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Start Date (10)3	17	9	/ _2		ate (11) 17	Name of OSHA M						
Project Manager for Monito MICHAEL R. KEEHN			6		6-8800	Telephone No. 215-788-6040		License No.				
City, State, Zip Code BURLINGTON, NJ 08						City, State, Zip Co	ode		17			
Street Address 3 TERRI LANE				00	0098	Street Address 1123 BEAVE	AL, INC.				=	
MERCER  Name of Monitoring Firm H  ATC GROUP SERVICE		Own	er (8)	Total Control	M No.	Name of Abatem	UNIVERSIT ent Contractor (9	Y LIBRARY		·		
PRINCETON, NJ County (6)				Co	unty Code (	7)(STATE USE ONLY)	1,000,000 Current Use (P	8 rior if being demo		70	- Igc	
Street Address 1 WASHINGTON RO. City (5)							→ Subchapter	8 (Other than K-1	ercial	build Bldg.		
Name of Facility Where At						NFORMATION	Type of Facility					
(NJAC 5.23-8)	☐ Cancellation			R	me of Conta	ORTEGO		Telephone Nu	mber			
☑ DOLWD ☑ DOH ☑ DCA (NJAC 5:23-8)	Amended Amendmen  Emergency justification	(inclu		Cit		O Code ON, NJ 08544		ASBES 05 C	SING	THO	. &	100
Agencies Notified  EPA	Type Notificati  ⊠ Initial			Str	eet Address	S	N UNIVERSIT			017	Section of the second	
2 /	27 /	17				ling Owner/Operators S OF PRINCETO		SEP -	E 9	na9	or Dealer	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) of Notification (1) Name of Building Owner/Operator (2) 2 27 / 17 TRUSTEES OF PRINCETON UNIVERSI Agencies Notified Type Notification Street Address **⊠** EPA 200 ELM DRIVE CONTROL □ DOLWD City, State, Zip Code **⊠** DOH Amendment #4-8/30/17 LICENSING PRINCETON, NJ 08544 ☐ Emergency (including ☑ DCA (NJAC 5:23-8) justification) Name of Contact Tolonhana Number ☐ Cancellation ROBERT ORTEGO **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON UNIVERSITY - FIRESTONE LIBRARY ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 WASHINGTON ROAD homes, etc.) City (5) Square Feet # of Floors Bldg. Age PRINCETON, NJ 1,000,000 8 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER UNIVERSITY LIBRARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC GROUP SERVICES LLC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 TERRI LANE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. MICHAEL R. KEEHN 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 13 / 17 / 29 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 4:00AM-12:30PM/\_\_\_\_PM-\_\_ BRISTOL, PA 19007 Scope of Work (Check all that apply)  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$  □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Asbestos-Containing Material (ACM) Encapsulate Enclosure Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PHASE 6 - LEVEL 1 П  $\boxtimes$ ACOUSTICAL CEILING PLASTER 6075 SF M П П PHASE 6 - LEVEL 1 П X PIPE INSULATION 200 LF  $\boxtimes$ PHASE 6 - LEVEL 1 X SPLINE CEILING TILES 4050 SF X П TRUSTEES READING RM MEZZ. X ACOUSTICAL PLASTER CEILING 450 SF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE WAYNESBURG, OH Completed By (Print or Type) Title Signature Date **BRIAN SCAFIRO ESTIMATOR** 

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

ASB-41

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State of New Jersey

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Date of Notification (1)	27 /	17				ling Owner/Operato		1) 050		0491	O'Become sections	
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⊠ DOH	Amendmer	t #4-8/	30/17		, State, Zip		L	L!CEN	ISING	3	ngmum	-
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(NJAC 5:23-8)	justification  Cancellation			- Charles	ne of Conta	70.0		Telephone Nu	mber			
					OBERT C							
Name of Facility Where Al		. 51	(0)	F,	ACILITY	NFORMATION						
PRINCETON UNIVER				2 A D.V			Type of Facilit					
Street Address	COLL - LIKE	STUNI	= LIBI	KARY			School (K-	12) r 8 (Other than K-1	2)			
1 WASHINGTON RO	A.D.						Other (i.e.,	private and comm	ercial	buildir	nas.	
	AU						homes, etc	i.)			3-,	
City (5) PRINCETON, NJ							Square Feet	# of Floors	1	Bldg.	Age	
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County (6) MERCER				Cou	unty Code (	(7)(STATE USE ONLY)	The state of the s	rior if being demo	lished)			
							1	TY LIBRARY				
Name of Monitoring Firm H ATC GROUP SERVICE		g Owne	r (8)	ASCN		Name of Abatem	THE PERSON NAMED IN STREET	35				
Street Address	ES LLC			00	0098	BRISTOL EN	VIRONMENTA	AL, INC.				
						Street Address					-	
3 TERRI LANE						1123 BEAVE	R STREET					
City, State, Zip Code	040					City, State, Zip C						
BURLINGTON, NJ 08			1			BRISTOL, PA	A 19007					
Project Manager for Monito	ring Firm		1 00	ephone		Telephone No.		License No.				
MICHAEL R. KEEHN	10.		_		6-8800	215-788-6040	**.0	00509				
Start Date (10)					ate (11)	Name of OSHA N						
3 / 13 / _	PENNER			9 /	17	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During A						Street Address						
☐ Facility Closed/Vacated  ☐ Abatement Performed O	During Entire F	eriod o	Abate	ment		1123 BEAVR	STREET					
Time of Abatement: 4:0	0AM-12:30PA	ai Facili 1/	ty Hou	rs - Des	scribe M	City, State, Zip C						
		"				BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)					⊠ FII C						
≥3 sf or ≥3 lf		⊠ R	enovat	ion		☐ Mini-End	tainment with Neg	gative Pressure				
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Location of		200	s Loca Norma						Ab	atem	ent T	уре
Asbestos-Containing Ma	terial (ACM)	Use	ed Sole	ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	m	Ī
TO BE ABATE	<u>:D</u>		aintena todial		(i.e	., thermal systems	nsulation,	(Specify	Removal	Repair	cap	000
IN Facility (13)		Cus	(12)	Stail?		surfacing, VAT, other miscellane		SF or LF)	Va.	]	Encapsulate	Fliciosule
1		Yes	No	N/A		other miscenarie	ous)				ate	
RUSTEES READING R	M MF77				DIDE IN	SULATION		0515			_	-
		+=-	_		PIPE IIV	SULATION		85 LF			Ш	L
VALL OUTSIDE COTSE	N LIBRARY				WATER	PROOFING		250 SF				
RESERVATION ROOF				$\boxtimes$	WATER	PROOFING		150 SF				
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ame of Registered Waste F		C.	H	auler ID				-ANDFILL				
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SERVICE TRANSPORTITY, State		C.				Disposal Date	City, State				7.72	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	27 /		_	V		ding Owner/Operator		1 11 13		E		1
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☑ DCA	☐ Emergenc		ıding			ON, NJ 08544	AS	Bes us a	MITH	OI S	2	
(NJAC 5:23-8)	justification  Cancellation				ame of Cont		-	Talent	214161	Sello S		
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Name of Facility Where A	batement is Ta	king P	lace (3	3)	FACILITY	INFORMATION	Type of Facility	(1)				
PRINCETON UNIVE					Y		Type of Facilit  ☐ School (K-					
Street Address					-		Subchapter	8 (Other than I	<-12)			
1 WASHINGTON RO	AD				102		Other (i.e.,	private and com	mercia	al buil	ding	S
City (5)		-	-				homes, etc					
PRINCETON, NJ							Square Feet 1,000,000	# of Floors		Bldg		36
County (6)				C	ounty Code	(7)(STATE USE ONLY)		rior if being derr	P. 1	70	)	_
MERCER						(· //o · · · · · · · o o c o n c //		Y LIBRARY	nolishe	۵)		
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Street Address		7				Street Address	····	ic, iiio.				311
3 TERRI LANE						1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co						_
BURLINGTON, NJ 08	016					BRISTOL, PA						
Project Manager for Monito	ring Firm	-	Te	lephon	e No.	Telephone No.	10007	Licones No				
MICHAEL R. KEEHN			10			reseptions its.	License No.					
MIOTIALL IV. IVELITIE				609-38	36-8800	215-788-6040		00500	00509			
	Sche	eduled				215-788-6040 Name of OSHA Mo	nitor	00509		- 62		
	Sche		Comp	letion D	Date (11)	Name of OSHA Mo			<del></del>	10000		
Start Date (10)	17	8	Comp	letion D		Name of OSHA Mo BRISTOL ENV						
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Start Date (10) 3 /13 /  Decupancy Status During All Facility Closed/Vacated It Abatement Performed Out Time of Abatement: 4:00  cope of Work (Check all that ] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATEL IN Facility (13)  HASE 5A - LEVELS C &  IASE 5A - LEVELS C &	batement (Che During Entire P utside of Norma DAM-12:30PM at apply)  erial (ACM)  B B B	8 ck only eriod of all Facility  R D Use Ma Cus Yes	comp / 3 / one)  If Abate ity Hou PM enoval emoliti s Loca Norma ed Sole aintena itodial (12) No	ement urs - De Attion on tion ally since/Staff?	Asbesi (i.e.,	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVR S City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	TREET  TR	Amount (Specify SF or LF)  1010 LF  43,057 SF  285 EA	At Removal	1	Encapsulate [	-
Start Date (10) 3 /13 /	batement (Che During Entire P utside of Norma DAM-12:30 PM at apply)  erial (ACM)  B B B B	8 ck only eriod o al Facil /  R D Use Ma Cus Yes	comp / 3 / one) / f Abati ity Hou PM- enoval emoliti s Loca Norma ed Sole aintena itodial (12) No	ement urs - De Attion on tion ally ely by ince/Staff?	Asbesi (i.e.,	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVR S City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclos Glovebag F Non-Exempt  Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  ULATION TILE & MASTIC ittings on fiberglass	TREET  TR	Amount (Specify SF or LF)  1010 LF  43,057 SF  285 EA  40 EA	Removal	1	Encapsulate [	-
Cocupancy Status During All Facility Closed/Vacated Is Abatement Performed On Time of Abatement: 4:00 cope of Work (Check all the 23 sf or >3 lf 2160 sf or >260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  HASE 5A - LEVELS C & IASE 5A	batement (Che During Entire P utside of Norma DAM-12:30 PM at apply)  erial (ACM)  B B B B B	8 ck only eriod o al Facil /  Use Ma Cus  Yes	comp / 3 / one) / f Abati ity Hou PM enoval emoliti s Loca Norma ed Sole aintena todial (12) No	ement urs - De Attion on tion ally ely by ince/Staff?	Asbess (i.e.,  PIPE INS  FLOOR T  Packed fi  Hanger p	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVR S City, State, Zip Cod BRISTOL, PA 1  Full Contai Mini-Enclos Glovebag F Non-Exempt  Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  ULATION TILE & MASTIC ittings on fiberglass	TREET  TR	Amount (Specify SF or LF)  1010 LF  43,057 SF  285 EA  40 EA	At Removal	1	Encapsulate [	-
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### NOTIFICATION OF ASBESTOS ABATEMENT

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No					FACILITY	INFORMATION								
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MICHAEL R. KEEHN			6	COD 286 0000							00509			
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Pg #

