

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

Date of Notification (1) 9/4/13	ļ.			uilding Ow ay Coun				·	S	EP 6	2013	i	凹	
Agencies Notified Type Notification		1000	eet Add North	ress Main Str	eet				- 1			. &		-
EPA Initial Amended Amendment #_		Cit	y, State ape M	, Zip Code ay Court	t House	NJ 0	8210	770						
Emergency (inc justification)  DCA  Emergency (inc justification)  Cancellation	cluding	100000	me of C					,	Tele	nhone Num	her.	ä		
			FACILI	TY INFOR	MATION									$\Box$
Name of Facility Where Abatement is Taking I Cape May County office complex / s		nd bu	uilding				Scl	Facility (4) nool (K-12)		er than K-12	)			
Street Address 9 North Main Street	N - 12022						Oth etc	ner (i.e. priv .)	ate 8	commercia	l buildir			
City (5) Cape May Court House NJ 08210					V(		Square 400 +		1	Floors	35	lg. Ag +	e 	
County (6) Cape May			ounty Co	ode (7) SE ONLY)			Current Shed	Use (Prior	if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.			f Abater	ment Contr	actor	(9)				
Street Address							Address ox 329	)						
City, State, Zip Code							ate, Zip Berlin	Code NJ 0809	1					
Project Manager for Monitoring Firm	93856 - 100 Briston	To	elephon	e No.	T	Teleph	one No. '53-98			License N 00727	0.			
	Scheduled 9/23/13	Comp	oletion D	)ate (11)	12.5	Name o		Monitor						
Occupancy Status During Abatement (Check	Only One	)			5	Street	Address		7077					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Ab	ateme	ent		_	City, S	tate, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If		novati molitic				×	Mini- Glov	Enclosure ebag Proc	edure	h Negative I			е	ŧ.
	l											Abate	ement	
		ocation or ally			Desc	cription	of	,			_	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Solely ntenan odial S (12)	ce/	Asbest (i.e.	thermal s surfacion	ining N ystem ng, VA	faterial of the state of the st	(ACM) ion,		Amount Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior Transite			X		EXIGNO	1110	lisite				+	-	-	-
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	-										+	-	-	
Name of Registered Waste Hauler		I N	JDEP V	Vaste	Cubic Y	/ards		Name of	Regis	tered Landf	ill			1
United Containers		0.000	auler ID 2459	No.	of Wast	te 		G.R.O.						
City, State Elm NJ					Disposa 9/23/1		•	City, Stat Morrisv		PA 19067				
Completed by Anthony T Perna	Title Presi	dent			Si (	gnetur			-		Date 9/4/13			

Print Form



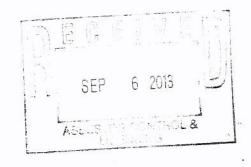
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Date of Notification (1) 9/4/13					Building ( ancuso				. SEE	) (	0010					
Agencies Notified	Type Notification		2.0	Street A				1	<del></del>	0	2013		J			
EPA DEP DOL	Initial Amended Amendment	#			ite, Zip Co nawkin N		50		ASUEST	13.77	NTROL	. &				-
<b>⋈</b> DOH	Emergency justification)	(including	h	Name of	Contact			-		Tel	enhone N	lumbor	=			
DCA	Cancellation			Rich	LITY INFO	DMATI	ON			-			-			
Name of Facility Where A Rich Mancuso Priva	Abatement is Takin ate Home	g Place (3	)	1 401	LITT INT	ZINIATI	OIN	-	of Facility	200						
Street Address 34 Joshua									Subchapte Other (i.e.	r 8 (Oth	er than K	-12) rcial bu	ildir	ngs,	home	es,
City (5) Manahawkin NJ 08	050						ileosos suces		etc.) re Feet )+	# o	Floors		Bld 35-	g. A	ge	
County (6) Ocean					Code (7) USE ONLY	)		Curre	nt Use (Pr	ior if bei	ng demol	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.			of Aba	tement Co	ntractor	(9)	7.33				
Street Address								Addres	7.00						9	
City, State, Zip Code									ip Code in NJ 080	091						
Project Manager for Mon	itoring Firm		1	Telepho	ne No.		300000000000000000000000000000000000000	hone N-753-9			License					
Start Date (10) 9/16/13		Schedule 9/23/13		npletion	Date (11)		Name		HA Monitor							
Occupancy Status During	g Abatement (Che	k Only Or	ne)			A. C.		Addres	SS							
Facility Closed/Vaca	ated During Entire led Outside of Norr	Abatem	ent			City. S	State, Z	ip Code								
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf								Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	·					
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Asbestos-Containing TO BE AB	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  No Used Main Custo					tos Con therma surfa	escription taining I I system acing, VA miscella	Material is insula AT, or	(ACM) ation,	(5	mount Specify or LF)	Removal		Ty Repair	Encapsulate	Enclosure
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Name of Registered Was United Containers	ste Hauler		Н	JDEP W auler ID 2459		of Wa	Yards iste		G.R.O.	on one of the same	ered Land	ifill				
City, State Elm NJ		-				100	sal Date	)	City, Sta Morris		A 19067	,				
Completed by Anthony T Perna		Title Presi	dent				Signatur	e L				Date 9/4/13	 3			
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	Chan	sed Finish	hi19	TIFICA	State	of New Jersey	RATEN	MENT.		C'he	8	6	10		
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_	Agencies Notified	8-24-13 Type Notification		St	reet Add	rington	6M	1 <u>C</u> L	eale)	rsbi	2				7
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	D EPA D DEP	Amended	1	Ci	ty, State	, Zip Code								7.1.1	-
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	DOH DOH	justification)  □ Cancellation	= 5	0,000000	Davi	· Kersh		<u>.</u>	٠						
ا کر	Name of Facility Where	Abatement is Taking P	Place (3)		FACIL	TY INFORMATION	ON	Type of Fa	acility (4	)	•				$\neg$
	Flemine				ers	hip			ol (K-12						
3	Street Address -		722	12:						3 (Other that ivate & com		buildi	ngs, h	omes	.
O L	City (5)		202					etc.) Square Fe	eet	# of Floor	rs	Blo	g. Ag	e	-
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So	County (6)	enton		10	ourney C	ode (7) SE ONLY)		Current U	se (Prio	r if being de	molishe	d)			
5	Name of Monitoring Firm	Hired by Building Ow			ASCM	No.	Name	of Abateme	Table 1		0			_	$\dashv$
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Didn't	Street Address	Box 33	57				P	.O.B	or '	337					
ā	City, State, Zip Code	<b>A</b> .	N <sub>2</sub>	- /	190	522	City S	State, Zip Co	ode	. 0	71	76	36	2:	2
0.50	New E	pithri o Firm	A O		elephon	e No.	Telepi	tw E	YE		ense No	<u>U</u>	2	0	
, hey	Steve S	ehen kea				758-3365	609	758-	336	5	00	3	19	1	
-	Start Date (10)	S	chedule	5998		ate (11)	0.0000000000000000000000000000000000000	of OSHA N		nnoloc		7		•	
	9-5-13 Occupancy Status Durin			<u> </u>	-13	* 1	Street	t Address		nestisanananas	res	1.1	رر		
e 9	Facility Closed/Vac	cated During Entire Pe	riod of A	bateme	ent	÷		5-0 1		337					
+	<ul><li>✓ Abatement Perform</li><li>✓ Other – Describe;</li></ul>	ned Outside of Normal	Facility	Hours				State, Zip C lew Eg		ALT	- 0	83	33	3	
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6	≥160 sf or ≥260 lf		20	emontic	211		ı	☐ Gloveb	ag Prod		n-Eriable	Proc	edure		
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اح'	Asbestos-Containin TO BE Al		Ma	intenan	ce/	Asbestos Cor (I.e. therma		Material (A0 ns insulation		Amou (Speci	ify	Re	<sub>Z</sub>	Enca	Enc
12	In Fac (13	cility	Cusi	todial S (12)	lair		acing, V miscella	AT, or aneous)		SF or L	_F)	Remova	Repair	Encapsulate	Enclosure
	3	,	Yes	No	N/A							-		ate	ro i
9	Roof From	nt Building	X			Flashin	c To	ar		200	500	X			
je	Roof Back		K			Flushin	_	an		60	SF	X			
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Changed										5	1				
$\overline{C}$	Name of Registered W	aste Hauler			JDEP W auler ID		c Yards aste			Registered			,		Λ.(
	EPC Te	chnologies	>		170		osal Dat		Masta	te Man	user	neni	U	<u>-                                    </u>	14
	EPC Te City. State New E Completed by Sheve Sch	ough 1	NJ			100	~ <b>  O</b>			irsyille	. F	A			
	Completed by	-)Ab.	Title	. ^			Signatu		5.0		Da	te	7 W	-1:	3
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Date of Notification (1) 09/03/2013		5.8	Na G	ame of B	uilding Ov Fleming	vner/Op Proje	perator (2) ect Deve	lopme	ent Corp		0	ED				1
	Notification			reet Add		Road,	Suite 2	05			j	<u>_1</u>	U	- 21	113	
	Initial Amended Amendment #	1	Ci	ity. State	, Zip Code	В	Jersey		)		ASUC	STĀ LKC		INT INS	HOL	&
☑ DOH □ DCA	Emergency (incl justification) Cancellation	uding	N	ame of C	Contact			1		Talar	hone Ni	ımber	_			
				FACILI	TY INFO	RMATIC	ON		E - 104 - 741				_			$\dashv$
Name of Facility Where Abater Ingredion Incorporated Street Address	ment is Taking Pl	lace (3)						Sch Suh Oth	Facility (4) nool (K-12 bchapter 8 ner (i.e. pri	) R (Other	than K-	12) cial bui	ldin	gs, h	omes	
10 Finderne Avenue City (5)	00007							etc Square 25,000	Feet	# of	Floors	0.3	Bldg 554	, Ag	Э	
Bridgewater, New Jerse County (6)	9 08807		C	County Co	ode (7) SE ONLY)			Current	Use (Prior	r if bein		shed)				
Name of Monitoring Firm Hired Accredited Environment	d by Building Ow	ner (8)		ASCM 0021	No.			Abater	ment Cont					18.00 - 24.00		
Street Address 220 Church Street							Street A		e Avenu	 е						
City, State, Zip Code Bridgewater, New Jerse	ev 08807						City, Sta Woodl		Code Park, NJ	0742	4					
Project Manager for Monitorin Eric Houseknect				elephon	e No. 6-1132		Telepho 973-22		00		License 01104					
Start Date (10) 09/06/13		chedule 9/16/1		pletion D	Date (11)				Monitor nmental	Labs						
Occupancy Status During Aba	atement (Check C	Only On	e)				Street A		22 Wes							11-
Facility Closed/Vacated Abatement Performed O Other – Describe: Fri 4p	uteide of Normal	Facility	Hours	ent			City, Sta	ate, Zip			3					
I TOTAL	Other – Describe: Fri 4pm Start, weekend /An ope of Work (Check All That Apply) ≥3 sf or ≥3 lf						×	Mini- Glov	Containme Enclosure ebag Proc	edure					)	
		le	Locati	on										bate	ment	
Location of Asbestos-Containing Mat TO BE ABATEI In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)					tos Con therma surfa	escription on taining Mail al systems acing, VAT miscelland	aterial ( insulat r, or	(ACM) ion,	(5	mount Specify or LF)	Veillower	Domonia	Repair	Encapsulate	Enclosure
		Yes	No	N/A		1/4:	T & Mas	tio		1 .	20 SF	X	+		-	
Labs2159,2161,	2163,21 <u>6</u>	5	X	-			te Wall F				380 SF	-	+			
Labs2159,2161,			X	-			te Table				48 SF	X	-			
Labs2159,2161,		1	X	-			me Hoo		-		2	X	-			
Labs2159,2161,		Þ	X	JDEP W	Jaste		c Yards	<del></del>	Name of	Regist			1			
Name of Registered Waste F Lilich Corporation	1auier		H	Hauler ID 8724		of W	aste		G.R.O.	w.s l						
City, State Woodland Park, New Je	ersey 07424					09/1	osal Date 6/13		City, Star		ennsyl					
Completed by Tatiana Kalenikova		Title Vice	Pres	sident			Signature		inte	lak	hu	Date 09	0 /	3/3	201	3_



		Locatio		_				ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Solel intenan odlal S (12)	y by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					'n	
abs2159,2161,2163,2165		X		TSI	24 LF	х		-	_

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Date of Notification (1) 08/27/13 Ck# 2788	\$ \$200								ment Cor		SF	P	A	201	Ą	
Agencies Notified	Type Notification			Street Ad	ddress ragwood	Pood	Suite	205	1							-
EPA SER	⊠ Initial				te, Zip Cod		, Suite			- ka	Abbti		-	in the		1
DEP  DOL	Amended Amendment				Plainfield		Jerse	y 070	80 L							
	Emergency ( justification)	including			Contact					Tele	nhone 1	dumb	er.	_	77	
DOH DCA	Cancellation				Marone	5111 A T16								<i>(</i>		
Name of Facility Where	Abatement is Taking	Place (3	1)	FACII	LITY INFO	RMATIC	ON_	Туре	of Facility (4	4)						
Ingredion Incorpora			51						School (K-1	2)						
Street Address 10 Finderne Avenue	^								Subchapter Other (i.e. p				ouild	ings,	home	s,
	<del></del>							— е	etc.) e Feet	# of	Floors		BI	dg. A	20	
City (5) Bridgewater, New J	lersey 08807							25,00		2	1 10013		55		90	
County (6) Somerset	****				Code (7) USE ONLY)				nt Use (Prio			lished	1)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	No.		Name		ement Con							-
Accredited Environ	mental Tech, In	C.		0021			Lilich	Corp	oration		3-10					
Street Address 220 Church Street								Addres McBrid	s de Avenu	е						
City, State, Zip Code	loroov 00007							tate, Zi	p Code Park, NJ	0742	1					
Bridgewater, New J				Γelepho	ne No			none No		0142	License	e No				
Eric Houseknect	ittoring i iiii		10.0		6-1132			225-8			01104					
Start Date (10) 09/06/13		Schedule 09/16/		pletion (	Date (11)				IA Monitor onmental	Labs						
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)					Addres								
Facility Closed/Vac				ent					e 22 Wes	t						
Abatement Perform  Other – Describe:	Fri 4pm Start, weeke	nd 7AM-1	2AM			-			p Code w Jersey	07083	3					
Scope of Work (Check A	II That Apply)						-	۹								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renovat Demoliti				I	Min Glo	Containme i-Enclosure vebag Prod -Exempted	edure						
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Location	n of	1	Vormail	у		Des	cription	of				-		Ту	pe	_
Asbestos-Containing TO BE AB		Ma	ed Solel iintenan	ice/		os Conta					mount pecify		,	_	Enc	Ψ
In Facil	lity	Cus	todial S (12)	taff?	(		ing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other in	nacciiai	icous					/al	=	late	лге
Labs 2151,2153	3.2155.2157	100	X	1071		VAT	& Ma	stic		1,1	20 SF	7		-		$\neg$
Labs 2151,2153		+	X		Т	ransite	Wall	Panel	s	2,8	80 SF	2	2			
Labs 2151,2153		1	Х		T	ransite	Table	e Top	s	34	8 SF	2	2		-	
Labs 2151,2153			X				ne Hoo				2	2	2			
Name of Registered Was			N.	JDEP W	170 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cubic			Name of I	Registe	red Lan	dfill				
Lilich Corporation				auler ID 3724	No.	of Was 5	ite		G.R.O.\	W.S L	andfill					
City, State Woodland Park, Nev	w Jersey 07424			201101000		Dispos 09/16	al Date /13		City, State Morrisvi		ennsyl	vania	3			
Completed by	, , , , , , , , , , , , , , , , , , ,	Title				S	ignature			/	,	Date				$\neg$
Tatiana Kalenikova		Vice	Presi	dent			tal	ica	colle	ah	hu	08/2	27/1	3		

SEP 6 2013

Location of	1000	Locatio	1000	Description of			Abate Ty	emen vpe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenan todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Elinopalia
	Yes	No	N/A			=		ate	π
Labs 2151,2153,2155,2157		X		TSI	24 LF	Х			
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Noches	(Pu	rsuan	NCN 0J J	0.00			1 1 1 2				7		
	1	Name	of Buildir	ng Owner/O	perat	or (2)		SEP _s	- 00	50		4	
ate of Notification (1)	18		5 E				1		ZU	IJ	١	7	
gencies Notified Type Notification		Street	Address	4/	97	LEY.	KOAL	<u>}</u>			1.	$\dashv$	
genices rounes	1	City S	State, Zip	Code	NI		-: 11	MIT	1	71	80	)	
EPA 1.7 Amended		City,	T	4 1	L	AINF	IELL	elephane Numb	er	/-	0	=	
DOL Amendment #	ig -	Name	of Cont	act		111.		siebuarie ragino	<u> </u>			-	
DOH justification		Fa	X	MCC	Si	<i>cilliE</i>	N II		-				
DGA Canocidaen		FA	CILITY	INFORMAT	NO		Facility (4)						
Name of Facility Where Abatement is Taking Place	(3)					□ 0·1	ani (V 12)						
PSE&G						Sul	ochapter 8 (C	other than K-12) te & commercial	build	ings,	home	es,	
1 00	A	115	-			D Oth			\ D	ldg. A	Ano.		1
Street Address 996 KLEMM	_H	10	·			Square	1 000	# of Floors		W/	A		
						N/	A	N/A		,0/	71_		1
City (5) GLAUCESTER	>	Cou	nty Code	e (7)		Current	Use (Prior if	being demolish	To	Ti	20	7	1
County (6) GLOUCESTE	R	(STA	ATE USE	ONLY)	_		0170		171		<i>_</i> 10		1
Name of Monitoring Firm Hired by Building Owne	r (8)	- N	SCM No	).	N	lame of Abate	YSTEMS (	OF AMERICA	A INC	;			
Name of Monitoring Firm Hilled by Balleting OFFI ENVIRONMENTAL TACTICS		0	045			Street Address							1
Street Address					1	396 WHITE	HEAD AV	E.					4
64 BROAD STREET	••				-	City State 7is	Code						1
City State, Zip Code	-0.3000					SOUTH RI	VER, NJ 0	8882					-
MATAWAN, NJ 07747		TTO	lephone	No	+	Telephone No	).	License N 01111	10-				
Project Manager for Monitoring Firm		73	32-290	-2217		732-432-8		01111					-
TOM GEIGER	heduled					Name of OSH	A Monitor	OF AMERIC	A				
Start Date (10)	91	111	11.3	)									
Occupancy Status During Abatement (Check O	nly One)	)				Street Address 396 WHIT	ss EHEAD A'	VE.					
During Entire Peri	ind of AD	ateme	nt		-	City, State, Z							
Facility Closed/Vacated Duning Linux III	Facility H	lours			.	SOUTH F	RIVER, NJ	08882					_
Abatement Performed Outside of No. R.S.  Other – Describe: Out Doo R.S.													
Scope of Work (Check All That Apply)	_					☐ Fi	ıll Containme	nt with Negative	e Pres	sure			
152 >3 of or ≥3 lf	P Re	enovati emolitic	מס מס			⊔ м	ini-Enclosure						
≥160 sf or ≥260 lf						N 図	on-Exempted	edure I (*) and Non-Fr	iable I	Proce	bater	nent	_
											Тур		
		Location			De	scription of		Amount				П	
Location of	Used	d Solel Intenar	y by	Asbesto	s Con	taining Materi	al (ACM)   ilation,	(Specify		Removal	Ra	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED	Cust	odial S	staff?		SULTE	acina, VAI, or	9	SF or LF)	)	JOVE )	Repair	sula	
In Facility (13)		(12)			other	miscellaneou	5)	i i		7.		e	
(10)	Yes	No	N/A			K	0 -	1.07	-	V			
Alexandra I	1	×		Sama	sti	c Pipe (	COATING	1006	-	$\triangle$			
OUTDOORS WITHIN	+	/	1	1			N				_	_	-
SUBSTATION FENCE	+	-	+								-	-	+
	+	-	+-	1							1_	1_	1
		1	NJDEP	Maste	Cut	oic Yards		of Registered La	ındfill				
Name of Registered Waste Hauler			Hauler I	D No.	of V	Vaste	- GRO	WS NORTH					
WASTE MANAGEMENT			1125		AM	x, 15 posal Date	City, Si	tate					
City, State					G	111/12	3 MOR	RISVILE, PA					_
ELIZABETH, NJ					17	Signature		1	Da	ite . ¿	7/2	1/	1:
Completed by	Title	FICE	MGR.			10	talx	amo			100	//	y
CAROL RAIMO								for asbestos lic	encin	e exe	empte	d acti	vî
							an thin form	tor aspesios lic	CILDUI				

