Print Form

		((Pursuar	nt to NJA	C 8:60 ar	nd 12:12	0)		In	1 6	C		\mathbb{W}	E	n
Date of Notification (1) 9/01/2016			Name PSE	of Buildin G	g Owner/	Operato	r (2)		K				C)		Market Committee of the
Agencies Notified Type Notification EPA Initial	on			^{Address} ark Plaz	а					And the second second	SEP	6	201	ь	
DEP Amended Amendme				tate, Zip (ark, NJ (C) WARRY TO THE WA		ASBE	STO	S CC	NTF	OL :	8
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No. of the last of			FAC	CILITY IN	FORMAT	ION									
Name of Facility Where Abatement is Tak PSE&G Marion 135 Warehouse	ting Place	(3)					Тур	oe of Facili School (I							
Street Address 175 Duffield Ave							×	Subchap Other (i.e etc.)	ter 8				ildings	, hom	ies,
City (5) Jersey City, NJ 07306							15.5	Jare Feet ,000 est.		# of Flo	oors		Bldg. 50 pl		ears
County (6) Hudson			County (STATE	Code (7) USE ONL	Y)			rrent Use (I		f being	demolis				
Name of Monitoring Firm Hired by Building Omega Environmental Services	g Owner (8	3)	ASC 0012	M No.				oatement C vironmer			es. In	G.			
Street Address 280 Huyler Street						Street	Addr				,				
City, State, Zip Code South Hackensack, NJ 07606						City, S	tate,	Zip Code , NY 119							
Project Manager for Monitoring Firm Geiser Fhardo								No. 8111		173.33.65	cense i	Vo.			
Start Date (10) 9/12/16	Schedu 12/31		TOTAL TOTAL	89-8700 Date (11)		Name	of OS	SHA Monito					010-11-0		
Occupancy Status During Abatement (Che	2012000000000	A.O.T.O.				Street	(A)	Environn	ienta	al Serv	rices				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abater	ment			280 F	Huyl	er Street Zip Code							
Other – Describe:		3						ackensac	k, N	J 0760	06				
Scope of Work (Check All That Apply)	50.00						<i>b</i>								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	programming	Renova Demoli				×	M G	ull Contain ini-Enclosu lovebag Pr on-Exempt	ire ocedi	ıre				'e	
	9.3	s Locat							T				Abate	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole aintena todial ((12)	ely by nce/		tos Conta thermal surfac		ateria insu r, or	lation,		Amou (Spec SF or I	ify	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									-		ite	O
Warehouse	X				Ca	aulking		41.000		50 L	F	X			
Warehouse				Exhau	st Flas	hing	J		20 S	F	X				
Warehouse				Flo	or Tile				100 S	SF	X				
Warehouse	X				Trans	site Sid	ing			400 S	SF.	X			
Name of Registered Waste Hauler Vaste Management of NJ	H	IJDEP W lauler ID 7273		Cubic of Was			Name o	V-10-110-7				ery F	acilit	y	
City, State Elizabeth, NJ		111			Disposi	al Date		City, Sta		PA 19	007				
Completed by Thomas Willis	Title Proje	ct Ma	nager		Si	gnature	0	Kí S	Q	_	Da 9/	te 01/20	016		



Data of Natification (1)					LNI	(D. 11.11		10	(a)	\				
Date of Notification (1)	2 /	16			Nan	ne of Buildii	ng O	wner/Operator (Veterans Affa	ILE GOL	5025	M	E.	5
					1		itell	t or willtary ea	veterans Ana	115/ 30 0 // 1000	-502:	Gilei	SIN H	5541
Agencies Notified	Type Notific	cation				et Address	_		Personal Property of the Personal Property of	000			1	
☑ DOLWD	☐ Amende	ed						rossing Road		LI SEP	b i	2016	11	7
⊠ DHSS	Amenda				11 0.355	, State, Zip			1	- Company			Ì	
□ DCA	☐ Emerge		cludin	g	-			NJ 08648		ASBESTOS Telephone-Nur	CON	TRO	1	
(NJAC 5:23-8)	justificat	53				ne of Conta	ct			Telephone Nur	nber V	G	LX	
	LI Cancena	auon				andhu	Continu			<u>l</u>				
None of Facility 10/6		T 1:	Di	(0)	F	ACILITY II	NFC	PRMATION			-11			
Name of Facility Where A									Type of Facility					
NJ State Police Tra	ining Cent	er Bui	liaing	#8					School (K-12	!) 3 (Other than K-1	2)			
1 Camp Drive									Other (i.e., p	rivate and comm		ouildin	gs,	
City (5)									homes, etc.)			21.1		
Sea Girt, NJ 08750									Square Feet	# of Floors	1	3ldg. A	ge	
County (6)					100	.at. Cada (71/07	FATE LICE ONLY	0 (D.:					
Monmouth					00	unity Code (1)(01	FATE USE ONLY)	Current Use (Pri		isnea)			
Name of Monitoring Firm	Hired by Ruil	ding C)wner	(8)	ASC	/ No	N	ame of Abstone	Training Ce ent Contractor (9)		1.000		e redis	
AHERA Consultants		unig C	WITEI	(0)	AGGI	n NO.		AbateTech, I						
Street Address								treet Address	16.					
PO Box 385								30 Maple Ave	PO Boy 25					
City, State, Zip Code							-	ity, State, Zip Co						
Oceanville, NJ 0823	1							Lumberton, N						
Project Manager for Monit				Tel	ephone	e No		elephone No.	40 000-40	License No.				
Domenic D'Errico				A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSO		2-1833	1000	609-265-2107		00529				
Start Date (10)		Schedi	uled C			ate (11)		ame of OSHA M		00020				
9 / _12_ /						16		EMSL Analyti	ical					
Occupancy Status During	Abatement (Check	only o	one)			St	reet Address						
☐ Facility Closed/Vacated				-10000000	ement			200 Route 13	0 North					
☐ Abatement Performed	Outside of N	ormal l	Facilit	γ Ηοι	rs - De		Cit	ty, State, Zip Co	ode	Control of the Contro				-
Time of Abatement:	AM	PM	1/	_PM		_AM	1000	Cinnaminson						
Scope of Work (Check all	that apply)						1							-
☐ >3 sf or >3 lf			⊠ Re	20110	ion				ainment with Neg	ative Pressure				
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lf				moliti				☐ Mini-Encl						
					23.0(5)			Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Procedu	ıre			
				Loca				Stable To Mr. In Toyler W.			А	batem	ent T	уре
Location of Asbestos-Containing M		n			ely by	Ache	etne	Description of Containing Mat		Amount	Re	Re	En	E
TO BE ABAT	ΓED	"			ance/			ermal systems i		(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	/		Cusi	(12)	Staff?			surfacing, VAT, ther miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A		0	tilet titiscellanet	ous)				te	
Exterior			П		П	Vent Ca	aulk			594 LF			П	\Box
					-	V CITE OF				004 LI		12		
	-12-00-		Ц	Ш		-							Ш	Ш
Name of Registered Waste	e Hauler			- 233		Waste	- 1	bic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.				H	lauler 1875			aste 20	G.R.O.W.S.	Landfill				
City, State		-			1075	U		posal Date	City, State					
Lumberton, NJ								/16/16	Tullytown,	PA				
Completed By (Print or Typ	oe)	Title						Signature	Α	1000	ate	<i>i</i> 1		
Gwendolyn Trumbet	ti	Ор	erati	ons	Coord	linator		(M	11		9	21	6	

Date of Notification (1)		c				Owner/Operator (2 b # 1609-5061 C	2 4 1 4 51	SEP 6 2	2016			
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· 1 _	ype Notification	n			Address		100	_		1		
	Initial				0 Hadley		ASB	ESTOS CON	ITROL	&		
Z 5025	Amended Amendment	#		City, S	tate, Zip C	ode		LICENSIN	G		l	
☐ DCA ☐] Emergency (Sou	th Plainf	ield, NJ					-0-1:50	
(NJAC 5:23-8)	justification)	moraamg		Name	of Contact			Telephone Nun	nher			
] Cancellation			Gre	g Marone	9						
				FAC	CILITY IN	FORMATION						
Name of Facility Where Aba	tement is Taki	ng Place	(3)				Type of Facility (4)				
PSE&G Control Hous			8.6				School (K-12)	1				
Street Address							Subchapter 8			Idina	•	
1133 Springfield Rd.							Other (i.e., pri homes, etc.)	ivate and comme	ercial bu	nunig	5,	
							Square Feet	# of Floors	Blo	lg. Ag	ie	
City (5)												
Union, NJ 07083				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	nr if heing demol	ished)			
County (6)				Coun	ty Code (7)	(STATE OSE ONET)	Control Hou		ionou			
Union						N		56				
Name of Monitoring Firm Hi		Owner (8)	ASCM	No.	Name of Abateme						
Health and Safety Ser	vices					AbateTech, I	nc.					
Street Address						Street Address						
PO BOX 365				Lienop.ete		30 Maple Ave						
City, State, Zip Code						City, State, Zip Co	ode					
Berlin, NJ 08009						Lumberton, I	NJ 08048					
Project Manager for Monitor	ing Firm		Tele	ohone l	No.	Telephone No.		License No.				
Jim Proctor			85	6-452	-1311	609-265-2107		00529				
Start Date (10)	Sch	eduled Co	omplet	ion Da	te (11)	Name of OSHA N	lonitor					
9 / 16 /	16	9_ /	_20	_ / _	16	EMSL Analyt	ical					
Occupancy Status During A		eck only o	ne)			Street Address						
☐ Facility Closed/Vacated				nent		200 Route 13	0 North					
☐ Abatement Performed O					cribe	City, State, Zip Co						
Time of Abatement:						Cinnaminsor						
NOTE: 10 10 10 10 10 10 10 10 10 10 10 10 10			-			Olimaninison	1, 110 00011					
Scope of Work (Check all th	iat apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re				Mini-Enc Mini-Enc						
≥160 sf or ≥260 lf		☐ De	molitio	n			g Procedure mpted (*) and Nor	n-Friable Proced	ure			
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			locat			Description of	\f					
Location of Asbestos-Containing Ma		Use	d Sole	ly by	Asbe	stos Containing Ma		Amount	Removal	Repair	nc	Enclosure
TO BE ABATE			intena todial \$		(i.e	., thermal systems		(Specify	10/2	ai-	aps	uso
IN Facility		Cusi	(12)	olaii!		surfacing, VAT other miscellane		SF or LF)	1 20		Encapsulate	-G
(13)		Yes	No	N/A		other missonane	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				O	
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Pontrol House				₩-	Cauin							
rol House					Stucco			25 SF				Ш
		ПП										
		+=-		=							П	П
Name of Res								t 1 1 EII				
Waste Mared Waste	Hauler			JDEP \ auler II		Cubic Yards of Waste	Name of Regis					
City, State nent			17	18750		10	G.R.O.W.S	. Landriii				
Camden, NJ						Disposal Date	City, State					
						9/20/16	Tullytown,	PA				
Completed By (Print or	net. T	itle				Signature	,	Į.	Date		١.	
Gwendolyn Truml		Operati	ions (Coord	inator	(A	lad A		9	2	116)
ASB-41			THO BOKE			1	7701			9		
MAY 11		* D 1	11.	in farm	for oab-al	las lisanaura akaba	ntad nativitias					

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

Date of Notification (1)					5 D 11 11							
8/	31 / 1	16				ng Owner/Operator f Princeton	11 <	502-4871 Che	ck#			The standard of the
Agencies Notified	Type Notificatio	n		Stre	et Address			SEP 6	26194		\mathcal{H}	_
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended			Tı	rustees of	FPrinceton Unive	1	cMillan Bldg.		i lan	-/	
□ DHSS	Amendment	#4		City	State, Zip	Code	ASI	BESTOS CON	17000		1000	
DCA	☐ Emergency (includ	ina	Pi	rinceton, I	NJ 08544		LICENSIN	H HOL	_ Či	77	
(NJAC 5:23-8)	justification)		J	Nam	ne of Contac	ct		Telephone Nu	mber	-	-	
	☐ Cancellation			Ro	obert Orte	ego, P.E.						
N				FA	ACILITY IN	NFORMATION						
Name of Facility Where At		ng Pla	ce (3)				Type of Facility					
Princeton University	7-Dillon Gym						School (K-1		:20			
Street Address Elm Drive Princeton	, NJ -Princeto	n Uni	versi	ty Mair	n Campus		Other (i.e., p	8 (Other than K-1 private and comm	12) iercial b	ouildin	gs,	
City (5)				•			Square Feet	# of Floors) al a. /		
Princeton							214,000	8		Bldg. A	\ge	
County (6)				Cor	inty Code (7	7)(STATE USE ONLY)			F 1 B	68		_
Mercer				000	inty Gode (/	MOTATE OSE ONET	and the control of th	rior if being demo	lished)			
Name of Monitoring Firm H	lired by Building	Owne	r (8)	ASCN	1 No	Name of Abateme	The second secon	Gymnasium				
Cardno ATC	, - sharing	- 11110	. (0)	000	() () () () () () () () () ())				
Street Address			1702242-1	000		AbateTech, I	iic.					
3 Terri Lane							DO D 05					
City, State, Zip Code						30 Maple Ave						
Burlington, NJ 08016						City, State, Zip Co						
Project Manager for Monito			Tol	onb	NI-	Lumberton, N	IJ 08048					
Michael R. Keehn	ing i iiii	_		ephone	No. 6-8800	Telephone No.		License No.				
Start Date (10)	Scho	dulad		-	ate (11)	609-265-2107		00529				
	/				1	Name of OSHA M						
_5 / _2 / _	10 (-	10	/ _3	1 /	/ 16	EMSL Analyti	cal					
Occupancy Status During A	batement (Chec	k-only	one)		/ 16	Street Address	cal					
Occupancy Status During A Facility Closed/Vacated	batement (Chee	k-only eriod o	one)-	ement			- 380					
Occupancy Status During A Facility Closed/Vacated Abatement Performed O	batement (Chee During Entire Pe	k-only eriod o	one) f Abate	ement	scribe	Street Address 200 Route 13) North					
Occupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement:	batement (Chee During Entire Pe utside of NormaAMP	k-only eriod o	one) f Abate	ement	scribe	Street Address 200 Route 130 City, State, Zip Co	O North					
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Decupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: Scope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Work Area #WC1, A Level Chases Vork Area #WC1, A Level Locker Rooms/ Level Locker Rooms/	batement (Chee During Entire Pe putside of NormaAMP nat apply) terial (ACM) ED vel Shower	Recorded on the second of the	enovatemolities Local Normal (12)	ion on tion allly ely by ance/ Staff?	Asbes (i.e.	Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat, thermal systems in surfacing, VAT, other miscellaneo itting insulation	D North de , NJ 08077 ainment with Negosure Procedure npted (*) and North erial (ACM) nsulation, or	Amount (Specify SF or LF) 280 LF 100 LF	Ab Removal 🖂	1		T
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Cocupancy Status During A Facility Closed/Vacated Abatement Performed O Time of Abatement: Coope of Work (Check all the Scope of Wo	batement (Chee During Entire Pe putside of Norma _AMP nat apply) terial (ACM) D vel Shower rel Restroom North Wing	Records of the control of the contro	enovate emoliti s Loca Norma ed Sola intensitodial (12) No	ion on tion allly ely by ance/ Staff?	Asbes (i.e. Pipe & fi Pipe & fi Fire Doo	Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo itting insulation itting insulation Cubic Yards of Waste 40 Disposal Date	D North de , NJ 08077 ainment with Negosure Procedure npted (*) and North erial (ACM) nsulation, or us) Name of Regist G.R.O.W.S. City, State	Amount (Specify SF or LF) 280 LF 100 LF 29 total ered Landfill Landfill	Ab Removal	1		T
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Date of Notification (1)		-			None	o of Duildin	- 0	10	(0)					
8/	31 /	15	5					vner/Operator (# 1509-4949	Check#)Pa	ge (of 3)	V	EI	7	7
Agencies Notified	Type Notifi	cation			Stree	et Address			III			7	H	
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(NJAC 5:23-8)	justifica	tion)			Nam	e of Contact	:t		ASE	Falephone Nun	aber.		\top	
	☐ Cancell	ation			Sc	ott Fertig				+''-			1	
					FA	CILITY IN	IFOR	RMATION				-		
Name of Facility Where A	batement is	Taking	g Plac	e (3)					Type of Facility	(4)				
NJ Training School	for Boys								School (K-1	2)				
Street Address										8 (Other than K-1)		9.45		
1 State Street									homes, etc.	orivate and comme	erciai c	ullain	ıgs,	
City (5)									Square Feet	# of Floors	E	Bldg. A	Aae	
Jamesburg, NJ									A CONTRACTOR OF STATE				5	
County (6)					Cou	nty Code (7))(STA	TE USE ONLY)	Current Use (P	rior if being demol	ished)			
Middlesex									Training So					
Name of Monitoring Firm I	Hired by Bui	lding C	wner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9					
Environmental Conf	nection							AbateTech, I		()				
Street Address								eet Address			- 0.0			
120 North Warren St	treet						3	0 Maple Ave	. PO Box 25					
City, State, Zip Code								y, State, Zip Co	The state of the s					
Trenton, NJ 08608								umberton, N						
Project Manager for Monit	oring Firm			Tele	phone	No.		ephone No.		License No.				
Dominic Derricole		/		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-4200	1-501-0000	09-265-2107		00529				
Start Date (10)		S¢hedı	uled C	omple	tion Da	ate (111)	Nan	me of OSHA M	onitor					
10 /21 /) /	30		16		MSL Analyti						
Occupancy Status During	Abatement (Check	enly o	one)		/		eet Address						
☐ Facility Closed/Vacated					ment			00 Route 13) North					
☐ Abatement Performed (Outside of N	ormal I	Facilit	y Hour	s - Des	scribe		, State, Zip Co						
Time of Abatement:	AM	PM	1/	PM-		AM	- 239	innaminson						
Scope of Work (Check all t	that apply)							ACCUMULATION OF THE PARTY OF TH	ainment with Neg	native Drassus				
≥3 sf or ≥3 lf			-	novati	5000 At 1			☐ Mini-Encl		Jalive Pressure				
≥160 sf or ≥260 If			_ De	molitic	n			☐ Glovebag	Procedure					
	V		lo	Locat	ion			⊠ Non-Exer	npted (*) and No	n-Friable Procedu	-	-		
Location o	f			Vorma				Description of			At	atem	ent T	уре
Asbestos-Containing M	laterial (ACN	1)		d Sole		Asbest	tos C	Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABAT IN Facility				intena todial S		(i.e.,		rmal systems in		(Specify	Removal	oair	aps	Enclosure
(13)				(12)				urfacing, VAT, ier miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
	Autor 1		Yes	No	N/A								e	
Wilson School Bldg. #	3			\boxtimes		Plaster				<25 SF				
Wilson School Bldg. #3						Pipe Fitt	ing	Insulation		60 LF				
Carpentry Shop Bldg.	#35					Floor tile	e & 1	Mastic		325 SF				
Carpentry Shop Bldg.	#35			\boxtimes		Pipe Fitti	ing	Insulation		40 LF				
Name of Registered Waste	Hauler			450.5	JDEP V			ic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.					auler II 18750	1	Was		G.R.O.W.S					
City, State					10/50		32 Disp	osal-Date	City, State					
Lumberton, NJ						1		30/16	Tullytown,	PA				
Completed By (Print or Type	e)	Title						Signature	() ()		to	20	- 1	
Gwendolyn Trumbett			erati	one C	oordi	nator		Oignature	VYYV	AT Da	ite	XY-	211	1
,		_ op	Jian	J113 C	Jordi	nator			1 1 '	11	() /	111	1