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Date of Notification (1)			THE STATE OF			ilding Owner/Operato	1   1000	150	毛胸	新	E	Ti
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Name of Facility Where Abateme PRINCETON UNIVERSITY	ent is 1	aking F	Place (	3)			Type of Facility					
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1 WASHINGTON ROAD							Subchapter Other (i.e., p	8 (Other than a	K-12)	al buile	lines	
City (5)							nomes, etc.	)	TITLETCI	ai bullo	ings	1
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MERCER				1.0	Jounty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being der	nolishe	d)		
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ATC GROUP SERVICES LI	_C	5 0 111	(0)		00098	Name of Abatem						
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3 TERRI LANE						1123 BEAVE	O OTDEET					
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BURLINGTON, NJ 08016						BRISTOL, PA						
Project Manager for Monitoring Fir	m		T	elephor	ne No.	Telephone No.	15007	T.,				
MICHAEL R. KEEHN			1		86-8800	215-788-6040		License No.				
Start Date (10)	Sch	eduled	Comp	oletion I	Date (11)	Name of OSHA Me	onitor	00509				_
3/13/17	_				17		TRONMENTAL	INC				
Occupancy Status During Abateme	nt (Che	eck onl	y one)			Street Address		, INC				
☐ Facility Closed/Vacated During	Entire F	eriod	of Abai	tement		1123 BEAVR S	TREET					
Abatement Performed Outside of	f Norm	al Faci	ility Ho	urs - De	escribe	City, State, Zip Coo						_
Time of Abatement: 4:00AM-12		1/	_PM	/	AM	BRISTOL, PA						
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] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renova Demolit	tion ion		☐ Mini-Enclo	Procedure					
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ALL OUTSIDE COTSEN LIBR	ARY				WATER	PROOFING		250 SF	$\boxtimes$			
RESERVATION ROOF					WATERP	PROOFING		150 SF	×		5	Г
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npleted By (Print or Type)	Title					Signature	,					_
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Date of Notification (1)	27	/			Name TRL	of Bu	ilding Owner/O	perator (2) CETON UN	IVERSIT	,11	SEP -	- 5	201	7
Agencies Notified  EPA	Type No		n		Street	Addre	ess		-I					
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City, State, Zip Code								VER STR	EET					
BURLINGTON, NJ 08	016						City, State, Z							
Project Manager for Monitor				Teleph	one No.	-	Telephone No	, PA 19007		_				
MICHAEL R. KEEHN					386-8800	o l	215-788-6			License	12.523			201-15-1
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Scope of Work (Check all that	apply)										-			
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ZZ 2100 SI 01 2200 II			Demol	tion			☑ Gloveb	an Procedur	e					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2 27 / TRUSTEES OF PRINCETON UNIVERSIT - 5 2017 Agencies Notified Type Notification Street Address X EPA ☑ Initial 200 ELM DRIVE Ø DOLWD ASE OS CONTROL 8 City, State, Zip Code Amendment #2-6/16/17 **⊠** DOH LICENSING PRINCETON, NJ 08544 DCA DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation ROBERT ORTEGO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON UNIVERSITY - FIRESTONE LIBRARY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1 WASHINGTON ROAD homes, etc.) City (5) Square Feet # of Floors PRINCETON, NJ Bldg. Age 1,000,000 8 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER UNIVERSITY LIBRARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC GROUP SERVICES LLC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 TERRI LANF 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. MICHAEL R. KEEHN 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 13 / 17 8 / 1 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 4:00AM-12:30PM/\_\_\_\_PM-\_\_\_AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ☑ Glovebag Procedure ≥160 sf or ≥260 lf ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Removal Asbestos Containing Material (ACM) Encapsulate Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A PHASE 6 - LEVEL 1 M ACOUSTICAL CEILING PLASTER 6075 SF X PHASE 6 - LEVEL 1 П X PIPE INSULATION 200 LF X PHASE 6 - LEVEL 1 M SPLINE CEILING TILES 4050 SF X П TRUSTREES READING RM MEZZ. X ACOUSTICAL PLASTER CEILING 450 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE. DE WAYNESBURG, OH Completed By (Print or Type) Title Signature BRIAN SCAFIRO **ESTIMATOR** 

SB-41

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	27	, ,		Name of	f Building Owner/6	Operator (2)	1131			
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Ø DOH	Amen	dment #2	-6/16/17	City, State	e, Zip Code		AS	SEES O	S CON	THOL &
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PRINCETON UNIVERS	ernent is	s Taking I	Diace (3)				e of Facility	(4)		
Street Address	1111-1-1	IRESTO	NE LIBR	ARY			School (K-12	2)		
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MICHAEL R. KEEHN				one No.	Telephone No			License No	0	
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		State of	New Jersey		G E IN B
VIV OK	NOTIFIC	ATION OF AS	BESTOS ARAT		GEIVEN
NOOL	(P	ursuant to NJ	AC 8:60 and 5:10	6) [[5]	
Date of Notification (1)	58 9800 Y	Name of Buildin	g Owner/Operator (2	2)	SEP - 5 2017 Pgl.
	/ _17	TRUSTEES	OF PRINCETON	I INIVERSITY	OLI 3 2011 AL
Agencies Notified Type N	lotification	Street Address	- Tanto E T ON		
⊠ EPA ⊠ Initia	7.00	200 ELM DR	n/c	ASL	US CONTHOL &
☑ DOLWD ☑ Ame		City, State, Zip C		In the second second	LICENSING
1	ndment # <u>1-3/27/17</u> rgency (including	PRINCETON			
		Name of Contact			
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					<i>‡</i> -
Name of Facility Where Abatement	is Taking Place (3)	FACILITY INF			
PRINCETON UNIVERSITY -	FIRESTONE I IRRAE	ev.	T	pe of Facility (4)	
Street Address	TIDION.			School (K-12)	
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City (5)					er than K-12) and commercial buildings,
PRINCETON, NJ				uare Feet # of	Floors Bldg. Age
County (6)	16	1.6		8 000,000,	70
MERCER	10	ounty Code (7)(S7	ATE USE ONLY) Cur	rent Use (Prior if bei	no demolished)
Name of Monitoring Firm Hired by Buil	Iding Owner (8) Laco	V	1 0	RIVERSITY I IRE	4RY
ATC GROUP SERVICES LLC	50-1 000-000 post-000000	M No. Na	me of Abatement Co	ontractor (9)	
Street Address	0	0098 E	RISTOL ENVIRO	NMENTAL, INC.	,
3 TERRI LANE		Str	eet Address		
City, State, Zip Code			123 BEAVER STR	REET	
BURLINGTON, NJ 08016			State, Zip Code		
Project Manager for Monitoring Firm	1 90-1		RISTOL, PA 1900	7	
MICHAEL R. KEEHN	Telephone	1.0.0	phone No.	License	No
Start Date (10)	609-386 cheduled Completion Da		5-788-6040	0050	
	8 /1 /	The second of the second of	of OSHA Monitor		
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Time of Abatement: 4:00AM-12:30PM	Il PM- AM	City, S	tate, Zip Code		
cope of Work (Check all that apply)		BRIS	STOL, PA 19007		
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≥160 sf or ≥260 lf	□ Demolition	፟፟፟፟፟፟፟	Glovehan Procedur	**	T
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of Registered Waste Hauler	NJDEP Waste	Cubic Yards		9istered Landfill	
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CASTLE, DE		-isposal Da	,	Direct	
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	/	17		Name	of Buildin	Owne	r/Operato	r (2)		SEP -	E 2047	1914
Agencies Notified Tvp	e Notific			INC	USTEES	OF PR	INCETO	N UNIVERS	TY	ULI	5 2017	
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Ø DCA (NJAC 5:23-8) □ E	mergeno	y (inclu	iding	PRIN	CETON,	NJ 08	544					
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PRINCETON UNIVERSITY	entis la	King PI	ace (3)					Type of Facili	ly (6)			
Street Address	- FIRE	STOR	E LIBI	RARY			İ	□ School (K	12)			
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ATC GROUP SERVICES LL	~	Owner	(8)	ASCM No.	Nar	ne of A	batement	Contractor (9)		K1		
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3 TERRI LANE					Stre	et Addr	ress		-, 110.			
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BURLINGTON, NJ 08016					City,	State, .	Zip Code					
Project Manager for Monitoring Firm					BF	ISTOL	L, PA 19	007				
MICHAEL R. KEEHN				none No.	Telep	hone h	ło.		License	ble		
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	8	_ / -		/ _17	BRI	STOL	ENVIRO	NMENTAL, I	NC			
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RVICE TRANSPORT GROUP, INC	_	NJ	DEP W uler ID		ubic Yards	of	Name of	Registered Lan	dfill			1 .
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 27 / 17 TRUSTEES OF PRINCETON UNIVERSIT Agencies Notified Type Notification Street Address Ø EPA 2298 M Initial 200 ELM DRIVE DOLWO 2250 ☐ Amended DOH 2267 City, State, Zip Code Amendment # US CONTROL & DCA2274 PRINCETON, NJ 08544 Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Telephone Number ROBERT ORTEGO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERISYT - FIRESTONE LIBRARY Type of Facility (4) ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 1 WASHINGTON ROAD Other (i.e., private and commercial buildings, homes, etc.) City (5) PRINCETON, NJ Square Feet # of Floors Blog. Age 1,000,000 County (6) 8 County Code (7)(STATE USE ONLY) 70 Current Use (Prior if being demolished) MERCER UNIVERSITY LIBRARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contrador (9) ATC GROUP SERVICES LLC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 TERRI LAKE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. MICHAEL R. KEEKN License No. 609-386-8800 215-788-6040 Start Date (10) Scheduled Completion Date (11) 00509 Name of OSHA Monitor 3 / 13 / 17 \_8 / \_1 / 17 BRISTOL ERVIRONMENTAL, INC ccupancy Status During Abatement (Check only one) Street Address ] Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 1123 BEAVR STREET Time of Abatement: 7:00AM-3:30PM/ PM- AM City, State, Zip Code BRISTOL, PA 19007 ope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If ⊠ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 ff □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Normally Location of Abatement Type sbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Removal Repair TO BE ABATED Maintenance/ Encapsulate Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12) SF or LF) other miscellaneous) Yes No N/A E 5A - LEVELS C & B Ø PIPE INSULATION 1010 LF X E 5A - LEVELS C & B П X FLOOR TILE & MASTIC 43,057 SF X  $\Box$ E 5A - LEVELS C & B П X Packed fittings on fiberglass 285 EA X 5A - LEVELS C & B П X Hanger pads on fiberglass Registered Waste Hauler 40 EA X NJDEP Waste Cubic Yards of Name of Registered Landfill ICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 Disposal Date City. State CASTLE, DE WAYNESBURG, OH d By (Print or Type) Signature SCAFIRO Date ESTIMATOR

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 27 / 17 TRUSTEES OF PRINCETON UNIVERSITY Agencies Notified Type Notification Street Address DI EPA M Initial 200 ELM DRIVE DOLWD ☐ Amended City, State, Zip Code DO DOK Amendment # US CONTROL & PRINCETON, NJ 08544 DOCA DEmergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation ROBERT ORTEGO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON UNIVERSEYT - FIRESTONE LIBRARY ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 1 WASHINGTON ROAD Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet PRINCETON, NJ # of Floors Bldg. Age 1,000,000 County (6) 70 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER UNIVERSITY LIBRARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contrador (9) ATC GROUP SERVICES LLC BRISTOL ENVIRONMENTAL, INC. 00098 Street Address Street Address 3 TERRI LANE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. MICHAEL R. KEEHN License No 609-386-8800 215-788-6040 Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor 3 / 13 / 17 8 / 1 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVE STREET Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ] >3 sf or >3 If ⊠ Renovation Mini-Enclosure ≥160 sf or ≥260 ff □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Nomally Abatement Type Description of Used Solely by Asbestos-Containing Material (ACM) Removal Asbestos Containing Material (ACM) Encapsulate TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A ASE 6 - LEVEL 1 X ACOUSTICAL CEILING PLASTER 6075 SF X П П ISE 6 - LEVEL 1 П M PIPE INSULATION 200 LF DO SE 6 - LEVEL 1 X SPLINE CEILING TILES 4050 SF DO  $\Box$ П of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill **?VICE TRANSPORT GROUP, INC.** Hauler ID No. Waste MINERVA LANDFILL 20990 tate Disposal Date City, State V CASTLE, DE WAYNESBURG, OH eted By (Print or Type) Title Signature IN SCAFIRO ESTIMATOR 1. 711

