じたちじ

		NOTIFIC. (Pur	ATION Suant for	OF AS	BESTOS AB C 8:60 and 1:	ATEMENT	MEG			٠.	
Date of Notification (1)						858					43
			Name	of Buildi	ng Owner/Opera		4170				-
Agency Notified	Type Notification			Kon //		ivon men	NAK 20041	60	2014		
□ EPA	Initial		50			+-22					2.00
O DEP	Amended		City S	tate, Zip	achAm &	difect	ACCURATION				1
□ DOL	Amendment #		FILE	rett	· mA	02148	ASBESTO:	S CON ENSING	TRO	L 8	
□ DOH	☐ Emergency (in justification)	cluding	Name	of Conta	ct	00118		-	3	- Diversion	the same of
□ DCA	☐ Cancellation		m	. 1	seci		Telephone Num	ber			
	1000		FACI		ORMATION						
Name of Facility Where A	batement is Taking	Place (3)	1		C	Type of Facil	(h. //)				
Former B	monne 1	la harras	tim	ml	- Plant		0.000				
Street Address	7	-NIJIK SU	100	1/11	9.1911	School (K-	-12)				
1 Avenue	T			•	•	Other (i.e.	er 8 (Other than K-12 private & commercia	l huildin	20		
City (5)		~				nomes, et	c.)	Dullain	gs,		
Baushna						Square Feet	# of Floors	Bldg.	Age		
DAYODDE County (6)						1	AVA	Alt	-		
Hirden			County ONLY)	Code (7)) (STATE USE	Current Use	Prior if being demolis	hed)	į.		
Name of Monitoring Firm	Himad by D. W. F.			12		STORGE ment Contractor	e tonk				
(8) As of the state of the	4 : A Building C	The second second	M No.		Name of Abate	ment Contractor	(9)	,		_	
(8) A5st Inspecies Street Address	100 Techno	Sogies			Jerra (mtrei		in	11	/	
123 N. Tea +	01.000	9	10000000		Street Address	·	1	40,	the de	_	
City, State, Zip Code	a pour	14 3015			5781	Stad1.	um Voin	1.			
C+///		11910			City, State, Zip	Code	0 0	\preceq			
DHILL HAMPTO	n,NP	11969		1	KALAM	AZW M	1.49009				
Project Manager for Monito		Telepho			Telephone No.	.00 1.	License No.				
RULL Ellama		917.40	0.92	17	269-375	9595	0120	8			
Start Date (10)	Scheduled	Completion Da	ate (11)		Name of OSHA		10100	0			
11-3-14	2-3	8-15			// / / /	al Testin	2 Haisel	412	(P-1	,, ,
Occupancy Status During	Abatement (Check	only one)			Street Address		2000000	7	H	10	114
Facility Closed/Vacated	During Entire Perio	d of Abatemen	t		14625 1	DATER K	1				
Abatement Performed C Other – Describe:	outside of Normal F	acility Hours	•		City, State, Zip	Code				_	
				1	19 mwell	MICHI	190 H90	On			
Scope of Work (Check all t	hat apply)					<i>t</i>		<i>50</i>			
] ≥ 3 sf or ≥ 3 lf			☐ Renov	vation	□ Full	Containment with	h Negative Pressure				
≥ 160 sf or ≥ 260 lf			□ Demo		☐ Glov	Enclosure ebag Procedure					
					∠ Non-	Exempted (*) an	d Non-Friable Proced	dure			
-		Is Locat	100					.	Abat		ent
Location (of	Normal Used Sole			Description	of		-		уре	_
Asbestos-Containing N TO BE ABA	Material (ACM)	Maintena	nce/	Asbesto	os Containing Ma	aterial (ACM)	Amount			m	
IN Facilit		Custodi Staff?		(i.e.,	thermal systems surfacing, VAT	insulation,	(Specify	3	PR	200	E
(13)		(12)			other miscellane	, or eous)	SF or LF)	TO YOU	Repair	psu	Enclosure
		Yes No	T			/		وَ	<u> </u>	Encapsulate	lie
Pod 4 TANK	E	Yes No	N/A								
		+	X	phattie	· Coatings.	on tooks	SF				П
oa 3 jant 1	arm			LIGHT STATE OF THE	11	EXTERIOR.	80,000				\vdash
							0/00	-	1		\vdash
								-+	+	\vdash	H
ame of Registered Waste	5000.000000 DOM:	NJDEP W	aste Hau	ler (Cubic Yards of	Name of Regis	stered Landfill				4
AZMAT ENVIRONMY	Ad Gra	a ID No.	1	V	Waste	1/1/1	A A	P 3			- 1
to States - 4	The Tuy	16	65	/	20	171910HC	18 Land+	11			
Suffala 1)	w				Disposal Date	City, State	1	-			\dashv
empleted by	A Title					FAIR DO	T,NY				
	Dilecter of	1 dh	M~. /	. 8	Signature		Da	ite			\dashv
REGORY MOE		of use this form	TOOT		Nues	2 D. N	100 11	0-2	21	4	

	*							ATION	te of New OF ASBE to NJAC 8	STOS	ABATE		т		E	C	E		\mathbb{V}	5	2	1
	e of Notification (1) stober 17, 2014			***************************************			Ni F	ame of	Building C I Avlatio	wner/O	perator inistra	(2) atlor	1	M		0.03	- 0					
19 <u>22-00</u>	ncies Notified			ification				treet Ad 2 Nev	dress v Englan	d Exe	cutive	Par		1 [001	2	4 2	2014	1	2	
XXX	EPA DEP DOL	×	Am	ended endment					te, Zip Coo		3		I		ASE	EST	OS (CON	TROL	&		
×	DOH DCA		justi	ergency ification) icellation		1	100		Contact nce Hill				10 Mar.					e Nu			•	District Access
		_						FACIL	ITY INFO	RMATI	ON											
FA	me of Facility Where A Remote Trans											Тур	Sc	hool	ty (4) K-12)		ar tha	n K-1	21			
М	eet Address orristown Municip	al A	irpoi	rt								×	Ot	her (1. :.)	e. pri	vate 8	com	merc	ial build			es,
	r(5) orristown		W 69								1770	40	0	Feet		1	Floor		5	dg. A)+	ge	
	unty (6) orris								Code (7) USE ONLY)	West and the					(Prior BLD(if bei	ng de	molis	hed)			
	ne of Monitoring Firm Project Manage				Owner (8	3)		ASCN	No.		Name Slav						(9)					
7.000	et Address Hibernia Avenue	 e									Street 164			ve.								
	v, State, Zip Code ockaway, NJ 078	66									City, S					0701	1-18	302				
	ject Manager for Mor anmarco Ferrant		g Fir	m				elephor	ne No. 99-5200		Telepi 973-			48			Lice 007	nse N	No.			
0.3035113	rt Date (10) //30/2014				Schedu 11/4/2			oletion	Date (11)		Name Slav					Inc.						
	cupancy Status Durin	g Aba	ateme	ent (Che	ck Only C	one)					Street	Add	iress					-				
×	Facility Closed/Vac Abatement Perform Other – Describe:	ated ned O	Durin utsid	g Entire e of Nori	Period of mal Facili	Abate ty Hou	eme urs	ent		-	City, S	State	, Zip	Code		0701	11-18	802				
Scr	ppe of Work (Check A	All The	at Ap	ply)								011,						_				
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		, y-	F-97	×	Reno	13.17.11.1					×	Mini- Glov	Enclo ebag	sure Proce	dure	-		Pressu		e	
-						ls Loc	ntin		[/				Abat	emer	nt
	Locatio Asbestos-Containing TO BE AB In Faci (13)	Mate BATE!		(ACM)	U:	Norm sed So lainter stodia (1)	nally olely nand al St	/ / by ce/		tos Con therma surfa	escription taining l I system teing, V/ miscella	Mate ns ins AT, c	sulati or			(5	mour Speci F or L	fy	Remova	Repair	e Encapsulate	Enclosure
					Yes	N	0	N/A	1										_		te	10
	RTR Bu	ilding	9					х	Gre	en 9x	9 vinyl	Flo	or T	ile		4	00 S	F	Х			
	RTR Bu	ilding	g					х		Bla	ick Ma	stic		In Control		4	00 S	F	X			
	RTR Bu	ildin	g					х	(1)Asb	ceme	nt slee	eve d	& ca	ulkii	ng		1 LF		x			
	RTR Bu		70					х	Caulk	ing an	ound b	ouilo	ding		-		12 LI	<u> </u>	x			
400000	me of Registered Wa vco Construction						Ha	DEP V auler ID 508		of Wa						Regist V.S L			ill			
	y, State fton, New Jersey	070	11-1	1802						Dispo	sal Date	е			State risvi	lle, F	Pa					
100000	mpleted by				Title	-					Signatu	re			<u></u>			1	Date			

10/17/14

Vivian D. Jurcevic

Completed by

Title

Office Manager

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

	FICATION OF ASBESTOS			ECE		\mathbb{V}	3	M
Date of Notification((1)	Name of Building Owner/O	perator (2)					7	Ш
10/21/14	(hr.s	Ste	iner!	OCT 2	4 21	714	\parallel	Ш
Agencies Notified Type Notification	Street Address	(50	C 00 d	1	. , 2,	717	-	
EPA Initial	City, State, Zip, Code	100 Ju	2110	ACCEPTOR	201		1	
DEP Amended Amendment #	ill h	EGG	Hdet	ASBESTOS LUCE	NSING	W	1	
Emergency (including justification)	Name of Contact	- J)	Tours.	Telephone N	mhar	-	_	7
DCA Cancellation	Chr.	5						
A Miles Alexandria Takina Diago (2)	FACILITY INFORMATI		e of Facility (4)					-
Name of Facility Where Abatement is Taking Place (3)		195						
01000	E 1			(Other than K-1				
Street Address 28 Kan Sas To	39		Other (i.e. pri etc.)	vate & commerc	ial buildi	ngs, h	nomes	s,
City (5) / 146 Egg Harbor	-	Squ	are Feet	# of Floors	Blo	dg. Ag	ie	
County (6)	County Code (7) (STATE USE ONLY)	Cun	rent Use (Prior	if being demolis	hed)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	the professional state of the second	patement Control	CONTRACT NO.				
Street Address		Street Addr						
			rose Road					
City, State, Zip Code		City, State, Colts Ne	Zip Code ck, N.J. 077	22				
Project Manager for Monitoring Firm	Telephone No.	Telephone 732-294	No.	License N	No.			
Start, Date (10) Scheduled C	Completion Date (11)		SHA Monitor		-			\dashv
10/35/14	1114							
Occupancy Status During Abatement (Check Only One)		Street Addr	ress					
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe:	tement ours ウ	City, State,	Zip Code				-	\dashv
Scope of Work (Check All That Apply)								\neg
☐ ≥3 sf or ≥3 lf ☐ Reno	ovation olition	H	Mini-Enclosure Slovebag Proce	nt with Negative				
· · · · · · · · · · · · · · · · · · ·		- A	Non-Exempted	(*) and Non-Fria		edure Abate		-
Nor	nally De					Ту		
Location of Used S	olely by Asbestos Con			Amount			ш	
In Facility Custodi	al Staff? (i.e. therma	systems insicing, VAT, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		miscellaneou			oval	air	sufai	sure
Yes N	lo N/A				1.0		œ.	
out ducs	A Sid:	axilo	INVI	100017	X			
k tohin	7 Floor +	ile '		1208F	X			
		.,						
Name of Registered Waste Hauler	NJDEP Waste Cubic Hauler ID No. of Wa	Yards este	Chrins	Registered Landfi	III			
Ace Insulation Co., Inc.	12086						- 20	
City, State Colts Neck, New Jersey	1 11	sal Date	City, State Easton,	, PA				
Completed by Title		Signature'	(A .		Date I	.]	,	
Bree McGuire Secreta	ry Treasurer	Die	- /		10/0	111,	4	

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

CHECK # 1089 Date of Notification (1) Name of Building Owner/Operator (2) 10/20/2014 Trecia Benjamin Agencies Notified Type Notification Street Address STOS CONTROL& 507 Alletta St. **EPA** Initial LICENSING City, State, Zip Code DEP Amended X DOL Amendment # Plainfield, NJ 07060 X Emergency (including Name of Contact DOH justification) Trecia Benjamin DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 507 Alletta St. × etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield 1.900 +50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 1087 Pleasant Valley Way City, State, Zip Code City, State, Zip Code West Orange, NJ 07052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01232 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/21/2014 10/22/2014 Envirovision Consultants Inc. Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd. - Bldg.35E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Normal Working Hours City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 98 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Unicorn Contracting Corp. G.R.O.W.S., Inc. 0035844 5 City, State Disposal Date City, State West Orange, New Jersey TBD Morrisville, Pennsylvania

