i. 11	7	1		
Agencies Notified	Type Notifica	ation	Kathy Le				<del></del>		:					
☐ EPA	☐ Initial	- 11							j		c		Į,	
☐ DEP	ZV IIIIIai		City, State,	Zin Code	venue			-			<u> </u>			
DOL	Amen			n, NJ 0750	02			1	£					
M DOH	5-30	1	Name of Co		02			1	Telephor	ne Numbe	er			
☐ DCA	☐ Cance									-4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
			Kathy L							£ 301 7			_	
				FAC	ILITY INFORM	MATION	\ 	11=					1.00	
Name of facility wh	nere abatement	t is taking pl	ace (3)				€	1 1	ype of Facility	(4) ol (K - 12	)			
Kathy LePore										apter 8 (		han k	(-12)	
Street Address				At 2				7	Other	(Private/0	Comm		100	
271 Development	Avianua									Homes,				
271 Burlington	Avenue	I Cou	nty (6)			T Co.	inty Code (7)	=	Square Feet	# of Floo	ors	6	ldg. A	\ge
City (5)		000	iity (O)				ite use only)	-	Current Use (P	rior if hai	ng der		ed)	-
Paterson, NJ 0	7502	Pas	ssaic						esidential	nor ii bei	ng der	101131	eu)	
Name of Monitorin		Bldg. Own	er (8)		ASCM No.	1	Name of Abatem	ent Con	tractor (9)					
n/a							B & G Restor	ation, l	Inc.					
Street Address							Street Address							
							105 Ryerson	Road		page and a second street		- Tarakii		
City, State, Zip Cod	е				-3730 MONES - 1730		City, State, Zip Co	ode						
							Lincoln Park		035					
Project Manager for	r Monitoring Fir	m	Ph	none Numb	per		Telephone Numb			License	Num	oer		
-24							973-696-686 Name of OSHA N			0378				
Scheduled Start Da	te (10)	Sched	d. Completion	on Date (1	1)		B & G Restor		Inc					
10/25/11		10/2	5/2011				Street Address	ation,	inc.			_		
Occupancy Status I	During Abateme	ent (Check	only one)				105 Ryerson	Road						
	d/vacated durin erformed outsid						City, State, Zip Co	100000000000000000000000000000000000000						
Describe: Other-Describe:	pe:					-	Lincoln Park	, NJ 07	035					
Scope of Work (ch	0.04	ily)												
☐ Demolition	×	Renovation	on			⊠ F	ull Containment w	/negativ	e pressure [	Glove	bag pr	ocedi	ıre	
>3 sf or >3 lf	П	≥160 sf or	>260 If			Пи	fini-enclosure	5	Г		riable			
	lomal		n normally	used solely	/						TR	R	E	
Location of asbestos-con	taining	by mainte	enance/cus			on of a	sbestos-containing	,	Amount		e m	е	n	E
material to be		staff(12)	T	T	material (			'	(Specify S	F or	0	a	c a	С
abated in faci	lity (13)	Yes	No	N/A					LF)		v e	i	р	L
basement				IX	boiler insul	ation			20 sf		×	<b>O</b>		$\Box$
-														
Registered Waste H			EP Hauler I		ubic Yards of V	Waste	Name of Register			0				•
B & G Restoration	on, Inc.	195		Disposal D	yard	-	Tullytown Res	source	& Recovery	Center				
Lincoln Park, N	J 07035			10/26/1			Tullytown, PA	A						
Completed by (Print		Title			Signature					Date				-
Gordana Luna		Treasure	er			(	Gordana Luni	z .		10/21/	2011			

D = 0.000.00	OFF BAALL	181 / 1 8 17		. Notific	State cation of As	vi to e daeda	o s Abalement					]
E&G prol.#:	BER - IVIAIL	. IN MAP	יילא. ארים מו	Pursuar * Ex	nt to NJAC MERGE	8.60-	s Abalement 7 and 12:120-7	/) · · ·	Check	# 4822	<del>- 10</del> :	
Date of Notification	(1)	111	leme of B	uilding Own	er/Operator (2	2)		K	חחו :	10 DAY	//	
1 10 1/12 11	1/1111	- 11	Kathy L					1	700	TODAI	7	
Agencies Notified	Type Notificat	ion S	troot Add	220			The state of the s	T	1 0000	•		
☐ EPA	M Initial		271 But	lington A	venue		The state of the s		0072	2011/		! <del>::-::-:</del> -
☐ DEP	☐ Amend	200 000	lty. State	Zm Code					Tou	both		à
⊠ DOF	∐ Amond			n, NJ 0750	)2			LVA	IN KIED	AREA OV	FR	
🛛 рон	T Cancell	11	ame of Co	ontact			1	1	Heightie	THE THE THE THE THE THE THE THE THE THE	<u> </u>	E
☐ DCA	Garacii		Kathy I	LePore			come wells	The same	China.	ar-semplem	11 -12 10 10 27	10:
				FAC	ILITY INFORM	MOITAN	1	15			restrict of the	190. T
Neme of facility wh	nere abatement	s taking pi	ace (3)	h					Type of Pacility School	(4) of (K - 12)		
Kwithy LaPore										apter 8 (Other	than K-1	2)
Street Address	<del>er with the liver</del>			***************************************					Other	(Private/Comm		
									Square Feet	# of Floors	Blilg	Age
271 Burlington	Avenue	LGour	ıly (ti)	- 11	·	Cou	inty Code (7)	=	Oqual V . Soc			
City (6)							to use only)			nor if being de	barteilm	)
Paterson, NJ 0	7502		saic			L,	Name of Abatem	Ш	residential			
Name of Monitorin	g Firm Hired by	Bldg Owne	er (8)		ASCM No.		(0.20 GA J BO NOS 32 / BO-DO P 25 / C		E.			
n/a				sacrane	_ <del></del>	-	B & G Restor	ratio	1, 11)(,,			
Street Address							105 Ryerson	Road	1			
Tity, State, Zip Cod	6					$\dashv$	City, State, Zip C	ode	A			
							Lincoln Park		07035		<del></del>	
Project Manager for	Monitoring Lift	1	P	none Numb	er		Telephone Numb	oer		D378	ber	
							Name of OSHA	Monito	of	1		*********
Scheduled Start Da	ito (10)	School	Complet	ion Date (1	1)		B & G Resto					
10/25/11			5/2011				Street Address					
Occupancy Statuz (						1	105 Ryerson		1		-	
Facility closes	d/vacated during orformed outside	of normal	na or noar facility hor	ntë-		ſ	City State, Zip C	¢¢e				
Describe						-	Lincoln Park	, NJ	07035			
Scope of Work (ct	77	v)										
Demolition	DZI	Renovatio	n			⊠ F	ull Containment w	/nega	tive pressure	Glovebag p	rocedure	
⊠ >3 sfor >3 If	=	≥180 af or	≥260 lf				fini-enclosure		1	Non-friable	procedu	LE:
Location of		le locetio	n normally	used solely	T	•				l K	1 - 1	F
apportes-cor		staff(12)	enance/cu	stodial	Descript material		spestos-containing	g	Amount (Specify S	SFor m	P	:   "
material to be abated in fac		Yes	No	N/A	material	(WAIN)			LF)	Ý	1 . 1	5 1
					boller insu	ation		-	20 sf	i s		
basement					Conta ineu	1411011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
									7			
Annual prosperior to the second	***************************************									U		112
NAME OF TAXABLE PARTY.												1111
Registered Waste F B & G Restorati		NJD1 195	EP Hauler 663		ubic Yards of yard	vvaste	Name of Registo	sour	andriii ce & Recovery	Center		
City. State	VAI, AUG			Diaposal D			City State					
Lincoln Park, N				10/26/1			Tullytown, P	A		Tall		
Completed by Prin	t or Type)	Title			Signature	(	Gredons Lun	dī		Date 10/21/2011		
Gordana Luna		Treasure	r							1,02020		The state of the s

ריז. כ

Date of Notification (1) Oct. 20, 2011			me of Buildir tegrated C				1: (0)	1:	1 11	/ IE	II.	117
Agencies Notified Type Notification  EPA Initial		Str	eet Address 59 Stepher	777/			/ n n n n n n n n n n n n n n n n n n n					
X DEP Amended Amendmen Emergency			y, State, Zip elleville, N		9		1 - UC	1 21	1 20	77	Transa	
DOH justification) DCA Cancellation		Mr	me of Contac r. Sid Ram	an, P.E			Tele	phone N	umbe	ŗ.;	-	1
Name of Facility Where Abatement is Takin Integrated Construction Ent., Inc.	ng Place (3)		FACILITY IN	FORMAT	TON	Type of Facilit	(-12)					
259 Stephens Street	***					Other (i.e etc.)	er 8 (Other . private &	commer				nes,
Belleville, NJ 07109						Square Feet 8,000	1	Floors	1	Bldg. 45	Age	
			Inty Code (7) ATE USE ONL			Current Use (F Office			shed)			
Name of Monitoring Firm Hired by Building none	Owner (8)	A	SCM No.			of Abatement C emy Constru						
Street Address						Address Route 46 We	st, Suite	14				
City, State, Zip Code						tate, Zip Code va, NJ 0751:	2					
Project Manager for Monitoring Firm none		Tele	ephone No.		Teleph	one No.	T	License	No.			
Start Date (10) Nov. 5, 2011	Scheduled Nov. 19,	Complet 2011	tion Date (11)	)	Name o	of OSHA Monito	r					
Occupancy Status During Abatement (Chec	k Only One)				Street A	Address						
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Closed/Vacated During	Period of Aba al Facility H	atement ours			City, Sta	ate, Zip Code	<u></u>					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
		cation	1			11011 Exemple	u ( ) anu i	VOI FI HAL	T	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Used S	mally Solely by enance/	Asbes		scription o	of iterial (ACM)	Amo	unt		T '	pe	T
TO BE ABATED In Facility (13)	Custodi (1	ial Staff?	(i.e.	. thermal : surfac		nsulation, , or	(Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
small boiler room	Yes N	lo N/	A	boiler	insulati	ion	145	sf	x		क	
Name of Registered Waste Hauler		NJDEP	) Waste	Cubic Y	'arde	Nama ef	Poglotova	los del				
Newark Carting		Hauler NJ-566	ID No.	of Wast		1	Registered dand Lar					
City, State Newark, New Jersey				Disposa	al Date 9, 2011	City, State						$\dashv$
Completed by Frank Marino	Title Project f	Manage	ər	Sig	nature Picco			Dat 10	e /20/2	011		-

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

Date of Notification (	(1) /11				Name of		Owner / Op	erator (2)				
					Street	Address						
Agencies Notified	Type of I				2211 R	oute 208 N	orth				200	
EPA		Initi				tate, Zip Co					1,0	
DEP DEP			ended	202		n, New Jers						
☑ DOH			endmen			of Contact				one Nur	mber	
☑ DOL DCA			ergency cellatio	w/ justification n	TOM F	ARMER		*	1	25.00		
				*	FACILITY	INFORMA	TION					
Name of Facility Whe Kraft Foods	ere Abater	ment i	s Takin	g Place (3)		Type of	Facility (4)		-			
				***			School (F	<b>&lt;-12</b> )				
Street Address							Subchap	ter 8 (Othe	r than K-1	2)		
2211 Route 208	0					V	Other (I.e bldgs., h	., private & omes, etc.	cmmerc	ial		
City (5)	County (6	5)		County Code	€ (7)	Square		# Of Floo	rs	Build	ing Age	
Fairlawn	Bergen						000,000		3			
						Current	Use (Prior if	f being der	nolished)	7	40	+
Name of Manitoring	Ciema Uina	J L., D	Ida O	(0)	1		WAREHOUS					
Name of Monitoring I	rirm Hirec	a by B	iag. Ow	ner (8)	ASCM N	10/				686-0-61		
AET						IME	rann					
Street Address							ronmental Se	rvices Inc.				
907 Doolittle Drive						Street A	ddress					
City, State, Zip Code						- A62 Cott	A					
Bridgewater, NJ 0880	7						y Avenue ite, Zip Code					
Project Mngr. For Mo		irm	-	Telephone N	umbor	-City, Sta	ite, Zip Code					
Eric Houseknecth	incoming i			relephone N	umbei	Clifton N	NJ 07011					
Sheduled Start Date (	(10)	Sche	d Com	pletetion Date (	11)		ne Number		1			
11 // 07	/ 11	1	11	10	// 11	Telebilo	ne Number		License	Numbe	r	
-///	/	-		//		_(1)(5)	175.75				00117	
Occupancy Status Du	uring Abat	emen	t (Checi	(Only 1)		Name of	OSHA Moni	tor			00117	
☐ Facility Clo	osed/Vaca	ted Di	uring Er	ntire Period of			ronmental Se					
Abatement						Street A		11000 1110.				-
Abatement	Performe	ed Out	side of	Normal Facility								
Hours - De				4650		462 Getty	y Avenue					
☑ Other - Des	scribe: _	7:00A	AM - 3:30	OPM		City, Sta	te, Zip Code					
Scope of Work (Chec	k All That	Apply	<u>')</u>			Clifton, N	J 07011					
55.254												
Demolition			$\checkmark$	Renovation		Full Con	tainment wit	h Negative	Pressure			
≥3sf or ≥3lf						Mini - En	closure					
≥160 sf or :	≥260 If					Glovebag	g Procedure					
						Non-Exe	mpted (*) and	d Non-Fria	ble Proce	dure		
l section of			1-									
Location of Asbestos Contai		10	ls cation		Descrip				Abatemer	nt Type		
Asbestos Contai	iiiiig	2000	rmally	As		Containing	1		R	_	E	E
TO BE ABATE	-D	7734	Jsed	1 /	Material	(ACM)	1	Amount	E	R	N	N
in Facility		1200	olely			n systems facing, VA	-	(Specify	M	E	C	C
(13)			Main-			cellaneous		SF or LF)	0	P	A	L
		13.50	nance/		outer misc	chaneous	' I		V	A	P S	0
		Cus	stodial	1					Ê	I R	U	S
		Sta	ff (12)						- 1	K	l,	U R
	70.20	YES	NO N/A				$\rightarrow$	-			+	- K
BAKERY STORAGE		_	00	PIPE INSULAT	ION			120 LF			1	1
											+ -	1-1
											+-	
									+	ᆛ	+ +	+
Name of Registered W	aste Haul	er		NJDEP Waste	Cubic	Name of F	Registered La	andfill				
NEWARK CARTING				Hauler ID No.		I.E.S.I.	g.otoreu Li	a.rumi				
					of Waste							
City, State				-		City. State	,		3			
NEWARK, NJ					Date		EM, PA 1810	5				
								41				
Completed by (Print o	r Type)			Title			Signature		( 0		Date	
24 - 24"							5,600	1	100	->		
Steve Stiles				Project Manage	r		27000	- p	7		10/	21/11