Date of Notification (1)					Nam	e of Building	n Ov	wner/Operator ((2)						
8 /	31 /	16							Check# P	a ue 2	of 3				
Agencies Notified	Type Notific	cation		_		et Address				1	5 GE	-FI	1/7 1	ET	-
⊠ EPA	☐ Initial	oution			100000000000000000000000000000000000000	Box 034			The second secon	IJĖ	5 6 5	Ш	M [5	
□ DOLWD		-0.0				State, Zip C		<u> </u>	Rivery space	1	Let Weekly			-11	
□ DHSS □	Amendn	11.00				enton, NJ				The state of the s	SEP	6 2	116		
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		cludin	g		e of Contact				IITOI	ephone Num		JIU	-	7
(110/10/0.20-0)	☐ Cancella	-0.000				ott Fertig			- 1	1161	ephone Mun	nei		j	
							ΕO	RMATION			LICENS	UNIO	HUL	8	-
Name of Facility Where A	batement is	Takino	Place	e (3)	1,7	CILITIIN	10	KWATION	Type of Facility	(4)	7 1 11	M VG			
NJ Training School				- \-/					School (K-1						
Street Address									☐ Subchapter	8 (Oth					
1 State Street									Other (i.e., homes, etc		and comme	rcial b	uildin	js,	
City (5)									Square Feet	-	of Floors	В	ldg. A	ae	-
Jamesburg, NJ														5-	
County (6)					Cou	nty Code (7)	(ST	ATE USE ONLY)	Current Use (P	rior if b	peing demolis	hed)			
Middlesex									Training S	chool					
Name of Monitoring Firm		lding O	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	9)					
Environmental Con	nection						1	AbateTech, Ii	nc.						
Street Address							Str	eet Address							
120 North Warren S	treet						- 1	30 Maple Ave							
City, State, Zip Code								y, State, Zip Co							
Trenton, NJ 08608 Project Manager for Monit		/		T=	>1			_umberton, N	IJ 08048						
Dominic Derricole	oring Firm				ephone	No. 2-4200		lephone No.			cense No.				
Start Date (10)	-/-	Schadi	ulad C		1	te (11)		309-265-2107 me of OSHA M			00529				
10 / 21 /)//			EMSL Analyti							
Occupancy Status During								eet Address							
☐ Facility Closed/Vacated					ment			200 Route 13	n North						
☐ Abatement Performed	Outside of N	ormal I	Facility	y Hou	rs - Des	scribe		y, State, Zip Co							
Time of Abatement:	AM	PM	/	PM		AM		Sinnaminson							
Scope of Work (Check all	that apply)								, 110 00011			***		-	
≥3 sf or ≥3 If			⊠ Re	novot	ion				ainment with Ne	gative	Pressure				
□ ≥160 sf or ≥260 lf				moliti				☐ Mini-Encl☑ Glovebag							
1100B			7. Children 10	V-700-11007				☐ Non-Exer	mpted (*) and No	on-Fria	ble Procedur	е			
1	,			Loca Norma								Ab	atem	ent T	уре
Location of Asbestos-Containing M		1)			ely by	Ashes	tos	Description of Containing Mat			Amount	Re	Re	m	m
TO BE ABAT	ED	,		intena	nce/ Staff?	(i.e.,	, the	ermal systems i	nsulation,		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Cusi	(12)	Stall?		ot	surfacing, VAT, her miscellaned	or or	5	SF or LF)	/al		Encapsulate	ure
(a a a / a			Yes	No	N/A		00	nor misconarie	,43)					te	
Carpentry Shop Bldg.	#35			\boxtimes		Debris C	lea	ın up			5 cy		П	П	П
Cottage #10						Pipe Fitt	ing	Insulation			8 LF				
Attic						Damage	d P	ipe Insulatio	n		20 LF		П	H	
Wilson School #3				\boxtimes	П	Floor tile					190 SF				
Name of Registered Waste	Hauler				JDEP \			oic Yards of	Name of Regis						ᆜ
AbateTech, Inc.				H	auler II 18750	O No.	Wa	ste \	G.R.O.W.S						
City, State		-			10/00		3 Disp	oosal Date	City, State		10000			_	
Lumberton, NJ						V		130/1,6	Tullytown	PA					
Completed By (Print or Typ	e)	Title						Signature		^	Dat	e i			
Gwendolyn Trumbet	ti	Ор	erati	ons (Coordi	nator			On	M-	T	XI	31	11	U

Date of Notification (1)			Name	e of Buildin	g Owner/Operator (2)	IN EG	F	1 1	//	3 [
8 /31 /	16		N.	J DPMC/	Job # 1509-4949	Check #8498	Page 3 of 3	ь_	U /	/ [2
Agencies Notified Type Notific	ation		Stree	t Address			1	100	- 6		41
			PO	Box 034			II II SEP	£	20	116	
□ DOLWD			City,	State, Zip (Code						+
□ DHSS Amendm		222	0.000	enton, NJ			ASBEST	10.0	ONT	201	-
DCA Emerger [Ustificat		ıg		e of Contac			Telephone Nine	ALLANC ALLANCE	CIVI	TUL	_ O(
Cancella			Sc	ott Fertig		•					
			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility	(4)				
NJ Training School for Boys						School (K-12					
Street Address							3 (Other than K-12 rivate and commer		uildin	20	
1 State Street						homes, etc.)		Clai Di	ullulli	95,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Jamesburg, NJ											
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex					***************************************	Training Scl					
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	- 					
Environmental Connection	-0.20	d 8		150	AbateTech, Ir						
Street Address					Street Address						
120 North Warren Street					30 Maple Ave	PO Box 25					
City, State, Zip Code					City, State, Zip Co				-		
Trenton, NJ 08608					Lumberton, N						
Project Manager for Monitoring Firm		Tak	ephone	No	Telephone No.	13 00040	License No.				
Dominic Derricole			09-392		609-265-2107		00529				
/	Scheduled (1		Name of OSHA M		00323			_	
10/21/15(9	/ _30		16	EMSL Analyti						
Occupancy Status During Abatement	Check only	one)	/		Street Address			1=15/5			
☐ Facility Closed/Vacated During Enti					200 Route 13	0 North					
Abatement Performed Outside of N					City, State, Zip Co	de					
Time of Abatement:AM	PM/	PM-		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovat emolitio				Procedure	ative Pressure n-Friable Procedur	·A			
	ls ls	Locat	tion		Z3 HOH ZXO	inprod () dila ritor	T Trable T Toocaar		atem	ent T	vne
Location of		Norma	lly		Description of	f				_	1
Asbestos-Containing Material (ACN		ed Sole aintena			stos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		todial		(i.e.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	lova	a :-	apsı	nso
(13)		(12)	_		other miscellaned		or or Ery	=		llate	Гe
	Yes	No	N/A							w	
15 Rooms at unit vent locations		\boxtimes		Floor til	е		148 SF				
Wilson School				Wall & 0	Ceiling Plaster		15 SF	\boxtimes			
Wilson School		\boxtimes		Brick &	Mortar		8 SF				
Name of Registered Waste Hauler	9	3520	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
AbateTech, Inc.		H	lauler II		-Waste	G.R.O.W.S.	Landfill				
City, State			18750		12 Disposal Date	City, State					
Lumberton, NJ					9/30/16	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature		Dat	Ια.			
Gwendolyn Trumbetti	Operat	ione (Coordi	inator	Oignature	MAT	/ Dai	11	21	11	(/
SB-41	Sperat	.0113	Joorul			VIVI		1	1	11	
MAY 11	* Do not	use th	is form	for asbesto	os licensure exemp	ted activities.		V		1	

Date of Notification (1)			Name	e of Buildin	g Owner/Operator	(2)	TE PET	1\//	IC.	100	1
8//	16			E&G /		# 1604-5005 C	neck # 8261	[i]	15.	1 (1000)	The second second
Agencies Notified Type Notified	cation	10-22-17-	Stree	t Address			and the second				11
⊠ EPA ☐ Initial	***		40	00 Hadley	/ Road		SEP 6	2018			/
☑ DOLWD☑ Amende☑ DHSSAmendn			City,	State, Zip (Code	545 90			_		1
□ DHSS Amendm □ DCA □ Emerger	100	lina	So	uth Plain	field, NJ		ASBESTOS CO	N ITO	01.5		
(NJAC 5:23-8) justificat		ing	Name	e of Contac	t	17	Telephone - 1	MIN	ULC	<u>v</u>	+
☐ Cancella	ation		Sh	aron Bun	ıdey		11-411	O		3 5.000	
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	1 100				V
PSE&G- Essex Station						School (K-1		V.			
Street Address							8 (Other than K-12) private and commer		uildin	as.	
155 Raymond Blvd.						homes, etc			9.5	5-1	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Newark, NJ 07105											
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (F	rior if being demolis	hed)			
Essex						Switching	Station				
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	ASCM	No.	Name of Abatem	nent Contractor (9	9)				
Health and Safety Services					AbateTech,	Inc.					
Street Address					Street Address	54,624					
PO BOX 365					30 Maple Av	e. PO Box 25					
City, State, Zip Code					City, State, Zip C	ode					
Berlin, NJ 08009					Lumberton,	NJ 08048					
Project Manager for Monitoring Firm	7.5	Te	ephone	No.	Telephone No.		License No.				
Jim Proctor		- 8	56-452	2-1341	609-265-210	7	00529				
[[] [] [] [] [] [] [] [] [] [Scheduled	Compl	etion Da	ite (11)	Name of OSHA I	Monitor					
4 / _18_ / _16_	(10	/ _3	1 /	16	EMSL Analy	tical					
Occupancy Status During Abatement (Check on	y one)			Street Address						
☐ Facility Closed/Vacated During Enti					200 Route 1:	30 North					
Abatement Performed Outside of N					City, State, Zip C	ode					
Time of Abatement:AM	PM/	PN	1	_AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check all that apply)					□ Full Cor	ntainment with Ne	antivo Proncuro	35		71112	
$\supseteq \ge 3$ sf or ≥ 3 If		Renova			☐ Mini-En	closure	gative Fressure				
≥160 sf or ≥260 lf	\boxtimes	Demolit	ion		☐ Gloveba	g Procedure	F:: II B				
		Is Loca	tion	1	⊠ Non-Exe	empted (*) and N	on-Friable Procedur				
Location of		Norm	/411/4		Description	of		Ab	atem	1	_
Asbestos-Containing Material (ACN		Ised So		Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility		Mainten ustodial		(i.e	., thermal systems		(Specify	Von	ar.	aps	losi
(13)		(12			surfacing, VAT other miscelland		SF or LF)	<u>a</u>		Encapsulate	Te
	Ye	s No	N/A							(D)	
Please see attached			\boxtimes	Please	see attached		Please see				
							Susman				
								\Box			П
								П	П	П	П
Name of Registered Waste Hauler			NJDEP N		Cubic Yards of	Name of Regi	stered Landfill				
Environmental Transport Grou	p, INC.	1	Hauler II	(4.500 0.000 kg	Waste 40	Conestog					
City, State			00000	/	Disposal Date	City, State			-		2.5
Flanders, NJ				(10/31/16	Morganto	wn, PA				
Completed By (Print or Type)	Title			-	Signature	March	L Dat	e, l	-		
Gwendolyn Trumbetti	Opera	ations	Coord	inator		CYYYY	1 8	(13	111	V	
						8 1 1	- \	11	111		

