

State of New Jersey 1309-46 NOTIFICATION OF ASBESTOS ABATEMENT Check #5507 (Pursuant to N.J.A.C. 8:60 and 12:120)

1309-4689

Date of Notification (1)					Owner / Operator	(2)		M F F	
Agencies Notified Type Notification		Street A			ity College				_
⊠ EPA Type Notification					ge Ave.				
☐ DEP ☐ Initial		City, St				HUL	SEP 13	2013	
					8-3050				
□ DOH □ Emergence		Name of				1 6	IT	Calanhana Nijimhar	r _
☐ DCA ☐ Cancellation	on	Dan F	uchs	3			<u></u>	× 1	
			ILIT	Y INF	ORMATION				
Name of Facility Where Abatement is	Taking Place ((3)			Type of Facili				
Middlesex County College					School (P		(10)		
Street Address						ter 8 (Other than	100	ra hamas ata)	
2600 Woodbridge Ave.					Other (i.e Square Feet	e. private & comm # of Floors		ldg. Age	
City (5) Cour	nty (6) C	ounty Co	nde (7)	- Square reet	# 011 10015	ا	idg. Age	
I I	dlesex	ounty O	oue (')	Current Use (Prior if being dem	nlished)		
Luison	ulesex				College	r nor ir being den	olisticaj		
Name of Monitoring Firm Hired by Buil	Idina Owner (8	3)	ASC	M No.		tement Contractor	(9)		-
Environmental Connection			ACCIDENCE OF STREET		AbateTech,		(-)		
Street Address	3322				Street Addres	S			
120 North Warren Street					PO Box 25				
City, State & Zip Code					City, State & 2				
Trenton, NJ 08608 Project Manager for Monitoring Firm	Tolo	phone N	dumb	or	Lumberton, Telephone Nu		License N	umher	
Rick Beach		-392-42		CI	609-265-210		LICCIISCIA	00529	
	duled Complet				Name of OSH				
9/19/13		9/13			EMSL Analy	/tical			
Occupancy Status During Abatement					Street Addres				.0007-000
Facility Closed/Vacated During			emer	nt	108 Haddon	Y DECEMBER OF THE SECOND SECON			
Abatement Performed Outside Describe:	e of Normal Ho	ours			City, State & 2				
Facility Occupied During Abate	ement				Westmont,	NJ 08108			
Scope of Work (Check all that apply)	Cilicit								-
Coope of troit (effect all that apply)						Full Contai	nment with N	egative Pressure	
≥3 sf or ≥3 lf	\boxtimes	Reno	vatio	n		Mini-Enclos			
≥160 sf ≥260 lf		Demo	olitior	1			Procedures		
			-					-Friable Procedure	
Location of Asbestos-Containing		Location Location		Š	Description Asbestos-Conf		Amount (Specify	Abatement Typ	ре
Material (ACM)		Solely by			Material (AC		SF or LF)		ш
TO BE ABATED	Maii	ntenanc	e or	l .	(i.e., thermal sy		5200 1000 10000.	Ren Re	ncl
in Facility (13)	Cus	todial St	taff?	į	nsulation, surfact or other miscella			Encapsulate Repair Removal	Enclosure
(13)	Yes	(12) No	N/A		of other miscens	arieous)		ate ate	O,
Millgate Health & Safety Office Bath				Doi	ıble Layer VA	T & Mastic	77 SF		П
			Ħ		abio Layor vit	. a mastro			Ħ
	П	TFIT	n						
Name of Registered Waste Hauler		100000000000000000000000000000000000000		277	Cubic Yards	Name of Registe	red Landfill		
AbateTech, Inc.		187	ler ID	No.	of Waste	TRRF Landfill			
City, State		107	-		Disposal Date	City, State			
Lumberton, NJ					9/19/13	Tullytown, PA			
Completed By (Print or Type)		Title			Signature			Date	
Gwendolyn Trumbetti				oord.	Vi.	H		9/10/13	
	10				700		-		

B & G proj. #: 2013-183

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

						F	FOFT	N/ Check	#6108				_
Date of Notification	1 (1)	11	Name of	Building Own	er/Operator (2)	v ili	可信息层层	业互们					
10191/110	1/1131			ne & Kevir		1 -							
Agencies Notified	Type Notificati	on :	Street Ad			11	000 10	2013		_	,	_	
☐ EPA ☐ DEP	Initial		32 Fre	eeman Stre	et et		SEP 13	2013				-	
☑ DOL	Amendn			e, Zip Code land, NJ 07	7068	the state of the s	ASLESCOS CON	THOL&					
☑ DOH	_		Name of 0	Contact		-		the same of the same of the same of the same of	e Number				
☐ DCA	☐ Cancella	tion	Chris	tine & Kevi	in Shaw								
				FAC	ILITY INFORM	IATIO	N						
Name of facility wh	nere abatement is	taking p	lace (3)					Type of Facility (4) I (K - 12)				
Christine Shar	w							_	apter 8 (Oth	ner th	an K	-12)	
Street Address				-				Other (Private/Cor	mme		/	
32 Freeman S	Street	1 ()	•						Homes, etc # of Floors		RI	dg. A	ne.
City (5)		Cou	inty (6)			Co	unty Code (7)	Square Feet	# 01 110015		Dit	ıg. A	ge
Roseland		1	15 (S.150)				ate use only)	Current Use (Pr	rior if being	dem	olishe	ed)	
03344 3324 3366-02 to 1005-020-1		Ess						residential					
Name of Monitorin		Bldg. Owr	er (8)		ASCM No.		Name of Abatement C	ontractor (9)					
	N/A						B & G Restoration	ı, Inc.					
Street Address							Street Address	1					
City, State, Zip Cod	0						105 Ryerson Road City, State, Zip Code	1					
City, State, Zip Cou						.	Lincoln Park, NJ	07035			•		
Project Manager for	r Monitoring Firm			Phone Numb	er		Telephone Number	07033	License N	lumb	er		
	•		1			- 1	973-696-6869		0378				
Scheduled Start Da	ite (10)	Sche	d. Compl	etion Date (1	1)	-	Name of OSHA Monito						
09/20/2013	,		9/21/20 ⁻			1	B & G Restoration	n, Inc.					
Occupancy Status I	During Abatemen						Para distribution of the same	al :					
Facility closed	12					1	105 Ryerson Road						·
	erformed outside	of norma	facility h	ours-									
Describe: Other-Descri	be:					_	Lincoln Park, NJ	07035					
Scope of Work (ch	eck all that apply)					1	1	wrap &	cut	t	_	-
☐ Demolition		Renovati	on				Full Containment w/nega	ative pressure [Gloveba	ig pr	ocedu	ire	
		≥160 sf o	r ≥260 lf				Mini-enclosure]	Non-fria	ıble p	огосе	arut	
Location of				lly used solely	y					R e	R	E	E
asbestos-cor material to be		staff(12)	tenance/o	custodiai			asbestos-containing	Amount (Specify S	F or	m	р	n c	n
abated in fac	200	Yes	No	N/A	material	(ACIVI	<i>).</i>	LF)		0 V	a i	a p	Ľ
					Theiler incu	lation		45 of		e 2	r		┼
basement			-	X X	boiler insu pipe insula			45 sf 157 lf			片	H	卄
main room			#=	X	pipe insula		The state of the s	28 lf			片	H	卄
back room			#		1					H	Ħ	Ħ	古
;		-	╬═	=	1					Ħ	ā		10
Registered Waste F		NJE	DEP Haul	er ID#	Cubic Yards of								
B & G Restorati	on, Inc.	19	563		3 yards		Tullytown Resour	ce & Recovery	Center				
City, State Lincoln Park, N	11.07035			Disposal I 09/23/			City, State Tullytown, PA						
Completed by (Prin		Title			Signature				Date				
Gordana Luna			ry/Treas	surer			Gordana Luna		09/10/2	2013	3		

0/197

211	,			to NJAC 8:60) JE	C E	il II	7 (3 1.	57
Date of Notification (1)	8/	/ V	Name of	f Building Owne	r/Operato	r (2)			17 7 F	1, 1	/_ {	-	
Agencies Notified Type Notification	128	//3/	Street A	564	<u>رئ</u>	A	- 11.	0 0	ED 1		10	- i	
		-	. /	ouress 2 <i>00</i> 7	HAI	36	EY	Paz	7	3 20	13	14	
DEP Initial Amended	,	F	, -	ite, Zip Code	0/		1	A house	n 1	_	1	10	2
■ Amendment # □ Emergency (ir		— <u>L</u>		LTH Y	LA,	NFI	ELL	0/1	レフ	0	1-0	200	4
DOH justification)				Contact MCS)ia: 11	E1)		1				حه	_
				LITY INFORM									
Name of Facility Where Abatement is Taking	Place (3	3)					of Facility	1.		77			
Street Address		75.00 Sec.					School (K- Subchapter	r 8 (Other			22		
7272 N. CRES	CEI	NT	BL	VD.			Other (i.e. petc.)	orivate &	commercia	il build	lings,	home	es,
City (5) DEALALS ALLE)					Squa	re Feet		Floors	B	O/	ge 1	
TENNSAUKEN County (6)			County	Code (7)		Curre	ent Use (Pri		ン/ <i>み</i> a demolish	- 1		T	
CAMBEN				USE ONLY)		5	Sult	TCH	1 5	TA	Ti	a R)
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045				tement Con			INIC			
Street Address			0040			t Addres		00.7	IIVILI (10)				
64 BROAD STREET	•			12			EHEAD	AVE.					
City, State, Zip Code MATAWAN N.I 07747							ip Code	1 08882)				
MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. License No.													
TOM GEIGER				90-2217		432-8			01111				
Start Date (10)	Scheduli O	ed Com	pletion	Date (11)			A Monitor		MERICA				
Occupancy Status During Abatement (Check	Only Or	<i> \\ \(\)</i> ne)	2.//.	5		t Addres		0 0. 7.	INICI (10)		-		
Facility Closed/Vacated During Entire Pe	eriod of	Abatem	ent				EHEAD.	AVE.	v				
Abatement Performed Outside of Normal Other – Describe:	al Facility S	y Hours					ip Code IVER, N.	J 08882	2				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti					l Containm		Negative P	ressur	re		١
						Glo	vebag Pro	cedure	Non Erich	o Dro	codum	0	
	Is	Location	on.			1401	II-LXCIIIpic	u () anu	NOTE HOU		Abate	ement	
Location of	1	Normali ed Solel	у		Description						Ту	pe	-
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenan	ice/		nal system	s insula		(Sp	ount ecify	Re	73	Enca	E
In Facility (13)	J	(12)	can:		rfacing, V/ er miscella			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	6
OUTSIDE SUBSTATION		X		SomAST	tie Pil	DE C	OATINO	20	OLF	X			
FENCE			-		7								
Name of Registered Waste Hauler WASTE MANAGEMENT		1000	JDEP W auler ID	NOTES	bic Yards Naste		ESCHEROLINA CONTRA		ed Landfill				- 1
	800 2000	1	125		By 10			S NOR					
City, State ELIZABETH, NJ				Dis	posal Date	13	City, Stat		PA		,		
Completed by	Title	OF N	CD		Signatur	e	01	•	Dat	3/	11	i/.	
CAROL RAIMO	UFF	ICE M	GK.		1 LA	Kal	1	um	2	1/1	4	//.	3

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Date of Notification (1)		Name	f Building C	Owner/O	perator	(2)						$\exists i$	
Agencies Notified Type Notification		Street A	ddress	10	/	/ -	- /	D-S	3920'v: 1"" "	3 201	3	7/4	肼
EPA Initial Amended		City Sta	ate, Zip Coo	de a		16	/.	(81					\perp
X DOL Amendment #		0	LTH	PL	Air	OFi	ELL),	レク	-0	1	380	7
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	iciuaing	_	f Contact	· ·		62	-	Tolo	nhana Ni	mhar			1,
		FACI	LITY INFO		11/E			14	-		-		<u></u>
Name of Facility Where Abatement is Taking	Place (3)						Facility (88					
Street Address					-	Su	chool (K-1 ubchapter	8 (Othe					
7272 N. CRES	CENT	BL	VD.			etc							es,
City (5) PENNSAUKEN						Square	Feet / A	100000000000000000000000000000000000000	Floors ン / A	o 100	ildg. A	ge 1	
County (6)	,		Code (7)			Current	Use (Price		g demolis	shed)			
Name of Monitoring Firm Hired by Building O	(0)	ASC	USE ONLY)			$\overline{}$	ω_{i}			STA	1,	D K)
ENVIRONMENTAL TACTICS	wrier (6)	0045					ment Con			A INC	;		
Street Address 64 BROAD STREET			***			Address WHITE	HEAD A	AVE.					
City, State, Zip Code					City, St	tate, Zip	Code				*******		
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Telepho	ne No			TH RIV	/ER, NJ	0888	License	No			
TOM GEIGER		732-29	90-2217		732-4	132-83			01111	IVO.			
Start Date (10)	Scheduled Co		Date (11)				Monitor STEMS	S OF A	MERIC	A			
Occupancy Status During Abatement (Check	Only One)					Address	HEAD A	E					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	I Facility Hour			ł		tate, Zip		₹V ⊑.					
Other - Describe: 047000 R	2			_		기일보기 경험하는 10 회사 회사 (10 기계 10)	/ER, NJ	0888	2				
Scope of Work (Check All That Apply)					_	1				_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi	100				Mini-	Containme Enclosure	•	Negative	Pressu	re		1
	,		,		×		ebag Prod Exempted		Non-Fria	ble Pro	cedur	е	
74	Is Local											ement pe	
Location of Asbestos-Containing Material (ACM)	Used Solo Maintena	ely by		os Conta		aterial (/			nount			ш	
TO BE ABATED In Facility	Custodial (12)	Staff?	(i.e. 1	surfac	ing, VA		on,		oecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No			other m	niscellan	eous)				va	ar	ulate	sure
MUTE'NE CHASTATI	165 140	N/A	S	15	D.v	. 1	<u>.</u>	1	0 LF	V			
OUTSIDE SUBSTATION FENCE			Som	15110	r.p	E C0	Aling	O.	0 01	+^			
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Name of Registered Waste Hauler WASTE MANAGEMENT	1	NJDEP W Hauler ID	\$1000 A CONTO	Cubic ` of Was			Name of I			ill			
City, State		1125		Affx	10 al Date								
ELIZABETH, NJ				9/	13/1	3	City, State MORRI	SVILE			,		
Completed by CAROL RAIMO	Title OFFICE N	MGR	-	Si	gnature	, /	La		D	ate 8/	28	11.	2
	U. 1 10L 1				_a	ral	Nu	in	0	10	7 8	//.	5