U						125			4			it.	: 5:	1:		
Date of Notification				Na	me	of B	uildin	g Owner / Opera	tor (2)					, -		
	10/20/11						ivers	ity		COT	11 . 1	Λ i				
Agencies Notified	Type Notific	cation		500000000000000000000000000000000000000			ress					J.,		- ;		
⊠ EPA				1	_	_		eville Road					E.	i		
DEP	☐ Initia			100000				Code		19		* 4		5		
⊠ DOL	200000	ended #1						, NJ 08648				1=		- 1		
□ DOH □ DCA		ergency cellation		100000			ontac	t .			4	Teleph				oer
Прох	L Can	Cellation		Fre	ea i	Port	er			18	70070		361	30		
					FAC	ILI	TY IN	FORMATION	-							
Name of Facility Wh			lac	e (3)				Type of Fac							***	-04/10/
Rider University	– GSB Bui	lding						School								
Street Address										(Other than K-						
-										rate & commer	rcial buildi			s, e	tc.)	
2083 Lawrencevi	lle Road							Square Fee	t	# of Floors		Bldg. A	ge		I remitted	
City (5)		County (6)		Count	ty C	ode	(7)									
								Current Use	(Prior	if being demo	lished)					
Lawrenceville		Mercer						Classroom	15							
Name of Monitoring		by Building Owr	ner	(8)	9-24-	AS	CM No			nt Contractor (	9)					
Pennoni Associa	tes, Inc.		-			See V		AbateTech	*		200					
Street Address	0 % 45							Street Addre				×132411—14.34			WE ERLE	
515 Grove Street						- 2000		30 Maple A								
City, State & Zip Co Haddon Heights,								City, State &								
Project Manager for		Eirm	ΙΤο	lepho	no 1	lum	har	Lumbertor	1, NJ (	08048	11:	N	_			
Alan Lloyd	wormorning i	11111		ерпо			bei	Telephone N			License	005				
Scheduled Start Dat	e (10)	Scheduled Con			_	_	,	Name of OS		nitor		003	25		300	
10/7/11	.0 (10)	ocheduled con		/24/1		(11	,	EMSL Ana								
Occupancy Status D	ouring Abate	ment (Check or			•			Street Addre					_	-		
		During Entire P			Abat	eme	nt	107 Haddo		c.						
Abatement F	Performed O	utside of Norma	al H	Hours				City, State &	ALTONOMIA DE LA CONTRACTOR DE LA CONTRAC					_	-	
	M-Th 7AM-3	3:30PM, Fri 4:3	0-1	AM S	at 2	x Sh	nifts	Westmont,								
	Sun 7AM -3	:30 PM														
Facility Occu				-												
Scope of Work (Che	ck all that a	oply)							_			New York Control of the Control			20	
☐ >2-f>2.if	<b>1</b> 0		_	7 5		200			Ц	Full Containn		Negative	e Pr	ress	sure	ı
≥3 sf or ≥3 lf			$\geq$	-24		vatio			Ц	Mini-Enclosu						
≥160 sf ≥260	) II			] 0	emo	olitio	n			Glove Bag Pr			_			
10	cation of			la l aa	otio	_		D	×	Non-Exempte			_			
	os-Containin	.		ls Loc ormally				Descriptio Asbestos-Cor			Amount (Specify	Ab	ate	me	nt T	ype
	erial (ACM)	9	1.40	Solel				Material (A			SF or LF)				Ш	
TO B	<b>E ABATED</b>		Ma	intena				(i.e., thermal s			), O. L. )	Re	1 :	D	nca	Enc
in	Facility		Cu	stodia		aff?		insulation, surface	cing, V	AT		Remova	1	Repair	psi	Enclosure
	(13)	-	.,	(12				or other miscell	aneou	s)		<u>\delta</u>	:	=	Encapsulate	иге
			Ye			N/A									æ	
Throughout								Floor Ti			714 SF					
Throughout								Window C	PARTICIPATION OF THE PARTICIPA		60 LF		IL			
Throughout	•		L		Telepina .			Exhaust Fan	caulk	(	28 LF					
Ryma	120	Score														
l		300														
														] [		
Name of Registered	Waste Haule	er						Cubic Yards	Name	of Registered	Landfill		270			
AbatoToch Inc				H			No.	of Waste	-	- 1						
AbateTech, Inc.	·				1	875	U	2	-	F Landfill						
City, State Lumberton, NJ								Disposal Date	City, S							
	or Turns		- 075	-	241			10/24/11	lully	town, PA						
Completed By (Print					itle	C	لمين	Signature	. [			Date				
Gwen Trumbet	.LI			U	/II.	Coc	nu.	.1.1	1.4	200		10/2	.0/	11		

Date of Notification (1)	/2011			1	e of Building Ow e Aid Corporation	mer/Operator (2)					
Agencies Notified Ty	pe Notificat	ion	20000		t Address						
	Initial				Hunter Lane						
( ) DEP (X	) Amended	t		The second secon	State, Zip Code				-		
(X) DOL	Amendm			1000	mp Hill, PA 1700				2.	i	
(X) DOH	Emergen justification		iding		e of Contact	1	Tel.	Number			
	Cancellatio			Ka	aren Shriner		100	790.934	2		
				FACILITY IN	IFORMATION	<u> </u>			_	eriles	
Name of Facility Where Abatemer	nt is Taking	Place (3	3)		Type of Facil						
Rite Aid Surplus #34914 & #3491	5				( ) School (K	(-12) er 8 (other than K-	.12)				
Street Address					(X) Other (i.e	. private & comme	rcial buildings,	homes.	etc.		
90-98 Broad Street											
					Sq. Feet	# of Floors	T DId- A				
<u>City (5)</u>					10000		Bldg. Age	9			1.5
Elizabeth, NJ 07201						2	25+/-				
County (6)			<u>de (7)</u> (S7	TATE	Current Use (	Prior if being dem	olished)	200			
Union	03	SE ONLY	r)		Commer	rcial Building					
Name of Monitoring Firm Hired by	ASCN	Λ No.		Name of 0	Contractor (9)						
Bldg. Owner (8)					n Response, Inc						
Watterson Environmental Group				1 11011	ii reoponse, me	•					
Street Address				Stree	et Address		***************************************			-	
169 Main Street, Suite 103				102	Technology Lan	e					
City, State, Zip Code					State, Zip Code		***				
Matawan, NJ 07747				The state of the s	ort, PA 15632						:00
Project Manager for Monitoring Fir	m Tel	ephone	No		ohone No.	License No.					
Peter Thompson		opinone 7 - 7		AGIS	777 7 3	01121					
Con the second of the second s	Cabadulad /	21-4	as Data (	14) - N	600144	, some otterat					
	1/17/2011	Jompieti	on Date (		e of OSHA Moni erson Environme	1 1.00 / A.					
Occupancy Status During Abatem	ent (Check	only one	,,		t Address						
(X ) Facility Closed/Vacated During						- 102					
( ) Abatement Performed Outside				109 1	Main Street, Suit	<u>e 103</u>					
	Ol Ivoliliai i	acinty i	louis	City,	State, Zip Code					20	
Describe:											
( ) Other Describe:				Mata	wan, NJ 07747						
Source of Work (Check all that app	y)								S 2011 100 100 100 100 100 100 100 100 10		
( ) ≥3 sf or ≥3 lf	<b>/</b> V!	Renova	tion			inment with Negat	ive Pressure				
(X) ≥160 sf or ≥260 lf		Demolit			( ) Mini-Enclo ( ) Glovebag						
(1) = 101 = 101 = 101	, ,					pted (*) and Non-	Friable Proced	lure			
									Aba	tement	
Location of		la Lagati	00							уре	
Asbestos-Containing Material		Is Locati Normal									
(ACM)	Us	sed Sole			Description		Amount			m	
TO BE ABATED	M	laintenar			tos Containing N		(Specify	Re	Z Z	nca	Enc
IN Facility (13)		Custodi Staff?			nal systems insu T, or other misc	llation, surfacing,	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		\ \	it, or other misc	ellarieous)		<u> </u>	-	ate	Te .
	Yes	l No	N/A	-							
Daniel State Floor	res		INA	Disease De	C1		4500.05	10	_		
Basement & First Floor		X		Plaster Ba			1500 SF	X			
Sub Floor Drain under 1st Flr. Joists	The second	X		Plaster Fi	tting		6 LF	X			
Basement, 1 <sup>st</sup> FIr, 2 <sup>nd</sup> FIr Sales Are	а	X		Floor Tile	& Mastic		4150 SF	X			
Name of Reg. Waste Hauler N	JDEP Wast	e Hauler	· ID#	Cubic Ya	ards of Waste	Name of R	eg. Landfill	poor to the			
Circle Rubbish	1	18816	70-5-0	3		Tullytown L	andfill				
City, State					Disp. Date	City,	State				
Linden, New Jersey					11/17/2	2011 Tullyt	own, PA				
Completed by (Print or Type)	<u>Fitle</u>				Signature .	a Rusal	,   <u> </u>	ate / A	121	/,,	