Date of Notification (1)			Nam	ne of Buildi	ng Owner/Operator	(2)					
8 /31 /	16		1		ob #1607-5043		#8456	7 15	Part of the same o	1	
Agencies Notified Type Notifi ☐ EPA ☐ Initial			0.000	et Address 000 Hadle				_15	7	And the second s	
☑ DOLWD ☑ Amende	2.652		City,	State, Zip	Code		SEP 6 20	16			
☑ DHSS Amendr ☐ DCA ☐ Emerge			100	0) 20	nfield, NJ		001 0 00	10	2000-00	1	
(NJAC 5:23-8) justifica	ncy (includiation)	ng		e of Conta			Telephone Num	her		1	
☐ Cancella			100000000000	eg Maro		ASE	Heroe Covin	וואכו	Ω	1	
			FA	ACILITY II	NFORMATION					_	
Name of Facility Where Abatement is	Taking Place	ce (3)				Type of Facility	(4)				
PSE&G- Roseland						School (K-1					
Street Address							8 (Other than K-12				
13 Eisenhower Parkway						Momes, etc.	private and comme	rcial b	uildin	gs,	
City (5)						Square Feet	# of Floors	To	Ida /	V	
Roseland, NJ 07068						Oquale i eet	# 01 F10015		ldg. A	\ge	
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
Essex				inty code (THO THE GOL GIVE IT	Substation		sileu)			
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCN	1 No.	Name of Abateme						
Health and Safety Services					AbateTech, I		/				
Street Address					Street Address				-		
PO BOX 365					30 Maple Ave	PO Boy 25					
City, State, Zip Code					City, State, Zip Co						
Berlin, NJ 08009					Lumberton, N						
Project Manager for Monitoring Firm	_/	Tel	ephone	No	Telephone No.	13 00040	License No				
Jim Proctor				2-1311	609-265-2107	,	License No. 00529				
Start Date (10)	Soheduled (Name of OSHA M		00329				
8 / 15 / 16	1		1 /	200	EMSL Analyt						
Occupancy Status During Abatement (-			Street Address						
☐ Facility Closed/Vacated During Enti			ment			0 N = =46					
☐ Abatement Performed Outside of N	ormal Facili	tv Hou	rs -Des	scribe	200 Route 13						
Time of Abatement:AM	PM/	PM		_AM	City, State, Zip Co						
Scope of Work (Check all that apply)							W 1999				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti			Mini-Enc	Procedure	gative Pressure n-Friable Procedur				
	1:	s Loca	tion			inpica () and rec	III-I Hable I Toceddi				S
Location of		Norma	ally		Description o	f		1	atem		
Asbestos-Containing Material (ACM		ed Sol			stos Containing Mai	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility			Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Removal	=	aps	Enclosure
(13)		(12)	_	-	other miscellane	ous)	SI OILF)	<u>m</u>		Encapsulate	re
	Yes	No	N/A							(D	
Transfomer Repair Room		Ш		Pipe Ins	sulation		200 LF	\boxtimes			
									П	П	П
Name of Registered Waste Hauler			IJDEP I		Cubic Yards of	Name of Regis	tered Landfill				
Waste Management			lauler II	Search Control of the Control	Waste	G.R.O.W.S	. Landfill				
City, State			18750	,	Disposal Date	City, State					
Camden, NJ					10/31/16	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature	^	Dat	0			
Gwendolyn Trumbetti	Operat	ions (Coordi	inator	Jignature	(À)	10T	.6	X1.	21	1.
SB-41						U X	V 1 1		1	11	111

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

MAY 11



Date of Notification (1)				Name	e of Buildin	g Owner/Operator ((2)			-3	_		
8//	16	-			E&G	,	,-/	Job#	1606-5019 Ch	eck i	#853	9	
Agencies Notified Type Notified	cation	Al Incident		Stree	t Address								7
☐ EPA ☐ Initial				400	00 Hadley	/ Road	Γ	- T		M	F	177	Belone
☑ DOLWD ☑ Amende				City,	State, Zip (Code	1	m L		131			
□ DHSS Amenda				So	uth Plain	field, NJ	Ì						
DCA Emerger [Justificat	ncy (incit	aing			e of Contac		-		Telephone Numb	er		11	1
☐ Cancella				Ch	ris Colem	nan	S. Charles			100 10			
None of Facility Miles and a second				FA	CILITY IN	IFORMATION		-	BESTOS GO	VITE	OL.		and the same
Name of Facility Where Abatement is	Taking P	lace (3)				Type of	Facility (4	LICENSI	VG.			
PSE&G- Ewing Substation							School						
Street Address							☐ Subci	(i.e., priv	Other than K-12) rate and commer	cial b	uildin	IS.	
1475 Prospect Street								es, etc.)				4-1	
City (5)							Square F	eet	# of Floors	B	dg. A	ge	
Ewing, NJ 08638													
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current L	Jse (Prior	if being demolis	ned)	71.00		
Mercer							Subst	ation					
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contra	ctor (9)					
Health and Safety Services						AbateTech, In	nc.						
Street Address						Street Address							
PO BOX 365						30 Maple Ave	. PO Box	x 25					
City, State, Zip Code						City, State, Zip Co							
Berlin, NJ 08009						Lumberton, N							
Project Manager for Monitoring Firm			Tele	phone	No.\	Telephone No.		3	License No.				
Jim Proctor		-	_	6-452	1	609-265-2107			00529				
Start Date (10)	Schedule	d Cor			1	Name of OSHA M			00020			-	
6 /20 /16	10	_ / _	31	_ / .		EMSL Analyti							
Occupancy Status During Abatement (/	Street Address							
Facility Closed/Vacated During Enti						200 Route 13	0 North						
Abatement Performed Outside of N	ormal Fa	cility I	Hour	s - Des	cribe	City, State, Zip Co	de						
Time of Abatement:AM	PM/_	-	PM-		AM	Cinnaminson	, NJ 080	77					
Scope of Work (Check all that apply)						☐ Full Cont	ainment w	ith Negat	ive Pressure				
≥3 sf or ≥3 lf		Rend					osure		10011033410				
≥160 sf or ≥260 If	Ш	Dem	olitio	n		Glovebag	Procedur	e 		201			
		le l	ocati	0.0	Ī	☑ Non-Exer	nptea (*) a	and Non-i	Friable Procedure	1 000		4/2	
Location of			rmal			Description of				Ab	atem	ent T	ype
Asbestos-Containing Material (ACM	1)	Used	Sole	ly by	Asbes	stos Containing Mat		A)	Amount	Rei	Re	En	E
TO BE ABATED		Maint Custoo	100			, thermal systems i	nsulation,	*	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)			12)	rtan:		surfacing, VAT, other miscellaned			SF or LF)	a		Encapsulate	ure
		es	No	N/A		other miscellanet	Jusj					te	
Along vertical sides of glass blo	ck [] [\boxtimes	caulk				144 LF	\boxtimes			
Loft Bathrooms] [Floor til	е			240 SF	\boxtimes			
Front Office] [\boxtimes	Cork/Ta	r Paper			817 SF				
(2) Bathrooms] [\boxtimes	Floor til	e & Mastic			100 SF		П	П	П
Name of Registered Waste Hauler		- 1	N.	JDEP V	Vaste	Cubic Yards of	Name of	f Register	red Landfill				
Environmental Transport Grou	p, INC.			auler ID 00069	No. 2061	Waste 40		stoga L					
City, State					/	Disposal Date	City, Sta	ite					
Flanders, NJ						10/31/16	Morg	antown	, PA				
Completed By (Print or Type)	Title					Signature	Mar	0 ~	Date	e \ .	1		-
Gwendolyn Trumbetti	Ope	ration	ns C	oordi	nator		UNY	111	\ \(\lambda	12	111	1 1	
SB 41							111	11		11	111	VI	

PSE&G Ewing-Notification

PAGE 2 OF 2

Location of		on Normall		Description of	Amount	Aba	atem	ent T	уре
Asbestos-Containing Material (ACM) TO BE ABATED		y Maintena dial Staff?		Asbestos-Containing Material (ACM) (i.e., thermal systems	(Specify SF or LF)	Ren	Re	Encap	Encl
in Facility (13)	Yes	No	N/A	insulation, surfacing, VAT or other miscellaneous)		Removal	Repair	Encapsulate	Enclosure
Mezzanine Level 1st Floor				Mastic	930 SF				
Mezzanine Level 1st Floor				Ceramic Tile	500 SF				
						\boxtimes			



Date of Notification (1)					Name	e of Building	Owner/Operator (2)		00 (\mathcal{I}			
8 /	31 /	16					rnational Casin		1601-49	84 Check#787	0_P	G.1.c	£2	-
Agencies Notified EPA	Type Notific					t Address 33 Boardv	valk			EGEI	<u> </u>	E	-	The second secon
☑ DOLWD ☑ DHSS		200			City,	State, Zip C	ode			ree e	VA.W.S			
DCA	⊠ Emerger	_		3	Atl	antic City	, NJ 08401-7329)	111	SEP 6	201		-	1
(NJAC 5:23-8)	justificat			9	Name	of Contact				Telephone Numl	oer			1
	☐ Cancella	ation			Ka	thy Cham	berlin		4.			-	Š	
					FA	CILITY IN	FORMATION			LIGHTS	49		,	
Name of Facility Where A	batement is	Taking	Place	(3)				Type of I	Facility (4)				
Resorts Hotel & Cas	sino- Ocea	n Tow	/er					Scho		·				
Street Address 1133 Boardwalk								Other		Other than K-12 rate and commer		uildin	gs,	
City (5)								Square F	eet	# of Floors	В	dg. A	ge	
Atlantic City														
County (6)					Cour	nty Code (7)	(STATE USE ONLY)	Current l	Jse (Prior	if being demolis	hed)			
Atlantic								Hotel	& Casin	10				
Name of Monitoring Firm		ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contra	ctor (9)					
Health & Safety Ser	vices						AbateTech, Ir	nc.						
Street Address							Street Address	amanu-anabhana	2000					
PO Box 365							30 Maple Ave		x 25					
City, State, Zip Code							City, State, Zip Co							
Berlin, NJ 08009				1-			Lumberton, N	J 08048						
Project Manager for Monit James Proctor	oring Firm		/	A-1-250	phone		Telephone No.			License No.				
Start Date (10)		Sahadu	ulad C		56-452	1	609-265-2107			00529				
1 / 18 /					tion Da		Name of OSHA M							
Occupancy Status During						10	EMSL Analyti						0.093	
☐ Facility Closed/Vacated					mont		Street Address	0 N41-						
☐ Abatement Performed						cribe	200 Route 13							
Time of Abatement:	AM	PM	/	_PM		AM	City, State, Zip Co Cinnaminson		77					
Scope of Work (Check all	that apply)			V-11			200000000000000000000000000000000000000							_
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novat molitic			☐ Mini-Encl	osure Procedu	re	ive Pressure Friable Procedur	e			
				Locat							Ab	atem	ent T	уре
Location of Asbestos-Containing M		1)		lorma d Sole		Ashas	Description of tos Containing Mat		A)	Amount	Re	Re	ш	m
TO BE ABAT	ED	,		intena	nce/ Staff?	(i.e.	, thermal systems i	nsulation,	vi)	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Gust	(12)	Stair		surfacing, VAT, other miscellaned			SF or LF)	<u>a</u>		sula	ure
77		1	Yes	No	N/A		other misochanet	Jusy					te	
2 nd Floor- 59 Bathroon	ns (30 SF p	oer	П	\boxtimes	П	Mastic A	Associated with	ceramic	tile 1	,770 SF total		П	П	П
hathroom) 3 rd Floor- 56 Bathroom	ns (30 SF p	er				1,000	associated with			,680 SF total		П		
hathroom) 4 th Floor- 60 Bathroom	s (30 SF p	er	П	\boxtimes	In	Mastic A	ssociated with	ceramic		,800 SF total				
hathroom) 5 th Floor- 58 Bathroom	is (30 SF p	er					associated with				-			
Name of Registered Waste	Hauler			-	JDEP V	-	Cubic Yards of	-		,740 SF total		Ш	Ш	Ш
AbateTech, Inc.				1 10000	auler ID	No.	Waste		D.W.S. L	red Landfill				
City, State		-			18750		Disposal Date			.unum				
Lumberton, NJ							Disposal Date 10/31/16	City, Sta	ite town, P	A				
Completed By (Print or Typ	e)	Title					Signature	0 -	. /	Dat	e		1	
Gwendolyn Trumbeti	ti	Ор	erati	ons (Coordi	nator		UM	7.1	3.5-400	V	13	11	14

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

ASB-41 MAY 11

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Date of Notification (1)			Name	e of Buildin	g Owner/Operator (2)	100		1				
8 /31 /	16		Re	sorts Inte	rnational Casin	os /Job#160	1-4984 Check#787	0_P	G.2 c	f-2-			
Agencies Notified Type Notifi	cation		Stree	t Address			I C F H	1		1	8		
⊠ EPA ☐ Initial			11:	33 Boardy	walk					1			
□ DOLWD			City.	State, Zip C	Code	1 100			- 11	111			
□ DHSS Amendr	-	H5/27			, NJ 08401-7329		SEP 6 2	016	1				
DCA Emerge (NJAC 5:23-8)		ng		of Contac			Telephone Numb	er	1		į.		
☐ Cancella			Ka	thy Cham	berlin				1		1		
			FA	CILITY IN	FORMATION		LICENSIN	Ġ			1		
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facil	lity (4)						
Resorts Hotel & Casino- Ocea	n Tower					School (K	53.050.05						
Street Address							er 8 (Other than K-12)		an area	020			
1133 Boardwalk						homes, e	 private and commerate.) 	Clai Di	ullairig	JS,			
City (5)						Square Feet	# of Floors	В	ldg. A	ge			
Atlantic City													
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use	(Prior if being demolis	hed)					
Atlantic						Hotel & C	asino						
Name of Monitoring Firm Hired by Bui	lding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor	(9)						
Health & Safety Services					AbateTech, Ir	nc.							
Street Address					Street Address			- 11200					
PO Box 365					30 Maple Ave	. PO Box 25	5						
City, State, Zip Code					City, State, Zip Code								
Berlin, NJ 08009					Lumberton, N	NJ 08048							
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.								
James Proctor		7	356-452	2-1314	609-265-2107 00529								
	Scheduled	Comp	letion Da	ite (11)	Name of OSHA M	lonitor							
_1 / _18 / _16	10	/ _3	31 /	1,6	EMSL Analyti	ical							
Occupancy Status During Abatement	Check only	one)		/	Street Address								
☐ Facility Closed/Vacated During Ent					200 Route 13	0 North							
Abatement Performed Outside of N					City, State, Zip Co	ode							
Time of Abatement:AM	PM/	PN	/	AM.	Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply)						-1 t (t) - N	Janetina Bassan						
≥3 sf or ≥3 If	⊠ F	Renova	ition		☐ Mini-Encl		Negative Pressure						
≥160 sf or ≥260 If		Demoli	tion		☐ Glovebag	Procedure							
				1		mpted (*) and	Non-Friable Procedure	1					
Location of		Is Loc Norm			D			Ab	atem	ent T	ype		
Asbestos-Containing Material (ACI		sed Sc	lely by	Asbes	Description of stos Containing Mat		Amount	Rer	Repair	Enc	Enc		
TO BE ABATED	100	lainter Istodia	ance/ I Staff?		, thermal systems i	insulation,	(Specify	Remova	pair	aps	Enclosure		
IN Facility (13)		(12			surfacing, VAT, other miscellaned		SF or LF)	8		Encapsulate	JI.e		
,	Yes	s No	N/A		out of this obligation					Ö			
6th Floor- 57 Bathrooms (30 SF	per			Mastic	Associated with	ceramic tile	1,710 SF total			П	П		
7th Floor- Room 726				Mastic	Associated with	ceramic tile	30 SF			П	П		
7 th Floor- Room 727				Mastic	Associated with	ceramic tile	30 SF						
	1												
Name of Registered Waste Hauler			NJDEP \		Cubic Yards of	Name of Re	gistered Landfill				Щ		
AbateTech, Inc.	Hauler II	O No.	Waste		/.S. Landfill								
City, State	18750)	Disposal Date	City, State									
Lumberton, NJ			10/31/16	Tullytow	n PA								
Completed By (Print or Type)				- unytow	ALL STATES OF THE STATES OF TH			-					
Gwendolyn Trumbetti	Coord	inator	Signature	CAMA	Dat	e ()	110	1	1) 1				
Swendoryn frumbetu	Opera	นบทร	Coord	mator		V/ 1/1		ŏ	10	1	14		