No check

G									-11	11			
Date of Notification (1)				uilding Owner/C	Operato	r (2)	200 - 0			1			
08/16/13			on hold				SEP 13 :	2013		//			
Month/Day/Year									1	-			
The second of th	Type Notificati		Street Add			j h			أ				
EPA	Initi		P.O. box 2			Pronter		ي الما	2	1			
DEP	Not	tification	0 1 3	e, Zip Code		and the second distriction is not the second			10B	1			
DCA	x #2 Ame	nded	Princeton	NJ 08543					C ALCOHOLD	el)			
DOH	No	tification	Name of C	Contact			Telephone Nu	mber					
4	Can	cellation	Robert Ot	ego		1							
			FACILI'	TY INFORMAT	TON								
Name of Facility Where Abatem	ent is Taking F	Place (3)				Type of Facility	(4)						
Princeton University - Old Gra	_	****					(K12)						
						Subcha	pter 8 (Other	than K	(12)				
Street Address						x Other	(i. e. Private &	comme	ercial				
Near 70 alexander road - manho	ole					build	ings, homes, etc	c.)					
						Square Feet	# of Floors	Bldg.	Age				
City (5)	Cou	nty (6)		County Code	(7)	N/A	0	100 +					
Princeton				(STATE USE ONLY	Ó	Current Use (Pr	ior if being der	nolished	i)				
				1		University	37 S. SENDA						
Name of Monitoring Firm Hired	l by Building C)wner (8	3)	ASCM No.		of Abatement Cor							
Pennoni Associates Inc					Assoc	iated Specialty Co	ntracting						
Street Address				-	Street	Address							
515 Grove Street Suite 1B					98 La	Crue Avenue							
City State 7:- C-1-					Cit. 6	State 7 in Code							
City, State, Zip Code						State, Zip Code Mills, PA 19342							
Haddon Heights NJ								1					
Project Manager of Monitoring	Firm		Telephone			hone Number			ce Numb	er			
Alan Lloyd			856-547-0	505	610-30	64-9622		1103					
Scheduled Start Date (10)		Sched.	Completion Date	e (11)	Name	of OSHA Monitor							
10/29/13			12/31/13		Criter	rion Labs							
Month/Day/Year			Month/Day/Ye	ar									
Occupancy Status During Abate	ment (Check o	nly one)			Street	Address							
Facility Closed/Vacated	During Entire	Period o	f Abatement			Progresive Drive							
x Abatement Performed O	utside of Norn	nal Facili	ity		City, S	State, Zip Code							
Hours - Describe:	7:00 AM to 3:3	0PM			Bensa	lem PA 19020							
Other - Describe:	100	energy and		_0	II								
Scope of work (Check all that ap	nlv)				ш	Full Containme	nt with Negative	e Pressi	ire				
Demolition	P.J)		x Renovatio		x	Mini - Enclosur			•••				
x >3 sf or >3 if			x Kenovano		x	Glovebag Proce	to better the						
>160 sf or >260 lf						- Company							
>160 SI OF >260 II						Non-Friable Pro	ocedure		30000				
		Is					Al	atemen					
Location of	1 222	ocation	(C) 59	cription of		885			E	E			
Asbestos - Containing	1970	rmally		os-Containing		Amoun		-	N	N			
Material (ACM)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jsed	227 (2.4825)	rial (ACM)		(Specify		R	C	C			
TO BE ABATED	887	olely	The state of the s	ermal systems		SF or	M	E	A	L			
In Facility		Main- nance/		, surfacing, VAT miscellaneous)	,	LF)	O V	PA	P	o s			
(13)	- 277	nance/ istodial	or other	miscenaneous)			A	I A	U	U			
	1 20	aff (12)					L	R	L	R			
			N/A					1 ~	~	E			
Manhole - near 70 alexander ros		+ +	pipe insula	ation		6 LF	x						
		+						+		-			
								1					
		+ +				1		+-	+				
						ļ							
Name of Registered Waste Haul	er		NJDEP Waste	Cubic Yards		Name of Registe	red Landfill						
		F	Iauler ID No.	of Waste		l con cours							
Horizon Disposal				1		GROWS							
City, State				Disposal Date		City, State							
Trenton NJ				As needed		Morrisville PA	,						
Completed By (Print or Type)		т	Title	-	Signat	tilles .	11 1		Date				
Mark Goshow			roject Manager		4,5	MALA	Fertan		19-1	1)-1			
Completed By (Print or Type) Mark Goshow Title Project Manager Signature Diff Polity 10-13									_ =				

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Date of Notification (1)				Name of B	uilding Owner/(Operator	r (2) 尼 (P 尼	N 1\1	5 12		
08/16/13				Princeton 1	_			11 17	5		
Month/Day/Year						1			- 1	11	
Agency Notified 7	Type Notificati	on		Street Add	ress	F 4			+:1	iH	
EPA	Initi			P.O. box 2	158		<u>SEP 13</u>	<u> 2013 </u>		2	
DEP	Not	ificati	on	**	e, Zip Code		98. 16.7			į	
DCA	x-#2 Ame			Princeton 1					فدر		
DOH		ificati		Name of C		-	. Tel	enhone Nu	mber		
	Can	cellati	on	Robert Ote	ego					4	
				FACILIT	TY INFORMAT	ION					
Name of Facility Where Abatem Princeton University - Old Gra				in Manhole			Type of Facility (4) School (K	12)			
							Subchapter	8 (Other	than K	12)	
Street Address			8-8-7%		- ** = **		x Other (i. e.			ercial	
88 college road west -manhole -	beginning of st	eam li	n					homes, etc	-		
								fFloors	Bldg.	Age	
City (5) Princeton	Сош	nty (6)		County Code		N/A	0 Chaina dan	100 +		
Princeton					(STATE USE ONL)	0	Current Use (Prior i University	i being der	nonsneo	1)	
Name of Monitoring Firm Hired	by Building C	wner	(8)	100	ASCM No.	Name	of Abatement Contrac	tor (9)			
Pennoni Associates Inc						Associ	ated Specialty Contrac	ting			
Street Address			0.000		negoti samara	Street	Address				
515 Grove Street Suite 1B						98 La	Crue Avenue				
City, State, Zip Code			20			City, S	State, Zip Code				
Haddon Heights NJ						Glen N	Mills, PA 19342				
Project Manager of Monitoring Alan Lloyd	Firm			Telephone 856-547-05			hone Number 64-9622		Licen 1103	ce Numl	oer
Scheduled Start Date (10)		Sche	d. Cor	l npletion Date	(11)	Name	of OSHA Monitor				
10/29/13		Car	u. 001	12/31/13	(11)		ion Labs				
Month/Day/Year			М	onth/Day/Yea	ar						
Occupancy Status During Abate	ment (Check o	nly on				Street	Address				
Facility Closed/Vacated l	During Entire	Period	of Ab	atement		3370 I	Progresive Drive				
x Abatement Performed O			cility			City, S	State, Zip Code				
Hours - Describe: 7	:00 AM to 3:3	0PM				Bensa	lem PA 19020				
Other - Describe:		27.22.42			_						
Scope of work (Check all that ap	ply)						Full Containment wi	th Negative	e Pressi	ire	
Demolition			x	Renovation	n	x	Mini - Enclosure				
x > 3 sf or > 3 if						x	Glovebag Procedure				
>160 sf or >260 lf							Non-Friable Procedu	ire			
	T	Is					1	Ab	atemen	t Type	
Location of	Lo	catio	1		ription of					E	E
Asbestos - Containing	1 1111	rmally	Y	variable of the second second	os-Containing		Amount	R		N	N
Material (ACM)	4	sed			rial (ACM)		(Specify	E	R	C	C
TO BE ABATED	1	olely			ermal systems		SF or	M	E	A	L
In Facility		Main			, surfacing, VAT	,	LF)	O V	P	P	0
(13)	100	nance/ stodia		or other	miscellaneous)			A	A	U	S U
	100000	ff (12						L	R	L	R
	_	No	N/A						"	~	E
Manhole - Old Graduate College			1	pipe insula	tion debris	200	8 SF	x			
	_	1							+	-	
		-	-					_	1	-	-
N			NI TO	CD W-	lo-u.v.		N SP 11	[_		<u> </u>
Name of Registered Waste Haul	er		STATE OF STATE	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered	Landtill			
Horizon Disposal			1 Au	10 110.	or waste		GROWS				
City, State		Disposal Date		City, State		_					
Trenton NJ					As needed		Morrisville PA				
Completed By (Print or Type)			Title	M		Signat	are Sulface			Date	
Mark Goshow	ct Manager		1/1	AAIN MINTELL			17-1	4			

State of New Jersey

No well

NOTIFICATION OF ASBESTOS ABATEMENT-

(Pursuant to NJAC 8:60-7 and 12:-120-7)

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Date of Notification (1) 08/16/13					Name of Bi Princeton I	uilding Owner/C University	Operato	**************************************	מרח זיי						
Month/Day/Year								Fin (SEP 13;	2013	, last	//			
Agency Notified	Type Notif	icatio	n		Street Add	ress		i		100000	100				
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						Y INFORMAT	TON		-						
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Name of Facility Where Abat	ement is Tak	ing P	lace (3)				Type of Facility							
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								Subcha	pter 8 (Other	than K	12)				
Street Address					11		20011500	x Other	(i. e. Private &	comme	rcial				
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Princeton						(STATE USE ONLY	r)	Current Use (Pr	ior if being der	nolished	1)				
								University		w-v					
Name of Monitoring Firm Hi	red by Build	ing O	wner	(8)		ASCM No.	Name	of Abatement Con	tractor (9)						
Pennoni Associates Inc		700					Assoc	iated Specialty Cor	itracting						
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Street Address								Address							
515 Grove Street Suite 1B							98 La	Crue Avenue							
C. C. C.							6	Di		-					
City, State, Zip Code								State, Zip Code							
Haddon Heights NJ							Glen I	Mills, PA 19342							
Project Manager of Monitori	ing Firm				Telephone	Number	Telen	hone Number		Licenc	e Numb	er			
Alan Lloyd				856-547-05			64-9622		1103						
Alan Lloyd					030-347-03	703	010-3	04-7022		1103					
Scheduled Start Date (10)			Sche	d. Con	npletion Date	(11)	Name	of OSHA Monitor							
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Scope of work (Check all that	apply)							Full Containmen	at with Negative	e Pressu	re				
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	TANK NO. 14044 COM.					of Waste		CDOWS							
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Trenton NJ						As needed		Morrisville PA							
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Mark Goshow	257			Proje	ct Manager		4	Mr. hA	1.		19-	17-			
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ABS-41

JUN 95

New OH

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

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Date of Notification (1)					Name of B	uilding Owner/C	Operator	r (2)	(1) E	11	=,!;	
08/16/13					Princeton	University		1				
Month/Day/Year		14							255	0010		
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		ance	citatio			TY INFORMAT	TON					
Name of Facility Where Abaten	nant is Takin	na Di	(2)	FACILIT	THUOMIA	TOIN	Type of Facility	(4)			
Princeton University - Old Gr				935	in Manbole			School	(K12) apter 8 (Other	than K	12)	
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Across from parking lot 11									ings, homes, et			
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Name of Monitoring Firm Hire Pennoni Associates Inc	d by Buildin	ig O	wner	(8)		ASCM No.	The second second	of Abatement Co iated Specialty Co	reflections and filters and account			
Street Address							Street	Address				
515 Grove Street Suite 1B							98 La	Crue Avenue				
City, State, Zip Code Haddon Heights NJ								State, Zip Code Mills, PA 19342			565	
Project Manager of Monitoring	g Firm				Telephone			hone Number			ce Numl	oer
Alan Lloyd								64-9622		1103	3	
Scheduled Start Date (10)			Sche	d. Con	npletion Date	(11)	Name	of OSHA Monito	г			
10/29/13					12/31/13		Criter	ion Labs				
Month/Day/Year		\perp			onth/Day/Yea	ar	l			+		
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Demolition	ppiy)			x	Renovation		x	Mini - Enclosur		C 1 1 C330		
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>160 sf or >260 lf								Non-Friable Pro				
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TO BE ABATED			lely			ermal systems		SF or		E	A	L
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Name of Registered Waste Hau	ler			100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards of Waste		Name of Registe	ered Landfill			
Horizon Disposal						1		GROWS				
City, State						Disposal Date		City, State				
Trenton NJ						As needed		Morrisville PA				
Completed By (Print or Type)				Title	at Mar		Signat	Tacket	1.		Date 9/	2. 12
Mark Goshow		rroje	ect Manager		11	IMPLE.	wen		7-1	143		

ABS-41

JUN 95

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60-7 and 12:-120-7) Name of Building Owner/Operator (2) Date of Notification (1) 08/16/13 Princeton University 13 Month/Dav/Year Type Notification Street Address Agency Notified P.O. box 2158 EPA Initial DEP Notification City, State, Zip Code Princeton NJ 08543 Amended DCA x - # 2 DOH Notification Name of Contact Telephone Number Robert Otego Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University - Old Graduate College -Steam lines in Manhole School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial buildings, homes, etc.) Across street from Princeton Seminary Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) N/A 100 + Princeton Current Use (Prior if being demolished) (STATE USE ONLY) University Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Associated Specialty Contracting Pennoni Associates Inc Street Address Street Address 515 Grove Street Suite 1B 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Glen Mills, PA 19342 Haddon Heights NJ Project Manager of Monitoring Firm Telephone Number Telephone Number Licence Number 610-364-9622 856-547-0505 Alan Lloyd 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10/29/13 12/31/13 Criterion Labs Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address 3370 Progresive Drive Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: 7:00 AM to 3:30PM Bensalem PA 19020 Other - Describe: Full Containment with Negative Pressure Scope of work (Check all that apply) Demolition Renovation x Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Is Abatement Type Location of Location Description of E E Asbestos - Containing Normally Asbestos-Containing R N N Amount Material (ACM) (Specify E R C C Material (ACM) Used M E SF or A L TO BE ABATED Solely (ie. Thermal systems P P 0 0 In Facility by Maininsulation, surfacing, VAT, LF) tenance/ or other miscellaneous) V S S (13)A Custodial A I U U Staff (12) R L R T. Yes No N/A 4 LF Manhole outside park deck near seminary x pipe insulation Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Horizon Disposal GROWS City, State Disposal Date City, State Morrisville PA Trenton NJ As needed Completed By (Print or Type) Title Signature Mark Goshow Project Manager

Date of Notification (1)

State of New Jersey

1200-200	FIFICATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60-7 and 12:-120-7)			(C)	E		\mathbb{V}	
	Name of Building Owner/Operator (2) Princeton University			SEP	1	3	2013	
	Street Address	1	11					1
	P.O. box 2158	1	ļ.,,,,,	44,17	- 3			
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08/16/13		Princeton	University		11.	CED	1 3 2	013	1		
Month/Day/Year					-			SEF	1 3 4	010	- William
Agency Notified	Type Notificat			Street Add			k				أـــ
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				FACILIT	TY INFORMAT	TION					
Name of Facility Where Abate Princeton University - Old G				in Manhole				y (4) d (K12) napter 8 (Othe	rthan K	12)	
Street Address							100 Earling 100 Co. 10	(i. e. Private		rcial	
Across street from Princeton	Seminary						Square Feet	# of Floors	Bldg.	Age	
City (5)	Cor	unty (6)		County Code	(7)	N/A	0	100 +		
Princeton					(STATE USE ONL)	Y)	Current Use (I University	rior if being de	molished)	
Name of Monitoring Firm His Pennoni Associates Inc	red by Building	Owner	(8)		ASCM No.	E-10110-1010-101	of Abatement Co lated Specialty C				
Street Address 515 Grove Street Suite 1B	(W)			A STATE OF THE STA		100 C	Address Crue Avenue				
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342				
Project Manager of Monitoria	ng Firm			Telephone	Number		hone Number		Licena	e Numl	ner
Alan Lloyd	ng ru m			856-547-05			64-9622		1103		,
Scheduled Start Date (10) 10/29/13		Sche		npletion Date 12/31/13	101 A. M. A. C. S. S. M.	1	of OSHA Monitorion Labs	or			
Month/Day/Year		_i		onth/Day/Yea	ar	-					
Occupancy Status During Aba				atamant			Address Progresive Drive				
Facility Closed/Vacate x Abatement Performed				atement		1	State, Zip Code				
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Hours - Describe: Other - Describe:	_ /.00 ANT 10 3.	301 W				Deusa	ICIII I A 17020				
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Scope of work (Check all that	apply)			D				ent with Negati	ve Pressu	re	
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x >3 sf or >3 if						x	Glovebag Proc				
>160 sf or >260 lf							Non-Friable P				
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Name of Registered Waste Ha	uler		NJD	EP Waste	Cubic Yards		Name of Regis	tered Landfill			
Horizon Disposal			Haul	er ID No.	of Waste		GROWS				
City, State		-			Disposal Date	:	City, State				
Trenton NJ					As needed		Morrisville PA				
Completed By (Print or Type)			Title			Signat	ture in			Date	
Mark Goshow		ect Manager		177	are willed	un			43		

ABS-41

JUN 95

State of New Jersey

Nochoole					TIFICATION	OF ASBESTO: AC 8:60-7 and	S ABATI	EMENT E	GEI	<u> </u>		
Date of Notification (1) 08/16/13					Name of B Princeton	uilding Owner/ University	Operator	ACTORN ALCOHOLDS	SEP 13	2013		肌
Month/Day/Year Agency Notified	Type Notifi	catio	m		Street Add	lress		- 	convenience de servi		\dashv	-
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		Canc	ellatio	on	Robert Ot	ego						
			-		FACILIT	TY INFORMAT	TION			_	-	
Name of Facility Where Abate Princeton University - Old G Street Address		_			s in Manhole							X
Near College Road West - mar	nhole								ngs, homes, etc # of Floors	Bldg.	Age	
City (5)		Coun	ty (6)		County Code	(7)	N/A	0	100+		
Princeton	1					(STATE USE ONL	Y)	Current Use (Pri	or if being der	nolished	1)	
Name of Monitoring Firm Hir Pennoni Associates Inc	ed by Buildin	ng O	wner	(8)		ASCM No.		University of Abatement Contated Specialty Con				
Street Address 515 Grove Street Suite 1B						1	174600000	Address Crue Avenue				
City, State, Zip Code Haddon Heights NJ							100000000000000000000000000000000000000	State, Zip Code Mills, PA 19342				
Project Manager of Monitorin Alan Lloyd	ng Firm				Telephone 856-547-05			ione Number 64-9622		Licena 1103	ce Numb	er
Scheduled Start Date (10) 10/29/13		0.00	Sche	d. Co	mpletion Date	35 55		of OSHA Monitor				
Month/Day/Year				N	Ionth/Day/Ye							
Occupancy Status During Aba Facility Closed/Vacated			0.550		batement			Address Progresive Drive				
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Scope of work (Check all that a Demolition	apply)			x	Renovation	n	x	Full Containmen Mini - Enclosure		Pressu	re	
x >3 sf or >3 if >160 sf or >260 lf							x	Glovebag Proced				
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Name of Registered Waste Ha Horizon Disposal	uler			Commence of	EP Waste ler ID No.	Cubic Yards of Waste		Name of Register	ed Landfill			
City, State						Disposal Date		City, State				
Trenton NJ						As needed		Morrisville PA				
Completed By (Print or Type) Mark Goshow		Title Proj	ect Manager		Signat	ure Mark Ss	hun		Date 97	7-17		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT.