Completed by

Dimo Golcev

Title

Project Manager

Date

10/20/2014

Signaturé

		(P	บางเม่นสะ	OF ASBESTOS to MJAC 8:60 am	d 12:120		U U (signation	<u>多い</u> (re)4	4	· MI	
Page of Notification (1)	1-14		Name o	f Building Owners	Base	1 1/1	astano	-	-	ZH.	H
Agencies Notified Type Notification			Street A				LICE	-	town of the last	L&	
J EPA E Initial J DEP D Amended			City, St	ate, Zip Code		4					_
DOL Amendment Emergency	(hicketing		Name o	f Contact	دندده	cton 1	J Telephone Mil	85	34	2	
DOA Justification			Lo	u Barb			1	No.	ľ.	,	
Name of Facility Where Abgrement is Takir	g Place ((3)		LITY INFORMATI		Type of Facility	4)	1		t	
Dingle tamily	D٠	بعد	ling	<u> </u>		☐ School (K-1	2) 8 (Other then K-1	か			
77 Cleve	lan	l	5+	reet		Other (Le. p	rivate & commerc	faj prij	idings,	hom	es
Princeton		15	O	3542		Square Feat	# of Floors	T	51dg. F		
county (6)			County	Code (7)		Current Use (Pri	or if being demolfs	hed)	<u> </u>	7%	-
ame of Monitoring Firm Hired by Building	Owner (2		ASCA		Name o	of Abadement Cor	atractor (9)				
EPC Technolo	-			NA	E	15T 29	hoole	ie	S .	Ir	01
Ro. Box 3	37			r.	B	O. Bax	337	3			
New Equat	N	5.	80	533	Ne Ne	ate, Zip Gode	AL TA	0	24	3	3
ojort Manager for Monthrieg Firm	<u> </u>	1	Telepho		Telepho	ane No.	License N	a.	20	M	1
ent Date (10)		led Con	pletion	758-3365 Date (11)	Name o	TSB-334 FOSHA Monitor	f			1	_
Coupancy Status During Abatement (Chec			23-	-14	Street A	SPC Tec	hnologies	2	nc		
Facility Closed/Vacated Darring Entire	Period of	Absten	ien?		P.	O. Box	337	_			
Abatement Performed Outside of Norm 3' Other – Describe:	nai Fadik	y Hours	Af	en mon		ets, Zip Code	NJ C	~ C	53	~	
tope of Work (Check All That Apply)	. ,					-1461	_/\~_ ડ	20-	تير	2	
조소 af or 23 if 2160 af or 2260 if		Renova Demolit			. 00	Mini-Enclosure Glovebag Prod	edure				
	İ	Locati	on .			Non-Example	(*) and Non-Friat	le Pro	Abate	ment	ţ
Location of Asbestos-Confuring Material (ACM)		Normali ed Solei		De: Asbestos Cont	scription o		Amount		Ту	ÞĖ	Г
TO BE ARATED		dintenar todial S		(l.e. thermal	eystems, ding, VAT	insulation,	(Specify SF or LF)	Ren	स्र	Encal	
(13)	-	(12)		othern	miscellene	ous)		Removel	Repair	Encapaulate	
Bethroom	Yes	No	AVA t	D. 0		4.	17.15	W		ъ.	L
Sathroom	-	×	•	Pipe I	ins well	atron	13 LF	X			H
	1.							1		_	
	<u> </u>							<u>L</u>			
ime of Registated Waste Hauler, EPC Technologie	s '		IDEP W autor ID 1.700	No. of Was			Registered Landilli Manage		F = 6	e P	
Mew Egypt Impleted by School Kee	Ľ.	· 、	Alask sense in	Dispos	23/1	City, State	3	PA			
	,		ent	A STATE OF THE PARTY OF THE PAR		1				-1	

		NO	TIFICA					BAT	FEMENT F						1000000
			# 9	(Pursua	nt to NJA	C 8:60 a	and 12:12	20)		0)_[G				7
Date of Notificatio					Name of	Building (Owner/Ope	rator	(2)	M		5,	15		
* *	10/21/2014	-					All Su	ırfac	e Asphalt Pavir	g	00	24	201	11	Ш
Agencies Notified	1 220 2				Street Ad	dress							2.07.5		
	1 5 3						2805	Brid	ge Avenue	AS	RESTO	0.00			
5 5	1 6 3				City, Stat	e, Zip Cod			L	200	LIC	S GO ENSII	NTRO VG	La	1
[X] DOL							Point	Plea	sant, NJ 08742						
[x] DOH					Name of				Te	elephone	Number	_			
DCA	[] Canc	ellation				Mike S	Smit				_				
				FAC	CILITY II	NFORM	ATION								
Name of Facility V		Place (3	3)					Ту	pe of Facility (4)						
	Residence								l J				1 10		
Street Address									l J [v]					al build	linge
	314 Lanyard Road								[^]			c & coi	mierci	ai buiic	mgs,
City		Coun	ty (6)					Sq		# of Fl	ioors	Bldg		15	
0.4	D 1				(STATE U	JSE ONLY	n -				1		- 6	0	
Offie	у Веасп	Oce	an								nonsneu)				
Name of Monitori	ng Firm Hired by Building	Owner ((8)		ASCM No).	Name of	Abat	tement Contractor (9)					
Charle Address	N/A						0	1.1		n Contr	racting,	Inc.			
Street Address							Street A	ddress		nite 9 I	Init 61				
City, State, Zip Co	de						City, Sta	ite, Zi		oute 5,	OIII OI				
													55-12	271	
Project Manager fo	or Monitoring Firm		lelephone	Number						1 1		umber			
Scheduled Start D	ate (10)		Scheduled	Complet	ion Date (11	1)					00021				
				/14						Analy	tical				
				od of Abr	toment		Street A	ddres		elton R	oad				
[]										citoli ic					
į į	Other - Describe						City, Sta	ite, Zi		vav Ne	w Ierce	v 088	54		-
									-OCENSIO CONSSIDENCE						
Agencies Notified [X] EPA [] Initial Notification Amendment# [X] DOL [X] DOL [X] DOL [X] DOL [X] DOH [] Cancellation Name of Facility Where Abatement is Taking Place (3) Residence Street Address 314 Lanyard Road City Ortley Beach Ocean City, State, Zip Code Point Pleasant, NJ 0874. Name of Contact Mike Smit FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address 314 Lanyard Road City Ortley Beach Ocean Ocean City Ortley Beach Ocean NAme of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address City, State, Zip Code County (6) County Code (7) CSTATE USE ONLY) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address S					with Nega	ative Pres	sure								
CPt Date of Notification (1) 10/21/2014 Agencies Notified		Renov	tion		L 1]		re							
[x]	Intial Notification (1) Intial Notification						[x]	•			-Friable F	rocedu	re		
					T				Mary Child			·			==
			T T	233		,						Abat	ement	ype	
Lo	ocation of									Am	ount	R	R	E	E
The second secon	4000/1010101010711		Solely b	у						300000000000000000000000000000000000000		22.00	P	C	N C
TO B	E ABATED	Mair		ustodial						or	LF)		A	Α	L
ir			7.0			inst			ing,	Ē			I	39926	0
	(13)		(12)		1							0	R	32500	SU
		VES	NO.	NI/A		oth	er miscell	aneo	ous)			1000		L	R
		1100		IVA										Е	E
Exterior			X		Asbes	tos sidin	g			900 s	f	X			
									S. C. C. S. Anna Brit. Grands (Const.)						
Date of Notification (1) Discription of Asbeston of Alexander (2) Agencies Notified Topic of Notification Topic of N															
Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) 10/21/2014 Agencies Notified Type of Notification All Surface As Agencies Notified								I.K.K.F.							
Date of Notification (1) Date of Notification (2) Name of Footbook (3) All Surface Asphalt Par large Oct 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				11											
Completed by (Prin	nt or Type)	100000000000000000000000000000000000000			Signatu	re	1 D	11				Date			
Nicho	las Fernicola	Proj	ect Mana	ger		Vir	120	+	-en			10/2	21/20	14	

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursu	ant to NJAC 8:60	and 12:120)	E	EGI	S II	71/7		
Date of Notification (1) 10/21/2014		Name of Building		(2) Brothers Dispos		5	40		
[] DEP [] Ame [X] DOL [X] Eme	ation al Notification ended Notification endment # rgency (including fication)	Street Address City, State, Zip Co		ck, NJ 07722	ASBESTOS LICEI		2014 TROL	&	川
[A] DON	cellation		Sakoutis	Te	elephone Number				10
Name of Facility Where Abatement is Taking	FA	CILITY INFORM							
Residence Street Address	, Place (3)		T	ype of Facility (4) []	School (k-12) Subchapter 8 (of	her thar	ı k-12)		
243 South Lagoor	1			[x]	Other (i.e., priva homes, etc.)			ial buil	dings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	quare feet 1800 sf	# of Floors 1		g. Age	50	
Normandy Beach Name of Monitoring Firm Hired by Building	Ocean			urrent Use (Prior if b Residence	ce	1			
N/A Street Address	Owner (8)	ASCM No.			9) n Contracting,	Inc.			
			Street Addres	1889 Ro	ute 9, Unit 61				
City, State, Zip Code	(=:	ii.	City, State, Z	Toms Ri	ver, New Jers	ey 08°	755-1	271	
Project Manager for Monitoring Firm	Telephone Number		Telephone Nu 732-349-99	932	License N 00624	iumber			
Scheduled Start Date (10) 10/22/14	Scheduled Comple 10/24/14	tion Date (11)	Name of OSI		. Analytical				
Abatement Performed	only one) d During Entire Period of Ab Outside of Normal Facility H		Street Addres City, State, Zi	1056 Ste	elton Road				
Other – Describe			City, State, 21	. Table 1	ay, New Jerse	y 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [X] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $	[] Renov		[] [] [x]	Full Containment w Mini-Enclosure Glovebag Procedure Non-Exempted (*)	e		re		
						Abate	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	(i.e	Description of bestos-Contain Material (ACM a., thermal syste ulation, surfaci VAT, or her miscellaneo	ing (i) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidir	ng		1750 sf	X			
-									
N 00									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Ya	ards of Waste	Name of Registered T.R.R.F.	d Landfill				
City, State Toms River, New Jersey		osal Date	City, State Tullytøwn.	√Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol-1			Date 10/2	1/201	4	

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

MAY 11

Date of Notification (1)				Name o	f Building	Owner/Operator (2	(1)	RRE	U// U	R	1	7
10 /17 /	14	_		Pat C	reelma	า	IID).	ECE	U W	E	IN	
Agencies Notified Type Notifi	cation	10		Street A	ddress						Π	
⊠ EPA ⊠ Initial				1704	Marne l	lighway		OCT 2	4 2014		W	
□ DOLWD □ Amende □ Amende			İ	City, Sta	ate, Zip C	ode		001 -	4 2014	1		
□ DHSS Amenda □ Am				Hain	esport N	IJ. 08036						
DCA Emerge		luaing	1	Name o	f Contact			Adephone	nborTD(21 8		
(NJAC 5:23-8) justifica	- 20			Pat 0	Creelma	n						
		-		EAC	II ITV IN	FORMATION				0		
Al of Facility Mileses Abatamant in	Taking	Diace	(3)	FAC		ONWATION	Type of Facility (4	4)				\neg
Name of Facility Where Abatement is	raking	riace	(3)			2	School (K-12)					
Residence							☐ Subchapter 8	(Other than K-	12)			
Street Address						83	Other (i.e., printed homes, etc.)	vate and comm	ierciai bui	laings	•	
38 Coles Ave.							Square Feet	# of Floors	Bio	ig. Ag	е	_
City (5)							2,000	2		50		
Cherry Hill				Το	2 1- /7	VOTATE USE ONLYA	Current Use (Price					-
County (6)				Count	y Code (7)(STATE USE ONLY)	Residence	n i being deme	nisileu)			
Camden County												-
Name of Monitoring Firm Hired by Bu		wner (8)	ASCM N	10.	Name of Abateme	ent Contractor (9)					
Health & Safety Services Inc.		4.5%		200		Luzon Inc.						-
Street Address						Street Address	#3					
318 12 th St.						8451 Executi						
City, State, Zip Code						City, State, Zip C						
Hammonton NJ. 08037						Philadelphia	, Pa. 19153					
Project Manager for Monitoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Jim Proctor			60	9-704-	8850	267-284-1050)	01109				
Start Date (10)	Sched	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor	24				
11/1/14	1	1_/	_ 2	_ / _	14	Joseph Marc	onski					
Occupancy Status During Abatemen	t (Check	c only c	ne)			Street Address						
☐ Facility Closed/Vacated During E				ment		8451 Executi	ive Avenue					
☐ Abatement Performed Outside of	Normal	Facility	y Hou	rs - Des	cribe	City, State, Zip C	ode			-		
Time of Abatement: 7:00AM-5:0	00PM/_	P	M	AM		Philadelphia						
Scope of Work (Check all that apply	1				-	•						
Scope of Work (Check all trial apply	!						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			novat	95220		☐ Mini-En	closure ag Procedure					
⊠ ≥160 sf or ≥260 lf		⊠ De	monu	OII		⊠ Non-Exe	empted (*) and No	n-Friable Proce	edure			
		ls	Loca	tion						ateme	ent Ty	/ре
Location of			Norma			Description	of-		Z	Z.	ш	Щ
Asbestos-Containing Material (A	CM)	10000000	ed Sol inten	ely by		estos Containing M		Amount (Specify	Remova	Repair	ıca	Clo
TO BE ABATED IN Facility				Staff?	(1.6	e., thermal systems surfacing, VA		SF or LF)	Va	-	Encapsulate	Enclosure
(13)			(12)			other miscelland					ate	(D
		Yes	No	N/A								
Exterior Siding				\boxtimes	Asbest	tos Shingles		600 SF				
											П	
			-									
						U.					Ш	П
						55						
Name of Registered Waste Hauler	-		1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				0.00
Service Transport Inc.				Hauler II		Waste	Minerva La	andfill				
						5 CYS. Disposal Date	City, State					
City, State						11/3/14	Waynesbu	ıra. OH				
New Castle, DE.							1 2	3, 3	Date	1	1	
Completed By (Print or Type)	Titi		ati ti netopane			Signature	A OIA		Date	/17/	114	
Piush Patel	F	Progra	ım M	anager	·	un	1 MAI		10/	111	1	
ASB-41				this f	for och	stos licensure exer	anted activities		,			
MAY 11		DO DO	use	uns torn	I IUI aspe.	STOS HOGHSUIG EXCIL	iptou douvides.					