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

Date of Notification (1)		1 /1 -	of Building (	^	perator (	2)	in the					
Agencies Notified Type Notification  EPA Initial		Street A	Address	<i></i>	926	EY Ro	AN	<del>- S</del> E	F	6 2	013	j
DEP Amended Amendment #		500	ate, Zip Co	de /	LA	INFIE	1	/N:	To	570	18	8
DOH justification Cancellation	icidality	For				lliEN		ephone No	umber		*****	
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	ORMATI		Type of Facility	(4)					
Street Address		.,,	<del></del>			School (K- Subchapte Other (i.e.	r 8 (Oth	er than K-	12)	dinan	hom	
City (5)		VE.				etc.) Square Feet		f Floors		alrigs, 31dg. /		es,
GLOUCESTE County (6)	ER_	Countr	Codo (7)			N/A		NIA		N/	A	
GLOUCES TO	ER	(STATE	Code (7) USE ONLY)		_	Current Use (Pr	CH	· S	TA)	Tic		)
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	0045				f Abatement Co UE SYSTEM			A INC	;		
Street Address 64 BROAD STREET	•	1			Street A 396 W	ddress /HITEHEAD	AVE.			-		
City, State, Zip Code MATAWAN, NJ 07747						ate, Zip Code TH RIVER, N	J 0888	12				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	ne No. 90-2217		Telepho 732-4	ne No. 32-8350		License 01111	No.			
Start Date (10) 9/9//3	Scheduled Co	mpletion	0.20			FOSHA Monitor JE SYSTEM		AMERIC	;A			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po		ment			Street A	ddress /HITEHEAD	AVE.					
Abatement Performed Outside of Normal Other – Describe:	I Facility Hou	rs		_		ite, Zip Code H RIVER, N	J 0888	2				
Scope of Work (Check All That Apply)	F27 _											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi				- <b></b>	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re cedure				•	
2	Is Loca	5.85 200			23	Non-Exemple	u ( ) an	u NOII-FIIa	Die Flu	Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Norma Used Sol Maintena	ely by		os Conta		terial (ACM)	А	mount	-	_ ·,		
TO BE ABATED In Facility (13)	Custodial (12)	Staff?	(i.e. l	surfac	systems i cing, VAT niscellane			specify or LF)	Remova	Repair	Encapsulate	Enclosure
- 11-11-1	Yes No	N/A			- A	0 -	-		17		र्क	Φ.
OUTDOORS WITHIN SUBSTATION FENCE	$\vdash \vdash X$	-	Soma.	sTic	Pife	COATING		DOLF	X			
								3				
Name of Registered Waste Hauler		NJDEP W	Vaste	Cubic '	Yards	Name of	Registe	red Landfi	11			
WASTE MANAGEMENT		Hauler ID 1125	No.	of Was	, 15	- GROW	S NO					
City, State ELIZABETH, NJ				Dispos	al Date	City, Star MORR		, PA				
Completed by CAROL RAIMO	Title OFFICE I	MGR.		Si	ignature	ral La	un	20 0	ate 8	28/	//:	3

No weils

	200-2		- 11	- of Duile	ling Owner/	d 12:120)	2)	. W La		-!/ \				ne
ate of Notification (1)			Mo	e or build erris Hal	oitat for H	umanity					1	_		
-4-2013	Type Notification		Stree	et Addres	ss			SEP	6 2013	11				
gencies Notified	Type Nouncadon		27	4 S. Sa	lem Stree	et		ULI		+	+			1
EPA	Initial Amended		City	, State, Z	ip Code		1				į.			
DEP	Amendment #		Ra	andolph	, NJ 0786	9	) A	1 =	ಿ elephone Numl		+			1
DOL	Emergency (incl	uding	Nan	ne of Cor	ntact				stepriorie reum	JC1				1
DOH DCA	justification) Cancellation			avid Sa								-		1
			-	FACILITY	INFORMA	TION	Type of Fa	acility (4)						7
lame of Facility Where	Abatement is Taking P	lace (3)						ol (K-12)						
3 Story House							Daniel .	0 10	ther than K-12	)		hom	200	
Street Address							Othe	r (i.e. privat	e & commercia	il bullali	igs,	HOH	163,	
29 Hazel Street							etc.) Square Fe		of Floors	Blo	lg. A	ge		
City (5)							3000		3	50	)+			
Morristown	2				1 (7)		Current U	Ise (Prior if	being demolish	ned)				
County (6)			Co	ounty Coo	ie (/) FONLY)		House							
Morris						Name	of Abatem	ent Contrac	ctor (9)			00000000		
Name of Monitoring F	rm Hired by Building Ov	vner (8)	1	ASCM N	ю.	Loz	nica Mar	agement	Corporation	۱				
n/a	VII. O TO THE TOTAL THE TO			IVa			t Address							
Street Address							Troy Lan	е						
n/a			_			City.	State, Zip (	Code						
City, State, Zip Code						Lin	coln Park	c, NJ 070	35					_
n/a			TT	elephone	No.		phone No.		License I	No.				
Project Manager for N	Monitoring Firm		6.0	n/a			3-706-79		01193					
n/a	———Т	Scheduled	Com	pletion D	ate (11)	Nam	e of OSHA	Monitor	. Comoratio	n				
Start Date (10)		9-13-20						nagemen	t Corporation					
9-9-2013	uring Abatement (Check						et Address							
Occupancy Status D	uning Abatement (enes.	oriod of A	hatem	ent			Troy Lar				-			_
Facility Closed/ Abatement Per	Vacated During Entire Formed Outside of Norm	al Facility	Hours			City	, State, Zip	Code	125					
Other - Describ	e:						ncoin Par	k, NJ 070	J00					
Scope of Work (Che	ck All That Apply)								Nogotive	Proces	ıre			
And the second second			enova				Full 6	Containmer Enclosure	t with Negative	1 1000				
≥3 sf or ≥3 lf ≥160 sf or ≥260	) If	D	emolit	ion			<b>-</b>	1 D	dure	oblo Dr	^^	ture		
							⊠ Non-	-Exempted	(*) and Non-Fri	abie i i	Ab	ater	nent	
		Is	Locat	ion								Тур	е	
		1	Normal	lly		Descrip	tion of	(ACM)	Amount				m	-
Loc Achestos-Conta	ation of ining Material (ACM)		d Sole		Asbesto	s Containir sermal syst	ng Material tems insula	tion,	(Specify	20	1	پې	Encapsulate	Enclosure
TO B	ABATED		todial	Staff?		surfacing	VAT, or		SF or LF)	Kemova	1	Repair	bsul	unso
in	Facility (13)		(12)			other misc	ellaneous)			5	-	-	ate	0
	(10)	Yes	No	N/A							<del>,</del>  -			
			-	TV		Asbesto	s Siding		2,000 SF	X	4			-
E	xterior		-	+1	-									
										-	+			
-									Registered Lar	odfill		-	L	1
Name of Registere	d Waste Hauler		1	NJDEP I		Cubic Ya				Juna				
Name of Registere	waste Hauter	,		Hauler II		of Waste TBD		GROW	/S Landfill		31:50.50			_
Loznica Manag	ement Corporation			003313		Disposal	Date	City, Sta	te	-				
City, State						TBD	pastire of the	Morris	ville PA 190					
	J 07035					Sig	nature			Date		40		
Lincoln Park, N		Talla				1 - 3	,			0 4				
Lincoln Park, i		Title	creta	<b></b>		6	Curo	א רתר		9-4	-20	13		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

0250 CHECK##

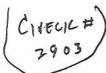
Carcelled - w	citten in ei	700	ursuant	to NJAC	8:60 and	d 12:120	))	Ori	LUIV #&					
Date of Notification (1)			Name o	of Building	Owner/C	perator	(2)		I (6	5 1	1//	[2]	1	1
8/30/2013	N. 25 2			Jeckel	l		_		3 (5			1-2	-11	
Agencies Notified Typ	e Notification			Address Forest A				1						
EPA 🗵	Initial	1						11.	-SEP	-	903	1	1	
DEP DOL	Amended Amendment #			ate, Zip C	J 07090		*	1 -	OL:	57	Sec. 10. 11.			
	Emergency (including	9		of Contact	A CONTRACTOR OF THE PROPERTY O								\$	-
DOH DCA	justification) Cancellation			Jeckell				jî,	leleph	one Nu	mber	. ×		į
	Carcellation		250		ORMATI	ON			L					الله ا
Name of Facility Where Abate	ement is Taking Place	(3)	FAC	ILII I IMF	ORMAIN	ON	Type of	Facility (4)	)	<u> </u>				
House							_	hool (K-12						
Street Address							. Sul	bchapter 8	(Other ti	nan K-1	2)			
526 Forest Ave.							Ott	ner (i.e. pri	vate & co	mmerc	ial bui	ldings	, hom	es,
City (5)						7	Square		# of Flo	ors		Bldg.	Age	
Westfield						- 1	1200		1		- 1	50+	.50	
County (6)			County	Code (7)			Current	Use (Prior	if being o	demolis	- 1			-
Union			(STATE	USE ONLY	n		House		9		•			
Name of Monitoring Firm Hire	d by Building Owner (8	3)	ASC	M No.		Name	of Abaten	nent Contr	actor (9)					
n/a	72		n/a			Lozn	ica Mar	nagemer	nt Corp	oration	1			
Street Address	·					Street	Address							
n/a						22 T	roy Lan	е						
City, State, Zip Code							tate, Zip (							
n/a						Linco	oln Park	, NJ 070	)35					
Project Manager for Monitorin	g Firm		Telepho	ne No.		3570	one No.		Lie	ense N	0.			
n/a			n/a				706-795	23	0	1193				
Start Date (10) 9-9-2013			npletion	Date (11)			of OSHA						Ø	
	9-12-2							nagemer	nt Corpo	oration	1		· .	
Occupancy Status During Aba	and the control of the second						Address							
Facility Closed/Vacated I Abatement Performed Or	Ouring Entire Period of	Abaten	nent				oy Lane							
X Other - Describe: 9 am -	5 pm	y riours	5				ate, Zip C							
'Scope of Work (Check All Tha	t Apply)					Linco	oin Park	, NJ 070	35					
						-	ES.							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Processes	Renova Demolit				×		ontainment nclosure	t with Ne	gative F	ressu	re		
		201110111	3011				Glovet	oag Proced	dure					
	T						Non-E	xempted (	*) and No	n-Friab	le Pro			
		Locati											ement pe	
Location of Asbestos-Containing Mate	2000	Normal ed Sole		Anhan	Des	cription	of .				-	1	Pe	
TO BE ABATED	Mis	intenai todial S		(i.e.	tos Conta	systems	insulation	n.	Amou (Spec	501.5	70	_	En	ū
In Facility (13)	Cus	(12)	olan :			ing, VAT			SF or I		Remova	Repair	aps	ıclo
(10)	<del>                                     </del>		т		omer m	iscellane	eous)				Val	串	Encapsulate	Enclosure
	Yes	No	N/A						150				0	
Basement			8	Ast	oestos F	Pipe Ins	sulation		50L	-	8			
40	*													
											1			
												-		
Name of Registered Waste Ha	uler	N	JDEP W	aste	Cubic Y	ando	l No.	ame of D	ninta -	or Jee				
Loznica Management Co		16.000	auler ID		of Wast			ame of Re	39					
	nporation	0	01137		TBD		0	ROWS	LANDF	ILL				
City, State			- 11		Disposa	al Date	3.0	ity, State						$\neg$
Lincoln Park, NJ 07035					TBD		N	/lorrisville	e, PA 1	9067				
Completed by E. Cirovic	Title				Sig	pature				Dat	200			
L. OIIOVIC	Secr	etary			16	.(1	DA	TOR		8-	30-2	013		

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7		44
-10	ect	#

Check #	2151
CHICCH II	2

5 :	-f NotiGodies (4)				Na	me of B	uilding Owr	ner/Op	erator (	2):		Th:	T	W G		7			
	of Notification (1)				100,000		wnship		1.2	1 -		1400	£	J	411				4
	30/2013 ncies Notified	Type	Notification			reet Add			1.	i.					11	111			
Ager	ncies Notified	-		55	16	5 Perr	yville Rd		- 1	4	CED	۵	200	110		Щ	_		$\dashv$
	EPA		Initial Amended		Ci	ty, State	, Zip Code		i		W W.	Ų	Z	/10	-	7			
	DEP DOL	-	Amendment #		_ Ha	amptor	n, NJ 088	327	,						1	_			_
			Emergency (in	ncluding		ame of C				V		1	elept	none Nu	umhor				
	DOH DCA		justification) Cancellation		An	ny Bar	kman					1		-0010	000				$\dashv$
<u>Ц</u>	DCA	Em2					TY INFOR	MATIC	N	_				THE PERSON LAND					$\dashv$
Nan	ne of Facility Where	Abater	ment is Taking	Place (3)						Тур	e of Facility	/ <del>(4</del> )							
	dle School										School (K	(-12)	Nh nn	than K	12)				
	et Address										Subchapt Other (i.e	er 8 (C	otner te & c	man K-	cial b	uildin	gs, h	omes,	,
	Perryville Rd									Ц	etc.)								$\dashv$
									_	Squ	are Feet	7	# of F	loors		Bldg	g. Age	9	
City	Hampton, N	١J																	$\dashv$
Cai	unty (6)					ounty C				Cur	rrent Use (F	Prior if	being	demoli	shed	)			- 1
	nterdon Count	v			(5	STATE U	SE ONLY) .		_										_
nu	nterdon Court ne of Monitoring Fir	m Hire	d by Building (	Owner (8)		ASCM	No.		Name	of A	batement (	Contrac	ctor (9	9)	5/4/75				
CT-0055-00	THE OF MONITORING FILE	iii iii et	a Dy Dunumig (						Nick Restoration LLC										
								_	Street	Add	ress								
100,000	eet Address								72 Brookside Rd										
	BOX 385								City, State, Zip Code										
	y, State, Zip Code	004		8					Randolph NJ 07869										
	eanville, NJ 08		- Firm		- 17	Telephor	ne No.		Telephone No. License No.										
(COO) CE2 1922   073.033.2550   01133																			
1000	John Smoyer Name of OSHA Monitor																		
	art Date (10)			09/15/2		pionon	( )		J&S	Env	ronmen	ital							
09/	13/2013	AL	-tomant (Cha							Vivilan, Pr	dress								
Oc	cupancy Status Dur								2333	RT	22								
	Facility Closed/Va Abatement Perfo	acated	During Entire	Period of A	batem	ent			City.	State	e, Zip Code								2
H	Other – Describe	Hea C	m-11.30pn	n acinty	Hours			_	1		J 07083								
B			70.0							,									
Sc	cope of Work (Check	K All In	ат Арріу)	<b>I</b>		e			1		Full Conta	inmen	t with	Negativ	e Pre	ssur	е		
	≥3 sf or ≥3 lf	ıe			enova emolit						Mini-Enclo	sure		-					
	≥160 sf or ≥260 l	IT			remone						Glovebag Non-Exem	Proce	dure	Non-F	riahle	Proc	edur	9	
								W			Non-Exem	ipied (	) and	J NOTI-1				ment	
				Is	Locati	ion											Ту		
	Local	tion of		2000	Normal ed Sole			D	escription	on of	arial (ACM)		Δ	mount	ſ			ш	
	Asbestos-Contain	ing Ma	terial (ACM)		intena		Asbest	os Co therm	ntaining al syste	ms in	erial (ACM) sulation,	'		Specify	- 1	Re	R	Encapsulate	Enclosure
	TO BE	acility	<u>ה</u>	Cus	todial		(	surf	facing, \	/AT,	ог		SF	or LF)	- 1	Remova	Repair	psu	lost
		13)			(12)			other	miscell	aneo	ous)				- 1	<u>/a</u>	=	late	īe
				Yes	No	N/A						$\perp$					_		_
-	-ilas Dasas			_	×	T	elbows	;				8	LF			×			
B	oiler Room					+	0.50.10												
		_	+				_		-+			_	_	1					
			70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -													_	-	-	$\vdash$
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NI.	ame of Registered	Waste	Hauler			NJDEP V			ic Yard	5	Nam	ne of R	egist	ered Lar	ndfill				
					100	Hauler II	O No.		Vaste		G.R	.O.W	I.S						
	ck Restoration	LLC			3	33782	100	TBI		ate		State			-				
C	City, State	nh N	1.07860						oosal Da	ale		ytow		Δ					
	Randol	ρπ, N	J 07869					TBI		word	Trull	-		1207	Dat	te	_		
C	Completed by			Title					Signa	77	VIIa		SO	101	1		2013	3	
FI	lvira Mrda			Pres	ident				٦	Ju		M	NU		100				_

4	NOTIFIC (Pu	rsuaht	ALM of	C 8:60 and 1:	2:120)	[3 <u>.</u> [2	FINE	18	5	몿	250
Date of Notification (1) 9-4-13	1		222	ng Owner/Ope	rator (2) Galo	y F	barrigo		signature	3	apported a
Agencies Notified Type Notification		Street /	Address	11	Bott	- an	e 6 2013	ine.	2	言	. 5
D EPA Initial Amended	-#12 # - 45	City, S	ate, Zip	Code	4444	ZN	070	)	Ź	Serr	
Amendment #  Emergency (includi	ng	Name	of Cont		4	17	elephone Number-	XΙ		- 5	
DOH Justification)  DOA Cancellation		<u>Ga</u>	by	HORMATIC	N C	للنب					
Name of Facility Where Abatement is Taking Plac	e (3)	- PA	711	1	Type of Fac						
Single family De	<u>sellin</u>	9-	The	CANT		i (K-12) apter 8 (C	ther than K-12)	dlaan	hom	26	
Street Address 112 Neuma	K.	AU	8	,	etc.)		te & commercial bul		_		4
City (5)	~ 1 T		VO.	735	Square Fee	i je	of Floors'	Bldg.	νãe	10000 1044	
Lavallette	NJ	Cour	ty Code	(7)	Gurrent Us	e (Prior if	being demolished)	- 6	٠		7
County (6) Ocean		1	TE USE		Name of Abateme	nt Contra		E. P	17 CL	<u>U</u> _	1
Name of Monitoring Firm Hirad by Building Owner	er (6)	A	SGM NO	IA	EPC"	Rel	nologie		I	nc	-
Street Address	-		-		Strapt Address	A 3	37				
- 7.0. DOX 33	T	_	<b>A</b>	200	Olty, State, Zip C	ode	TILL	10	5	12	
City, State, Zip Code	12	O	82	33	Telephone No.	341	License No.	70	7		4
Project Manager for Moeil In Birm			phone 7	no. <b>58-336</b> 5	409 758-	3365	00	3	45	L	
Start Date (10)	hedulod	Comple	tion Da	te (11)	Name of OSHA	Vanitor	mologies	T-2	_		1
9-5-13	9-	6-	13		Street Address		~			-	7
Occupancy Status During Abatement (Check C	inly One)	ialemen	t		P-0.	Bor	337				-
Facility Closed/Vacated During Entire Per Abelement Performed Outside of Normal Other - Describe:	Facility F	fours			New E	Yp+	O TU	85	3	3	-
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 if ≥160 sf or ≥260 if		novatio molition			☐ Mini-l	Enclosure	nt with Negative Pre				
					Non-	Exempted	(*) and Non-Frieble	Proc	eoure Abater	nont	$\dashv$
		Location			- J-Non 46				Typ	e	-
Location of	Used	tomally d Solely	by	Anbestos (	Description of containing Material (	ACM)	Amount (Specify	æ	20	Enc	Ē
Asbestos-Containing Material (ACM) TO BE ABATED	Cust	ntenend odial St	eff?	•	mal systems insulati urfacing, VAT, or	or,	SF or LF)	Rameval	Repair	capsulale	nclosure
In Facility (13)	-	(12)		ott	er miscellaneous)			<u> </u>		ele	di
	Yes	No	N/A	5:40	& Shingle	4	1500 SF	X			
extenion walls	-		×_	Floor	7 J		100 3€	F	_	_	-
Belwan		70	-	Floor	~ tiles		100 SF	X	-	-	-
Bedroom	+	1	+ -				and the second of	1			
Name of Registered Waste Hauler		IN	IJDEP I		Lubic Yards of Weste		f Registered Landiil		1	n 1	AIC
FPC Technologie	s ·	1		00	10	City, St	ste Manage			<u></u>	
City, State		78			9-6-13	Mon	nisville	PA			
New Egypt	NJ			1	Signatura	541		q.	ہة ۔	1-1	3
Completed by Schen Kee	Pr	es ic	knt		Steep	D-JCK	acres 1			-	



# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

le of Notification (1)	3/13		Nam-	o of Buildin	Owner/Operator	(2) XCAVATIN	<u> </u>		
encies Notified	Type Notification		Stree	Address	774 INI	DIAN TRAIL	ROPO	.010 1	
2740747417	☑ Initial ☐ Amended		City						- 1
PA DP DOL	Amendment #		Cay,	C.	DREMAY	COURTHO	3050	1- CX	=
	Emergency (including justification)	ıng	Nam	- al Coola	<u>-1</u>		Talantona III		-
DOH CCA	Cancellation			5	AME		The state of the s		
	<del></del>		4	めたうべって	FORMATION	Type of Facility	(4)		
me of Facility Where A	batement is Taking Pla	ce (3)				- 0-bank (K-12	1		
RESI	TENÇE	<u> </u>	==				(Other than K-12) rivate & commercial t	ouilangs.	
		F				homes, etc.)	# of Floors	Bidg Ag	-
323	ZNP. AV					Square Feel	2	40	
y (5)	WILDWO	0				1000	nor If being demolish	ed)	
			Co	unity Code	(7) (STATE	7/1	CANT		
ounty (6)	MAY		-	E ÓNLY)	T Name of Ahats	- Coolman 18	2)		
Sal Vesitorios Firm	Hired by Building Own	er	ASC	M No.	L.G	400 TA	101		
ame of Manifolding City	/A		_				-		
reel Address					369	S. SPRU	CE 7440.		
		===			City, State, Zin	o C∞de	DE NJO	805	
ity. State. Zip Code					11-		CJOURNO ,	./1	5013
	-itorico Firm	1.5	elepho	ne No.	Telephone no	779-047	2 0046	17	=
roject Manager for Mi	Material A	<u> </u>							
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Sian Date (10)	13 9	130	11	3	Sueel Addre	155	~=115		
		only or	ne) natemá	·n!	369	S, Spilus			
▼ Facility Closed Vac	ated During Entire Per	∞ or ~ Facility	Hours	7.	City, State, 2	Zip Code SLVA	DE, N.J.	0805	2
Abatement Perform	NO COLUMN								
Other . Describe					□ Fu	I Containment with	Negative Pressure		
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KLEN	SHADE, N	-	280	1790	08000	palure Ciry. S	OODBINE	)ale / 3	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JERRY'S EXCAVOTING 113 Type Notification Agencies Notified INDIAN TRAIL Ropo 2013 PA FO CP CS COL ☑ Initial ☐ Amended City, State, Zip Code DREMAY COURTHOUSE Amendment # Emergency (including Name of Contact □ DOH justification) 5AME Cancellation □ CCA FACHITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) ESIDEN Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings. Street Address homes, etc.) Bldg Age Square Feel # of Floors 40 t City (5) 1000 NORTH Current Use (Prior If being demolished) County Code (7) (STATE VACANT County (6) USE ONLY Name of Abatement Contractor (9) ASCH No. INC, KLEMCO Sueet Address 369 S Street Address City, State, Zip Code City, State, Zip Code MAPL Telephone No. . Yelephone No. Project Manager for Monitoring Firm 856-779 Name of OSHA Monito Scheduled Completion Date (11) JOSEPK Stan Date (10) 9/16 Sueel Address Occupancy Status During Abatement (Check only one) PRUCEAUE 369 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours J, 08052 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure Non-Exempled (') and Non-Friable Procedure 23 \$1 or ≥3 H 2160 \$1 or ≥260 H Demaiison Abalemen: Type Is Location Normally Description of Encapsidate Amount Used Solely by Asbesios Containing Material (ACM) Location of (Specify Maintenance/ Removal (i.e., thermal systems insulation, Aspesios Containing Material (ACM) SF & LF) Custodial surfacing, VAT, or TO BE ABATED Staff? other miscellaneous) IN Facility (12)(13) N/A Yes × 20000 TADNSITE SIDING Name of Registered Landfill Cubic Yards NOEP Waste Name of Registered Waste Hauler Ol Wasie Hauler D No. KiEMCO INC. 7904 Disposal Date

Signature

City State MAPLE

Completed By

# Wenger W

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Date of Notification (1)	riggle	0	Name of	f Building	Owner/C	perator	(2)			SEP	6	2013	?	
Agencies Notified Type Notification	00/2		Street A		11	1 7 /	P.	, Re	Q N-	021	U	201,	)	
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■ Amendment #     ■ Emergency (in		-  -		uTH Contact	PA	AIL	OF,	ELD	Tele	Jhone M.	34	26	0	
DOH justification) Cancellation	Ti-		T	LA	U		A	NOS						=
Name of Facility Where Abatement is Taking	Place (3)		FAGI	LITY INF	ORMAII	ION	Туре	of Facility	(4)					×.
Street Address		-					Ħ	School (K- Subchapte	r 8 (Othe					
7 POLHEMUS	LA	U	E	17			<u>E.</u>	Other (i.e. etc.)	3. 14. 1604V 2000 (Dec. 10			2011/1000	70	es,
BRIDGEWATER							Squa	re Feet	32 533	Floors U/A	E	Bldg. A	ge 4	
County (6)		T	County (	Code (7)			Curre	ent Use (Pr	ior if bein	g demolish	ned)	7	-) ·	
SomERSE/ Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	0		Name	of Aba	Sw Itement Co	-		<b>9/</b> /	411	0	N_
ENVIRONMENTAL TACTICS			004	5				SYSTEM	IS OF A	MERICA	A INC	).		
Street Address 64 BROAD STREET						Street 396 \		ss EHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747			8.0		20.1			ip Code IVER, N	J 08882	2				
Project Manager for Monitoring Firm TOM GEIGER	7		Telepho 732-29	ne No. 90-2217		Teleph 732-4				License N 01111	0.		14	
Start Date (10) 9/8/13	Scheduled 9	Con	/	Date (11)				HA Monitor		MERICA	A INC	 ).		
Occupancy Status During Abatement (Check	5) 55		-/			Street .		ss EHEAD	Λ\/E				•	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	I Facility H	atem	nent S			City, S	tate, Z	ip Code		)				
Scope of Work (Check All That Apply)			¥80	700										
≥3 sf or ≥3 If ≥160 sf or ≥260 If		nova				X	Mi	ll Containn ni-Enclosu ovebag Pro	re ocedure				39	
	ls Lo	ocati	ion				NO.	n-Exempte	o (*) and	NON-FIIAD	le Più	Abate	ment	t
Location of Asbestos-Containing Material (ACM)	52.85	mal	ly	Arbos		scription taining M		(ACM)	Δ~	nount	-	Ту		
TO BE ABATED  In Facility	Maint Custor	lial S			thermal	systems cing, VA	s insula		(Sr	ecify or LF)	Remova	Repair	Encap	Enclosure
(13)		12)	T			niscellan					loval	pair	Encapsulate	osure
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		100 <del>00 00</del>												
Name of Registered Waste Hauler		1000	JDEP W			Yards		Name of	Register	ed Landfill	1			<u> </u>
WASTE MANAGEMENT			auler ID 1125	NO.	of Was	10		GROW						
City, State EL!ZABETH, NJ					Dispos	sal Date	3	City, Sta MORR	te ISVILLE	E, PA				CONTRACTOR
Completed by	Title		V		S	ignature	1	Lac		Da	te//	//		~
CAROL RAIMO	off	R	2 IR	90		-GK	el.	yac	med	17/	Z	/	13	5
	-													

Date of Notification (1)	Name of Building Owner/Operator (2)														
Agencies Notified Type Notification			Street A	Voldress	46					EP 6	20	13	-4	#	
EPA Nitial					HA	476	EX	Re	AA	entro ·	201	U	79.100	1	
DEP Amended		.	City, Sta	ate, Zip Co	ode	211		i	4200	7	9 14	- 6	1	1	
DOL Amendment #	-	-		WTH	Th.	-AIA	OFic	ELD,		J	-	00	0	1	
DOH justification) Cancellation			Name o	f Contact	0 1	41	14	UoS		phone Nur	mber_			-	
			FAC	ILITY INF	ORMATI	ON ON									
Name of Facility Where Abatement is Taking	Place (3)			75.116-70 <b>2</b> 11.1311.75			Туре о	f Facility	(4)						
Street Address								chool (K-		r than K-1	2)				
7 POLHEMUS	11	1,1	E				OF O	ther (i.e.		commerci		dings,	hom	es,	
City (5)	1011	N	<u> </u>				Square	c.) Feet	# of	Floors	В	lldg. /	Age		
BRIDGEWATE !	₹				Declaration Was		, <b>L</b>	100		ULA	A	1/	A		
SomerseT				Code (7) USE ONLY	,			t Use (Pr Su)	0	g demolish	ned)	7	7 .	. 1	
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	VI No.		Name		Control	ontractor (		9/1	411	0		
ENVIRONMENTAL TACTICS	13005		004	5		UNIC	QUE SY	STEM	IS OF A	MERICA	A INC.				
Street Address 64 BROAD STREET							Address WHITE	HEAD	AVE.				- 4		
City, State, Zip Code MATAWAN, NJ 07747						35500	tate, Zip TH RI\		J 08882	2					
Project Manager for Monitoring Firm TOM GEIGER			Telepho	ne No. 90-2217		Teleph	none No. 432-83			License N	0.				
	Schedule			Date (11)				Monitor		01111					
1/8/13	9	/	8/1	3		UNIC	QUE SY	STEM	IS OF A	MERICA	A INC	<b>).</b>			
Occupancy Status During Abatement (Check	(8.50)	8	Street Address 396 WHITEHEAD AVE.								85.				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ement												
Other - Describe: OUT Des R	2				_				J 08882	2					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova					Full Containment with Negative Pressure Mini-Enclosure								
2 100 31 01 2200 11		HIOIL	1011				Glove	ebag Pro	cedure						
				Ι			Non-	Exempte	ed (*) and	Non-Friab	T		e ement	<del>- :</del>	
Location of	No	ocati ormal	ly		Des	scription	of						ре		
Asbestos-Containing Material (ACM) TO BE ABATED	Used Mair	Sole tenar	-		tos Conta	aining M	laterial (A		0.83000.0	ount	_		ū	_	
In Facility	Custo	dial S (12)	Staff?	(i.e.		cing, VA	T, or	on,		ecify or LF)	Remova	Repair	caps	Enclosure	
(13)	Yes		T		other m	niscellan	eous)				val	air	Encapsulate	sure	
	No	N/A				a.			, _	1		Ψ.			
DUTSIDE OF SWITCH STATIO	-	<u>X</u>	-	TRA	ansi	TE	8.6	E	30	LF	X				
Name of Registered Waste Hauler		l NI	JDEP W	losts	Cubic `	Vosel -		Nome of	Dan'-t-		Ш				
WASTE MANAGEMENT		H	auler ID 1125		of Was	Tollar and Commercial Co.	- 1	GROW		ed Landfill					
City, State				-	Dispos	al Date		City, Stat						-	
ELIZABETH, NJ					9/	9/1	-		ISVILLE						
Completed by  LAROL RAIMO	Title		m	1112	Si	gnature	.0	1	med	Dai	te/a/	7	12	2	
LAND NA, MO	off	R	2 11	go,		-GERGA	<i>y</i>	u	me	1	an	1	15	5	

Ch#1064

# State of New Jersey NOTIFICATION: OF ASBESTOS ABATEMENT

NO	(Pursuant to NJAC		MEGELVE
ate of Motification (1) 9/4/13	Hanne of Building	E & JOANNE PE	R124
gency Notified Type Notification	Street Address	OHWELL COUR	SEP 6 2013
LEPA Strassal	City, State, Zip C		V. 0.8527 00 110L8
DOL Amendment #	JACKSO National of Complete	IN WEM JEKS	0.02
DOH justification) DCA Cancellation	HR YE	RRY	4
	FACILITY INFO	XMATION Type of Facility	(4)
lame of Facility Where Abatement is Taking Place		☐ School (K-12 ☐ Subchapter 8	
235 HIERING AUE		Source Feet	# of Floors Bldg. Age
Sty (5)	J	1,860	rior if being demolished)
SEASINE 11312	County Code (7) ONLY)	,6	KESIDENI
OCEAN  Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abetement Contractor (	9)
8) Street Address :		P.O. Box 814	L.
•• •			U.D.: 08857 .
City, State, Zip Code	Telephone No.	Tolombrone No.	- License No.
Project Manager for Monitoring Firm-		732 238×7500	
Start Date (100)	nphilion Date (11)	NOVAIECH	NC .
Occupancy Status During Abatament (Check only	Alteriorenic	P.O. Box 814  City, State, Zip Code	
DiFecility Closed/Vacated During Entire Period of Di Abetement Performed Quiside of Normal Facility	ly Hours	GID BRIDGE DI	0.08857
Other - Describe: Scope of Work (Check all that apply)	D Renovation	C) Full Containment wi C) Mini-Enclosure C) Glovebeg Procedur	
Q ≥ 3 sf or ≥ 3 ff Q ≥ 160 sf or ≥ 260 ff	Demoition	Non-Exempted (*)	and Non-Friehie Procedure Abatement Type
	is Location Normally	Description of	Amount 20 75
Ashesius-Containing Material (ACM)		estos Conteining Material (ACM)	Amount Repair Removal Security
IN Facility	Custodial (** Stall? - (12)	surfacing, VAT, or other miscerlaneous)	· Par Table
(13)	Yes No NIA	DERESTOS SIDIN	1 4900 S/EX
EXIECTION	X 9x9	43000	160 SIFX
FRONT PORCH	1 1 1 1 1 1		- 111
	NJDEP Waste Hauter		gistered Landifil
Name of Registered Waste Hauter	13501	1 10	0.6.5.
NOVATECH INC		184413 Value	offe CH.
OID BRIDGE NO	03857	Sangture (	9413
Completed by		17 U. Ja Hone or	VI H

ASB-41

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2013-164 Emergence Nume of Building Owner/Opera ists of Natification (1) Daniel Conaway & Agnes Rossi 018/219/113 Type Nothenlie STOCK ACTION gencies Nathed 126 Lonaine Avenue 2012 APPROVED EPA In Miles Chy. State, Zip Code Emergency DEP Upper Montdair, NJ 07043 Amendment DOP DOP Name of Contact DOH Cancellation Agnas Rossi OCA FACILITY INFORMATION Type of Facility (4) ☐ School (K - 12) Hame of facility where abelement is taking place (3) Subchapter 8 (Other than K-12) Daniel Conaway & Agnes Rossi Other (Private/Commercial Bidgs,/Hames, sta. pol Plogra Blog. Age Street Address Squera Foot 126 Lonaine Avenue County Code (7) Current Use (Prior if being demolished) County (6) (State use only) City (6) residental Upper Montdeir Essex lama of Abatamant Contractor (5) Rains of Manusing Firm Hired by Sigg, Owner (8) ASCM No. B& G Restoration, Inc. NA 105 Ryerson Road Combon Sente City, State, Zip Code ity, Slate, 20 Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number 0378 roject Managar for Monitoring Firm 973-696-6869 Name of OSHA Monitor School, Compinion Data (11) B & G Restoration, Inc. cheduled Start Date (10) Street Addiess 08/31/2013 08/30/2013 105 Ryerson Road iccupency Status During Abeliament (Check only one) City, State, Zip Code Tradity closed/veceded during entire period of abatement. Abelement perferring outside of normal facility hours-Lincoln Park, NJ 07035 wrap & cut Other-Describs: Glovebeg procedure ☐ Full Containment winegative pressure Scope of Work (check all that apply) Renovation Mon-Mable procedure Demolition Mint-anclasure ≥160 Bf or ≥280 If E ☐ >3 sf or >3 # n is location normally used solely n Amount m P 6 Description of asbestos-complining by maintenance/custodial (Specify SF or LF) Location of 0 4 autos-containing material (ACM) steff(12) 6 ed & lahatam No ebelod in facility (13) Inapa vacuuming floors, walls, sto 800 saft floor 120 K pasement main room re-desning pipes hepa vacuuming floors, walls, etc 182 soft floor 21 1 aundry room re-cleaning pipes K Name of Registered Landfill CUBIC YORGS OF WASIN Tullytown Resource & Recovery Center UDEP Hauler IDE CHESTORY WORKS FIELDS 1 yard 19563 d & G Restoration, Inc. City, State Tellytown, PA 09/03/2013 Lincols Park, NJ 07035 Gudena Gua Signature 08/29/2013 completed by (Print or Type) Secretary/Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement

	• •		Notifi	cation o	f Asbestos AC 8:60-7	Abaten	nent (120-7)		20				
7 #4	2013-164	. 6	(Pursua	nt to Nu	NC 0.00-1	<b>4</b>	*	Check#60	30			-	
B & G pro). #:		*			-ncu	E	WI IS LOW	APPR	OVED		7		
late of Notification (	7)	1 Name of F	wO eniblius	ner/Opera	ator (2)	15 1	NH.	Deptyof Health	& Senio	r Servic	es _		
		Daniel	Conawa	y & Agni	es Rossi				757781	18/	1		
0   8   / 2   9	Type Notification	Street Add				5 6	2013	8 A 13	ature)	XTA	nh	1000	
gencies Notified		126 L	orraine A	venue	SEF	, 0	2010	VIGATITA	Time:				
	Emergency		e, Zip Code										
	Amendment	Linne	r Montcle	air, NJ 0	7043		<u>. 4</u>	Telephone Ni	mber				
☐ DOL	L Milenen	Name of						16lebuone in	didlio	7	fi.		
DOH .	- ·												
T DCA	Cancellation	Agrie	es Rossi			-							
			F	ACILITY I	NFORMATIO	N		of Facility (4)		·			*-
		-i (3)					Type	School (	( = 12)				
Name of facility w	here abatement is toki	ng prace (a)					11	Subchapt	er 8 (Oth	er than k	(-12)		
Daniel Conav	way & Agnes Ross	šĪ						T Other (Pr	ivate/Cor	nmorcial			
Street Address							1	Bldgs./Ho	of Floors		sidg. A	/de	-
	- Avenue						Squ	are Feet #	Of Lippin				
126 Lorrain	E VACUACO .	County (6)			- C	ounty Co	ide (7)	rrent Use (Prio	e if helted	demolis	hed)		=
City (5)		County (o)			(5	State use	only) CL	sidential	11 11 25413				=
Upper Mont	clair	Essex					e of Abatement Contr						
	ring Firm Hired by Blog	Owner (8)		AS	CM No.								50.25
Name of Monto	N/A	5		1		B	& G Restoration, Ir	ic.					
	TO TO THE PARTY OF			,									_
Speet Address	¥					10	State, Zip Code				,		
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ity, State, Zip C	,00e						incoln Park, NJ 07 phone Number	000	Loanse	Number			
	r for Monitoring Firm	-	Phone	Number		Tele	73-696-6869		0378				-
roject Manage	1 IOI falca umanus		1 .				ne of OSHA Monitor						
		TSchool Co	ompleton L	Date (11)	- Columbia Columbia	Nail Nail	& G Restoration,	inc.				***	-
cheduled Star		The second second	/2013	5		Sin	ant Address		*				
08/30/201	3 '						05 Ryerson Road						<del>=</del>
iccupancy Sta	dus During Abatement	(Check only	one)	ttt		Cit	y, State, Zip Code		•				
	losed/vacated during a int performed outside o					11							
Abateme Describe	ent performed dustrie o	11447(14)			<u> </u>	-11:	Lincoln Park, NJ 0	7035				==	
Other-D	escriba:									p & our		_	
Scope of Wa	rk (check all that apply)					Full	Contoinment w/negat	ive pressure		rabag pro			
Demotif	ion 🛛	Renovation					i-enclosure	¥.	☐ Non	-friable p		-	
☐ > <u>3</u> হা ব	>3 17 🔲 2	_160 of or ≥2	260 lf		· · · · ·	hend .				R	R	E	E
Locatio		is location of	normálly us anceicusto	ත් පටපොද ජාත්	Denominale	nn of asb	estos-containing	Amount (Specify	SE or	m	P	0	n
asbest	os-containing	staff(12)			material (	(ACM)	•	LF)	D. 4.	ů.	a	â P	L
· materia	al to be in facility (13)	Yes	No	N/A						e	-		1
abated	III IZIONNY (**)				hena Vacu	umino '	floors, walls, etc	800 soft f	oor	ᆜᆜ	片	#	#
pasement	main room			X	re-cleanin			120 lf	-	ᆜ무	#	P	#
Jesses Hotel			?	_ <u> </u>	hena vaci	umina	floors, walls, etc	182.sqit f	loor	ᆜᆜ	쁜	H	#
aundry ro	oom .			- X	re-cleanin	g pipes		21 lf		ᆜᆜ	岩	国	#
derion J. I.				X	1								111
			To Unider (	10	ubic Yards of	Waste	Name of Registered	Landfill	eru Cent	ter	(*)	50	
egistered V	Waste Hauter	NJDE 195	P Hauler II 63		1 yard		Tullytown Resour	TOB AL MECOVE	, C.				
The same of the sa	storation, Inc.		-	Disposal	Date		City, State						
ity, State	MI 07035	•		09/03		<u> </u>	Tullytown, PA		De				
Lincoln	Park, NJ 07035	Title			Signature	(	Gredona Lina		08	3/29/20	13		
completed .	by (Print or Type)	Secretiin	y/Treasur	ध .			0		1.00		31555.60		