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Date of Notification (1)					Name of Du	ilding Owner/C	\	- (2)				11
09/12/13 Month/Day/Year					Princeton U		perato	30 A COMPA	132	2013		
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DOH	1	Notif	ficatio	n	Name of Co	ontact		lTele	ohone Nu	mber_		
	C	ance	llatio	n	Robert Ote	go						
					FACILIT	Y INFORMAT	ION	15.				
Name of Facility Where Abate Princeton University 87 Pro					room			Type of Facility (4) School (K1 Subchapter 8		than Ki	12)	
Street Address								x Other (i. e.				
Main Campus								buildings, l				
City (5)	Ic.	ount	y (6)	60		County Code (7)	20000	4	50+	.e.	
Princeton		ount	.y (0)			(STATE USE ONLY	100,000	Current Use (Prior if University)	
Name of Monitoring Firm Hir Pennoni Associates Inc	ed by Building	g Ov	vner	(8)		ASCM No.	0 6970	e of Abatement Contractoriated Specialty Contract				****
Street Address							Stree	t Address				
515 Grove Street Suite 1B								Crue Avenue				
City, State, Zip Code Haddon Heights NJ								State, Zip Code Mills, PA 19342				
Project Manager of Monitorin Alan Lloyd	g Firm				Telephone N 856-547-050			hone Number 64-9622		Licenc 1103	e Numb	er
Scheduled Start Date (10) 09/27/13			Sche	l. Com	pletion Date 10/23/13	(11)		e of OSHA Monitor				
Month/Day/Year		- 1		M	onth/Dav/Year	•						
Occupancy Status During Abar Facility Closed/Vacated				e)				t Address Progresive Drive				
x Abatement Performed	Outside of No	orma	al Fac	ility			City,	State, Zip Code				
Hours - Describe: Other - Describe:		00 P	M					alem PA 19020				
Scope of work (Check all that a	nnly)						Ц	Full Containment with	Negative	Pressur	-e	
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>3 sf or >3 if						10		Glovebag Procedure				
x >160 sf or >260 lf							x	Non-Friable Procedur	e			
			Is						Ab	atement	Type	
Location of		Loc	ation		Descr	ription of				T	E	E
Asbestos - Containing	1	Norr	mally			s-Containing		Amount	R		N	N
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TO BE ABATED		Solo				rmal systems		SF or	M	E	A	L
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Basement electrical room		1,	x		floor tile &	MASTIC		24 SF	x			$\overline{}$
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		4										
9					CP Waste er ID No.	Cubic Yards of Waste		Name of Registered L	andfill			
Horizon Disposal						5		GROWS				
City, State						Disposal Date		City, State				
Trenton NJ						As needed		Morrisville PA				
Completed By (Print or Type)				Title	2.3		Signa	ture & d			Date	_
Mark Goshow				Proje	ct Manager		111	KSo hure			7-1-	1-13

ABS-41

JUN 95

CX 31461

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

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Date of Notification (1) 09/12/13				Name of B	uilding Owner/C University	Operato	r (2)	_ Un 15_	t!	W E	-	
Month/Day/Year				L				i i			111	!!!
Agency Notified	Type Notificati	on		Street Add	ress		55	SEP 1	3 2	2013	1	71
EPA	x Initi	al		P.O. box 21	158			OL: I		-0.0	1	
DEP	Not	tificatio	on	City, State	, Zip Code						ě	
DCA	Ame	nded		Princeton !	NJ 08543						R	-
DOH	No	tification	n	Name of Co				Telephone	Nur	mber	-	1
2011	1000	cellatio	1100	Robert Ote				1		-		
Market Commence of the Commenc	Can	cenauc	ш	and a market and a				<u> </u>	_	-		
				FACILIT	TY INFORMAT	TON						2
Name of Facility Where Abate Princeton University - Roper			3)					I (K12)		4 V1	12)	
St								apter 8 (Ot (i. e. Privat				
Street Address								The second of the second of the second			CIAI	
Roper Lane								lings, homes		_	steening	
			_				Square Feet	# of Floors		Bldg. A	.ge	
City (5)	Cou	nty (6)	1		County Code		N/A	0		100 +	000	
Princeton	1				(STATE USE ONLY	r)	Current Use (P	rior if being	dem	olished))	
							University				- 16	
Name of Monitoring Firm Hir	ed by Building ()wner	(8)		ASCM No.	Name	of Abatement Co	ntractor (9)				
Pennoni Associates Inc						Assoc	iated Specialty Co	ntracting				
6						-						
Street Address							Address					
515 Grove Street Suite 1B						198 La	Crue Avenue					
City, State, Zip Code						City. S	State, Zip Code					
Haddon Heights NJ							Mills, PA 19342					
						-			10000		** .	
Project Manager of Monitoria	ig Firm			Telephone			hone Number				e Numb	er
Alan Lloyd				856-547-05	505	610-30	64-9622			1103		
Scheduled Start Date (10)		Sche	d Cor	npletion Date	(11)	Name	of OSHA Monito	r				-
		Sche	u. Con		, (11)		rion Labs	(* /)				
09/26/13				12/31/13		Criter	rion Labs					
Month/Day/Year				onth/Day/Yea	ar	1			_			
Occupancy Status During Aba							Address					
Facility Closed/Vacate	d During Entire	Period	of Ab	atement		-	Progresive Drive					
x Abatement Performed	Outside of Norm	nal Fac	ility			City, 8	State, Zip Code					
Hours - Describe:	7:00 AM to 3:3	0PM				Bensa	lem PA 19020					
Other - Describe:												
						Ш						
Scope of work (Check all that	apply)						Full Containme		itive	Pressui	re	
Demolition			X	Renovation	n	x	Mini - Enclosu	re				
x > 3 sf or > 3 if						x	Glovebag Proce	edure				
>160 sf or >260 lf							Non-Friable Pr	ocedure				
		-					Tion-Triable Ti	- I			T	
22 1 200 200 200 200 200 200		Is						-	Ab	atement		
Location of		ocation		1,000	cription of				20		E	E
Asbestos - Containing	0.000	rmally			os-Containing		Amou	2.60	R		N	N
Material (ACM)	τ	Jsed			rial (ACM)		(Speci	-	E	R	С	C
TO BE ABATED	S	olely		(ie. The	ermal systems		SF or		M	E	A	L
In Facility	by	Main	2	insulation.	, surfacing, VAT	۲,	LF)		0	P	P	0
(13)		nance/			miscellaneous)				V	A	S	S
()		stodia			,			1 2	A	I	U	U
	100000	aff (12)		ł					L	R	L	R
		No	N/A	1					_	-		E
Steam Tunnell	X	1110	14/22	pipe insula	tion	-	270 LF	х	-			
Steam Funnen				pripe insula				^				
		+	_				1					
					The second second						277.722.00	
			2	ED III	lo ii ii i		No.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_			
Name of Registered Waste Ha	uler			EP Waste	Cubic Yards		Name of Regist	ered Landfil				
			Haul	er ID No.	of Waste		an arre-					
Horizon Disposal					40	8	GROWS					
City, State					Disposal Date		City, State					
Trenton NJ					As needed		Morrisville PA					
			La			_		n .				
	Completed By (Print or Type) Title					Signa	ture /	/			Date	-71
Mark Goshow			Proje	ect Manager		11/	all Su	un			4	117
			1 / 1/						-			

Date of Notification (1)							g Owner/Operator		1.5 (.5)					
September 09, 201	3				Newa	rk Boa	rd of Educati	on	W <u>传</u>	1001				
Agency Notified	Type No	otification			Street /	Address								
□ EPA	│ │ □ Initia	Ĭ				dar Stre		012	1 2 22	111				
Not required per State Reg. 10.2004	⊠ Ame	nded			City, St	ate, Zip (Code		. ~ ZUI3 .	-H				
⊠ DOL		endment # 1			Newa	ırk, NJ	07112	-						
⊠ DOH		rgency (including fication)	9		Name o	of Contac	t		Telephone Num	nber [
☑ DCA		cellation			Benja	amin O	lagadeya		!	Å				
					FACIL	ITY INF	ORMATION	-	-					
Name of Facility Where	Abatemer	nt is Taking Place	e (3)					Type of Facility	(4)					
Mount Vernon Sch		-						School (K-12	1					
Street Address								☐ Subchapter 8	(Other than K-1 2					
142 Mt. Vernon Pl	ace							Other (i.e. pri	ivate & commercia	al building	gs,			
City (5)								Square Feet	# of Floors	Bldg.	Age	!		
								75,000	2	70 +				
Newark, NJ 07106					County	Codo (7) (STATE USE		or if being demol	- 15/45 C	<i>i</i> -			
County (6)					ONLY)	Code (7) (STATE USE	93	ioi ii being demoi	isticuj				
Essex				10011			No. of Abeter	Education	N					
Name of Monitoring Firm			- P	ASCM			POTATORNO DI CANDINA CANCALLA	nent Contractor (9						
Whitman environn	nental	& Engineerir	ng	0011	0			storation Co.,	inc.					
Street Address							Street Address							
7 Pleasant Hill Ro	ad		1020		- 12		223 Randol							
City, State, Zip Code							City, State, Zip (
Cranbury, NJ 0851			-				Clifton, NJ (07011			_			
Project Manager for Mon	itoring Fi	rm		lephor			Telephone No.		License No.					
Kevin Lovely					0-585	8	973-478-468		00120					
Start Date (10)							Name of OSHA			^				
September 20, 201								vironmental S	services, L.L.	C.				
Occupancy Status Durin	g Abatem	nent (Check only	one)				Street Address							
☑ Facility Closed/Vacate	ed During	Entire Period of	Abat	ement				Brook Avenue)			_		_
☐ Abatement Performed ☐ Other - Describe:	Outside	of Normal Facili	ty Ho	urs			City, State, Zip (
							Lynanurst,	NJ 07071-199	18					_
Scope of Work (Check a	ii that app	oly)						Containment with	Negative Pressui	re				
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$					Ren Dem Dem Ren Ren			-Enclosure						
□ ≥ 160 sf or ≥ 260 lf					□ Delli	ontion	⊠ Glov	rebag Procedure -Exempted (*) and	l Non-Friable Pro	cedure				
		50	le	Locati	ion						Α	bate		nt
		-		Normal							-	IУ	pe	
Location Asbestos-Containing		al (ACM)		d Sole		Ashe	Description stos Containing M		Amount				т	
TO BE A		ar (AOIII)		intena iustodi			., thermal systems	insulation,	(Specify		Re	Z	Encapsulate	Enclosure
IN Fac				Staff?			surfacing, VA other miscellan		SF or LF)		Removal	Repair	psu	uso
(13))			(12)			other miscentin	cous,			a	₹.	ate	e
			Yes	No	N/A									
1st floor corridor ou	ıtside m	edia Center		X		Ther	mal Systems	Insulation		18 LF	X			
Name of Registered Was	ste Haule	er	NJ	DEP V	Vaste H	lauler	Cubic Yards of	Name of Regis	tered Landfill					
B&N&K Restoration			ID	No.			Waste							
Two Brothers Con			12	2695	/ 1874	13	3	Minerva Ei	nterprises, In	С.				
City, State							Disposal Date	City, State	102000		N/A			
Clifton, NJ 07011	/ Cliftor	n, NJ					09/23/13/	Waynesbu	rg, OH					
Completed by		Title	7.0		24 (1704)		Signature			Date				
Aleksandar Kurida	za	Vice-Presi	dent				1 pm	7 /		9/9/2	013	3		

0/20 404

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				f Building C			-19		79.1			
Date of Notification (1) September 10, 20	September 10, 2013									1,	100	
	on Notification ded Notific		Street A			orth Ocean A	venue	SEP 13	2013	ì		
[x] DOL Amend	dment # ency (inclu			ate, Zip Cod		e Park, NJ 08	62.7					
[X] DOH justific			Name of	f Contact Denise	Rosetto	E	Telep	hone Number				
		FAC	CILITY	INFORM	ATION							
Name of Facility Where Abatement is Taking I Residence	Place (3)					Type of Facili] So	chool (k-12) ubchapter 8 (oth	er than	k-12)		
123 West Tarpon V							ho	ther (i.e., privat omes, etc.)			al build	lings,
City	County (6	6)	County C (STATE	Code (7) USE ONLY	0	Square feet 700 sf		of Floors	-	Age 6	0	
Toms River (Ocean Beach 3)	Ocean		10001			Re	esidence	ng demolished)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM N	NO.				Contracting,	Inc.			
Street Address					Street Ad	18	89 Rout	e 9, Unit 61				
City, State, Zip Code							oms Rive	er, New Jerse		755-1:	271	
Project Manager for Monitoring Firm		elephone Number			732-34			License N 00624	umber			
Scheduled Start Date (10) 09/10/2013		cheduled Complet 09/11/2013	tion Date (1	11)	Name of	OSHA Monitor E.	M.S.L.	Analytical				
Occupancy Status During Abatement (Check o [X] Facility Closed/Vacated	During En				Street Ad		56 Stelt	on Road				
Abatement Performed C Other – Describe	Outside of N	Normal Facility H	ours		City, Star	te, Zip Code Pi	scataway	y, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]			n Negative Pres	sure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf]	[] Renov			[] [x]	Mini-Enclo	rocedure	d Non-Friable I	Procedu	ure.		
[x] 2100 31 01 2200 11		[X] Demo			[1	140II-EACIII	pica () an	d Ivon-I Habie I				
						•			Abat	ement	Гуре	
Location of		Location rmally used			Description bestos-Cor			Amount	R	R	Е	E
Asbestos-Containing Material (ACM)		Solely by			Material (A			(Specify SF	E	E P	N C	N C
TO BE ABATED	Mainter	nance/Custodial		(i.e.	, thermal	systems		or LF)	M O	Α	A	L
in facility		Staff		inst	lation, su				v	I R	PS	OS
(13)		(12)		oth	VAT, of er miscella		- 1		A	K	U	U
.8	YES	NO N/A							L		L E	R E
Exterior		X	Asbe	stos sidin	g			1150 sf	Х			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJI	DEP Waste Haule 20223	r ID No.	Cubic Ya	rds of Was	te Name of I T.R.R		Landfill				
City, State Toms River, New Jersey			osal Date 2/2013		City, St Tullyt	ate own∤Pennsyl	vania				-1-3000	
Completed by (Print or Type) Nicholas Fernicola	Title Signature					Le	1		Date 9/10	0/201	3	