	,	OTIFICA Purs)	suant to	NJAC	8:60 and 12	2:120)		Uni			Dilling			
su diseation (1)		N	ame of	Building	Owner/Ope dergan		2)		രമ	7)/-			4	
te of Notification (1) ctober 17/2014	Check# 2688	- 5	treet Ac	dress			i	14	0	CT 2 4	*			
gencies Notified Type	e Notification	8	383 A	pache	Road			H	SREST	IOS CONT	ROL &	##/ 9		
EPA DEP DOL	Initial Amended	C	ity, Sta	ite, Zip (code es, NJ 07	417	Ļ	1	ASBIL	SCENSING LANGER	TROL	&	4	
DOL	Amendment # Emergency (includin	9 1	Vame o	f Contac	ct				relepho	t Military			4	
] DOH	justification) Cancellation		Brian	Kinder	rgan	NI.								
] DCA		(3)	FAC	ILITY IP	NFORMATIC	NA T	Type of Fac							
lame of Facility Where Abat Residence- Boiler/Gara	ement is Taking Place aga area	(3)					School Subch	ol (K-12) napter 8 (Other th	nan K-12)	ildinas	home	s.	
Street Address							Other etc.)	(i.e. priva	ate & co	millerdarb	Bldg. A			1
8383 Apache Road							Square Fe	et	# of Fl	oors	50+	ge		-
City (5)	417						2,000	se (Prior		demolished)			1
Franklin Lakes, NJ 07 County (6)			Count	y Code E USE C	(7) ONLY)									+
DEDCEN		- (9)		CM No.		Nam	e of Abateme	ent Contr	actor (9))				
Name of Monitoring Firm H	ired by Building Owne	(0)					Services (et Address	Corpore		-				1
N/A Street Address						426	69th St	reet						4
Street Address						City	State Zip C	Code	193					
City, State, Zip Code							ittenberg,	NJ 070		License No				
Project Manager for Monit	toring Firm		Tele	phone N	Vo.	20	ephone No. 1-295-170	00		01074				-
Project Manager for Worm		neduled (Comple	tion Dat	re (11)	Nai	me of OSHA	Monitor						
Start Date (10)	Sc	neduled of	2014	don Das		- 1	A Services eet Address							
Oct 30th 2014 Occupancy Status During	Abatement (Check O	nly One)			Tall	Str	eet Address ame as ab	ove						
			atemen	t		Cit	ty, State, Zip	Code						
Abatement Perform	ated During Entire Per ned Outside of Normal Starting @ 3:00 PM	raciity												
Scope of Work (Check A	All That Apply)						☐ Full	Containn	nent wit	h Negative I	Pressure			
x ≥3 sf or ≥3 lf		X Re	novatio molition	n n			Min	i-Enclosu	re .					
≥160 sf or ≥260 lf							× Nor	n-Exempt	ed (*) a	nd Non-Fria	Die Floo	mare	0.0000000000000000000000000000000000000	
		ls l	ocation	n							-	Ту	oe T	SHIPS
Location	on of	N	ormally Solely	1	Asbestos	O-mini	ription of ning Material	(ACM)		Amount (Specify	R	z	Encapsulate	П
Asbestos-Containir TO BE A	ng Material (ACM)	Mai	ntenano odial St	ce/	(i.e. the	ermal sy	ystems insul na. VAT, or	ation,		SF or LF)	Removal	Repair	psul	Elicinanio
In Fa	cility	Cusi	(12)		c	ther mi	scellaneous)				<u> </u>		ate	0
(1)	3)	Yes	No	N/A			. ,	9 cut)	+	50 SF	x			
Poilor/Ga	rage Area		×		Duct I	nsulat	ion (wrap	α cut)	+-					
DOIIE!/Ga	5								+					1
					-				+					
					NA/anto T	Cubic	Yards	Nam	e of Re	gistered Lan	dfill			
Name of Registered	Waste Hauler		1	NJDEP I	D No.	of Was		GR	ows	North Lan	dfill			_
Freehold Carting			1	5939			sal Date	City,	State	. DA				
City, State						tbd		Mo	rrisville	e, FA	Date			
Freehold, NJ		Title				1	Signature	BU	ill	1	Oct 1	7/20)14	_
Completed by Gina Salvador		Off	ice Ma	anage	r								ad ac	tivit
Giria Garrage							* Do not u	ise this fo	rm for a	asbestos lice	ensure ex	empi	ou au	

Nocheck

				State o	New Jersey	Í			
			NOTIFICA (Purs	TION OF	ASBESTOS ABATEM IAC 8:60 and 12:120)	ENT IS	ECE	N II	EIR
and the state and it						111 11.	EUE	II (J	
			Na	me of Build	ing Owner/Operator (111
encies highlan	Type Notification	ń	Cir	eet Addres	Mobil FALL	On Me	OCT 2	4 2014	IL
		9500	- Oit			T. IT IT	00.		
(Mari	india. Amendeo	0	C16-		BEacham	Spice			
5400	Amendme	nt # 3		v. State. Zi			ASBESTOS	CONTRO)La
rane.		v Granumne				2149	LICEN	The second second second	
20%	Ustification Cancellate			ne of Cont	Ecrico		"elephone Sur	Mary I	
		-			NFORMATION				
and Carries Mhere	Abplement is Tak	ing Place (3)	A .	The second secon	Type of Facility /4			-
Line.	John Links	110/12	n mf	a Mic	197 P	des	1 1 1		
thrat Annex				of the same		School (K-12 Subshapter 9	i (Öther than ∺utr		
			V		100		vate & comments		
			The second second		· ·	etc.) Square Feet			
277 (2.24)					/		# of Floors		
			Gou	nty Gode (- 14	CCOOC .	If being demonstra		
-150			1874	TE USE OF	11 50	Abondure		pri-	
Same of Mondoring Fire	n Hired by Building	Owner (8)	TA	SCM No.		Abatement Contri			
History Lag	afred Tack	authori.	· · · Z.			. Contract			
					Street Ad		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
123 N. Tes	Rd. P.O.	Box 3	3015			T Stadi	cm 11 11:		
why whate Zio Code					City, State	e. Zip Code	-47 97		
Out Manager for Mor	0-for 1, NY	1190	69			2 300 M	1. 45/04		
			Teles	phone No.	Telephoni		License No		
1 de de 2 2/1	2ms				269-57	75 95 95	1 12 1-11-		
7/1/14		Schedule	d Completi	on Date (*	La HI Name of C	OSHA Monitor			
	a Abstement /Che		1/15/1	14 11	SIT MACYTIC	24 Trostina	4 Concaltin		
THE STATE OF THE S				9.	Street Add		22 TW	ed.	
Facility Closed/Vaca Shatement Perform	sted Dunng Entire ad Outside of Norr	Penad af A nat Backley	batement.		1465	DOSTEC.	Lut		
Omer - Describe		test i archite	1-36H3H2H			. Zin Code			
Zince in New Check A	That Appen		77 TO 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-	1/9/10	well m	2734		
To stress a	party.	perior			mend.				
160 store 2260 M		MONEY.	enovation emolition		×	Full Containment	with Negative Pro	\$5. **	
		166.7	871 F.JH181CFT			Mini-Enclosure Glovebag Procedi			
			Contraction of the Contraction o			Non-Exempted (*	and Non-Friable	Proces	
			ocation ormally						5 3
Location Aspestos-Containing		Used	Solely by	Ache	Description of				
TO BE ABA			itenance/ idial Staff?	(1,1	istos Containing Mater e. thermal systems ins	uiation.	Amount Specify	Jt	-
113:	7		(12)		surfacing, VAT, or	*	SF or LF		
		Yes	No M/A		other miscellaneous	0)		1 1	
K		198	No N/A				1 18		
Madron King	٠٢		X	then	mal Sistem I	Kela ()	7/20/13	1	
Mr. Clonial	/		X	this	mal Sodomin		1 200 - 1 - 2		
. I.V. Augani		-	V	Ala:	A distribution of	8.110 /2.6c	(,57/4,)	£	
and the same		-		EVIPE	tic- Coule		4 608)	Ĭ.	
inte - Registered Waste	t Hauler	i	NJDEP	Marta	Cubic Yards	4			
y 160° 39° * 1. 1	/	0.0012	Hauter II		of Waste	Name of Regi			
TO USE	INTERNACE COL	7	1665	- Charles		100121 211	NOS COMO		
Service of the service of					Disposal Date	City, State	*		
mhiote .						14117	W. A. 7		
1 -1.	77/ .	Title	0.1/	,	Signature	1	Sate		
Bigo y de	10/01	Wife ch	rof Aba	TEMES!	t Drece	A 740	< 6	10%	947
and the state of					7	1			
					* Do not use	this form for aspe	estos ligensum ev	note for an	

		NOT	IFICA (Purs	TION O	of New J F ASBES NJAC 8:6	TOS ABA	ATEN ::120)	IENT	\bigcap	De	5 C	; E		V 3	
Date of Notification (1) 10/16/14		-	Na De	me of B eborah	uilding Ow Citarell	vner/Oper la, Coldv	ator well	⁽²⁾ Bankei	,		00	T 2	4	2014	
Agencies Notified	Type Notification			eet Add	iress th Avenu	ue West	t								
EPA DEP DOL	Initial Amended Amendment #		Cit	y, State	, Zip Code d, NJ 0	9	-			Ā		TOS LICEN		TROL G	. &
DOH DCA	Emergency (i justification) Cancellation	ncluding	1000	me of C eborah	Contact n Citarell	la				Telepho	one Nu	mber		ſ	
			_	FACILI	TY INFOR	RMATION			F - 104 - 741						
Name of Facility When house	e Abatement is Taking	Place (3)						☐ Sc	Facility (4) hool (K-12) bchapter 8)	an K-1	2)			
Street Address 31 Paterson Road	d							× Ot	her (i.e. pri c.)	vate & co	mmerc	ial bui			es,
City (5) Fanwood								Square 2200		# of Flo		5	3ldg. 55	Age	
County (6) Union				ounty Co	ode (7) SE ONLY)			Current	Use (Prior	r if being o	demolis	shed)			
	irm Hired by Building (Owner (8)	1	ASCM	No.				ment Cont nmental		s, LL	0			
Street Address								Address Gate Di	rive, PO	Box 483	3				
City, State, Zip Code		7						State, Zip iwood,	Code NJ 0741	18					
Project Manager for M	Monitoring Firm		Te	elephon	e No.	7 2 333		hone No. 583-85		11 12-03	cense 03	No.			
Start Date (10) 10/27/14		Scheduled		letion D	ate (11)	N	Vame	of OSH	A Monitor						
A. St. Committee of the	uring Abatement (Chec	k Only One)				5	Street	Address	3						
Facility Closed/V Abatement Perfo Other – Describe	/acated During Entire I ormed Outside of Norme:	Period of Aba nal Facility H	ateme ours	ent			City, S	State, Zip	Code		-				
Scope of Work (Chec			_												
≥3 sf or ≥3 lf ≥160 sf or ≥260		Section 2	novati					Mini	Containme -Enclosure /ebag Prod -Exempted	edure				ure	
		Is Lo	ocatio	n										atemer Type	nt
Asbestos-Contain TO BE In F	ation of ning Material (ACM) ABATED acility 13)	Used Maint Custoo	tenan	/ by ce/	Asbest (i.e.	Desc os Contai thermal sy surfacir other mis	ining ysten ng, V	Material ns insulat AT, or	(ACM) tion,	Amo (Spe SF o	ecify	Kemovai		E E	Enclosure
		Yes	No	N/A			1	-41		60	LF		+	0	-
base	ement			Х		pipe ii	nsul	ation		60	LF	x	+	+	
		+-+													
						Lo Li-V	/ala_		Name of	Registere	d Lanc	1611			
Name of Registered Freehold Cartage			H	JDEP Wauler ID 959		Cubic Y of Wast 10			TBD	rvegistere	u Lanc				
City, State Freehold, NJ						Disposa TBD	al Dat	te	City, Stat	te					. 1
Completed by A Scott Higgins		Title Presid	ent			Sig	gnatu	ire d	_			Date 10/16	5/14		