ASB-41

danaging Made	24 / _	11		1	NJ Turnpi	ling Owner/Operator ke Authority	(2)					
Ø EPA □	'ype Notificati ☐ Initial ☑ Amended	ion	1000	5	eet Addres 81 Main	Street						
☑ DCA (NJAC 5:16)	Amended Amendmer	ıt #2		Cit	y, State, Zij	Code						
⊠ CHSS [	] Emergency	(includ	ling			ge, NJ 08863		4				
Mulia banno	justification Cancellatio			1 0	me of Cont.			Telephone N	umber			
					ea Voltur	-						
Name of Facility Where Aba				F	ACILITY	INFORMATION						
Residential	itement is 1al	king Pla	ice (3)			*:	Type of Facility	y (4)				-
Street Address							School (K-1	12)				
200 Bordentown Cros	ewicke Da			30			Subchapter	r 8 (Other then K- private & comme	-12)	.itelia.		
City (5)	SWICKS NO	40					homes, etc	.)	a Giai Di	unumg	ys,	
Chesterfield							Square Feet	# of Floors	T	Bldg.	Age	1
County (5)				16-		75.14	2000	2	ĺ	40	+	
Burlington				100	unity Code	(7)(STATE USE ONLY)		rlor if being dem	olished	)		_
Name of Monitoring Firm Hir	ed by Building	1 Owne	r (8)	LASCI	M No.	I Niero - et Niero	Roadway					
Envirovision Consulta	ints, Inc	<i>a</i>	. (-)		681	Name of Abateme				31 7.5%		
Street Address			-		-	Street Address	itbach Constr	ruction Corpo	ration			
20-21 Wagaraw Road,	Bldg. 34A					500 East Luz	2014 Ct					
City, State, Zip Code						City, State, Zip Co						_
Fairlawn, NJ 07410						Philadelphia,						
Project Mariager for Monitoria	ng Firm		Te	lephon	e No.	Telephone No.	FA 13124					
Guillermo M. Morales Start Date (10)			4	72.60		AUSTON RELEASE	,	License No. 00646				
							OVE					
A Facility Closed/Vacated Di Abatement Performed Out	uring Entire P	eriod o	f Abate	ire the	scribe	Street Address						
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: <u>7</u> AM-	uring Entire P side of Norm 5PM/F	eriod o	f Abate	ire the	scribe	Street Address City, State, Zip Co.						
☑ Facility Closed/Vacated Di ☐ Abatement Performed Out Time of Abatement: ZAM- Scope of Work (Check all that ☐ >3 sf or >3 if	uring Entire P side of Norm 5PM/F	Period o	f Abate	urs - De I —	scribe	City, State, Zip Cod  ☐ Full Conta  ☐ Mini-Enclo ☐ Glovebag	de Jinment with Neg Jisure Procedure					
ZI Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: 7AM- Scope of Work (Check all that 1 ≥3 sf or ≥3 if 1 ≥160 sf or ≥260 if	uring Entire P side of Norm 5PM/F	Period o	f Abatily Hou AM enoval	tion tion	scribe	City, State, Zip Cod  ☐ Full Conta  ☐ Mini-Enclo	de Jinment with Neg Jisure Procedure	native Pressure	-			
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: 7AM- Scope of Work (Check all that 1≥3 sf or ≥3 if 1≥160 sf or ≥260 if Location of Asbestoe-Containing Mate	uring Entire P side of Norm. 5PM/F apply)	Period o	f Abate ity Hou AM enoval emoliti s Loca Normal	tion on tion		City. State, Zip Cod  Full Conta  Mini-Enclo  Glovebag  Non-Exem	de dinment with Neg psure Procedure apted (*) and Nor		Αì	baten T	nent T	- 1
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: 7AM- Scope of Work (Check all that 2 3 sf or ≥3 if 2 160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED	uring Entire P side of Norm. 5PM/F apply)	Period o	f Abate ity Hou AM enoval emoliti s Loca Norma ed Soliaintena	tion on tion ally ely by	Asbe	City. State, Zip Cod  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Mate	de dinment with Negosure Procedure pted (*) and Nor	n-Friable Procedi Amount	Αì		1	
Abatement Performed Out Time of Abatement: 7AM- Icope of Work (Check all that  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Libertion of Asbestos-Containing Mate	uring Entire P side of Norm. 5PM/F apply)	Period o	f Abate ity Hou AM enoval emoliti s Loca Norma ed Soliaintena	tion tion tion ally ely by ance/ Staff?	Asbe	☐ Full Conta ☐ Mini-Enclo ☐ Glovebag ☐ Non-Exem  Description of stos Containing Mate  TVAT, or	de dinment with Negosure Procedure opted (*) and Normal (ACM) on, surfacing,	n-Friable Procedi Amount (Specify	Αì	negati Repair	1	
☐ Facility Closed/Vacated D ☐ Abatement Performed Out Time of Abatement: 7AM- Icope of Work (Check all that ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if  Libration of Asbestos-Containing Mate ☐ BE ABATED IN Facility	uring Entire P side of Norm. 5PM/F apply)	Period o	f Abate ity Hou AM enoval emolis s Loca Norma ed Solis intens itodial	tion tion tion ally ely by ance/ Staff?	Asbe	City. State, Zip Cod  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Matermal systems insulations	de dinment with Negosure Procedure opted (*) and Normal (ACM) on, surfacing,	n-Friable Procedi Amount	-		1	ī
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: ZAM- Cope of Work (Check all that 1 ≥3 of or ≥3 if 1 ≥160 of or ≥260 if Liocation of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	uring Entire P side of Norm. 5PM/F apply)	Period of all Facility PM	enovatemolistis Loca Normaled Soliaintena (12)	tion on tion ally ely by Ance/	Asber (i.e., ther	Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate and systems insulation of the containing mate of the containing of the containing Mate and systems insulation of the containing of the containing Mate and systems insulation of the containing of the containing materials and containing materials are contained to the containing of the containing	de  dinment with Neg psure Procedure pted (*) and Nor enal (ACM) on, surfacing,	n-Friable Procedi Amount (Specify SF or LF)	A Removal		Encapsulate	
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: 7AM- Scope of Work (Check all that 3 sf or ≥3 if 1 ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	uring Entire P side of Norm. 5PM/F apply)	Period o	enoval en	tion ion ally ely by ance/	Asbe (i.e., the	Full Conta    Full Conta   Mini-Enclo   Glovebag   Non-Exem  Description of stos Containing Mater was insulated VAT, or other miscellaneous sulation seam tap	de  dinment with Neg psure Procedure pted (*) and Nor enal (ACM) on, surfacing,	n-Friable Procedi Amount (Specify	Αì		1	
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: ZAM- Icope of Work (Check all that D≥3 of or ≥3 if D≥160 of or ≥260 if  Libration of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Lasement Assement	uring Entire P side of Norm. 5PM/F apply)	Period of all Facility PM	f Abatity Hot AM enoval	tion on tion ally ely by ance/	Asber (i.e., ther Duct ins	Full Conta  Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate wall systems insulativant, or other miscellaneous sulation seam tap window glazing	de  inment with Neg isure Procedure ipted (*) and Nor enal (ACM) on, surfacing, us)	n-Friable Procedi Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	
☐ Facility Closed/Vacated Dill Abatement Performed Out Time of Abatement: 7AM-cope of Work (Check all that 1≥3 of or ≥3 if 1≥160 of or ≥260 if Library Mate TO BE ABATED IN Facility (13)	uring Entire P side of Norm. 5PM/F apply)	Period o	f Abatity Hou AM  AM  enoval en	tion on tion ally ely by ance/ Staff?	Asber (i.e., ther Duct ins	Full Conta    Full Conta   Mini-Enclo   Glovebag   Non-Exem  Description of stos Containing Mater was insulated VAT, or other miscellaneous sulation seam tap	de  inment with Neg isure Procedure ipted (*) and Nor enal (ACM) on, surfacing, us)	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate [	
A Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7AM- cope of Work (Check all that 3 ≥ 3 of or ≥ 3 if 1 ≥ 160 of or ≥ 260 if  Librarion of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Lasement Assement	uring Entire P Iside of Norm. 5PM/ F apply)	Period of all Facility PM	f Abatity Hotel AM AM AM AM AM AM AM AM AM AM AM AM AM	tion on tion ally by ance/?	Asber (i.e., ther Duct ins exterior black tal	Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate rmal systems insulativation of other miscellaneous sulation seam tap window glazing r flashing around	de  inment with Neg isure Procedure ipted (*) and Nor enal (ACM) on, surfacing, us)	Amount (Specify SF or LF) 8LF 105SF	A Remova!	Repair	Encapsulate	
Abatement Performed Out Time of Abatement: 7AM- cope of Work (Check all that 1≥3 of or ≥3 if 1≥160 of or ≥260 if  Libration of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Lasement asement  asement	uring Entire P Iside of Norm. 5PM/ F apply)	Period o	f Abatity Hou AM AM AM AM AM AM AM AM AM AM AM AM AM	tion on tion ally by ance/?	Asber (i.e., ther Duct ins exterior black ta	□ Full Conta □ Mini-Enclo □ Glovebag □ Non-Exem  Description of stos Containing Mate was containing Mate was insulated to the miscellaneous culation seam tap window glazing r flashing around	de  linment with Neg sure Procedure pted (*) and Nor  rial (ACM) on, surfacing, us)  e  chimney  Name of Registe	Amount (Specify SF or LF)  8LF 105SF 10LF	Removal 🗵 🖂	Repair	Encapsulate	
Abatement Performed Out Time of Abatement: 7AM- Icope of Work (Check all that  ≥3 sf or ≥3 if ⇒160 sf or ≥260 if  Libitation of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Basement assement pof  In Registered Waste Hater and Preschold Cartage, Inc.	uring Entire P Iside of Norm. 5PM/ F apply)	Period o	f Abatity Hou AM AM AM AM AM AM AM AM AM AM AM AM AM	tion on tion ally by ance/?	Asbei (i.e., thei Duct ins exterior black ta	Full Conta    Full Conta   Mini-Enclo   Glovebag   Non-Exem    Description of stos Containing Mate mal systems insulation vAT, or other miscellaneous sulation seam tap window glazing r flashing around    Cubic Yards of Waste	de  inment with Neg sure Procedure pted (*) and Nor  inal (ACM) on, surfacing, us) e  chimney	Amount (Specify SF or LF)  8LF 105SF 10LF	Removal 🗵 🖂	Repair	Encapsulate	
Zi Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: 7AM- Scope of Work (Check all that 1 ≥3 sf or ≥3 if 1 ≥160 sf or ≥260 if  Liocation of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Basement asement cof  Inne of Registered Waste Har Freehold Cartage, Inc. y, State	uring Entire P Iside of Norm. 5PM/ F apply)	Period o	f Abatity Hou AM AM AM AM AM AM AM AM AM AM AM AM AM	tion on tion ally ely by ance/?	Asbei (i.e., thei Duct ins exterior black ta	Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate mal systems insulativat; vat, or other miscellaneous sulation seam tap window glazing r flashing around  Cubic Yards of Waste 5 c.y. Disposal Date	chimney  Name of Registe GROWS Nor	Amount (Specify SF or LF)  8LF 105SF 10LF	Removal 🗵 🖂	Repair	Encapsulate	
ZI Facility Closed/Vacated Di Abatement Performed Out Time of Abatement: ZAM- Cope of Work (Check all that D≥3 of or ≥3 if D≥160 of or ≥260 if  Liocation of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Casement asement cof  Assement Copies of Registered Waste Hate Freehold Cartage, Inc. Ty. State  Freehold, NJ 07728	uring Entire Plaide of Norm. 5PM/ F	Period of all Facility PM	f Abatity Hou AM AM AM AM AM AM AM AM AM AM AM AM AM	tion on tion ally ely by ance/?	Asbei (i.e., thei Duct ins exterior black ta	Full Conta Mini-Enclo Glovebag Non-Exem  Description of Stos Containing Mater NAT, or other miscellaneous sulation seam tap window glazing r flashing around  Cubic Yards of Waste 5 c.y.  Disposal Date 11/30/11	chirmney  Name of Registe GROWS Nor	Amount (Specify SF or LF)  8LF 105SF 10LF	Removal 🗵 🖂	Repair	Encapsulate	
Scope of Work (Check all that  ] ≥3 sf or ≥3 if  ] ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate  TO BE ABATED  IN Facility	uring Entire P Iside of Norm. 5PM/ F apply)  rlal (ACM)	Period of all Facility PM	f Abatity Hou AM  enoval enova	tion ion tion ally by Staff?  N/A  DEP Valuer IO 15939	Asbei (i.e., thei Duct ins exterior black ta	Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate mal systems insulativat; vat, or other miscellaneous sulation seam tap window glazing r flashing around  Cubic Yards of Waste 5 c.y. Disposal Date	chimney  Name of Registe GROWS Nor	Amount (Specify SF or LF)  8LF 105SF 10LF  red Landfill th Landfill	Removal 🛛 🖂	Repair 0 0 10 0	Eucapsulate	