CK 3560

Date of Notification (1) 9/9/13					Building Ow ragusa P							-]				
Agencies Notified	Type Notification			reet Add			1 17				7.9	i				
EPA DEP DOL	Initial Amended Amendment				e, Zip Code awkin NJ		50	SE	P 13	ŹŪIJ						
DOH DCA	Emergency (i justification) Cancellation	ncluding	1	ame of C	Contact		-	4.		Telej	ohone Nu	umber	a			
				FACIL	ITY INFOR	MAT	ION				- unecessaria	الميد		1000		
Name of Facility Where A Tony Siragusa Priva		Place (3)						Sc St	Facility (4 chool (K-12 ubchapter 8	2) B (Othe	r than K-	12)				
900 Millcreek								et								š,
City (5) Manahawkin NJ 08	050		1990 : 21 :5					Square 1000		1	Floors		Bldg 35	g. Ag +	e	
County (6) Ocean)		C	ounty C	ode (7) SE ONLY)			Current	t Use (Prio	r if bein	g demoli	ished)				
Name of Monitoring Firm	n Hired by Building (Owner (8)	_	ASCM	No.		201 12000000000000000000000000000000000	of Abate	ement Conf	tractor (9)		-			
N/A Street Address					•		3 3 33.00	Address			-					
1						11-11-72		30x 329								
City, State, Zip Code								tate, Zip t Berlin	Code NJ 080	91						
Project Manager for Mon	nitoring Firm		T	elephon	e No.			none No 753-98			License 00727					
Start Date (10) 9/10/13		Scheduled 9/16/13		pletion D	Date (11)		Name same		A Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One	9)				Street	Address	S							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I ned Outside of Norn	Period of A nal Facility	bateme Hours	ent		l	City, S	State, Zip	Code							7
Scope of Work (Check /																
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovat emoliti					Mini	Containmoni-Enclosure vebag Production	e cedure					4	
		Т.						1401	LXCIIIpto	2 () 41.1				bate	ment	
Location Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED cility	Use Mai	vaintenance/ ustodial Staff? (12)			os Co therm sur	escription entaining la al system facing, Var miscella	Material ns insula AT, or		(5	mount Specify or LF)	Zellove	Demoval	Ty Repair	e Encapsulate	Enclosure
Exterior	Siding	Yes No N/A				Ex	terior S	iding		8	00 Sf	+	+			
Exterior	Olding		 ^ - - - - - - - - 													
Name of Registered W	aste Hauler	NJDEP Waste Hauler ID No.				0.7507633	ic Yards Vaste		Name of G.R.O.		ered Lan	dfill				
United Containers			1000	2459		2			0.00040.000.000				_			
City, State Elm NJ							oosal Dat 6/13	e	City, Sta Morris		A 1906	_				
Completed by Anthony T Perna		Title Presi					Signatu	re				Date 9/9/1	13			

Check # 8350

Date of Notification (1)	ate of Notification (1) September 10, 2013				of Buildir		er / Op	erator (2			W IS	7557	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Agencies Notified	Type Notification			_	Address	ou .		- 10	-1	47 1					
□EPA □DEP	3,000.0			1 Was	hington	Street			SEP	1 3 ;	2013				
⊠DOL				City, S	tate & Zij	Code		1	•						
⊠DOH	Amend	led Iment #			Hill, NJ		3	1	!		لىر. يىلى يە	ā ļ			
DCA	Cancel	llation	3	Name	of Contac	ct						Telepho	ne Nu	mbe	er
	V24326300			Jim Ka	alafsky							1			
				FAC	CILITY	INFO	RMA	TION							
Name of Facility Wher Bank of America	e Abatement is	Taking F	Place (3)	Ą				of Facilit School (F							
Street Address								Subchap	ter 8 (Other tha	n K-12)					
1 Washington Street									e., private &					tc.)	
City (5)							Squa	re Feet 3,200	# of F	loors + Baser		Bldg. Age	44		
Rocky Hill, NJ							Curre		Prior if being de				77		
C (C)		- 10		(77)			Bank								
County (6) Somerset			ounty Code												
Name of Monitoring Fi			ner (8)		ASCM	No.			ement Contract	tor (9)					
Environmental Testir Street Address	ig Consultants	, LLC			1			tech, Inc							
One Mall Drive, Suite							829 F	Radio Ro	ad						
City, State & Zip Code Cherry Hill, NJ 08002							City,	State & Z	Zip Code rbor, NJ 0808	7					
Project Manager for M			Те	lephone N	lumber			hone Nu			License N	Number			
Howard Zenobi	(40)			856-482-1311				96-6916				0081	7		
Scheduled Start Date September 21,		cheduled	Completi Octob	on Date (1 er 21, 201				e of OSH. tech, Inc	A Monitor						
Occupancy Status Dur Facility Close	ing Abatement d/Vacated Durir	(Check on Entire	only one)				Stree	t Address Radio Ro	S						
	erformed Outsid	le of Nor	mal Hours	\$			City,	State & Z	ip Code						
Other – Desc							Little	Egg Hai	rbor, NJ 0808	7					
	pied During Aba	tement													
Scope of Work (Check	ali that apply)							_	Full Containme		legative P	ressure			
≥3 sf or ≥ 50 lf	ıe			Renovation					Mini-Enclosure						
≥160 sf or ≥260	IT		Ц	Demolitio	n				Glovebag Proc						
Loca	ition of		Is Locati	on Norma	lly Used			Description	Non-Exempted	i() and r	Non-Friable		atem	ent T	Type
Asbestos-Contair	ning Material (A	CM)	Solely b	y Mainten	ance or		Asb	estos-Co	ntaining		ount (Spec				. , , , ,
	ABATED acility		Custo	dial Staff?	(12)			faterial (A thermal		'	SF or LF)	-	_		
	13)						insulat	ion, surfa	cing, VAT			Z.		Enc.	g
							or otn	er misce	llaneous)			Removal	Repair	aps	Enclosure
			Yes	No N/A								val	Ŧ	Encapsulate	ure
Pacament								El	ilo.		2 000 05	х			
Basement Basement	X				F	Floor T		+;	3,000 SF 75 LF	$-\hat{x}$					
Name of Registered W	istered Waste Hauler NJDEP Waste Cubic Yard Hauler ID No.			ards of	f Wast	e	Name of Regi	stered La	andfill						
Synatech, Inc. 27429 35						Grows Landf	ill								
City, State Disp			Dispos	al Date			City, State								
Little Egg Harbor, NJ 08087				er 22, 20	013		Morrisville, P	A							
Completed By Title				Signatu	ire		101	1	Date						
Diane Aloia	Executive Administrator				la	ue l	Ula.	a	Septem	ber 10, 2	013				

20 20

ν.		(Pur:					-		^==	-				11
Date of Notification (1)		T	Nan			mer/Operati	AR	D	. SEP	13	2013	i		
O -	-10-13		_	010	2			1.				ì		and the same of th
Agencies Notified '	Type Notification	1	Stre	200	AT	ALIN	/A	DR.			-		=	
☐ EPA □ DEP	☑ Initial ☐ Amended	ł	City	, State, Zi			V. J	0872	3	t o file				ل
DOL	Amendment # Emergency (included)	ing	_	BR	101	5_1	10	- / T	elenhone N	mher				å
☐ DOH	justification) Cancellation		Nau	me of Cor	Maci.	PLAC	KI	5 1	_					4
□ DCA	L Cancenson.		_	ACILITY				/		/				1
	. Taldes Pl	200 [3]		ACILITY	100			ype of Facility (4)						L
Name of Facility Where	Abatement is Taking Pla	200 (U)] School (K-12)] Subchapter 8 (Other than	K-12)				1
Street Address	100/11/0	7	01	V=			[Other (i.e., priva	the 2 comm	nercial Di	ilding:	5.		
Street Aud 2	ATALINA	Do	</td <td>12</td> <td></td> <td></td> <td>=+;</td> <td>Square Feet</td> <td># of Floors</td> <td>1</td> <td>Blug.</td> <td>Myle</td> <td></td> <td>1</td>	12			=+;	Square Feet	# of Floors	1	Blug.	Myle		1
City (5) 20	ICK						1	1300			570		_	4
1	ICA	===	To	County Co	de (7)	(STATE	1	Current Use (Prior	CAN	moisned	1)			
County (6) OCL	EAN		1	JSE ÓNLY	n _	- 645		10 - tonetor (0)						1
Name of Monitoring Fire	m Hired by Building Own	ner	AS	CM No.	1	Name of AD		K (ND	USTI	RIE	<u>S</u>	//	<u> </u>	
(8)			_		=	Street Addr	ess /	1504	700	11-				
Street Address								ATICK	IRM				_	+
Toda			_			City, State,	Zip Co	de /	VJ.	08	7.	24		_
City, State, Zip Code					= -	Telephone I		<u>-/\</u>	License	No.	10	/		٦
Project Manager for M	lonitoring Firm	T	elept	one No.		132-	899	7499		011	91	2_	_	=
		led Com	oletic	n Date (1	1) /	Name of OS	SFIA M	lonitor			,			
Start Date (10) 9-2	0-13 50	-20	9 -	13	1.							===	_	ᅱ
Charles Di	ming Abatement (Check	only on	e)			Street Add	iress				7000			_
		DU UI PAL	Contract of the last	ent	1	City, State,	Zin Co	nde						
☐ Abatement Perform	med Outside of North	Grant's .	lours			Cay, Casa,						_	_	=
Other - Describe:			_				- Con	ntainment with Ne	gative Pres	sure				1
Scope of Work (Chec	CK all dier alphy)	Reno	watin	ın.			Aini-Enc	closure						1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f	Dem	olition	1			Sloveba Von-Ex	ag Procedure empted (*) and No	on-Friable F	rocedure				\dashv
		Isla	cation	n T							A	Typ		
		Non Used S	mally	c bur		Descri	ption of	r			H	T		\neg
Locati Asbestos-Containi	ion of	Maint	enant	ce/	Asbes	tos Contain thermal sy	ina Ma	terial (ACIVI)	Amou (Spec	ify	공	20	nca	Enc
TO BE A	ABATED		todia aff?	•	(Le.,	et infattifit	n VAI	. 01	SFor	LF)	Removal	Repair	Encapsulate	Enclosure
	acility (3)	(12)	-		other misc	Censure	ous)					ate	ei e
		Yes	No	N/A					130	1-7	V			
13W	TRANSITE			V	Si	DINC		SHINGLES	100		+		_	-
1300	TRAINGUIL			_					-		+	-		
									-		+	\vdash		
						1 Cubic Ya	ords.	Name of Re	gistered La	ndfill		-		
Name of Registere	d Waste Hauler	1.,		NUDEP WA	No.	of Waste	_	GIR	2.0.	WIS	>			
BRICK	d Waste Hauter	. ///	<u> </u>	2166	52	Disposa	I Date	City, State	20					A
City, State	V NEW JE	RSI	EY	/					IH	-	_	_	_	
IDKICI	K. NEW JE PLACKIS	e	/			Sign	risture	2		Date	-10	_	13	
Completed by	PLACKIS	1	R	53			\leq			1-/-				
			7.1											

Date of Notification (1) September 10, 201	3	10.00	Name of Karl La	Building Ow uer (ner/Operato Check # 6						1 1			
Agencies Notified	Type Notification		100	Street Ad 202 Riv	ldress verbank S	treet		St	Đ	3 2013	,	J		i
EPA DEP DOL	Initial Amended Amendment				e, Zip Code ton, NJ 08	3016	-				الد. غد ــ			
➤ DOH DCA	justification) Cancellation		1000	Name of Karl La					Tele	phone Num	nber-	PE SPECIFIC	5	-
				FACIL	ITY INFOR	MATION								
Name of Facility Where Lauer Residence	Abatement is Takin	g Place (3)						of Facility (4) School (K-12)		- than 1/ 10	N.			
Street Address 202 Riverbank Ave	nue	P-75-1					×	Subchapter 8 Other (i.e. privetc.)			al build			s,
City (5) Burlington, NJ 080	16						2,00		4	Floors	2	ldg. A 00	ge	
County (6) Burlington	, s			County C	Code (7) USE ONLY)			ent Use (Prior idence	if bein	g demolish	ied)			W.
Name of Monitoring Firm Mangement & Envi				ASCM	l No.			atement Contr vironmenta				-1-1-1-1-1		
Street Address P.O. Box 341				41			et Addre							
City, State, Zip Code Chesterfield, NJ 08	515							Zip Code ade, NJ 08	3052					
Project Manager for Mor William Weisgarber	nitoring Firm			Telephor	ne No. 98-4070	Tele	phone N 6-755-0	lo.		License N 00842	0.		=	
Start Date (10)	art Date (10) Schedule					Nam	e of OS	HA Monitor		00012				_
September 21, 201						EM								
							et Addre 7 Hadd	ess Ion Ave						
Facility Closed/Vac Abatement Perform Other – Describe:	eated During Entire ned Outside of Norr	Period of Al mal Facility	Hours	nent S				Zip Code t, New Jer	sev	08108				
Scope of Work (Check A	All That Apply)						-	.,	,				27	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Automobile .	enova emolit				Mi Gl	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure				e	
	- 30	le	Locat	ion				JA EXCHIPIO	(/ =		T	Abate	ement	:
Locatio	n of	N	ormal	lly		Descripti	on of	9.8			-	Ty	ре	_
Asbestos-Containing TO BE AE In Fact (13)	BATED	Maii	ntena	ely by nce/ Staff?	(i.e. th	Containing ermal syste surfacing, \ other miscel	ms insul VAT, or	lation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									6	
Basen	nent		Х		,	Asbestos	Paper		1	0 SF			Х	
2nd Floor Stai	rwell Closet		X		,	Asbestos	Paper	-	2	0 SF	XXX	-		
Name of Registered War Freehold	ste Hauler		H	NJDEP W Hauler ID 2253	5000000	Cubic Yards of Waste 1	5	Name of R	- 22		ı			
City, State Mount Holly, New Jersey 08060						Disposal Da 9/23/2013		City, State Tullytow		۸.				
Completed by Title Operation						Signat		100	\wedge	D	ate 9/10/	2013		
Cinicana Lynon		- Port		war sarokaniki ilio	J	1/4/	MID	\sim	_	سلسري	of and			