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ate of Notification (1)			Nan	ne of B	uilding Ov	vner/Operator (2)	ion / Job #160	06-5020 Check	485 <u>03</u>		- Controller	1
8 / 26	/ 16					on Administrati	- 51	TERF	1 1	15	1	1
genoide	otification			eet Add	ress chnical	Center		J-15 W 15				**************************************
			0 2553		, Zip Code			11 000	20	6	111-	1
J DOLVVD	endment#		City	y, State	City In	ternational Air	port, NJ 08405	il Off			2500	
DHSS Eme	ergency (inclu	ding			Contact			Telephone Number				
(N.IAC 5:23-8) just	ification)		1000000		oniaci		1			100	_ &.	
☐ Car	cellation			Peter				LICE	SWE			+
			F	ACILI	TY INFO	ORMATION	Type of Facility (4	1				
ame of Facility Where Abateme	nt is Taking P	lace (3)					School (K-12)	/				
William J. Hughes Tech C	enter						C C behanter &	Other than K-12)	er mut			
treet Address							Other (i.e., priv	vate and commercia	al Dullai	ngs,		
Hangar B301							homes, etc.)	# of Floors	Bldg.	Age		
							Square Feet	# 011 10013				
City (5) Atlantic City							/D.:-	r if being demolish	ed)			
			10	County	Code (7)(S	STATE USE ONLY)			00)			
County (6)							Technical Co	enter				_
Atlantic Name of Monitoring Firm Hired b	v Building Ov	vner (8)	AS	CM No	. 1		ent Contractor (9)					
Name of Monitoring Fill Filled C	y Dullaning -					AbateTech, I	nc.				_	-
TTI Environmental						Street Address						
Street Address	4				-	30 Maple Av	e. PO Box 25					
1253 North CHurch Stree	· ·	-				City, State, Zip C	ode					
City, State, Zip Code						Lumberton,	NJ 08048					
Moorestown, NJ 08057		17	alenh	one No).	Telephone No.		License No.				
Project Manager for Monitoring	Firm	1		-314-1		609-265-210	7	00529				
Jim Guilardi	1011	uled Com				Name of OSHA	Monitor					
Start Date (10)		ulea Con	ibieric	II Date		EMSL Analy						
_ 8 _ / _29 _ / _16		_ / _			10_	Street Address						
Occupancy Status During Abate	ement (Check	only one	∍)	20		200 Route 1	30 North					
T = -10th Classed Macated Dur	ina Entire Per	iod of AD	atem	ent	rihe	City, State, Zip						
Abatement Performed Outsi Time of Abatement:	de of Normal	Facility F	Tours	- 0000	M	Cinnamins of	on, NJ 08077					
Scope of Work (Check all that a						□ Full Co	ntainment with Ne	gative Pressure				
200be of Motiv Courage an inch	11.44	⊠ Reno	nuntio	n		☐ Mini-E	nclosure					
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf		☐ Dem	olition	1		[Olh	an Drocedure	on-Friable Procedu	re			
≥160 sf or ≥260 lf						⊠ Non-E	xempted () and iv	I Habio i recess	Aba	teme	ent Ty	/pe
			ocati	200								
Location of		Used	ormall		A ala a	Description stos Containing I	n ot Material (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Mater	rial (ACM)	Mair	tenar	nce/	(i.e	thermal systen	ns insulation,	(Specify SF or LF)	ova	=·	nsd	Sur
TO BE ABATED IN Facility		Custo		Staff?	,	surfacing, V	AT, or	SF OI LF)	-		late	œ
(13)		-	(12)	T 21/A		other miscella	neous)					
1000 100 100 100 100 100 100 100 100 10		Yes	No	N/A	n :-	leobina		410 SF	\boxtimes			E
Exterior						lashing		115 SF				E
Exterior					Roof N			20 SF]
Interior						ile & Mastic		50 SF]
Exterior					Roof N	Cubic Yards o	f Name of Re	gistered Landfill		1		
Name of Registered Waste H	auler		N	IJDEP \ lauler II	vvaste D.No	Waste	Atlantic	Count Utilities A	uthori	ity		
AbateTech, Inc.			1	1875		. 16						
City, State						Disposal Date	City, State	bor Township, N	J 082	34		
Lumberton, NJ						9/30/16			Date_			-
Completed By (Print or Type)		tle				Signature	MANT		Z	121	5	14
Gwendolyn Trumbetti		Operat	ions	Coord	linator		V 1111			1	1	_
Gwendolyn Hullibetti							N. Committee of the com					

Ck#3088

Date of Notification	(1)			Nan	o of E	Quildina	Owner / Opera	1 (0)		C	C 1		0	00	,
	8/31/16			Pen	nsvi	lle Sch	ool District	ator (2)							
Agencies Notified	Type Notific	cation		Stre	et Add	dress	OOI DISTRICT			n E C	E	1-1	7 E	-	7
□ EPA		-000		30 0	Churc	ch Stre	et				<u>L</u>	T.			111
☐ DEP ☐ DOL	Initia					& Zip (111					111	111
Ø DOL Ø		ended				le, NJ	08070			III SEP	2	201	10		111
DCA DCA		ergency cellation		100000000000000000000000000000000000000		Contact				-	Te	leph	one	Vilm	ber
		cenation		IVIIK	e Sim	pkins				ACDEC					
Manager of Earling and				FA	ACILI	TY INF	ORMATION		1	ASSESTO	3 CO	NTF	OL	2	+
Name of Facility Who	ere Abatem	ent is Taking I	Place	(3)			Type of Fa	cility (4)			NSIN	1G			\exists
Pennsville Schoo Street Address	DISTRICT	Administration	on Bu	ıildin	g					chapter 8					
30 Church Street							Subch	apter 8 (0	Other tha	an K-12)					
oo ondron offeet							U Other	(i.e. priva		nmercial buil				etc.)	
City (5)		County (6)			0-1-	(7)	Square Fee	et	# of Flo	ors	Bldg	g. Ag	је		
Pennsville		Salem	100	bunty	Code	(7)									
i chilavine		Salem					Current Use	e (Prior if	being d	emolished)		•			
Name of Monitoring F	irm Hired h	V Building Ow	nor /9	\	IAC	CNANI	School								
Pennoni Associate	es, Inc.	y ballaling Ow	ilei (o)	AS	CM No.		patement	Contrac	ctor (9)					
Street Address							Street Addr		entai, ii	nc.					
515 Grove St.							1123 Beav		at .						
City, State & Zip Code							City, State 8								
Haddon Heights, N							Bristol,								
	ect Manager for Monitoring Firm						Tel , hon	₁umber		License	e Num	ber			
	an Clark						(215)788-6			00509					
	eduled Start Date (10) Scheduled Com)	Name of OS								
Occupancy Status Du	ring Abater	nont (Chook a	9/12				Bristol En		ental In	c.					
Facility Closed	d/Vacated [Durina Entire P	eriod	e) of Ah	ateme	ent	Street Addre								
Abatement Pe	rformed Ou	utside of Norm	al Ho	urs –	atomic	.111	1123 Beav City, State 8								
Describe:							Bristol, PA		е						
Facility Occup	ied During	Abatement 7 A	M to	3:30	PM		J. 10101, 17	15007							
Scope of Work (Check	call that ap	ply)			12-25										
≥3 sf or ≥3 lf			F 3	_				F	ull Cont	ainment with	Nega	itive	Pres	sure	
≥160 sf ≥260 li	f		M		ovationolition		☐ Mini-Enclosure								
Z				Dell	IOIILIO	n				g Procedure			60		
Loca	ation of		ls I	ocati	on	T	Non-Exempted and Non-Friable								
	-Containing			nally L			Description of Amount Aba Asbestos-Containing (Specify						teme	ent T	ype
	al (ACM)			olely b			Material (A	CM)		SF or LF)				т	
	ABATED acility		Maint				(i.e., thermal s	systems		8.5		Rer	Re	nca	Enc
	13)		Custo	(12)	otan?	ın	sulation, surfa	cing, VA				Remova	Repair	Encapsulate	Enclosure
,		İ	Yes	No	N/A		other miscer	iarieous)				<u>a</u>	7	late	ıre
St Floor Boys Room	m		\Box		П		Transit	0	-	575 SF			$\overline{}$		
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			ПI							=++	H	H	H		
ame of Registered Waste Hauler					DEP V		Cubic Yards	Name o	of Regist	ered Landfill					
ervice Transport Inc.					ıler ID		f Waste								
ity, State					2099		4 Cu Yd		a Land	lfill					
lew Castle, Delawa					isposal Date	City, Sta		011							
ompleted By (Print or		Title			9/9/16	wayne	sburg,	OH		-					
Sino Pizzigoni							ignature	2 -	. ,	1 -	Da				
					ject nagei	-	Lens 1	ezzea	The	178	8/	31/	16		
					901		/	001	17 M	0					

Date of Notification (1)	20 / 4/			20000		ng Owner/Operator (2)					
	30 / 10			IVIa	rcus L. V	Ward Home	-	/Job #1608-2	109 CF	1k. #	455	5
Agencies Notified	Type Notification				t Address	WE STAN IN 1000 NOTE TOO	2007	1-15-19-19	3 U	U	=	
⊠ EPA ⊠ DOLWD				481	14 Outloo	ok Drive, Suite 20	01	*.			1	
☑ DOEWD	Amendment #	ŧ			State, Zip		DANGER	SEP	6 2	016		UJ
☐ DCA			7			ship, NJ 07753	No. of Contract of				-	and the same
(NJAC 5:23-8)	justification)			Name	of Contac	ct		Telephone Nu	mber			
	Cancellation			He	ather Fal	koff		7 11 1	-111 -111	,	L &	
				FA	CILITY IN	NFORMATION		2.1 No. E.	-1-211-1			
Name of Facility Where	Abatement is Takir	g Place	(3)				Type of Facility	(4)				
Winchester Garder	ns						School (K-1					
Street Address								8 (Other than K- private and comm		uilalia	~~	
333 Elmwood Aver	nue						homes, etc.		ierciai D	ullulli	J S,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Maplewood							473,763	5		89		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)			
Essex							Senior Hou	sing/Assisted	Living	E.		
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						
Criterion Laborator	ries					Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
3370 Progress Driv	re, Suite J					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co						-
Bensalem, PA 1902	20					Hainesport, N						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Mike Panepresso			21	5-244	-1300	609-702-0400		00862				
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor					
8 /31 /		9 /		/		EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (Chec	k only o	one)			Street Address						
☐ Facility Closed/Vacate				ment		200 U.S. Rout	te 130 North					
Abatement Performed	Outside of Norma				scribe	City, State, Zip Co						
Time of Abatement:		M/	3		AM	Cinnaminson						
Scope of Work (Check all	that apply)	1 -	YOU	11111		3a	, 110 00077			-9/		
	11.26	-	1		,		ainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			☐ Mini-Encl						
			montic	40			mpted (*) and No	n-Friable Proced	lure			
		ls	Locat	ion						atem	ent T	vne
Location			Norma d Sole			Description of	f		-	_		T
Asbestos-Containing I TO BE ABA			intena			stos Containing Mat		Amount	čem	Repair	nca	ncl
IN Facilit			odial S		(1.6	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Removal	₩.	psu	Enclosure
(13)			(12)		-	other miscellaned		J. J ,	-		Encapsulate	G.
		Yes	No	N/A								
Women's Locker Roo	m, Beauty			\boxtimes	Pipe In:	sulation		24 LF	\boxtimes			
Salon & Recreation C	Office								П	П	П	П
			Ш	Ш						Ш	Ш	Ш
Name of Registered Wast			2000	JDEP V	10.50007	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage, In	nc.		H	auler ID 02265		Waste 5	GROWS La	andfill				
City, State						Disposal Date	City, State					
Freehold, NJ						9/5/16	Morrisville	, PA 19067				
Completed By (Print or Ty	rpe) Title)				Signature/	1		Date			
Kimberly A. Trumbe	etti o	ffice C	oord	inator		1/1/			8-31	11-	201	10
ASB-41						TXI			001	, 0	101	Ψ

ASB-41 MAY 11

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

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Date of Notification (1)				Glenre	of Building eal Equi			r (2)	No.			-	7		The same of the sa
Agencies Notified EPA	Type Notification Initial				liver Stre		te 33		Constitution of the consti	SEP	6 8	016	Andrews of Artist	الل	-
DEP X DOL	Amended Amendmen	t #			ate, Zip Co ensack N		ne		L	DECTOC	001	TDC			
▼ DOH	Emergency	(including	<u> </u>		of Contact	43 070			AS	BESTOS (10000	~	JL å		
DCA	justification Cancellation				an Som	ma					H1-4144	HUGI			
Name of Equility Where	Shotana at la Tali	. D	0)	FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where A	Abatement is Takii	ng Place (3)					parameter 1	of Facility (
Street Address								X	Other (i.e. p	2) 8 (Other thai rivate & com	n K-12 mercia	2) al buil	ldings	, hom	es,
City (5)									etc.) re Feet	# of Floor	S	T	3ldg. A	Age	
Nutley NJ 07110								9,48		4		7	76 ye		
County (6) Essex				County (STATE)	Code (7) USE ONLY,)			nt Use (Prid dential	or if being der	nolish	ed)			
Name of Monitoring Firm Omega Environmen)	ASCN 0012	30,07100 -5 14		Name All C	of Aba lean [tement Con Environme	tractor (9) ental, LLC				10	
Street Address 280 Huyler Street				-				Addres Vreela	ss and Aveni	ue					
City, State, Zip Code South Hackensack I	NJ 07606								p Code kensack	NJ 07606					
Project Manager for Moni Mr. Geiser Fajardo	toring Firm			Telepho 201 48	ne Nc. 39-8700			none No 546-2		Licer 012	nse No).			
Start Date (10) September 12, 2016	3	Schedul			Date (11)		Name		A Monitor						
Occupancy Status During								Addres							
Facility Closed/Vaca Abatement Performe Other – Describe: 8	ed Outside of Norr	Period of a	Abater / Hour	ment s			City, S	tate, Zi	ood Rd p Code						
Scope of Work (Check All							vvnite	e Plai	ns, NY 10	1603					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	4.17	AND PERSONS	Renova Demoli				×	Min Glo	i-Enclosure vebag Proc	nt with Nega edure (*) and Non-					
		Is	Locat	ion			- Seeme	2 1401	Lacinpied	() and reon-	Tiabi	10	Abate		
Location		1	Norma d Sole	lly		Des	scription	of					Ту	ре	
Asbestos-Containing N TO BE ABA In Facilit (13)	TED	Ma	intena todial ((12)	nce/ Staff?	Asbest (i.e.	os Cont thermal surfac other n	aining M systems cing, VA niscellan	s insula T, or	(ACM) tion,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Pipe / Base	ment	162	X	N/A		Inc	sulation	n		350 LF		X			
Tank / Base			X				sulation		-	75 LF					
						Hit	Julation			73 LF		X			-
Name of Registered Waste	e Hauler	1	3 1 3 2 3	IJDEP W	30.2.4.2.	Cubic of Was			Name of R	egistered La	ndfill				
Newark Carting			19/62	J04509	Secretary and the second	or vvas	ie		IESI						
City, State Newark NJ						Dispos	al Date		City, State Benthleh	nem, PA 18	3015				
Completed by Carmen Repreza		Title Office	e Mar	nager		Si	gnature		Antis		Date	e	2016		
		1				/	CH	uce	7	3			200130		