# State of NJ Notification of Asbestos Abatement

B & G proj. #:	2013-164		(Pu	rsuant to	NJAC 8:60	)-7 ar	nd 12:120-7)	∠ Ch	eck #60	88				
B & G proj. #:		- <del>X</del>	5	me	raenc	4	*	7 01	1990-1990	-	==	==	_	_
Date of Notification	(1)	I I Nam	ne of Buildin	g Owner/0	Operator (2)	1	TA E G		VE,	$\mathbb{N}$				
0   8   /   2   9					Agnes Ross	i ,						11	-1	
gencies Notified	Type Notification		et Address				٥٢	9 6 2	013	凹				
☐ EPA	☑ Initial	12	26 Lorrain	ie Aveni	ie		SE	0 1	.010					_
☐ DEP	Emergence	City	State, Zip	Code					TROL &					
☐ DOL	Amendme		Jpper Mor	ntclair, N	J 07043		7,800							_
☐ DOH		Nam	e of Contac	t			11-12-1-12-12-12-12-12-12-12-12-12-12-12	Tele	phone Nu	ımber				
☐ DCA	☐ Cancellation	on   A	Agnes Ro	ssi			_	_  _		#GE				_
				FACILI	TY INFORMAT	ION								
		-Line place	(2)	TAGILI			П	Type of Fa	cility (4)	40)				
	here abatement is t		; (3)						School (K			- V 4	2)	
Daniel Conav	vay & Agnes Ro	ossi —————							Subchapte Other (Priv				2)	
Street Address								П	Bidgs./Hor	nes, etc.	111010	iai		
126 Lorraine	Avenue							Square Fo	eet #o	f Floors	T	Bldg	, Age	Ó
City (5)		County	(6)				y Code (7)		_ _					
Upper Monto	lair	Faray		s r		(State	use only)	Current U		if being o	iemo	isnec	1)	
8. 6		Essex				-116	Name of Abatement C							
Name of Monitori	ng Firm Hired by Bl	dg. Owner	(8)		ASCM No.	11,								
	N/A					=  -	B & G Restoration	n, mc.			_			
Street Address			35	•		11	105 Ryerson Roa	d						
						-   la	city, State, Zip Code							
ity, State, Zip Co	de					.	Lincoln Park, NJ	07035						
roject Manager f	or Monitoring Firm		Pho	ne Numbe	Г	-	elephone Number			icense N	umbe	r		
Toject Manager I	or mountaining .			C			973-696-6869			0378	_	_		
cheduled Start D	)ate (10)	ISched.	Completion	Date (11)		-	Name of OSHA Moni B & G Restoration							
08/30/2013	rate (10)		31/2013				Street Address	ni, nic.						
	D. i Abatamani	_				-11	105 Ryerson Roa	ad						
ocupancy Status	s During Abatement ed/vacated during	entire perio	d of abaten	nent.		1	City, State, Zip Code							
Abatement	performed outside	of normal fa	acility hours	-		Ш	***							
Describe: Other-Desc						-11	Lincoln Park, N.	J 07035			_	_	_	=
	check all that apply							3-13-13-13-13-13-13-13-13-13-13-13-13-13		wrap &			-	
Demolition		Renovation	n			F	ull Containment w/ne	gative press	sure	Gloveba				
>3 sf or >3		160 sf or 3	>260 If			□ M	lini-enclosure			Non-fria				
		Is location	normally u	sed solely							e	R	E n	Ε
Location of asbestos-c	containing	by mainte staff(12)	nance/custo	odial	Description	on of as	sbestos-containing		nount pecify SF	or	m o	p a	c a	n c
material to abated in f	be		No	N/A	material (	ACIVI)		ĹF			v	i	p	L
abated in i	acinty (15)	Yes	NO				floors walls etc	900	oft floor		e	ń	П	
pasement ma	ain room			X			floors, walls, etc	120 1		-	言		V	
			-	X	re-cleaning		g floors, walls, et		oft floor	-				
aundry room	1			X	re-cleaning			21 lf					V	
				X	·	Pipo								
	o Hauler	INIDI	EP Hauler II	D# [ C	ubic Yards of \	Waste	Name of Registere	d Landfill		70-40-				
egistered Wast	ation, Inc.	195	563		1 yard		Tullytown Reso	urce & Re	covery (	Lenter				
ity, State				Disposal Dis			City, State Tullytown, PA							
Lincoln Park		- 1.20a		09/03/	Signature					Date				
completed by (F		Title Secretar	y/Treasure	er			Gordana Luna			08/29/	201	3		
Gordana Lun	la	- Societai	7			10.23			200					

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

B & G proj. #: 2013-162

\*\*\*\*\* EMERGENCY \*\*\*\*\*

Check #6091

								11	A	A					
Date of Notification (1)				Operator (2)	1		U 12 L3								
0 9 / 0 3 / 1 3		hard Wils	son		1.	Ang t			_		_				
Agencies Notified Type Notificati		t Address 4 Sterlinç	Place			SEP	6 2013					_			
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DOL Amendr	11	oselle, N				<b>F</b> ODER 1	NO SIG	-	-		Towns III	-			
<b>☑</b> DOH	1000	of Contac					Telephone N	iumbei	•	48 9					
☐ DCA ☐ Cancella	ation   R	ichard W	ilson						_	_					
			FACILI	TY INFORMA	TION										
Name of facility where abatement	s taking place	(3)					Type of Facility (4) School (	K - 12)		A.E.					
Richard Wilson	٠.	585						er 8 (Othe	tha	n K-1	2)				
							Other (Pri	ivate/Comr							
Street Address							Bldgs./Ho	mes, etc.	_	Blde	g. Age	<u> </u>			
214 Sterling Place					0 1	Ondo (7)	Square Feet #	of Floors		Diag					
City (5)	County	(6)				y Code (7) use only)	Current Use (Prior	r if being de	emo	lished	)	_			
Roselle, NJ 07203	Union	10			7	residential									
Name of Monitoring Firm Hired by	Bldg. Owner (	8)		ASCM No.		lame of Abatement	Contractor (9)								
N/A	540		_		_  _	B & G Restoration	on, Inc.			_		_			
Street Address			100		S	Street Address	1								
					_  -	105 Ryerson Roa ity, State, Zip Code	id								
City, State, Zip Code						Lincoln Park, N.	1 07035								
f-Maritaging Fir		l Phon	e Numbe	r	-	elephone Number		License Nu	mbe	ŧΓ					
Project Manager for Monitoring Fire	111	1 1101				973-696-6869		0378	_	_		_			
2 1 1 1 101 - 1 Data (10)	ISched C	Completion	Date (11)		- [	Name of OSHA Mon									
Scheduled Start Date (10)		5/2013	-			B & G Restoration	on, Inc.		_						
09/04/2013		Section of Contract				105 Ryerson Ro	ad								
Occupancy Status During Abateme	a entire period	of abatem	ent.		1	City, State, Zip Code									
Abatement performed outside	le of normal fac	cility hours-	-									*			
Describe:					=	Lincoln Park, N	J 07035		_		_				
Scope of Work (check all that app	oly)							wrap &			_				
☐ Demolition ☑						II Containment w/ne	gative pressure	Gloveba							
≥3 sf or ≥3 lf	] ≥160 sf or ≥2	260 If			Пм	ini-enclosure		Non-frial	R	R		_			
Location of	Is location in	normally us	sed solely			273	Amount	1	е	е	E n	E			
asbestos-containing	staff(12)	ance/custo	ulai	Descripti material		bestos-containing	(Specify SF	or I	m o	p a	c a	C			
material to be abated in facility (13)	Yes	No	N/A	material	(, (0)		LF)	1	v e	i	р	L			
			X	pipe insula	ation		30 lf		Ž						
basement	-		X	boiler insu			38 sf		V						
basement	-									旦		므			
	+									ᆜ	님	부			
										Ш					
Registered Waste Hauler		P Hauler ID	)# C	ubic Yards of		Name of Registere	d Landfill ource & Recovery	Center							
B & G Restoration, Inc.	1956		Disposal D	1 1/2 yd	13	City, State	,,,,,,,								
City, State Lincoln Park, NJ 07035		1	09/05/			Tullytown, PA			_						
Completed by (Print or Type)	Title			Signature		Gordana Luna		Date 09/03/2	201	3					
Completed by (1 lint of 1740)	Secretary	/Treasure	r			goraana Luna	720 19-127-127-127	09/03/	-01						

B&G prol. #: 2013-162

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

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TI EPA				aress terling Pl		9		signature)		DEF		0 2	UIJ
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								Square Feet	# of Floo		T	Bidg, A	\ge
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ity, State, Ztp Code							City, State, Zip Code				<del>-</del>		
	GECT						Lincoln Park, NJ	07035					
roject Manager for Mo	onitoring Fin	m		Phone Num	ber		Telephone Number		License	Nun	nber	14000	-44
da Comme				-			973-696-6869 Name of OSHA Monit		0378				
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09/04/2013			9/05/201	3			Street Address	n, n.c.		<del></del>	-		
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Facility closed/va Abatement perfor							City, State, Zip Code		-		Ť		
Describe;						_							
Other-Describe: _ Scope of Work (check	nii dhat	164				-	Lincoln Park, NJ	07035					
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Location of asbestos-containi	ing	by maint	enance/cu	stodial	1	6 -		Amount		R	R	E	E
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ty, State			***************************************	Disposal I	Date		City, State	a Recovery	COURSE	_	+	_	
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	pleted by (Print or Type) Tibe Secretary/Treasurer					CO , CO Date							
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vale of Notification (1)		Name of Bu	ulding C	AUGH	(2) D E U E L	UDF	n's		1
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ame of Facility Where Abatement is Taking	Place (3)				Type of Fa		)		
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reer Address					homes	. etc.)	ate & commercial	BIOG A	ÇR
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ounly (6) CADE MOY		USE ON	17)			VAC	DUT		
arme of Monitoring Firm Hired by Building	Owner	ASCM No.		Name of Abaten	Teni Conva	aor (9)	21		
arne of Morvioning Firm Alled by Sollar			_				,		5-5/-5
iteel Address		95.06.04.00		369 9	5. 5P	NUC	E AVE.		
			-	City, State, Zip	C∞e _		: N.J C	1805	
ily. State Zip Code			_	Y-Jachone No	PL2 S		License No	. / 1	
roject Manager for Monitoring Firm	. Ye	lephone No.		856-7	79-00	422	0040	19	
	eduled Comp	Velion Date	(11)	LOCUA	Monitor				
Sian Date (10)	9/20	13		JOSE					
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Abatement Performed Outside of North	nal Facility Ho	ours	_	MAR	0-E >1	DVD	E, N, J,	0003	
Other - Describe: Scope of Work (Check all that apply)				□ Full C	Containment	with Ne	egative Pressure		
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		(Pu	rsua	nt to N	JAC 8	:60 and 12:120	)	A E A	9 12 1	W I		7	
Date of Notification (1	1/3/13		Na	me of B	ulding AN	Owner/Operator	(2) D E U	ELUP	Fr.s				
Agencies Notified	Type Notification		Sv	eel Ado	Vess.	Gussa				013	III		_
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□ ∞r	Emergency (incl	philopi	L=			Buny 17	516	HTSI	Telephone Nu	mbei	=	+	=_
□ & . □ 00H	justification)  Cancellation		Na	ime of C	S V	ME	11 11 444			an and an			L
<del></del>	<del></del>		1	FACILIT	Y INFO	RHATIO'N		- P - 17 - 7					
Name of Facility When	e Abatement is Taking	Place (3)						of Facility ( chool (K-12)					
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City, State Zip Code		10000				MA	PLZ	SHO.	DE , NE	10	-	=	==
Project Manager for I	Monitoring Firm	, ,	eleph	one No.		Telephone No.			_00	44	<u>4</u>	_	_
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S:an Date (10)		120		3		Sueel Address		7-12					
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	12/13		Na	me of Be	ulding O	Au Co H	(2) D E c	ELUDE	ns		
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□ ∞ ·	justification)  Cancellation	٠.			500						
· · · · · · · · · · · · · · · · · · ·				FACILIT	YIMFOR	HOITAK	Tune	of Facility (4	<u></u>		
Name of Facility When  LES  Street Address	Abalement is Taking I	Place (3)					Ps	chool (K-12)	(Other than K-17 rate & commerci	al bullangs	
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Ciry (5) 5-	TOWE HAR.	SUR			- 75	/CYAYE	10	ani Usa (Prio	r If being demoli	sned)	
County (6) CADE	MOY			iounly C USE OXI				VAC	ONT		
Name of Monitoring Fi	m Hired by Building O	wner	AS	CM No.	.		100			<del> </del>	
Street Address	7/1		_=					SPRUC	E AVE.		
City, State, Zip Code						Cry, State, Zip		SHRI	E, NJ	0805	
Project Manager for N	Jorilaring Firm	<u></u>	eleph	one No.		Yelephone No. 856-7	79.	-0472	License No	44	
Sian Date (10)	Sched	uled Con			(11)	Name of OSHA	Monito				
10/1/	vion Abatement (Chec	x only $\alpha$	ne)		-	Sueel Address	5	4-2	= 1 UE.		·
	cated During Entire Pe med Quiside of Normal	noo oi ~	0010111	enl	}				E, N, J	, 0805	2
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∑ EPA	[X] Initial		_		300		7 71						<b>=</b>					
∑ 0€P	Amended Amendment#		C		ate, Zip C		ο	T: 11	082	12	La	•	1					
₩ DOF	Emergency (ir		1_		DEA	TYLE	<u> </u>	Y , N-13 .		The second second	- 7:	1	+-					
□ оон	justification)	•	N	ame (	of Contac	1 _		1	Telephone	Number			4					
□ XX	Cancellation			F	1000	ヒカリ	1127				- Y	A10/A						
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Name of Facility Where	Ab stampat in Takin	o Place (3	1	1 70				Type of Facility	(4)									
	SIDERCE		,,				- 1	School (K-12	2)									
	JIV CICE							Subchapter 8	Other than	K-12)	h, didir							
Street Address 3 2	41 hira	TA	ut.				1	Other (i.e., pr	nvate & com	mercial	Dunai	193,						
		=	_	_				Square Feet	# of Floor	3	Bldg	. Age	S.					
City (5)	Cena C,	7-1					i											
	CE 11 00	<u></u>	-	Count	v Code (	7) (STATE		Current Use (Pri	or if being d	emolish	ed)	1						
County (6) CAPE	MAY				ONLY)			VA	CANT									
		Juner .	- 1	SCM N	lo.	Name of	Abatem	ent Contractor (9)										
Name of Monitoring Firm	Hirea by Bullaing	JANIGI	1~		17.		1 1	MCO IN										
(8)	<u>/A</u>		-1-			Street Ac	idress											
Street Address	·					0000,	369	S,S PRUC	モ」して・									
						City, Stat	- 7in C	ada										
City, State, Zip Code		λ				City, Such	MOP	LE SHAT	DEIN	5,0	000	2.5						
		4	Teleph		io.	Telephon			License	No.								
Project Manager for Mor	nitoring Firm		i elepi	DIRE I	<b>.</b> .			9-0472	0	044	4							
				- Dat	0/11)	Name of		Monitor										
Start Date (10)	Scher	duled Con	npiello		e (11)	Haire or		EPH KL	Enn	= M M								
7/16/13	1 200			3_		Street Ac	idress		1				•					
Occupancy Status Durin	ng Abatement (Che	ck only or	ne)			Succin	369	S, Spn	ou= 1	UCT								
M Earlin ClosedVacat	red During Entire Pe	eriod of At	bateme	ent		City, Stat						_						
Abatement Performe	d Outside of Norma	I Facility i	Hours			City, Stat	e, Zip C	ODE SI	JADE.	N.	5.0	180	52					
Other - Describe:							1012	7,100,00										
Scope of Work (Check	all that apply)						Full Cor	ntainment with Ne	gative Press	sure								
		☐ Rend	ovation	i			Mini-End	closure										
23 sf or ≥3 lf 2160 sf or ≥260 lf		Dem	atition				Gloveba	ag Procedure empted (*) and No	on-Friable P	rocedure	e							
							THOTPLAN	STIPLES ()			A	baten						
			cation mally									Тур	: 					
Location	of	Used S	Solely I			Desc	ription of	f terial (ACM)	Amour	nt :			m ,					
Asbestos-Containing	Material (ACM)	Mainte	enance todial		Asbes	, thermal s	vstems i	insulation,	(Speci		Re	2	2					
TO BE ABA	TED	C-05050	aff?		(	surfacir	DA. VAT.	10	SFORL	F)	Remova	Repair	Encapsulate					
IN Facilit	у .	(1	12)			other mis	scellane	ous)			/al	٦	ate					
	700	Yes	No	N/A														
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			INI	DEP V	Vaste	Cubic Y	ards	Name of Reg	gistered Lan	dfill								
Name of Registered Wa	aste Hauler		Ha	uler IC	No.	of Wast		1 C. ~	1, C, M	1. U. A								
KLEMCO	INC,		11	79	04	Disposa	Date	City, State										
City. State	E SHAD	~	RC.	J		Usposa	Date		OFBIN	G. K	5,5							
City. State APE	E 211/11	1	10 1	_		1-10:	201:50	1 -000				1						
Completed By	Title	e	110	)		Sign	Pature	an Kely	m	Date	3/	13						
JOSEPH	LEMM _	V	15	_			1											
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 12:120)

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			(rurs	uant to May	C 8:60 and 12:12	11111				134
Date of Notification (1)	3/13				ding Owner/Operato	ONSTRUCT	, SEP 6 20	713		47
Agencies Notified	Type Notification	1	-	Street Addre		L L			_	
	[2] Initial			30	0 777	IN ST. AS	OF STATE			
∑ BPA ∑ DBP	Amended		1	City, State, Z	p Code	-	Towns .	-		
Ø DOF	Amendment i			SEA	ISLE (1	TY NIJ.	08243			44
Прон	justification)	i www ing	H	Name of Con			Telephone Numb	er		_
□ xx	Cancellation			FILL		וס				_
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7		- Fi - /		FACILITI	RECOGNATION	Time of Facility	74\			
Name of Facility Where A			3)			Type of Facility	A15 A150			
	DERCO					School (K-1) Subchapter	2) 8 (Other than K-12)	10		
Street Address 943	CENT	200	1	vē-		Other (i.e., phomes, etc.	nvate & commercia )	buildi		
City (5)	-1 N	7 178			3	Square Feet	# of Floors	Вю	g. Aş	je 
County (6)	A .			County Code USE ONLY)	(7) (STATE	Current Use (Pr	ior if being demolish	ned)		
LAPE	14/4		- 1		T. W J. W. St.	1		_		
Name of Monitoring Firm F	fired by Building	Owner	A.	SCM No.	1 1 1	ment Contractor (9	**/			
	$\subseteq$		=1=		Street Address			- House o		
Street Address	*				369	S,SPRUC	E DUE.			
City, State, Zip Code					City, State, Zip C	Code		A.	<del></del>	
City, Date. Op Code					Mo	BUE SHO.	DEINIZI	00 0	3. 6	_
Project Manager for Monit	oring Firm		Teleph	ione No.	Telephone No.	9-0472	License No.	14		
	T Sche	duled Con	noletio	n Date (11)	Name of OSHA	Monitor				
Start Date (10)	9	123	1	13		SEPH KL	Enn		==	<del></del>
Occupancy Status During	Abatement (Che	ck only or	ne)	201	Street Address	S, SPA	Luci duci		- 222	
☐ Facility Closed/Vacated	During Entre Pe	Eacility b	dours	711	0 0 7 7 /	2-42				
Abatement Performed	Dutside of Norma	i racilly r	10013		ON). 500.0.25	APLF SI	10DE, N.	J. (	28	02.
Other - Describe:										
Scope of Work (Check all	that apply)					intainment with Ne	gative Pressure			
≥3 sf or ≥3 lf			ovation	(	☐ Mini-Er	nclosure pag Procedure				
≥160 sf or ≥260 lf		Demx Demx	olition		Non-E	kempted (*) and N	on-Friable Procedur	е		
		Is Loc	cation					A	bates Typ	ment
		Nom	nally		D-sedetice (			-	- 77	
Location of		Used S Mainte		/ Asb	Description of Basios Containing Ma	sterial (ACM)	Amount			9
Asbestos-Containing Ma	itenal (ACM)		odial	. i.	e. thermal systems	insulation,	(Specify	Remova	R	Encapsulate
TO BE ABATE IN Facility	ñ	Sta			surfacing, VAT other miscellane	. 01	SF or LF)	Nou	Repair	Sul
(13)	868	(1	2)	_	Outer Hascondard	.005)		말		ale
<b>-</b>		Yes	No	N/A				1		-
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SIDIN	a	-	-						200.5	
			_				<u>-</u>			
								1	_	
					1000	I Name of Pag	istered Landfill	1		
Name of Registered Waste	Hauler		MIC	EP Waste Her ID No.	Cubic Yards of Waste	Name of Reg	1, C, M.V. A			
KLGMCO	INC,			7904	Disposal Date	City, State	7077-10-14		_	
City. State APEE	SHAD	6,1	Ni	J			7 BINE 1	ر, ز	_	_
Completed By	Title		10		Signature	- 100	Date	3 /	13	1
JOSEPH K	LEMM _		11		- John	n ren	<u> </u>			