Date of Notification (1)			Nan	ne of Buildi	ng Owner/Operator	(2)		SEP	13	2012
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Agencies Notified						PLTKIC	- 340	SIAT	-10	
□ EPA	Type Notification	on	Stre	et Address		, ,	,		14 ° 6	اسل
12 YOUND	☐ fnitial			130	o LAM	6 K	oAd			~ 3
	Amended Amendment	#	City	State, Zip	Code					-
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DDCA:	☐ Emergency justification)		Nam	ne of Conta		700		20 -50000 0000		
(NJAC 5:23-8)	☐ Cancellation		1	7	,	/	Telephone Nur	nber		
	Cancellation	F	6	00100	= De 19	arco	4			
				-	NFORMATION					
Name of Facility Where A	hatement is Tak	ing Place (3)				Type of Facilit	v (4)			
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ATLANTIC	FlectR	IC 50	46	51.	ATION	School (K-	12) r 8 (Other than K-1	2)		
Street Address		1					private and comme		dinas	
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City (5),	,,,,,					Square Feet	# of Floors	Blde	g. Age	
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nicha	1000					N/4			30	7
County (6)			Cou	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demol	ished)		
G-10.						Flecto	ical .	SUL	5	TAA
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9	9)			7.17
AET, Inc		8 (5 8)			111			1		-
Street Address	<u> </u>		OUL	12/	MOVANCE	a De	CIALTY	00	7/	
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City, State, Zip Code	\wedge				City, State, Zip Co	ode \Lambda				
LimA.	PA	19	02	28	100011	PA	1901	1		
Project Manager for Monit	oring Firm		phone		Telephone No.	. / // .		/		
i i i i i i i i i i i i i i i i i i i	oning Film	Tele	prione	INO.			License No.			
DAVE TULE Start Date (10)	057Y	61	0.00	11.0114	610.497	0440	907	50		
Start Date (10)	Sche	duled Comple	tion Da	ate (11)	Name of OSHA M	onitor				
Start Date (10) 9 1 12 1	/3 9	1 1/2	_ /	13	AET, I	T				
Occupancy Status During						LAC.				
			- 20		Street Address	11 7		1		/
Facility Closed/Vacated					28 1	V. re.	nneL	KOR	10	
Abatement Performed	Jutside of Norma	I Facility Hours	s - Des	scribe	City, State, Zip Co	de				
Time of Abatement: 7	.40 AIVI- 3.60 P	N/PIVI	benombore:	AIVI	lim 1	DA	1902	8		
Scope of Work (Check all t	hat apply)				A/11/17	. ,, .	1102)		
					☐ Full Conta	ainment with Ne	gative Pressure			
≥3 sf or ≥3 If		☐ Renovation	on		☐ Mini-Encl					-
≥160 sf or ≥260 lf		☐ Demolition	n		☐ Glovebag					
					☐ Non-Exen	npted (*) and No	n-Friable Procedu	е		
		Is Location						Abate	ment '	Гуре
Location of	f	Normall			Description of	0		77 7	n I m	Ť.m
Asbestos-Containing M		Used Solel			stos Containing Mate		Amount	Remova	Encapsulate	Enclosure
TO BE ABAT	ED	Maintenan Custodial S		(i.e.	, thermal systems in	nsulation,	(Specify	JON I	aps	los
IN Facility		(12)	tan:		surfacing, VAT,		SF or LF)	<u>ai</u>	ul.	등
(13)			ALLA	1	other miscellaneo	us)	*	1.	at e	
		Yes No	N/A							
SubSTATION	WALL			101	isite Pr	10/01	2 SF			
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Courtesy No+	itications									
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ame of Registered Waste	Hauler	- Lance 1	DEP V	STREET, I	Cubic Yards of	Name of Regis	tered Landfill			
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by Ow	Nek					hAule	of by	1211	150	
empleted By (Print or Type) Title				Signature	1		e	V C /	
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page 1

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NO.008 #882

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Dete of Notification (1) September 9, 2013			100		Brother				# 6025	D0	- 10		0	1	
Agencies Notllind	Type Notification Initial			PO Bo					1	\ :	است	170	1	A	> \
E EPA C DEP DOL	Amended Amendmant		_		ote, Zip Car bora, NJ			-		1-	IM	JI W	00	JEI	
DOH DCA	Emergency jublification)			-	Conloca S Straga					W. D.	This will	MICA	100		
Name of Facility Where A Bayalde State Priso	Abatement to Takin	ig Placa (i	3)	FACI	LITY INFO	AMATO	ON		of Facility (
Street Address 4293 Route 47	.,						-		Offier (I.e.)	a (Othe	or then K-1 Commerc	2) ial huile	linga,	home	ıs,
City (5) Leeaburg									re Feel 00	3	Flaors		14g. A	g8	
County (6) Cumberland					Code (7)			Pries	חל		ng demoliz	hed)			
Name of Menilaring Finn TTI Environmental	Himd by Building	Owner (8		ASCA	/ No.		Shad	do Em	tement Co vironmer						
Street Address 1253 North Church	Street						623	Address Cutter							
City, Filele, Zip Code Moorestown, NJ 08				Telapha	- N-		Мер		de, NJ	08082	License i	N-		*	_
Project Manager for Mon Michael Slocku Starl Date (10)	Honng Firm	Rehadu		856-84	40-8800 Dale (11)		(856	755-0			00842	40.			_
Saplember 12, 2013 Occupancy Status During	Notice that the second of the second of the	Septer	mbar '				EM9		***************************************						_
Facility Closed/Vote Abotement Perform Colher - Describe: V	Med Guring Entire	Period of	Abaten		bullding	_	107 City, E	Haddo Stata, Zi	on Ave	9(8 0 Y	Q810B			7	
Scope of Work (Check A) 2) afor 23 IF 2100 af or 2200 (f	That Apply)		evere)					Full	Conteinm	oni with	Nogative				
			Lecati Normal						i-E4erigite	0 () 20	a reole-ring	The Party of the P	Abet	-	
Location Aubeston-Containing TO BE ABA In Facili (13)	Maiorial (ACM) ATED	M	ad Sole alnuma dodial 6 (12)	nce/		loa Com thermol surta		Vistorial 15 irsulf 17, gr		(5	mount Specify or LIT)	Removal	Repair	aju medeo voj	Endosure
Maintenance	Building	Yes	Na XXX	NA	-	Plpe	Insule	atlon		1	D LF	Х	-	86	
		丰										1		_	H
Name of Rogislered Was reethold	me of Rogistered Waste Havier NIDEF Waste Havier to No. 22263						Yardz 844		Grows		red Lends	4)		1029109	
Cily, State Mount Holly, New Je	City, State Fount Holly, New Jersey 08060						oni Dale 13		City, Sta Tully/o		ι				
Completed by Christina Lynch	Tille Tille						YK.	TAKE	DOC	/		iste Jepter	nber	9, 2	013

JAN 13

\circ			(Purs	suant to NJ	AC 8:60 and	5:16)		·
Date of Notification (1)			- 1		ng Owner/Opera	(6 50		- 1
09/		13		ATLAN	Tic El	ectric	546 85	13-2013
Agencies Notified	Type Notification		S	treet Address			;	1
DOLWD	☐ Amended			ity State 7in	Code	/	Road	
□-boн	Amendment #	dudina		ary, State Zip	h5 Tau	W W.	J- 00	8027
(NJAC 5:23-8)	Emergency (inc justification)	auding	N	ame of Conta	ct		Telephone Nur	
	☐ Cancellation			Georg	E De	MARCO	ŧ	
					NFORMATION	N		
Name of Facility Where A						Type of Facil	1.34	
ATLANTIC !	Flectric	ت	ub	571	4+10N	U Superiapi	er 8 (Other than K-1.	
176 H	ALMONY	Ro	AC	1		Other (i.e homes, e	., private and commetc.)	ercial buildings,
City (5) 7. 665 Tu	/				027	Square Feet	# of Floors	Bldg. Age
County (6)					(7)(STATE USE ON		(Prior if being demol	000 May 500000 S00
	ceste K					Sub	STATI	
Name of Monitoring Firm		wner (8)	20	CM No.		tement Contractor		1 -
AET, I.	nc			0021	Street Address	nces o	PECIACTY	LONT.
28 /	N. Pen	Ne	<u>C</u>	Rd	30	MCD	ONALB	BIVA
City, State, Zip Code	0 1	,	0 -	- C	City, State, Zi	p Code	_	9014
Project Manager for Monit		19		ne No.	Telephone No	ON. F	License No.	1017
DAVE TU	Market Company of the	1.00	and the second			97-044	The transfer of the control of the c	750
Start Date (10)	1 Schedu	led Con	npletior	Date (11)	Name of OSH		00 /	0.0
091111				113	AET,	Inc.		
Occupancy Status During			1.0		Street Addres	s / D		0 11
☐ Facility Closed/Vacated ☐ Abatement Performed					City, State, Zip	N. Fer	UNEL X	COACI
Time of Abatement:	CU AM- 3 00 PM/		РМ	AM	Lim		1. 19	028
Scope of Work (Check all	that apply)							
≥3 sf or ≥3 If		Reno				Containment with N Enclosure	legative Pressure	
☐ ≥160 sf or ≥260 lf	[] Demo	olition			ebag Procedure Exempted (*) and I	Non-Friable Procedu	re
			ocation				1.	Abatement Type
Location of Asbestos-Containing M	322		rmally Solely b	OV Ash	Description	on of Material (ACM)	Amount	R R E E
TO BE ABAT	red .		enance	/ lie	e., thermal system	ms insulation,	(Specify	Enclosure Encapsula Repair Removal
IN Facility (13)	′		12)		surfacing, V other miscella		SF or LF)	Enclosure Encapsulate Repair Removal
			No N	I/A				
SUBSTATION U	1	X [Insite	PANEL	2 SF	
(Courtesy No	of ifications)							
· /	7 [24	
None of Decidency	[]	To 11 11 11			
Name of Registered Waste		. 1		P Waste er ID No.	Cubic Yards of Waste	Name of Reg	gistered Landfill	ha
WASTE WILL City, State by C	DE HAUTE	1	1		Disposal Date	City. State	ie will	
		-				haul	Te will ed by	DWNER
Completed By (Print or Typ	1	1		11	Signature	, 7 N	/ Da	te
ROBERT CAP	ACI) JE	-16	600	or Ma	RIVE	++ \.	10	9-10-13
AN 13	* Do	not use	e this fo	orm for asbest	ds licensure exe	mpted activities		

NJ Bept of Health & Semon Co. (signature)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:420)

CHECK# 8249

alul Brime: 92)												
Date of Notification (1)		IN	ame of	Building Ow	mer/Operator	(2)			tel co				-
9/04/13					ouis S	UBUL	Ban C	CHAPEL.	EO	7	17 1	W	1
Agencies Notified Type Notification	Maria (5	treet Ad				2. 2.1	and the facility	7-	***************************************	1.00		
□ EPA □ Initial	20			13-0		σαρω	aux.	1111111					1
D DEP D Amended		L	-	e, Zip Code		2			SE	٠.	13	201	3
☑ DOL Amendment #_ ☑ Emergency (inc	ludino	- $lacktriangle$	Fo	LIRLaw	N NJ	1	67 410	THE RESERVE THE PARTY NAMED IN		سيسيد			
(X) DOH justification)	uung	١	lame of					Telephone	Number	r	٠.	2.00	- 1
□ DCA □ Cancellation				21CH	Louis						-		
Name of Facility Where Abatement is Taking Pl	ara (3)		FACIL	ITY INFOR	MATION	1 Time	of Facility (4)	1					
		1.0-						9					1
Street Address	(,1	APE	¥ 5				chool (K-12 abchapter 8	:) (Other than F	(-12)				1
						图. 0	ther (i.e. pri	vate & comm	ercial bu	ıldin	gs, h	omas	.
13-01 Breadwa	<u>w</u>						e Feet	# of Floors	-	Bk	g. Ag	A	$\overline{}$
Faillown				F0			750	2		1	+50		}
County (6)		17	county C	ode (7)				r if being demo	olished)	_	1 0 0		\dashv
Bornon				SE ONLY)	4-7************************************	1	시점시 회에서의 및 (175) - 기가리아	HOYLCIAL					1
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCI	/ No.			ement Cont						_
	\$1005 200700000				A.N	IAC Con	tracting Inc						-
Street Address			Leanny			t Addres		***************************************					\neg
.,				w.v.	105	Lowell R	load						
City, State, Zip Code		10000			City,	State, Zi	Code	**					
*					Gle	n Rock, N	U 07452						_
Project Manager for Monitoring Firm			one No.		hone No 1-262-58		Licens						
								001	56				_
Start Date (10)	ichedule			Date (11)			IA Monitar	A DE 1800 DE 1	*****			No. (Mr.)	
9/05/13		10/0	5/13		On	nega Em	vironmental	Services Inc.			- W		_
Occupancy Status During Abatement (Check					Street	t Addres	is			100		100	
☑ Facility Closed/Vacatod During Entire Per ☐ Abatement Performed Outside of Normal	iod of A	bateme Journ	nt			Huyer S State, Zi							\dashv
Other - Describe:	. Duply .						NJ 07606						- 1
Scope of Work (Gheck All That Apply)							9.0	511./*****····		-			
☑ 23 sf or ≥3 if	22 R	novati	nn			C Full	Containmen	it with Negativ	e Press	unė			- 1
☐ ≥160 sf or ≥260 if	0.000	emolitio	700700			Mini-	Enclosure						- 1
					*	☑ Glov	ebag Proce	edure (*) and Non-Fi	riable Pr	ace	dure		
· · · · · · · · · · · · · · · · · · ·					•					THE COURT OF THE CO.		ment	
Location of	5 (V.55)	Location Vonnali	9550		Description	an of					Ty	98	
Asbestos-Containing Material (ACM)		d Solel			os Containing	Materia		Amount				m	
TO BE ABATED		todial S		(i.e. t	nermal system surfacing, V	ns insula AT. or	tion,	(Specify SF or LF	,	4	Sp.	E	2
(13)		(12)			other miscell	aneous)		·	'	Removal	Repair	Encapeulas	eansqua
	Yes	No	N/A						1	- 1	300	6	4
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Busomore			/		bouck S) CFUL	N5.	80 86		4	_		
										1			
					20215								
Name of Registered Waste Hauler			DEP W		Cubic Yards		Name of F	Registered Lar	ndfill				
Rovic Transport			auler ID 1 20785	NO.	of Waste		IESI PA E	Bethlehem Lar	ndfill Cor	p.			1
City. State, Zip Code					Disposal Dat	e		, Zip Code					
Riverdale, NJ 07457					9/05	113	Bothlehe	m, PA 18015					
Completed by Title						re A	1		Date	,			
Joseph Vocaturo Operations						Д.	Vorati	uio	1	9/1	04/	13.	
<u> </u>					جسبب اسب		-		-	<u> </u>			