Print Form

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Date of Notification (1)				of Building ((2)						1
Agencies Notified Type Notification				Address liver Stre	et Suite	33		加星	G			₩ <u></u>	
DEP Amended Amendmen				ate, Zip Co ensack N		 6		25.00	SEP		5 20	016	Tr. let Company of A
DOH justification Cancellation				of Contact an Somr	ma		ji	Telepho		nber		, rej	Same
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INFO	RMATIO	N	Type of Facility	(4)	LIC	ENS	JNC	ROL	. &
Street Address							School (K-Subchapte		n K-12 imercia	l) al buil	dings	, hom	es,
City (5) Nutley NJ 07110							Square Feet 43,560	# of Floo	rs		Bldg. A		
County (6) Essex				Code (7) USE ONLY)			Current Use (Pri Residential	or if being de	molish	ed)			
Name of Monitoring Firm Hired by Building Omega Environmental Services, II			ASCN 0012				of Abatement Cor ean Environm						
Street Address 280 Huyler Street					1202		Address /reeland Aven	iue					
City, State, Zip Code South Hackensack NJ 07606				12			ate, Zip Code n Hackensack	NJ 07606					
Project Manager for Monitoring Firm Mr. Geiser Fajardo		Telepho 201 48	ne No. 39-8700			one No. 46-2027	Lice 012	nse No).				
Start Date (10) September 12, 2016	tart Date (10) Scheduler						of OSHA Monitor Analysis			1132			
Cocupancy Status During Abatement (Checomologies) Facility Closed/Vacated During Entire In Abatement Performed Outside of Norm Other – Describe: 8 am to 5pm	Period of A	baten	nent		(399 K City, St	Address (nolwood Rd ate, Zip Code e Plains, NY 1	0603					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	processes.	enova				×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	ent with Nega				ρ	
Location of	5000	_ocati								_	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	ntena	ely by Asbestos Cor ince/ (i.e. therma Staff? surfa			ription ning Ma ystems ng, VAT scellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
Basement		X			Insu	ulation		472 LF		X			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards	Name of I	Registered La	andfill				
Newark Carting	10000000	auler ID J04509		of Waste	:	IESI	T. 1700 1100 1100						
City, State Newark NJ					Date	City, State Benthle	hem, PA 1	8015					
Completed by Carmen Repreza	Title Office	Mar	nager		Sign	nature	rucou les	and o	Date		016		

Ck# 3087

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Nam	ne of Buildin	ng Owner/Operator ((2)	- / 5 -						
8/31/	16		Pr	inceton l	Jniversity-Office	of Design and	Construction_						
Agencies Notified Type Notifi	cation			et Address		Г		E	- 1/	E			
⊠ EPA ⊠ Initial				0 Elm Dr	9		111/5	<u> </u>			7		
☑ DOLWD ☐ Amend				State, Zip			13-04				-11		
□ DHSS Amenda					NJ 08544		III SEP	5	20	13	14		
□ DCA	ncy (includi	ng	-	e of Conta			Telephone Num				-		
☐ Cancell			(2000-000)	bert Orte						51	<u>ا</u>		
					NFORMATION		ASH->1L	JO U	UNG.	. ال	_ (X		
Name of Facility Where Abatement is	Taking Plac	e (3)		CILITITI	NFORMATION	Type of Facility			111 000				
Princeton University-Fireston		0 (0)				School (K-1)	1.5						
Street Address	Libiary					Subchapter	8 (Other than K-12						
Washington Rd						Other (i.e., p	rivate and comme	rcial b	uildin	gs,			
City (5)						Square Feet	# of Floors	Tp	Ida A				
Princeton						1,000,000	8		ldg. A 70	ge			
County (6)			Cor	inty Code (7)(STATE USE ONLY)	100000000000000000000000000000000000000	rior if being demolis	hod)	70				
MERCER			000	my code (I NOTHILL BOLL ONE I)	Library	nor it being deritors	sileu)					
Name of Monitoring Firm Hired by Bu	Ildina Owne	(8)	ASCN	1 No	Name of Abateme								
ATC Group Services LLC	iding Owne	(0)	000		The second control of	VIRONMENTA							
Street Address			000		Street Address	VIICONVIENTA	L, INC.						
Three Terri Center					1123 BEAVE	STREET							
City, State, Zip Code					City, State, Zip Code								
Burlington, NJ 08016					BRISTOL, PA								
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No. License No.								
Michael Keehn			609-38		215-788-6040 00509								
Start Date (10)	Scheduled				Name of OSHA M		00000						
9 / 14 / 16			30 /	and the second second	The street streets are sometimes and	VIRONMENTA	L. INC.						
Occupancy Status During Abatement					Street Address			-		-			
☐ Facility Closed/Vacated During Ent					1123 BEAVER	STREET							
☐ Abatement Performed Outside of N				scribe	City, State, Zip Code								
Time of Abatement: 7:00AM-3:30	PM/	PM	AM		BRISTOL, PA								
Scope of Work (Check all that apply)									-				
☐ >3 sf or >3 lf	⊠ n		-4:			ainment with Neg	gative Pressure						
≥ 25 st of ≥ 5 tr ≥ 160 sf or ≥ 260 lf		enova emoli			☐ Mini-Encl ☐ Glovebag								
							n-Friable Procedur	e					
	1		cation					Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACI	Δ\ Us	Norn ed So	nally olely by	Anha	Description of			R	R	щ	щ		
TO BE ABATED	M	ainter	nance/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	ıcar	iclo		
IN Facility	Cu	stodia (12	al Staff?		surfacing, VAT,	or	SF or LF)	val	_	Encapsulate	Enclosure		
(13)	Yes	T No			other miscellaned	ous)				ate			
Levels B, A and 1					d pipe fitting Ins	ulation	4190 LF						
Levels B, A and 1	\boxtimes			Floor ti	le and mastic		18,440 SF						
Levels B, A and 1				Joint co	ompound		16,520 SF						
Levels B, A and 1	\boxtimes			Acoust	ical ceilin plaster		2,222 SF						
Name of Registered Waste Hauler		1	NJDEP		Cubic Yards of	Name of Regis	tered Landfill						
BRISTOL ENVIRONMENTAL, I	Hauler I		Waste	G.R.O.W.S	NORTH LAND	FILL							
City, State			1870	0	Disposal Date	City, State							
BRISTOL, PA 19007					650	1111	LLE, PA 19067						
Completed By (Print or Type)	Title				Signature		Dat	te .	,				
Brian Scafiro	tor				Scaferi		8/3	1/	16				
20.44		w7:500			prian	, ocaferi	1-11	1	/ '				

ASB-41 MAY 11 BS /6/20 * Do not use this form for asbestos licensure exempted activities.

CR # 3081

										19	-	0		
Date of Notification (1)								vner/Operator (FERM	7 [W	E	Ir.
8/	31 /	16			Pri	nceton U	Inive	ersity-Office	of Design and	Construction	=	Y		
Agencies Notified	Type Notific	ation			Stree	t Address								
⊠ EPA	☐ Initial				20	Elm Dr.				SEP	6	20	6	11
□ DOLWD □ DHSS	Amended Amendm				City,	State, Zip (Code							1
☑ DHSS	☐ Emergen	-		1	Pri	nceton, N	4J 0	8544				2.17	201	-
(NJAC 5:23-8)	justificati		ordanię	,	Name	e of Contac	t			Telephone Numb	er C	OMT	-101	- Ct
	☐ Cancella	tion			Ro	bert Orte	go			4	-1/2.5	1:1/2		
					FA	CILITY IN	IFO	RMATION				_		
Name of Facility Where A	batement is 1	Taking	Place	(3)					Type of Facility					
Princeton Universit	y-Firestone	Libr	ary						School (K-1					
Street Address										8 (Other than K-12) private and commerce	rial h	uilding	15	
Washington Rd									homes, etc.		, iui	anding	, ,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Princeton									1,000,000	8		70		
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)			
MERCER									Library					
Name of Monitoring Firm	Hired by Build	ding C	wner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))				
ATC Group Services	s LLC				000	98	E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Str	eet Address						
Three Terri Center							1	123 BEAVE	R STREET					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Burlington, NJ 0801	6						E	BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	ephone No.		License No.				
Michael Keehn				5.3	09-386		2	15-788-6040		00509				
Start Date (10)	S	Schedi	uled C	omple	etion Da	ite (11)	Na	me of OSHA M	lonitor					
9 / 14 /	16	1	/	3	0_/	17_	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During				100			Str	eet Address						
Facility Closed/Vacated							1	123 BEAVER	R STREET					
Abatement Performed Time of Abatement: 7:						scribe		y, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)			#11 <u></u>							-			
≥3 sf or ≥3 lf			⊠ Re	novo	ion				ainment with Neg	gative Pressure				
≥3 \$1 01 ≥3 11 ≥3 \$1 01 ≥3 11 ≥4 260 If			Dei					☐ Mini-Encl	osure Procedure					
							unae			n-Friable Procedure)			0.05
				Loca					sa.		Ab	atem	ent T	ype
Location of Asbestos-Containing N		.		lorma d Sol	ely by	Acho	otoo	Description of Containing Mar	07	Amount	Re	Re	En	En
TO BE ABAT		"	Mai	intena	ance/			ermal systems i		(Specify	Removal	Repair	cap	clos
IN Facility	4		Cust	odial (12)	Staff?	,	5	surfacing, VAT,	or	SF or LF)	Val		Encapsulate	Enclosure
(13)		ŀ	Yes	No	N/A		ot	her miscellane	ous)				ate	
Levels B, A and 1			N			Firepro	ofin	n		1,620 SF		П	П	П
Levels B, A and 1						Radiato	-			320 SF				
						Tanana marana	× 441	93333	U sailing					
Levels B, A and 1						Spline,	pias	ster & Drywa	ii ceiling	15,924 SF				
	11						-				Ш	Ш	Ш	Ш
Name of Registered Waste BRISTOL ENVIRONI		IC.		100	JDEP I	O No.	Wa	oic Yards of ste	Name of Regis	tered Landfill NORTH LANDF	ILL			
City, State					1870)	Dis	posal Date	City, State		200			-
BRISTOL, PA 19007										LLE, PA 19067				
Completed By (Print or Typ	oe)	Title						Signature	0 n	/ Date	9 ,	/		
Brian Scafiro		Es	timat	or				Brian	Scofer	0/11/8	13	1//	9	

4030	•	6				ESTOS ABATEN 8:60 and 12:120	1 M Record 141		E 1	1:11	F	j-13			
Date of Notification (1)						Owner/Operator	(2)		11 to 11		JE,				
8-	24-16				HI	ARBAUG	14 10 et	ELO	Ptr:	5			To the second		
Agencies Notified EPA	Type Notific	ation		Stre	et Address	& GLASS	SBORD	RD	,				1		
	Amende			City	State, Zip C	ode		Section 1	a			-	T		
⊠ DOL	☐ Emerger	ncy (includia	ng			OODBUKY	HEIG				80	47	1		
DCA DOH	justificat Cancella			Nan	ne of Contac S A			Teleph	one Numi	per	11-14-	Cit Ti back	- 10		
				F/	ACILITY INF								_		
Name of Facility Where	Abatement is	Taking Plac	ce (3)				Type of Facili	ty (4)	A PERSONAL PROPERTY AND A SECOND		-		Anna Chillian		
	SIDEN	<u>ce</u>					School (K-	12) r 8 (Other	than K-12	2)					
Street Address							Other (i.e., homes, etc.	private &	commerci	al buil	dings	,			
City (5)	- 0	.0.0.12					Square Feet	# of F	loors	1	ldg. A				
570V	UE H	412 BC	DIR	I Cor	inty Code (7	STATE	Current Use (I	Prior if bein	a demolis	- and	20	-			
CAPE	MAY				E ONLY)		VA	CAND	- T						
Name of Monitoring Firm		ling Owner		ASCN	No.	Name of Abatem		•							
(8) N	IA					Street Address	MCO I	NC					=		
Officer Address						조기 교기가 가장 이 경우에 잘 하지 않는데 되었다.	SSPR	UCE	BLE						
City, State, Zip Code			- designation			City, State, Zip Code MAPLE SHADE W.J 08052									
Project Manager for Moni	torina Pirm		T Tele	phone	No.	Telephone No.	SHAO		se No.	200	220	-	_		
						856-77			0044	4			_		
Start Date (10)	-	cheduled C			ate (11)	Name of OSHA M	CONTROL OF THE PROPERTY OF THE	Lema	. A						
0ccupancy Status During		Check only		-16		Street Address	SEPH K								
☑ Facility Closed/Vacate	d During Entire	e Period of	Abaten		1.	369 S.		E A	vE						
☐ Abatement Performed ☐ Other - Describe:	Outside of No	rmal Facilit	y Hour	\$	Γ	City, State, Zip Co	SHADE	W) T	080	11.	2				
Scope of Work (Check all	that apply)									ر د ر	Marie Control		-		
≥3 sf or ≥3 lf	J.Cpp.))	□Re	enovatio	מח		Full Cont	tainment with Ne losure	egative Pro	essure				0		
≥160 sf or ≥260 lf			molition				g Procedure moted (°) and N	on-Friable	Procedur	e					
			ocation	n		18				A	bate				
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Name of Registered Waste	_			DEP V uler ID	14-41-	Cubic Yards of Waste	Name of Reg	M. C	M. (,	M				
City, State			-11	141		Disposal Date	City, State	VI. C.	100, (<i>.</i>	_		=		
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Completed By MiCHAEL ICLE	T	Title SU	0			Signature	0-K1.		Date -	24	-16	2			
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CK # 4038

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Agencies Notified Type Notificati	on	7	Street Addres	s _	1 1	LE		-		
☐ BPA ☐ Initial ☐ Amended		-	City, State, Zip		ON A IA	<u>ve</u>				
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DOH justification	1)	- have	Name of Conta			Telephone N	umber			
				OM						
Name of Facility Where Abatement is Tal	king Place	(3)	FACILITY IN	FORMATION	Type of Facili	tv (4)				
RESIDEA					School (K-	12)				
Street Address					Other (i.e., homes, et	er 8 (Other than F private & commo c.)	ercial bu			
City (5) AUALON					Square Feet	# of Floors	_	Sidg.	0.700	_
County (6) CLAPE MAY			County Code USE ONLY)	(7) (STATE		Prior If being dem	olished)		
Name of Monitoring Firm Hired by Building	Owner	A	SCM No.	Name of Abatem						
Street Address				Street Address	co IN					_
				369 5		CE AVE				
City, State, Zip Code				City, State, Zip Co	ode SHAO	E N.J	08	05	2	
Project Manager for Monitoring Firm	T	Teleph	none No.	Telephone No.	7-0422	License No.	441			
	eduled Co	mpletio	n Date (11)	Name of OSHA M						
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other - Describe:			a II	City, State, Zip Co	ode					
Scope of Work (Check all that apply)							ATT			=
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MICHAEL KLOMM	SUF	?	9.	Mul	W76-		3-2	4-	16	