									(W	LL JK	1	عربها	5	20		
Date of Notification (1) 10/14/14					f Building ony Hun		perator	(2)			1	UCI	2	4 Z	U14	
Agencies Notified	Type Notification	1		Street A 474 Fo	ddress orest Str	reet, Ur	nit 11		12.22		ASE	BESTO		CON		L&
EPA DEP DOL	Amended Amendmer				ate, Zip Co y, NJ 0										-	-
DOH DCA	justification Cancellatio)		Name of Tony H	f Contact Hung					Tele	phone	Numbe				
Control Control		200			ILITY INFO	ORMATI	ON			1	2.0					
Name of Facility Where house	Abatement is Taki	ng Place (3)					Тур	e of Facility (4 School (K-12	: #13 : 200						
Street Address 223 Copeland Aver	nue							×	Subchapter (Other (i.e. pretc.)	8 (Othe			uildi	ings,	home	es,
City (5) Lyndhurst								Squ 120	are Feet	# of 2	Floors		BIG 60	dg. Ag	ge	
County (6) Bergen			T		Code (7) USE ONLY)		Cur	rent Use (Prio	r if beir	ng demo	olished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.				atement Cont ironmental			LC			-	
Street Address				-			Street 4 E 0		ess Drive, PO	Box 4	183					
City, State, Zip Code			2						Zip Code d, NJ 0741	18						
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph 973-		No. 8500		Licens 703	e No.				
Start Date (10) 10/24/14		Schedule		npletion	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only Or	e)		·		Street	Addr	ess				-			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Nor	Period of Amal Facility	batem Hours	nent			City, S	state,	Zip Code	-						
Scope of Work (Check A	II That Apply)	311095	-		1000				Marine and the second		_					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processes.	enova emolit				×	M	ull Containmei lini-Enclosure lovebag Proce on-Exempted	edure						
		Is	Locati	on									0.5	bate	ment	
Locatior Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma	lormal d Sole intenar odial S (12)	ly by nce/		tos Cont thermal surfac		Materi s insu T, or		(S	mount pecify or LF)	Zeillova		Typ	e Encapsulate	Enclosure
		Yes	No	N/A											te	
baseme	ent			х		boiler	insula	ation		30) SF	x				
baseme	ent	-		х		pipe	insula	tion		60) LF	x	-			
												-	+	+	-	
Name of Registered Was Freehold Cartage	te Hauler		Н	JDEP W auler ID 5959		Cubic of Was TBD			Name of R	egister	ed Lan	dfill				
City, State Freehold NJ						Dispos TBD	al Date		City, State	1		2000				
Completed by A. Scott Higgins		Title Presi	dent			S	ignature	1	^			Date 10/14	/1/	1		



Date of Notification (1)				Name	of Building	g Owner/Operator (2)	ECE	N N	7 F	-	
	/	1		HM	SHost	/ Job #14	2) 109-4819 Chec	k#6715	U		_//	7/
Agencies Notified Type I	Notification			Street	Address	1112/16			-07:		111	111
⊠ EPA ☐ Init	ial			690	5 Rockle	edge Dr. Mail Sto	p: 6-Z	OCT 2 4	1 201	1	III	III
23 202111	ended			City, S	tate, Zip C	Code			201	7	L	7
E3 D1100	endment #			Bet	heda, MI	D 20817		1000				
	ergency (i tification)	nciuain	3	Name	of Contac	t		Telephone Num	BATRO)L &		T
	ncellation			Ray	Nielsen			LICENS	NO	m _1		1
						FORMATION	1	-	-	- 10		
Name of Facility Where Abateme	ent is Takir	o Place	(3)	- I A	JILIT III	ii Orani ii ii ii	Type of Facility (4)				
Atlantic Travel Plaza	,,,, io ruini	9	(0)				School (K-12)					
Street Address								(Other than K-12		!! a! !		
Mile Marker 41.1 GSP							Other (i.e., pr homes, etc.)	ivate and comme	rciai bu	liaings		
City (5)				-			Square Feet	# of Floors	Blo	lg. Ag	е	
Galloway Township										0 0		
County (6)	-			Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Atlantic				Ooun	ity codo (i) (017112 002 01121)	Plaza	J				
Name of Monitoring Firm Hired to	v Building	Owner	(8)	ASCM	No	Name of Abateme						
EHS Environmental	, building	OWIGI	(0)	, toolvi		AbateTech, I	300					
Street Address			_			Street Address						_
411 Southgate Court, Sui	to F					30 Maple Ave	PO Box 25					
City, State, Zip Code	ie i.		-			City, State, Zip C					_	_
						Lumberton, I						
Mickelton, NJ 08056	Tean		Tolo	phone	No	Telephone No.	15 00040	License No.				_
Project Manager for Monitoring I	11111			56-224		609-265-2107	,	00529				
Jack Carney	Looks	dulad (1	tion Da		Name of OSHA N		00020	-		_	
Start Date (10) 10 / 3 / 14	22.79 (000-25%)			/ _		EMSL Analyt						
Occupancy Status During Abate						Street Address						
☐ Facility Closed/Vacated Durin				ment		200 Route 13	0 North					
☐ Abatement Performed Outside					cribe	City, State, Zip C			-			_
Time of Abatement:A	MF	PM/	PM-		AM	Cinnaminsor						
Scope of Work (Check all that a	(v qc											7.05
							tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emolitic			Mini-End Gloveba	olosure a Procedure					
☑ ≥100 st 01 ≥200 ti		M D	Simona	J.,			empted (*) and No	n-Friable Procedu	ire			3 - 3
			s Locat						Ab	ateme	nt T	уре
Location of			Norma ed Sole			Description			R	Re	Щ	Щ
Asbestos-Containing Materia TO BE ABATED	I (ACM)		aintena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Clos
IN Facility		Cus	stodial		(surfacing, VAT	, or	SF or LF)	Va.	-	sula	Enclosure
(13)			(12)	1	-	other miscellane	eous)				ate	
ast ex		Yes		N/A	Doof	vola inculation (alovo boa)	40 LF			П	
1 st Floor		#			-	rain insulation (giove bag)					
Room 120		10				Plaster		200 SF				
Throughout Women's/Men	S	\perp			Pipe Fi			60 LF				
Basement						tting insulation (A CONTRACTOR OF THE PROPERTY O	30 LF		Ш	Ш	Ш
Name of Registered Waste Hau	er			JDEP I lauler II		Cubic Yards of Waste	Name of Regis G.R.O.W.S					
AbateTech, Inc.				18750		40		. Landiii				
City, State						Disposal Date	City, State					
Lumberton, NJ						10/31/14	Tullytown,	PA				
Completed By (Print or Type)	Ti	le	4			Signature	,	D	ate	1		
Gwendolyn Trumbetti		Opera	tions	Coord	inator		mit		10/	16/	14	
ASB-41			-							-1-	•	
MAY 11		* Do no	t use ti	his form	for asbes	stos licensure exem	pted activities.					

			NOTI				BES105 ABA1 AC 8:60 and 5:10	The second second second	n E C	E	\mathbb{V}		Ī
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	UI				711
10/	20 /	14	_		Tru	stees of	Princeton	/ Job #13	04-1626 Chec 0CT	k#67	31	Α	
Agencies Notified	Type Notific	cation			Street	Address			1 1 OCI-	/ 4	201	4	1-
⊠ EPA					Tru	stees of	Princeton Unive	rsity E.A. Mac					
□ DOLWD	☐ Amende				City, S	state, Zip (Code		ASBEST			OL	81
☑ DHSS	Amenda				Prir	ceton, P	NJ 08544	L	LIC	CENSI	NG		
□ DCA (NJAC 5:23-8)			cluding		Name	of Contac	ot .		Telephone Num	ber	13		
(110/10 0.20 0)	☐ Cancella				Rot	ert Orte	go, P.E.		6		= ,		
					FAC	CILITY IN	NFORMATION			-	_		Ē
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility (4)				
20 Washington R								School (K-12)				
Street Address		10						Subchapter 8	(Other than K-12 ivate and comme	!) rcial bu	ildina	e e	
20 Washington R	oad, Princeto	on Un	iversi	ty Ma	ain Car	npus		homes, etc.)	ivate and comme	roiai bu	nung	٥,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Princeton								1,000,000	5	8	35		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Mercer								University L	ibrary				
Name of Monitoring Fir	m Hired by Bui	ilding C	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Cardno ATC					0009	8	AbateTech, I	nc.					
Street Address							Street Address						
3 Terri Lane							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 08	016						Lumberton, i	NJ 08048					
Project Manager for Mo	onitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Michael R. Keehn	8			60	09-386	-8800	609-265-2107	7	00529				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	Monitor					
10 / _21_	/ _14	1	1_/	4	_ / .	14	EMSL Analyt	ical					
Occupancy Status Dur	ing Abatement	(Check	only	ne)		-	Street Address			9			
☐ Facility Closed/Vac	0.70						200 Route 13	0 North					
Abatement Perform							City, State, Zip Co	ode					
Time of Abatement	Alvi-	PI	/1/	_PIVI		AIVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check	all that apply)						N Full Con	tainmant with Nan	etive Pressure				
☐ >3 sf or >3 lf			⊠ Re	novat	ion		Mini-End	tainment with Neg closure	alive Pressure				
≥ 160 sf or ≥260 lf				moliti				g Procedure	E. II D				
						T'	☐ Non-Exe	empted (*) and No	n-Friable Procedu				6770000
r r				Loca: Norma			Description of			-	atem	-	T-
Location Asbestos-Containing		M)	Use	d Sol	ely by	Asbe	estos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE A	BATED	,		intena todial	ance/ Staff?		e., thermal systems	insulation,	(Specify	Vol	a.	aps	ISOI
IN Fac			Ous	(12)			surfacing, VAT other miscellane		SF or LF)	1 20		Encapsulate	ē
(4		Yes	No	N/A		1					CD	
1 st & 2 nd Floor East	ern Walls			П		Watern	proofing Mastic		2,000 SF				
						-				$\forall \Box$			
				1	3000000					무			-
			Ш	Ш						\perp \sqcup	Ш	Ш	L
Name of Registered W	aste Hauler			1.250	NJDEP \		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				H	lauler II 18750		Waste 40	G.R.O.W.S	. Landfill				
City, State	-				10/30		Disposal Date	City, State					
Lumberton, NJ							11/4/14	Tullytown,	PA				
Completed By (Print or	Type)	Title					Signature			ate ,			
Gwendolyn Trum				one	Coord	inator		110		10/2	20/	14	1
SB-41			, o. at		20014		γ	WW		1 1	-/	(
MAY 11		* !	Do not	use ti	his form	for asbes	stos licensure exem _l	oted activities.					