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Date of Notification (1)	7			11/	of Building Owner			SE IN SE	p _ c	2017	7	
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WESTVIL	11,-						Square Feet		1 8	g. Age		
County (6)	16			County	Code (7)		Current Use	(Prior if being demolish	ied)	1		
				(STATE	USE ONLY)		RES,	Contractor (9)	_			
Name of Monitoring Firm				ASCI	M No.	Name	of Abatement	Contractor (9)	157	1-0-1-1		
Street Address	11101 11	JV EC		1		Street	Address	CONSTRU	10//	Cic		
PO BOX 110	45						BOX 11					
City, State, Zip Code	10.11					City, S	State, Zip Code	DA 1911	/			
Project Manager for Mon	itoring Firm			Telepho	ne No.	Telep	hone No.	License N	0.	<del></del>		
JASON DU	4		0	267	784-4693 Date (11)	26	267-784-4694 01276					
Start Date (10)		9-/			Date (11)	Name	of OSHA Mon	itor				
Occupancy Status During	g Abatement (Chec					Street	Address					
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of A	Abatem	nent		City S	State, Zip Code					
Other – Describe:	M. C. W. S.					Oity, c	riato, zip oodo					
Scope of Work (Check A	II That Apply)		/				7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Acres 1	Renova Demolit				Mini-Enclo Glovebag I					
		Is	Locati	on			140II-EXCIT	pied ( ) and North hab	T	batemer	nt	
Location			Normalled Sole			escription				Type	-	
Asbestos-Containing TO BE ABA	ATED	Ma	intenar todial S	nce/	(i.e. therma	I system	Material (ACM) s insulation,	(Specify	Re	Enca	E	
In Facil (13)	ity		(12)			acing, VA miscellar		SF or LF)	Remova	Encapsulate	Enclosure	
		Yes	No	N/A						ate	d)	
DUCT			V		DUCT	wit	PAP	16-6				
Name of Registered Was	ste Hauler		l N	JDEP W	laste Cubic	Yards	Name	of Registered Landfill				
FRYMAR			Н	auler ID			L. Commercial		1/10			
City./State	CONSTRU	JOTIC	20+	00-		sal Date	City, S	=STERN BER	175		-	
PKOLA P	A				9-	/ / /	7	<i>(</i> )				
Completed by	DUA	Title V.	PI	PE-C		Signature	um /	Klen 8		-17		
ASB-41 (R-06-08)						* Do no	ot use this form	n for asbestos licensure				

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

Date of Notification	m /1\	(Pur				-7 and 12:120-7		grand 1		- Timber		
8/30/2017	)II (I)					owner/Operator venia	PAL	M) [ [		1	V [	SI I
Agencies Notified	Type Noti	fication	Str	eet Add	ress			1131			A School Sections	$\exists \Vdash$
[ ]EPA	[X]Init			1100	2000				D _ 0	200	147	
		ification	Cit	Chah		G - 1-			FP - 9	) 21	111	lauren
[ ]DEP	[]Amen	ded		y, Stat		NJ,07042						100
[X]DOL	Not	ification				,110,07042		ASE.	しっし	ONT	HOL	. &
[X]DOH	[]EMER	GENCY	1 1 1 1 1 1 1 1	e of Co			Talanha	no Mumber	ICENS	ING	-	
[ ]DCA	2 222	ellation	K	ichar	a A	venia	i i	27	200			
	i journe			FAC	ILITY	INFORMATION			7			
Name of Facility Wh	ere Abatem	ent is Ta	king I				Type of Facil	ity (4)				
Richard Aveni	La						[ ]School	(K-12)				
Street Address							[ ] Subchap	ter 8 (Other				
July 1								i.e., priva homes, etc		omme:	rcia	1
							Square Feet	# of Floo		.dg.	Age	
City (5)		County	(6)		1	unty Code (7)				-		
Montclair		Ess€	×		(S	TATE USE ONLY)	Current Use (	Prior if be	ing de	noli	shed)	)
Name of Monitoring Owner (8)	Firm hired	by Build:	ing 2	ASCM No.		The second contract of	ment Contracto					
N/A						AZTECH M	IANAGEMENT	, Inc.				
Street Address						Street Addres	T					
	the second secon					86 Chris	stopher St	•				
City, State, Zip Co	de				-1211111111111111111	City, State,						
						Montclai	r, NJ 070	42				
Project Manager for	Monitorin	20		one Num	ber	Telephone Num		I	icense		per	
			I/A			(973) 744	-8800		0037	1		
Scheduled Start Date	4	Sched. Con			(11)	Name of OSHA	Monitor					
5.45.488500000 ENG. (2005.5.5500) 0.000	17 Year	9- Month	13-		22	N/A						
Occupancy Status Du	ring Abate	ment (Chec	Day k onl	Yea y one)		Street Addres	s					
[X]Facility Clo of Abatemen		d During	Entire	e Period	i							
[ ]Abatement Pe	erformed Ou	tside of	Norma:	l Facili	ty	City, State,	Zip Code					
Hours - Desc [ ]other - Desc				ecrint»			and the second s					
Scope of Work (Check			cy Des	script»								
bcope of work (check	k all mat	appry)				[ ]Full	Containment wi	th Negative	Pressu	ire		
[X]≥3 sf or []>160 sf				novatio		[X]Mini-	Enclosure	-				
1 12100 31	01 2200 11		[ ]De	molitio	11		bag Procedure riable Procedu	re				
Location	n of		Locat				-		Aba	teme	nt T	
Asbestos-Cor			Norma	ally		Description Asbestos-Con		Amount	R	R	E	E
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In Facil	The state of the s		Custo	dial	ir	i.e., thermal) sulation, surfa		SF or LF)	V O	P A I	PS	o s
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Basement				X	Dua	t Work		155 S	r x			E
			-	- 22	Duc	C WOLK		133 3.	-			
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Name of Registered V	Waste Haule	er	NITOEP	Waste	C	bic Yards	Name of Regi	stored Land	Fi 11			
AZTECH MANAG		TNC	Haule	r ID No	1000	Waste 1.5		Enterp:		INC	7	
City, State			1704	± U	D4	sposal Date						
Montclair, NJ	07042				1	9-14-17	City, State Waynesh	urg, Ohi	0 44	689	2	
Completed By (Print		Title				Signature		1/	Date			
Constantine Vivian President						1 / /	and and	1/11	8/30/	2017		
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### State of New Jersey NOTIFICATION OF ASSESTOS ASATEMENT

UIA U.S. MAIL CON#. 4109

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Date of Notification (1) 8 28 12		<del></del>	Name Hr.	of Buildin	CTA	D A	CIC Blane	<u>GEIV</u>		M
Agencies Notified Type Notification	)		-	Address		musika bolo		\$V€ - 5_201	7	
DEP Amended	Luce.		2	State, Zip		110	10001	n -	-	
Ø DOL Amendment ☐ Emergency	(includir	19	Name	FIGO	ne-varanees to test printed	<u>C,N</u>	ASE!	- Voloniaho 1	le mobile :	
DOH justification Concellation			11/2	JIM CLITYIN	1cth	Що	dSlan			
Name of Facility Where Abatement is Takin	g Place	(3)	8.29	Constitution Constitution (Constitution Constitution Cons	7	73434	Type of Fadilit	TE SOMEONE		
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City (5)	0	120	1	ili kan meningahan dan meningah d			Square Feet	# of Floors		3ldg. Ag
City (6) CLIFTON, NO.O	, \	7/0	Count	Code (7	3		Current Use (F	Prior if being demoi		80
	25.04.0000000000000000000000000000000000		(STATE	iceom	Ŋ			HOUSE		
Name of Monitoring Firm Hired by Building	Owner (	3)	ASC	M No.			of Abatement C ATECh	INC (S)		eginem elementeleginelegineleginelegine
Stroot Address	April	AND THE PERSON NAMED IN	and mirror		menter en		Address ). \SUX	814		
City, State, Zip Code				ananga dananga karanga bahar	COLUMN TO THE POST OF THE POST	1 Bin	ate, Zio Code		285	2
Project Manager for Monitoring Firm		7	Teleph	one No.	MARCHANIA CONTROL	J Gloph	82160 238x7	License	No.	
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Start Date (10)	, and	01	1/19		,	Na	patedn	100		
Occupancy Status During Abatement (Chec			/			Street	Address LJOX 81	4		•
Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm  Other — Describe:	errou on al Facilit	y Hour	2 Marir			2	nto The Parks	N.O. 089	200	
Scope of Work (Check All That Apply)	manishawite were	ales and the second sec				OID	0			
11, 23 of or 23 if 21 2160 of or 2280 if		Renova Demoiit				Ā	Mini-Encloses	nenkwith Negative re	Pressus	8.
A 2100 3101 1200 11				-		B	Glovebag Pro Non-Exemple	ocedure ed (*) and Non-Frid	ible Pro	cedure
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Location of Asbestos-Containing Material (ACM)	Use	Normali d Sole liotenar	ly by	Asber	dos Cont	scription of sining Ma	Iterial (ACM)	Amount (Specify	3	1
TO SE ABATED In Facility (13)	1	tedial S (12)		(1.8	SUTER	systems ang, VAT iiscellans	insulation, ; or nus)	SF or LF)	Removal	Repair
(10)	Yes	No	N/A		00,000 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/			3,4
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NOVATEDO INC		11	850	Ţ	Dispos	3	G.R.		Λ	
City, State Bridge N.O. 68	855	}		أحض فحصرت	1101	<b>H</b> 13	- Moon	Soulle F.	- in	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Pate of Notification (1)  Name of Building Owner/Operator (2)										I C	5.1	7	<u> </u>		
Date of Notification (1) 8/25/2017				Building Owr Property	ner/Ope	erator (	(2)	Definition of the second	And the second of the second	SEP	- 5	20	)17		
Agencies Notified Type Notification		St	treet Add	dress					· Consumer of the consumer of					ľ	manage of
EPA Initial Amended Amendment #_			ity, State ivingst	e, Zip Code on NJ					ĀS	LICE	NS:		FI.	_ &s	1
☐ DOH justification ☐ DCA ☐ Cancellation	cluding	202	ame of 0	Contact Matarese	F 53			- II	Tele	nhone N					
			FACIL	ITY INFORM	OITAN	N	Time of	English //	1)			-			
Name of Facility Where Abatement is Taking Private property	Place (3)							Facility (4 shool (K-12							
Street Address							Su	bchapter	8 (Othe	er than K-1 commerc	2) ial buil	dine	as, h	omes	
							Square	c.)		Floors			. Ag		-
City (5) Livingston							1200	1 661	2	110013		-50			
County (6)			ounty C	ode (7) SE ONLY)			Current	t Use (Pric	or if bei	ng demolis	hed)				
Clerk  Name of Monitoring Firm Hired by Building Over	wner (8)		ASCM	1850 E.				ment Con							
N/A			N/A					ons Sen	vices	LLC		_			_
Street Address N/A						1435	Address 51st S	Street							
City, State, Zip Code N/A						North		en NJ 07	7047						
Project Manager for Monitoring Firm N/A	N/A 201-									License I 01320	No.				
									_abor	atories					
Occupancy Status During Abatement (Check	Only On	e)					Address	e 22 Wes	st						
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	Abateme Hours	ent			City, S	State, Zip	Code							
Scope of Work (Check All That Apply)						CALCIDATE		W							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti					Mini Glov	-Enclosur	e cedure	n Negative				,	
is a second of the second of t	Is	Location	on									А	bate Ty	ment oe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ining Material (ACM)  E ABATED Facility  Seed Soliety by Maintenance/ Custodial Staff? (12)						n of Material ns insula AT, or aneous)		(	Amount Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure
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Basement			X		joint (	Comp	ound			1205F	X	+			
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Name of Registered Waste Hauler			J IJDEP V lauler ID		Cubic of Was					tered Land		leii			
Newark Carting Inc			4509							hem Rd	Lanc	11111			
City, State Po Box 5670						sal Dat		City, Sta 2335 A		outter Ro		nle	hem	PA	ş.
Completed by Marcos Regato	sident			S	Signatu Ma	re WES.	les	alo		Date 8/25/	20	17			