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olieel Address							_ School	l (K-12)					
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Name of Monitorina	Circa I II I I						Naval Wea	nons Sta	ation	iolistied)			
Name of Monitoring Health and Safety S	envices	by Building Or	wner (8)	ASC	M No.	Name of Al	natemen	t Contractor	(0)			
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O. Box 365							Street Add	Acc	nent Group,	LLC			
city, State & Zip Coo	1-						2115 Hamil	ton Avo	Cuita 200				
erlin, NJ 08009	ie						City, State	2 7:n Ca	Suite 202	925			
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roject Manager for Ir. Jim Proctor	Monitoring F	Firm	Tele	phone	Numb	er	Telephone	Mumb = =					
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vernicle iviaintenar	ice Shop	Herit is Taking	Plac	e (3)				Тур	e of Fa	cility (4))						
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Building 3001									Other	(i e pri	(Other t	han K-	12)				
Cib. (E)								San	are Fe	ot pin	# of F	ommer	cial build	ings, ho	mes,	etc.))
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Fort Dix AFB 0864	-1	Burlington					, ,	Curr	ent Us	e (Prior	if being	domal	ioh a dì				
Name of Maria								Veh	icle M	aintena	ance Sh	uemor	isnea)				
Name of Monitoring	Firm Hired	by Building Ov	vner	(8)		AS	SCM No	o. Nam	ne of Al	patemer	nt Contra	actor (2)				
Health & Safety Se Street Address	vices, LL					11	17	Res	ource	Manag	ement	Groun	ille.				
PO Box 365								Stree	et Addr	ess			A PROPERTY AND A SECOND PROPERTY AND A SECON				
City, State & Zip Coo	le							2115	Hamil	ton Ave	nue, Su	ite 202					
Berlin, NJ 08009								Trer	State a	& Zip Co	ode						
Project Manager for I Vr. Jim Proctor	Monitoring	Firm	Te	lepho	one	Nun	nber	Tele	phone	Number	<u>9</u>						
	(4.0)	-	85	6 - 83	9-2	2432)	609-	977-6	159	les.		License				
Scheduled Start Date 9/10/2016	(10)	Scheduled Co	mple	etion	Da	te (1	1)			SHA Mo	nitor			011	85		
		1.70	12/3	31/20	16			J&S	Enviro	nment	al Labo	ratorie	es Inc				
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Describe: 9	: - MA00:	5:00PM	iouis	•				City,	State 8	Zip Co	ode					200	
Facility Occup	pied During	Abatement						Unio	n, NJ (07083							
Scope of Work (Chec	k all that a	pply)															
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Asbestos	-Containin	g		rmal				Ashesi	scriptio	n of ntaining		200	Amount	Ab	atem	ent T	уре
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	ABATED		Mai	inten	and	e or		(i.e., th	ermal s	systems	;	31	OI LF)	Z.	77	Enc	En
	(13)		Cus	todia (12		taff?	i	insulation	ı, surfa	cing, VA	AΤ			Remova	Repair	aps	clos
	1000 2 00		Yes			N/A	-	or other	miscel	laneous	s)			Va	₩.	Encapsulate	Enclosoure
uilding 3001			П	1	1		Dina	Inculati								Ō	O
uilding 3001			H	+	1	X		Insulat				2,055					
Helia.			H	十	+		1001	tile & r	nastic	;		950 8	SF				
			H	+-	+	7											
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			H	+=	+	H											
ame of Registered W	aste Haule	er		IN	LID	FP \	Naste	Cubic Ya	unda	IN1	- [
				H	lau	ler ID		of Waste		Name	of Regi	stered	Landfill				
esource Management	Group, LLC			0	035	218		TBD		Grows	Landfill						
ty, State milton, NJ 08619								Disposal	Date	City, S					-		
	-			112 94530 1				TBD	0		ville, PA						
empleted By (Print or	ı ype) Bria	n Haney		T	itle:	Pres	sident	Signatur	1		-11	Л		Date 0	10 24	2044	6
								P	YYI	10	41	1/1/	/	Date	10-01	-2010	,
				d.			1	P	4/1	1/ /	110	144	1	1			1

Date of Notification (1)		T			g Owner/Operato	r (2)	1 Ly 153.	<u> </u>	[
8/31/16			1	R	ARTHON.	4 CA	PUTO				i.
Agency Notified Type Notification			Street	t Address		F 1 7 3	SEP			1	11
Q EPA (2) Initial			02.4					KICKI	- 1-		1
☐ DEP ☐ Armended Armendment #	**	1	Cary, S	State, Zip	FTON ,	17/6	7015		į		Charles and Charle
☐ Emergency (including last life at last li	ling	H	THE REAL PROPERTY.	of Contac		991	1 4 10 10 CC	WITHOL	-	_	1.
☐ DCA justification ☐ Cancellation			1000000		R. CASI	mo					1
			FAC		ORMATION		_			-	_
Name of Facility Where Abatement is Taking Pl	ace (3)				Type of Facili	v (4)			-	
MR. A. CAL					*	☐ School (K-1					
Street Address						Subchapte	8 /Other than K-12				
						2 Other (i.e.,	nivate & commercia	i buildings,			
City (5)	4-19-20-20					homes, etc	# of Floors	Bidg. Ag	e	-	
CUIFTON COUNTY (6) PASSAIC				H.		2200		18)	
County (6)					(STATE USE	Current Use (Prior if being demolis	1		-	_
MASSAIC			ONLY)		TRES	IDEN CE				
Name of Monitoring Firm Hired by Building Own (8)	ier	ASCM	No.		Name of Abates	•	• •			-	
					Best Re		ıc				
Street Address					Street Address				n	37	
City, State, Zip Code					450 Sou	th River	St			_	
ong, ones, 24 ones					City, State, Zip C		07601				
Project Manager for Monitoring Firm	17	elephor	na Ma		Hackensa Telephone No.	ack, N.J	. U/OUI			_	
	1.	eschanos	ec reg.		201-329	- Ż&&& -	00388				
Start Date (10) Scheduled C	omplet	ion Dal	b (11)		Name of OSHA		1 00300		_	-	-
9/12/16	1/13		6			Environm	ental				
Occupancy Status During Abatement (Check on	ly one)				Street Address				A		_
☐ Facility Closed/Vacated During Entire Period	of Abai	lement		1	.280 Ht	yler St					
D Abatement Performed Outside of Normal Fac 21 Other - Describe: 8:00 M. TO	My Ho	urs p	M	and the same of th	City, State, Zip C						
Scope of Work (Check all that apply)	3.0	22 6			5. нас	ckensack	,N.J. 07	606			
Ø≥3 500≥311			-	,	O Full C	Containment will	Negative Pressure				
□ ≥ 160 sf or ≥ 260 ff		100		notation , '	√G Mini-	Enclosure abag Procedure		*			
	,				☐ Non-	Exempted (*) an	d Non-Friable Proce				
	1000	Location	200	14 E				1 ^	bate Tvs		nt
. Location of	Use	tormali d Solei	ly by	-	Description of	of ·	, A , C .				
Asbestos-Containing Material (ACM) TO BE ABATED		intenan Justodia		Asbes (Le_	tos Containing Ma , thermal systems	itorial (ACM) insulation.	Amount (Specify	2	-	Eno	5
(N. Facility (13)	1	Staff?			surfacing, VAT	or	SF or LF)	Removal	Rephir	nospaulate	Enclosure
	·	(12)		1	OMES SESSESSES	ious)		2		lato	3
BACCH - WT	Yes	No	N/A			5		_	Ш		
BASEMENT				Contract of the last	ial survaci	The second section of the second	46 St				
BASCOLERY				THECH	THE SYSTE	MINSULATIO	N ISLA	= ×			
								-		1	
Name of Books at 186											
Name of Registered Waste Haufer Best Removal Inc		DEP W No.	laste H	lauter	Cubic Yards of Waste	Name of Regi			and the state of		-
	1	74 F170 (200)	109		2 1/29	Minerva	Enterpri	ses ,	LL	C	Protesting
City, State					Disposal Date	City, State					\dashv
Hackensack , N.J. 07	601			-	9/13/16	Waynes	burg, Oh,				
Completed by Title				gua	Signature '	'010		Date	1	, ,	
J.Maiorano Esti	mat	or				phonox	7	8/3	1	1 %	0

1001		(P	urs	uan	t to	0F A	ASE .A.C	SESTOS <u>:</u> 8:60 ar	ABATI	EMENT		alter von aus er	V and the street	
Date of Notification	(1)									20)	E C		W	ĒF.
	8/18/16			Ma	ne c	of Build	ling C	wner / Ope	rator (2)	112/		2-1-1-10-12-13-		
Agencies Notified EPA	Type Notific	cation		Stre	et /	Address	s				or	D 6	0000	10 mm
DEP	□ 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1			7 V	/esi	t Seve	nth :	Street		Section of the sectio	SE	P - 0	2016	
Ø DOL		ai ended R#1-8/31		City	, Sta	ate & Z	ip Co	de			<u> </u>	-		1
☑ DOH		rgency	1/16	Cin	cin	nati, C	DH 4	5202		Í	ASBES	TOS (00)	NTERN	D.
☐ DCA		cellation				f Conta	act			2730 FH HR. Q41	E 707-700-00 200-5	Tel	ephone	Numbe
										Tato		1.		
Name of Facility Who	ere Abatem	ent is Taking P	lace	(3)	ACI	LIIYI	NFO	Type of Fa						
Macys Store Street Address								School	ol (K-12)					
	1221 00									Other than	K 121			
1400 Willowbrook	Mall							☐ Other	(i.e. priva	ate & comr	nercial b	uildinas	homes	etc.)
City (5)		0						Square Fe	et	# of Floor	S	Bldc	g. Age	etc.)
Wayne		County (6)	C	ounty	Co	de (7)						48	. rige	
wayne		Passaic						Current Us	e (Prior i	f being der	nolished)		
Name of Monitoring F	irm Hired h	v Building O	- 12	,	_			Retail				Proc.		
Pennoni Associate	es. Inc.	y building Own	er (8)	1	ASCM N	Vo.	Name of A	batemen	Contracto	r (9)			
Street Address	-,							Bristol Er	vironm	ental, Inc				
515 Grove St.	Grove St.							Street Addi						
City, State & Zip Code	State & Zip Code						-	1123 Bear						
Haddon Heights, N	don Heights, NJ 08035							City, State Bristol, P.	& ZIP CO	ae				- 50
Project Manager for N	lonitoring F		Tele	phone	e Nu	ımber		Telephone	Number		11:	NI.		
Joseph Anello			856-	656-	287	5	- 1	(215)788-6	3040		0050	nse Numi	ber	
Scheduled Start Date 8/31/16	(10)	Scheduled Com	pletio	on Da	te (11)		Name of OS	SHA Mon	itor	10030	3		
Occupancy Status Du	ring Abotom	22-1/01	9/8	/16				Bristol En	vironm					
Facility Closed	Wacated D	uring Entire Pe	ly one	e) of Ab	otor	mani		Street Addre						
Abatement Pe	rformed Ou	tside of Normal	l Hoi	ure _	ater	nent	-	1123 Beav	er Stree	et				
Describe: 10	PM to 7 AM			u13 —				City, State 8 Bristol, P A	& Zip Coc	le				
Facility Occup	ed During A	Abatement					- 1	Diistoi, FA	19007					
Scope of Work (Check	all that app	oly)												
≥3 sf or ≥3 lf									☐ F	ull Contain	nment wi	th Negat	ive Pre	eeura
≥160 sf ≥260 lf				Ren					⊠ N	/lini-Enclos	ure	a ogu.		33ul C
			Ш	Den	nolit	ion				Slove Bag		res		
Loca	tion of		le I	4						Von-Exemp	ted and	Non-Fria	able Pro	cedure
Asbestos-	Containing			ocati		4	^	Descriptionsbestos-Cor	n of		Amour	nt /		ent Type
Materia	I (ACM)		Sc	olely b	y		Α.	Material (A	(CM)		(Specif SF or LI			
	ABATED acility	l N	Maint	enand	ce o	ir	(i.e	e., thermal s	systems		OI OI LI	,	Re R	Eng !
	3)			dial S (12)	тап	/	insu	lation, surfa	cing, VA	Т			Removal	apsi
		Y		No	N/A	A	OI C	other miscel	ianeous)				/al =	Encapsulate
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					H									
ame of Registered Wa	ste Hauler			NJD	EP	Waste	Cub	ic Yards	Name o	of Register	ed Landf	ill L		
ervice Transport In	C			Hau	ler l	D No.	of W	/aste						
ty, State	·.				209	90		4 Cu Yd		a Landfil	I			
ew Castle, Delawar	е							osal Date	City, Sta					
ompleted By (Print or				Title			-	9/7/16	Wayne	sburg, O	H			
ino Pizzigoni	7 7			Pro				ature		. /	020 0400	Date		
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16138					-9		1		00 0		7	0	121	5.0

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO UL		(Purs	uant	t to N.	J.A.(<u>С.</u> 8:60 а	nd 12	:120)	0	0 4	2 8 3	7/11/	enarentare (F)
Date of Notification (1) 8/18/1	I G		Nam	ne of Bu	ilding (Owner / Ope	erator (2	2)		2#	200	5 W	E.
	otification		Mac	ys Inc					1170	1			f.
EPA Type No	uncation			et Addre						SE	P -	5 2011	6
	nitial		7 W	est Se	venth	Street			JA 14		***		M F
	Amended		City,	State &	Zip C	ode							
	mergency		Cinc	innati	, OH 4	5202			1	Assess 15	0 5016	CHITTE	74 13
	Cancellation			e of Co				Western London			Telep		
	ancellation		Tia \	Wenric	h				s-Pathornica			is to sold the sold	*UIIDO
Name of Facility Where Abat	omant is Table	DI	FA	CILITY	Y INFO	RMATION							
Macys Store	ement is Taking	Place	(3)			Type of F	acility (4	1)					
Street Address							ool (K-12						
237 Woodbridge Center						Subc	chapter 8	Other t	han K-1	2)			
207 Woodbridge Celiler						Other Other	r (i.e. pri	vate & co	ommerc	ial build	ings, he	omes.	etc.)
City (5)	10 1 10					Square Fe	eet	# of FI	loors		Bldg. A		
	County (6)		ounty	Code (7	7)						3	.5 -	
Woodbridge	Middlesex					Current U	se (Prior	if being	demolis	hed)			
						Retail	,	5	comone	nou)			
Name of Monitoring Firm Hire	d by Building O	wner (8)	ASCN	A No.	Name of A	hateme	nt Contro	actor (0)				
Pennoni Associates, Inc.						Bristol E	nviron	mantal	Ina				
Street Address						Street Add	rece	memai,	mc.				
515 Grove St.						1123 Bea		oot					
City, State & Zip Code						City, State							
Haddon Heights, NJ 0803	5					Bristol, P	A 1000	7					
Project Manager for Monitoring	g Firm	Tele	phone	Numbe	r	Telephone			- 1				
Joseph Anello		856-	656-2	875	200	(215)788-		I.		icense l	Numbe	r	
Scheduled Start Date (10)	Scheduled Co					Name of O		nitar		0509	-		
8/31/16		9/8	/16	· (· · ·)		Bristol Er							
Occupancy Status During Aba	tement (Check	only one	e)			Street Add		nentain	nc.				
Facility Closed/Vacate	d During Entire	Period	of Aba	tement				4					
Abatement Performed	Outside of Norr	nal Ho	ure _	.comont		1123 Bear							
Describe: 10 PM to 7	AM		uis –			City, State							
Facility Occupied Durin	g Abatement					Bristol, P	A 1900	7					
cope of Work (Check all that	apply)												
===								Full Con	toiom o	ná voděln A		-	
≥3 sf or ≥3 lf		X	Rend	vation				Full Con Mini-End	ilanimei	it with iv	regative	Press	sure
≥160 sf ≥260 lf		\Box		olition									
			_ 0	ontion			님	Glove B	_				
Location of		Isl	ocatio	n		Danasist		Non-Exe					
Asbestos-Containi	ng		ally U		^	Description Sbestos-Co	on of			nount	Aba	atemer	nt Type
Material (ACM)			lely by			Material (A	ntaining			pecify			
TO BE ABATED		Mainte	enance	e or	(i.	e., thermal	systems	.	SF	or LF)	Z	_	5 0
in Facility			dial St		insu	lation, surfa	acina V	AT			em	Rep	cap
(13)			(12)		or	other misce	llaneous	(3)			Removal	Repair	Encapsulate
		Yes	No I	N/A			20.00	´			=		ate
^d Floor						Floor ti	ile		120	0 SF			1
		П	П					-	120	USF			러님
		TI	FI	Ħ									
		H	HH	-									
		H	片무	=	-								
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mo of Dogistors d Martalla											TIT	FIF	TIM
me of Registered Waste Haul	er		NJDE	EP Was	te Cut	oic Yards	Name	of Regis	tered La	indfill			
rvice Transport Inc.			1	er ID No		Vaste							
y, State			2	0990		4 Cu Yd	Miner	va Land	dfill				
w Castle, Delaware					Disp	osal Date	City, S						
						9/7/16	Wayn	esburg,	OH				
mpleted By (Print or Type)			Title		Sign	nature					Date		
no Pizzigoni			Proje		9) -	-	1:0		7	18/16	_
			Mana	iger	X	lesso Pr	grege	- one p	T		8/1	0/18	
1(120							(111 /)	1	11	1		100	