**	200
~ \	agna
1	TO 10
1	,

D,	EC	E	IV	6	
M	- 0CT	2 4	2014		
	ASBEST(NTRO	L&	

6 10						-IOnaratar (2)		0.1					11 111
of Notification (1)	, 64		Name LIT	of Build Greek	ding Owner RT 130,	r/Operator (2) LLC				0CT 2 4	1000		Ш
10/20				Addres	75				L	UCT 24	2014	1	4
	pe Notification				s Lane								-
PA 🛛	Initial Amended	-			ip Code				ASE	ESTOS CO	ONTRO	L &	
OLVVD	Amendment #0		Fas	st Bru	nswick, I	NJ 08816		L		LICENS	ING		
HSS DCA	Emergency (includi	ing		of Cor					Telepho	ne Number			
NIAC 5:23-8)	justification)				upanowi	ch			I				
] Cancellation				Y INFOR				3.5		F		
	Die Communication	(3)		CILII	i iidi o			of Facility (4	.)				
ne of Facility Where Aba	itement is Taking Pla	ace (3)						thool (K-12) bchapter 8	(Other t	han K-12)			
ormer Medicia Bldg.							□ St	ther (i.e., pri	vate and	commercia	il building	gs,	
eet Address							h	omes, etc.)			Bldg. A		
351 Rt 130 South								re Feet	# of F		38	.go	
y (5)	. 00040						25	0,000	1/		-500		
South Brunswick, NJ	108810		Co	unty C	ode (7)(STA	TE USE ONLY)	1		or it bein	ng demolishe	,		
unty (6)				15/5				cant					
Middlesex	fired by Building Ow	ner (8)	ASC	M No.	Na	me of Abatem	ent Co	ontractor (9)	tomo				
ime of Monitoring Firm H	mental Technolo	gies	N.	Α		Alliance Env	rironn	nental Sys	Lenis				
Accreditted Environ	memai reominio					reet Address							
reet Address						550 East Un		τ.				7.0	
28 N. Pennell Rd.					Ci	ty, State, Zip C	Code	10222					
ity, State, Zip Code						West Chest	er, PA	19302	Lice	ense No.			
Media, PA 19063	75 AND 100 ST		. 1 1	NI-	Te	elephone No.			12100				
i i i i i i i i i i i i i i i i i i i	toring Firm	1		ne No.					0	0508			
roject Manager for Monit			610-	891-01	14	610-701-900		or.	0	0508			
Dave Turotsy	Schedu	uled Com	610-	8 91-01 Date ((14) N	610-701-900 lame of OSHA		or	0	0508			
Dave Turotsy	Schedu	uled Com	610-	8 91-01 Date ((11) N	610-701-900 lame of OSHA AET	Monit	or	0	0508			
Dave Turotsy itent Date (10)	Schedu 14 1	uled Com	610-inpletion 15	8 91-01 Date (/1	(11) N	610-701-900 lame of OSHA AET Street Address	Monit		0	0508			
Dave Turotsy itart Date (10)	Schedu 14 1 g Abatement (Check	uled Com	610-inpletion 15	891-01 n Date (/ _ 1	(11) N (5) S	610-701-900 lame of OSHA AET Street Address 28 N. Penn	Monit el Ro	ad	0	0508			
Dave Turotsy itart Date (10)	Schedu 14 1 Abatement (Check ed During Entire Per	uled Com / only one iod of Ab	610-inpletion 15 e) patement	891-01 Date ((11) N (5) S	610-701-900 lame of OSHA AET Street Address	Monit	ad	0	0508			
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	Schedu 14 1 2 3 3 4 4 5 5 6 6 6 7 6 7 7 7 7 7 7 7 7	uled Com / only one iod of Ab	610-inpletion 15 e) patement	891-01 Date ((11) N (5) S	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA	el Ro Code 1906:	ad 3					
Dave Turotsy itart Date (10)	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30	uled Com / only one iod of Ab Facility F	610-inpletion 15 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 25 inpletion 26 i	ent Descri	(11) N (5) S	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA	el Ro Code 1906	ad 3 ment with Nure					
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check a	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30	uled Com / _ only one iod of Ab Facility H OPM	610-inpletion 15 inpletion ateme Hours AM	ent Descri	(11) N (5) S	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C	el Ro Code 1906:	ad 3 ment with N ure	legative	Pressure	ure		
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30	uled Com / only one iod of Ab Facility F	610-inpletion 15 inpletion ateme Hours AM	ent Descri	(11) N (5) S	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C	el Ro Code 1906:	ad 3 ment with N ure	legative		ure Aba	ateme	ent Ty
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check a	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30	uled Com / only one only one facility h OPM Ren Dem	610-inpletion 15 inpletion 15 inpletion AM ovation ovation ocation	ent Descri	(11) N (5) S	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C Mini-f Glove Non-f	el Ro Code 1906: contain Enclose bag P Exemp	ad 3 ment with N ure	legative	Pressure able Procedi	Abe		
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check at 2) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Schedu 14 1 2 Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply)	uled Com / only one iod of Ab Facility h OPM Dem	610-inpletion 15 inpletion 15 inpletion AM ovation ovation ovation ocation ormali	ent Descri	114 (11) N 5 Sibe C	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address Non-Incomplete Containing	el Ro Code 1906: Contain Enclose bag P Exemp	ad 3 Imment with Nure Procedure of the (*) and	legative	Pressure able Procedi	Abe		
Dave Turotsy Itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 1 Scope of Work (Check at 2) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Ashestos-Containing	Schedu 14 1 2 Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 Ill that apply) on of g Material (ACM)	uled Com / _ only one iod of Ab Facility h DPM □ Ren □ Dem Is I N Usec Mai	610-inpletion 15 inpletion 15 inpletion includes a second control control includes a second cont	ent Descri	114 (11) N 5 Sibe C	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address Non-I Descriptions Containing Street Address	el Ro Code 1906: contain Enclose bag P Exempon of g Mate	ad 3 Imment with Nure Procedure oted (*) and rial (ACM) sulation,	legative	Pressure able Procedi	ure Aba Removal	nteme Repair	
Dave Turotsy Start Date (10) 11 / 3 / Doccupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AB	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 Ill that apply) on of g Material (ACM) BATED	uled Com / _ only one iod of Ab Facility h DPM □ Ren □ Dem Is I N Usec Mai	ovation ormalid Solel ntenarodial S	ent Descri	114 (11) N 5 Sibe C	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address 28 N. Penn City, State, Zip Media, PA Street Address Annother State Street Address Annother State Street Address Annother State Street Address Annother Street Address Annother State Street Address Annother S	el Ro Code 1906: Contain Enclose Exemp on of Mateems ins VAT, o	ad ament with Nure rrocedure oted (*) and rial (ACM) sulation,	legative	Pressure able Procedi	Abe		
Dave Turotsy Itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 1 Scope of Work (Check at 2) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Ashestos-Containing	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply) on of g Material (ACM) BATED cility	uled Com / _ only one iod of Ab Facility h OPM- □ Ren □ Dem Is I N Usec Mai Custi	610-inpletion 15 inpletion 15 inpletion includes a second control control includes a second cont	ent Descri Descr	114 (11) N 5 Sibe C	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address Non-I Descriptions Containing Street Address	el Ro Code 1906: Contain Enclose Exemp on of Mateems ins VAT, o	ad ament with Nure rrocedure oted (*) and rial (ACM) sulation,	legative	Pressure able Procedi Amount (Specify SF or LF)	Removal		Encapsulate
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AB IN Fac	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply) on of g Material (ACM) BATED cility	uled Com / _ only one iod of Ab Facility h DPM □ Ren □ Dem Is I N Usec Mai Cust	ovation of the control of the contro	ent Descri	114 (11) N 5 Sibe C	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address 28 N. Penn City, State, Zip Media, PA Street Address Annother State Street Address Annother State Street Address Annother State Street Address Annother Street Address Annother State Street Address Annother S	el Ro Code 1906: Contain Enclose Exemp on of Mateems ins VAT, o	ad ament with Nure rrocedure oted (*) and rial (ACM) sulation,	legative	Pressure able Procedi	Removal		
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Time of Abatement: 2 Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AB IN Fac	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply) on of g Material (ACM) BATED cility	uled Com / _ only one iod of Ab Facility h OPM- □ Ren □ Dem Is I N Usec Mai Custi	ovation of Sole of Sol	ent Descri	14 (11) N 5 Sibe C	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address 28 N. Penn City, State, Zip Media, PA Street Address Annother State Street Address Annother State Street Address Annother State Street Address Annother Street Address Annother State Street Address Annother S	el Ro Code 1906: Contain Enclose Exemp on of Mateems ins VAT, o	ad ament with Nure rrocedure oted (*) and rial (ACM) sulation,	legative	Pressure able Procedi Amount (Specify SF or LF)	Removal		Encapsulate
Dave Turotsy itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Abatement Performer Time of Abatement: 2 Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AF IN Fac (13	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply) on of g Material (ACM) BATED cility	uled Com / _ only one iod of Ab Facility h DPM □ Ren □ Dem Is I N Usec Mai Cust	ovation of the control of the contro	ent Descri	Asbes (i.e.,	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address Non-I Media, PA Descriptions Containing, thermal systes surfacing, other miscel	el Ro Code 1906: Contain Enclose Exemp on of Mateems ins VAT, o	ad ament with Nure rrocedure oted (*) and rial (ACM) sulation,	legative	Pressure Amount (Specify SF or LF) 31,680 SF	Removal		Encapsulate
Dave Turotsy Itart Date (10) 11	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply) on of g Material (ACM) BATED cility	uled Com / _ only one iod of Ab Facility h OPM- □ Ren □ Dem Is I N Usec Mai Custr	ovation of Sole internal Sole	891-01 n Date (/ _ 1 ent Descri n porr y y by by loce/ Staff? N/A	Asbes (i.e.,	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C Mini-f Glove Non-f Non-f Ostrophic tos Containing, thermal system surfacing, other misceless	el Ro Code 1906: Contain Enclose Exemp on of Mateems ins VAT, o	ad ament with Nure rrocedure oted (*) and rial (ACM) sulation,	legative	Pressure Amount (Specify SF or LF) 31,680 SF 37,610 SF	Removal	Repair 🔲 🗆	Encapsulate
Dave Turotsy itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Time of Abatement: 2 Scope of Work (Check a ≥3 sf or ≥3 If ≥160 sf or ≥260 If Locatio Asbestos-Containing TO BE AE IN Fac (13 Throughout Throughout Boiler Room	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AM- PM/3:30 all that apply) on of g Material (ACM) BATED cility	Iled Com / only one iod of Ab Facility h OPM Ren N Usec Mai Cust Yes □	ovation of the control of the contro	ent Descri	Asbes (i.e. VAT Mastic Pipe In:	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address 28 N. Penn City, State, Zip Media, PA Street Address Amini- Street Address Am	el Ro Code 1906: Contain Enclos Ebag P Exemp on of Mate ews ins VAT, o	ad 3 Imment with North order (*) and orded (*) are orded (*) and orded (*) are orded	legative	Amount (Specify SF or LF) 31,680 SF 37,610 SF 300 LF 315 LF	Removal	Repair 🔲 🗆	Encapsulate
Dave Turotsy itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Time of Abatement: 2 Scope of Work (Check a ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location Asbestos-Containing TO BE AB IN Fac (13 Throughout Throughout Boiler Room HVAC Room 6	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AMPM/3:30 all that apply) on of g Material (ACM) BATED cility)	uled Com / _ only one iod of Ab Facility H OPM □ Ren □ Dem Usec Mai Custr Yes	ovation of the control of the contro	ent Descri	Asbes (i.e. VAT Mastic Pipe In: Waste	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C Mini-f Glove Non-f Non-f Ostrophic tos Containing, thermal system surfacing, other misceless	el Ro Code 1906: Contain Enclos Ebag P Exemp on of Mate ews ins VAT, o	ad ament with Nure Procedure Inted (*) and rial (ACM) Sulation, Interpretation	legative	Pressure Amount (Specify SF or LF) 31,680 SF 37,610 SF 300 LF 315 LF ed Landfill	Removal	Repair 🔲 🗆	Encapsulate
Dave Turotsy itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Time of Abatement: 2 Scope of Work (Check a ≥3 sf or ≥3 If ≥160 sf or ≥260 If Locatio Asbestos-Containing TO BE AE IN Fac (13 Throughout Throughout Boiler Room	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AMPM/3:30 all that apply) on of g Material (ACM) BATED cility)	uled Com / _ only one iod of Ab Facility H OPM □ Ren □ Dem Usec Mai Custr Yes	ovation of the control of the contro	ent Descri	Asbes (i.e. VAT Mastic Pipe In: Waste D No.	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C Mini-I Glove Non-I Non-I Other misceless Sulation Cubic Yards Waste 30	el Ro Code 1906: Containencios Ebag P Exemp on of Matee ems ins VAT, of	ad ament with Nure Procedure oted (*) and rial (ACM) sulation, or JS Name of F Allied City, State	legative Non-Fria Register BFI Im	Pressure Amount (Specify SF or LF) 31,680 SF 37,610 SF 300 LF 315 LF ed Landfill	Removal	Repair 🔲 🗆	Encapsulate
Dave Turotsy itart Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Time of Abatement Performer Time of Abatement: 3 Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Fac (13 Throughout Throughout Boiler Room HVAC Room 6 Name of Registered V N.E.T.S. City, State	Schedu 14 1 g Abatement (Check ed During Entire Per d Outside of Normal 7AMPM/3:30 all that apply) on of g Material (ACM) BATED cility)	uled Com / _ only one iod of Ab Facility H OPM □ Ren □ Dem Usec Mai Custr Yes	ovation of the control of the contro	ent Descri	Asbes (i.e. VAT Mastic Pipe In: Waste D No.	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Full C Mini-f Glove Non-f Non-f Street Address el Ro Code 1906: Contain Enclose Exemp on of Mate ems insvAT, of Idaneou	ad ament with Nure Procedure orded (*) and rial (ACM) sulation, or us) Name of F	legative Non-Fria Register BFI Im	Pressure Amount (Specify SF or LF) 31,680 SF 37,610 SF 300 LF 315 LF ed Landfill	Removal	Repair 🔲 🗆	Encapsulate	
Dave Turotsy Start Date (10) 11 / 3 / Decupancy Status During Facility Closed/Vacate Time of Abatement Performer Time of Abatement: 3 Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Fact (13) Throughout Throughout Boiler Room HVAC Room 6 Name of Registered V N.E.T.S.	Schedu 14 19 19 19 20 21 21 21 21 21 21 21 21 21	uled Com / _ only one iod of Ab Facility H OPM □ Ren □ Dem Usec Mai Custr Yes	ovation of the control of the contro	ent Descri	Asbes (i.e. VAT Mastic Pipe In: Waste D No.	610-701-900 lame of OSHA AET Street Address 28 N. Penn City, State, Zip Media, PA Street Address 28 N. Penn City, State, Zip Media, PA Street Address Aminification Description State Containing, thermal system Surfacing, other miscel sulation Cubic Yards Waste 30 Disposal Da	el Ro Code 1906: Contain Enclose Exemp on of Mate ems insvAT, of Idaneou	ad ament with Nure Procedure oted (*) and rial (ACM) sulation, or JS Name of F Allied City, State	legative Non-Fria Register BFI Im	Pressure Amount (Specify SF or LF) 31,680 SF 37,610 SF 300 LF 315 LF ed Landfill	Removal	Repair 🔲 🗆	Encapsulate

ASB-41 MAY 11

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

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2 4 2014 2014-180 OCT B & G proj. #: Name of Building Owner/Operator (2) ASBESTOS CONTROL & Date of Notification (1) Sylvia Ridlen LICENSING 11 10 1/12 10 1/11 14 Street Address Type Notification 108 Sherman Place Agencies Notified ☐ EPA City, State, Zip Code Telephone Number Initial Jersey City, NJ 07307 ☐ DEP Amendment Name of Contact DOL. DOH Sylvia Ridlen Cancellation FACILITY INFORMATION Type of Facility (4) -School (K - 12) T DCA Subchapter 8 (Other than K-12) Name of facility where abatement is taking place (3) Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet Sylvia Ridlen Current Use (Prior if being demolished) Street Address County Code (7) 108 Sherman Place (State use only) residential County (6) Name of Abatement Contractor (9) City (5) Hudson ASCM No. B & G Restoration, Inc. Jersey City Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address 105 Ryerson Road n/a City, State, Zip Code Lincoln Park, NJ 07035 Street Address License Number Telephone Number 00378 City, State, Zip Code (973)696-6869 Phone Number Name of OSHA Monitor Project Manager for Monitoring Firm B & G Restoration, Inc. Sched. Completion Date (11) Street Address Scheduled Start Date (10) 105 Ryerson Road 10/31/2014 City, State, Zip Code 10/31/2014 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. LincolnPark, NJ 07035 Abatement performed outside of normal facility hours-▼ Glovebag procedure ☐ Full Containment w/negative pressure Describe: Non-friable procedure Other-Describe: Scope of Work (check all that apply) Mini-enclosure **X** Renovation e n e ☐ Demolition ≥160 sf or ≥260 lf C m p Amount (Specify SF or a Is location normally used solely Description of asbestos-containing a 0 >3 sf or >3 If p by maintenance/custodial LF) material (ACM) Location of asbestos-containing staff(12) X 52 lf NIA material to be No abated in facility (13) Yes pipe insulation basement Name of Registered Landfill Tullytown Resource & Recovery Center Cubic Yards of Waste NJDEP Hauler ID# Tullytown, PA Registered Waste Hauler 19563 Disposal Date B & G Restoration, Inc. Date 11/01/2014 10/20/2014 Gordana Luna Signature City, State Lincoln Park, NJ Secretary/Treasurer Completed by (Print or Type) Gordana Luna