NOTIFICATION OF ASBESTOS ABATEMENT

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(Pursuant to N.J.A.C. 8:60 and 12:120) Notification Name of Building Owner / Operator (2) 8/29/17 Old Bridge Township Board of Education Agencies Notified Type Notification Street Address EPA Patrick Torre Administration Bldg, County Route 516 US CONTROL 8 DEP Initial City, State & Zip Code X DOL Amended LICENSING Matawan, NJ 07747  $\boxtimes$ DOH X Emergency Name of Contact Telephone Number DCA Cancellation Mr. Frank Frazzitta FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Jonas Salk MS School (K-12) (Non Sub-Chapter 8) Street Address Subchapter 8 (Other than K-12) 155 W Greystone Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 28,000 40+ Old Bridge Middlesex Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/30/17 8/30/17 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 4 PM - 12 Midnight Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Maintenance or TO BE ABATED (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Boiler Room Breeching 5 SF X Stage X Wiring 20 LF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1 Cu Yd Minerva Landfill City, State Disposal Date City, State New Castle, DE 8/31/17 Waynesburg, Ohio Completed By (Print or Type) Signature Title Date Gino Pizzigoni Project 8/29/17 Manager

GI 17173

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 08/29/2017 Fairleigh Dickinson University Agencies Notified Notification Type Street Address 140 University Plaza Rd - Dickinson Hall Room 1124 (X) Initial Notification ()EPA City, State, Zip Code ASI 5 US CONTROL & () DEP () Amended Hackensack NJ 07601 LICENSING (X) DOL Amendment # (X) DOH ) Emergency (including Tel Number Name of Contact () DCA justification) Paul Schatz ) Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ( ) School (K-12) Dickinson Hall () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial buildings, 140 University Plaza Road homes, etc. City (5) Square Feet # of Floors Bldg. Age Hackensack County (6) County Code (7) (STATE Current Use (Prior if being demolished) Bergen County USE ONLY) Name of Monitoring Firm Hired by Bldg. Owner ASCM No. Name of Contractor (9) (8) EMWA CID CONSTRUCTION SERVICES, LLC Street Address Street Address 100 Misty Lane 300-2 Route 17 South - Ste 3 City, State, Zip Code City State, Zip Code Parsippany NJ 07054 Lodi, NJ 07644 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Paul Schatz (973)560-1400 ext. 151 (973)685-9791 01191 "A" Scheduled Start Date (10) Scheduled Completion Date Name of OSHA Monitor (11)Testor Tech 09/08/17 09/22/17 Occupancy Status During Abatement (Check only one) Street Address 10-59 Jackson Avenue (X) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe: Long Island City, NY 11101 Source of Work (Check all that apply) ( ) Full Containment with Negative Pressure  $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) Renovation () Mini-Enclosure ( ) ≥ 160 sf or ≥ 260 lf ( ) Demolition ( ) Glove bag Procedure (X) Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Location of Asbestos-Containing Material Used Solely by Description of Asbestos Encapsulate Amount (ACM) Maintenance/ Containing Material (ACM) (i.e. Removal Repair (Specify TO BE ABATED Custodial Staff? (12) thermal systems insulation, SF or LF) in Facility surfacing, VAT, or other (13)miscellaneous) Yes No N/A Dickinson Hall - Room 1124 Carpet Glue & Mastic X 125 SF X Name of Reg. Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID Cubic Yards of Waste Cid Construction Services, LLC # 32905 TBD 110 Sand City, State Disposal Date City, State Garfield, NJ TBD Melville\_NY Completed by Title Signature Date Roque G Schipilliti Project Manager 08/29/17

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

Date of Notification (1) 08-29-17	·			of Building C Edison	Owner/C	Operator	(2)	ī		ñ	9	e p	_	E 1	A49	
Agencies Notified	Type Notification				Address					1	4 14		76-1		J_{	UI/
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N DOH	Emergency justification		_		of Contact					Tol	onhone	A L.	SERVICE AND		MAG	
DCA	Cancellation			Brent	Fullum											
Name of Facility Where	Abatamant is Takin	Di (2)		FAC	ILITY INFO	RMATI	ON	_								
Pole #59851/36050		ig Place (3)						Туре	e of Facility (	S1500						
Street Address								H	School (K-1 Subchapter		er than	K-12				
222 Westshore Roa	ad							×	Other (i.e. p	rivate	& comm	nercia	l buil	dings	, hom	es,
City (5)				- 27.0				Squa	etc.) are Feet	# 0	f Floors		E	Bldg. A	Age	
Harrington Park, N.	J									3000000					J	
County (6)					Code (7) USE ONLY)				ent Use (Prid	or if bei	ng den	olishe	ed)			
Bergen	Lised by Duilding	0(0)		Apertual Apertual Company					ity Pole							
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	VI No.				atement Con Environme							
Street Address							Street			, intai	JOI P.		_			
									d Street							
City, State, Zip Code									Zip Code							
5 :									NJ 07072				Carry			
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 201-9				Licens 0075						
Start Date (10) 08-04-17(1)Project	Postponed		pletion 10-15-	Date (11) 17				HA Monitor alytical, In	c.							
Occupancy Status During	Abatement (Chec	k Only One	)				Street		2.2							
X Facility Closed/Vaca	ited During Entire	Period of Ab	atem	ent					38th Stree	et						
Abatement Performe Other – Describe:	ed Outside of Norm	nal Facility F	lours						Cip Code	0						
Scope of Work (Check Al	I That Apply)								, NY 1001							
≥3 sf or ≥3 lf	PP//	X Re	novat	ion			X	1	tact Remov II Containme		Nonatio	ua Da				
2160 sf or ≥260 lf			moliti					Mi	ni-Enclosure		Negati	ve Pre	essui	е		
									ovebag Proce n-Exempted		Non-F	riable	Pro	cedur	e	
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Location		No Used	rmall				cription					-		Ту	ре	
Asbestos-Containing I TO BE ABA		Main	enan	ce/	Asbesto	s Conta	aining Ma systems	ateria	I (ACM)		nount pecify		71	200	En	m
In Facilit (13)	ty	Custo	tial S (12)	taff?	70	surfac	ing, VAT	Г, ог			or LF)		Removal	Repair	caps	Enclosure
(13)		V			(	otner m	iscellane	eous)					val	air	Encapsulate	sure
F. 4 D-1- #50	Yes No N/A					924						4			LD.	
Exterior: Pole #59	9851/36050			Х		1 r	ansite			2	OLF		x			
								aa					12000			
Name of Registered Wast			200283	IDEP Water ID	1325 mm	Cubic Y of Wast			Name of R							
ATC, Inc. / JBT (5007	(1)		1000	310	1.50	TBD			Minerva	Enter	prises	3				
City, State Shirley, NY / Bronx, N	١Y					Disposa ΓBD	al Date	γ.	City, State Waynest	ourg,	OH 4	4688				
Completed by		Title	5005			Sig	gnature	11		_/	T	Date		-		-
Kevin Moriarty							0		that	ħ		08-2	29-1	7		

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

Date of Notification (1) 08/29/2017		Name ANIT	of Building A CICON	Owner/C	Operato	r (2)DATT	D)E	GE	U	$\mathbb{V}$	E	M
Agencies Notified  EPA DEP DOL  DOH DCA  Type Notification  Initial Amended Amendment Emergency justification) Cancellation	including	City, S WOO	Address tate, Zip Co DDBURY of Contact IS CICOI	NJ 080	096			SEP -	1 Dogge Land	di de la constanti de la const	L&	U
Name of Facility Where Abatement is Taking RESIDENTIAL Street Address	g Place (3)	FAC	CILITY INFO	DRMATI	ON	Type of Facility School (K-Subchapte Other (i.e. etc.)		han K-12 ommercia	!) al bui	ldings	, hom	ies,
City (5) WOODBURY						Square Feet 900	# of Flo		1	3ldg. / 82	∖ge	
County (6) GLOUCESTER		(STATE	Code (7) USE ONLY)	-	_	Current Use (Pr RESIDENTI	AL	demolish	ed)			
Name of Monitoring Firm Hired by Building C ACER ASSOC.	Owner (8)	ASC	M No.		Name ASS	of Abatement Co SURED ENVIP	ontractor (9) RONMEN	TALSE	RVI	CES	INC	
Street Address 1012 INDUSTRIAL DRIVE						Address CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						tate, Zip Code LLICA HILL No	J 08062					
Project Manager for Monitoring Firm MATT DEPALMA	Newson and Hell	Telepho 856-8	one No. 309-1202			none No. 304-4676		cense No 1145	).			
Start Date (10) 08/30/2017	Scheduled C 09/01/211		Date (11)		Name EMS	of OSHA Monitor		*				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Abat	ement urs			200 City, S	Address RT. 130 NOR tate, Zip Code NAMINSON N	7051W				5 1	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Reno Demo	vation olition			<u> </u>	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
Location of		ally		Dos	cription					Abate		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	taining Material (ACM) BE ABATED n Facility (13) Used Solely by Maintenance/ Custodial Staff' (12)					laterial (ACM) s insulation, T, or eous)	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes No	N/A X	ASBES	TOS D	UCT S	SEAM TAPE	5 SF	=	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES	NJDEP W Hauler ID 003489	No.	Cubic Y of Wast 3		8	Registered Registered					
City, State MULLICA HILL NJ				Disposa 09/01/		City, Stat	e ESBURG,	, OH				
Completed by RON SWANSON	AL MAN	AGER	Sig	gnature	Luxel Du	xun Don	Date		2017	î		

page 1 08/29/2017 12:17PM 18562248799 ASSURED SERVICES PAGE 03/04 State of New Jensey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120) CHECK# Date of Notification (1) Name of Building Owner/Operator (2) ANITA CICONTE 08/29/2017 SF 2017 Agencies Notified Type Notification Intie DEP ASBI City, State, Zip Code WOODBURY NJ 08096 Amended 4 DOL Amendment # LICENSING ... Emergency (including 1 DOM Justification) Name of Contact DCA CHRIS CICONTE Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Piece (3) RESIDENTIAL Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, CIV (5) WOODBURY etc.) # of Floors Bidg. Age 900 County (8)
GLOUCESTER 82 County Code (7) Current Use (Prior If being demolished)
RESIDENTIAL Name of Menitaring Firm Hired by Building Owner (5) ACER ASSOC, ASCM No. Name of Abstractor (9)
ASSURED ENVIRONMENTAL SERVICES INC. Street Address Street Address 570 CLEMS RUN 1012 INDUSTRIAL DRIVE City, State, Zip Code WEST BERLIN NU 08091 City, State, Zip Code MULLICA HILL NJ 08062 Project Manager for Monitoring Firm MATT DEPALMA Telephone No. 856-809-1202 Telephone No. Liberas No. 01146 610-304-4676 Start Date (10) 08/30/2017 Scheduled Completion Data (11) Name of OSHA Monitor EMSL 09/01/2117 Occupancy Status During Absternant (Chack Only One) Straat Address Facility Closed/Vacated During Entire Period of Abatement 200 RT. 130 NORTH Abelement Performed Outside of Normal Facility House Other - Describs: City, State, Zip Code CINNAMINSON NJ 08077 Scope of Work (Check All That Apply) 23 m or 23 m Renovation \$160 sf or \$260 if Full Containment with Negative Pressure Demolition Mini-Englosure Glavsbag Procedure Non-Exempted (\*) and Non-Frisble Procedure is Location Abalement Location of Normally Description of Asbestos-Containing Material (ACM)
TO BE ABATEO Used Solely by Asbestos Containing Material (ACM) Maintenance/ Amount (i.e. thermal systems insulation, In Facility Custodial Staff? (Specify surfacing, VAT, or other miscalianeous) Removal Repair (12) (13) SFORLE Yes No NA BASEMENT ASBESTOS DUCT SEAM TAPE X 5 SF ¥ Name of Registered Weste Hauler NJDEP Waste Cubic Yards Name of Registered Landsii ASSURED ENVIRONMENTAL SERVICES Hauler ID No. edeatW to MINERVA LANDFILL