NOTIFICATION OF ASBESTOS ABATEMENT

ChT	291		-20	1
CHC-18	3	0	8	6
			370	

Date of Notification	(1)								and 12		CK# 308
J. Houncation					Nar	ne of Bu	ildina Ov	vner / Op	perator /	2) 11/11/23 (15)	59/11/1/1月 厅
Agencies Notified	7/13/16				AGI	nzon		νιιοι / Ορ	erator (2) [[]	プー与川
⊠ EPA	Type Notific	ation			Stre	et Addre	ess			- [[] []	Name of the last o
DEP	D			1	95	William	Street			19 M	
DOL	☐ Initia			1	City	State &	Zip Cod	lo.			Care (III)
Ø DOH		ended #2-8/3	31/16	1	Nev	vark, N	1	16		1 100	1 topped
DCA	│	ergency		I	Van	ne of Co	otoot			ASBESTOS	COMPRES
LI DCA	│	cellation				x Baylo				1-16-16	Telephone Nun
					416	k baylo	r			Total and a series of the seri	Trefebriorie Nun
Name of Facility WA	0 = AL .			252	F	ACILITY	INFOR	OITAMS	M		
Name of Facility When Market Central O	ere Abatem	ent is Taking	g Plac	ce (3)		1	Type of F	Tooilite //	4	
Street Address	nice							Scho	ool (K-12	+)	
95 William Street				200				C Sub	ob	:)	
199119 Ulliam oc							- 1	☐ Othe	mapter 8	(Other than K-12)	
C:4. (5)								Othe	r (i.e. pri	vate & commercial bu	Idings, homes etc.)
City (5)		County (6)		Cou	ntv	Code (7	,;		001	# of Floors	Bldg. Age
Newark		Essex		Oou	iity	Code (7		425	000	12	
								Current U	se (Prior	r if being demolished)	70+/-
Name of Monitoring I	Firm Hisaal I	. D. 11.11					10	Commu	nication	ne	
JSA Environment	al lea by	nulding O	wner	(8)		ASCN	No. N	lame of	Abatam	nt Card	
Street Address	ai IIIC.			- 44				RISTO	PULLIF	nt Contractor (9)	
3436 Enterprise A	/0m:						9	treet Add	- LIVVII	RONMENTAL INC	
City, State & Zip Code	venue						1	122 DE	AVED A	TDEE	
Philadelphia Pa 19	450						C	ity State	NVEKS	TREET	
roject Manager	153						B	ity, State	& ZIP C	ode	
roject Manager for Mark Jenkins	ionitoring Fir	m	Te	lepho	one	Number	- P	RISTOL	., PA 19	0007	
naik Jenkins			121	5-36	5.5	210	10000	elephone	Number	Licens	e Number
cheduled Start Date	(10) Si	cheduled Co	omple	tion	Dat	0 (14)		15-788-6		1	00509
7/27/16					Dat	e (11)	Na Na	ame of O	SHA Mo	nitor	
ccupancy Status Du	ring Abatem	ent (Check			_		BI	RISTOL	ENVIR	ONMENTAL INC	
L Comity Oloset	" vacateo i ji	Iring Entire	Dania	1 - 5	۸ha		St	reet Addi	ress		
Abatement Pe	rformed Out	side of Nor		u 01 /	ADa	tement	[11	23 BEA	VER ST	TREET	
Describe: 5	nm - 1.20	200 01 140111	iai H	ours	- /	am to 3	om Cit	ty, State	& Zip Co	ode	
Facility Occupi	ed During A	am					BF	RISTOL,	PA 190	007	
cope of Work (Check	oll that	Jatement							,	501	
The at Work (Other)	an mat appi	y)									
≥3 sf or ≥3 lf									\boxtimes	Full Contains	2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
≥160 sf ≥260 lf			\boxtimes	R	enc	vation			×	Full Containment with	Negative Pressure
△ =100 SI ≥200 II				D	emo	olition				wiiii-Eliciosure	
										Glove Bag Procedures	5
Local	ion of		Is	Loca	atio	n	-			Non-Exempted and No	on-Friable Procedure
Aspestos-	Containing		Nor	mally	/ Us	sed	Ach	Description		Amount	Abatement Ty
IVIateria	I (ACM)		5	olely	y by		ASD(estos-Co laterial (A	ntaining	(Specify	T T T
TO BE A			Mair	ntena	nce	or	(i.e	thermal:	NOIVI)	CE 1 E	
(1.			Cust	odial	Sta	aff?	insulati	ori, surfa	cina \/^	т	Ren Re
(1)	U)			(12	-		or other	er miscel	laneous	\'	Encapsulate Repair Removal
Floor Com			Yes	No	I	N/A		5001			a la
Floor Generator	Room		X		1	7	T	moit. F			O O
Class 0	Room		X	H	+	=		nsite P		2800 SF	
Floor Generator	Room			片	1-	=-	Pip	e Insula	ation	275 LF	
Floor Generator Floor Generator		erator		뉘	1 -	-	Tran	site Bus	s Duct	150 SF	
Floor Generator Floor Generator FL Hallway Adjac	ent to Gen	rator	X	H	1		\	/at/Mas	tic	200 SF	The second secon
Floor Generator Floor Generator FL Hallway Adjac	ent to Gen	iator rm	X	Ц	1			e insula			
Floor Generator Floor Generator FL Hallway Adjace Fl Corridor adjace	ent to Gene						V	at/mast		165 LF	
Floor Generator Floor Generator FL Hallway Adjace Fl Corridor adjace Floor switch boar	ent to Gene ent to gene			N.	JDE	P Waste	Cubic \	Yards		135 SF	
Floor Generator Floor Generator FL Hallway Adjace Fl Corridor adjace	ent to Gene ent to gene			1.00		r ID No.	of Was	4	ivallie (of Registered Landfill	
Floor Generator Floor Generator FL Hallway Adjace Fl Corridor adjace Floor switch boar ne of Registered Was	ent to Gene ent to gene d room ste Hauler			Ha	aule	1 10 140.		ite			
Floor Generator Floor Generator FL Hallway Adjace Fl Corridor adjace Floor switch boar ne of Registered Was RVICE TRANSPOR	ent to Gene ent to gene d room ste Hauler			Ha	aule 1991		1	ite	MINIE	0\/A A>!==::	
Floor Generator Floor Generator FL Hallway Adjace Fl Corridor adjace Floor switch boar ne of Registered Was RVICE TRANSPOR	ent to Generat to gene d room ste Hauler			Ha	aule		75			RVA LANDFILL	
Floor Generator Floor Generator FL Hallway Adjace Floor switch boar ne of Registered War RVICE TRANSPOR State V CASTLE, DE 19	ent to Generat to generat to generat to generat room ste Hauler RT GROUP			Ha	aule		75 Disposa		City, Sta	ate	
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Floor Generator Floor Generator FL Hallway Adjace Floor switch boar ne of Registered Was RVICE TRANSPOR State V CASTLE, DE 19 pleted By (Print or To	ent to Generat to generat to generat to generat room ste Hauler RT GROUP			20	199		75 Dispose TBD Signatu	al Date	City, Sta WAYN	ate	8 Date 7/13/16

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Q# 3086

Date of Notification				Name	of Build	ding Owner / Op	orotor (O		Pa	72			
Agencies Notified	7/13/16			Veriz	on	g Owner / Op	lerator (2)) E	P F	17		
EPA	Type Notific	cation			Addres	S		- 11	11, 15 (G E	11 11/1	IT.	-
□ DEP	D				illiam S			fir-	1		2	11_	1 1
Ø DOL	Initia			City, S	State & Z	Zip Code		- 111	11:				711
		ended #2-8/3	1/16	Newa	rk, NJ			14	L. SE	P	An to		. 1
	│	ergency		Name	of Conta	act		and the second			3/4		:/
☐ DCA	☐ Can	cellation			Baylor	acı		1		Tele	phone	Nur	mbe
								1	ASBEST	0.9 70		_]	
Name of English, MA				FAC	ILITY	INFORMATIO	N	Dispersion			VIHO	18	
Name of Facility When Market Central O	iere Abatem	ent is Taking	Place ((3)			acility (4)				U3		
Street Address	TTICE					□ Sch	ool (K-12)	,					-
						- Suh	chapter 0	(Other than					
95 William Street						Othe	er (i e pri	Other than	K-12)				
0:4 (5)						Square F	i (i.e. priv	rate & comm	ercial buil	dings, h	omes,	etc.)
City (5)		County (6)	Co	ounty C	ode (7)			# of Floors	3	Bldg.	Age		
Newark		Essex		and o	000 (1)		5000	1	2		70+	1_	
						Current U	Jse (Prior	if being den	nolished)			-	
Name of Monitoring	Firm Hirad by	, D. J.J.				Commu	nication	S					
USA Environment	tal Inc	y building Ov	vner (8)		ASCM	No. Name of	Abatemer	nt Contracto	(0)		-	-	
Street Address	tai iiio.					BRISTO	L ENVIR	ONMENTA	I INC				
	Vonus					Street Ad	dress		IL IIAC				
City State & Zin Car	Enterprise Avenue State & Zip Code delphia Pa 19152					1123 BE		TREET					
Philadelphia Do 44	delphia Pa 19153				100	City, State	& Zin Co	ode					
Project Manager for 1	t Manager for Monitoring Firm					BRISTO	DA 10	005					
Mark looking	t Manager for Monitoring Firm				lumber	Telephone	Number	007	1				
	Jenkins				10	215-788-	6040		License	Numbe			
Screduled Start Date	duled Start Date (10) Scheduled				(11)	Name of 0		.,		008	509		
7/27/16			0/4/	40	· · · /	BRISTO	ENIVIDA	nitor					
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ococribe. 5	pm - 1:30	am		,,,	iii to spi		& Zip Co	de					
Facility Occup	ied During A	batement				BRISTOL	., PA 190	07					
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≥3 sf or ≥3 If				Danni	_41_		\boxtimes	Full Contain	ment with	Negative	e Prese	sure	2
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TO BE	ABATED		Mainte	ely by nance	0.5	Material (ACM)	- 1	SF or LF)	1		ш	
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me of Registered Wa	aste Hauler			NIDER	1 1	Vat/mas			400SF	X		7	П
				Hauler	ID No	Cubic Yards	Name of	of Registered	Landfill				
RVICE TRANSPO	RT GROUP	P. INC.		20990		of Waste							
/, State		,		20990			MINER	RVA LANDI	FILL				
W CASTLE, DE 19	720					Disposal Date	City, St	ate					
nnleted By (Drint	Frank)			E-102101		TBD		ESBURG,	OH 4469	8			
rick T. DeCaro	eted By (Print or Type)					Signature			J., 7700				
I. Decaro			1	PROJ.	MGR.		1	000	1 1	Date			
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Street Address						rt.	C School (K	-12)				
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MARLA	SHADE					******	Square Faer	# of Plages		Mag.		AUX TO
BURLING?				County	Code (7)		Current Uso_(F	nor II being comein	(a)	b	0	Director.
Name of Manholing Firm		Nation (8)			CM No.	I Marito	of Abelement Co	126.5				-
Street Add man						A. M	AC Contracting is	ud Andardmi (m)				
· .							Address freeland Ave.	¥		THE COLUMN STREET		
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Project Monager for Mehili	oring Pirm			**************************************	The same of the sa	Meda	nd Park, NJ 074:	32			***	
					phone No.		ane No. 282-5841	License N Q0156	0.		**************************************	-5
Start Date (10)		Schedu	ilad Cor	plation	Oate (11)	Nume (of CSHA Monito	r al Senices Inc	- Carlotte	-		-
Occupancy Status During SEI Facility Closed/Vacant D Abstarrant Performed	Abetement (Chec od During Entire P Outside of Name	k Only Control of	ha) Abatem	one		Struct /	Address Uper Street	The state of the s			s o designation	Control
m cases - Describe:	V		,,,,,,,			Hacke	ale, Zip Gode neack, NJ 0760	\$		NSS and a second		
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Completed by R. McDonald

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			Ш				INFORMATION							
Name of Facility W	nere Abateme	ent is Ta	akin	g Pla	ce	(3)		Type of Fa	cili	ty (4)				_
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279 Chancellor Ave								Square Fee	2	# of Floo	ors B	ldg.	Age	
City (5)		County	y (6)		Co	unty Code (7)	50000		3		50		
Newark, NJ 07112		Essex	•			(S	TATE USE ONLY)	Current Us	e ()	Prior if	peing	demol	ishe.	d)
Name of Monitoring Owner (8)	Firm Hired			ASC	M No	o	Name of Abate	School	cto	r (9)				
TTI- Environmental I	no						Four Strong E	wilders Inc						
Street Address	TIC						Street Addres	ss s					-	
1253 North Church S	Street						180 Sargeant	Avenue						
City, State, Zip Co	ode						City. State.	Zip Code	-					
Moorestown, NJ 080	57 Monitoring	Firm [Tele	phone	Nu	mber	Clifton, NJ 07	013-1935		Li	cense	Numbe	er	
Jeffrey Seaman		8	356-	840-8	3800		973-614-0377	7		00	807			
Scheduled Start Da		hed.Com	plet	ion L	ate	(11)	Name of OSHA				-			
0 8 / 3 1 / Month / Day / Occupancy Status D	1 6 Year	0 9 / nent (Che	Day eck	Only	Yea one	<u> </u>	Four Strong E	Builders, Inc.						
[X] Facility Clos	ed/Vacated [Ouring E	ntir	e Per	iod									
of Abatement []Abatement Per	formed Outs:	ide of No	orma	l Fac	:111	ty	180 Sargeant	Zip Code						
Hours - Descr []Other - Descr							Cliffon NI 07	04.2						
Scope of Work (Che	ck all that	apply)				-	Clifton, NJ 07	013						
[]Demolit []>3 sf o [X]∑160 sf			ĺΧ]Rend	ovat	ion	[]Min []Glo	l Containmen i-Enclosure vebag Proced -Friable Pro	lure		ive Pr	essu	re	
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Name of Registered	Waste Haul	er		JDEP aule:			Cubic Yards of Waste	Name of R	egis	tered Lan	dfill			
Four Strong Builder	s, Inc.		1	2609)			G.R.O.W.	3., In	ic.				
City. State		72 1 W - Scales					Disposal Date	City. Sta	te					
Clifton, NJ	Miles with resident miles and the contract of							Tullytown,	PA					
Completed By (Prin	Title					Signatur			_	I	ate			
Marina Ivanovski		Office A	dmir	nistra	tor		1/1en	nopus	e	P	,	3/30/	16	
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	93877 5864 \$			CATI	ON OF AS	ew Jersey BESTOS ABAT C 8:60 and 12:						
Date of Notification (1)	29-16			Nan	ne of Buildi	ng Owner/Opera	tor (2)	USTRUC	TION			
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Ø DOH □ DCA	Emergency justification	(includi	ing	Nam	ne of Conta	CTSLE CT RAWIC	CITY	Telephone N	O8 2 lumber	243	>	_
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Name of Facility Where			ce (3)				Type of Facili					
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County (6) (LAPE	WIAY	,			inty Code (ONLY)	7) (STATE		Prior if being den	nolished)			
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCIV	No.	Name of Abate	CEM (D	(9) [NC				
Street Address	+					Street Address	s _		W			
City, State, Zip Code						City, State, Zip	Code	HADE N	T	787	25,	>
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.	9-0472	License No	440		- del - de	
Start Date (10) 9-30 -16	Sch	eduled (William Control	ate (11)	Name of OSHA	Monitor	10				
Occupancy Status During		eck only	(erio v			Street Address	, ,					
Facility Closed/Vacated Abatement Performed Other - Describe:						City, State, Zip	Code				_	=
Scope of Work (Check all	that apply)					☐ Eul C	ontainment with N	enative Pressure				
≥3 sf or ≥3 lf \(\sum_2 \) ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-E ☐ Glovel	nclosure bag Procedure xempted (*) and N					
		N	Location ormality			Danadation	of.		1	Abate Typ		
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	iterial (ACM)	Mair	ntenano ustodial Staff? (12)	æ/		Description os Containing Monthermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					=		ate	.6
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Name of Registered Waste	Hauler Da (C			DEP V		Cubic Yards of Waste		istered Landfill				
City, State MAPLE S	HUNF	M(-1-1 T	181	152	Disposal Date-	City, State	DBINE	NT	-		
Completed By	Title		UP.	000		Signature		Date	8-7	9 -	16	
MICHAEL K	LOMM		UV.									