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e of Notification						NJAC 8:60-7 and erator		P 6 2013				
0 9 0 3	3 _ 1_	3 1	Merck Sh	harp & Do	nme Corp	). 	s. SE	F 0 2013	-	+		
	of Notification	-	Street Ac	ddress	SECTION AND ADDRESS OF THE PARTY OF THE PART							
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USEPA DEP	Notification	- 11		7: 0-				Carrie ab		1		
DCA/DOL X	Amended	4	City, Sta	ite, Zip Co	ae 1	**************************************				_		
DOH	Cancellation	- 11	Summit,	NJ 0790	1			Commission and Commis				
				Co-stant			T	elephone Number				
		- 11	Name of	f Contact								
			Kevin R	uta				0.00				
			FACILIT	Y INFOR	NOITAN							
Ab-/	amont is Takin				T Ty	pe of Facility						
ame of Facility Where Abat	ement is rakin	g ( .u.o.			(	) School (K-12) ) Sub-Chapter 8	R (Other than	K-12)				
spok Building S 3					1 5	) Sub-Chapter of X ) Other (I.e. pri	ivate & Com	mercial				
ERCK - Building S 3					1 (	buildings, hom	es. etc.)				I-I-	
reet Address					SF of B		#	Floor	Age	of B		
56 MORRIS AVENUE			ounty Co	ode	-		10000	33		50-		
ity	County	C	tate use	Only	Curren	Use (prior if bei	ng demolishe	ed)				
To the second	LINION	13										
UMMIT, NJ	UNION	Owner		ASCM No	. Name	of Abatment Con	itractor					
ame of Monitoring Firm Hi	ed by building		1			ONSULTING CO	ORP					
ERO ENVIRONMENTAL						Address	JKI.					
treet Address					Street	Address						
					2150 5	TANLEY TERR	ACE				-	
75 ROUTE 10 E. SUITE 2	20-306				City, S	tate, Zip Code						
City, State, Zip Code												
					UNIO	N, NJ 07083		License Number				
SUCCASUNNA, NJ 07876	ring Firm	Te	elephone	No.	Telepi	none Number		License Hamber				
Project Manager for Monito	ing i mi		N 1000 11010 11010 11010			4000		00575	82.00			
TO BE DETERMINED		TO BE	DETER	MINED	908-6	87-1008 of OSHA Monito	or					
Scheduled Start Date	Scheduled	Comple	etion Dat	te	Name	01 031 17 1001111	5.5					
Scrieduled Otalit Paris			2012		FMSI	ANALYTICAL						
	013 9	6	2013 Year		Stree	Address						
Month Day Ye	ar Month	Day ook Onli			$\neg$							
Month Day Te Occupancy Status During / Facility Closed/Vaca	Abatement (City	re Perin	nd of Aba	tement	307 V	VEST 38TH STR	KEET					
Facility Closed/Vaca Abatement Outside I			, a 0, ,		City,	State, Zip Code						
	O 4.00AM	,,,,,,,				WORK NV 101	18					
X Describe: 4:00PM 1 Other - Describe:	0 4.00/				NEW	YORK, NY 101	10					
Other - Describe				Aleskama	ent Metho	vd						
Scope of Work (Checl Onl	y One)			Abatem	Full (	ontainment with	n Negative Pr	essure				
Demolition					Mini-	Enclosure						
X >3sf or >3lf				X	Glov	ebag Procedure						
≥ 160sf or ≥ 260lf						Friable Procedur	re	Amount to be	Abaten	nent '	Type	
Renovation			Is Locat	tion Norm	ally	Describtion of		Removed				1=
Location of ACM Facility			Used by	y Custodia	al Staff	ACM to be Removed		(Specify SF/LF)	Rem. F	Rep.	Enc.	En
Location of ACIVI Facility	Programme Transfer and Control		Yes	s NO	N/A	Pipe Insulation		30LF	X			+
Attic Area			X		-+-	i ipe modiación			$\perp$	_		+-
/IIIIO / II OG									++			+-
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			INID	DEP Wast	e ID No	Cubic Yds was	te	Name of Registe 5 Clean Harbors L	one Mo	unn Intain	LLC	
Name of Registered Was	te Hauler		NJL	DEPE 166	66	1		5 Clean Harbors L	one wou	ar itali	,	
. [1] 10 10 10 10 10 10 10 10 10 10 10 10 10	ces, Inc.		Dier	posal Date	)	City, State of R	tegistered La	inatili				
Clean Harbors Env.Servi			וכוטו	Pood Dan	Waynoka, Oklahoma Date							
City, State				)	19-5-6	Waynoka, Okia	anoma	/i		Date		
Clean Harbors Env. Servi City, State Norwell, MA Completed By (Print or T			TBD			Signature		lin		Date	9/3/2	2013

### NOTIFICATION OF ASBESTOS ABATEMENT

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

			Name of Building O		ator (2)	M And	Tro M	FI	7								
Date of Notification (1) 9/3/2013			Name of Building O	Edward	l Gorski	1.5次ま	138	8									
DEP X Amend	on Notification led Notification lment #		Street Address  City, State, Zip Cod	P O Bo	ox 383 Grove, PA 189	0.0	6 2013										
iustific	ency (including ation)		Name of Contact			Telephone Number											
[ X ] DOH [ ] Cance			Fernan														
		FAC	CILITY INFORM	ATION	Type of Facility	(4)											
Name of Facility Where Abatement is Taking Residence Street Address 212 12th Avenue	Place (3)				[x	School (k-12) Subchapter 8 (c	ther than late & com	€12) mercial	buildir	ıgs,							
ZIZ IZ AVEIIUC	County (6)	- T	County Code (7)	v	Square feet 1500 sf	# of Floors	Bldg.	Age 60									
Seaside Park	Ocean		(STATE USE ONL	1)	Current Use (Pr	ior if being demolished	d)										
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	Name o	f Abatement Contr		g, Inc.										
N/A Street Address				Street A	ddress 188	9 Route 9, Unit 6	1										
City, State, Zip Code				City, St	ate, Zip Code Tor	ns River, New Je	rsey 087	55-12	71	_							
Project Manager for Monitoring Firm	Telepl	hone Numbe	er	732-3	one Number 49-9932	00624	Number			_							
Scheduled Start Date (10) 08/31/13		luled Comple /05/13	pletion Date (11) Name of OSHA Monitor E.M.S.L. Analytical														
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacat  [ ] Abatement Performed	only one) ed During Entir	e Period of A	Abatement Hours		tate 7in Code	56 Stelton Road	rsey 088	54									
Scope of Work (Check all that apply) $ \begin{bmatrix}                                   $	[ [ x	] Reno	ovation solition	[ [ [x	Mini-Enclo Glovebag F			ure									
[X] Execute:							Aba	tement	Туре	_							
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	Norma Sol Maintenar S	ocation ally used ely by nce/Custodi Staff (12)	ial (i	Material .e., therm sulation, VAT	Containing (ACM) al systems surfacing,	Amount (Specify S or LF)		R E P A I R	E N C A P S U L E	E N C L O S U R E							
D. C. C.	+ x		Asbestos sic	ling		1400sf	X	_	_	+							
Exterior	A						-	+	-	+							
				a				$\perp$		I							
Name of Registered Waste Hauler Guardian Contracting, Inc		EP Waste Ha	3 3	Yards of V	T.R.I	Registered Landfill R.F.											
City, State Toms River, New Jersey	Title	Di	isposal Date 9/06/2013 Signature	City Tu	y, State Hytown, Pennsy	lvania	Da										
Completed by (Print or Type) Nicholas Fernicola	Project N	Manager		ich	of te		9/	1 3/3/2013									

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

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	9/3/2013				Name	e of Building Ow	ner/Opera Sakouti	tor (2) s Broth	ners Dispos	al a	12/5	B K	S.		
Agencies Notified  X ] EPA	Type of Notification	on Notificati	on		Stree	t Address	P O Bo	x 84	-	- C	6 2013	- 1			
DEP	Amend	ed Notifi ment #_			City,	State, Zip Code	Colts N	eck, N	ıj 07722	SEP					
[x] DOH	[X] Emerge justific		luding		Nam	e of Contact John Sa	koutis			elephone N	umher	n.i 9.			
DCA	[ ] cancer			EA	CILIT	Y INFORMA	TION				100-200-200-200-2				$\neg$
	Abatement is Taking esidence	Place (3)	)	TA	CILIT	T IIII OTG.2		Туре	of Facility (4)  [ ]  [ x ]	School (k Subchapt Other (i.e	er 8 (other ., private 8	than kl	2) ercial l	ouildin	gs,
Street Address 73	6 Princeton Ave	nue							5 5	homes, e		Bldg. A	ge		$\dashv$
City		County	(6)		Cour (STA	nty Code (7) ATE USE ONLY	)	Squar	1000 sf ent Use (Prior	1			60		$\dashv$
Brick		Ocean			180	CM No.	Name of		Reside	or (9)					-
Name of Monitoring Fir	m Hired by Building [/A	Owner (	(8)		ASC	MAT IAO.	Street A		Guard	ian Contr		ic.			
Street Address							City, Sta	ate 7in	Code	Route 9, U					$\neg$
City, State, Zip Code							Telepho		Toms		License Nu	0875 mber	5-127	1	$\dashv$
Project Manager for Mo	oject Manager for Monitoring Firm  Telephone Scheduled						732-34	49-993	Monitor		00624				-
0/3/1	9/4/13 9/4/13						Street A		E.M.S	S.L. Analy				-	
[x] H	9/3/13 9/4/15 Occupancy Status During Abatement (Check only one)						City, Si	tate, Zip	Code Pisca	Stelton R	ew Jersey		4		
Scope of Work (Check	( all that apply)						]	j n	Full Containm Mini-Enclosur	re	gative Pres	sure			
	>3 sf or ≥3 lf		[ ]		novatio molitio		[ [ x	.1	Glovebag Prod Non-Exempte	cedure d (*) and No	on-Friable F	rocedu	re		
[x]	≥160 sf or ≥260 lf			1 50								Abate	ment T	ype	
Asbestos-Containing TO BE A	tion of ng Material (ACM <u>ABATED</u> icility 13)	) Ma	intenand St (1	lly used ly by ce/Custo aff (2)	odial	(i ir	Descrip sbestos-C Material .e., therm sulation, VA: other misc	Containi (ACM al syste surfaci I, or	ing () ems ing,	(Sp	mount ecify 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
			X			Asbestos sid	ding			900	) sf	X			-
Exterior		+	A									+-			
Name of Registered	Waste Hauler		NJDE	P Waste 1		ID No. Cubic	Yards of	_	Name of R	egistered La F.	ındfill				
Guardia City State	an Contracting, In River, New Jersey				Dispos 9/05/		Cit Tu	y, State illytow	n, Pennsyl	vanja		Dat			
Completed by (Prin	t or Type) as Fernicola	Ti	<sup>tle</sup> roject N	1anager	1	Signature	de	1	and activities			9/3	3/2013	3	
TVICTION	20.90		*Do n	ot use th	uis forn	n for asbestos l	icensure	exempt	ea activities.						

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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) September 3, 2013 Ron Starner Type of Notification Agencies Notified Street Address 18 Hampton St [X] EPA Initial Notification ] DEP [X]Amended Notification City, State, Zip Code Amendment # [x] DOL Cranford, NJ 07016 Emergency (including justification) Telephone Number: Name of Contact [x] DOH Cancellation Ron Starner ] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residence School (k-12) Subchapter 8 (other than k-12) 1 Street Address [x] Other (i.e., private & commercial buildings, 140 11th Ave. homes, etc.) County Code (7) Square feet # of Floors Bldg. Age City County (6) (STATE USE ONLY) 1000 sf 60 1 Current Use (Prior if being demolished) Seaside Park Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, ZipCode City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00624 732-349-9932 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) E.M.S.L. Analytical 8/31/13 9/5/13 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x]Demolition Non-Exempted (\*) and Non-Friable Procedure [x]≥160 sf or ≥260 lf [x] Abatement Type Is Location Description of R R E E Asbestos-Containing Amount Location of Normally used N E E N Material (ACM) (Specify SF Asbestos-Containing Material (ACM) Solely by C C P M Maintenance/Custodial (i.e., thermal systems or LF) A P TO BE ABATED L A 0 insulation, surfacing, 0 Staff in facility S V S R (13)(12)VAT, or U other miscellaneous) A R L L YES NO N/A 800 sf X Exterior X Asbestos siding Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler 20223 T.R.R.F. Guardian Contracting, Inc. Disposal Date City, State 9/6/13 Tullytown, Pennsylvania Toms River, New Jersey Date Completed by (Print or Type) Signature 9/3/2013 Nicholas Fernicola Project Manager \*Do not use this form for asbestos licensure exempted activities.

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

[D.1. (A) (G.4)					Mana	of Duilding	Ourner/Operator /	2)					
Date of Notification (1) 5 /	23 /	13					Owner/Operator (2 niversity-Office of		Construction	n			
							miversity-office (	122 /3	1 n n	<del>л Бэ т</del>			
Agencies Notified  EPA	Type Notificat   ☐ Initial	tion				Address Elm Dr.		10) LE U					
□ DOLWD			010014		City, S	tate, Zip C	ode	115411		000			
☑ DHSS	Amendme	7.7		3	Prin	ceton, N	J 08544	SF.	P 6 20	13	1		
□ DCA     (NJAC 5:23-8)	☐ Emergence justification		uding		Name	of Contact	l	I UL	Telephone N				
(110/10 0.20-0)	☐ Cancellation				Rob	ert Orteg	ga					•	
					FAC	II ITY IN	FORMATION			- <del>4</del>		1	ı.
Name of Facility Where A	batement is Ta	aking F	Place (	3)		712111111	· Ortilization	Type of Facility (4	4)			1	- 2'
Princeton University				-,				☐ School (K-12)					
Street Address		-					-02"-2"	Subchapter 8	(Other than K	(-12)			
Washington Rd								Other (i.e., pri homes, etc.)	vate and com	merciai b	ullain	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Princeton													
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being dem	nolished)			
MERCER								Library					
Name of Monitoring Firm	Hired by Build	ing Ov	vner (8		ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc					0009	8	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address			-1101#7.24				Street Address						
Three Terri Center	20						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co						
Burlington, NJ 0801							BRISTOL, PA	19007					
Project Manager for Monit	toring Firm				phone		Telephone No.		License No	).			
Michael Keehn				330	9-386		215-788-6040		00509	-			
Start Date (10)					tion Da	11000	Name of OSHA M						
6/6/		Ø11-			/ _	13		VIRONMENTAL	., INC.				
Occupancy Status During					senson va		Street Address						
☐ Facility Closed/Vacate						oribo	1123 BEAVE	(5.13					
Time of Abatement: 7:						Cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)						M Eull Cont	toinment with Nog	ativo Proceurs	•			
☐ ≥3 sf or ≥3 lf		-	Ren				☐ Mini-Enc		alive Flessure	5			
⊠ ≥160 sf or ≥260 lf		L	☐ Den	1011110	on			g Procedure mpted (*) and Nor	n-Friable Proc	edure			
				oca						Α	bater	nent T	уре
Location				orma	illy elv by		Description of			7	T <sub>R</sub>	m	Щ
Asbestos-Containing N TO BE ABA		)			ince/	Asbe	estos Containing Ma e., thermal systems	insulation	Amount (Specify		Repair	cap	clo
IN Facilit			Custo		Staff?	(	surfacing, VAT	, or	SF or LF)	) <u>a</u>	~	Encapsulate	Enclosure
(13)		ŀ	Yes	(12) No	N/A	1	other miscellane	ous)				ate	3.5
Throughout Levels C	thru 2					Floortil	e and mastic		15,675 S	F 🗵			
Throughout Levels 1						Plaster	),		2,235 SF	F 🗵			
Throughout Levels 1	and 2					Pipe In	sulation		1,655 LF	F 🗵			
Level 2 - workarea #2	A		×			Parque	t flooring and m		860 SF				
Name of Registered Wast	te Hauler			1.24	JDEP !		Cubic Yards of	Name of Regist				150	
SERVICE TRANSPO	RT GROUP	INC		1	lauler II 20990		Waste	G.R.O.W.S.	NORTH LA	NDFILL			
City, State				2033(		Disposal Date	City, State						
NEWARK, DE 19720								MORRISVII	LLE, PA 190	067			
Completed By (Print or Type) Title							Signature	0 11		Date	12.	1 -	
Brian Scafiro Estimator							Brian	Serfico		Date 8/	30/	13	
							100000	1					

ASB-41 MAY 11 B 5 / 30 5 5 B

### 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) Princeton University-Office of Design and Construction 5 23 / 13 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 200 Elm Dr. **⊠** DOLWD M Amended City, State, Zip Code **⊠** DHSS Amendment #1-6/4/13 Princeton, NJ 08544 **⊠** DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Robert Ortega **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University-Firestone Library School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Washington Rd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Library Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates Inc. 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Three Terri Center 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 6 / 13 8 / 31 / 13 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure
 ☑ Mini-Enclosure
 ☑ Glovebag Procedure Renovation ≥3 sf or ≥3 lf ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Enclosure 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 Throughout Levels C thru 2 M Floortile and mastic 15,675 SF X П П Throughout Levels 1 and 2 図 П П Plaster X 2,235 SF  $\boxtimes$ Throughout Levels 1 and 2 Pipe Insulation 1,655 LF X Level 2 - workarea #2A X Parquet flooring and mastic 860 SF Ø П П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP INC G.R.O.W.S. NORTH LANDFILL 20990 City. State Disposal Date City, State NEWARK, DE 19720 MORRISVILLE, PA 19067 Completed By (Print or Type) Title Signature Estimator **Brian Scafiro** 

MAY 11 B5/3055-B

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Cl # 2442 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Nan	ne of Buildin	na Owne	er/Operator (			N// [3]		$\Box$	
	23 /	13							2) Cof Design and	Construc	ツ 店 tion	7		
Agencies Notified  ⊠ EPA 4536  ⊠ DOLWD 4550	Type Notific				0.000	et Address 00 Elm Dr		-	LL SE	EP 6 2	2013		壯	
☑ DOLWD 635 0	Amende Amendr	-			City	State, Zip	Code					-	+	
☑ DCA 6529	☐ Emerger				P	rinceton,	NJ 085	44	A.S. C		T19/71 &	1		
(NJAC 5:23-8)	justificat	ion)	Cidalin	9	Nan	ne of Conta	ict		Fig	Telephone			+	
	☐ Cancella	ation			R	obert Orto	ega		and the second s		100 100		maple .	
						ACILITY I	NFORM	MATION						
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)				
Princeton Universit	ty-Firestone	e Libr	ary						School (K-1					
Street Address									Subchapter	8 (Other than	n K-12)			
Washington Rd									Other (i.e., phomes, etc.	orivate and co	ommercia	al buil	lings,	
City (5)									Square Feet	# of Floo	rs	Bldd	. Age	
Princeton									•		0.77			
County (6)					Co	unty Code (	(7)(STATE	USE ONLY)	Current Use (P	rior if being d	emolishe	(d)		
MERCER								9533	Library			500 <b>.5</b> 00		
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCI	/ No.	Name	e of Abateme	ent Contractor (9	)		-	-	-
ATC Associates Inc					000	98	1		VIRONMENTA					
Street Address								t Address						
Three Terri Center							112	23 BEAVE	R STREET					
City, State, Zip Code							City, S	State, Zip Co	ode					
Burlington, NJ 0801	6						BR	ISTOL, PA	19007					
Project Manager for Moni	toring Firm			Te	elephone	e No.	Telep	hone No.		License I	No.			
Michael Keehn					609-38	6-8800	215	5-788-6040		00509	1			
Start Date (10)	15					ate (11)	Name	of OSHA M						
6 / 6 /	13	8	3_ /	;	31_ /	13	BR	BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During						Street Address								
☐ Facility Closed/Vacate														
Abatement Performed													- 100	
Time of Abatement: 7:	00AW-3.30F	-IVI/	P	VI	AN	1	BRI	ISTOL, PA	19007					
Scope of Work (Check all	that apply)						-J	⊠ Full Conta	ainment with Ne	native Pressu	I/O			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re □ De				[	☐ Mini-Encl ☐ Glovebag	osure					
			Is	Loc	ation	T				Thable I Te	T	Ahat	ment	Туре
Location of					nally		D	escription of			-			-
Asbestos-Containing N TO BE ABAT		1)			olely by nance/			ntaining Mat		Amour	nt	ê∏ .	Repair	nc
IN Facility				odia	I Staff?	(1.6	a., tnerm. surf	ial systems in facing, VAT,	nsulation, or	(Specif SF or L	y	Removal	apsi air	Enclosure
(13)		ŀ	Yes	(12 No	· -	$\dashv$	other	miscellaneo	ous)	0. 0. 2	·	-	Repair	6
Throughout Levels C	thru 2		$\boxtimes$			Floortil	le and r	mastic		15,675	SF	<b>X</b> [	3 6	
Throughout Levels 1 a			Plaster				2,235 S	F [	<b>X</b> [	] [				
Throughout Levels 1 a	nd 2					Pipe In:	sulatio	n		1,655 L	.F (	<b>X</b>		
Level 2 - workarea #2A	4					Parque	t floori	ng and ma	stic	860 SI	F [	<b>X</b>		
Name of Registered Waste	Hauler			T	NJDEP	Waste	Cubic '	Yards of	Name of Regis	tered Landfil				1-
BRISTOL ENVIRONM	IENTAL, IN	IC.			Hauler I 1870									
City, State							Dispos	al Date	City, State					
BRISTOL, PA 19007									MORRISVI	LLE, PA 19	067			
Completed By (Print or Typ Brian Scafiro			Si	ignature	1 4	1.0	Date 5	100	113	3				
SP.41			timat					Drun	Scofero /	K	5/			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Check# 1713 Name of Building Owner/Operator (2) Date of Notification (1) 13 01 Jane Ferrara 09 2013 Street Address Type Notification Agencies Notified 473 Davison Street X Initial ☐ EPA CHTROL & City, State, Zip Code ☐ Amended X DOLWD 11:00 Amendment # Maywood, NJ 07607 X DHSS Telephone Number Emergency (including Name of Contact DCA justification) (NJAC 5:23-8) Cancellation Jane Ferrara FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Private house Other (i.e., private and commercial buildings. Street Address homes, etc.) Bidg. Age # of Floors 473 Davison Street Scuare Feet City (5) Current Use (Prior if being demolished) Maywood, NJ 07607 County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 09 / 12 / 13 Envirovision Consultants,Inc 09 / 11 / 13 Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Clean up and decontamination Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Renovation >3 sf or >3 lf 2 160 sf or 2260 lf Demolition Abatement Type Is Location Description of Repair Encapsulate Enclosure Remova Normally Location of Amount Asbestos Containing Material (ACM) Used Solely by Aspestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SIF or LF) surfacing, VAT, or Custodial Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes X 95 LF X Pipe insulation Basement 30 SF X VAT floor tiles Bathroom-second floor 25 LF $\times$ Pipe insulation Crawl space П NJDEP Waste Hauler iD No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 Gr Tech LLC City. State Disposal Date City State Tullytown, PA TBD Wayne, NJ 07470 Date Signature Title Completed By (Print or Type) he Wenad 09/01/2013 Owner N.Jevtic \* Do not use this form for asbestos licensure exempted activities. ASB-41