Disposal Date

09/01/2017

GENERAL MANAGER

**Bignature** 

Completed by RON SWANSON

City, State

MULLICA HILL NJ

08/29/2017

WAYNESBURG, OH

City, State



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

08/29/2017				of Building			r (2)	1		PEI	J,	CUM	11/	#	
Agencies Notified	Type Notification	1		Street A	Address					1	ASBEST	080	ONT	<b>30</b> 6	8
EPA DEP DOL DOH DCA	Initial Amended Amendmer Emergency justification Cancellatio	(including		POM!	ate, Zip C PTON F of Contact RICHAR	PLAINS	W S W.	7444	L.	2.00	ephone Nu				
Name of Facility Where	Abstament is Taki	na Dlaga ('	- 1	FAC	ILITY INF	ORMAT	ION	1 =	6F 117	-					
PRIVATE	Abatement is Taki	ng Place (	3)						of Facility (						
Street Address								N S	Other (i.e. p etc.)	8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) POMPTON PLAIN	NS NJ. 07444								e Feet 0 sqft.	# 0	f Floors	- 1	3ldg. /	7.0	
County (6)			Т		Code (7)					or if bei	ng demolis		194	1	
N CON N CON					USE ONLY	0			N/A	A	<del>-</del>				
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCI	VI No.				ement Cor AST EN		(9) NMENTA	L LL(	Э.		
Street Address							2000000	Addres	Tana a						
City, State, Zip Code	5						1	State, Zi	Code ERGEN	NJ. 07	7047				7
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.		Teleph	none No	).		License N	lo.			
Start Date (10) 08/31/2017		Schedule 08/31/2		npletion	Date (11)				A Monitor	10					
Occupancy Status Durin	ng Abatement (Che						Addres	ROBE IN	VC			2001			
Facility Closed/Vac	ated During Entire	Abaten	nent				78175-1136-1-100-1-10	TY ST.							
Abatement Perform Other – Describe:	ned Outside of Non	mal Facility	Hours	S				itate, Zip	Code EN NJ,						
Scope of Work (Check A	All That Apply)				5 <del></del>										
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		gentlemany	lenova Jemolil				XX	Mini Glov	-Enclosure rebag Proc	edure	Negative F			·a	
		Is	Locati	ion				- 1,011		· ( ) and	J NOT THE	1	Abat	ement	t
			lormal	-		Des	scription	of				-	Ty	/pe	г —
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						1 100	modia			12	20 11.	1^			
Nome of Devictor J.W.															
Name of Registered Was TRI STATE ASSOC			H	JDEP W auler ID		of Was	ste				red Landfill		VIC.		
City, State BRONX N.Y.			119	9951		1	al Date		City, State	·			NC.		
Completed by		Title			***************************************	TBE				RBU	RG, OHI				
CARLOS ESQUIVE	L	ETY N	/ANAG	SER	5	ignature 147	Ace	4//	1/3	Da ns	te १/२०/१	2017			

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		(	Pursuant	to NJAC	8:60 an	d 12:12	5	EC	E	1 W	BE	7	,		
Date of Notification (1)			Name o	of Building	Cwnerl	Operator	113.)}		E	II A		111			
08/29/2017				RICHAR		Operato	lin					Veninger			
Agencies Notified Type N	otification		Street A	Address			ШЦ	SEI	) - (	5 2017		圳			
I Provide the second se	tial											physical			
I lead I feel	nended nendment#			ate, Zip C PTON P		NI O	7111	ASBEST	ros c	ONTRO		question			
▼ En	nergency (including	3		f Contact		143. 0	्ययय	<u></u>	ICENS	SING elephone	Transport of the last of the l				
DOH jus	stification) ancellation			RICHAR					1,	elebrione	Numbe	1	8.		
Name of English Whose Abeterna	et in Tolena Diana	201	FACI	ILITY INF	ORMAT	ION			-			_			
Name of Facility Where Abatement PRIVATE	nt is Taking Place (	3)						of Facility							
Street Address							H	School (K- Subchapte	-12)	ther than	K 12\				
							X	Other (i.e.	private	e & comm	ercial b	uildii	ngs,	hom	es,
City (5)								etc.) ire Feet	#	of Floors		Bld	lg. A	ne	
POMPTON PLAINS NJ. 0	7444						100000000000000000000000000000000000000	30 sqft.		1			941	_	
County (6)			County (	Code (7) USE ONLY	)		Curre	ent Use (Pr		eing dem	olished)	V 10 10 10 10 10 10 10 10 10 10 10 10 10			
Name of Monitoring Firm Hired by	Building Owner (8	1	ASCN		· -	Namo	of Abo	N/		(0)					
	(6	,	1,100	n 140.				AST EN			TAL LI	.C.			
Street Address						Street	Addre	ss							
City, State, Zip Code							6 - 51								
City, State, Zip Code								ip Code ERGEN	NJ. (	7047					
Project Manager for Monitoring Fir	m		Telepho	ne No.		Teleph				Licens	e No.				
						201-	776-0	642		0130	0				
Start Date (10) 08/31/2017				Date (11)				HA Monitor							
Occupancy Status During Abatem	08/31/						200000000000000000000000000000000000000	PROBE	INC						
						Street 108 I		ss RTY ST.							
Facility Closed/Vacated Durin Abatement Performed Outsid	e of Normal Facility	Abatei y Hour	nent s			E0		ip Code				- 1			
Other – Describe:						(X		EN NJ,							
Scope of Work (Check All That Ap	ply)									-					
≥3 sf or ≥3 if		Renova					Ful	l Containm	nent wi	th Negativ	re Press	ure			
≥160 sf or ≥260 lf		Demoli	tion			X	Mir	i-Enclosur vebag Pro							
								n-Exempte			riable P	roce	dure	9	
		Local										A		ment	
Location of Asbestos-Containing Material (	D 22.000	Norma		0 - 1		scription		/1 O. II		2	-	Т	Ту	ne	
TO BE ABATED	IVIE	intena todial			tos Cont thermal					Amount Specify	7		_	Enc	Щ
In Facility	In Facility Custom (13) (1						T, or			F or LF)	Remova	-	Repair	aps	Enclosure
()						niscellan	eous)				Val		*	Encapsulate	ure
Basement	res	No	N/A		Dina	la sudad				105.15		+	1		
Dasement		Х	-		Pipe	Insula	шоп			125 lf.	X	+	4		
											- Inches				
Name of Pagistand Waste II.			10000												
Name of Registered Waste Hauler		1 1	IJDEP Wa lauler ID I		Cubic of Was			A DESCRIPTION OF	90 0043 AS	ered Land					
TRI STATE ASSOCC		1	9951		TBE			MINER	RVAE	NTERF	RISE	INC	Э.		
City, State BRONX N.Y.					1856	al Date		City, Stat				P. P. P. P.			
Completed by	Title				TBI				ERBU	JRG, O					
CARLOS ESQUIVEL		MANAG	ER	S	gnature	Ace	4/	1/2	P	Date 08/29	/20	17			

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

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		SEP	-	5	2017		
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Date of Notification (1) 8/29/17			me of Building omeshield S			2)	M	SEF		5 2	2017	,	$\  \mathbf{j} \ $
Agencies Notified Type Notification  EPA Initial			eet Address 5 Prospect	St,Unit	301A		L					į	
DEP Amended Amendment		11 10 10 10 10 10 10 10 10 10 10 10 10 1	y, State, Zip Co kewood, NJ					SBEST	OS C CENS	SING	TAC	La	
Emergency justification)  DCA  Cancellation	A00-40-40-40-40-40-70-4	200000	me of Contact avid Stern				Tel	enborn	Mumb			Ť	
			FACILITY INFO	ORMATI					,	4			
Name of Facility Where Abatement is Takin 700 W Front St Street Address	ig Place (3)					Type of Facility  School (K- Subchapte	12)	or than l	k' 12\				
700 W Front St						X Other (i.e.				uildi	ings,	home	es,
City (5) Florence						etc.) Square Feet	# 0	f Floors		Blo	dg. A	.ge	
County (6) Burlington			unty Code (7) ATE USE ONLY,	)	_	Current Use (Pr	ior if bei	ng demo	olished	)			
Name of Monitoring Firm Hired by Building	Owner (8)	A	ASCM No.			f Abatement Co LEAD PROFI							
Street Address					Street A 6 WH	ddress ITE DOVE C	OURT	9			William W. Fr		
City, State, Zip Code					E-0.1050 N1236	ate, Zip Code WOOD, NJ (	8701						
Project Manager for Monitoring Firm		Tele	ephone No.		Telepho 732-6	ne No. 68-9078		Licens 1200	e No.				
Start Date (10) 9/8/17	Scheduled 9/2/17	Comple	etion Date (11)			f OSHA Monitor .EAD PROFE		NALS					
Occupancy Status During Abatement (Chec	k Only One)				Street A		OLIDT						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:			t		City, Sta	TE DOVE C			d			II	
Scope of Work (Check All That Apply)					LAKE	WOOD, NJ (	08701			_			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation nolition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re cedure					е	
	**************************************	cation									UNIVERSITY.	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely benance ial Staff	ASDES	tos Conta thermal surfac		eterial (ACM) insulation, , or	(8	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes 1	No N	N/A									te	(U
INTERIOR				F	looring		2	00SF	х				
INTERIOR				Pipe	Insulati	on	. 10	00 LF	x				
INTERIOR				F	Plaster		25	00SF	X				
EXTERIOR					f Flashi			0 SF	х				
Name of Registered Waste Hauler NEWARK CARTING			EP Waste er ID No. )9	of Was		Name of IESI	Registe	ered Lan	dfill				
City, State NEWARK, NJ		•		Dispos 9/2 <b>2/</b> 1	al Date	City, Sta BETHL		1 PA	il.				
Completed by JOSEPH PERLSTEIN	mpleted by Title								Date				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 30 17 Wimborough Builders Agencies Notified Type Notification Street Address 508 Stage Coach Road □ DOLWD ☐ Amended ASBESTOS CONTROL & LICENSING City, State, Zip Code **⊠** DOH Amendment # Clarksburg, NJ 08510 □ DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Ted Steckbeck **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Manalapan 2000 sf 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9. Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Nicholas Fernicola 732-349-9932 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_09\_\_ / \_\_13\_\_ / \_\_17 09 / 14 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_ Piscataway, New Jersey 08854 Scope of Work (Check all that apply)  $\boxtimes \ge 3$  sf or > 3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Asbestos Containing Material (ACM) Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior  $\boxtimes$ chimney flashing 3 If  $\boxtimes$ middle bedroom  $\boxtimes$ asbestos containing ceiling 135 sf X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill

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

Project Manager

Hauler ID No.

20223

Waste

3

Disposal Date

09/15/17

Signature

T.R.R.F.