	11		, N	IJ Turnpi	ike Authority	(2)					
Agencies Notified Type Notifica	tion		Stre	eet Addres	9						
⊠ EPA ☐ Initial			5	81 Main	Street						
☑ DEP ☑ Amended ☑ DCA (NJAC 5.16) ☐ Amendme			L	, State, Zi							
DCA (NJAC 5.16)	nt # <u>Z</u> v (includ	lina	N 0255		ge, NJ 08863						
aa = = =   Justilicatio	n)	9	1-	ne of Cont			Telephone No	uch ha v			
(NJAC 5:23-8)   Cancellation	on			ea Voltui			releptione N				
					INFORMATION						
Name of Facility Where Abatement is Ta	king Pla	ice (3)		ACICITI	MICKINATION	T	70	****			•
Residential						Type of Facilit	-	12			
Street Address		37 - SKE				School (K-	12) r 8 (Other than K-	12)			
225 Bardentown Crosswicks Ro	ad					Other (i.e.,	private & comme	rcial bu	Ilding	13,	
Cky (5)						homes, etc	:)		200 000		
Chesterfield						Square Feet	# of Floors		Bldg.		
County (6)			Co	unh. Dada	(7)(STATE USE ONLY)	2000	2		40-	-	-012
Burlington			100	unity Code	(1)(STATE USE ONLY)		rior if being derno	olished)	)		
Name of Monitoring Firm Hired by Buildin	ia Owne	r (8)	ASCA	/ No	Non C	Roadway					
Envirovision Consultants, Inc	A 44110	(4)	1036		Name of Abateme				Adlastock		01.17
Street Address			1/36	001	The state of the s	itbach Const	ruction Corpor	ration			
20-21 Wagaraw Road, Bldg. 34A					Street Address		ace and the second seco				-
City, State, Zip Code					500 East Luze						
Fairlawn, NJ 07410					City. State, Zip Co				(A) = 1,700		
Project Manager for Monitoring Firm		1			Philadelphia,	PA 19124					
Guillermo M. Morales		16	lephone	No.	Telephone No.	_	License No.				-
CHANGE HILD IN MICH MICH					A STOREST CO.	-	00040				
Start Date (10)		_		ALSO DES			00646				
10 / 25 / 11  Coupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	eck only Period o	one) f Abate	ement		Name of OSHA Mi SAME AS ABO Street Address	OVE	00645				
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  3 sf or >3 if	11 eck only Period o nal Facili F'M-	one) f Abate	ement urs - De		Name of OSHA M. SAME AS ABOUT Street Address City, State, Zip Coo	DVE	pative Pressure		-		
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  3 sf or >3 if	eck only Period o nal Facili F'M-	one) f Abate ity Hou	ement urs - De:		Name of OSHA Mi SAME AS ABO Street Address  City, State, Zip Cod  Full Conta  Mini-Enclo	ove	yative Pressure		-		
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm  Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	eck only Period of the period	one) f Abate ity Hou AM enovatemolities s Loca	ement urs - Des		Name of OSHA Mi SAME AS ABO Street Address  City, State, Zip Cod  Full Conta  Mini-Enclo	ove					
10 / 25 / 11 Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm  Time of Abatement: 7AM-5PM/  Coope of Work (Check all that apply)  ≥3 sf or ≥3 if  1≥160 sf or ≥280 if	eck only Period o nal Facili F'M-	/ 3 one) f Abate ity Hou AM enovate emolities s Loca Norma	ement urs - Des		Name of OSHA M. SAME AS ABO Street Address  City, State, Zip Cod  Full Conte  Mini-Enclo	ove	yative Pressure		patem	ent T	À
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Time of Abatement: 7AM-5PM/  Scope of Work (Check all that apply)  ≥ 3 sf or ≥3 if ≥ 160 sf or ≥280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	11  eck only Period o nal Facili F/M-  R  D  Us  Ma	f Abate f Abat	ement urs - De: I	11scribe	Name of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems insulations of OSHA Minimal systems of OSHA Minim	de inment with Negoure Procedure apted (*) and No	gative Pressure n-Friable Procedu Amount (Specify	Ab	etem Repair	1	7
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  Coope of Work (Check all that apply)  ≥3 sf or ≥3 if 1≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED	11  eck only Period o nal Facili F/M-  R  D  Us  Ma	f Abate AM enovatemoliti s Loca Normal ed Sole intena	ement urs - Des tion on tion ally ely by ance/ Staff?	11scribe	Name of OSHA Mi SAME AS ABO Street Address  City, State, Zip Cod    Full Conte   Mini-Encir   Glovebag   Non-Exem  Description of stos Containing Mate mal systems insulati	de inment with Negoure Procedure apted (*) and No	gative Pressure n-Friable Procedu Amount		7	1	T
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  Cope of Work (Check all that apply)  ≥3 sf or ≥3 if 1≥160 af or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	11  eck only Period o nal Facili F'M-  De  Use Me Cus Yes	one) f Abate f Abate AM enovate emoliti emoliti emoliti emoliti emoliti emoliti norma ed Sole ed Sole ed Sole ed Sole ed (12) No	ement urs - Desil	Asbe (i.e., the	Name of OSHA Minisans ABE Street Address  City, State, Zip Cod  Full Conta  Glovebag  Non-Exem  Description of stos Containing Mate mal systems insulativat, or other miscellaneous	de inment with Negoure Procedure apted (*) and No	gative Pressure n-Friable Procedu Amount (Specify SF or LF)	A Removal	7	ent Encapsulate	T
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Time of Abatement: 7AM-5PM/  Cope of Work (Check all that apply)  ≥ 3 sf or ≥3 if ≥ 160 sf or ≥280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	eck only Period o nal Facili F'M- Use Ma Cus Yes	one) f Abate AM enovatemoliti s Loca Normal ed Sole aintena stodial (12) No	ement urs - Desilon on tion ally ely by ance/ Staff?	Asbe (i.e., the	Name of OSHA Minisans ABRE AS ABRE AS ABRE Street Address  City, State, Zip Cod    Full Conta   Mini-Enclor   Glovabag   Non-Exem  Description of stos Containing Matermal systems insulation of the miscellaneous citile glue	de inment with Negoure Procedure apted (*) and No on, surfacing,	gative Pressure n-Friable Procedu Amount (Specify	Ab	7	1	
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm  Time of Abatement: 7AM-5PM/  Scope of Work (Check all that apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	eck only Period o nal Facili F/M- Deck only Period o nal Facili F/M- Vs Mc Cus Yes	one) f Abate ity Hou AM enovatemoliti s Loca Norma ed Sole intena todial (12) No	ement urs - Des tion on tion stion Ally ely by ance/ Staff?	Asbe (i.e., the	Name of OSHA M. SAME AS ABOUT Street Address  City, State, Zip Cool  Full Conta  Mini-Enclor  Glovebag  Non-Exem  Description of stos Containing Mate mal systems insulativant, or other miscellaneous tile glue  exterior windows	inment with Neg soure Procedure apted (*) and No on, surfacing,	gative Pressure n-Friable Procedu Amount (Specify SF or LF)	A Removal	7	1	- Ye
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm     Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 if     ≥160 sf or ≥260 if  Location of     Asbestos-Containing Material (ACM)     TO BE ABATED     IN Facility	eck only Period o nal Facili FM- Use Ma Cus Yes	one) f Abate f Abate AM enovate emoliti s Loca Norma ed Sole intena itodial (12) No	ement urs - Desilon on tion ally ely by ance/ Staff?	Asbe (i.e., the	Name of OSHA Minisans ABRE AS ABRE AS ABRE Street Address  City, State, Zip Cod    Full Conta   Mini-Enclor   Glovabag   Non-Exem  Description of stos Containing Matermal systems insulation of the miscellaneous citile glue	inment with Neg soure Procedure apted (*) and No on, surfacing,	pative Pressure n-Friable Procedu Amount (Specify SF or LF)	Ab Remova!	Repair	Encapsulate	
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/ cope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  itchen tohen	eck only Period o nal Facili F/M- Deck only Period o nal Facili F/M- Vs Mc Cus Yes	one) f Abate f Abate and and and and and and and and and and	ement urs - Desilution on stion sally ely by ance/ Staff?	Asbe (i.e., the	Name of OSHA MinsAME AS ABE Street Address  City, State, Zip Cod  Full Conta  Mini-Enclution of Stos Containing Mate mal systems insulation vAT, or other miscellaneous tile glue exterior windows glexterior windows	inment with Neg soure Procedure apted (*) and No on, surfacing,	pative Pressure  n-Friable Procedu  Amount (Specify SF or LF)  50SF  34SF  61LF	A Removal 🛛 🕅	Repair	Encapsulate	
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  ≥3 sf or ≥3 if 1≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  itchen tchen tchen	eck only Period o nal Facili FM- Use Ma Cus Yes	one) f Abate f Abate and and and and and and and and and and	ement urs - Desilution on stion sally by ance/ Staff?	Asbe (i.e., the	Name of OSHA Miles AS ABE Street Address  City, State, Zip Cod  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Mate mal systems insulativant vAT, or other miscellaneous tile glue exterior windows  exterior windows  Cubic Yards of	inment with Negrouse Procedure Intel (*) and No Intel (ACM) Intel	pative Pressure n-Friable Procedu Amount (Specify SF or LF) 50SF 34SF 81LF	A Removal 🛛 🖾 🛇	Repair	Encapsulate	
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  ≥3 sf or ≥3 if ≥160 sf or ≥280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Litchen  Inchen  Inc	eck only Period o nal Facili FM- Use Ma Cus Yes	one) f Abate f Abate and and and and and and and and and and	ement urs - Desilution on stion sally ely by ance/ Staff?	Asbe (i.e., the	Name of OSHA MinsAME AS ABE Street Address  City, State, Zip Cod  Full Conta  Mini-Enclution of Stos Containing Mate mal systems insulation vAT, or other miscellaneous tile glue exterior windows glexterior windows	inment with Neg soure Procedure apted (*) and No on, surfacing,	pative Pressure n-Friable Procedu Amount (Specify SF or LF) 50SF 34SF 81LF	A Removal 🛛 🖾 🛇	Repair	Encapsulate	
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Litchen  Interest of Registered Waste Hauler Freehold Cartage, Inc.  y. State	eck only Period o nal Facili FM- Use Ma Cus Yes	one) f Abate f Abate and and and and and and and and and and	ement urs - Desilution on stion sally by ance/ Staff?	Asbe (i.e., the  ceramic glazing caulking	Name of OSHA Minimal Street Address  City, State, Zip Cod  Full Conta  Mini-Encir  Glovabag  Non-Exem  Description of stos Containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing mail systems in sulation various containing mail systems in sulation various var	inment with Negosure Procedure Procedure pited (*) and No on, surfacing, is)  Name of Registe GROVVS No City, State	pative Pressure n-Friable Procedu Amount (Specify SF or LF) 50SF 34SF 61LF ered Landfill rth Landfill	A Removal 🛛 🖾 🛇	Repair	Encapsulate	
10 / 25 / 11  Decupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm  Time of Abatement: 7AM-5PM/  Decupe of Work (Check all that apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  (itchen  itchen  itchen  price of Registered Waste Hauler  Freehold Cartage, Inc.  y State  Freehold, NJ 07728	eck only Period o nal Facili FM-  Usa Ma Cus Yes	one) f Abate f Abate and and and and and and and and and and	ement urs - Desilution on stion sally by ance/ Staff?	Asbe (i.e., the  ceramic glazing caulking	Name of OSHA Mis SAME AS ABOUT AS ABOUT AS ABOUT AS ABOUT AS ABOUT AS A STREET AND AS A STREET AS A ST	inment with Negosure Procedure Procedure pyted (*) and No on, surfacing, as)  Name of Registe GROVVS No	pative Pressure n-Friable Procedu Amount (Specify SF or LF) 50SF 34SF 61LF ered Landfill rth Landfill	A Removal 🛛 🖾 🛇	Repair	Encapsulate	
10 / 25 / 11  Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7AM-5PM/  cope of Work (Check all that apply)  ≥3 sf or ≥3 if ≥160 sf or ≥280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Citchen  itchen  tchen  tchen  The of Registered Waste Hauler Freehold Cartage, Inc.  y State Freehold, NJ 07728  mpleted By (Print or Type)  Titl	eck only Period o nal Facili FM-  Usa Ma Cus Yes	one) f Abate f Abate ity Hou AM enovate emoliti s Loca Norma ed Sole intena itodial (12) No	ement urs - Desilution ally ely by ance/ Staff?  N/A  DEP Valler ID 15939	Asbe (i.e., the  ceramic glazing caulking	Name of OSHA Minimal Street Address  City, State, Zip Cod  Full Conta  Mini-Encir  Glovabag  Non-Exem  Description of stos Containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing Mate mail systems insulation various containing mail systems in sulation various containing mail systems in sulation various var	inment with Negosure Procedure Procedure pited (*) and No on, surfacing, is)  Name of Registe GROVVS No City, State	pative Pressure n-Friable Procedu Amount (Specify SF or LF) 50SF 34SF 61LF ered Landfill rth Landfill	A Removal 🗵 🗷 🖂	Repair	Encapsulate	

	24 / _				NJ Turnp	lding Owner/Operator ofke Authority	\ <del>-</del> /					
⊠ EPA [	Type Notificat Initial	ion			eet Addre 81 Main				****			
☐ DEP ☐ DCA (NJAC 5:16)	Amended Amendmer			Çit	y, State, Z	Ip Code			·			
☑ DHSS I	] Emergency	nt# <u>z</u> / (includ	dina	177415		dge, NJ 08863						
EN DOM	justification	1)			me of Con			Telephone N	umhar			
34073.253)	☐ Cancellatio	in ·		L	ea Voltu	ıra		The phone in				
Nema at Epolity Wise - No				F	ACILITY	INFORMATION		<del></del>				
Name of Facility Where Aba Residential	atement is Ta	king Pl	ace (3)	)			Type of Facility	/ (4)	-			
Street Address							☐ School (K-1	2)			65	
227 Bordentown Cros	saudal a D						Subchapter	8 (Other than K-	12)			
City (5)	SWICKS RO	ad ———					homes, etc.	private & comme .)	rcial bi	uildin	gs,	
Chesterfield					-		Square Feet	# of Floors	Т	Bldg	, Age	-
County (6)							2000	2		40	-	
Burlington				Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	ollshed	1)		***
10070							Roadway			14		
Name of Monitoring Firm His	ed by Buildin	g Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9	)	***********		~	
Envirovision Consulta	ints, Inc			03	681	Diamond Hu	ntbach Constr	uction Corpor	ation			
						Street Address						-
20-21 Wagaraw Road, ity, State, Zip Code	Bldg. 34A					500 East Luz	erne Street					
Fairlawn, NJ 07410						City, State, Zip Co	ode					
roject Manager for Monitori						Philadelphia,	PA 19124					
Guillermo M. Morales	ng Firm		Té	lephone	No.	Telephone No.		License No.				
tart Date (10)				2.5-63	6-914	315.739.8166		00646				
10 / 25 / 1	Sch	eduled	Comp	letion D	ate (11)	Name of OSHA M						
occupancy Status During Ab				80_ /		SAME AS AB	OVE					
Facility Closed/Vacated D  Abatement Performed Out Time of Abatement: 7AM- cope of Work (Check all that	tside of Norm 5PM/F	ol Facil	4. 11-		scribe	City, State, Zip Con	de					
] ≥3 sf or ≥3 if  ≥160 sf or ≥260 if		□ R	enovai emoliti	tion on		☐ Glovebag	Procedure					
		_	s Loca	tion	T -	U MON-EXEM	pted (*) and Nor	-Friable Procedu			-	
F 2000 V		la la	<b>a</b> 1.					. Habie I Tober				, Ab
Location of Asbestos-Containing Mate	rial (ACM)	Use	Norma	ely by	1 .	Description of		Trade Figure		baten	nent 7	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)	Use	Norme ed Sole aintens	ely by ance/	Asbe	stos Containing Mate	erial (ACM)	Amount	Al		7	
Asbestos-Containing Mate	rial (ACM)	Use	Norme ed Sole aintens stodial	ely by	Asbe (i.e., the	stos Containing Mate irmal systems insulati VAT, or	erial (ACM) on, surfacing,	Amount (Specify	Al		7	1
Asbestos-Containing Mate TO BE ABATED IN Facility	rial (ACM)	Use	Norme ed Soli sintens todial (12)	ely by ance/ Staff?	Asbe (i.e., the	stos Containing Mate irmal systems insulati	erial (ACM) on, surfacing,	Amount			7	1
Asbestos-Containing Mate TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma Cus	Norme ed Soli sintens todial (12) No	ely by ince/ Staff?	(1.e., the	estos Containing Mate irmal systems insulati VAT, or other miscellarieot	erial (ACM) on, surfacing,	Amount (Specify SF or LF)	Removal		Encapsulate	1.000
Asbestos-Containing Mate TO BE ABATED IN Facility (13)	rial (ACM)	Ves	Normalista Solidaria (12)	ely by ance/ Staff?	built up	estos Containing Mate imal systems insulati VAT, or other miscellarieou offoor tile under c	erial (ACM) on, surfacing,	Amount (Specify	Al		7	
Asbestos-Containing Mate TO BE ABATED IN Facility (13)  itchen	rial (ACM)	Vsc Ma Cus	Normal ded Solidarintens (12) No	ely by ance/ Staff?	built up	estos Containing Mate imal systems insulati VAT, or other miscellarieou offoor tile under co ise mastic	erial (ACM) on, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility (13) itchen	rial (ACM)	Vse MacCus	Normaled Solidate (12) No	ely by ance/Staff?	built up	estos Containing Mate imal systems insulati VAT, or other miscellarieou offoor tile under co ise mastic	erial (ACM) on, surfacing,	Amount (Specify SF or LF) 238SF	Removal 🔯	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility (13)  itchen tchen sement		Vsc Ma Cus	Normaled Solidation (12) No	ely by ance/Staff?	built up	estos Containing Mate imal systems insulati VAT, or other miscellarieou offoor tile under conse mastic sking	erial (ACM) on, surfacing, us)	Amount (Specify SF or LF) 2389F 30LF	Removel 🖂	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility (13)  itchen tohen seement		Vse MacCus	Normaled Solidation (12) No	ely by ance/Staff?	built up	estos Containing Mate imal systems insulati VAT, or other miscellarieou  floor tile under co ise mastic cking  Cubic Yards of	erial (ACM) on, surfacing, us) eramic tile	Amount (Specify SF or LF)  2389F  30LF  1SF	Removel 🖂	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Itchen Issement The of Registered Waste Halifeehold Cartage, Inc.		Vse MacCus	Normaled Solidation (12) No  No  No  No  No  No  No  No  No  No	ely by ance/Staff?	built up	estos Containing Mate imal systems insulati VAT, or other miscellarieou  floor tile under co esse mastic  cking  Cubic Yards of Waste	erial (ACM) on, surfacing, us)	Amount (Specify SF or LF)  2389F  30LF  1SF	Removel 🖂	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Itchen Itchen In Facility (13)  Itchen Itche		Vse MacCus	Normaled Solidation (12) No  No  No  No  No  No  No  No  No  No	ely by ance/Staff? N/A N/A DEP Wauler ID	built up cove ba flue pac	estos Containing Mate imal systems insulati VAT, or other miscellarieou  floor tile under co este mastic eking  Cubic Yards of Waste 3 c.y. Disposal Date	erial (ACM) on, surfacing, us) eramic tile	Amount (Specify SF or LF)  2389F  30LF  1SF	Removel 🖂	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility (13)  itchen tohen issement  me of Registered Waste Halfreehold Cartage, Inc. y, State ireehold, NJ 07728	tier	Vse MacCus	Normaled Solidation (12) No  No  No  No  No  No  No  No  No  No	ely by ance/Staff? N/A N/A DEP Wauler ID	built up cove ba flue pac	estos Containing Mate imal systems insulati VAT, or other miscellarieou  floor tile under co ise mastic cking  Cubic Yards of Wasie 3 c.y.	erial (ACM) on, surfacing, us) eramic tile  Name of Registe GROWS Nor	Amount (Specify SF or LF)  238SF 30LF 1SF	Removel 🖂	Repair	Encapsulate	
Asbestos-Containing Mate TO BE ABATED IN Facility	tier Title	Vse MacCus	Normaed Solidantensed Solidant	ely by ance/ Staff? N/A DDEP Wauler ID 15939	built up cove ba flue pac	estos Containing Mate imal systems insulati VAT, or other miscellarieou  floor tile under co este mastic eking  Cubic Yards of Waste 3 c.y. Disposal Date	erial (ACM) on, surfacing, us) eramic tile Name of Registe GROWS Nor	Amount (Specify SF or LF)  2389F 30LF 1SF red Landfill th Landfill	Removal 🗵	Repair 0 0 0 0	Encapsulate	