7	V	./	1.	121
	1		14	U!

6	NOT	(Pursual	nt to Nam	BESTOS ABA C 8:60 and 12:				1 1	0.07	0 .		۱ <i>II</i>	П
of Notification (1)		Name	e of Buildin	ng Owner/Opera okinson Univ	ator (2) ersity		<u> </u>	1	101	242	2014	11	ע
1012117019			et Address		and the same			ASDE	CTO	0.001		LI.	
ncies Notified Type Notification		100	0 River	Rd				MODE	LIC	S CON	TROL	. &	
EPA Initial Amended		City	State 7il	p Code NJ 07666				none Nur	nhar			+	-
DDEP Amendment #	t	Non	ne of Con	tact			leiebi	TOTIE ING					
iustification)	110.00	Cr	aig Gord	czyca			2.1					7	
DOH Cancellation			FACILITY	INFORMATIO	N T	ype of Facility	(4)						
me of Facility Where Abatement is Takin	g Place (3)	G_				School (K-	12)	than K-	12) cial bu	ıildings, t	omes,		
reet Address 000 River Road					1.	Other (i.e. etc.) Square Feet		Floors		Bldg. Ag	je		
								- 0	iched'			-	
ity (5) eaneck			ounty Co	de (7)		Current Use (F	rior if beir	ng demoi	151160	l)			
county (6)		(5	STATE US	EONLY)	_	OFF	C C S	(9)	_				
	a Owner (8))	ASCM N	No.	Name	of Abatement (Jontractor Inc.	(0)					
Bergen Name of Monitoring Firm Hired by Building	g Owner (o	,				Address							
EDI					208	Piaget Ave							
Street Address					City 5	State, Zip Code)						
5434 King Ave					Clift	on, NJ 0701	1		an No				1
City, State, Zip Code Pennsauken,NJ 08109			Telephor	ne No.	Teler	phone No.		Licen 0070		93			
Project Manager for Monitoring Firm		,	888-30	6-4545		-253-8828			_				1
Tom Pruno	Cohen	fulled Co	moletion	Date (11)	Nam	e of OSHA Mo C Company	nitor /. Inc.						-
Start Date (10)	Sched	7 7	2/2	314		et Address			-				1
Occupancy Status During Abatement (C		One)	10-		Stre	el Address	84						-
													1
Facility Closed/Vacated During Er			ement urs		City	, State, Zip Co	de		_				-
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply)	ntire Period Normal Fac	cility Hou	ovation		City	Full Co	ntainment						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	ntire Period Normal Fac	cility Hou			City	Full Co	ntainment				edure Abater		
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply)	ntire Period Normal Fac	Rend Dem	ovation		City	Full Co	ntainment						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (All TO BE ABATED	Normal Far	Reno Dem	ovation	(i.e. th	Descri s Contain ermal sy	Full Co	ntainment nclosure lag Proced xempted (*		unt cify		edure Abater		Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Achestos-Containing Material (All	Normal Far	Reno Dem	ovation location location mally Solely by lenance/ dial Staff?	(i.e. th	Descris Contain Germal sy surfacin	ption of ing Material (A stems insulation g, VAT, or incellaneous)	ntainment nclosure ag Proced xempted (*	Amo (Spe SF or	unt cify LF)	Removal	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	Normal Far	Renconstruction of Abates	ovation holition ocation mally Solely by enance/ dial Staff?	(i.e. th	Descris Contain Germal sy surfacin	Full Co Mini-Er Gloveb Non-Ex ption of ing Material (A stems insulation	ntainment nclosure ag Proced xempted (*	Amo (Spe SF or	unt cify	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	Normal Far	Renco Dem	ovation holition ocation mally Solely by enance/ dial Staff?	(i.e. th	Descris Contain ermal sy surfacin other mis	ption of ing Material (A stems insulation g, VAT, or incellaneous)	ntainment nclosure ag Proced xempted (*	Amo (Spe SF or	unt cify LF)	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	Normal Far	Renconstruction of Abates	ovation holition ocation mally Solely by enance/ dial Staff?	(i.e. th	Descris Contain ermal sy surfacin other mis	ption of ing Material (A stems insulation g, VAT, or incellaneous)	ntainment nclosure ag Proced xempted (*	Amo (Spe SF or	unt cify	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	Normal Far	Renco Dem	ovation holition ocation mally Solely by enance/ dial Staff?	(i.e. th	Descris Contair ermal sy surfacin other mis	ption of ing Material (A stems insulation g, VAT, or incellaneous)	ntainment nclosure ag Proced (*CM)	Amo (Spe SF or	unt cify	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACTO BE ABATED In Facility (13) CRAVISPACE CRAVISPACE	cm)	Renco Dem	ovation nolition ocation mally Solely by enance/dial Staff?	(i.e. th	Descris Contair ermal sy surfacin other mis	ption of ing Material (A stems insulation g, VAT, or idellaneous)	ntainment nclosure ag Proced (** CM) in, Name of	Amo (Spe SF or	unt cify	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACTO BE ABATED In Facility (13) CRAVISPACE CRAVISPACE	cm)	Renco Dem	ovation nolition ocation rmally Solely by enance/dial Staff?	(i.e. th	Descris Contair ermal sy surfacin other mis	ption of ing Material (A stems insulation g, VAT, or idellaneous)	ntainment nclosure ag Proced (** CM) on, Name of GROW	Amo (Spe SF or	unt cify	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	cm)	Renco Dem	ovation nolition ocation mally Solely by enance/dial Staff?	(i.e. th	Descris Containermal sy surfacinother misother m	ption of ing Material (A stems insulation g, VAT, or idellaneous)	ntainment inclosure ag Proced (** CM) in, Name of GROW	Amo (Spe SF or	unt cify LF)	Removal X	Abater Typ Repair	e	Enclosure
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (All The Containing Material In Facility (13) CRAVISPACE Name of Registered Waste Hauler Newark Carting, Inc.	cm)	Renco Dem	ovation nolition ocation rmally Solely by enance/dial Staff?	(i.e. th	Descris Containermal sy surfacinother miss	ption of ing Material (A stems insulation g, VAT, or incellaneous) PAP @ C Yards ste	ntainment nclosure ag Proced (** CM) on, Name of GROW	Amo (Spe SF or	unt cify LF)	Removal X	Repair Repair	e Encapsulate	
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility (13) CRANLSPACE Name of Registered Waste Hauler	cm)	Rend Dem Is Lo Nor Used Maint Custod Yes	ovation nolition ocation rmally Solely by enance/dial Staff?	(i.e. th	Descris Containermal sy surfacinother miss	ption of ing Material (A stems insulation g, VAT, or incellaneous) Yards ste sal Date	ntainment inclosure ag Proced (** CM) in, Name of GROW	Amo (Spe SF or	unt cify LF)	Removal X	Abater Typ Repair	e Encapsulate	

CK 4575

Date of Notification (1) 10/20/2014				Building Ounswick	wner/Opera	itor (2)	TISI"		T 2 4 7	0014	$\frac{1}{4}$	前	
Agencies Notified Type Notification		10000	treet Ad 268 Ba	dress Idwin St	reet			-06	. 1	: A		U,	
EPA X Initial Amended Amendment:	#			e, Zip Coo unswick	e , NJ 0890)1	1 -	SBE	STOS CON	VTRO VG	L &		1
Emergency (X DOH justification) X DCA Cancellation	including :	199	lame of Vir. Hai	Contact old Goo	dlew			Tele	ephone Num		£		+
Name of Facility Where Abatement is Taking			FACIL	ITY INFO	RMATION	Туре	of Facility (4)		-			
St. Petre Elementary School Annex							School (K-12 Subchapter 8		er than K-12)			
165 Somerset Street						-In-	Other (i.e. pretc.)				ings, l	nome	s,
City (5) New Brunswick						Squa	re Feet	# 01	Floors	Ble	dg. Ag	ge	
County (6) Middlesex			County C STATE U	ode (7) SE ONLY)		Curre	ent Use (Prior ool	r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building C AHERA Consultants, Inc.	Owner (8)		ASCM 0057	No.	20112003		tement Cont pany, Inc	ractor	(9)				
Street Address PO Box 385		ï				reet Addre 08 Piage	ss t Avenue						
City, State, Zip Code Ocanville, NJ 08231						ty, State, Z lifton, No							
Project Manager for Monitoring Firm John Smoyer	,	1	Telephor	ne No. 2-1833	Te	lephone N 73-253-8	0.		License N 00704	0.			
Start Date (10) 10/31/2014	Schedule		pletion [Date (11)	1000		HA Monitor						
Occupancy Status During Abatement (Chec	k Only On	e)				reet Addre							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent		Ci	ty, State, Z	ip Code						
Scope of Work (Check All That Apply)						Name of the least							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emoliti				ĭ Mi ⊠ GI	III Containme ni-Enclosure ovebag Proc on-Exempted	edure				9	
*		Locati						1			Abate	ment pe	
Location of Asbestos-Containing Material (ACM)	Use	lormall d Sole ntenar	ly by	Asbes	tos Containi	ption of ing Materia	al (ACM)	*****	Amount	_			Е
TO BE ABATED In Facility (13)	Cust	odial S (12)	Staff?	(I.e.	thermal sys surfacing other misc	, VAT, or			Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_		e	
Various Locations		X		II respondence	Pipe/fitting				25 LF				
Various Locations		X		Pipe/fit	ting insul	ation "wi	apacut	Т	92 LF				
Name of Registered Waste Hauler		0.00	JDEP W lauler ID		Cubic Ya	rds			ered Landfil				-
Freehold Cartage, Inc			5939	190.	10		IESI La	- 0					
City, State Freehold, NJ			27.00		Disposal 11/04/1		City, State Bethleh		PA				
Completed by Voytek Roszkowski	Title Presi	dent			Sign	ature) de	xzto.	3	(3)	ate 0/20/2	2014		

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

NO CK

C	741 Broad 741 Broad City, State, Zi Newark, N Name of Cont Business	dway p Code NJ 07107 tact	M	OCT 2 4	2014			
	Name of Con Business	act Office	Type of Facility School (K-12	(4)	yumber:	0		
			☐ School (K-12 ☐ Subchapter 8	2)				ı
	TAGILITI	INFORMATION	☐ School (K-12 ☐ Subchapter 8	2)		-		1
			☐ School (K-12 ☐ Subchapter 8	2)				
			☐ Subchapter 8	(Other than k				
			IN Other tre in	o (Ounce than I	(-12)			
			homes, etc.)	rivate and com	mercial i	ouildi	ngs,	
		S	Square Feet	# of Floors		3ldg.	Age	
AS	County Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			-
AS			Health Cent	er				
	SCM No.	Name of Abateme						200
		Street Address						
		30 Maple Ave	. PO Box 25					
		City, State, Zip Co	ode				100	
		Lumberton, N	IJ 08048					
	one No.	Telephone No.		License No.	•			
	392-4200	609-265-2107		00529				
	Date (11)	Name of OSHA M EMSL Analyti						
irs - E	Describe	☐ Mini-Encl	de NJ 08077 Ainment with Nega		dure			
tion					At	atem	ent T	vp
illy ely by ince/ Staff	i Asu	Description of estos Containing Mate e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
N/		F					Ф	
	Floor 7	Tile & Mastic		2,720 SF				
]							
]							E
JDE	r ID No.	Cubic Yards of Waste						
	-	Disposal Date	City, State Tulivtown, P	A				
	rdinator	Signature	nt		Date	0/1	4	
Į.	JDE laule 187	JJDEP Waste Hauler ID No. 18750	JDEP Waste lauler ID No. 20 18750 Disposal Date 11/2814 Coordinator	JDEP Waste Fauler ID No. 18750 Cubic Yards of Waste 20 City, State 11/2814 Coordinator Cubic Yards of Waste G.R.O.W.S. I	AJDEP Waste Fauler ID No. 18750 Cubic Yards of Waste 20 City, State 11/2814 Coordinator Cubic Yards of Waste G.R.O.W.S. Landfill G.R.O.W.S. Landfill City, State Tullytown, PA	AJDEP Waste Fauler ID No. 18750 Disposal Date 11/2814 Coordinator Cubic Yards of Waste G.R.O.W.S. Landfill G.R.O.W.S. Landfill Tullytown, PA Date 10/1/2814 Coordinator	JDEP Waste lauler ID No. 18750 Disposal Date 11/2814 Signature Date Date Date Date Date Date Date Dat	AJDEP Waste Flauler ID No. 18750 Disposal Date 11/2814 Coordinator Cubic Yards of Name of Registered Landfill G.R.O.W.S. Landfill City, State Tullytown, PA Date 10/10/14