Tullytown, Pennsylvania

Date

City. State

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

City, State

ASB-41 JAN 13

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

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0.3.		(F	urs	uai	nt to	<u>N.J.</u>	<u>A.C.</u> 8:60 an	d 12:120)	I	n <u>e</u>	GE		
Date of Notification	(1) 08-30-2017			Na	me of	Buildir	ng Owner / Oper	ator (2)		nil -			
Agencies Notified	Type Notific	ation		Str	eet A	ddress	Lou Lunin				SEP - 5	201/	- 11
⊠ EPA □ DEP	N												
☐ DEP ☐ DOL	⊠ Initia	ı nded				te & Zip d, NJ 0	Code	PAII	1	ASB	ESTOS C	ONTRO	)L&
□ DOH		rgency				Contac		E. E. Balladell		710=	LICENS	SING	
☐ DCA	☐ Cano	cellation			f Lunin		T.T.				Telepho	ie Mim	Der
				1	FAC	LITY II	VFORMATION		p-state to		1		
Name of Facility Whasement	nere Abatem	ent is Taking F	Place	(3)			Type of Fa	cility (4)					
Street Address								ol (K-12)		(1) <u>1</u> (1)	- 41		
							☐ Subch	apter 8 (Other (i.e. private & c	than K-	-12) rcial buildii	nge home	as atal	·
City (5)		0					Square Fe	et # of I	Floors		Bldg. Age		
Westfield, NJ 07090	)	County (6) Union	C	ouni	ty Coc	le (7)	2,200	2				107	
Name = 2009.230.0000000000000000000000000000000							Current Us	e (Prior if being	g demo	lished)			
Name of Monitoring Health and Safety S	Firm Hired b	y Building Ow	ner (8	3)	Α	SCM N		batement Cont	tractor (	9)			
Street Address	ervices						Resource N	Management G	Group, L	LC			
P.O. Box 365							Street Add	ress Iton Ave, Suite	202				
City, State & Zip Coo Berlin, NJ 08009	de						City, State	& Zip Code	202	-			-
Project Manager for	Monitorina F	irm	Tale	nho	ne Nu	mhor	Trenton, N. Telephone			Tr.			
Mr. Jim Proctor			856	-452	-1311		609-914-42			License I	Number 01185	i.	
Scheduled Start Dat 9-12-2017		Scheduled Cor	mplet	ion [	Date (	11)		SHA Monitor			01100		
	tus During Abatement (Check only one)						J&S Enviro Street Addr	nmental Labor	atories,	Inc.			
☐ Facility Close	cility Closed/Vacated During Entire Period of Abatemer						2333 Route						
	batement Performed during Normal Hours:						City, State	& Zip Code		-			
☐ Facility Occu	Describe: 8:30am – 6:00pm Facility Occupied During Abatement						Union, NJ 0	7083					
Scope of Work (Che	ck all that ap	ply)											
≥3 sf or ≥3 lf				D	enova	tion		☐ Full C	ontainn	nent with N	Negative F	ressure	е
□ ≥160 sf ≥260			$\boxtimes$		enova emolit				Enclosu	re ocedures			
									Exempte	ed and No	n-Friable	Procedu	ure
	cation of s-Containing				ation y Use		Description	on of		Amount		ement T	
Mate	rial (ACM)	N		Soleh		1	Asbestos-Co Material (A			(Specify SF or LF)			
	E ABATED		Mair	ntena	ance o		(i.e., thermal	systems		or Cr Li )	Removal	Encapsula: Repair	Enclosure
111	Facility (13)		Cus	todia (12	Staff	?	insulation, surfa or other misce	acing, VAT			Vou	ncapsul	losu
	,		Yes	No	_	4	or other misce	marieous)			<u>a</u>	r	Ire
Basement						Pipe	Insulation			45 LF		$\neg \vdash \sqcap$	$\vdash$
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			H	H	$\vdash$				-			井뷰	H
Name of Registered \	Naste Haule	r					Cubic Yards	Name of Re	gistered	d Landfill			Ш
Resource Manageme	ent Group 11	C.		4 4 4 1 1 2	lauler 03521	ID No.	of Waste TBD		icu.				
City, State	oroup, EE				03321	0		Grows Land	ITIII				
Trenton, NJ 08619							Disposal Date TBD	City, State Morrisville, F	PA				
Completed By (Print of	or Type)			T	itle		Signature	1	1		Date		
Mr. Brian Haney				P	reside	ent	47/1	, 1	1/11/	,	08-30-2	017	
							1////	ti /	1/1/1	(			

Page		1		CATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE	STREET STREET STREET		E	CE		$\mathbb{V}$		M
Date of Notification (1) 8/30/17	<del></del>		T		f Building (			TO THE R. P. LEWIS CO., LANSING, MICH.			SEP -	- 5 2	017	Andrew Constitution	ارلا
Agencies Notified	Type Notification			Street A		110 1 11	valo 11	9119	A R LO	1				-   -	1
EPA DEP DOL DOL DOH DCA	Initial Amended Amendment : Emergency (i justification) Cancellation		[	Carne	ate, Zip Co eys Point f Contact		8069			ASI	LICE	CON		- a	prom
Name of Facility Miles of	No at a month in Table	Dlass (	2)	FACI	LITY INFO	DRMAT	ION	T	-65-194-7			1			
Name of Facility Where A Fred Tomarchio Pr Street Address		y Place (							of Facility (4 School (K-1: Subchapter Other (i.e. p	2) 8 (Oth rivate	& comme	rcial bui			es,
City (5) Carneys Point NJ 0	806							100	re Feet 0+	1 1	f Floors		35+	Age	
County (6) Salem					Code (7) USE ONLY)	)		7,80,80,90	ent Use (Prio	r if bei	ng demol				
Name of Monitoring Firm N/A	Hired by Building C	Owner (8)	)	ASCN	/I No.		Perr	naco I	10.77	tractor	(9)				
Street Address							POI	Addres Box 3	29						
City, State, Zip Code							1 22 2		ip Code Iin NJ 080	91					
Project Manager for Mon	itoring Firm			Telepho	ne No.		F	none N -753-9			License 00727				
Start Date (10) 9/14/17		Schedul 9/22/1		npletion	Date (11)		Name Sam		HA Monitor						
Occupancy Status During  Facility Closed/Vaca Abatement Performed Other – Describe:	ated During Entire P	Abatem					Addres	ip Code		4					
Scope of Work (Check Al  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	ll That Apply)	Special Control of the Control of th	Renova Demolit				 	Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				ire	
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Asbestos-Containing TO BE ABA	ocation of Norm Itaining Material (ACM) BE ABATED In Facility  Norm Used So Mainten Custodial					tos Con therma surfa	taining N I system cing, VA miscellar	/iaterial s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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City, State Elm NJ						Dispo 9/22	sal Date /17		City, State Morrisv		A 190 <mark>6</mark> 7	7			
Completed by Anthony T Perna		sident				Signature	1			4	Date 8/30/1	7			

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

Print Form

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Date of Notification (1) 08/29/17					of Building vnanian					Ш	SE	р	- 5	201	17
Agencies Notified Typ	pe Notification	1			Address								7. 10.1		-
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	Amendmen Emergency		g		on,NJ 088	837					- Property Control			<u></u>	-
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Name of Facility Where Abate	ement is Takir	ng Place	(3)	FAC	CILITY INFO	ORMATI	ON	Type of Fa	cility (4)			a		/	
Essex County Hospital															
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County (6)					Code (7)			Current Us	e (Prior if be	ing den	nolishe	d)			_
Essex				(STATE	USE ONLY)		- 1	Hospital							
Name of Monitoring Firm Hire	d by Building	Owner (8	)	ASC	M No.		Name	of Abateme	nt Contracto	r (9)		25			
N/A							Lesc	o Service	s Inc.						
Street Address								Address							
07. 01.1 7. 0								Maple Ave							
City, State, Zip Code								tate, Zip Coo							
Project Manager for Maniteria	+ Ciar			<b>-</b> 1				ngton, NJ	07057			2000			
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Abatement Performed Ou	utside of Norm	al Facilit	y Hours	3		F		ate, Zip Coc							
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Scope of Work (Check All Tha	t Apply)							7.		100	1				
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× ≥160 sf or ≥260 lf		×	Demolit	ion			×	Mini-End	osure	rrogan	10110	odui			
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Newark,NJ						10/16/1	17	Per	Argyl, PA	A					
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								011-02-01-2 <sup>2</sup> - 7-32-03-70-72 70-70
		NOTIFIC	CATION OF	of New Jersey ASBESTOS	ABATEN	ENT #	171	
(4)			Name of Bu	ilding Owner/C	perator	(2)		IN REL
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Agencies Notified	Type Notification		Street Addr	ess		11	1	Company of the compan
Agencies Nouned							N. D. D.	5 2017 19/11
EPA DEP DOL	Initial Amended Amendment #_		City, State, Basking	Zip Code Ridge, NJ 0	7920		SEP -	
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DCA	Cancellation			Y INFORMAT	ION	Employee	and the second s	
Name of Facility Where	Abatement is Taking F	Place (3)				Type of Facility (4)		
Residence- Garag		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11-11 E P P			School (K-12) Subchapter 8 Other (i.e. pri	(Other than K-12	t) al buildings, homes,
City (5)						etc.) Square Feet	# of Floors	Bldg. Age 50+
Long Beach Town	nship				B	500 Current Use (Prior		
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Name of Monitoring Fire	rm Hired by Building Ov	wner (8)	ASCM	No.		e of Abatement Cont eway Abatemen		X
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City, State, Zip Code			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			State, Zip Code st Creek, NJ 080	092	34
			Telephone	a No		phone No.	License N	No.
Project Manager for M	Ionitoring Firm		relephone	5 140.		9-618-5955	01319	
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	iring Abatement (Check							
Facility Closed/V Abatement Perfo	facated During Entire Pormed Outside of Norme:	eriod of Abate al Facility Hou	ement urs		City	, State, Zip Code		
Scope of Work (Chec ≥3 sf or ≥3 lf × ≥160 sf or ≥260			ovation olition			Mini-Enclosur	ent with Nega <mark>ti</mark> ve e cedure d (*) and Non-Frid	able Procedure
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Loca	ation of		olely by		Descrip	a Motorial (ACM)	Amount	m =

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	Is	Location	on			Troit Exern			Abate	ment pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	lormall d Solel intenar todial S (12)	ly by nce/	Asbesto (i.e.	Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneo	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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			NJDEP V	Vaste	Cubic Yards	Nam	e of Registered Landfi	II			
Name of Registered Waste Hauler Timster Trucking Inc		İ	Hauler ID 21079		of Waste TBD	Wa	ste Management				
1			748 (A) (A) (A)		ID-4-	City	State				

Name of Registered Waste Hauler Timster Trucking Inc		NJDEP W Hauler ID 21079		0.000	oic Yards Vaste D		Registered L Managem			
City, State West Creek, NJ			Dis TB		City, Sta Tullyto	wn, PA	Date	1 - 1		
Completed by Amanda Mears	Title Owne	r- Safeway	/		Signature	/		1-91	1 /	1

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	Emergency (		g		ing Ridge		7920	M 1	l		medical contract and participated	rtimenti/items	 	productivati	nerroll .
DOH DCA	justification) Cancellation		- W	Mark						1 To	lanhone Ni	ımber			
					ILITY INF	ORMATI	ON		700		***				11 . 1
Name of Facility Where	Abatement is Taking	Place	(3)			OT CHIEF CT I	014	Туре	of Facility	(4)	-				
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City State 71- 0-1		al	in the second						tt Ave						
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Project Manager for Moni	toring Firm			Telepho	na Na				k, NJ 08	3092					
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Exterio	r			S	iding			170	00 SF	х					
Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic Y	ards		Name of	Register	ed Landfill				
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West Creek, NJ		8				Disposa TBD	ii Date		City, State Tullytov						
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Amanda Mears	er- Sa	feway				1	11	7	Da	9	11	//-	7		