Date of Notification (1)		-		Na	ame of Bu	lding Owner/Operato	or (2)							
10 /	24 / _	11	2.5	NJ Turnpike Authority										
Agencies Notified	Type Notificat	ion		St	reet Addre	93								
⊠ EPA ⊠ DEP	☐ Initial			- 40	581 Main									
DCA (NJAC 5:16)	Amended  Amendmen			Cit	y, State, 2	ip Code								
☑ DHSS	☐ Emergency	(inclu	dina	1	Noodbri	dge, NJ 08863								
	ustification	1)	7	The second second	me of Cor			Telephone N	luminar					
(**************************************	Cancellatio	n	×	1	ea Voltu	ıra		relephone to		7				
				F	ACILITY	INFORMATION								
Name of Facility Where Ab	etement is Ta	king Pl	ace (3)				Type of Facility	(4)						
Residential			•				School (K-1	100						
Street Address				**			☐ Subchapter	8 (Other than K	-12)					
229 Bordentown Cro	sswicks Ro	ad					Other (i.e., )	private & comme	ercial bu	illding	33.			
City (5)							Square Feet	# of Floors		Bldg.	·			
Chesterfield							2000	2		±100,	1			
County (8)				Co	ounty Code	(7)(STATE USE ONLY	1	rlor if being dem	المعادات		<b></b>			
Burlington					,		Roadway	con a wend retu	CHEMPS ()	,				
Name of Monitoring Firm H	ired by Buildin	g Owne	er (8)	ASC	M No.	Name of Abaten	nent Contractor (9		•					
Envirovision Consult	ants, Inc			03	681		Intbach Constr		ration					
Street Address						Street Address		action ocipo	TallOII					
20-21 Wagaraw Road	, Bldg. 34A					500 East Lu	zerne Street							
City, State, Zip Code						City, State, Zip C								
Fairlawn, NJ 07410						Philadelphia								
roject Manager for Monito			Te	lephon	e No.	Telephone No.		License No.				-		
Guillenno M. Morales			4	-	00646									
Start Date (10)	Sch				on Date (11) Name of OSHA Monitor									
10 / 25 /		11	/ _3	0 /	11	SAME AS A	BOVE							
Occupancy Status During A	batement (Che	ck only	one)	-		Street Address								
Abatement Postsmand O	During Entire P	eriod o	f Abate	ement										
Abatement Performed Or Time of Abatement: 7AN	utside of Norm	al Facil	Ity Hou	ırs - De	scribe	City, State, Zip C	ode							
				ly.										
cope of Work (Check all the	at apply)		(USSE)		7							-		
] ≥3 sf or ≥3 if		□R	enovat	lion		☐ Full Con ☐ Mini-End	ainment with Neg	ative Pressure						
3 ≥160 sf or ≥260 lf		ØD	emoliti	on		☐ Gloveba	Procedure							
		T	s Loca	tion	1	Non-Exe	mpted (") and Nor	-Friable Proced	ure					
Location of			Norma	illy		Description o			Ał	atem	ent 1	Гур		
Asbestos-Conteining Mat	erial (ACM)	Ma	ed Sole aintena	ely by	Asb	stos Containing Ma	terial (ACM)	Amount	20	700	T <sub>tri</sub>	T		
IN Facility	<b>5</b>	Cus	todial	Staff?	(i.e., the	emnal systems insula	tion, surfacing.	(Specify	Remova	Repair	32			
(13)			(12)	1	-	VAT, or other miscellaned	(auc	SF or LF)	le we	7	Encapsulate			
Tarana.		Yes	No	N/A					1		2 5	1		
arage			図		black t	ar paper		550SF	151		-	+-		
	4"							UUUGF				L		
					<del></del>							L		
		-		<u></u>								Г		
me of Registered Waste Ha	vula-									m				
reehold Cartage, Inc.	aniet		N.	JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill		1	ليا	L		
y, State			r-12	uler ID 15939	NO.	Waste 3 c.γ.	GROWS Nor							
reehold, NJ 07728		0.000	-			Disposal Date	City, State							
						11/30/11	Tullytown, P.	A						
moleted By (Print or Type)	Title		-		·	Signature	7.2,1							
harles Imbimbo	Pr	oject	Mana	ger		11/2/	111	Da	27/15/1	i	1			
41						- Long	1 The	ZV.	10/	24	11	/		
	7 /								*		-100 PM			

Date of Notification (1)	11		N	Name of Building Owner/Operator (2)									
		-			oike Authority								
Agencies Notified   Type Notif	cation		S	treet Addre				,					
☑ DEP ☑ Amend			0	ity, State, Z					****				
☑ DCA (NJAC 5:16) Amend ☐ Emerge ☐ DCA	ment #2				dge, NJ 08863								
	tion)	Juing		ame of Cor		-	Talanhana N	Lundaa					
(NJAC 5:23-8) Cancell	ation			Lea Voltu	1255.0		Telephone N	_					
		CHRAN		FACILITY	INFORMATION								
Name of Facility Where Abatement is	Taking P	lace (	(3)			Type of Facility	(4)				~		
Residential						School (K-1	607. 60						
Street Address		-				Subchapter	8 (Other than K	(-1.2)					
231 Bordentown Crosswicks	Road					Other (i.e., ;	rivate & comme	ercial bu	ıllding	3,			
City (5)					<del></del>	homes, etc.	# of Floors		Bide	4			
Chesterfield						2000	2		Bidg.				
County (6)			To	ounty Code	e (7)(STATE USE ONLY)		and the second the second second		40-				
Burlington				runty ood.	e (MOINTE DOE GIVE )	Current Use (P	nor ir being dem	lollaned	)				
Name of Monitoring Firm Hired by Bui	lding Owr	ner (8)	LASC	CM No.	Name of Abatem	Roadway	V				-		
Envirovision Consultants, Inc.		· (0,	· Parameter	3681	) 1								
Street Address				1001		ntbach Constr	uction Corpo	ration					
20-21 Wagaraw Road, Bldg. 34	LΔ				Street Address						200000000000000000000000000000000000000		
City, State, Zip Code					500 East Luz								
Fairlawn, NJ 07410					City, State, Zip Ci								
Project Manager for Monitoring Firm			Talash		Philadelphia,	PA 19124							
Guillermo M. Morales		1	Telepho		Telephone No.	License No.							
The sale of the sa	Cohadida	10		36-9144	215-739-8166	000-10							
10 / 25 / 11				Date (11) /11	Name of OSHA M SAME AS AB			-			-1000		
Occupancy Status During Abatement (	Check on	ly one											
☐ Facility Closed/Vacated During Enti-	re Period	of Ah	atamani		Street Address								
Abatement Performed Outside of N	ormal Fac	با بداان	D	escriba									
Time of Abatement: 7AM-5PM/	PM		M		City, State, Zip Co	de							
Scope of Work (Check all that apply)													
					⊠ Eull Cont	Immont wildle his	-4 - B		-				
<ul> <li>⊇3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renov	vation		Mini-End								
	<b>⊠</b> (	Demo	lition		☐ Glovebag	9 Procedure							
-		Is Lo	cation		Non-Exer	npted (*) and Nor	1-Friable Proced	lure					
Location of		Non	nally		Description of			Al	batem	ent T	ype		
Asbestos-Containing Material (ACM) TO BE ABATED	)   0:	sed S Vainte	lolely by mance/	Asb	estos Containing Mat	erial (ACM)	Amount	70	720	m	Tm		
IN Facility	C	botes	al Staff?	(i.e., the	ermai systems insulat	ion, surfacing,	(Specify	Removal	Repair	100	nc		
(13)	_		2)	_	VAT, or other miscellaneo	(12)	SF or LF)	840	1 =	Encapsulate	Enclosure		
	Yes	3 N	O NIA		The salaries	(3)			1	ai	tr)		
First Floor		×		joint co	ompound, walls at	nd ceilings	5290SF		<u> </u>		-		
First Floor		×			le and mastic				+=		L		
First Floor		Ø			r transite siding		18SF				[]		
First Floor							1970SF	Ø		Ш			
lame of Registered Waste Hauler		_	NUDEP		r window caulking		158SF	$\boxtimes$					
Freehold Cartage, Inc.			Hauler I		Cubic Yards of Waste	Name of Registe							
ity. State			1593		40 c.y.	GROWS Nor	th Landfill						
Freehold, NJ 07728					Disposal Date	City, State							
Ompleied D. (Pres)	Title		462		11/30/11	Tullytown, P	A						
Charles Imbimbo			Signator	0 1		ate							
	nager		/ Want	100	20	r'A	10.	1	, !				
8-41				•		1100		10/	24	11	1		
	* Do not	use t	his form	for asbesto	os licensure exempted	d activities,					-000 ATT		

\$

STEVENS LINIRDITION SERVICES TO SERVICES TO SERVICES TO SECRIFICATION OF ASSESTOS ABATEMENT CHECK #24520

NOTIFICATION OF ASBESTOS ABATEMENT MAY INTIVED CUPY (Pursuant to NJAC 8:60 and 5:16) REMEMBER 10 DAY Date of Notification (1) Name of Building Owner/Operator (2) 10/20/11 Stacey Umland Agencies Notified Type Notification Strool Address BPA CEP Indial Amended City, State, Zlp Code DOL. Amendasent # Emorgancy (including justification) Haddenfield DOH CA Name of Contact Cancollation Stacey Umland FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Typo of Facility (4) Residence School (K-12) Subchapted (Other than K-12) 2 4 20 1 Street Address Other (I s. private & commercial buildings homes, etc.) 124 Mountwell Avenue City (5) Square Feet # of Floore Bldg. Ago Haddonfield County (4) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Camdon Residence Name of Wontoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) MECS Stevens Environmental Services, Inc. Sheel Address Street Address P.O. Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Allentown, NJ 08501 Project Manager for Monitoring Firm Tolophono No Telaphone No Liconse No William Weisearber Jr. 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/21/11 10/21/11 MECS Occupancy Status During Abatement (Chuck rinly one) Stroat Address Facility Closed/Vacated During Entire Period of Abatement P.O. Box 341 Abatement Performed Outside of Normal Facility Hours City, Sialo, Zip Code Collier - Describs: 8AM - 4PM Crosswicks, NJ 08515 Scope of Work (Chock all that apply) Full Containment with Negative Pressure E ≥3 of or ≥3 11 Ronovation
Damolition \_\_ Min⊱Encloaure 2160 at or 2260 If Glovebag Procedure
(x) Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement. Nomally Type Location of Used Solely by Description of Asbestos-Containing Material (ACM) Maintenance/ Asheelos Containing Material (ACM) Amount TO BE ABATED Custodial (i.e., thermal systems insulation, **Repar** Removal Encarsulate (Specify Staff? auriacing, VAT, or other miscellaneous) SF or LF) (13) (12)You No NIA 1st floor × duct insulation 16 LF X (wrap and cut) Nama of Rogistared Waste Hauler NUDEP Wasto Cubic Yarda Name of Registered Landfill Hauter 10 No 18292 of Waste Stevens Environmental Services inc. TIR.R.F., Inc. Landfill Cily Stulu Disposal Date CHY Stale Allentown, NJ 10/24/11 Tullytown, PA Completed By Title Signar Date Mahlon P. Stevens Project Manuger 10/20/11 ASB-41 MAR 00 Do not use this form for aspestos licensure exempled activities.