CHECK#	8249
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		,	-							0.60	PHOVE	7(%)		
Date of Notification (1) 9 /05/13		-	Name o	f Bullding		· ·	(2)		NATOR	175 (20)		3000	Servic	es
Agencies Notified Type Notification		-	Stroet A	ricimos		ome		town with the comment		pt of Hea	-6-6-	44.40		1
© EPA © Initial		Sales	Atton A		30	HER	دم	ST	9	loslis	elgnature)	25	15 p	m -
☐ DEP ☐ Amended		1	Gity, Sta	ite, Zip G	ode		*		Date:	دبريح	1	mo:_	-	
☑ DOL Amendmen ☑ Emergency		- [HAG	CONSA(UC.	N.J	0760	02				00 O	
☑ DOH justification			Name of	Contact	K	,			Tek	phone M	umber		_	
La DON La Carrolliano	1	- 4	EAC	LETY INF	WE	(A)								13
Name of Facility Where Abatement is Takin	g Place (3)	-	PAGE	CELT INF	UKWAI	UN	Type	of Facility (4	.)	,				
lesidence								chool (K-12		-				*
Street Address		-					U S	ibchapter 8	(Other	rthan K-1	(2)			
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City (5)			*** -				Squar	e Feet	# of	Floors	E	Ndg. A	\ge	
Hackonsack								350		2		4:	Ó	
County (6)			County (Code (7) USE ONLY	2		Сипе	nt Use (Prio			shed)		- 2/40	
SELACO Name of Monitoring Firm Hired by Building	Permor /Q\					7 Kl		Kes	1200	CE			w	
	Jeriici (O)		ASC	W No.		A.M	or Abat AC Con	emant Cont tracting Inc	ractor (원)				
Street Address				***************************************		9	Address	<u> </u>	1,0			~		
City, Stale, Zip Gode											******			
							itate, Zij Rock, N	Code U 07452						
Project Manager for Monitoring Firm	The state of the s	T	Telep	hone No.		Teleph	ione No		1	License I	Ma			
							262-5B			00156				
Start Date (10) 9/06/13	Schedule:	d Con	npletion I	Dale (11)		Name Ome	of OSH ega Env	A Monitor ironmental	Service	es Inc.				
Occupancy Status During Abatement (Che	sk Only One	2)			***	Street	Addres	3			-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Ab	atem	ent			280 F	luyer S	treet				-		
D Other - Describe:	rai i acinty (niti 3					tato, Zip ensack,	NJ 07506						
Scope of Work (Check All That Apply)														
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☐ ≥160 sfor≥260 lf	□ De	moliti	on		•	12	/Mini-	Enclosure		rcAdition L	.1622016	•		
						. 0	Glove	ebag Proce Exempted (dure ") and l	Non-Frieb	de Proc	editte		
	js i	ocati	ion								1		ernent	
Location of	N	omal	ly		De	scription	of				_	T	/pe	
Asbestos-Containing Material (ACM) IQUE ABATED	[Aciji	i Sole itenai	rce/		stos Con	italning !	Waterial			mount	_		m l	177
in Facility	Custo	Xdiai 8 (12)	Staff?	0.5	surfa	cing, VA	T, or	ican,		posity or LF)	Рапоча	Rapair	8	den
(13)	-	-			other	niscellan	(Bous				EV EV	#	Encapaylate	eursquig
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Name of Registered Waste Hauler			JDEP W		Cubic		-	Name of R	egister	ed Landid	1	1	!	
Rovic Transport			auler ID 1 20785	No.	of Was	ste ,								
City, State, Zip Code					Diagram	al Date		City, State,	-		corp.			
Riverdale, NJ 07457					9/	06/13		Bethlehen	1, PA 1	8015				
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Joseph Vocaturo	Operation	ns				1	,Vo	ratino				6/1	3	

CHECK# 8249

Date of Notification (1)			-	Name	of Suilding Own	elCherator	/21				AL PO	PISOV	tean 1	
9/06/13					Jersey	Centr		Man	AGE HONT	IJ Dept.	of Hea	Ith &	Senior Se	ervices
	e Notification			Street /	\ddress	LOAT	A-11-A-		ARE MONI	Y.		5		
□ EPA □	Initial				911	E. Co	UNTU	Loa	D	-	1) (8	ignatur		[]
DEP DOL	Amended Amendment:	4		City, St	ate, Zip Code		J			Date:	10	13	Time: 2	LIC
	Emergency (i			Namo	AKE WOO	W. Ac	<u> </u>	8050		N		-		
DOH	justification) Cancellation	2	1			2001			Telephone	Municipa	ED_	1 2	2012	111
				FAC	ILITY INFORM	-OCH WA	46th	-	1		-			* 1
Name of Facility Where Abates	nent is Taking	Place (3)			THE COURT	ar i dela	Type o	Facility (4))		·			- 1
COLUR	WLIGHT		-				□ 5c	thool (K-12)		1.60		- [Ğ
Street Address	_						□ \$t	bchapter 8	(Other than \$	(-12)	Misson			
1 Passak	ST						6	ic.)		arciai rui			es,	
City (5)							Square				BHg.			
County (6)				County	Code (7)		160		1		+5	0		
Bergen .			1		USE ONLY)		Curier		if being demo	3990 B. C.			1	
Name of Montoring Firm Hired	by Building O	wher(8)		ASC	M No.	Name	of Abate	ement Conti	MELLIAL.					100
						A.M	AC Conti	racting Inc	maio. [4]					
Street Address							Address			-				
02- 01-4 T						105	Lowell Ro	oed 					ł	
City, State, Zip Code						City, 8	Stale, Zip	Code			, , , , ,			
Project Manager for Monitoring	-					Glen	Rock, N	J 07452						
-				Telep	hone No.		hone No. -262-584		Licens 0015					
Start Date (10) 9/09/13		Schedule	ad Co	moletion	Date (11)			Monitor	Services Inc.			777		
Occupancy Status During Aba	tement (Chec	c Only Oc				1			OCI PACE MICE					
Facility Closed/Vacated Dr. Abatement Performed Out	urina Entire Pr	erlad of A	baten	nemt		280 1	Address	reet	_					
Other - Describe:	SUILDIN KO BOIS	ı radıny ı	Hours			City, S Hack	itate, Zip ensack	Gade NJ 07606		***				
Scope of Work (Check All That	Amply	T/AC			7.344	_1				-				
☐ ≥3 sf or ≥3 ff	14.34	Z R	anova	tion						- 102				
≥160 sf or ≥260 if			emolib			2] _Mini-E	nclosure	with Negative	Pressu	10		İ	
						. E	Glove	bag Proced	dure) and Non-Fri	abla Flue				
	7	1 19	Local	Non			HOIPE	- Cempieri (A WIND MODELL	HOM PIO		earan		
Location of		P	Norma	illy		Description	of				100000000000000000000000000000000000000	уре		
Ashestos Containing Materi TO BE ABATED	al (ACM)		d Sole intena		Asbestos (Containing I	Material	(ACM)	Amount		T	FFE		
in Facility		Cust	(12)		SI	mai systeme urfacing, VA	T, or	э п,	(Specify SF or UF)	3	18	温	1 m	
(13)		-	(.2)		oth	er miscellan	ieons)	1	,	Removal	Repair	Engapsulate	Engagne	
		Yes	No	N/A								8	2	
Walthouse #68				V	<u> </u>	PE INSU	LUTTO	, N	300 CE		Y			
Barthroon #68				V	Pil	PE INS	υιμη	٥٦	60 LF		\mathbf{I}			
Bathroon #70				1	Pie	E INSU	Lane	63	HOLF	V	1		\Box	
											1			
Name of Rogistered Waste Hau	ler			JDEP W lauler ID		bic Yards Vaste		Name of Re	gistered Land	FN	-			
Rovic Transport				20785	- U	/ o		IESI PA Be	thiehem Land	fill Com				
City, State, Zip Code Riverdale, NJ 07457			- multiples		Dis	posal Date	_	City, State,	Zip Code					
Completed by		Title	-			9/09/1		ullenem	, PA 18015					
Joseph Vocaturo		Operati	BNÓ			Signature	A 1			Date /	1	-		
		<u></u>				<u> </u>	4.00	rutin		5/1	1/30	<u>3.</u>		

Material (ACM) (i.e., thermal systems insulation, surfacing, VAT,	(Specify SF or LF)	R M O V	R E P A	C A P S U L	MOHOM
or other miscellaneous)		A L	R	T U	U R E
Pipe Insulation	120 LF	X			
Cubic Yards Name of Rec.	istered Landfi	11			
	Cubic Yards Name of Reg	Cubic Yards Name of Registered Landfi.	Cubic Yards Name of Registered Landfill	Cubic Yards Name of Registered Landfill	

17040

G.R.O.W.S.

City, State Montclair, NJ 07042

Constantine Vivian

Disposal Date 9-27-13

City, State

Completed By (Print or Type) Title

President

Morrisville, PA 19067

Sionatur Date 9-6-13

	NO		CATION	of New OF ASBE to NJAC 8	STOS	ABATE		CQ.	٥٥	R #	1/5	23(5	_
Date of Notification (1) 9/10/13		- 4	Name of Daniel	Building O Mize	Owner/C	perator	(2)		ſĈ,	F				
Agencies Notified Type Notification EPA Initial		1 13	Street Ad 2467 R	ddress Route 10	, Build	ling 33	-1A		250	1 2 20	112			
DEP Amended DOL Amendment				te, Zip Co Plains, I		950			SLI	+ 5 - 4	ال	ì		
Emergency (justification) DCA Cancellation	including	9 6		Contact o Samp	son, R	ealtor		1	Tele	ephone Nu	mber	Ng Age		
			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking house	g Place (3)						Туре	of Facility (School (K-1	2)					
Street Address 90 East Central							×	Subchapter Other (i.e. p etc.)			cial buil	3 1) 	es,
City (5) Wharton							Squa 200	are Feet 0	2	Floors	10000	ildg. A	ige	
County (6) Morris			County C STATE L	Code (7) ISE ONLY)			Curr	ent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)	Ċ	ASCM	No.				atement Cor ronmenta			0			
Street Address						Street 4 E 0		ess Dr, PO Bo	ox 483	3				
City, State, Zip Code	V0.000 E.S						11-20	Zip Code d NJ 074	18					
Project Manager for Monitoring Firm			Γelephor	ne No.		Teleph 973-				License 1 703	No.			
Start Date (10) 9/19/13	Scheduled 9/30/13	Com	pletion (Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abatement (Chec	k Only One)			VIII 3-747.	Street	Addre	ess						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:					0.65	City, S	state, 2	Zip Code						
Scope of Work (Check All That Apply)		-												
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		novat moliti				Σ	M GI	ull Containm ini-Enclosure lovebag Pro- on-Exempte	e cedure	J			e	
	ls L	ocatio	on						1/2			Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	No Used Main Custo	tenan	y by ice/	Asbest (i.e.	tos Cont thermal	scription taining M systems cing, VA	Materia s insu	al (ACM) lation,	(5	mount Specify For LF)	Ren		pe Enca	Enc
(13)	Yes	(12) No	N/A			niscellar)	- 51	OI LI)	Removal	Repair	Encapsulate	Enclosure
basement	163	140	X		pipe	insula	tion		5	0 LF		x		
				. S										
Name of Registered Waste Hauler	2.0	100000	JDEP W auler ID		Cubic of Wa	Yards ste		Name of	Registe	ered Landfi	ill			
City, State				1	Dispos	sal Date		City, Stat	e					
Completed by Andrew Scott Higgins	Title Presid	ent			S	Signature			_	1 1 2 2 2 3 3	ate /10/1:	3	1100	

		1			OF ASBI				Mo	ok	15	35	23		
Date of Notification (1)	1/13			Name of Brad A	Building (Owner/C	perator	(2)				75	1		
Agencies Notified	Type Notification			Street A 547 W	ddress yndham	Road									
DEP DOL	Amended Amendment				te, Zip Co ck, NJ				SEF	1 3	2013		1		
X DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Brad A	Contact dams			ž.	L	Tele	ephone Nur	nbèr	_		
				FACI	LITY INFO	ORMATI	ON		M					-	
Name of Facility Where A	Abatement is Taking	Place (3	3)						of Facility of School (K-	12)		5.00		12	
Street Address 547 Wyndham Road	d							×	Subchapter Other (i.e. petc.)				dings,	home	es,
City (5) Teaneck								Squa 2200	re Feet	# of 2	Floors		ldg. A	ge	
County (6) Bergen					Code (7) USE ONLY			Curre	ent Use (Pri	or if bei	ng demolis	ned)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	I No.				itement Co			;			
Street Address								Addre Gate I	ss Drive, PC	Box 4	483			2	
City, State, Zip Code							City, S	State, Z	ip Code						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Telepi	none N 583-8	0.		License N	lo.			
Start Date (10) 9/18/13		Schedul	ed Com	npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	g Abatement (Check	Only Or	ne)	7			Street	Addre	ss						
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, Z	ip Code						
Scope of Work (Check A	Il That Apply)											-	10010		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	71.77	-	Renova Demolit				3	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	**************************************			e e	
		100	Locati			-								emen vpe	t
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?		tos Con thermal surfa		Materia s insul AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							0.5			-	
baseme	ent			X		pipe	insula	ition		1	8 LF	x			
				1											
Name of Registered Was Tri State Transfer	te Hauler		H	IJDEP W lauler ID 2325		Cubic of Wa 10	Yards ste		CONTRACTOR STATE OF	S12010(1 00 1000) 200	ered Landfil erprises	1			
City, State Bronx NY						Dispo TBD	sal Date	1	City, Sta Wayne		ОН		Vi		
Completed by Andrew Scott Higgin	s	Title Pres	ident			5	Signature	r		_	Da	ate	2/	9//	3

	N			o NJAC 8			Marren mare "	Vec	R	105	369	4		
Date of Notification (1) 9/9/13				Building C Jckman		erator	(2)		ē)			· · ·	1	
Agencies Notified Type Notification		11 2	Street Ad 109 Hid	dress ckson Di	rive		1							
EPA X Initial Amended Amendment #				te, Zip Coo rovidenc		7974	4-2529	s. Si	EP 1	3 2013	3 ,		-	
Emergency (in justification)	ncluding	1	Name of	Contact Uckman				ļ		phone Nu	mber :			
DCA Cancellation				ITY INFO		N		1.	+			_	1	
Name of Facility Where Abatement is Taking house Street Address	Place (3)		TAGE		, mario		☐ s	of Pacility (4 chool (K-12 ubchapter	2)		2)		1	
109 Hickson Drive							×	other (i.e. protect)				lings,	home	es,
City (5) New Providence							Square 2000	e Feet	# of 3	Floors	- 1	ldg. A O	ge	
County (6) Union			County C	ode (7) ISE ONLY)		_	Currer	nt Use (Prio	r if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				ement Con onmental			5			
Street Address					1 1		Addres Gate D	s Irive, PO	Box 4	183				
City, State, Zip Code			5	-			State, Zij Iwood,	Code NJ 074	18					
Project Manager for Monitoring Firm			Telephor	ne No.			none No 583-85			License I	No.			
	Schedule 9/30/13		pletion [Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Check	Only On	e)			- ;	Street	Addres	s	-				-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						City, S	State, Zip	p Code		-				
Scope of Work (Check All That Apply)			0											-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure				е	
		Location	07.000				7.			2		Abate	ement pe	i.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel intenar odial S (12)	ly by nce/		Desc tos Contai thermal s surfacir other mis	ystem ng, VA	Material s insula AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
A se en c	Yes	No	N/A								-		ite	0
basement			х		duct in	nsula	ation		7	0 SF		х		
Name of Registered Waste Hauler		200	JDEP W auler ID		Cubic Y of Waste			Name of I	Registe	ered Landfi	ill			
City, State					Disposa	I Date	2	City, State	9					
Completed by Andrew Scott Higgins	Title Presi	dent			Sig	gnature	e MI	_		100	ate 1/9/13			

CR# 4656

Date of Notification (1) 9/10/13			H.	6	ng Owner/Operator			ya ji	.a!		1
Agency Notified Type Notification DEPA Tinitial DEP DAMENDED	1		5	Address 512 State, Zip		ST	SEP_1 3	2013		ار	
☑ DOL Amendment #	We are a	1	· .		Seme	· LA :			À		
☐ DOH justification ☐ Cancellation	ing		Name	of Combo		1.2.286	Telephone Nu	mbet	Ğ1		
			FAC	ILITY INF	ORMATION	1					
Name of Facility Where Abatement is Taking Pl MS. H. GARAT Street Address	140	و ں	<u>.</u>		10				ne:		
SIZ PINE S						homes, etc.) .				
City (5) ROSELLE						Square Feet	2	Bidg.			•
County (6)			Count) (STATE USE		rior if being demo	0.000	<u>.</u>		
Name of Monitoring Firm Hired by Building Own	er A	ASCM			Name of Abaten		ES (DEN) C	-		-	
(8)					2	emoval I	•				
Street Address					Street Address						
.,						River St	:			9	
City, State, Zip Code					City, State, Zip C		J. 07601	20			
Project Manager for Monitoring Firm	Tel	ephor	ne No.		Telephone No.	sack, II.	License No.				
					201-329-	7444 -	00388				
Start Date (10) Scheduled C	20				Name of OSHAI Omega En		ntal Inc		3	-	
Occupancy Startus During Abatement (Check on		//-			Street Address				-		-
D Facility Closed/Vacated During Entire Period	of Abate	ment			280 Huy						
☐ Abatement Performed Outside of Normal Fac 27 Other - Describe: 7 >>>>	lity Hou	rs			City, State, Zip C		ck, N.J.	07606	·		
Scope of Work (Check all that apply)											-
☑ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			Ren Dem	ovation notition	☐ Mini-l ☐ Glove	Enclosure abag Procedure	Negative Pressu	89			
	ls L	ocatio	on		122				300000000	terne ype	ent
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Main Cu	Solei denan stodi (12)	ly by ace/ al		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	nonal (ACM) insulation, or	Amount (Specify SF or LF)	, }	T	Encapsulate	Enclosure
BASEMENT	1,60	140	100	-11 -4	MAL SYSTON	. 2015.151	3 401	=	×	+	H
<i>5</i> -357 510 \	\vdash			1494	WHT 342194	· # 2016/10	-1.0 /	·	+	\dagger	H
									十		Н
•											П
Name of Registered Waste Haufer Best Removal Inc	ID N	(T)	Vaste H	auler	Cubic Yards of Waste	Name of Regis	stered Landfill n Enterpr	ises			
City. State Hackensack, N.J.					Disposal Date	City, State	ourg , Oh				
Completed by J. Maiorano Estim					Signature	1	وسم	Date 9	/10	1/	3