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 16 14 Trustees of Princeton / Job # 4626() Check #67291/ Agencies Notified Type Notification Street Address Trustees of Princeton University E.A. MacMilland TOS CONTROL & ☐ Initial ☑ DOLWD City, State, Zip Code LICENSING ☑ DHSS Amendment #6 Princeton, NJ 08544 □ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Robert Ortego, P.E. **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 20 Washington Road School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 20 Washington Road, Princeton University Main Campus homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 5 1,000,000 85 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer University Library Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates 00098 AbateTech, Inc. Street Address Street Address 3 Terri Lane 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael R. Keehn 609-386-8800 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __3 / 24 / 14 12 / 31 / 14 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure Scope of Work (Check all that apply) □ Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Room 227A \boxtimes Floor Tile & Mastic П 400 SF \boxtimes Abandon Exterior Steam Tunnell \boxtimes Cut & Wrap 300 LF X Auditorium Roof X Roof Flashing 714 LF X П П 1st Fl. Column C-D between 5&6 X Double layer Floor tile & Mastic 270 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 12/31/14 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11

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

MAY 11

			(Pursu	ant to I	NJA	C 8:60 and 5:16	5)	REC	TEN.	100)	
Date of Notification (1)		14		1,000	ne of Bui	ilding	Owner/Operator (²⁾ / Job #1410-4	830 Check	#	M O	. 26	3
Agencies Notified Type	pe Notific	ation		Stre	eet Addre	ess			_ Z014 UL1	7.4 1	114	- 31	ļ
⊠ EPA □	Initial			4	000 Had	dley	Road					an.	1
1	Amende			City	, State, Z	Zip C	ode		1	le Ess	9 5 1 6 3	11.0	-
Total Control of the	Amendm		dia a	S	outh Pl	ainfi	ield, NJ 07080		er L	ICENa	1146		
	justificati	ncy (includion)	aing	Nar	ne of Cor	ntact			Telephone N	umber			
1 10 10 10 10 10 10 10 10 10 10 10 10 10	Cancella	100/0		N	like Luc	ciani			4				
					ACILITY	V INI	FORMATION				4		
Name of Facility Where Abate	ement is	Taking Pl	ace (3)	100	ACILIT	1 1141	ORMATION	Type of Facility	(4)		F		
PSE&G Englewood	ornone io	runing r i	400 (0)				81	School (K-12	3.0050				
Street Address								☐ Subchapter 8	(Other than K-	-12)			
207 North Dean Street								Other (i.e., p homes, etc.)		mercial b	uilding	js,	
City (5)								Square Feet	# of Floors	B	dg. A	ge.	
Englewood								oquaic i cct	# 01110013		ug. / t	90	
County (6)				Cr	unty Cor	de (7)	(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Bergen				100	rainty Ook	uc (1)	(OTTIL OOL ONET)	Control Hou		onoriou)			
Name of Monitoring Firm Hire	d by Buil	idina Owr	er (8)	IASC	M No.	-	Name of Abateme						
NA	o by buil	ding Owi	101 (0)	7.00	101 140.		AbateTech, In	**************************************					
Street Address				1		-	Street Address	10.					
Oli Got / Ida i Gos							30 Maple Ave	PO Box 25		50			
City, State, Zip Code			til Kall View				City, State, Zip Co	Marie State and Control of the Contr					10-22
Oity, State, Zip Code							Lumberton, N						
Project Manager for Monitoring	a Firm		Īτ	elephor	o No		Telephone No.	42 00040	License No.				
Project Manager for Monitorii	ig Filiti			elebilor	IC_INO		609-265-2107		00529				
Start Date (10)	- 1	Schedule	d Com	nletion	Data (11)		Name of OSHA M		00323				-
					14	1	EMSL Analyt						
						/		ioai					
Occupancy Status During About Facility Closed/Vacated D	1			-			Street Address	0 N = =41=					
Abatement Performed Out						1	200 Route 13						
Time of Abatement:	AM-	PM/	P	M-	AM		City, State, Zip Co						
							Cinnaminson	, NJ U8U77					
Scope of Work (Check all that ≥3 sf or ≥3 If ≥160 sf or ≥260 If	(арріу)		Renov Demo				☐ Mini-Enc ☐ Glovebag						
			Is Lo	cation	T						atem	ent T	vpe
Location of			Norr	nally			Description o	f		-	_		
Asbestos-Containing Mate		/11		olely by nance/		sbes	tos Containing Ma , thermal systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	2		Custodi	al Staff		(1.6.	surfacing, VAT,		(Specify SF or LF)	oval	=	psu	Sun
(13)		- -		2)			other miscellane	ous)	•			late	(D
- may		Y	es N	lo N/	A	S-0.85 Sec. 00	,-				_		
Roof					Roo	f Gla	azing		150 SF				
				200								П	
			10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A										
												Ш	
Name of Registered Waste H	auler				P Waste		Cubic Yards of	Name of Regis					
Waste Management				112	r ID No. 5	,	Waste 10	G.R.O.W.S	. Landfill				
City, State						1	Disposal Date	City, State					
Camden, NJ							11/14/14	Tullytown,	PA				
Completed By (Print or Type)		Title			,		Signature	1		Date		1111	
Gwendolyn Trumbetti		1	ration	s Coo	rdinator	$r \subseteq$	-	nut		IDI	171	114	
ASB-41		1					<u> </u>	700-0		11			-
MAY 11		* Do	not use	this fo	rm for as	besto	os licensure exemp	ted activities.					

NO CK

						100	
81					13.5	100	2. 2
-	4	(42)	147	Lau	2	Lane	20

Date of Notification (1)					Name	of Building	g Owner/Operator	(2)	OT OL A				40)	
	17 /	14	<u> </u>		The	e College	of New Jersey	/ Job #1407-47	86 Check #	H 2: 3	8			
Agencies Notified	Type Notif	ication			Street	Address				TO.	3.6			
⊠ EPA	☐ Initial				PO	Box 771	8	400	.0 100 U	n IR	JL			
☑ DOLWD	☐ Amend				City, S	State, Zip C	Code		: Liutha	irita				
⊠ DHSS		ment #2			Ew	ing, NJ 0	8628							
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		ciuaing	3	Name	of Contac	1		Telephone N	lumber				
(110/10/0.20/0)	☐ Cancel				Am	anda Ra	dosti		. –		_			
					FΔ	CILITYIN	FORMATION				_			
Name of Facility Where A	batement is	s Takino	Place	(3)		OILIT III	TORMATION	Type of Facility	(4)					-
The College of New		87						School (K-12						
Street Address						~	17.00	Subchapter 8	Other than h	(-12)		.t:		
2000 Pennington R	oad							Other (i.e., p homes, etc.)		mercial	ouile	ung	S,	
City (5)				-				Square Feet	# of Floors		3ldg	. Ag	e	
Ewing														
County (6)					Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being der	nolished)				
Mercer						, (///	College	-,3					
Name of Monitoring Firm	Hired by Br	ilding C)wner ((8)	ASCM	No	Name of Ahatem	ent Contractor (9)						
USA Environmenta	0.24	anding C	, which t	(0)	7100111	110.	AbateTech, I							
Street Address							Street Address							
344 West State Stre	et						30 Maple Av	e. PO Box 25						
City, State, Zip Code						-	City, State, Zip C		-					
Trenton, NJ 08618							Lumberton,							
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No).				
William Weisgarber	D-12-10-0-			6	09-656	-8101	609-265-2107	7	00529					
Start Date (10)		Sched	uled-e	ompl	etion Da	ite (1.1)	Name of OSHA	Monitor						
08/11/	14	1	2 1	3	1_/	14	EMSL Analy	tical						
Occupancy Status During	Abatement	(Check	-only-c	me)			Street Address							
☐ Facility Closed/Vacate	d During Er	ntire Per	iod of	Abate	ement		200 Route 13	30 North						
☐ Abatement Performed							City, State, Zip C	ode				1.0		
Time of Abatement: _	AM	PN	Λ/	_PM		AM.	Cinnaminso	n, NJ 08077						
Scope of Work (Check all	that apply)							0.00 0 00.000						
☐ ≥3 sf or ≥3 lf			⊠ Re	nova	tion		☐ Full Con	itainment with Neg	gative Pressure	Э				
≥160 sf or ≥260 lf			☐ De					g Procedure						
						10	⊠ Non-Exe	empted (*) and No	n-Friable Proc					
			10000	Loca					ME 13	F	bat	eme	nt T	уре
Location Asbestos-Containing I	The state of the s	·M/			ely by	Ashe	Description of stos Containing Ma		Amount	2		Repair	En	En
TO BE ABA		2101)	12-10-		ance/		., thermal systems		(Specify	-		pair	cap	Enclosure
IN Facilit	у		Cust	todial (12	Staff?		surfacing, VAT		SF or LF) 2			Encapsulate	ure
(13)			Yes	No	-		other miscellane	eous)					te	
Attic						Pine/Fit	ting/Joint Insul	(wran & cut)	850 LF	D	1 1			
Attic					+=-		ting/Joint Insul		400 LF			X		
				_	#	-		. (wet wrap)			-	_		
Basement Hallway					\perp	Pipe Ins	sulation		9 LF	D D	1 [4		
see page 2							I seeman			L	1 [Ш	Ш
Name of Registered Wast	e Hauler			11.55	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis		62				
AbateTech, Inc.					1875		200	G.R.O.W.S	. Landfill					
City, State		50		351			Disposal Date	ate City, State						1-2-1
Lumberton, NJ							12/31/14	Tullytown,	PA					
Completed By (Print or Ty	pe)	Title					Signature	? 1		Date	1	1		
Gwendolyn Trumbe	tti	0	perati	ons	Coord	inator		mi		10	/11	7/	14	
								4					-	