Fax:

. 0	ct _20	2011	01:56	P.M.	P001	/001
1	Doni	AF	PROV	ED		
1	Shebi Anebi	or Hea	alth & S	oinsi ~	r Sarı	vices
	.DEX.1	100	ignature)	1	:	
Da	e: _/	0136	<b>111</b>	me:	5	34

	0/20/11			Name of Building Owner/Operator (2) Stacey Umland										
Agencies Notified	Type Notific	ation		Stre	et Addres	36	Bracey Um	18nd		_	_	_		
□ EPA	☐ Initial	88		_			24 Mountwell	Avenue						
DEP DOL	Amenda Amenda			City	State, Z			11111111	-			_		
₩ DOH	Emerger	ey (includ	ng	_		Н	addenfield, N	J 08033	-					
DCA	Justificat			Nan	ne of Cont	acl		Telephone N	umbar		_	=		
	ــــــــــــــــــــــــــــــــــــــ			_		Stacey Umlar	id .	18	17/	4111	50			
11 27 15 112	~			F	CILITY	PORMATION	Ĭ, ja							
Name of Facility When		raking Pla Residen					Type of Facilit	y (4)		-				
Street Address		Resider	ce				School (K-	12)	100	50				
01-00(-100/000	124 M	ountwel	1 Ave	AUG			Other (I.e.	r 8 (Olher than K private & comme	(-12) arcial h	uldb				
Clty (5)	127 (74)	Juniarci	1/1/	muc			nomes, etc	<u>:)</u>						
	r	addonf	eld				Square Feet	# of Floors		Bldg	, Age	1		
County (6)				T Cou	niv Code	(7) (STATE	Current II					_		
(	Camden			USI	E ONLY)	(i) (SINIE	Current Use (Prior II being damolished)  Residence							
Name of Monitoring Fin	m Hired by Buik	Ing Owne		ASCN	No.	Name of Abate	ment Contractor (	ACONDONE		=		=		
(8)	MECS		1				vens Environ		ices	Inc				
Street Address						Street Address			,	110,	_	=		
	P.O. Box	341					POI	3nx 322						
City, State, Zip Code	ا ماداستومیا	NIT OOK				City, State, Zip	Code				_	=		
	rosswicks, ]	1 580 (1)					Allentow	n, NJ 08501				22		
Project Manager for Mo	onitoring Firm Leisgarber Ji		Teli	phone	No.	Telephone No.		License No.				_		
Start Date (10)					1000		00493							
10/21/11	3	cheduled			3(8 (11)	Name of OSHA		~ ~ ~ ~			_			
Occupancy Status Duri	ing Abatement (	Chark on	0/21	111		Street Address		ECS						
☐ Facility ClosedNace				ment		Street Address		Box 341		- IIdelo-				
Abelement Performe	ad Outside of No	mel Facil	y Hou	18		City, State, Zip		307 341		==		=		
Other - Describe;	8AM - 4PM					,,, <u></u>		s, NJ 08515						
Scope of Work (Check	All that annivi										_	_		
	di com ebbill			masses of		Full Co	nialnment with Ne sclosure	galive Pressure						
	di om sppiji	DETR	BOOVEL	อก										
∑3 st or ≥3 lf ≥160 st or ≥280 lf	an our apply)	R	emoldio emoldio	ก		Gloveb	an Procedure							
	an oldt apply)		emolido	n ———	Γ	Gloveb		n-Frieble Proced	ure					
	qii oʻili eppiy)		Locationally	n n		Gloveb	an Procedure	n-Frieble Proced		Abate		1		
≥3 st or ≥3  f ≥160 st or ≥260 lf Location	of	Ia N	Location Soleh	n n y by	2-1	Glovab R Non-Ex Description o	ag Procedure (empled (") and No				emen pe	1		
≥3 sf or ≥3  f ≥160 sf or ≥260 lf Location Asbestos -Containing TO BE ABA	of Material (ACM) JED	Is Nuse Mai	Locationally formally formally formally formally formally	n by	zedcA	Gloveb Non-Ex	ag Procedure (empled (") and No (tarial (ACM)	Amount	L	Ty	pe	7		
Location Asbestos -Containing IN Facility	of Material (ACM) JED	Is Nuse Mai	Locationally Solehustodia Staff?	n by	Azbes (l.a.,	Description of the mail systems surfacing. VAT	ag Procedure (empled (*) and No (tarial (ACM) (insulation,		L	Ty	pe	_		
≥3 sf or ≥3  f ≥160 sf or ≥260 lf Location Asbestos -Containing TO BE ABA	of Material (ACM) JED	Isa Nuser Mai	Locationally Solehustodia Staff?	n y by ce/	Asbes (l.a.,	Description of Containing Ma	ag Procedure (empled (*) and No (tarial (ACM) (insulation,	Amount (Specify		Ty	pe	_		
Location Asbestos -Containing IN Facility (13)	of Malerial (ACM) IED y	Is Nuse Mai	Locationally Solehustodia Staff?	n by ce/	Asbes (l.a.,	Description of cost Containing Mattermal systems surfacing, VAT other miscellanes	ag Procedure cempled (*) and No f tarial (ACM) insulation, or ous)	Amount (Specify	L	Ty	pe	~		
Location Asbestos -Containing IN Facility	of Malerial (ACM) IED y	Isa Nuser Mai	Locationally Solehustodia Staff?	n y by ce/	Asbes (l.a.,	Description of the mail systems surfacing. VAT	ag Procedure cempled (*) and No f tarial (ACM) insulation, or ous)	Amount (Specify	L	Ty	pe	_		
Location Asbestos -Containing IN Facility (13)	of Malerial (ACM) IED y	Isa Nuser Mai	Locationally Solehustodia Staff?	n by ce/	Azbes (l.a.,	Description of cost Containing Mattermal systems surfacing, VAT other miscellanes	eg Procedure (empled (*) and No (terial (ACM) Insulation, or ous)	Amount (Specify SF or LF)	Removal	Ty	pe	_		
Location Asbestos -Containing IN Facility (13)	of Malerial (ACM) IED y	Isa Nuser Mai	Locationally Solehustodia Staff?	n by ce/	Azbes (.e.l)	Description of the miscellane of the miscellane duct insulat	eg Procedure (empled (*) and No (terial (ACM) Insulation, or ous)	Amount (Specify SF or LF)	Removal	Ty	pe	_		
Location Asbestos -Containing IO BE ABA IN Facilit (13)	of Material (ACM) JED y	Isa Nuser Mai	emoldicomally Soleh ntenan ustodia Staff? (12)	n by cel	(l.a.,	Description of the management	ag Procedure compled (*) and No fitarial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal	Ty	pe	_		
Location Asbestos-Containing TO BE ABA IN Facilit (13)  1 st flo	of Material (ACM) JED y Or	In In In In In In In In In In In In In I	emoldicomally is solely interest to the state of the stat	n by ce/	(i.a.,	Description of the control of the containing Mainternal systems surfacing, VAT other miscellanes duct insulat (wrap and control of the contro	eg Procedure (empled (*) and No (terial (ACM) Insulation, or ous)	Amount (Specify SF or LF)	Removal	Ty	pe	7		
Location Asbestos-Containing IO BE ABA IN Facilit (13)  1 st flo	of Material (ACM) JED y Or	In In In In In In In In In In In In In I	emoldicomally is solely interest to the state of the stat	n by cel	(i.a.,	Description of the management	ag Procedure (empled (*) and No (terial (ACM) Insulation, or ous)  Name of Ropial	Amount (Specify SF or LF)	Removal	Repair	pe	7		
Location Asbestos-Containing IO BE ABA IN Facilit (13)  1st flo	of Material (ACM) JED y Or or ste Hauler ncntal Servi	Is No Used Masi	emoldicomally is solely interest to the state of the stat	n by ce/	(i.a.,	Description of the management of the miscellane	ag Procedure (empled (*) and No (terial (ACM) Insulation, or ous)  Name of Ropial	Amount (Specify SF or LF)	Removal	Repair	pe	7		
Location Asbestos -Containing IO BE ABA IN Facilit (13)  1 st flo	of Material (ACM) IED y  or  ste Heuler montal Servi	Isa Nuseen Main Control Yes	emoldicomally is solely interest to the state of the stat	n by ce/	(i.a.,	Description of the Mon-Exposer of Mo	ag Procedure (empled (*) and No (terial (ACM) Insulation, or ous)  Name of Regist  (*)	Amount (Specify SF or LF)	Removal	Repair	pe	_		
Location Asbestos-Containing IO BE ABA IN Facilit (13)  1 st flo	of Material (ACM) JED  or  ste Heuler mental Servi	Is Is In Is Is It	Locatic Locatic Cornally Command Comma	n by ce/	Vaslo No. 92	Description of the Mon-Exposer of Mo	ag Procedure (empled (*) and No (terial (ACM) Insulation, or ous)  Name of Regist  (*)	Amount (Specify SF or LF)  16 LF  ored Landini R.R.F., Inc. I  Tullytown,	Removal	Ty Repair	e Encapsuate	_		

# STEVENC ELVIRON/MENTOL SERVICES INC THECK # 29520

State of New Jersey

		N				BESTOS ABATE C 8:60 and 5:16			E C E	11 17		747	-1
Date of Notification (1)	/20/11			Nan	ne of Buildi	ng Owner/Operato	or (2) Stacey I						111
Agencies Notified	Type Notificatio	n		Stre	et Address				0.77-2	4 1	-		-
□EPA	☐ Initial						1 Mountw	ell Av				84.	
	Amended	и	1	City,	State, Zip	Code							
<b>⊠</b> DOL	Amendment Emergency		ia l			На	ddenfield	, NJ 0	8033	X			
DOH DCA	justification			Nam	ne of Conta				Telephone Nu	mber	11 10	# (a)	==
				F/		FORMATION					43.		_
Name of Facility Where	Abatement is Taki	ng Plac	e (3)				Type of Facility (4)						
		sidenc					School (K-12)						
Street Address	124 Mour	ntwell	Aver	iue			Subch	apter 8 ( i.e., priv	Other than K- ate & comme		ilding	5,	
City (5)	Над	donfie	14				Square Fe		# of Floors	E	Bldg.	Age	
County (6)	11au	donne	Ju T	Col	inty Code (	7) (STATE	Current III		if hains dame				
	amden			USI	E ONLY)	I) (SIAIE	Current O	se (Prior	if being demo Residenc				
Name of Monitoring Firm		Owner		ASCN	1 No.	Name of Abaten	nent Contrac	tor (9)	residenc				_
/61	MECS							100	ental Servi	ces. I	nc.		
Street Address			1-			Street Address				, -			
	P.O. Box 3					F	ОВо	x 322					
City, State, Zip Code Cr	osswicks, NJ	0851:	5			City, State, Zip C		town,	NJ 08501				
Project Manager for Mor	itoring Firm		Telep	hone	No.	Telephone No.		Ť	License No.				
William We	eisgarber Jr.		100	JE JUS	(N.437)	((0.004.2)	177638		3.53501.8505.94.02.10063.3653.5	0049	3		
Start Date (10)	Sche	duled C	ompleti	on Da	ate (11)	Name of OSHA	Monitor						
10/21/11		1	0/21/1	11				ME	CS				
Occupancy Status Durin			20000000			Street Address	500						
☐ Facility Closed/Vacate								<u>О. Во</u>	x 341				
☐ Abatement Performed  ☑ Other - Describe: 8		al Facilit	y Hours	5		City, State, Zip C							
13 AMILE 3171 CASE 12 SANGE 10 3 ACC				The se		<u> </u>	Crossy	vicks,	NJ 08515				
Scope of Work (Check a	il that apply)					□ Full Cor	ntainment wit	h Negat	iva Drassura				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		X Re □ De	novatio molition	n		☐ Mini-End ☐ Gloveba	closure ng Procedure						
		1-1				Non-Exe	empted (*) an	d Non-F	riable Proced				
			ocation	١						1	Abate Typ		
Location			Solely		İ	Description of				-	' ' '		
Asbestos-Containing M TO BE ABAT			itenance istodial	e/		os Containing Mate thermal systems in			Amount (Specify	₽.	Re	m	Ē
IN Facility		1	Staff?		(1.0.,	surfacing, VAT,	or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneo	us)			Val		sula	e ure
		Yes	No	N/A								ě	
lst floo	r		X		duct insulati	on		16 LF	×			$\exists$	
					(wrap and cu	ut)							
											$\neg$	$\neg$	
								=				-	$\dashv$
Name of Registered Was	te Hauler				Vaste	Cubic Yards	Name of F	Register	ed Landfill				-
Stevens Environm	ental Service	s inc	Hau	iler ID 182	No. 192	of Waste 1 CU		T.R.I	R.F., Inc. I	Landf	ill		
City, State	Allentown, N	JI				Disposal Date	City, State		211	D.			
Completed By Title						10/24/11/   Signay/re	1/-/	1	ullytown,	PA			_
Mahlon E. Ster		oject I	Man	ager	11/1	1		Date	10/20	0/11			

IN CIACI		NO	LILICAI	ION OF ASE	ESTOS ADATEI	VIEIN I )		4		~	
Date of Notification (1) 10/3/2011				Name of Building WOODBRIDGE	Owner/Operator (2) PROPERTY LLC	3					1.5
Agency Notified		otification	1	Street Address 1548 S 13 <sup>TH</sup> STF	REET	***	- my - m			<del></del>	
⊠ EPA □ DEP	☐ Initia ☐ Ame			City, State, Zip C	ode		-				
☐ DOL ☐ DOH	☐ Eme	raonau		PHILADELPHIA,							
□ DCA	(inclu	uding jus	tification)	Name of Contact		Telephone	e Numbe	[			
	☐ Cano	cellation		WILLIAM JULIAN	<u>10</u>	5 7	757	•			
			1		FORMATION						
Name of Facility Where FORMER ADAMS DO		nt is Taki	ng Place (3)		Type of Facility	10					
Street Address					School (K-12) Subchapter 8 (O						
450 KING GEORGES F	RD				X Other (i.e. priv	ate & commercia	al building	gs, ho	mes,	etc.)	
City (5)		101000			Square Feet	# of Floors	1	Bldg	. Age	2	
woodbridge					20,000	1		30+			
County (6) MIDDLESEX	County	Code (7)	(STATE US	SE ONLY)	Current Use (Pri	or if being demol	ished)				
Name of Monitoring Fire	n Hired by	Building	Owner	ASCM No.	Name of Abatem	ent Contractor (	9)		-		-
(8) AET, INC.				0021	Alliance Environ	Inc.					
Street Address 28 PENNELL RD					Street Address 550 East Union S	Street					
City, State, Zip Code 28 PENNELL RD, MED	DIA, PA 19	063			City, State, Zip C West Chester, Pa	ode A 19382					
Project Manager for Mo ERIC HOUSEKNECHT		<u>rm</u>	Telephone	No.	Telephone No.	License 00508	e No.				
Start Date (10) 10/17/2011	Schedul 11/11/20		oletion Date	(11)	Name of OSHA N AET, INC.	Monitor					
Occupancy Status Durin	ng Abatem	ent (Che	ck only one		Street Address						
☐ Facility Closed/Vaca	ted Durina	Entire P	eriod of Aba	tement	28 PENNELL RD	l.					
☐ Abatement Performe☐ Other – Describe:					City, State, Zip C MEDIA, PA						
Scope of Work (Check a	all that app	oly)			Full Containmer	nt with Negative F	Pressure				
□ ≥ 3 sf or ≥ 3 lf		Renova	tion		Mini-Enclosure X Glovebag Prod	cedure					
⊠≥ 160 sf or ≥ 260 lf	ΧI	Demolitio	n		Non-Exempted (	*) and Non-Friab	le Proced	dure			
					-			Ι.,			
Location of Asbestos-				Description	of Asbestos Containing					nent T	ype
Containing Material			nally Used itenance/	Material (ACN	(i.e., thermal systems	Amou	nt	Remova	Repair	Encapsulate	En
(ACM) TO BE ABATED IN Facility		todial Sta			urfacing, VAT, or other scellaneous)	(Specify SF	or LF)	oval	₹.	psul	Enclosure
(13)				1 100	scenarieous)					ate	le l
	Yes	No	N/A								
OFFICES AND			X	VAT& MA	ASTIC	6180 SF					
WAREHOUSE				ROOFING		11720SF		X			
WAREHOUSE				VIBRATION	CLOTH	4LF		X			
WAREHOUSE				TRANSITE I	EXHAUST	32 LF		X			
ROOF				TRANSITE		580 SF		X			
Name of Registered Wa Freehold Cartage	ste Hauler		JDEP Wast 7011/06489	e Hauler ID No.	Cubic Yards of Waste 300		Name o	of Rec	ister	ed Lar	ndfill
City, State					Disposal Date		City, St	ate			-
Hazelton, PA	Title				TBD SignAture		Imperia				
Completed by Devin Blom	Title Project N	Manager			Sign/atulre 3			<u>0ate</u> 0/19/	2011		