Date of Notification (1) 09/09/13 CK#2804	\$200				Building (Owner/C	perator	(2)				3	A MARCOLOGIA		
Agencies Notified Ty	pe Notification			Street Ad					SEP	1 3	2013		7/1		
EPA M DEP DOL	Initial Amended Amendment		-	City, Sta	ence Co te, Zip Co ppan, N	de	rsey 07	7675	. JL!	1 3	2010				
☑ DOH ☐ DCA ☐	Emergency (justification) Cancellation			Mona /	errore and a second					Tala	nhone N	imhar			
Name of Facility Where Abat Building Street Address 861 Franklin Avenue	tement is Takin	g Place (3	3)	FACII	LITY INFO	DRMATI	ON		of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Othe			ding	, hom	es,
City (5) Franklin Lakes, New Jo	ersey 07417							e	tc.) e Feet		Floors		3ldg. 55+		
County (6) Bergen				County C	Code (7) ISE ONLY)			il	nt Use (Pri		ng demol		•		12
Name of Monitoring Firm Hir J&S Environmental La		Owner (8)		ASCM	l No.				ement Cor oration	ntractor	(9)				
Street Address 2333 Route 22 West								Addres McBrid	s de Avent	ie		-			
City, State, Zip Code Union, New Jersey 070	083							tate, Zip dland	p Code Park, Ne	ew Jer	sey 074	124			
Project Manager for Monitori Sherrill Glosomino	ng Firm			Telephor 908-20	ne No. 16-0073			one No 225-84			License 01104	No.			
Start Date (10) 09/19/13		Schedule 09/21/		pletion [Date (11)				A Monitor onmental	Labor	atories				
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe: 7AM	During Entire I	Period of	Abatem	ent			2333 City, S	tate, Zij	e 22 We		3				
Scope of Work (Check All Th	nat Apply)						Onio	11, 140	- Octoby	07000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR OF THE PARTY OF THE	Renova Demoliti				×	Mini	Containmoi- i-Enclosure vebag Prod i-Exempted	e cedure				re	
		Is	Locati	on						1./			Aba	temer	t
Location of Asbestos-Containing Mat <u>TO BE ABATE</u> In Facility (13)		Use Ma	Normall d Solel intenar todial S (12)	y by nce/	Asbest (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellar	Material s insulat T, or	(ACM) tion,	(S	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A				,				a	7	late	Ire
Front right Show	vcase		X				VAT			32	2 SF	X	1	1	
First Floor			X			Cai	rpet GI	ue		80	0 SF	Х			
Basement			X				VAT			140	00 SF	Х			
N															
Name of Registered Waste F Lilich Corporation	lauler		Н	JDEP W auler ID 3724		of Was	Yards ste		Name of G.R.O.			till			25 13
City, State Woodland Park, New Je	ersey 07424					Dispos 09/23	sal Date 3/13		City, Stat Morrisv		ennsylv	ania			
Completed by Tatiana Kalenikova		Title Vice	Presid	dent		S	Signature	yar.	ake	Wa		Date 09/09/	13		

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

Date of Notification	(1)	12023	Name	e of Bu	lding	Owner/Operator	. (2)	1 287 200			7.4	. 1	
9-6-13				im Lo		Owner/Operator	(2)		i				
Agencies Notified	Type Notifica	tion	Stre	eet Add	cess		11.00				_	- 11	
[]EPA	[X]Initial	ation	2	91 Ca	rneg	jie Place		SEP 13	3 20	13	١ 🚤		
[]DEP	MOCILIC	acion		y, State	(25) (#S)		1 .				i		
[X] DOL	[]Amended Notific	ation				IJ,07088	L	52161 (1)		:::J.	Š.	A COLUMN TO A COLU	
[X] DOH	[]EMERGENC	v		e of Cor			Telepho	one Number			CONTRACTOR OF	THE PERSON	- 180
[]DCA	[]Cancella	(2)	J:	im Lo	ree				-				
Name of Facility Whe	To Thatament	/ - m 1		FAC:	LITY	INFORMATION							
Same as above	re Abatement	is Tak	ing P	lace (3)		Type of Faci	lity (4)					
same as above							[]School	(K-12)					
Street Addres							[]Subcha [X]Other	pter 8 (Ot (i.e., pri buildings,	vate	& c	omme	r-	
							Square Feet	# of Fl		1000000		Age	
City (5		County	(6)			unty Code (7)	980	1			75		
		UNIC				100	Current Use	(Prior if	being	g de	noli	shed	.)
Name of Monitoring F. Owner (8) N/A	irm hired by	Buildir	ng A	SCM No.		Name of Abate	ment Contract						
Street Address						Street Address							
							topher St	ŧ.					
City, State, Zip Code	е					City, State, Montclai	Zip Code r, NJ 070)42					
Project Manager for 1	Monitoring Fi	rm To	lenh	one Numb		Telephone Numb							
			/A	one Num	JeI.	(973) 744				ense 037		ber	
Scheduled Start Date	(10) Sched			on Date	(11)	Name of OSHA N	fonitor						1000
9-26-13		9-27	-13			N/A							
	ar Mon	nth (C)	Day	Year	:								
Occupancy Status Duri [X] Facility Clos of Abatement	ed/Vacated Du	(Check	only	y one) Period		Street Address	1						0
[]Abatement Per	formed Outsid	e of No	ormal	Facili	ty	City, State, 2	in Code						
Hours - Descr []other - Descr	ibe: «OffHours	Descri	pt»		-		arp code						
Scope of Work (Check	all that appl	Ly)			_							- 12	
[X]≥3 sf or 2 []≥160 sf or	≥3 lf r ≥260 lf			novation molition		[]Mini-H [X]Glove	Containment wi Enclosure Dag Procedure Hiable Procedu	1.870	ve Pr	essu	re		
	second		Is					T	_	Aba	teme	nt I	פסעי
Location Asbestos-Cont			ocat.	lly		Description	A CONTRACTOR OF THE PROPERTY O					E	E
Material (Use Sole			Asbestos-Cont Material (A	411.01 (KKKT**) (##.	Amoun (Speci:		R E	R E	C	C
TO BE ABA			y Ma: enan			(i.e., thermal		SF or		M	P	A P	L C
In Facili	.ty	C	ustod	lial		sulation, surfa		LF)		V	A	S	S
(13)		Yes	aff	The second secon		or other miscel	laneous)	1		A	R	T D	U R
Basement				X	Pip	e Insulati	Lon	55 LF		X			_E_
Name of Besiel			<u></u>										
Name of Registered Wa AZTECH MANAGE		Ha		Waste ID No.	1000	oic Yards Waste 1.	Name of Regi G.R.O.W.		dfil.	1			
City, State			704		Dia	moeal Date	Gita Stat	12					
Montclair, NJ	07042					sposal Date	City, State Morrisvi	lle, P	1 19	906	7		
Completed By (Print o	r Type) Titl	e					1 /	-//-					
Constantine Vi		side	nt			Signature	Martin	1//	- 1	te -6-1	3		
						I VIV	LILLIU VVI	LIVVEL					



protection of the section of the sec									Lane.						-11
Date of Notification (1) 9/10/2013				Building AS EDI				EGE			10	20	12		
Agencies Notified Type Notification			Street A	ddress EST ST	ATE S	TREE	Т			SEr	1 0	20	10	į	
EPA Initial Amended Amendment	#	-	City, Sta	te, Zip Co TON, N	ode				F				· he	<u>ئىي.</u> ئۇر	
□ Emergency justification) □ DCA □ Cancellation			Name of	Contact K. MUF					Tele	phone	Numb	er	and telephone		
			FACI	LITY INF	ORMATI	ON			1	-	-	-	-		
Name of Facility Where Abatement is Takin GLEN CAIRN ARMS APARTMEN							-	of Facility (4 chool (K-12							
Street Address 301 WEST STATE STREET							S	ubchapter 8 ther (i.e. pr	(Othe			build	dings,	home	es,
City (5) TRENTON							Square	tc.) e Feet	# of	Floors		В	ldg. A	ge	
County (6) MERCER			County (Code (7) JSE ONLY)		Currer	nt Use (Prior	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL CONNECTION			ASCN	1 No.				ement Cont			TING	, IN	С.		
Street Address 120 NORTH WARREN STREET						500000000000000000000000000000000000000	Addres	ERFORD	BLV	′D.					
City, State, Zip Code TRENTON, NJ 08608						35000	itate, Zip	Code NJ 0701	4						
Project Manager for Monitoring Firm STEVEN MANIA			Telephor	ne No. 92-4200		Teleph	one No 956-8			Licens		9			
Start Date (10) 9/23/2013	Schedule			Date (11)		Name	of OSH	A Monitor (9) ABO\	 /F						
Occupancy Status During Abatement (Chec	Surrounders and the	on a contract of					Address	7.13		-					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: VACANT	Period of A	Abater					tate, Zip			<u> </u> 					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli					Mini	Containmer -Enclosure rebag Proce -Exempted	edure					e	He.
		Locat							1 /				- 10	ement	
Location of	100	Vorma			Do	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial (12)	nce/		tos Cont thermal surfa	aining N	faterial of s insulat T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	LINIC	A E E O 3									е	
	-			100000000	O BE D			. 100000			-				
	1		-	- 1	2000						_				
					AS	BEST)3			S-15	-			_	
Name of Registered Waste Hauler			LIDED W		Cubic	V		Name of R	caiata		- AEII		-		\vdash
TWO BROTHERS CONTRACTING	6	H	IJDEP W lauler ID 8743		of Was	ste		WASTE				ΤG	.R.C).W.S	S.
City, State CLIFTON, NJ					Dispos 12/2/2	sal Date 2913		City, State MORRIS	SVILI	.E, P/	4				194025
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT		ignature	M # 1	L Re	in	n	9/10		113		

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

		(Pursu				/ and 12:120-/)						
Date of Notificatio	n (1)					Owner/Operator	(2)					
9-6-13			Ka	ren S	ack	S	1 1 15	0周月	ME			
Agencies Notified	Type Notificat	ion		t Addre				- L= +	1.5	7 1 1		
[]EPA	[X]Initial		10	1 Coc	per	Ave.	2.2					
[]DEP	Notifica	tion	City,	State	, Zip	Code	-	SEP 13	2013	. : ''	//	
[X]DOL	[]Amended		Mo	ntcla	air,	NJ,07042		JL: 1 V	2010			
[X] DOH	Notifica	tion	Namo	of Con	tact	** 	Telepho	ne Number	100 100 100	4	-	
	[]EMERGENCY			ren S		9	?	ie wanter			1	
[]DCA	[]Cancellat	ion						ee 11 2 2 8			_:	
				FACI	LITY	NFORMATION		12				
Name of Facility Wh		s Taki	ng Pl	ace (3)			Type of Facil	Lity (4)				
Same as above	•						[]School					
Street Addres								ter 8 (Oth				
							0/ 0/01 2	ouildings,				
							Square Feet	# of Flo	ors B	dg.	Age	
City (5	C	ounty	(6) Es	sex	- 1	nty Code (7)	5109	3		89		
					(ST	ATE USE ONLY)	Current Use	(Prior if h	eing de	moli	shed	.)
Name of Monitoring	Firm hired by B	uildin	g AS	CM No.			ment Contracto					
Owner (8) N/A						AZTECH M	ianagement	, Inc.				
Street Address						Street Address	S					
						86 Chris	topher St					
City, State, Zip Co	ode					City, State,	Zip Code					
						Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fir	m Te	lepho	ne Numb	er	Telephone Num	ber		License	Num	ber	
		M	/A			(973)744	-8800		0037	1		
Scheduled Start Dat	e (10) Sched	. Comp	letio	n Date	(11)	Name of OSHA I	Monitor	72.E		1911		
9-18-13		9-19-	-13			N/A						
	Year Mon		Day	Year								
Occupancy Status Du [X]Facility Clo of Abatemer	osed/Vacated Du					Street Address	s					
	erformed Outside			Facilit	ty	City, State,	Zip Code					
	cribe: «OffHours cribe: «Other Oc		_	ript»								
Scope of Work (Chec						Ц						
		- 1					Containment wi	th Negativ	re Press	ure		
[X]>3 sf or []>160 sf		0.5	2.5	ovation olition		-5.470	Enclosure bag Procedure					
1 12100 01	01 <u>2</u> 200 11		1 Dem	01101			riable Procedu	ire				
T		1	Is Locati	on					Aba	teme		Туре
Locatio Asbestos-Co			Vormal Used	ly		Description Asbestos-Con-		Amount	R	R	N	E N
Material	(ACM)		Solel	-y		Material ((ACM)	(Specif		E	CA	C
TO BE AN		t	y Mai enanc	e/		(i.e., thermal sulation, surfa		SF or LF)	0	A	PS	os
(13)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ustod aff (10.	or other misce		IIE)	A	I R	Ŭ	UR
	-	Yes	No	N/A						-	Į.	E
Basement		-		X	Pip	e Insulat	ion	50 LF	X	-		
<u></u>							William Miles					
Name of Registered AZTECH MANAG		• н	DEP vauler	ID No.	100.00	bic Yards Waste 1	Name of Regi		ndfill			
City, State	2		. 5 2		Di	sposal Date	City, State					
Montclair, NJ	07042				9	-20-13	Morrisvi	lle, PA	1906	57		
)	-/-				
Completed By (Print Constantine V	1070 S	.e eside				Signature	1	//	Date 9-6-			
COMSTANTINE V	TATOM PLE	PTGE	-11 C			101	Manlan	Vivan	3-0-			
							Jan Jan	11-00				