No CK

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

RECEIVED

4.4			Name	of Building	g Owner/Operator (2)					
	14		Th	e College	of New Jersey	/ Job #14074	786 Check # H	2: \$	6		
Agencies Notified			PO	t Address Box 771		Au	La (TR(JL		
☑ DHSS Amendm			1 6537	State, Zip C			e LIUENON	U			
☐ DCA ☐ Emergen	cy (includir	ig		ing, NJ 0						15,-1	
(NJAC 5:23-8) justification	532.0			of Contac			Telephone Num	shor			
☐ Cancellat	ion			anda Ra							
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is T						Type of Facility					
The College of New Jersey - Ro	oscoe Ha	II Wes	st			School (K-1)	2) 8 (Other than K-12	2)			
Street Address							rivate and comme		uildin	gs,	
2000 Pennington Road						homes, etc.					
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Ewing											
County (6)			Cou	nty Code (7)(STATE USE ONLY)	133	rior if being demoli	shed)			
Mercer						College					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme)				
USA Environmental					AbateTech, I	nc.					
Street Address				Stocklosucione :	Street Address						
344 West State Street					30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
Trenton, NJ 08618					Lumberton, N	J 08048					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.	- 2/20			
William Weisgarber, Jr.		6	09-656	-8101	609-265-2107		00529				
Start Date (10)	cheduled (Comple	tion Da	te (11)	Name of OSHA M						
08/11/14/	12				EMSL Analyt						
Occupancy Status During Abatement (0	Check only	one)						*			
Occupancy Status During Abatemen (()	Check only e Period of	one) Abate	ment	14	EMSL Analyt	ical		*			
Occupancy Status During Abatement (C) Facility Closed/Vacated During Entir Abatement Performed Outside of No.	Check only e Period of ormal Facili	one) Abate	ment	14	EMSL Analyt	0 North				1,500	
Occupancy Status During Abatemen ((Check only e Period of ormal Facili	one) Abate	ment	14	EMSL Analyti Street Address 200 Route 13	0 North		*			
Occupancy Status During Abatement (C) Facility Closed/Vacated During Entire Abatement Performed Outside of No.	Check only e Period of ormal Facili	one) Abate	ment	14	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson	0 North ode , NJ 08077					
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM	Check only te Period of ormal FaciliPM/	one) Abate	ment rs - Des	14	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc	o North ode NJ 08077 ainment with Neglosure Procedure	7.0	rre		1	200
Occupancy Status During Abatement (Facility Closed/Vacated During Entire Abatement Performed Outside of Note Time of Abatement: AM-	Check only e Period of ormal FaciliPM/	one) Abate ty Hou PM enovate emolition	ment rs - Des	14	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc	o North ode NJ 08077 ainment with Neglosure Procedure	gative Pressure on-Friable Procedu	-	patem	ent T	·VDG
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of Not Time of Abatement:AM	Check only e Period of ormal FaciliPM/	one) Abate ty Hou PM enovat emolitic Norma	ment rs - Des	cribe AM	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer	O North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No	7.0	Ab	patem	5200	Ť
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of Not Time of Abatement:AM	Check only te Period of ormal Facili PM/ Re De	one) Abate ty Hou PM enovate emolition	ment rs - Des	14 ccribe AM	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer	o North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No	n-Friable Procedu Amount	Ab	-	5200	Ť
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of Not Time of Abatement:AM	Check only te Period of transfer Facilit PM/ Re De Use Ma	Abate Abate Ty Hou PM- PM- PM- PM- PM- PM- PM- PM- PM- PM-	ment rs - Des ion on tion illy ely by ince/	14 ccribe AM	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enco Glovebag Non-Exel Description of stos Containing Main, thermal systems in	o North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation,	n-Friable Procedu Amount (Specify	-	atem	5200	Ť
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of Not Time of Abatement:AM	Check only te Period of transport of the Period of transport of the Period of the Peri	Abate ty Hou PM enovat emolitic S Local Norma ed Sole aintena stodial (12)	ment rs - Des ion ion illy ely by ince/ Staff?	14 ccribe AM	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer	o North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedu Amount	Ab	-	en Encapsulate	Ť
Occupancy Status During Abatement (Carlotte Pacility Closed/Vacated During Entire Abatement Performed Outside of Note Time of Abatement:AM	Check only re-Period of ormal Facili PM/ Re De Use Ma Cus Yes	one) Abate ty Hou PM enovat emolitic s Local Norma edintena stodial (12) No	ment rs - Des	Asbes (i.e.	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Mat , thermal systems if surfacing, VAT, other miscellaneous	o North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	-	5200	Ť
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Notice Time of Abatement:AM	Check only te Period of transport of the Period of transport of the Period of the Peri	Abate ty Hou PM enovat emolitic S Local Norma ed Sole aintena stodial (12)	ment rs - Des ion ion illy ely by ince/ Staff?	Asbes (i.e.	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enco Glovebag Non-Exel Description of stos Containing Main, thermal systems in surfacing, VAT,	o North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedu Amount (Specify	Ab	-	5200	уре
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Note Time of Abatement:AM	Check only re-Period of ormal Facili PM/ Re De Use Ma Cus Yes	one) Abate ty Hou PM enovat emolitic s Local Norma edintena stodial (12) No	ment rs - Des	Asbes (i.e.	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Mat , thermal systems if surfacing, VAT, other miscellaneous	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Removal	Repair	5200	Ť
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Note Time of Abatement:AM	Check only re Period of ormal Facili PM/ Re De Use Ma Cus Yes	Abate ty Hou PM- enovat emolitic s Local Norma ed Sole aintena stodial (12) No	ment rs - Des	Asbes (i.e.	EMSL Analytic Street Address 200 Route 13 City, State, Zip Content Sta	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Note Time of Abatement:AM	Check only re Period of ormal Facili PM/ Re De Use Ma Cus Yes	one) Abate ty Hou PM enovat emolition s Local Normal stodial (12) No	ment rs - Des	Asber (i.e.	EMSL Analytic Street Address 200 Route 13 City, State, Zip Content Sta	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 1,335 SF 89 each	AB Removal	Repair	Encapsulate	
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Note Time of Abatement:AM	Check only re-Period of ormal Facili PM/ Re De Use MacCus Yes 1	one) Abate ty Hour PM- enovat emolition s Local Normal ed Sole aintena stodial (12) No	ment rs - Des ion on tion tion while by by ince/ Staff?	Asbes (i.e. Floor Ti Window Ceiling	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Maran, thermal systems is surfacing, VAT, other miscellaned le and Mastic reglazing stabilize Plaster Cubic Yards of Waste	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 1,335 SF 89 each 420 SF	Ab Removal	Repair	Encapsulate	
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Note Time of Abatement:AM Scope of Work (Check all that apply) \(\geq 3 \text{ sf or } \geq 3 \text{ lf } \) \(\geq 160 \text{ sf or } \geq 260 \text{ lf } \) \(\sum_{100} \text{ BE ABATED } \) \(\text{ In Facility } \) \(\text{ (13)} \) \(\text{Basement Storage Area} \) \(\text{89 Windows Interior/Exterior } \) \(\text{Rooms 132,106,133,108 & S1 & S } \) \(\text{Name of Registered Waste Hauler } \) \(\text{AbateTech, Inc.} \) \(\text{City, State} \)	Check only re-Period of ormal Facili PM/ Re De Use MacCus Yes 1	one) Abate ty Hour PM- enovat emolition s Local Normal ed Sole aintena stodial (12) No	ment rs - Des ion on tion tion Staff?	Asbes (i.e. Floor Ti Window Ceiling	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Mai thermal systems i surfacing, VAT, other miscellaned le and Mastic reglazing stabilize Plaster Cubic Yards of	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or ous) ation	Amount (Specify SF or LF) 1,335 SF 89 each 420 SF	Ab Removal	Repair	Encapsulate	
Occupancy Status During Abatement (Carlot Facility Closed/Vacated During Entire Abatement Performed Outside of Note Time of Abatement:AMScope of Work (Check all that apply) >3 sf or >3 lf >160 sf or >260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Basement Storage Area 89 Windows Interior/Exterior Rooms 132,106,133,108 & S1 & S Name of Registered Waste Hauler AbateTech, Inc.	Check only re-Period of ormal Facili PM/ Re De Use MacCus Yes 1	one) Abate ty Hour PM- enovat emolition s Local Normal ed Sole aintena stodial (12) No	ment rs - Des ion on tion tion while by by ince/ Staff?	Asbes (i.e. Floor Ti Window Ceiling	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaned le and Mastic r glazing stabiliz Plaster Cubic Yards of Waste 200	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or pus) ation Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 1,335 SF 89 each 420 SF	Ab Removal	Repair	Encapsulate	
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Entire Abatement Performed Outside of Notice Time of Abatement:AM	Check only re-Period of ormal Facili PM/ Re De Use MacCus Yes 1	one) Abate ty Hour PM- enovat emolition s Local Normal ed Sole aintena stodial (12) No	ment rs - Des ion on tion tion while by by ince/ Staff?	Asbes (i.e. Floor Ti Window Ceiling	EMSL Analytic Street Address 200 Route 13 City, State, Zip Core Cinnaminson Full Content Mini-Encore Glovebage Non-Exert Non-	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or ous) ation Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 1,335 SF 89 each 420 SF	Removal	Repair	Encapsulate	
Occupancy Status During Abatement (Company) Facility Closed/Vacated During Entire Abatement Performed Outside of Note Time of Abatement: Scope of Work (Check all that apply) 3 sf or ≥3 lf 2160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Basement Storage Area 89 Windows Interior/Exterior Rooms 132,106,133,108 & S1 & S Name of Registered Waste Hauler AbateTech, Inc. City, State	Check only te Period of ormal Facili PM/ B Re De Use Mic Cus Yes G G G G G G G G G G G G G G G G G G	one) Abate ty Hou PM enovat emolitic s Local Norma edintena stodial (12) No	ment rs - Des ion on tion tion Staff? N/A DJDEP Valuer IE 18750	Asbes (i.e. Floor Ti Window Ceiling	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Mar , thermal systems i surfacing, VAT, other miscellaned le and Mastic r glazing stabiliz Plaster Cubic Yards of Waste 200 Disposal Date	o North ode , NJ 08077 ainment with Neglosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or ous) ation Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 1,335 SF 89 each 420 SF	Removal	Repair	Encapsulate	

NO CK

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

RECEIVED

Date of Notification (1)			Name	e of Buildir	ng Owner/Operator (2)							
	17 / 14			Federal Aviation Administration / Job #1109 4815 2 heak # 2: 29									
Agencies Notified			FA		ical Center	į	4,00000 D	N. VIII	FRU	IL			
□ DHSS Amendm	17.00		City, State, Zip Code										
DCA Emergen		ng	Name of Contact Telephone Number										
(NJAC 5:23-8) justificati				b Cook	OL .		retephone Nu	Number					
					NFORMATION						-		
Name of Facility Where Abatement is 1	aking Plac	e (3)		OILIII II	VI OTTINATION	Type of Facility	(4)						
William J. Hughes Tech Center				School (K-1									
Street Address				 ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial building 									
Building #162						homes, etc.	orivate and comm	ierciai bi	ıllaing	js,			
City (5)	8				ar an an	Square Feet	# of Floors	BI	dg. A	ge			
Atlantic City						**************************************				0,,,,,			
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)	-				
Atlantic						Technical Center							
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))				_		
Health & Safety Services			117		AbateTech, In	***							
Street Address					Street Address		***************************************						
318 12 th Street					30 Maple Ave	. PO Box 25							
City, State, Zip Code					City, State, Zip Co								
Hammonton, NJ 08037					Lumberton, N								
Project Manager for Monitoring Firm		Tele	ephone No. Telephone No.			License No.					_		
Jim Proctor	09-704-8850 609-265-210			n //	00529								
Start Date (10)	Scheduled (Name of OSHA M	lonitor		70.70	7700				
9 / 26 / 14 /	12	/ _3	1_ /	_14/	EMSL Analyti	ical							
Occupancy Status During Abatement (0	Check only	one)-			Street Address								
☐ Facility Closed/Vacated During Entir			ment		200 Route 13	0 North							
Abatement Performed Outside of Normal Facility Hou					City, State, Zip Co	Code							
Time of Abatement:AM	PM/	PM-		_AM	Cinnaminson								
Scope of Work (Check all that apply)													
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 		enovat emolitic											
	I	s Locat		100			70	Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACI <u>TO BE ABATED</u> IN Facility	M	Norma ed Sole aintena stodial	ely by ince/		Description o estos Containing Ma e., thermal systems i surfacing, VAT,	terial (ACM) nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	Yes	(12) No	N/A	-	other miscellane	ous)				ate	"		
1 st Floor		No		Transit	e Panels		900 SF			П			
1 st Floor		- Lance		-									
I FIOOF			10	Vibratio	on Damper Cloth		13 SF						
	ᆜᆜ			-					Ш	Ш	Ш		
Name of Registered Waste Hauler AbateTech, Inc.		11 11 11 11 11	IJDEP I lauler II 18750		Cubic Yards of Waste 16	stered Landfill Landfill							
City, State			10/00	<u> </u>	Disposal Date	City, State							
Lumberton, NJ					12/31/14	Tullytown,	PA						
Completed By (Print or Type)	Title				Signature	1		Date .		1	19		
Gwendolyn Trumbetti	Operat	ions (Coord	inator		Come	5	10	17	//4	1_		
SB-41 MAY 11	* Do no	t use th	is form	for asbes	tos licensure exemp	ted aptivities.		I	1				

Date of Notification (1)				Nan	e of Buildi	ng Owner/Operator	(2)	IN B	GF	1	11/7	
	/1	4				mmunications	. ,	93 Ch		Ш	W	
☑ EPA ☐ In		**			et Address 00 Green	1 U 0C	OCT 2 4 2014					
A COLUMN TO THE PARTY OF THE PA	mended	"0		City,	City State Zin Code							
	nendment nergency (Jenkintown, PA 19046							Ţ
	stification)		ng		Name of Contact Telephone Name of Contact							
D 0 0 0 0 0 0	ancellation			Al	ex Baylo	r		*	-		_	_
					CILITY	NFORMATION					_	_
Name of Facility Where Abatem	ent is Taki	ng Plac	ce (3)				Type of Facility	(4)				
Verizon Market CO			-				School (K-1	2)				
Street Address							☐ Subchapter ☐ Other (i.e., p	8 (Other than	K-12)	l buil	dinas	
95 William Street							homes, etc.)	minorola	Dulk	migs,	
City (5)		1000				,	Square Feet	# of Floors	3 .	Bldg	. Age	
Newark												
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molished	d)	-	
Essex							Offices					
Name of Monitoring Firm Hired b	y Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
USA Environmental						AbateTech, In	nc.					
Street Address						Street Address				-		
8436 Enterprise Ave.						30 Maple Ave. PO Box 25						
City, State, Zip Code						City, State, Zip Co	ode					
Philadelphia, PA 19153				10 m		Lumberton, N	IJ 08048					
Project Manager for Monitoring F	irm		Те	lephone	No.	Telephone No.		License No	D.			-
					5-5810	609-265-2107		00529				
Start Date (10)		duled (Compl	etion Da	ate (11)	Name of OSHA M	onitor		-			-
_08 / _11 / _14	- / _	11	1_2	8 /	14 /	EMSL Analyti	cal					
Occupancy Status During Abater	nent (Chec	k only	one)		/	Street Address						
☐ Facility Closed/Vacated Durin	g Entire Pe	eriod of	Abata	ement		200 Route 130	North					
Abatement Performed Outside of Normal-Facility Hours Time of Abatement:AMPM/PM					scribe	City, State, Zip Co	Code					
					AM	Cinnaminson,						
Scope of Work (Check all that ap	ply)								_			
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		⊠ Re □ De										
(6)			Loca							bate	ment 7	Type
Location of Asbestos-Containing Material	(ACM) Normall Used Solel					Description of			-			1
TO BE ABATED	O BE ABATED Maintena				Asbe	stos Containing Mate ., thermal systems in	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]		Kemova	Kepair	nca	ncl
IN Facility Custodial S					(1.0	surfacing, VAT,	or	ation, (Specify SF or LF		=	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellaneo	us)	5000 5000 5000 5			late	(D)
Elevator Landing, 4, 5, 7 & 8					Elevato	r Landing Doors		32 each		1	1	
Elevators 2-8			\boxtimes			r Brake Pads		14 each		-		
							-	14 00011				12
			П	計		A	-					片
Name of Registered Waste Hauler		Ш		JDEP V	Vacto I	Cubic Yards of	Name of Desiri	150				
AbateTech, Inc.			1,000	lauler ID		Waste	Name of Registe					
Dity, State				18750		40	G.R.O.W.S.	Landill				
Lumberton, NJ						Disposal Date	City, State					
and the second s					=	11/28/14	Tullytown, F					
Completed By (Print or Type)	Title		WOUCE-BIE			Signature Date 10/10/14						
Gwendolyn Trumbetti	O	perati	ons (Coordi	nator	$ (\wedge)$		10/10/14				
SB-41												