NOTIFICATION OF ASBESTOS ABATEMENT) Name of Building Owner/Operator (2) Date of Notification (1) 10/3/2011 WOODBRIDGE PROPERTY LLC Agency Notified Street Address 1548 S 13<sup>TH</sup> STREET Type Notification ☐ DEP ☐ Amended City, State, Zip Code ⊠ DOL **⊠** DOH PHILADELPHIA, PA 19147 ☐ Emergency (including justification) ☐ DCA Name of Contact Telephone Number Cancellation WILLIAM JULIANO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORMER ADAMS DODGE School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, etc.) 450 KING GEORGES RD City (5) Square Feet # of Floors Blda. Age WILLINGBORO 20,000 30+ County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) BURLINGTON VACANT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Alliance Environmental Systems, Inc. AET, INC. 0021 Street Address Street Address 28 PENNELL RD 550 East Union Street City, State, Zip Code City, State. Zip Code 28 PENNELL RD, MEDIA, PA 19063 West Chester, PA 19382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **ERIC HOUSEKNECHT** 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/11/2011 10/17/2011 AET, INC. Occupancy Status During Abatement (Check only one) Street Address 28 PENNELL RD □ Facility Closed Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: MEDIA, PA 19026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ☐ Renovation □ ≥ 3 sf or ≥ 3 lf X Glovebag Procedure ⊠≥ 160 sf or ≥ 260 lf X Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Location of Asbestos-Description of Asbestos Containing Repair Containing Material Is Location Normally Used Removal Encapsulate Material (ACM) (i.e., thermal systems Amount (ACM) TO BE Solely by Maintenance/ insulation, surfacing, VAT, or other (Specify SF or LF) ABATED IN Facility Custodial Staff? (12) miscellaneous) (13)Yes No N/A OFFICES AND X VAT& MASTIC 6180 SF 11720SF ROOFING WAREHOUSE X WAREHOUSE VIBRATION CLOTH 4LF X WAREHOUSE TRANSITE EXHAUST 32 LF X ROOF TRANSITE 580 SF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill

Freehold Cartage 07011/06489 BFI Imperial City, State Disposal Date City. State Hazelton, PA TBD Imperial, PA Completed by Signature <u>Title</u> Date Devin Blom Project Manager 10/3/2011 State of New Pate: Time: 7:32

NOTIFICATION OF ASBESTOS ABATEMENT Check # 7736

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

Agencies Notified  Type Notification  DEA  DOL  Amended Amende	Date of Notification (1)	··· ·· ··		Nem	na of Building Own	Mar/Charol	0. (2)	Manager 1				
Span					MR	FRIE	(c)		C	B	1	11/1
DOH Decided During Enter Particular (Check Only One)  FACILITY INFORMATION  At PALA  Street Address  13 1 W. QUALKEN BUSH AVE  South County (1)  Share of County Code (7)  Share of County (1)  Share	Agencies Nonned Type Notifical	ion		Stre	et Address			-1151		e	<u>[]</u>	11/
DOH	man intra				131 6	VE.85	QUACKEN	BusH 1				
DOM	Mile Turnering			City,	State, Zip Code	4. 5	- 417 1	2/11/11	HET	2	4 7	011
Name of Facility (Noner Abstrement is Taking Pluce (3)  A. P. P. L. P.  Similar Address  Solve (K-12)  Solve (K-12	Mod Educada	cy (Includ	ling			70 5	026	48			5	Jij
Name of Facility Where Abstement is Taking Flace (3)  An P 72.16  Shock Address  13.1 W. QUACKEN BUSTL ANC  County Code (7) (3/ATE USE ONLY)  Shock Individe a commercial buildings, home of County Code (7) (3/ATE USE ONLY)  County (6)  Buildinan  County (6)  County Code (7) (3/ATE USE ONLY)  A. Mac Contracting Inc.  Sheet Address  105 Lowell Road  City, Slate, Zip Code  City, Slate  Cit	DCA Cancellal			INAIN				/ Telephone	Numb	or		
Prince of Facility (a)   School (K-12)   Sch				F		ATION			. 5			18
Situation (K-12) Solver (Address    3   W. QUACKEW BUSTL AK    Summer Feet   Rolf Floors   Bidg, Age   Clerk floors   Bidg, Age   Clerk floors   Bidg, Age   Clerk floors   Bidg, Age   Clerk floors   Bidg, Age   Clerk floors   Bidg, Age   Clerk floors   Clerk floors   Bidg, Age   Clerk floors   Clerk floor	Name of Facility Where Abatement is Ta	Ming Plac	e (3)		COLL THE CHAP	A (ION	Type of Facility	V (4)	777-14			
Subothalpria (Contert than K-12)  City (5) June 17  Source (2. a physic & commercial buildings, home of County (3) June 17  Source Feet 3 of Floors 3 Bidg. Age  County (30) June 17  County (30) June 17  Street Address 10 St. Owell Road  City (5) ASCM No. Name of Absternent Contracting Inc.  Street Address 10 St. Owell Road  City State, 25 Code  City State  C							-	70.00				
City (5)   Source Feet   Act   Feet   Act	-	_				Subchapi	ler 8 (Other than K	-121				
County (8) County (9)	Chill	BUSTL	An	/ <u>C</u>			Mar (1.4	emmo & elavha	rcial b	ouldh	igs, h	ome
County (8)  Billian  County Code (7) (8747 use ow. 7)  Current Use (Prior If being demoilaned)  Removed Absternant Contractor (6)  A Mac Contracting Inc.  Street Address  Telephone No.  It contracting Inc.  Street Address  City, State, Zip Code  City, State  City,	Dumon T							# of Floora		Bld	~ A ~	
Country Code (7) (2747 E use ow.7) (2747 E use o							1450	The contract of the contract o				
Name of Mentioring Firm Filtred by Building Owner (8)  ASCM No.  Name of Abatement Contracting Inc.  Street Address  Street Address  Street Address  Street Address  Street Address  City State, Zip Code Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Glen Rock, NJ 07452  Comaga Environmental Services Inc.  Street Address  Ontice Period Of Abatement Ontice Address  Street Address  Street Address  Ontice Period Of Ontice Address  Street Address  Street Address  Ontice Period Of Ontice Address  Street Address  Street Address  Ontice Period Of Ontice Address  Street Address  Street Address  Ontice Period Of Ontice Address  Street Address  Street Address  Street Address  Ontice Period Ontice Address  Street Address  Street Address  Street Address  Ontice Period Ontic	BERGERA			Count	y Code (7)		Current Use (P	rlor If being demoi	lahed			-
Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Gien Rock, NJ 07452  Gien Rock, NJ 07452  In Elephone No.	1577 W.	a Ouron	705				Re	5.5				
Street Address 10S Lowell Road City, State, Zip Code City State, Zip Code Glen Rock, NJ 07452  Telephone No. Telephone No. Telephone No. O0156 A  Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services Inc.  Scheduled Completion Date (11) Popular Abatement Check Only One) Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606  Telephone No. O0156 A  Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure  Abatement Typo  Abatement Abatement In Eacility (15)  Yes No N/A   Base A A TE  Gould Yeards of Waste  Name of Registered Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Dispolar Gree Stores  Title Stores  Storet Address Abatement Code One of Registered Landfill Cumberland County Landfill Cumberland County Landfill City, State Incomplete of Stores In Complete of City, State Incomplete  being thirt had by building	a Owner	(0)	ASC	JM No.	Name	of Absternant Co	ontractor (0)				-	
Tily, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Code  Code Code	Street Address							ig Inc.				
City, Stato, Zip Code Glen Rock, NJ 07452  Telephone No.  Name of OSHA Monitor  Omega Environmental Services Inc.  Street Address  280 Huyler Street  City, State, Zip Code  Hackensack, NJ 07606  Telephone No.  Tity State Zip Code  Hackensack, NJ 07606  Telephone No.  Tity State Zip Code  Hackensack, NJ 07606  Telephone No.  Telephone No.  Name of OSHA Monitor  Omega Environmental Services Inc.  Street Address  280 Huyler Street  City, State, Zip Code  Hackensack, NJ 07606  Telephone No.  Tity State Zip Code  Hackensack, NJ 07606  Telephone No.  Telephone No.  Name of OSHA Monitor  Omega Environmental Services Inc.  Street Address  Zigo Thurler  Telephone No.  Name of Negative Negative Pressure  North Address  Tity Code  Hackensack, NJ 07606  Telephone No.  Telephone No.  Telephone No.  Name of OSHA Monitor  Omega Environmental Services Inc.  Telephone No.  Telepho						Street 105	Address					
Glen Rock, NJ 07452  Glen Rock, NJ 07452  Telephone No. Ucoses No. 00156 A  Name of OSHA Monitor Omega Environmental Services Inc.  Scheduled Completion Date (11) Omega Environmental Services Inc.  Scheduled Completion Date (11) Omega Environmental Services Inc.  Scheduled Completion Date (11) Omega Environmental Services Inc.  Street Address 280 Huyler Street  City, State, 240 Code  Hackenseck, NJ 07506  Telephone No. Ucose No. 00156 A  Name of OSHA Monitor Omega Environmental Services Inc.  Street Address 280 Huyler Street  City, State, 240 Code  Hackenseck, NJ 07452  Telephone No. Ucose No. 00156 A  Name of OSHA Monitor Omega Environmental Services Inc.  Street Address 280 Huyler Street  City, State, 240 Code  Hackenseck, NJ 07452  Telephone No. Ucose No. 00156 A  Name of OSHA Monitor Omega Environmental Services Inc.  Street Address 280 Huyler Street  City, State, 260 Code  Hackenseck, NJ 07452  Telephone No. 00156 A  Name of OSHA Monitor Omega Environmental Services Inc.  Street Address 280 Huyler Street  City, State Street  City, State No. No. 00156 A  Name of Registered Weate Haufer  Normally Description of Ashestor Containing Material (ACM) (Specify State Street)  Normally Description of Ashestor Containing Material (ACM) (Specify State Street)  Counter miscellaneous)  Normally Description of Ashestor Containing Material (ACM) (Specify State Street)  Normally Description of Street Stre	Olty, State, Zip Code	* * *			** >** *** ***						57041130-1-0AU	
Telephone No.   Closure No.						Glen	Rock NIOT	452				
Scheduled Completion Date (11)    Course   Cours	Yojed Manager for Monitoring Firm			Teleph	one No							
Scheduled Completion Date (11)    O   O   O   O   O   O   O						relepin	OHE NO.					
Omaga Environmental Services Inc.  Omaga Environmental Services Inc.  Omaga Environmental Services Inc.  Omaga Environmental Services Inc.  Street Address 280 Huyler Street  City, State, Zip Code Hackensack, NJ 07606  Full Containment with Negative Pressure Minl-Enclosure Glosebag Procedure Non-Exempted () and Non-Friable		Sched	ulog Co	mpietion	Date (11)	Name	of OSHA Monitor					
Facility Closed/Vested During Entire Period of Abatement Abstement Performed Outside of Normal Facility Hours  Other – Describe:  Capa of Work (Check All That Apply)  23 sf or 23 if 2160 sf or 2280 if  Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (C) and Non-Friable Procedure Non-Exempted (C) and Non-Friable Procedure Non-Exempted (C) and Non-Friable Procedure Non-Exempted (C) and Non-Friable Procedure Non-Exempted (C) and Non-Friable Procedure Non-Exempted (C) and Non-Friable Procedure Abstermant Type  Ashestos Containing Material (ACM) In Facility (13)  Yes No N/A  PIFE  90 V  BOLLAN  Name of Registered Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill New Jersey  Title  Stonet Address 280 Huyler Street City, State Northory Northory City, State Northory Northory City, State Northory City, State Northory City, State Northory City, State Nowburg, PA 17242		10	1/2			Ome	ga Environme	ental Services	nc			
Feelility Closed/Necketed During Entire Period of Absternent Absterment Performed Outside of Normal Facility Hours Other – Describe:	<u></u>		- 2									
Hackensack, NJ 07606	Facility Closed/Vacated During Entire	Period a	f Abatei	ment								
Hackensack, NJ 07606	Other - Describe:	mat Faoili	ly Hour	a.		City, St	ate, Zip Code					
Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Mini-Enclosure  Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abstanting Material (ACM) Normally Used Solely by Maintenance! Custodial Staff? (i.e. thermal systems Insulation, Specify SF or LF)  Yes No N/A  Renovation  Demolition  Renovation  Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abstanting Material (ACM) Amount (i.e. thermal systems Insulation, Specify SF or LF)  Renovation  Type  Abstanting Material (ACM) Amount (i.e. thermal systems Insulation, Specify SF or LF)  Renovation  Type  Abstanting Material (ACM) Amount (i.e. thermal systems Insulation, Specify SF or LF)  Renovation  Type  Abstanting Material (ACM) Amount (i.e. thermal systems Insulation, Specify SF or LF)  Renovation  Type  Abstantial  Type  Renovation  Type  Abstantial  Type  Abstantial  Type  Ashestos Containing Material (ACM) Amount (i.e. thermal systems Insulation, Specify SF or LF)  Renovation  Type  Renovation  Type  Abstantial  Type  Abstantial  Type  Abstantial  Type  Abstantial  Type  Ashestos Containing Material (ACM) Amount (i.e. thermal systems Insulation, Specify SF or LF)  Renovation  Type  Abstantial  Type  Abstantial  Type  Abstantial  Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Amount Type  Ashestos Containing Material (ACM) Ashestos Containing Materi								7606				
2160 sf or 280 if   Demolition   Description of   Ashestos Containing Material (ACM)   Amount   Type   Ashestos Containing Material (ACM)   Amount   Demolition   Demolition   Description of   Ashestos Containing Material (ACM)   Amount   (i.e. thermal systems Inculation, surfacing, VAT, or other miscellaneous)   SF or LF   Depolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Description of   Ashestos Containing Material (ACM)   Amount   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Description of   Ashestos Containing Material (ACM)   Amount   Demolition   Demolit						,	<del></del> -	سندر وهارات والمساحدة فيهجمه المواد				
Asbestos-Contekning Material (ACM) Asbestos-Contekning Material (ACM) IO BE ABATED In Facility (13)  Yes No N/A  BASEALATE  In e of Registered Wigste Haufer IMIN-Enclosure Non-Exempted (*) and Non-Friable Procedure  Asbestored (*) and Non-F		K					Full Containme	onl with Negative F	Pressu	ire		
Location of Asbeatos-Contenting Material (ACM) Asbeatos-Contenting Material (ACM) IO BE ABATED In Facility (13)  Yes No N/A  Maintenance/ (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start? (12)  Yes No N/A  Maintenance/ Custodial Start?  Story Normally  Description of Asbestorial (ACM) Amount (Specify SF or LF)  Maintenance/ Custodial Start?  Story Normally  Description of Asbestorial (ACM) Amount (Specify SF or LF)  Maintenance/ Custodial Start?  C		البيئا	126/110/	(IQI)		1	Mini-Enclosure	)				
Secretarian of Asbeston of Asbeston of Asbeston of Asbeston of Asbeston of Asbeston of Asbeston of Asbeston of Asbeston of Obstation of Asbeston of	P. Sewen	7			<del></del>		Non-Exemples	(*) and Non-Friab	le Pro	cedu	ге	
Asbestos-Contelling Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Replacement  Yes No N/A  PIPE  The of Registered Weste Haufer M Transport Inc.  M Transport Inc									T	Abut	artign	Ę
TOBE ABATED   Maintenance/ Costodial Start?   Costodial Start.   Cos	Asbeetos-Contelling Material (ACM)				De	scription o	1		-	T	ype	
BASEMENT  PIPE  GOLF X  BUILAN  The of Registered Weste Hauler  MIDEP Waste  Hauler ID No. 29681  Disposal Piete  Nowburg, PA 17242  Title  Standard  PIPE  GOLF X  Name of Registered Landfill  Cumberland County Landfill  City, State  Nowburg, PA 17242	IOBE ABATED				Aspestos Coni (i.e. thermal	aming Mai	terial (ACM)		_		g	-
BASEMENT  PIPE  GOLF X  BUILAN  The of Registered Weste Hauler  MIDEP Waste  Hauler ID No. 29681  Disposal Piete  Nowburg, PA 17242  Title  Standard  PIPE  GOLF X  Name of Registered Landfill  Cumberland County Landfill  City, State  Nowburg, PA 17242		000		ouen r	surre	MAN, ONE	or		em	Reg	des	150
BASEMENT  PIPE  GOLF X  BUILAN  The of Registered Weste Hauler  MIDEP Waste  Hauler ID No. 29681  Disposal Piete  Nowburg, PA 17242  Title  Standard  PIPE  GOLF X  Name of Registered Landfill  Cumberland County Landfill  City, State  Nowburg, PA 17242			T		othern	изсенапос	(אַנוּל	35 32	6AO	air	25	75LI
me of Registered Weste Haufer  M Transport Inc.  W, State  arry, New Jersey  Title  BULKA  DISPOSAL  Cubic Yards of Waste  Cubic Yar	0	res	No.	N/A					-		क	ď
me of Registered Weste Haufer IM Transport Inc.    MIDEP Waste Haufer   NUDEP Waste   Cubic Yards   Name of Registered Landill	BASKAGET			L	PIPE			9014	5	-		1100000
me of Registered Weste Haufer  IM Transport Inc.  Muler ID No. 29681  Cubic Yards of Waste   Cubic Yards of Waste   Cumberland County Landfill   Cumberland County Landfill   City, State   Nowburg, PA 17242	L (				BULLAN				-			-
M Transport Inc.  Hauler ID No. 29681  Cumberland County Landfill  City. State  Nowburg, PA 17242  Title  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1					~,~ ; <u>~</u>			40 00	r		-	
M Transport Inc.  Hauler ID No. 29681  Cumberland County Landfill  City. State  Nowburg, PA 17242  Title  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1  Signature 1		-										
M Transport Inc.  Planter ID No. 29681  Cumberland County Landfill  City. State  Stoneburg, PA 17242  Title  Stoneburg to	me of Registered Weste Hauler	اـــــا	I NI	DEP W	icia   Cuisto N	ande						
Asharing New Jersey  Title  Disposal Plate  City, State  Nowburg, PA 17242  Title  Signature  Signature  The Signature	M Transport Inc.		Ha	uler ID N			A CAN TO SERVICE STATE OF THE	ham and the said the same and the				
arry, New Jersey    Disposal Tale   City, State     Nowburg, PA 17242     Signature   Part     City State   City State     Nowburg, PA 17242     City State	, State		[_29	1081			Cumberi	and County La	ndfill			
Title Signature t							City, State					
Significant Signif	mpleted by	Tilla					Nowburg	, PA 17242		,		more la
10/2/11	McDonald	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	denf		Sig	nuplire na	V11		- ( .	1.	,	