			Sta	te of Ne	w Jersey ESTOS ABATEM	ENT D	EGEL	W [	3	U
**	20		5 9 5							
		(			8:60 and 12:120 g Owner/Operator		SEP 6 2	013		U
Date of Notification (1)	pT 2013			22A		1212/11	SEP 6 2	.013	=	
Agencies Notified	Type Notification			Address	174 01	- 1			الم	
∏ EPA	Initial				5 H SI		ASBERTOR OOL	-20	-01	
∏ DEP	Amended Amendment #		City, S	State, Zip C	ode S	J. Loc	DO PROENCIN			
⊠ DOL	Emergency (in			'p Bo		37 3	Telephone Number	-	1. 1	
⊠ DOH	justification)		Name	of Contact						3
☐ DCA	Gallonia ani,		<del></del>		ORMATION					
Name of Facility Where	Abetement is Takin	a Place (3)	FAU	JILII I IIVI	Ordination	Public Cont	racts Typ	e of Fa	acility	(4)
Name of Facility Where	Abatement is Takin	g r adoc (o)				FT'School (K-12				
	-1			_		Other (i.e., p	rivate & commercial	buildi	ngs,	
351 W 11	12 24					homes, etc.	# of Floors	Bld	g. Ag	e
City (5) 1	en NI		Safficación Pa			850	1/2			
3H' P BOTT	1em 110		Cou	nty Code (	7) (STATE	Current Use,(Pr	ior if being demolish	red)		
County (6)			USE	ONLY)		Ho				
Name of Monitoring Firm	n Hired by Building	Owner	ASCM	No.	Name of Abater	nent Contractor (9	omental.	16	C.	
(8)			<u></u>		Street Address	w Environ	pt prioritino	60	=	==
Street Address					909 Wil	bur ANE	<u> </u>			
					City, State, Zip (	Code	<del></del>			
City, State, Zip Code					City, State, Zip C	burg, 11.	J		_	
Project Manager for Mo	nitoring Firm	T	elephone	No.	Telephone No.	2./343	License No.			
					Name of OSHA		Contract No.	7		
Start Date (10)		duled Com	pletion Da	ate (11)	Name of OSHA	MOUNT				
12 Sept 20,					Street Address			5.0.		200
Occupancy Status Duri	ng Abatement (Che	eriod of Aba	atement							
☐ Abatement Performs	ed Outside of Norma	al Facility H	ours		City, State, Zip	Code				92
Other - Describe:					l				==	_
Scope of Work (Check	all that apply)			4		ontainment with Ne	egative Pressure			
☐>3 sf or ≥3 lf		Renov	ration		☐ Mini-Er	nclosure pag,Procedure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demo	mon		NOW	-frindle		T .	baten	nont
		Is Loc						- ^	Typ	
Location	of	Used So			Description	of	Amount			
Asbestos-Containing	Material (ACM)	Mainter	ance/	Asbe	stos Containing Ma , thermal systems	aterial (ACM) insulation.	(Specify	ړي	D	Encapsulate
TO BE ABA	ATED N	Stat	f?	(1.0	surfacing, VAT	, or	SF or LF)	Remova	Repair	nsqu
(13)	•	(12	2)	1	other miscellane	eous)		<u>a</u>		late
		Yes N	lo N/A	1				1	$\vdash$	$\dashv$
EXTERIOR				Shrt	ACE (SIPIN	g)	1325	X	$\vdash$	$\dashv$
CA/CK/V								+	$\vdash$	$\vdash$
								┼	$\vdash$	$\vdash$
						I Name of Day	pistered Landfill		Ш	لــا
Name of Registered W	aste Hauler		NJDEP Hauler I		Cubic Yards of Waste		2)	١		
A Groen	er Breyl	iva	29		1 4	City, State	140071	7		===
City, State	+ ~~		100		Disposal Date	Mor Co.	A9 3/1002			
HAIN 3E POR	17, 11.3				Signature	1	Data	+	9	2) 2
Completed By	2 6022				Find	Ferry P	25	EB1		2/3
Fred GibE	1200 -					1		200		

### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10577

			Name of Building Owner/Operator (2)		71.71		7	
Date of Notification (1)				CE	<u>W</u>	<u>_</u> IN		
08/29/2013			Shelly Hemler	The state of the s		1111		$\dashv$
Agencies Notified	Type of Notificat	on	Street Address	SEP 6	2013	ألما	П	
, \FDA	(X) Initial No	tification	1122 Garden St.	SET U	2010	1	+	
( ) EPA	( ) Amende		City, State, Zip Code		sandare a serie		1	
(X) NJDEP (X) NJ DOL	Amendr	nent #	Hoboken, NJ	SBESTOS OC	NTHOL	. &		
(X) DOH	( ) Emerger	ncy (including	Name of Contact	THE PERSON NAMED IN COLUMN TWO	Number			
( ) DCA	justificat	tion)	Debort Poymond Jenr	าง้				
( ) 50	( ) Cancella	ation	Robert Raymond Jenr	i y				
			Y INFORMATION Type of Facility (4)					
Name of Facility Where Abatemen	t is Taking Place (	<u>3)</u>	( ) School (K-12)					
Residential Property			( ) Cubebontor 8 (other than K-12)	Ibldes bomo	e etc			
a			(X) Other (i.e. private & commercia	il blags., nome	s, etc.			
Street Address			Sq. Feet: 5.000 # of Floors	3	Bldg. Ag	e 60		
1122 Garden St.	County (6)	County Code (7)	Sq. Feet: <u>5,000</u> # of Floors	<u> </u>				
<u>City (5)</u>	County (6)	(State Use Only)	Current Use (if being demolished):					
Hebelson	Hudson							_
Hoboken	Plda Owner (8)	ASCM No.	Name of Contractor (9)		 •::::::::::::::::::::::::::::::::::	No. of the last		
Name of Monitoring Firm Hired by N/A	Blug. Owner (o)	N/A	Industrial Safety & Environm	nental Solut	ions, I	nc.		-
			Street Address					
Street Address N/A			3300 Hudson Avenue					$\dashv$
			City State, ZipCode					
City, State, Zip Code N/A			Union City, NJ 07087		Lico	nse Nur	nher	-
Project Manager for Monitoring F	irm Telephone N	Number	Telephone Number			124	1001	
N/A	1		(201)325-0055		01	127		
Scheduled Start Date (10)	Scheduled (	Completion Date (11)	Name of OSHA Monitor					
09/10/2013	09/15/20		ISES, Inc.					
Chatter During Abates	ment (Check only o	one)	Street Address 3300 Hudson Avenue					
( ) Facility Closed/Vacated Du ( ) Abatement Performed Out	iring Entire Period	UI ADALEITICITE				-		-
( V ) Other Describe			City, State, Zip Code					
Work area in basement unoc	cupied during ab	atement	Union City, NJ 07087			_		
Source of Work (Check all that a		) Demolition	( X ) Renovation					
		VA)	(X) Full Containment with	Negative Pre	ssure			
( ) Minor Project (< 25 S	F or < 10 LF AC	VI) 60 LE ACM)	( X ) Mini-Enclosure					
( X ) Small Project (>25 <1 ( ) Large Project (>160 S	F or > 260 LF A	CM	/ V \ Glove-hag Procedure	Non Eriable	Drocedi	ıre		
( ) Large Project (Prod o			( ) Non-Exempted (*) and Description of ACM	Amount	At	atemen	t Type	
Location of Asbestos-	Is Location No	ormally Used	e thermal systems insulation, surfacing,	(Specify SF			$\neg$	
Containing Material (ACM) To be Abated in Facility (13)	Solely by Ma Custodial S		VAT, or other miscellaneous.)	or LF)	D D	_	Enc	Ē
To be Abated III Facility (13)	3				Remova	Repair	aps	Enclosure
					oval	air	Encapsulate	ure
	YES NO	O N/A						
	-	X TS	I Pipe Insulation	100 LFT	Х		==0,	
Basement Area		^						
Basement Area								-
	+							
		DEP Waste Hauler ID	# Cubic Yards of Waste	Name of Rec	. Landfil	1		
Name of Reg. Waste Hauler			10	IESI BETH	ILEHE	M LAN	DFIL	L
NEWARK CARTING	04	509	sp. Date/	City, State	G 4 <u>24</u> 50		1.5	
City, State	Work NI 0710		9/15/2013	BETHLEH	EM, P.	A 180	15	
369 Raymond Blvd., Ne	Title		gnature	Date				
Completed by (Print or Type)	<u>Title</u>		HAVI-III MAN	08/31/20	13			
David Camacho	Project S	upervisor	Major Caston	00/31/20	13			
David Cuman		3/		>				



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Pa	2
19	

Date of Notification (1)				T	Name	of Building	Owner/Operator (2	2)	= @ P I	Π/7	E I	2	
5/	23 / _	13			Prin	ceton Ur	Owner/Operator (2 niversity-Office of	of Design and	Construction	$\mathbb{W}_{-}$	5		
Agencies Notified	Type Notificat	tion		7		Address		1,2,5			1	111	
⊠ EPA					200	Elm Dr.			CED 6	2013	i	إنسا	
⊠ DOLWD		~+ #2 O	120142	. [	City, S	tate, Zip C	ode	12 5	OL.			You	
☑ DHSS ☑ DCA	Amendme		word (1997)	-	Prin	ceton, N	J 08544				أـــــا		
(NJAC 5:23-8)	justification		unig	Ī	Name	of Contact		-	Telephone Numb	oer :	&		4
	☐ Cancellation	on			Rob	ert Orte	ga	<u> </u>				-	٦
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	aking Pl	lace (3	)				Type of Facility (	4)				
Princeton Universit	y-Firestone	Library	у					School (K-12)		c			
Street Address								Other (i.e., pr	(Other than K-12) ivate and commer	) cial bu	ilding	S,	
Washington Rd								homes, etc.)					
City (5)						5	33300	Square Feet	# of Floors	Blo	ig. Ag	ge	
Princeton											01000-00		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
MERCER								Library					
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8)	1	ASCM	No.	Name of Abateme						
ATC Associates Inc	<b>:</b> .				0009	8	BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address						
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 0801	16						BRISTOL, PA	19007					
Project Manager for Moni	itoring Firm			Tele	phone I	No.	Telephone No.	75	License No.				
Michael Keehn				60	9-386	-8800	215-788-6040		00509				
Start Date (10)	S	chedule	ed Con	plet	tion Dat	te (11)	Name of OSHA M						
6 / 5 /	_13	9	_ / _	30	_ / _	13_	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement (C	Check or	nly one	<del>2</del> )			Street Address	***					
☐ Facility Closed/Vacate	ed During Entire	e Period	d of Ab	ater	nent		1123 BEAVE	R STREET					
☐ Abatement Performed						cribe	City, State, Zip Co	ode				100-00-0	
Time of Abatement: 7	:00AM- <u>3:30</u> P	M/	PM-	-	AM		BRISTOL, PA	19007					
Scope of Work (Check all	I that apply)												
☐ ≥3 sf or ≥3 lf			Reno	vati	on			tainment with Neg	ative Pressure				
\(\sum_{\geq} \geq_{160} \text{ sf or \geq_260 lf}\)			Demo				☐ Gloveba	g Procedure					
1707 July 1707							☐ Non-Exe	mpted (*) and No	n-Friable Procedu				
			Is Lo	rmal						Ab	atem	ent T	ype
Location Asbestos-Containing		,	Used			Ashe	Description of stos Containing Ma		Amount	Re	Repair	Enc	Enc
TO BE ABA			Maint			(i.e	., thermal systems	insulation,	(Specify	Removal	) air	aps	Enclosure
IN Facili	ty	1	Custo	iial 8 12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Y		No.	N/A		other miscenarie	ous)				क	
Level 1 work area #N	F1A	D	<b>a</b> [			Plaster			4 SF	$\boxtimes$			
First Floor Hallway				3		Floor T	ile		260 SF				
			<u> </u>	7									
				 7									
Name of Registered Was	te Hauler				JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO		INC		15530	auler II	O No.	Waste		. NORTH LAND	FILL			
City, State			20990	)	Disposal Date	City, State					-		
NEWARK, DE 1972				Siopodii Sato	and the foreign and the second section of the second	LLE, PA 19067							
Completed By (Print or T		Title		-			Signature	/ /		ate /	,		
Brian Scafiro		100000000000000000000000000000000000000	imato	г			Brian	Sustino /	fl	8/3	0/1.	3	
		Lance See					purit	1	1			_	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	23 /	13		T				er/Operator (2	of Design and	Construction	I W			
			-		- 100	-		nty Onio	7. 200.g., a., a				111	
Agencies Notified  EPA	Type Notification	on				Address Elm Dr.				SEP 6	2013	ī		
⊠ DOLWD	Amended  Amendmen	. #2 0	12014	2	City, St	ate, Zip Co	ode		l L	-	11.00	2		
⊠ DHSS	Emergency			3	Prin	ceton, N.	J 085	44		ASLUS	- 14.740	_ dk		
□ DCA     (NJAC 5:23-8)	justification		ung	Ī	Name	of Contact			Lacronia	Telephone Nur	mher .	-		1
(10/10/01/20/0)	☐ Cancellatio				Rob	ert Orteg	a			9				
					FAC	ILITY INF	ORI	MATION			2			
Name of Facility Where	Ahatement is Ta	king Pl	lace (	(3)	.,,,				Type of Facility	(4)				$\neg$
Princeton Universi				/					School (K-12	)				
Street Address	ty i noctorio i		,				- 100		Subchapter 8	(Other than K-1	2)	ldin a	_	
Washington Rd									homes, etc.)					
City (5)	-1000								Square Feet	# of Floors	Bio	lg. Ag	je	1
Princeton						21/200		2						
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	or if being demo	lished)			- 1
MERCER									Library					
Name of Monitoring Firm	Hired by Buildin	ng Ow	ner (8	3)	ASCM I	No.			ent Contractor (9)					
ATC Associates In	c.				0009	8	BF	RISTOL EN	VIRONMENTA	L, INC.				
Street Address					2000		Stree	et Address						
Three Terri Center						11	23 BEAVE	R STREET			0.0			
City, State, Zip Code	y, State, Zip Code							State, Zip C	ode	**************************************				
Burlington, NJ 080	. The control of the							RISTOL, PA	19007					
Project Manager for Mor				Tele	phone	No.	Tele	phone No.		License No.				
Michael Keehn				60	9-386	-8800	21	5-788-6040	)	00509				
Start Date (10)	So	chedule	ed Co	mple	tion Da	te (11)	Nam	ne of OSHA N	fonitor					
6 / 5 /	13	_ 9	_ /	30	_ / _	13	BI	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	ng Abatement (C	heck o	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacat					ment		11	23 BEAVE	R STREET					
☐ Abatement Performe	d Outside of No	rmal Fa	acility	Hou	s - Des	cribe	City,	State, Zip C	ode		_			
Time of Abatement:	<u>7:00</u> AM- <u>3:30</u> PI	M/	PN	/I	AM		В	RISTOL, PA	19007					
Scope of Work (Check a	all that apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☑ Rei						tainment with Ne closure g Procedure empted (*) and No		dura			
								M MOII-EXE	silipled ( ) and ive	The Habie 1 1000		atom	ent T	me
1				Loca: lorma				Description	of			_	_	1
Location Asbestos-Containing			Use	d Sol	ely by	Asbe	stos (	Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB	ATED			intena	ince/ Staff?	(i.e		mal systems		(Specify SF or LF)	ova	¥	lpsc	uso
IN Faci	(Co. •		Ousi	(12)			oth	urfacing, VAT ner miscelland	eous)	01 01 21 7	-		late	G,
(13)			Yes	No	N/A								,,,	
Various locations of	n level 1					pipe ins	sulat	ion		59 LF				
Exterior		1	$\boxtimes$			window				5,000 LF				
Above ceiling level	1 main lobby	1	$\boxtimes$			Aroal		oose debri		100 SF				
Level A	Level A							of duct wo		8,220 SF				
Name of Registered Wa	103	JDEP		Cub	ic Yards of		stered Landfill							
SERVICE TRANSF	ŀ	lauler I		Was	ste	G.R.O.W.S	S. NORTH LA	NDFILL						
City, State	NATION 1				2099	<u> </u>	Disp	oosal Date	City, State	ULE DA 1906	37			
NEWARK, DE 197	20								MORKISV	ILLE, PA 1906				
Completed By (Print or	Type)	Title						Signature	0 0 1.	0	Date	. /	d	
Brian Scafiro	inplotod by (i link of 1)poy							Brian	Scelve / j	×	8/3	0/1	9	

ASB-41 MAY 11 13 5 1 3 0 5 5 A

Date of Notification (1)

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5 /	23 / 1	2				g Owner/Operator		GET	WI	F I	57	
		3				niversity-Office	of Design and	Construction	n n	=,	111	
Agencies Notified  EPA	Type Notification  ✓ Initial	n			t Address		1 - 1 - 1 - 1			e j	111	
☑ DOLWD	⊠ Amended				0 Elm Dr.		14 -	SEP 6 2	013	111	///	
☑ DHSS	Amendment	#2-8/6	/13	City,	State, Zip (	Code	1 1				4	
☑ DCA	☐ Emergency (	10		Pri	nceton, N	NJ 08544	AS:	E		_	1	
(NJAC 5:23-8)	justification)		.5	Name	e of Contac	t		Telephone Nu	mber G	9.	+	-
	☐ Cancellation			Ro	bert Orte	ga					]	
				FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is Taki	ng Plac	e (3)			TORWATION	Type of Facility	(4)				
Princeton Universit							School (K-12					
Street Address								) 3 (Other than K-	(2)			
Washington Rd							Other (i.e., pr	rivate and comm	ercial b	uildin	gs,	
City (5)							homes, etc.)				252-559	
Princeton							Square Feet	# of Floors	В	Bldg. A	ge	
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)		Vii	
MERCER							Library					
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc.				0009	98		VIRONMENTAL					
Street Address						Street Address		-,				
Three Terri Center						1123 BEAVE	PETDEET					
City, State, Zip Code												
Burlington, NJ 0801	s					City, State, Zip Co						
Project Manager for Monito			1=1			BRISTOL, PA	19007	4.00				
	oring Firm		2000000	phone		Telephone No.	_	License No.				
Michael Keehn				09-386		215-788-6040		00509				
Start Date (10)					te (11)	Name of OSHA M	onitor					_
_6 / _5 / _	13 _	8	31	_ / _	13	BRISTOL EN	/IRONMENTAL	., INC.				
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacated	During Entire Pe	eriod of	Abate	ment		1123 BEAVER	STREET					
☐ Abatement Performed (	Outside of Norma	l Facili	tv Hour	s - Des	cribe							
Time of Abatement: 7:0	00AM-3:30PM/_	<u>5</u> P	M2	AM		City, State, Zip Co						
Tues Wed 8/6 + 8/7	ADDIL WORK	HRS)	50	n-2	AM	BRISTOL, PA	19007					
Scope of Work (Check all t	nat apply)					M Full Cont	ainment with Neg	-thus Dans		8		
≥3 sf or ≥3 lf		⊠ Re	enovati	on		☐ Mini-Encl	animent with Neg	ative Pressure				
≥160 sf or ≥260 lf		□ De	emolitio	'n		☐ Glovebag						
						☐ Glovenag	Procedure					
						☐ Non-Exer	npted (*) and Nor	-Friable Proced	ıre			
		Is	Locati			☐ Non-Exer	npted (*) and Nor	-Friable Proced		patem	ent T	ype
Location of		Is	Normal	lly		☐ Non-Exer	npted (*) and Nor		Ab			T -
Asbestos-Containing M	aterial (ACM)	Use Ma	Normal ed Sole aintena	lly ely by nce/	Asbes	Description of	npted (*) and Nor	Amount	Ab			T -
Asbestos-Containing M TO BE ABAT IN Facility	aterial (ACM)	Use Ma	Normal ed Sole aintenar stodial S	lly ely by nce/	Asbes (i.e.,	Description of tos Containing Mat, thermal systems in	npted (*) and Nor erial (ACM) nsulation,	Amount (Specify	Ab	Repair		T -
Asbestos-Containing M TO BE ABAT	aterial (ACM)	Use Ma Cus	Normal ed Sole intenal todial S (12)	lly ely by nce/ Staff?	Asbes (i.e.	Description of	npted (*) and Nor erial (ACM) nsulation, or	Amount				T .
Asbestos-Containing M TO BE ABAT IN Facility	aterial (ACM)	Use Ma	Normal ed Sole aintenar stodial S	lly ely by nce/	Asbes (i.e.,	Description of tos Containing Mat thermal systems in surfacing, VAT,	npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify	Ab		ent Encapsulate	T .
Asbestos-Containing M TO BE ABAT IN Facility	aterial (ACM) ED	Use Ma Cus	Normal ed Sole intenal todial S (12)	lly ely by nce/ Staff?	Asbes (i.e.,	Description of tos Containing Mat thermal systems in surfacing, VAT,	npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify	Removal		Encapsulate [	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF1	aterial (ACM) ED	Use Ma Cus	Normal ed Sole intenantodial S (12) No	lly by nce/Staff?	(i.e.,	Description of tos Containing Mat, thermal systems is surfacing, VAT, other miscellaneous	npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF1	aterial (ACM) ED	Use Ma Cus Yes	Normal ed Sole aintena stodial S (12) No	lly lly by nce/ Staff?  N/A	(i.e.	Description of tos Containing Mat, thermal systems is surfacing, VAT, other miscellaneous	npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal		Encapsulate [	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF1	aterial (ACM) ED	Use Ma Cus	Normal ed Sole intenantodial S (12) No	lly by nce/Staff?	(i.e.,	Description of tos Containing Mat, thermal systems is surfacing, VAT, other miscellaneous	npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF1	aterial (ACM) ED	Use Ma Cus Yes	Normal ed Sole aintena stodial S (12) No	lly lly by nce/ Staff?  N/A	(i.e.,	Description of tos Containing Mat, thermal systems is surfacing, VAT, other miscellaneous	npted (*) and Nor erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair 🔲 🖂	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13) Level 1 work area #NF1 First Floor Hallway	aterial (ACM) ED	Use Ma Cus Yes	Normal ed Sole sintena todial S (12) No	lly by nce/Staff?	Plaster Floor Til	Description of tos Containing Mat, thermal systems is surfacing, VAT, other miscellaneous	erial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 4 SF 260 SF	A Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13) Level 1 work area #NF1 First Floor Hallway	aterial (ACM) ED	Use Ma Cus Yes	Normal ed Sole aintenan todial S (12) No	N/A  N/D  D  D  D  D  D  D  D  D  D  D  D  D	Plaster Floor Til	Description of tos Containing Mat thermal systems is surfacing, VAT, other miscellaned	npted (*) and Nor erial (ACM) sulation, or ous)  Name of Registe	Amount (Specify SF or LF)  4 SF  260 SF	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF1  First Floor Hallway  Name of Registered Waste SERVICE TRANSPOR	aterial (ACM) ED	Use Ma Cus Yes	Normal ed Sole aintenan todial S (12) No	lly by nce/Staff?	Plaster Floor Til	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	npted (*) and Nor erial (ACM) nsulation, or ous)  Name of Registe G.R.O.W.S.	Amount (Specify SF or LF) 4 SF 260 SF	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF- First Floor Hallway  Name of Registered Waste SERVICE TRANSPOR	aterial (ACM) ED	Use Ma Cus Yes	Normal ed Sole aintenan todial S (12) No	N/A  N/D  D  D  D  D  D  D  D  D  D  D  D  D	Plaster Floor Til	Description of tos Containing Mat thermal systems is surfacing, VAT, other miscellaned	Name of Registe G.R.O.W.S.	Amount (Specify SF or LF)  4 SF 260 SF	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF1  First Floor Hallway  Name of Registered Waste SERVICE TRANSPOR  City, State NEWARK, DE 19720	ALECTICAL (ACM)  ED  IA  Hauler  T GROUP INC	Use Mad Cus Yes	Normal ed Sole aintenan todial S (12) No	N/A  N/D  D  D  D  D  D  D  D  D  D  D  D  D	Plaster Floor Til	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	Name of Registe G.R.O.W.S.	Amount (Specify SF or LF)  4 SF  260 SF	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Level 1 work area #NF First Floor Hallway  Name of Registered Waste SERVICE TRANSPOR	ALECTICAL (ACM)  ED  IA  Hauler  T GROUP INC	Use Mad Cus Yes	Normal ed Sole aintenan todial S (12) No	N/A  N/D  D  D  D  D  D  D  D  D  D  D  D  D	Plaster Floor Til	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	Name of Registe G.R.O.W.S.	Amount (Specify SF or LF)  4 SF 260 SF  ered Landfill NORTH LAND	Removal	Repair	Encapsulate	Enclosure