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Date of Notification (1) 9/1/2017				Jame	of Building es Cahill	Owner	/Operator	r (2)		: QE	<u>л (</u> D f	5 //	201	7
Agencies Notified  EPA DEP DOL  DOL	Type Notification    X			City, S Poco	Address state, Zip Coono Mano of Contact		18349	AID	ASAS	BEST II	US OFA	CON	17/4C	) )L&
DCA DCA	Cancellation			Jim						5				
Name of Facility Where Residence Street Address	Abatement is Taking	Place (	(3)	FAC	CILITY INFO	ORMAT	ION	Type of Facility  School (K	-12)					
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Little Egg Harbor								600	1	,,,	- 1	30+	nge	
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	te parties	2	10				The Fire of	Address Bartlett Ave						
City, State, Zip Code		*			(B) (B)		55350405	tate, Zip Code Creek, NJ 0	3092					
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Start Date (10) 9/11/2017	9	/16/2	017	npletion	Date (11)		Name o	of OSHA Monitor						
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Other – Describe: _	ed Outside of Normal	Facility	y Hours			_	City, St	ate, Zip Code						
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Date of Notification (1) 9/1/17			Name	e of Buildi	ng Owner	r/Operato	r (2)	#K				<u>U</u>	
Agencies Notified Type Notificati	on					al Estat	e Developm	entCo	p Stl	- c	5 2	017	4
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N			FA	CILITY IN	FORMA	TION		_1	- Trans				
Name of Facility Where Abatement is Ta Former Ullrich Copper Inc Facilit Street Address	king Place y	(3)					Type of Facili	K-12)	her than K	40)			
2 Mark Rd							Other (i.e	e. private	& comme	rcial b	uilding	s, hor	nes
City (5) Kenilworth							etc.) Square Feet 16300	# 1	of Floors		Bldg.	_	
County (6) Union			County (STATE	y Code (7) E USE ONL	) 		Current Use (I	Prior if be	eing demol	ished)		Jul 6	10
Name of Monitoring Firm Hired by Buildin MDG Environmental	g Owner (	(8)	ASC	CM No.			of Abatement C e Environme			ies Ir	nc.		
Street Address 1000 Maplewood Dr						Street	Address Pine St						
City, State, Zip Code Maple Shade NJ 08052							ate, Zip Code	n					
Project Manager for Monitoring Firm Chris Macri				one No.	0	Teleph	one No. '02-1500		License 01299	No.			
Start Date (10) 9/11/17	Schedi		mpletion	Date (11	)		of OSHA Monito	or	01233				
Occupancy Status During Abatement (Che						Street A	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facili	f Abate ty Hour	ment rs			City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	Renova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
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State of New Jersey

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Date of Notification (1) 8-21-2017				of Building lyston-W			r (2) olidated Scl	III	1			Ц	U		
Agencies Notified Type Notification			Street	Address Route 56						SE	P -	5	2017		U
X EPA Initial DEP X Amended Amendment	#1			tate, Zip C					L	SRES	TOS	COL	VTRO	)L &	<u> </u>
Emergency justification)  DCA  Cancellation	(includin	g		of Contact				-	3000		LICE	VISIA			
DCA Cancellation				Postas		-							.1998		
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMA	NOIT	Тура of Fac	ility (4)							
Sandyston-Walpack Consolidated Street Address	Schoo	I					X School								
100 Route 560							Subcha Other ( etc.)	apter 8 i.e. pri	(Oth vate	er tha & com	n K-12 merci	2) al bui	ldings	, hom	ies,
City (5) Layton							Square Feet 20,000 +	t	# 0	f Floo	rs	1155	3ldg 50+	Age	
County (6) Sussex				Code (7) USE ONLY	)		Current Use School	(Prior	if bei	ng de	molish	ed)			
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8	3)	ASC:	M No. 27			of Abatement Group, Inc	Contr	actor	(9)	-				
Street Address 307 North Walnut Street						Street	Address Hamburg T	nke							
City, State, Zip Code West Chester, PA 19380					7.30	City, S	tate, Zip Code	∋							
Project Manager for Monitoring Firm	11-12-2		Telepho	one No.			ningdale, None No.	NJ 07	403	Lice	nse Ne	1	4		
Philip Conteh			610-4	31-7545			710-9725			010		J.			
Start Date (10) 8/22/2017	Schedu 8/26/2		npletion	Date (11)		41 200000	of OSHA Mon Iroup, Inc	itor							
Occupancy Status During Abatement (Chec	Only O	ne)					Address							-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent s				damburg Trate, Zip Code								
Other – Describe:					_		ningdale, N		403	11200					
Scope of Work (Check All That Apply)  2 ≥3 sf or ≥3 lf	IVI .					EQ.									
≥ 160 sf or ≥260 lf	-	Renova Demolit					Full Contai Mini-Enclo Glovebag I Non-Exem	sure Proced	lure					a.	
		Locati											Abate	meni	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashest		escription	of ateria! (ACM)		٨٢	nount			1 9	ре	
TO BE ABATED In Facility (13)	27.650	intenar todial S (12)			therma surfa		Insulation, , or		(S	pecify or LF		Remova	Repair	Encapsulate	Enclosure
	Yes N							1				=		ate	9.
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ROOM C-7 CRAWLSPACE			Х	Asbe	stos C	Containii	nated Soii		60	0 SF		Х			
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic	Yards	Name	of Rec	nister	edla	ndfill				
GL Group, Inc			auler ID )33034		of Wa TBD		Mine		310101	ou Lu	raini				417
ापु, State Bloomingdale, NJ					Dispo T3D	sel Date	City, S Wayr		ırg,	ОН					
Completed by Eiena Solakov			8	Signature	Elenen	Solm	High	j	Date 8-2	1-20	17				

Eiena Solakov

GL16-004 Mulberry

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

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Date of Notification (1) 8-29-2017					f Building po Colle					SEP	_	. 5	2017	,
Agencies Notified	Type Notification			Street A	address	Valley F	Road				-		2011	
EPA DEP DOL	Initial Amended Amendment	P. W. Company Company of the London		City, Sta	ate, Zip Co ah, NJ (	ode		a tour at a second and a second and a second and a second and a second and a second and a second and a second a	AS	BEST	OS CEN	CON	VTRO	)L&
X DOH X DCA	Emergency justification) Cancellation				f Contact Mayer-C		7		T Talanhana	N. I. mak				
				FAC	LITY ISF	CRMATI	JN_				27			
Name of Facility Where								Type of Facility (4	1)		11900			
Mulberry Building C	ollege Park Ap	aruneni	.5					School (K-1)						
Street Address 505 Ramapo Valley	Pood								8 (Other than ivate & comm		uild	linas.	home	es.
	r Foau			-				Edit (				100		
City (5) Mahwah								Square Feet 14,054	# of Floors		3	ldg. A 7	\ge	
County (6)				County	Code (7)			Correct Use (Price		al'elape	125	-		
Bergen				STATE	USE ONLY	"		College Apart		J118116C	9			
Name of Monitoring Firm			)	ASCA				of at a rment Con	tractor (3)					
USA Environmental	i wanagement,	inc		0011				30), *HC						
344 West State Stre	eel							Address Hamburg Turne	ike					
City, State, Zip Code								tato, Zib Linde						
Trenton, New Jerse	# _						Віоо	n madale. NJ 0	7403					
Project Manager for Mon William Weisgarber				Telepho 609.65	ne No. 6.8101			noce N 710-9725	Licens 0108					
Start Date (10) 6-7-2017		Schedul 9-25-2		mpletion	Date (11)	i		of OSEA Monitor	*** · · · · · · · · · · · · · · · · · ·					
Occupancy Status During	J Apatement (Ched	k Only Or	ne)					. 7. 1341	tina arma intermedia tra		- man			
Facility Closed/Vaca								FRIDING Turns	iki					
Abatement Perform Other – Describe:		nar Facility	/ Hou	'S				tat- Zo Code	~					
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Scope of volk (check A	і тпастрріу)	IΨ.	Sanau				F.7	1	115 KI			20		1
≥160 sf or ≥260 li			Renov Demol				Šrit.	l Full Containme : :::::::::::::::::::::::::::::::::::		ve Pre	SUL	е		E
								Proceed Sempted		riable	<sup>2</sup> rac	edur	е	
		1s	Loca	tion.	[				1) 31133 1311				ement	
Location	of	i	Verma	lly		Des	c.iptior-	3"		F		Ту	pe	
Asbestos-Containing TO BE ABA	Material (ACM)		d Sole	Co. (1) #0 (				Istrala (ICM)	Amount (Specify	į			Ш	Е
In Facili		Cus	todial (12)	S.aff?	(1.6.	surfac	ing, A	100	SF or LF)		Domova	Repair	caps	nclo
(13)			(12)			other m	iscella:	ar.			187	air.	Encapsulate	Enclosure
	***	Yes	No-	j N/A						_			Ф	
Apartments A-IM 8	Х	.					53,142 St		-					
Aparlments A-M 8			X						29,376 Li					
Apartment	S.A-IV	· 	X		Re	silient F	icari.	0111, 13	3,982 SF	X	_			
Name of Posistared W.	to House			I IOED II		Lowers		14 (a. )						
Name of Registered Was	te rauler			Houser ID		Cubic \			legistered Lar	8,1344				
GL Group, Inc		tracemanners	]0	033034		TED		Allmersa						
City, State Bloomingdale, NJ						Disposi	al Co.		burg, OH					
Completed by Elena Solakov		Title Pres	deni			Sil	9.1al L.f	Clara Sdir	Ú /	Date 8-29	-20	17		

The E				State	of N	N.I		PAI	D				
D&S Proj. #: 17-237				ication of As	best	os Abatement 30 and 12:120)		n E	C	EI	W	E	5
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Date of Notification (1)				ner/Operator (2	)				SEP	- 5	2017		U
Agencies Notified Type Notifie	antina	CATHLE eet Addre		MB									
☐ EPA ☐ Initial ☐ Amended		001710010	-					AS	BESTO	S COL	NTRO	)L&	
DEP Amended Amendment	1 1	y, State, Z	Zip Code					Land Control of the land			-		in the same of
DOH Emergence (including		CALDW		J 07006									
DCA justification	n)	me of Con						Telephor	e Numb	er			
Cancellat	ion	SUSAN	M LAN	GWAY									
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatemer	it is taking plac	e (3)						Type of Facility (	4)   (K - 12	,			
RESIDENCE						The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	_	=	apter 8 (	20	than k	(-12)	
Street Address								Other (	Private/0		ercial		
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City (5)	County	/ (6)				unty Code (7) ate use only)	7				_		
CALDWELL	ESSE				(0.	ate ase only)		Current Use (Pr RESIDENCE		ng der	nolish	ed)	
Name of Monitoring Firm Hired b	y Bldg. Owner	(8)		ASCM No.		Name of Abatem							
Street Address					_	D & S REST Street Address	ORA'	TION, INC.					
						20 California	a Ave						
City, State, Zip Code						City, State, Zip Co	_						
Project Manager for Monitoring Fir	m	IRho	ne Numb		_	Paterson, N.		)3	-				
o, communing in		IFIIO	ne Numb	er		Telephone Numb 973-345-80			License 0	Numi 1169			
Start Date (10)	Sched. C	ompletion	Date (11	)	-	Name of OSHA	Mark Control						
09/08/17	09/09/1	7				D & S Resto	ration	, Inc.					
Occupancy Status During Abateme						20 California	Aver	nue					
Facility closed/vacated durin Abatement performed outsid	g entire period e of normal fac	of abatem cility hours	ent.			City, State, Zip Co	ode						
Describe: NORMAL	HOURS				-	Paterson, NJ	0750	13					
Scope of Work (check all that app	ly)							I Containment w	negative	press	ure		
	Renovation						⊠ Mi	ni-enclosure	656				
≥160 sf or ≥260 lf	Demolition							ovebag procedure on-Exempted (*) a		friable	proc	edure	
Location of asbestos-containing	Is location n by maintena				o o fo	sbestos-containing		Amount		R	R	E n	E
material (acm) to be abated in facility (13)	staff(12) Yes			material (A		spesios-containing	J	(Specify SF	or	m o	p a	c a	n C
DA GERAGENEE	res	No	N/A					Lr)		v e	i r	р	L
BASEMENT		X		PIPE INSUL	LATI	ON		105 lf					
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										H	금	ᅡ	一
Registered Waste Hauler	INIDED	Hauler ID	# 1 C	ibic Yards of W	aata	[N(5-:)							
D & S RESTORATION, INC.	13506		5/88	yds	asië	Name of Registe TULLYTOW		ndfill ESOURCE REG	COVER	Y			
City, State PATERSON, NJ 07503			sposal Da 09/09/17			City, State							
Completed by (Print or Type)	Title		1	Signature	_	TULLYTOW	N, PA	A	Date				
BOGDAN JOLDZIC  ASB-41	PRESIDEN			1907	Rd	I fla	7		08/29/	17		<u> </u>	
A0D-41	DO NOT USE th	is form to	asbestos	s licensure exer	nntec	1 activities							