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

CK# 0292

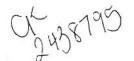
Date of Natification (1)			Name of	Duilding (Oumor/O	horator		. , , ,	. 00				
Date of Notification (1) 9-10-2013			BSCI (Dwilet/C	perator	(2)			.,,,	•		
Agencies Notified Type Notificatio	1	\rightarrow	Street Ad	SERVE MANUALIC			ال واز	100	11 144 1		- 1		
				rk Stree	et	-			1				
EPA Initial Amended			City, Stat	e, Zip Co	de .		200				7.1		
DOL Amendme	nt #		Creski	II. NJ		1	SE	n 1 '	2013		. :		
Emergence	(including	-	Name of				<u></u>		ephone Nu	mber	-	21 - 1	
DOH justification			Bobby			£			ор		1		
LI DOA LI Cancellatio	M1			ITY INFO	NOR ATI	ON	<u> </u>			الله الأد	- E		
Name of Facility Where Abatement is Tak	ing Place (3)		FACIL	III INFC	JRMAII	ON	Type of Facility	(4)		, L			
House	ing , 1200 (0)	′									No. of Parts		
Street Address							School (K-		er than K-1	2)			
						-			& commerc		dings,	home	es,
9 Edstan Ave.							etc.)						
City (5)							Square Feet	# 0	f Floors	- 1	ldg. A	ige .	
Moonachie											50+		
County (6)			County C				Current Use (P	rior if be	ng demolis	hed)	W.		
Bergen			(STATE U	ISE ONLY	'		House						
Name of Monitoring Firm Hired by Buildin	Owner (8)		ASCM	No.		Name	of Abatement Co	ontractor	(9)				
n/a			n/a			Lozn	ica Managen	nent C	orporatio	n			
Street Address						Street	Address						
n/a						22 T	roy Lane						
City, State, Zip Code							tate, Zip Code		Accessor and the second			-	
n/a						10.000000000000000000000000000000000000	oln Park, NJ	17035					
			Tolonhor	no No		100000000000000000000000000000000000000	one No.	37000	License N	Jo.	-		- 57
Project Manager for Monitoring Firm	20		Telephor	ie ivo.			706-7950		01193	NO.		33	
n/a			n/a						01193	101.50 x 100		-	
Start Date (10)	Schedule			Date (11)		1	of OSHA Monito			E0			
09-19-2013	09-21-						ica Manager	nent C	orporation	n			
Occupancy Status During Abatement (Ch	eck Only On	e)					Address						
Facility Closed/Vacated During Entir	Period of A	Abaten	nent			22 T	roy Lane				21		
Abatement Performed Outside of No	rmal Facility	Hours	S			City, S	tate, Zip Code						
Other – Describe:		-			_	Line	oln Park, NJ	07035					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	Пв	lenova	ation				Full Contains	nent wit	Negative	Pressu	re		•
≥160 sf or ≥260 lf		emoli					Mini-Enclosu	re		10			
						le	Glovebag Pr			hia Du			
			7				Non-Exempt	ed (") ar	id Non-Fria	DIE PIC	17501	emen	
	ls	Locat	ion									/pe	
Location of		d Sole		000000000000000000000000000000000000000		scription			proprovens e		Τ.	İ	
Asbestos-Containing Material (ACM)		intena					laterial (ACM) insulation,		Amount Specify	70		Ē	ш
TO BE ABATED In Facility	Cust		Staff?	(i.e.		cing, VA			F or LF)	em	Repair	gap	log log
(13)		(12)			other r	miscellar	eous)			Removal	air	Encapsulate	Enclosure
	Yes	No	N/A									e e	
		-	1			N-:I		4	200 SF	+	1	 	1
Exterior			X			Shingles		14	200 31	X	-	-	-
							<u> </u>						
	-		1					1		1	1		Г
Name of Registered Waste Hauler		IN	NJDEP W	aste	Cubic	Yards	Name o	f Regist	ered Landfi	H		L	
1.0 10 10 10 10 10 10 10 10 10 10 10 10 10		1 3	Hauler ID	100000000000000000000000000000000000000	of Wa								
Loznica Management Corporation	1	(0033137	7	TBD		GRO	WS La	HQIIII	3000			
City, State	*8				Dispo	sal Date	City, St	ate		3-12-00		320	
Lincoln Park, NJ 07035	*.				TBD	1	Morri	sville, l	PA 19067				
Completed by	Title			**	1 1	Signature	20		D	ate			
E. Cirovic	Secr	etary	,			8:1	טיטיט	20	9	-10-2	2013		

CK # 22244

Date of Notification (1) 09 /	09 / 1	3		ı	lame of The S	Building O	wner/Operator (2 ew Jersey-The) Department of	Transportation								
Agencies Notified EPA	Type Notification ☑ Initial	1		\$	Street Address 1035 Parkway Ave-CN600												
□ DEP	Amended	_		(City, State, Zip Code												
☐ DCA (NJAC 5:16) ☐ DHSS	Amendment		lina		Trent	on, NJ 08	3625										
☑ DH33	justification)		9	T	Name of	Contact	234	Telephone Numberia									
(NJAC 5:23-8)	☐ Cancellation				Jame	s Britton											
					FACI	LITY INFO	ORMATION										
Name of Facility Where	3)				Type of Facility (4)												
Bridge No. 1-I-295	& Ramp E over	r Ess	ex A	ve.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
Street Address								Subchapter 8	vate & commercial	buildin	gs,						
Bridge No. 1-I-295	& Ramp E over	r Ess	ex A	ve.				homes, etc.)									
City (5)								Square Feet	# of Floors	LACK SELECTION	. Age						
Bellmawr							_)+						
County (6)					County	Code (7)(STATE USE ONLY)		or if being demolish	ned)							
Bellmawr								Bridge Struc	ture				_				
Name of Monitoring Fire	m Hired by Buildin	g Owr	ner (8) /	SCM N	lo.	Name of Abateme	ent Contractor (9)									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-						Diamond Huntbach Construction Corporation										
Street Address							Street Address										
Ollock Hadrons							500 East Luz	erne Street									
City, State, Zip Code							City, State, Zip C										
Only Change - F							Philadelphia	, PA 19124	2								
Project Manager for Mo	onitoring Firm	Ÿ.		Tele	phone No. Telephone No. License No. 215-739-8166 00646												
	Tec	hodule	ad Co	mnle	tion Date	e (11)	Name of OSHA Monitor										
Start Date (10) 09 / 20	100000			1000000	_ / _	,	SAME AS A	ABOVE									
				d. 25			Street Address										
Occupancy Status Dur	ing Abatement (Cr	neck o	only of	ne)	mont		Stieet Addiess	9									
☑ Facility Closed/Vac☑ Abatement PerformTime of Abatement	ed Outside of Non	mal Fa	acility	Hour	s - Desc	cribe	City, State, Zip C	Code									
Scope of Work (Check	all that apply)								native Procesure								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	☐ Rei	****			☐ Mini-En	Containment with Negative Pressure Enclosure ebag Procedure Exempted (*) and Non-Friable Procedure									
			ls	Loca	tion	Г	△ NOII-EX	cimptod () ditte i i i	atement Type								
Locati Asbestos-Containin TO BE A IN Fa (1:	ng Material (ACM) ABATED acility		Use Ma	intena	ely by ance/ Staff?	Asbes (i.e., the	Description stos Containing M rmal systems insu VAT, or other miscellar	laterial (ACM) lation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
(1.			Yes	No	N/A			1/4	112 LF	\boxtimes			П				
Caulking at 6"X8"	Mounting Plate					Caulkin	ıg		112 LF								
											H	-	=				
											Ш	Ш	Ш				
	П																
Name of Registered V		NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill		322-09-0	53								
Diamond Huntba		n		1 1 1 2 2	Hauler I	D No.	Waste	Minerva									
	3011 0011311 110110	-			1968	9	10 Disposal Date	te City, State									
City, State Philadelphia, PA	19124			- Chillian			10/1/13	Waynesb	urg, OH 44688) Vata							
Completed By (Print of	or Type)	Title			24		Signature	1// 1/	1/10	íate	c. [1:1				
Charles F. Imbin		Pr	ojec	t Ma	nager			Man 1	MAN	0	7/1	27	115				

ASB-41 JUL 01

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



(A) 0			1		CATION	OF ASBE to NJAC 8	STOS A												
Date of Notification (1) 9/04/13		Name of Building Owner/Operator (2) Michelle Maglione																	
Agencies Notified	Type Notif				Street A	ddress elleville A	venue		SEP 1 3 2013										
EPA DEP DOL	Amei Amei	nded ndment#				ate, Zip Cod field, NJ													
DOH DCA	justifi	rgency (in ication) cellation	cluding			f Contact lle Maglio	ne			the second second	-	ephone Nu	mber	-					
N		FACI	LITY INFO	RMATIC	N														
Name of Facility Where A House	Abatement	is raking	Place (3	5)					Туре	e of Facility (4	:t								
Street Address 190 Belleville Avenue									School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,										
City (5) Bloomfield									Squa N/A	etc.) are Feet	# of	Floors		ldg. A	ge				
County (6)		County Code (7)					ent Use (Pric	10000000											
Essex Name of Monitoring Firm		ASCM No. Name					use atement Con		(9)										
N/A									&S Abatement, Inc.										
Street Address						et Address Rosengren Avenue													
City, State, Zip Code						State, Zip Code owa, NJ 07512													
Project Manager for Mor							phone No. License No. #00675												
Start Date (10) 9/23/13	ed Com	, ,					SHA Monitor tement, Inc	c.											
Occupancy Status Durin	ne)				Street	Addre	ess												
Facility Closed/Vac	Abatem	ent				Rosengren AVenue State, Zip Code													
Abatement Perform Other – Describe:	Occupied		II Facility	/ Hours			_			NJ 07512		1							
Scope of Work (Check A	II That Appl	y)				18		_	-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat Demoliti										dure								
EN EN			ls	Location	on						Abatement								
Location				Normall ed Solel			Description							Туре					
Asbestos-Containing TO BE AB		(CM)	Ma	intenar todial S	ice/	Asbestos Containing I (i.e. thermal system			Materia ns insu	al (ACM) lation,		mount specify	Z.	77	Enc	En			
In Facil (13)			Cus	(12)	tan?	10000000	surfacing, VA			0.000000000	SF	or LF)	Remova	Repair	Encapsulate	Enclosure			
			Yes	No	N/A	1				'			<u>a</u>	7	late	ле			
basem	ent			Х		pipe ins	ulation	assoc	c w/b	oiler only	2	0 LF	x						
basement X							boiler	insul	ation		4	0 SF	Х						
Name of Registered Was	l N	JDEP W	Vanta	Cubic	/ordo	s Name of Registered Landfill													
Name of Registered Waste Hauler D&S Abatement, Inc.					auler ID	No.	of Was			Accepted the less		gement o		222222					
City, State Totowa, NJ	1.00-7-02						Disposi TBD	al Date	9	City, State		١							
Completed by			Title			-		gnatur	e 1 a	2/1		D	ate						
Deanna Brkusanin Project Manager									W Ty JAIA	110/1-	9	/04/13	3						

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70 10			•		, NOAO O			2		1	1.5	\$1.14 E.			<u> </u>		
Date of Notification (1) 9/04/13	Name of Building Owner/Operator (2) Dan & Christine Delisi																
	ype Notification		100	treet Ad 128 Eas	dress st Avenu	ie				SE	P 13	2013	i	رت			
EPA DEP DOL	Amended Amendment				e, Zip Cod en, NJ 0			1 - 1 - 1 - E									
⊠ DOH DCA	1/20 TO THE REPORT OF THE PROPERTY OF THE PROP					e Delis	si	Telephone Number									
<u> </u>	_	FACIL	ITY INFO	RMATIC	ON						70.000						
Name of Facility Where Ab House						Type of Facility (4) School (K-12)											
Street Address 428 East Avenue		21				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Sewaren									quare Feet # of Floors				Bldg. Age N/A				
County (6) Middlesex		County C	ode (7) SE ONLY)			Current Use (Prior if being demolished) House											
Name of Monitoring Firm F		ASCM	No.			ame of Abatement Contractor (9) 0&S abatement, Inc.											
Street Address				Street Address 11 Rosengren Avenue													
City, State, Zip Code	100000				City, S	State, Zi	V										
Project Manager for Monito	T	Telephon	e No.		Telephone No. License No. 973-345-8685 #00675												
Start Date (10) 9/24/13	Com	pletion D	Date (11)	E .	Name	ne of OSHA Monitor &S ABatement, Inc.											
Occupancy Status During)					et Address											
Facility Closed/Vacate Abatement Performed	Period of Ab	atem	ent				Rosengren Avenue State, Zip Code										
Other - Describe: Od							100000000000000000000000000000000000000	towa, NJ 07512									
Scope of Work (Check All	That Apply)							_									
≥3 sf or ≥3 if ≥160 sf or ≥260 if	novat moliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
						NOI	n-Exempled	1 () an	u Non-File	Die Fit	Abatement						
Location	of	777,035,750	ocation of the control of the contro	222		De	Description of						Туре				
Asbestos-Containing N	Material (ACM)	Used	Sole		Asbestos Containing			ning Material (ACM)			mount	-		g.	m		
TO BE ABA		Custo		STORY STATE	(i.e.	surfa	cing, V	stems insulation, g, VAT, or			Specify F or LF)	Remova	Repair	caps	Enclosure		
(13)						other r	miscella	neous)				val	air	Encapsulate	sure		
		Yes	No	N/A							FO F	x	-	-	-		
baseme	nt		X			pipe insul			ulation		150 LF		-	-	-		
								101720-03				_	-	_	-		
								<u> </u>				-	-	-	-		
Name of Registered Wast	l N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	fill		L					
D&S Abatement, Inc.	Н	auler ID 20996		of Wa			Name of Registered Landfill Waste Management of PA										
City, State Totowa, NJ						Dispo TBD	sal Dat	e)	City, Stat		A						
Completed by Title				nager			Signatu		in Bill	livie	A1477	Date 9/04/1	3				
		*		V			-		7				1111				

CK 2928/17

T"							(4)			***	- 10	1 11				
Date of Notification (1) 9/04/13				ame of B larilyn \	uilding Owner. Wong	/Operator	(2)		-p 1	2 2013	j					
	Type Notification			reet Add 2 Fairw				. 3	_1	-0 50.5	الم					
EPA DEP DOL	Initial Amended Amendment #		С	ity, State	, Zip Code eld, NJ 0700	03	ASALI NO CONTROL &									
☑ DOH ☐ DCA ☐	Emergency (in justification) Cancellation	ncluding	1	ame of C Narilyn			Telephone Number									
	- Venner Angeles ar survene			FACILI	TY INFORMA	TION										
Name of Facility Where At House Street Address	patement is Taking	Place (3)					☐ S	of Facility (4) school (K-12) subchapter 8 other (i.e. pr) 3 (Othe	r than K-12) Il buildi	nas I	nomes			
32 Fairway						COL	e e	tc.)								
City (5) Bloomfield				N/A	e Feet	N/A		N/	Bldg. Age N/A							
County (6) Essex		200-		County Co	ode (7) SE ONLY)		Hous				ed)					
Name of Monitoring Firm	Hired by Building C		ASCM No. Name of Abatement Contractor (9) D&S Abatement, Inc.													
Street Address				t Addres Roseng	s jren Aven	ue										
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512													
Project Manager for Moni	toring Firm	elephon	e No.		hone No. License No. 345-8685 #00675											
Start Date (10) 9/25/13		Scheduled 9/26/13	Completion Date (11) Name of OSHA Monitor D&S ABatement, Inc.													
Occupancy Status During Abatement (Check Only One)							Street Address 11 Rosengren Avenue									
Facility Closed/Vaca Abatement Performe	ed Outside of Norm	Period of Abnal Facility H	atem lours	ent			ity, State, Zip Code									
Other – Describe: C	Occupied					Tot	otowa, NJ 07512									
Scope of Work (Check Al	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nova moliti				× Min	II Containme ni-Enclosure ovebag Prod	e cedure									
							LI NO	n-Exempted	(') ar	io ivon-Filat	Abatement					
		1.40	ocati	7337		50% 1/2 32	- 6	1			Туре					
Location Asbestos-Containing TO BE AB/ In Facil (13)	Sole itenar dial S (12)	ly by nce/ Staff?	(i.e. ther	Containing mal syste urfacing, \	cription of ining Material (ACM) ystems insulation, ng, VAT, or scellaneous)			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
gorna		Yes	No X	N/A	n	ipe insu	lation			18 LF	x	\vdash				
garag	$\frac{\wedge}{X}$	-		ipe insu			66 LF		X	1						
Daseille	ent															
								T NI	Der!	lorod I cade						
Name of Registered Was	H	IJDEP W lauler ID	No. of	ubic Yards Waste	5	Name of Registered Landfill Waste Management of PA										
D&S Abatement, Inc), 		#	20996	1000	3D sposal Da	ate	City, Sta				, , , , , , , , , , , , , , , , , , , 				
City, State Totowa, NJ		Title				BD .	_	Tullyto	wn, P	A STE	ate					
Completed by Deanna Brkusanin		Signa	Illu	wa Ru	llu	Ille 9	9/04/1	3								