Ck# 2483 Pg. 1

Date of Notification (1)			7			Owner/Operator (2						
5 /	23 / 13	_		Prince	eton Uni	versity-Office	of Design and C	onstruction				
Agencies Notified	Type Notification		1	Street Ad	ddress			1			300,000	
⊠ EPA	Initial			200 E	lm Dr.		SEP 6	2012				
☑ DOLWD		010149	-	City, Sta	te, Zip Co	ode		2010				
☑ DHSS	Amendment #2-			Princ	eton, NJ	08544						
	justification)	luding		Name of	Contact		1.00 Lines	Telephone Number	. —	_		
(140/10 5.25-0)	☐ Cancellation			Robe	rt Orteg	a	· - · · · · · · · · · · · · · · · · · ·			_		
				FACI	LITY INF	ORMATION						
Name of Facility Where A	Abatement is Taking	Place (3	3)				Type of Facility (4					
Princeton Universit							School (K-12)	(Other than K-12)				
Street Address	•						Other (i.e., pri	vate and commercia	al build	lings,		
Washington Rd							homes, etc.)					_
City (5)							Square Feet	# of Floors	Bldg	. Age		
Princeton								<u> </u>	1			-
County (6)				County	y Code (7)	(STATE USE ONLY)		or if being demolished	ea)			
MERCER							Library				_	
Name of Monitoring Firm	Hired by Building C	wner (8	) [	ASCM N	lo.		ent Contractor (9)					
ATC Associates In				00098	3		IVIRONMENTAL	., INC.				-
Street Address						Street Address						
Three Terri Center						1123 BEAVE				_		
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 080					11.00	BRISTOL, P	A 19007	License No.	-	_		
Project Manager for Mor	nitoring Firm			phone N		Telephone No.	•	00509				
Michael Keehn				09-386-	and the second	215-788-604		00309			-	
Start Date (10)				tion Date		Name of OSHA	MONITOR NVIRONMENTAL	INC				
6 / 5 /				/	13		AAIVOIAIRIEITAT	L, 1110.				_
Occupancy Status Durin	g Abatement (Chec	k only o	ne)			Street Address	D OTDEET					
☐ Facility Closed/Vacat	ted During Entire Pe	riod of A	bate	ment	oribo	1123 BEAVE						_
Abatement Performe	7.00 A B A 2.20 D B 8/	- DI	1-0-	AM		City, State, Zip C BRISTOL, P						
NT 1 4/1) ed 8/6-	-817 (ADDL W	ORK H	RS)	5PM.	-2AM	BRISTOL, P	A 19007				-	
Scope of Work (Check a	all that apply)					☐ Full Co	ntainment with Neg	gative Pressure				
☐ >3 sf or ≥3 lf		⊠ Rei	novat	tion		Mini-Er						
⊠ ≥160 sf or ≥260 lf		☐ Der	noliti	on		☐ Gloved	ag Procedure cempted (*) and No	on-Friable Procedure	9			
		le	Loca	ition						ateme	ent T	ype
Locatio	n of	l N	lorma	ally		Description	of		R	Re	ū	п
Asbestos-Containing	Material (ACM)			lely by ance/	Asbe	estos Containing N e., thermal system	Material (ACM)	Amount (Specify	Removal	Repair	cap	Enclosure
TO BE AE	BATED			Staff?	(1.0	surfacing, VA	T, or	SF or LF)	Val	~	Encapsulate	Sure
(13)			(12	1 2000	4	other miscellar	neous)				te	
		Yes	No	_				50.15		_	_	T
Various locations o	n level 1				pipe ir	sulation		59 LF			1	늗
Exterior		$\boxtimes$				w caulk		5,000 LF	M	<u> </u>	닏	냳
Above ceiling level	1 main lobby	×			Aman	p of loose deb		100 SF				L
Level A		$\boxtimes$			Clean	demo of duct v		8,220 SF				L
Name of Registered Wa	aste Hauler		T	NJDEP	Waste	Cubic Yards of		istered Landfill	eu :			
SERVICE TRANSI	PORT GOURP IN	S		Hauler I 2099		Waste	200950000000000000000000000000000000000	S. NORTH LAND	rill			
City, State						Disposal Date	City, State	/ILLE, PA 19067				
NEWARK, DE 197	20								ate	,		
Completed By (Print or	Type) Ti	tle			-21000 (200	Signature	1- 1-	1		6/	13	
Brian Scafiro		Estima	tor			prio	n scofir	017				-

Page 1

Date of Notification (1)			N	lame of	Building O	wner/Operator (2)						
5 / _	23 / 13			Prince	ton Univ	ersity-Office o	f Design and Co	nstruction	WE	[ <u></u>	1	
Agencies Notified	Type Notification		S	treet Ad	dress			the second distance		7		
⊠ EPA	Initial			200 E	m Dr.							
⊠ DOLWD		1 -10 20 20 20	0	City, Stat	e, Zip Cod	le		SEP 6 20	)13	114	Л	7
☑ DHSS	Amendment #			100	eton, NJ		1		.,			1
☑ DCA	☐ Emergency (in justification)	cluding	-		Contact		Ţ	elephone Numb	er		1	7
(NJAC 5:23-8)	Cancellation		- 1		rt Ortega		7 1					
						ORMATION			** * **********************************			
Name of Facility Where A	batement is Takin	g Place (3	)				Type of Facility (4)					
Princeton Universit	v-Firestone Lib	rarv	50.				School (K-12)					
Street Address	,						☐ Subchapter 8 (6 ☑ Other (i.e., priva	Other than K-12)	i cial build	inas		
Washington Rd							homes, etc.)	210 2110 0011111011	0.0.			
							Square Feet	# of Floors	Bldg	. Age		$\neg$
City (5)							00000000000000000000000000000000000000					
Princeton			_	County	Code (7)(	STATE USE ONLY)	Current Use (Prior	if being demolis	hed)			$\neg$
County (6)				000,	0000 (· )/		Library	· ·				
MERCER	Aller of his Deciletion	Owner (8)	1	ASCM N		Name of Abatem	ent Contractor (9)				-	$\neg$
Name of Monitoring Firm		Owner (b)	'   '	00098			VIRONMENTAL,	INC.				
ATC Associates In	c.			00030		Street Address						$\neg$
Street Address						1123 BEAVE	R STREET					
Three Terri Center						City, State, Zip C					_	$\dashv$
City, State, Zip Code						BRISTOL, PA						
Burlington, NJ 080	16						A 13007	License No.				$\dashv$
Project Manager for Mon	nitoring Firm			phone N		Telephone No.	•	00509				1
Michael Keehn				9-386-		215-788-604		00309				$\dashv$
Start Date (10)		eduled Co	32		50 00 0	Name of OSHA		INC				
6 / 5	13 _	8 /	31	_ / _	13		NVIRONMENTAL	., INC.				_
Occupancy Status Durin	ng Abatement (Che	eck only or	ne)			Street Address						
T Facility Closed A/aca	ted During Entire F	Period of A	bate	ment		1123 BEAVE						_
T AL Hamont Derforme	d Outside of Norm	nai Facility	HOU	rs - Desc	cribe	City, State, Zip C	Code					- 1
Time of Abatement:	7:00AM-3:30PM	PN	n	AM		BRISTOL, P	A 19007	5±				
Scope of Work (Check	all that apply)					7		ative Deserves				
¥0		₩ D=		lian.		☐ Full Co	ntainment with Neg	ative Pressure				1
≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf		⊠ Rei				Gloveb	ad Procedure					
≥160 sf or ≥260 lf	*					⊠ Non-Ex	cempted (°) and No	n-Friable Proced	_			
			Loca						Ab	atem	ent Ty	/pe
Location	n of		dorma	ally lely by		Description		Amount	20	R	En	m
Asbestos-Containin	g Material (ACM)			ance/	Asbe	stos Containing & ., thermal system	naterial (ACM)	(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AL	SATED Sility	Cus	TO SHALL	Staff?	(	surfacing, VA	\T, or	SF or LF)	2		Sula	ure
(13	)		(12		4	other miscellar	neous)				ê	
		Yes	No	N/A						-	-	-
Various locations	n level 1	×			pipe in	sulation		59 LF			므	
Exterior		×			window		1 (000007	5,000 LF		1		
Above ceiling level	1 main lobby	$\boxtimes$			Amal	p of loose deb		100 SF	×	-		
Level A					Junieu	demo of duct v		8,220 SF	×			
Name of Registered W	aste Hauler	ices:		NJDEP Hauler		Cubic Yards of Waste		istered Landfill	יואכויי			
SRVICE TRANSP	ORT GOURP IN	48		2099		110310		S. NORTH LAN	IDFILL	0		
				2444		Disposal Date	City, State					
City, State NEWARK, DE 19					MORRISV	/ILLE, PA 1906	57					
Completed By (Print o		Title				Signature	, ,	1.0	Date /	11.	,	
Completed By (Print of	.,,,,	Estima	ator			Brian	- Scolers	12	6/4	4/13		

## State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Princeton University-Office of Design and Construction 23 / 13 5 Street Address Type Notification Agencies Notified 200 Elm Dr. Initial **⊠** EPA City, State, Zip Code ☑ DOLWD 2013 Amendment #1-6/4/13 **⊠** DHSS Princeton, NJ 08544 ☐ Emergency (including Telephone Number ☑ DCA Name of Contact justification) (NJAC 5:23-8) Robert Ortega ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12)

Other (i.e., private and commerce Princeton University-Firestone Library Other (i.e., private and commercial buildings, Street Address homes, etc.) Washington Rd Bldg. Age Square Feet # of Floors City (5) Princeton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Library MERCER Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. 00098 ATC Associates Inc. Street Address Street Address 1123 BEAVER STREET Three Terri Center City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Burlington, NJ 08016 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00509 215-788-6040 609-386-8800 Michael Keehn Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC. 8 / 31 / 13 6 / 5 / 13 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_\_\_ BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation Glovebag Procedure ≥3 sf or ≥3 ff Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Type Is Location Normally Description of Encapsulate Amount Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)No N/A Yes Ø 4 SF Plaster M Level 1 work area #NF1A П П П П П П Name of Registered Landfill Cubic Yards of N.IDEP Waste Name of Registered Waste Hauler G.R.O.W.S. NORTH LANDFILL Waste Hauler ID No. SERVICE TRANSPORT GROUP INC 20990 City, State Disposal Date MORRISVILLE, PA 19067 City, State NEWARK, DE 19720 Signature Completed By (Print or Type)

Estimator

Brian Scafiro

# NC TIFIC ATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	23 / 13		Nar	rincet	on Unive	rsity-	Office of	Design and	Constr	uction				
Agencies Notified	Type Notification  ☑ Initial		Stre	eet Add	ress	7		SFP A	2013					
DOLWD 6550	Amended Amendment #				, Zip Code				2010					
☑ DHSS 6543 ☑ DCA 6529	☐ Emergency (inclu	uding			ton, NJ 08	8544	la.		Telen	hone Numbe				$\dashv$
(NJAC 5:23-8)	justification)		1		Contact	£,			1 reieb	none Number				1
	☐ Cancellation				Ortega									٦
				FACIL	ITY INFO	RMA	TION	Type of Facility	(A)					-
Name of Facility Where	Abatement is Taking F	Place (3)						School (K-1						
Princeton Univers	ity-Firestone Libra	ry						Cubchantel	8 (Othe	r than K-12)	والمرائد والمراث			
Street Address							1	Other (i.e.,	private a \	nd commerci	ai bulloii	igs,		
Washington Rd								Square Feet		Floors	Bldg.	Age		_
City (5)								Oqual						
Princeton				County	Code (7)(ST	TATE II	SE ONLY)	Current Use (I	Prior if be	ing demolish	ed)			
County (6)			1	Journey	Code (1)(01	7.1.2.0	,	Library						
MERCER		(0)	148	CM No	IN	ame o	f Abateme	ent Contractor (	9)					
Name of Monitoring Fin	m Hired by Building O	wner (o)		00098	.   .,	BRIS	TOL EN	VIRONMENT	AL, INC	<b>)</b> .				
ATC Associates I	nc.				S		ddress							_
Street Address	Pr 24							R STREET						
Three Terri Cente	r				- 0		ate, Zip C							
City, State, Zip Code	046						STOL, PA							
Burlington, NJ 08	ullo		Teleph	none No	5. T	Teleph	one No.		Lic	cense No.				
Project Manager for M	onitoring ram			-386-8	Section and the section of the secti	215-	788-604	0		00509				
Michael Keehn	Sched	uled Cor	npletio	on Date	(11) N		of OSHA							
Start Date (10)  6 / 5	85	B_ /			13			VIRONMEN	TAL, IN	c. 	*			_
Control Status Du	ing Abatement (Check	k only on	e)		8		Address							
w 01	ated During Entire Per	riod of Al	patem	ent				R STREET				_		
	ned Outside of Normal :: 7:00AM-3:30PM/_	Lacilità	liuuia	- 0000	ribe		tate, Zip ( STOL, P	A 19007						
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	( all that apply)	⊠ Ren	ovatio	on n		İ	Mini-Er	ntainment with aclosure ag Procedure cempted (*) and			ıre			
<u> </u>		la la	Locati	00					1		Aba	teme	nt Ty	p
Asbestos-Contain TO BE	ion of ing Material (ACM) ABATED acility 3)	Used Mai	ormal Sole ntenai odial S (12)	ly by nce/ Staff?	Asbes (i.e.,	tos Co , them	Description ontaining hal system facing, VA r miscella	Material (ACM) as insulation, AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A	pipe ins	ulati	<u> </u>			59 LF				1
Various locations	on level 1	×		<u>-</u>	window				-	5,000 LF				1
Exterior				믐				ris(2600SF		100 SF				T
Above ceiling lev	el 1 main lobby	N N			Clean/d	lemo				8,220 SF	Ø			I
Level A				JDEP '	/unicula	Cubi	c Yards of			ed Landfill			1000	
Name of Registered	Waste Hauler RONMENTAL, INC.			lauler II	D No.	Was	te	G.R.O	.W.S. N	ORTH LAN	IDFILL			_
BRISTOLLING						Disp	osal Date	City, Sta		E, PA 1906	7			
City, State	9007										Data		,	
		itle Estima					Signature	10.0	/	.0	Date /	23/	13	

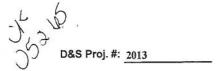
Cl# 2441 Page 2

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

Date of Notification (1)					ner/Operator (2 ersity-Office	2) of Design and	Construction	igi	7					
Agencies Notified	Type Notifica	ation			Stree	Address			- 1		-13-1			
⊠ EPA	☑ Initial				200	Elm Dr.			1					
☑ DOLWD ☑ DHSS	Amended Amendm	-	9			State, Zip (			SE SE	F 5 201	3 1	3		
☑ DCA	☐ Emergen		luding		_	nceton, i	700	8544						
(NJAC 5:23-8)	justification					of Contac	7		2.00	Telephone No	mhari	. 1	0.05.00	
	☐ Cancellat	tion			Ro	bert Orte	ga				A A RESIDEN	7		
					FA	CILITY IN	IFO	RMATION			1. A t-jaroutae,	and the same of		
Name of Facility Where A				(3)					Type of Facility	(4)			11	
Princeton Universit	ty-Firestone	Libra	ary						School (K-1:					
Street Address									Other (i.e., p	8 (Other than K- private and comm	12) nercial bu	ildino	S.	
Washington Rd									homes, etc.			•	-,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Princeton														
County (6)					Cou	nty Code (	r)(STA	ATE USE ONLY)		rior if being dem	olished)			
MERCER									Library					
Name of Monitoring Firm	-	ding Ov	wner (	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9	)				
ATC Associates Inc	). 				000	98	E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Str	eet Address						
Three Terri Center								123 BEAVE	R STREET					
City, State, Zip Code						y, State, Zip Co								
Burlington, NJ 0801						BRISTOL, PA	19007							
Project Manager for Moni	toring Firm			100000	ephone		10,000,00	lephone No.		License No.				
Michael Keehn				72000		-8800	2	215-788-6040		00509				
Start Date (10)	182					ite (11)	1	me of OSHA M						
6 / 5 /					1_/	13_	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate	d During Entir	re Peri	od of	bate	ment		1	123 BEAVER	RSTREET					
☐ Abatement Performed Time of Abatement: 7:	Outside of No	ormai F PM/	-acility	Hou 1-	rs - Des	scribe		y, State, Zip Co						
							E	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)							⊠ Eull Cont	cinment with No	antina Desarron			- 12	
☐ >3 sf or ≥3 lf			⊠ Rei	oval	ion			☐ Mini-Enc	ainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf	•	[	Der	noliti	on			Glovebag	Procedure					
		—т		-				☐ Non-Exe	mpted (*) and No	on-Friable Proce				
Location	o.f			Loca orma				December o			Ab	atem	ent Ty	
Asbestos-Containing N		1)	Use	Sol	ely by	Asbe	stos	Description o Containing Ma		Amount	굔	Repair	En	Enclosure
TO BE ABA	TED				ince/ Staff?		., the	ermal systems i	insulation,	(Specify	Removal	Dair	ap	clos
IN Facilit (13)	У	1	Oust	(12)				surfacing, VAT, her miscellane		SF or LF)	<u> </u>		Encapsulate	ure
(10)	*6		Yes	No	N/A		0.		545,				te	
Level 1 work area #NI	F1A		×			Plaster				4 SF	×			
Name of Registered Wast	1	JDEP	Waste	Cul	bic Yards of	Name of Regi	stered Landfill		_					
BRISTOL ENVIRONI	1	1870	market and the second s	Wa	ste	G.R.O.W.S	S. NORTH LAN	NDFILL						
City, State							Dis	posal Date	City, State				-	
BRISTOL, PA 19007										ILLE, PA 1906	<b>57</b>			
Completed By (Print or Ty		Title		ne S				Signature	10 :		Date		<del>, -</del>	
Brian Scafiro		Est	timat	or		1111			Scolero	1 ,0.	51	23	13	
							-314-1	100000	, The	11		/		

D&S Proj. #: 2013-326

2013-32				V				F	7	ECEI	W [		7]		
Date of Notification (1)		1	me of Bu		er/	Operator (2)				CED C	2012				
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□ DOL □ Amendm	nent #:	- 11	y, State, 2							OU CUTBB <b>dCA</b> NOME ON	V6				
Emerg				ORD, NJ	07	7016			///	Telephone	Number				
	cation)	Nai	ne of Co	ntact						relephone	Number				
☐ DCA ☐ Cance	ellation		CHRIS	BATH	_					<u> </u>			_ =		
		10000		FAC	ILI	TY INFORMA	NOITA								
Name of facility where abate	ement is ta	king plac	e (3)						Т	ype of Facility (4)	(K - 12)				
CHRIS BATH										Subchar		her th	an K-	12)	
Street Address										Other (P	rivate/Co	mmer			
502 LINDEN PLACE									-	Bldgs./H Square Feet #	omes, et		Bld	g. Ag	je
City (5)		Count	y (6)		-		Coun	ty Code (7)							
Oity (O)								use only)	r	Current Use (Price	or if being	dem	lishe	d)	
CRANFORD	-	UNI			_			Name of Abatemen	<u>ال</u>	ntractor (0)					
Name of Monitoring Firm His	red by Bld	g. Owne	(8)		1	ASCM No.									
								D & S RESTOI	(A)	ION, INC.		_		_	
Street Address								20 California	\ve.						
City, State, Zip Code					_			City, State, Zip Cod				*			
ony, onare, are over								Paterson, NJ (	750	)3					
Project Manager for Monitori	ng Firm		P	hone Num	nbe	г		Telephone Number			License		er		
								973-345-802	_		- 0.	169		-	
Start Date (10)		Sched	Complet	ion Date (	11)			Name of OSHA Mo							
09/17/13		09/30	/13					Street Address		.,			1000		
Occupancy Status During At								20 California A	Aver	nue					
Facility closed/vacated Abatement performed Describe:	outside of	normal t	od of abat acility ho	ement. urs-				City, State, Zip Coo		12					
Other-Describe: NOR		URS			_		<u>- 1</u>	Paterson, NJ			Incaptivo	proce	ura		
Scope of Work (check all the same same same same same same same sam	⊠ R	enovatio							ј М GI	ill Containment wa ini-enclosure lovebag procedure on-Exempted (*)	е			edure	,
Location of	<del>_</del>	s location	normall	y used sol	ely				- 1000			R	R	E	E
asbestos-containing		by mainte staff(12)	enance/cu	ıstodial				sbestos-containing		Amount (Specify S	F or	m	p.	c	n
material (acm) to be abated in facility (13)	1	Yes	No	N/A		material	(ACM)			LF)		v	a i	a p	Ľ
				_	_	PIPE INSU	II A T	ON	_	305 L FT		e	h	П	
BASEMENT			LX	4	╡	PIPE INSU	JLAII	ON	_	503 111		Ħ		Ħ	恄
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Registered Waste Hauler	, pro		EP Haule	r ID#		ubic Yards of	Waste	Name of Register	red L	andfill RESOURCE RE	COVE	RY			
D & S RESTORATION	, INC.		506	Disposa	_	YDS		City, State	ν, 1	LIGOTICE IC	23.23		_		
City, State PATERSON, NJ 0750	03			09/17				TULLYTOW	N, I	PA					
Completed by (Print or Type	e) .	Title	-5.50% (****			Signature					Date 09/03	/2012			
BOGDAN JOLDZIC		PRESIL			_	a liac na	vomnt	d activities			09/03	2013		-	
ASB-41	* 1	Do not us	se this for	m for asbe	esto	os licensure e	vembre	a activities.							