State of New Jersey

New Jersey

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

(CCT 2.4 2014

			<u> </u>	Mai 2 4 79			1. 1.	
Date of Notification (1)	· Name of	Building Owner/Coerat	7 2	\ \ \	/		4.1	-
10-19-11		DA L	HMERICE	m Demo	<u>U</u>	1/4	i	
Agency Notified Type Notification	Street Ad	onessa	1,41	6	ů.	1	1	
DEPA Dinitial	City State	R. Zīp Céde	115 h	**				
DEF DATIONAL Amendments		1 1 1	Two N	7.7		•		- 1
D DOH (instification)	uding Nerres of	7 1111100-1	;   "	Telephone Number	3.5			$\dashv$
D DCA D Cancellation		Dinexed 5	•					- 1
	FACILIT	YINFORMATION						-
Name of Facility Where Abatement is Taking	Place (3)		Type of Facilit	y (4)				$\dashv$
1 (esidEN	1		☐ School (K-1	2)				- 1
Street Address	1 1		U Stochapter	8 (Other than K-12)	.d.e			- 1
101 S. HR9	we the		homes, etc.	rivate & commercial b	ullaing	٠.		-
City (5)	1 11.	•	Square Feet	8 of Floors E	ildg. A	ge		ㅋ
11ARGATE	115		6000	1 3	10	)		1
County (6) ON H //	County Co	de·(7) (STATE USE	Current Use (F	rier if being demolishe	2			7
MANGTE	-	111	/	Lesident	٠.			
Name of Monitoring Firm Hired by Building Ov (8)	mer ASCM No.		nent Contractor (					1
Street Address		Street Address	E LLC					4
Onset Modess		12	12 BUR	Under A	w.		•	1
City, State, Zip Code		City, State, Zip C	Code					-
		DE	ANCO.	NJ 0807	5			1.
Project Manager for Monitoring Firm	Telephone No.	Telephone No.		License No.	•			1
		(352,125)	201742	01070				1
	Completion Date (11):	Name of OSHA	vionizor -			,		1-
Occupancy Status During Abatement (Check of		Street Address						١.
		Charles .						
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fa	d of Abstement cility Hours	City, State, Zip C	ode					1
Cl Other - Describe:							••	1
Scope of Work (Check all that apply)		' - Di Fusi C	ontalement with I	Vegative Pressure				
☐ ≥ 3 sf or ≥ 3 if ☐ ≥ 160 sf or ≥ 260 ff	. U Romovatk	որ 🗀 հեթե-6	ndosure bag Procedure					
7 - 2 100 36 11 22 70 11	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		xempted (7) and	Non-Friable Procedure				
	Is Location .		-	\$	AL	Type	200000000000000000000000000000000000000	
Location of	Normally Used Solely by	Description of			$\Box$	1	T	
Asbestos-Containing Material (ACM)	Maintenance/ As	sbestos Containing Mat (i.e., thermal systems in	ertel (ACM)	Amount	20	g	m	-
TO BE ABATED	Custodial Staff?	ue., werman systems used to a surfacing, VAT.	gt.	(Specify SF or LF)	Remova	Repair	룡	
(13)	. (12)	other miscellance	ns)	****	BA	Repair	Епсовию	
* /	Yes No NA				11		11	
. Out side on Home .	1.	Glory (AC	(14)	3000 SUF1	1	1	H	
		J :		. 01	11	1	H	
4	1 - 1 - 1				11	1		
					11	+	$\dashv$	
Namo of Registered Waste Hauder	NJDEP Waste Hauler ID No.	Cublo Yards of	Namo of Register	ad Landill			$\dashv$	
J Robinson W.  Gity, States  Bellman ( N	18396	V BALSON	WIM	.of the			1	
City, State	114	Disposal Data (	ity. State	1			$\dashv$	
1sellmanc D	5	7Bn	July	town PA		٠.	1	
Completed by	7.0	Signatare	<del>/-</del>	Date			4	
) Oz Hill	ν <i>Τ</i> ·	1 Acht		10-1.	3-11			
ASB-41 Do not	use this form for appestos	iconsuro exampled acti	eodivi	1/2/3	!-		_	-

в & ⊌ ргој. #•	AVII AV.		.50				79. 2000	+3-11	Check	# 4827			i.	-
Date of Notification	(1)	I I Nar	me of Buildi	na Öwner	Operator (2)		· CHIL	T IF	12 2	177		37		
11  0 1/12  1			ounty of N		. <b>Op</b> 5/14/10 (=)		Amazana e e e e e e e e e e e e e e e e e e e				. 11			
Agencies Notified	Type Notification		et Address				1.00							-
☐ EPA		P	.O. Box 9	00					OCT 2	4 2011				
☐ DEP	24	11 -	, State, Zip								÷	Chapter 1		
DOL	Amendme	ent	Morristow	n, NJ 07	960	5		i				- 1		
<b>⊠</b> DOH	=	Nar	ne of Conta				L	MARKETTE	Telephor	ne Number				
□ DCA	Cancellation	on	David End	lly				2 22		1				
		!!_=			ITY INFORM	ATION	1		21/21/21/21			, it i	120	•
		utine elec	n (2)	171012				Туре	of Facility	(4)				
Name of facility wh	here abatement is t	taking plac	e (3)				1	1 "	School	ol (K - 12)				
Sheriffs Explor	er Post	_								napter 8 (C			-12)	
Street Address									Other Bldgs	(Private/C ./Homes, e	omme tc.	rcial		
620 W Hanove	er Avenue							Squ		# of Floor		Blo	dg. Ag	ge
City (5)		Count	y (6)			A THE PARTY OF	inty Code (7)					_		
Oily (e)			2			(Sta	ate use only)		rent Use (F idential	Prior if bein	g dem	olishe	ed)	
Parsippany-Tr	oy Hills	Mon			ASCM No.		Name of Abatement							
Name of Monitoring	ng Firm Hired by Bl	lag. Owner	(0)		ASCIVI NO.		B & G Restorati						5	
n/a						-	Street Address	ion, me						
Street Address						1	105 Ryerson Ro	oad						
City, State, Zip Co	de					-	City, State, Zip Code	9			100			
City, State, 219 Go							Lincoln Park, N	NJ 0703	35					
Project Manager fo	or Monitoring Firm		Pho	ne Numbe	er		Telephone Number	,		License 0378	Numb	er		
							Name of OSHA Mo	nitor		03/8				
Scheduled Start D	ate (10)	Sched.	Completion	Date (11	)		B & G Restorat		C.					
10/31/2011		11/1/2	2011				Street Address							
Occupancy Status	During Abatement						105 Ryerson Ro	oad						
Facility close	ed/vacated during e	entire perio	d of abaten	nent.			City, State, Zip Code	е						
Abatement p	performed outside	of normal f	acility hours				I . I Deale N	0702	· E					
Other-Desc	ribe:						Lincoln Park, N	NJ 0703				_		
	check all that apply						5 11 O t - i a - t / a	o a a tiva	proceuro	Glove	haa nr	ocodi	ıre	
□ Demolition		Renovatio	n				Full Containment w/no	egative	pressure	☐ Glove ☐ Non-f				
$\boxtimes$ >3 sf or >3	If 🔲 🖹	≥160 sf or				X	Mini-enclosure			Non-i	TR	R	E	_
Location of			normally unance/custo		1				Amount		e	е	n	E n
asbestos-co material to		staff(12)			Descripti		asbestos-containing )		(Specify	SF or	m o	p a	c a	С
abated in fa		Yes	No	N/A					LF)		v e	i	р	L
1				X	duct (wrap	& cu	it)	4	sf		X			
lst floor				X	VAT			2	0 sf		X			
131 11001						T. (5)								
													ᆜ	片
							-10		ill			Ш	Ш	Ш
Registered Waste		NJD 195	EP Hauler II		ubic Yards of yard	Waste	Name of Registere Tullytown Reso	ed Landt ource &	III Recover	y Center	Windows and the second			
B & G Restora	mon, me.			Disposal D			City, State							
Lincoln Park,	NJ 07035			11/1/20			Tullytown, PA							
Completed by (Pr		Title			Signature	770	Gordana Luna			Date 10/21	/2011			
Gordana Luna		Treasure	er				Journa Service			10/21/	2011			_