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

Date of Notification (1) 09/01/17		1828	f Building Realty A		337	NT 15		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SEP -	5 20	017		y				
Agencies Notified    X	Type Notification    Initial	# 1		City, Sta	oddress Copper R ate, Zip Co Berlin, N	de	 Q1	ASBESTOS CONTROL & LIGENSING									
⊠ DOH □ DCA	Emergency justification) Cancellation			Name o Larry	f Contact Gottlieb			Tolophone Number									
Name of Facility Where ActionPak Conven		)	FACI	ILITY INFO	DRMATI	ON	Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)										
NE River Road &	East State Stre			Other (i.e. private & commercial building etc.)							gs, homes,						
Camden, NJ 08105	5			•				5,900		1		1	88				
County (6) Camden				Code (7) USE ONLY)			Abano		or if be	eing demol	ished)						
Name of Monitoring Firm Environmental Tes			ASCN n/a	Л No.		of Abater			11.00	)							
Street Address 413 N. Black Horse		1000	1			Street	2 LLC DBA The Forge Group  et Address 00 Federal Street										
City, State, Zip Code Runnemede, NJ 08	3078				5530	State, Zip Code mden, NJ 08105											
Project Manager for Mor Howard Zenobi	itoring Firm			82 1311			one No. 630 328	38		License 01303							
Start Date (10) 09/11/17		17	npletion	Date (11)	This sector is seen	e of OSHA Monitor f monitor											
Occupancy Status During    X   Facility Closed/Vaca   Abatement Perform   Other – Describe:	ated During Entire	batem			t Address State, Zip Code												
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	ll That Apply)		enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is Loc										CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR		Abatement Type				
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		Yes	No	N/A										te			
Root				Х			oof fiel			-	085 SF	x					
Root				X			of flash				00 LF	X					
Boiler roor	n root	+		X		Iransi	te roof	аеск		3	75 SF	X					
Name of Registered Was Champion Disposal	ste Hauler		Н	JDEP W auler ID 2707	37/2000/2014	Yards ste	Name of Registered Landfill GROWS Landfill										
City, State Hainsport, NJ						Dispos 10/2/	sal Date 17	te City, State Morrisville, PA									
Completed by Jeff Yekenchik	er	Signature						Date 09/01/17									

(N) # 367Q	N			to NJAC				PAT	D.	E C			7 E	5		
Date of Notification (1) 9/1/17			f Building media Ir			h	CF	Π	- 20	47						
Agencies Notified Type Notification	IIII	1.5	Street A				SEP - 5 2017									
X EPA X Initial Amended Amendment #				ite, Zip Co		02	į	ASE US CONTROL &								
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	ncluding		Name of	f Contact er Borg		Telephone Number										
Caricenation			LITY INFO	ORMATI	ON			_								
Name of Facility Where Abatement is Taking Bergen Record Bldg., Garage & Wa		.,,,,,,				e of Facility (	7.07									
Street Address 105 River St					×		er 8 (Other than K-12) private & commercial buildings, homes,									
City (5) Hackensack, NJ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	are Feet	# of	Floors	100	Bldg. A	g. Age						
County (6) Bergen			County Code (7) (STATE USE ONLY)					rent Use (Pricandoned	or if bei	ng demoli	ished)					
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.			Name of Abatement Contractor (9) Yannuzzi Envriomental									
Street Address						et Address Kinnelon Rd										
City, State, Zip Code						State, Zip Code nelon, NJ										
Project Manager for Monitoring Firm		Telepho	ne No.		Telephone No. License No. 908-218-0880 01228											
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d Com						e of OSHA Monitor nuzzi Environmental									
Occupancy Status During Abatement (Check				Street	T(1) T(1)											
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	batem Hours	rs City, State, Zip C						ode								
Other – Describe:				_	Kinn	Rd NJ										
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						е				
	1000	Locati	7									Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Norm Used So Mainten Custodia							al (ACM) llation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A										е			
				SEE	ATTA	CHED	SUI	RVEY								
									- 22							
				C 1								1				
Name of Registered Waste Hauler Yannuzzi Group	Н	Hauler ID No. of Was				1 (-rows										
City, State Kinnelon NJ			17467 1100 cy Disposal Date 9/15-12/15/17													
Completed by John Mucha	mpleted by Title						ture Mornsv			Date 9/1/17						

State of New Jersey

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

Chk # 3255

Date of Notification (1)		-			I No	me of Duite	ali a a	0 /0 /	(0)								
08 /	30 /	1	7					Owner/Operator munications	(2)		D	AT	TO N	1124111111			
Agencies Notified				1477				munications	T ALLE								
□ EPA	Type Notific  ☐ Initial	cation				eet Addres	374		MEG	E		/ 18					
⊠ DOLWD	☐ Amende	d				4 Alden S					: 23						
☑ DOH	Amendm				11	y, State, Zip											
DCA	☐ Emerger	ncy (ii	ncludir	ng		ranford,		07016	18		) - [		17				
(NJAC 5:23-8)	justificat  Cancella					me of Conta				Telephone Nu	ımber	all a	Š				
	Cancella	HUOII			F	lex Baylo	or				17	DOL	-				
Name of Facility IAII	Name of Facility Where Abatement is Taking Place (3)									nuc	CENS	UNG	HUL	. 0.			
Verizon Cranford Ce		g Plac	e (3)					Type of Facility	(4)	0000	711 0 00		-				
Street Address	ntrai Offic	e							School (K-1	2)							
34 Alden Street									Other (i.e., r	8 (Other than K- private and comn	12) rercial l	nildir	פחות				
City (5)								homes, etc.	)	.010.01	Janan	.90,					
Cranford									Square Feet	# of Floors	E	3ldg. /	dg. Age				
County (6)							- 576717		21,685	2	1	+-50					
Union				Co	unty Code	(7)(3	STATE USE ONLY)	(, ,	rior if being demo								
				151					The second second second second second	ommunications							
Name of Monitoring Firm H			(8)	ASC	M No.		Name of Abateme	85.5									
USA Environmental I	ent II	nc.						VIRONMENTA	AL, INC.								
8346 Enterprise Ave						1	Street Address										
City, State, Zip Code							1	1123 BEAVE									
Philadelphia, PA, 191	152						(	City, State, Zip Code									
Project Manager for Monito				17.	le et			BRISTOL, PA 19007									
Mark Jenkins	1	elephon			Telephone No.		License No.										
Start Date (10)			55-5810	١.	215-788-6040		00509										
9 / 11 /					Date (11) 17	1	Name of OSHA M	SCHOOL STORY									
					12_ /												
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement							S	Street Address									
Abatement Performed O	outside of No	ormal	Facilit	Abai v Ho	tement	escribe		1123 BEAVER									
Time of Abatement:	AM	PN	1/5:00	PM-	2:00AI	Л	C	City, State, Zip Co									
Scope of Work (Check all th								BRISTOL, PA	19007								
	iat apply)							⊠ Full Conta	ainment with Neg	native Proceure							
≥3 sf or ≥3 If     ≥160 sf or ≥260 If	nova					osure	ative Flessule										
☐ ≥100 St 01 ≥200 II	☐ De	moli	tion			☐ Glovebag	on-Friable Procedure										
			İs	Loc	ation	T		- Non-Exer	ripled ( ) and No	n-Friable Proced							
Location of			1	Norm	ally			Description of				patem	1				
Asbestos-Containing Ma TO BE ABATE		)			lely by ance/	Asbe	esto	s Containing Mat	erial (ACM)	Amount	Ren	Repair	Enc	Enc			
IN Facility				todia	I Staff?	(1.6	.e., ti	hermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	을.	aps	Enclosure			
(13)		-		(12		_	(	other miscellaneo		Of Or Elf)	=		Encapsulate	le l			
_			Yes	No	N/A								Ф				
Basement Battery Roon	n				$\boxtimes$	9x9 VA	AT/N	/lastic		40 SF			П	П			
Basement Battery Room	n				$\boxtimes$	9x9 VA	AT/N	Mastic		20 SF							
Basement Battery Roon			$\boxtimes$	9x9 VA	AT/N	Mastic		20 SF									
	П							10									
Name of Registered Waste I	Hauler			Ti		Waste	Cı	ubic Yards of	Name of Regist	ered Landfill							
SERVICE TRANSPORT	T GROUP,	INC		100	Hauler	D No.	W	/aste	Name of Registered Landfill MINERVA LANDFILL								
City, State					2099	U	_	1 isposal Date	City, State								
NEW CASTLE, DE								TBD	WAYNESBI	SURG OH							
Completed By (Print or Type)	)	Title						Signature	WATNESDO	-							
Dillan DeCaro			timat	or					DeCaro/	/ML 8-30-17							
								1/1/ Van	120 9/0/	11/	0-5	1)-	1				

PALL

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

CC#5504	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												7						
Date of Notification (1) 9/1/17	9/1/17 NAPA Auto									ner/Operator (2) SFP - 5 2017									
Agencies Notified Type Notification			Street A	ddress orth Bro	ad Stre	eet		San Land	•	<del>                                      </del>	<del>-) -                                  </del>	18	i G Deep	7					
EPA Initial Amended	City, Sta	ate, Zip Co	ode	30517		1	NSE:	o 051		ROL	8	- St							
X DOL Amendment Emergency		-		town, D	E 197	09	LICENSING Licenson Number												
DOH justification)  Cancellation				Manage	r				Clei	EUITILIE									
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMATI	ON	Type of Facility (4)												
NAPA																			
Street Address 401 North High Street		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,																	
City (5) Millville			etc.) uare Feet					\ge											
County (6) Cumberland	Code (7) USE ONLY	)	_	Current Use (Prior if being demolished) Auto parts store															
Name of Monitoring Firm Hired by Building 0 1 Source	ASCM	/I No.		The contract of the		of Abatement Contractor (9) ervices, LLC													
Street Address 140 South Village Avenue		Street Address 303 B National Road																	
City, State, Zip Code Exton, PA		City, State, Zip Code Exton, PA 19341																	
Project Manager for Monitoring Firm		Teleph	one No	).		License													
Dan Bruun		484-872-8884 01161																	
Start Date (10) 9/13/17	Name EMS	me of OSHA Monitor MSL																	
Occupancy Status During Abatement (Chec		Street Address 200 Route 130 West																	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:		_	City, State, Zip Code Cinnaminson, NJ																
Scope of Work (Check All That Apply)						0		011, 110		-				_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
	Is	Locati	on									Abatement							
Location of Asbestos-Containing Material (ACM)	Use	lormall d Sole	ly by	Asbes	Des tos Cont	scription aining M		(ACM)				1)	ре	Г					
TO BE ABATED In Facility (13)	100293 000	ntenar odial S (12)	CCC (010) P)		thermal surfac		insulat T, or				Remova	Repair	Encapsulate	Enclosure					
	Yes	No	N/A				- 27				<u>s</u>	'	ate	Гe					
Basement			Х		Pipe	insula	tion		3	3 LF									
Stock Room/Retail Area			X		FI	oor tile	9		1	0 SF	X								
Stairwell Closet			Х		FI	oor tile				4 SF	Х								
Basement			Х		Hea	at Shie	ld		SF	X									
Name of Registered Waste Hauler ecoservices, LLC		1000000	JDEP Wa		Cubic of Was		Name of Registered Landfill GROWS												
City, State Exton, PA					Dispos 9/13/1	al Date	te City, State Morrisville, NJ												
Completed by Title Sr. Project Manager						ignature		salls (	32	1	Date 9/1/17								