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Date of Notification (1)   0   9   /   0   3   /   1   3	1	-575345-444-6513	ner/Operator (2)		RTIES	n E	GEI	W		n	7
Agencies Notified Type Notification			Dooman	TOT DI							†
☐ EPA ☐ Initial	141.1	ANZA AVI	ENLIE				ΞD 6		4		l
DEP Amended Amendment #:		te, Zip Code	SIVOL				- P - E	2013	- 1	-	_
M DOI  -		B3 30	07026			l <u>L</u>			1		
☐ Emergency (including	Name of	FIELD, NJ	07020			Telepho	ne Number	I HUI	8	-	
justification)	94500280 50000					-	LICENCIN	G		ا	100
☐ DCA ☐ Cancellation	BILL	EVANS							_		
		FAC	CILITY INFORM	IATION							
Name of facility where abatement is	taking place (3)					Type of Facility	/ (4) ool (K - 12)				
COMMERCIAL BUILDING			W.			Sub	chapter 8 (C			12)	
Street Address						Bldg	r (Private/C s./Homes, e	tc.			
65-67 MAIN STREET						Square Feet	# of Floor	rs	Bld	g. Ag	е
City (5)	County (6)			0.0000000000000000000000000000000000000	y Code (7) use only)		(D.: 151-:-		- E - b -	-1/	
BELLEVILLE	ESSEX			(State	use only)	Current Use	(Prior if bein	g aem	olisne	a)	
Name of Monitoring Firm Hired by B			ASCM No.	1	Name of Abatemer	nt Contractor (9)					_
name of memory ,			1.0-2		D & S RESTO	RATION INC					
Street Address				- 5	Street Address	differ, inc.					
Street Address					20 California	Ave.					
City, State, Zip Code				- 6	city, State, Zip Cod						
Oity, Glato, Zip Godo					Paterson, NJ (	07503					
Project Manager for Monitoring Firm		Phone Num	nber	—  h	elephone Number		License	Numb	er		
, rejoci manago, re, memoring r		The state of the s			973-345-802			1169			
Start Date (10)	Sched Com	pletion Date (	11)	—  [ī	Name of OSHA Mo	onitor					
Special Committee Committe		piction bate (	,	11	D & S Restora	tion, Inc.					
09/17/13	09/30/13				Street Address						
Occupancy Status During Abatement				11	20 California						
Facility closed/vacated during e	entire period of a of normal facility	hours-		119	City, State, Zip Coo	le					
Describe:					Paterson, NJ (	7503					
Other-Describe: NORMAL HO	JURS			$- \bot \bot$	Paterson, NJ					_	_
Scope of Work (check all that apply					-	Full Containmer Mini-enclosure	it w/negative	e press	ure		
☐ > <u>3</u> sf or > <u>3</u> lf	Renovation				F	Glovebag proce	dure				
≥160 sf or ≥260 lf	Demolition					Non-Exempted	(*) and Non			edure	
Location of	Is location norm	nally used sole	ely					R	R	E	E
asbestos-containing	by maintenance staff(12)	custodiai			bestos-containing	Amour (Speci	t y SF or	m	р	c	n
material (acm) to be abated in facility (13)		lo N/A	materia	(ACM)		LF)	,	o v	i	a p	L
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BUILDING EXTERIOR			ROOF/RO	OOF FL	USHING	1620 SQ	FT		片	님	쓔
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Registered Waste Hauler	NJDEP Ha	uler ID#	Cubic Yards o	fWaste	Name of Register	ed Landfill N, RESOURCE	PECOVE	RV			
D & S RESTORATION, INC.	13506		16 YDS			N, RESOURCE	KECOVE	KI			
City, State		Disposa 09/18			City, State TULLYTOW	N PA					
PATERSON, NJ 07503			Signature		TOLLITOW	11, 111	Date		_		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	0	Jigilature				09/03	3/13			
	Do not use this		estos licensure	exempted	d activities.						
ASB-41	DO HOL USE HIIS	.3 10. 0000		2000							

#### State of NJ Notification of Asbestos Abatement

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

| F C F | W F F D&S Proj. #: 2013

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Date of Notification (1)	IIN	ame of Bu	ilding Ow	ne	r/Operator (2)		(Internal					Bldg. Age  demolished)  umber 169  ressure  able procedure  R R E E E n n p c n o a a c c v i p e r					
		AL MILI	LS					SEP	6 2013		41						
	on s	treet Addre	ess				1		5 7.000								
_	- 11	2 KENN	IUIR AV	E	NUE			Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bidgs./Homes, etc. Square Feet # of Floors Bidg. Current Use (Prior if being demolished) e of Abatement Contractor (9) & S RESTORATION, INC. At Address California Ave. State, Zip Code aterson, NJ 07503 Shone Number 273-345-8020 Other (Private/Commercial Bidgs./Homes, etc. Square Feet # of Floors Bidg. Current Use (Prior if being demolished) e of OSHA Monitor & S RESTORATION, INC. At Address California Avenue State, Zip Code aterson, NJ 07503  Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Scate, Zip Code aterson, NJ 07503  Amount Specify SF or United States Specify SF or Un									
Amendment #:	c	ity, State,	Zip Code					L	CENSING	-		-	-				
☑ DOL ☑ Emergency	- 11	Name of Building Owner/Operator (2)  AL MILLS Street Address  2 KENMUIR AVENUE  City, State, Zip Code  MORRISTOWN, NJ  Name of Contact  AL MILLS  FACILITY INFORMATION  Ing place (3)  County (6)  County Code (7) (State use only)  Owner (8)  ASCM No.  Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of Abatement  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Non-Exempted (*) and Non-Exempted (*)															
DOH (including	N			_					Telephor	ne Numbe	r						
DCA Cancellation		AL MII	LLS														
			FAC	CIL	ITY INFORM	ATION											
Name of facility where abatement is	taking pla	ice (3)	NAME OF THE PARTY				****	Ту									
AL MILLS									=								
				_		3000							-12)				
Street Address												rcial					
2 KENMUIR AVENUE	9     0   3   1   1   3     ncies Notified   Type Notification   EPA   Initial   Amended   Amendment #:   Emergency (including justification)   DCA   Cancellation   TACILITY INF   me of facility where abatement is taking place (3)   TACILITY INF   me of facility where abatement is taking place (3)   TACILITY INF   me of Monitoring Firm Hired by Bidg. Owner (8)   ASCM     MORRISTOWN   ASCM     MORRISTOWN   ASCM     MORRISTOWN   ASCM   ASCM   ASCM     MORRISTOWN   A							S	quare Feet	# of Floo	rs	ВІ	dg. A	ge			
City (5)	Cour	ity (6)					Marie appropriate Septiment	_									
MORRISTOWN						(Sta	(State use only) Current Use (Prior if being demolished)										
	ldg. Owne	er (8)		T	ASCM No.		Name of Abatemen	t Cont	tractor (9)								
	1,5)	100					18 6										
Street Address						=											
							20 California Ave.										
City, State, Zip Code							City, State, Zip Code										
							Paterson, NJ 0	7503									
Project Manager for Monitoring Firm Phone Number										License	Numb	er					
FACILITY INFORMATION  Name of facility where abatement is taking place (3)  AL MILLS  Street Address  2 KENMUIR AVENUE  City (5)  MORRISTOWN  Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.  Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Phone Number  Facility (a)  Square Feet   # of Floors    Current Use (Prior if being demonstrated in the prior of the prior if being demonstrated in the prior in the																	
Start Date (10)	)				-												
09/03/13	09/10	)/13					designation of the last of the	tion,	inc.								
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Facility closed/vacated during e	entire peri	od of abate	ement.									_					
	of normal	facility hou	Irs-					āi.									
Other-Describe: NORMAL HO	DURS						Paterson, NJ 0	7503									
Scope of Work (check all that apply)	)							Full (	Containment	w/negative	press	ure					
≥ 3 sf or ≥ 3 lf	Renovatio	n						Mini-	enclosure	-	•						
>160 sf or >260 lf	Demolition	1					. 🔀	-			friable		~ d r.				
Location of	Is location	n normally	used sole	ely			<del>-</del>	14011	-Exempled ( )	and Non		_		1			
	by mainte				Description	on of a	sbestos-containing			1000	17200	n	1				
	255		T	-			3	- 1		SF or	0	100	835	С			
abated in facility (13)	Yes	No	N/A					- 1	Lij		1 B	i	р	L			
BASEMENT		X		٦	PIPE INSU	LATI	ON		32 L FT								
Registered Waste Hauler			ID#			Vaste				ECOVE	2 V						
City, State		00	Disposal	-			City, State	, KE	SOURCE K	COVE	X I						
PATERSON, NJ 07503								N, PA									
	Title			T	Signature		1	,		Date							
10 50000 00000 00	PRESID	ENT		_			N-E-M			09/03	3/2013	<u> </u>					
ASB-41 *	Do not us	e this form	for asbes	sto	s licensure ex	empte	d activities.					- 100					

CK 005261 Sep 3 2013 10:33am Notification of Asbestos Abatement APPROWED D&S Proj. #: 2013 (Pursuant to NJAC 8:60 and 12:120) NJ Dept. of Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) F 0 9 / 0 3 / 1 3 AL MILLS Agencies Notified Type Notification Street Address ☐ EPA Initial 2 KENMUIR AVENUE Amended DEP City, State, Zip Code Amendment #: X DOL Emergency | MORRISTOWN, NJ (including DOH Name of Contact Telephone Number justification) ☐ DÇA AL MILLS Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K-12) AL MILLS Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 2 KENMUIR AVENUE Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) MORRISTOWN Name of Monitoring Firm Hired by Bidg, Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Avc. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched, Completion Date (11) D & S Rostoration, Inc. 09/03/13 09/10/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 af or >3 If Mini-enclosure X Renovation Glovebag procedure ≥160 sf or ≥260 lf Demalition Non-Exempted (\*) and Non-friable procedure is location normally used solely R Location of E E by maintenance/custodial ė asbestos-containing ē n Amount Description of asbestes-containing staff(12) n m material (aom) to be (Specify SF or C material (ACM) 0 ¢ abated in facility (13) Ð a Yes No N/A p BASEMENT PIPE INSULATION 32 L FT × Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauter ID# D & S RESTORATION, INC. 13506 1. YD TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 09/04/13 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 09/03/2013 Do not use this form for asbestos licensure exempted activities. ASB-41

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D&S Proj. #: 2013

											7		-				
Date of Notification (1) Name of Building Owner/Operator (2)										$\mathbb{N}_{\mathbb{N}}$		11					
10   9   / 10   3   / 11   3   DR. WAYNE YANKU											!!	4	_				
Agencies Notified	Type Notification Initial	Stree	t Addres	SS													
	Amended	35	8 EVE	RGREEN	PLACE				SED 8	2013	11-	4					
☐ DEP	Amendment #:	City,	State, Z	ip Code							i						
DOL	Emergency	R	IDGEW	VOOD, NJ	07450			*		*	مَّة. ع						
□ DOH	(including	Nam	e of Con	tact					Telephone	Number							
☐ DCA	justification)		D WA	YNE YA	VKUS				1								
	Cancellation		K. WA														
				FACIL	ITY INFORM	ATION		1-		•							
Name of facility wi	nere abatement is	taking place	(3)					Ту	pe of Facility (4	+) (K - 12)							
DD WANNES		Subchapter 8 (Other than K-12)															
DR. WAYNE YANKUS									Other (	Private/Co	mmer		16				
Street Address										Homes, et		Div	^-				
358 EVERGR	EEN PLACE							S	quare Feet	# of Floors	•	Ria	. Age				
City (5)		County	(6)				y Code (7)	-				liah as		_			
9		200	7777 T			State	use only)	'	Current Use (Pr	nor it being	g aemo	lisnec	)				
RIDGEWOOD BERGEN  Name of Monitoring Firm Hired by Bldg. Owner (8)				<del></del>	ASCM No.	111	Name of Abatemer	nt Con	tractor (9)					—			
Name of Monitorii	ng Firm Hired by B	lag. Owner	(0)		ASCIVI NO.												
						<b>—</b>  -	D & S RESTORATION, INC. Street Address										
Street Address							20 California Ave.										
							City, State, Zip Code										
City, State, Zip Co	de						Paterson, NJ 07503										
							Paterson, NJ (		)	License	Numbe	er					
Project Manager for Monitoring Firm Phone Number						973-345-802				1169							
							Name of OSHA Me										
Start Date (10)		Sched.	Completi	ion Date (1	1)		D & S Restora	ation,	Inc.								
09/16/13		09/30/	13				Street Address	7.1									
Occupancy Status							20 California		ue				_	_			
Facility close	ed/vacated during	entire period	d of abate	ement.			City, State, Zip Co	de									
Describe:	performed outside		icility not	ırs-				0.550									
Other-Desc	ribe: NORMAL H	OURS				_	Paterson, NJ				_						
	check all that apply						Ţ.		Containment	w/negative	press	ure					
$\boxtimes$ >3 sf or >3	lf 🖂	Renovation	i.				L		ni-enclosure ovebag procedu	Iro							
>160 sf or		Demolition					Ĭ		n-Exempted (*	) and Non-	-friable	proce	dure				
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Location of asbestos-c		by mainter	nance/cu	stodial	(A)	tion of as	sbestos-containing	3	Amount	05	m	e p	n c	n			
material (ad	cm) to be	staff(12)		_	materia	I (ACM)	**************************************		(Specify LF)	SF or	0	a	а	L			
abated in fa	acility (13)	Yes	No	N/A					1 -,		v e	r	р				
			-V	_	PIPE INS	ULATI	ON		170 L FT								
BASEMENT(BOILER, REC. 3 CLO	SETS & CRWL SPACE)				1		* * * *										
					1			2									
				+-	1												
				#	+												
Registered Waste	Hauler	IN IDE	P Haule	r ID#	Cubic Yards	of Waste	Name of Registe	ered La	andfill								
D & S RESTO	RATION, INC.	135			2 YDS		TULLYTOW	/N, R	ESOURCE F	ECOVE	RY	_					
City, State	====			Disposal			City, State										
PATERSON,	NJ 07503			09/17/			TULLYTOV	VN, P	A	I Date							
Completed by (P		Title			Signature					Date	3/13 2	013					
BOGDAN JO		PRESID	ENT				d activities	0		09/03	113 2	013					
ASB-41		* Do not us	e this for	m for asbes	stos licensure	exempte	d activities.										

D&S Proj. #: 2013-328

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		I Na	me of Bui	lding Own	er/C	Operator (2)		1 1 ha	4-6	<u> </u>	11 /A		711	M					
Date of Notification	of Notification (1)  Name of Building Owner/Operator (2)  JAMES STOCKER																		
Agencies Notified	Type Notification	_   _	eet Addre		K					SEP	<del>6 201</del>	3	Manual Control	71		_			
EPA	Initial	110.						ļ											
☐ DEP	Amended	11 -		KER RC	)AI	)			lan		7 10 10	1. 6		<del>-</del> -	_	_			
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	Emergency		VERON		_					Telepho	ne Num	her				-			
□ DOH	(including justification)	Na	me of Cor	ntact		Telepho	iic ivaii		_										
☐ DCA	Cancellation	- 11	<b>JAMES</b>	STOCK	ER									_		_			
				FAC	CILI	TY INFORMA	TION												
Name of facility w	here abatement is	aking pla	ce (3)						Ту	pe of Facility	(4)	12)							
											ol (K -		- +h-	n V 1	2)				
JAMES STOC	KER				_					☐ Subc	hapter (				2)				
Street Address											./Home		111010	,,,,,,					
41 STOCKER	ROAD								S	quare Feet	# of F	loors	Т	Bld	g. Age	9			
City (5)		Coun	ty (6)		*		Count	ounty Code (7)											
, ,							(State	use only)	Current Use (	Prior if I	being o	lemo	lishe	d)					
VERONA		ESS	S112000 S111		_		116												
Name of Monitori	ing Firm Hired by B	dg. Owne	r (8)		1	ASCM No.		Name of Abatement Contractor (9)											
								D & S RESTO	RAT.	ION, INC.			_		_				
Street Address								Street Address 20 California Ave.											
					_			City, State, Zip Code											
City, State, Zip Code								Paterson, NJ 07503											
					_		_    -	Paterson, NJ elephone Numbe		3	License Number								
Project Manager for Monitoring Firm				hone Nun	nbei		-     '	973-345-8020 01169											
						_	Name of OSHA Monitor												
Start Date (10)		Sched	i. Complet	tion Date (	(11)			D & S Restor		Inc.									
09/13/13		09/30	0/13				5	Street Address											
	s During Abatemen	(Check o	only one)			8		20 California	Aven	ue					_				
☐ Facility clos	sed/vacated during	entire peri	od of aba	tement.				City, State, Zip Co	de										
Describe:	performed outside		facility ho	urs-			_	0		_=									
Other-Desc	cribe: NORMAL H	OURS			1/3		_	Paterson, NJ					_	_	_				
	check all that apply								_	Containmen	t w/neg	ative p	ressi	ure					
$\boxtimes$ >3 sf or >3	If 🖂	Renovation	on					ļ		ni-enclosure ovebag proce	dure								
☐ >160 sf or	>260 If	Demolitio	n						No	n-Exempted	(*) and	Non-fr	iable	proc	edure				
		Is location	n normall	y used sol	lely						729		Re	R e	E n	E			
Location of asbestos-			intenance/custodial Description o					bestos-containing	3	Amoun	it y SF or		m	р	C	n			
material (a abated in f		staff(12)	1			material	(ACM)			LF)	, 0. 0.	- 1	0 V	a	a	Ľ			
abated in t	acility (13)	Yes	No	N/A	١ ١								e E	-		1			
BASEMENT (BOIL	ER & STORAGE)		X			PIPE INST	JLATI	ON		60 L FT		_		片	片	井			
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Registered Wast	e Hauler ORATION, INC.		DEP Haule 3506	er ID#		ubic Yards of YD	vvaste	Name of Register	N, R	ESOURCE	RECC	VER	Y						
	JATION, INC.			Disposi	100	Control of the Contro		City, State											
City, State PATERSON,	NJ 07503			09/1				TULLYTOV	VN, P	A						_			
Completed by (F		Title		Signature Date								te /03/2013							
BOGDAN JO		PRESI	DENT								10	9/03/.	2013			_			
ASB-41		* Do not u	use this fo	rm for asb	esto	os licensure e	exempte	d activities.											