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) EARTHTECH CONTRIACTING Agencies Notified Type Notification Street Address DEPA Initial Amended City, State, Zip Code DOL. Amendment # Emergency (including DOH DCA justification) Telephone Number Cancellation BRUCE 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 & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 2000 County (6) County Code (7) (STATE Current Use (Prior if being demolished) APE USE ONLY) MACANT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) CLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE Project Manager for Monitoring Firm Telephone No. Telephone No. 856-779-0 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9-26-16 10-3-16
Occupancy Status During Abatement (Check only one) Street Address K Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure __ ≥3 sf or ≥3 lf ✓ ≥160 sf or ≥260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Encapsulate Custodial TO BE ABATED (i.e., thermal systems insulation, (Specify Enclosure Remova Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A SIDING 2250 SF Name of Registered Waste Hauler NUDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste City, State Disposal Date WOODBINE Signature MHAU

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 4051			CATIO	ON OF AS	lew Jersey BESTOS ABATT C 8:60 and 12:1		GELV	76	The second secon	The second second					
Date of Notification (1) 8/29/16			Nam	ne of Buildi	ng Owner/Operat	or (2)	UTKACTIN	16-	B						
Agencies Notified Type Notification I PA DP Amended Amendment Emergency justification Cancellation	#_ (includi	ng	City,	e of Conta	Code EENMEI	50	0823	78							
			FA	CILITY IN	FORMATION										
Name of Facility Where Abatement is Taking RES i DENCE Street Address City (5)				-		Type of Facilities School (K- Subchapte Other (i.e., homes, etc	12) r 8 (Other than K-12 private & commercial	al build	tings.						
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County (6) ATLANTIC				ONLY)	7) (STATE		-ANT	shed)							
Name of Monitoring Firm Hired by Building	Owner		ASCM	No.											
Street Address				Street Address . SPAUCE AVE.											
City, State, Zip Code					City, State, Zip	Code LE SH.0 I	DE, N.J.	080	52						
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	79-0472	License No	14							
	duled 0			ate (11)	Name of OSHA	Monitor									
Occupancy Status During Abatement (Che					Street Address				ezdere.						
Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other - Describe:	enod of	Abate ty Hou	ment rs		Cirv State, Zip	Code					_				
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Location of	Used	ormally Solet ntenan	y by	Ashas	Description of tos Containing Ma		Amount	-	.,,,		-				
Asbestos-Containing Material (ACM) TO BE ABATED	C	ustodia Staff?			thermal systems surfacing, VA	insulation,	(Specify SF or LF)	Ren	Repair	ncap	Enclosure				
IN Facility (13)		(12)			other miscellane			Removal	pair	Encapsulate	Sure				
	Yes	No	N/A					-		-					
SIDING			X		RANSITE		1000 SF	X	_						
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Name of Registered Waste Hauler 16 LEM CO INC,		1	JDEP V auler IC 7 9 0	No.	Cubic Yards of Waste	Name of Reg	A.C.	1, 4	ø						
City. State MAPLE SHADE,	N.	J,	110		Disposal Date	City, State PLED SAN		7.	J,						
Completed By Tide		NE	R		Signature	oh Klen		-2	9-	-16					

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Date of Notification (1)	20 1/			Nam	ne of Buildin	ng Owner/Operator	(2)	5-0.2	(=)	11/	E,			
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Name of Facility Where			e (3)				Type of Facility	y (4)						
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Street Address							Other (i.e., homes, etc	private & con			lings			
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	and the latest and th				ONLY)			ACHN	<u> </u>				_	
[- 1] ' - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Hired by Building	Owner		ASCM	No.	Name of Abatem	EM (O	ENC.						
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						369		PUCE	AUG				_	
City, State, Zip Code	,					City, State, Zip C		HOE	NJ	- C	80	5	2	
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No. 856-77	9-0422	License	No. 4	01	1			
				D	4- (44)	Name of OSHA N			707	77	_		=	
		9 – 1	g _	11	ate (11)	Name of OSHA N	M/ /	Δ						
				110		Street Address								
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Abatement Performed Other - Describe:	Outside of Norma	al Facility	y Hour	s 		City, State, Zip C	ode						_	
Scope of Work (Check all	I that apply)					□ Euß Cop	tainment with Ne	antive Prese	re					
☐ >3 sf or >3 lf		Re	novatio	วก		Mini-End	dosure	gauve riess	sure					
≥160 sf or ≥260 lf		De De	molition	1			g Procedure emoted (*) and No	Non-Friable Procedure						
	t Address State, Zip Code It Address State, Zip Code It Manager for Monitoring Firm Date (10) Scheduled Code Dancy Status During Abatement (Check only of atement Performed Outside of Normal Facility her - Describe: If Ower (Check all that apply) Stor ≥3 If So sf or ≥260 If So stor ≥260 If So					N I WOIT EAC	mpted () and th	or respect	00000		bater			
. Location of	f		Solely	by		Description of					Тур	e	_	
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	<u>-D</u>	S	taff?		(1.6.,	surfacing, VAT,	or	SF or LF		Remova	Repair	Encapsulate	Enclosure	
(13)			(12)			other miscellaneo	us)			wal	=	ulate	ure	
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				000	N 1	Cubia Varda	Name of Reg	ictored Land	FII -				-	
				DEP V		Cubic Yards of Waste		C. M.U.						
County (6) CAPE MAY Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Occupancy Status During Abatement (Check only on Abatement Performed Outside of Normal Facility Formal Other - Describe: Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Abbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 12 Yes Name Customer Start Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) Yes Name Customer Start Yes Name Customer Start (12) Yes Name Customer Start (12) Yes Name Customer Start Start (12) Yes Name Customer Start Start (12) Yes Name Start S				790	24	Disposal Date-	City, State	· M.U.	7-				=	
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State of New Juney MOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 2:50 and 12:128)

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roject Manager for Monitoring Firm		100			etsam. 7	732	294 175	57	1	00029				
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Date of Notification (1)			Name	of Buildin	a Oumar	Onesate	- (0)	15	\ F4 - 65		C	FIE	CK	# :
8/25/2016		Tico	's Carpe	entry &	Roofing	(2) Co	ompany (c	wner's rep			1			
Agencies Notified Type Notification EPA Initial	1		Street	Address Stuyve				A Company of the Comp	T Top			*		The second secon
DEP Amended Amendmen	t #		City, S Unio	State, Zip n, NJ 0	Code 7083			1	Ī				111	4
iustification)	(includir	ng	Name	of Contac	ct		-	- <u> </u>	Telepho	no Nun	shor	201		-
DCA Cancellation	Amendment # Emergency (including justification) Cancellation of Facility Where Abatement is Taking Place (3) dential Address of Monitoring Firm Hired by Building Owner (8) Address							Ē.	relepito	ne Null	inei	WL,	Ši.	
Name of Facility Where Abatement is Takir	ng Place	(3)	FA	CILITY IN	FORMA	TION	Tv	pe of Facility	-(4)					
Residential							П	School (K						
							×	Subchapt	er 8 (Other that private & con	an K-12 nmercia) I bu	ilding	s, hon	nes,
City (5) Cranford						uare Feet 3,000	# of Floo	ITS		Bldg.	Age			
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TBD	ASC	M No.		Name Sky (of A	batement Contracting, L	ontractor (9)							
Street Address				Street	Add									
City, State, Zip Code						City, St	State, Zip Code yne, New Jersey 07470							
Project Manager for Monitoring Firm	Telepho		Teleph	phone No. License No. 3) 928-5040 00874										
Start Date (10) 9/5/2016	Schedu 9/9/20	led Co	mpletion	Date (11))	Name o	of O	SHA Monitor tracting, L		74				
Occupancy Status During Abatement (Check						Street A			LC					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abater y Hour	ment s			City, Sta	ate,	lley Road, Zip Code						
Scope of Work (Check All That Apply)						Wayn	e, l	New Jerse	y 07470					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Locat				INOII-Exempted			u (*) and Non-	Friable Procedure Abatement				
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	A = b = -	Des	cription o	of		No. Company		Туре		ре	
TO BE ABATED In Facility (13)		intena todial ((12)		(i.e.	thermal surfac	aining Ma systems i sing, VAT niscellane	aterial (ACM) insulation,		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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Basement		Х		Pip	e Insul	ation &	Fitt	tings	10 LF		x			
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edrag Sarcev	Title Vice I	Presid	dent		Sig	gnature				Date 8/25/	/20	16		

Date of Notification (1)				Name	of Buildin	g Oumer/	Oposotas (3 11 11	R	F-3	700	7				
8-31-16					Name of Building Owner/Operator (2) SRI International									1/				
Agencies Notified	Type Notification	ii.			Address	-111ac.	LOTIGI	- 11111	-			the state of	The state of	Appendix of the second				
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Name of Facility Where Ab	ratament is Table 1	v 2			CILITY IN		TION						-2					
SRI Internation	onal	lace (3)						Type of Facilit	y (4)									
Street Address	Origi							☐ School (F	C-12)									
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Mercer		(STATE	Code (7) USE ONLY	9		Current Use (Pr	rior if being dem	olished)										
Name of Monitoring Firm H	lired by Building ()	wner (Q)						industr										
EHS Environmer	ntal. Inc	(0)		ASC	M No.		Name o	of Abatement Co	ntractor (9)									
Street Address	LILL ALLE		-				LT.	mouth En	vironment	cal Co).,	,In	C.					
411 Southgate	Court						Street A											
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Jack Carney					-224-0	080		–239–992(nse No.								
Start Date (10)		Schedule	d Com					f OSHA Monitor		0398			tenates.					
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☐ Facility Closed/Vacated	During Entire Peri	od of Aba	ement					Southgat	e Court									
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CHECK 012270

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Date of Notification (1) Name of Building Owner/Operator (2) 08/22/2016 Garden Homes Agencies Notified Type of Notification Street Address 820 Morris Turnpike (X) USEPA (X) Initial Notification City, State, Zip Code ASBESTOS CONTROL & (X) NJDEP) Amended Short Hills, NJ 07078 (X) NJDOL Amendment # ICENSING Name of Contact) Emergency (including Tel. Number (X) DOH Joe DeNivo) DCA justification) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) Former Hackensack DPW Complex) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 66-70 Zabriskie St City (5) County (6) County Code (7) Sq. Feet: 35,000 # of Floors 2 Blda. Age 80 (State Use Only) Hackensack Bergen Current Use (if being demolished): abandoned Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ISES, Inc. N/A Industrial Safety & Environmental Solutions, Inc. Street Address Street Address 3300 Hudson Avenue 3300 Hudson Avenue City, State, Zip Code City State, ZipCode Union City, NJ Union City, NJ 07087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number David Camacho 201 325-0055 (201)325-0055 01124 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ISES, Inc. 09/06/2016 11/20/2016 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue Abatement Performed Outside of Normal Facility Hours -) Other - Describe: City, State, Zip Code Union City, NJ 07087 Source of Work (Check all that apply) (X) Demolition () Renovation) Minor Project (< 25 SF or < 10 LF ACM)) Full Containment with Negative Pressure) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Mini-Enclosure with Negative Pressure (X) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure and Wrap and cut procedure (X) Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Is Location Normally Used Description of ACM Amount Abatement Type Containing Material (ACM) (Specify SF or Solely by Maintenance or (i.e. thermal systems insulation, To be Abated in Facility (13) Custodial Staff? (12) surfacing, VAT, or other miscellaneous.) LF) Encapsulate Enclosure Remova Repair YES NO N/A 1st and 2nd floors X ~ 5000 SFT VAT X Former Police Headquarters Roof Flashing ~ 20 SFT X Former Police Headquarters Seams and chimney 1st office TSI Pipe Exposed X ~ 20 LF X 2nd floor Chase & Attic Former Police Headquarters Concealed pipe X TSI Pipe Concealed ~ 200 LFT X Former Police Headquarters

Office space		l x	VAT multiple layers	3155 SF	X			
1st FI Storage 2nd FI center office 2nd FI right side front office 2nd FI various offices								
Rear warehouse bathroom alcove, supply offices					E C		\mathbb{W}	
Former Administrative Offices and Warehouse Building				The second secon	SEF	22	2016	And the state of t
Boiler Room Pipes Attic Tank Room Tank Rear Boiler Room & Rear Warehouse		×	TSI pipes and expansion tanks	~ 220 CF ~ 55 sq. ft AS	X BESTO	S CO	NTRO	L &
Former Administrative Offices and Warehouse Building								
Exterior Windows glazing window		×	glazing window	31 Windows	X			
Former Administrative Offices and Warehouse Building								
Attic (Roof undercoating) Former Administrative Offices and Warehouse Building		×	Mastic (Roof undercoating)	20,000 SF	X			
Roof Built-up roofing		X	Roof	20,000 SF	X			
Former Administrative Offices and Warehouse Building								
Former Administrative Offices and Warehouse Building		×	Galbestos Facia	300 SF	X			
House Part of building complex (39 Jefferson St)		X	Basement 12" VAT Basement TSI pipe Roof flashing Basement flue packing Concealed TSI pipe	33 SF 90 LF 40 SF 2 SF ~ 60	X			
Rear Bay Garage Buildings		×	Joint compound/sheetrock	~ 1000 SF	Х			
Rear Bay Garage Buildings Roof vents		X	Flashing on roof vents 20 SF	~ 20 SF				
			2					
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP 50452	Waste Hauler ID #	Cubic Yards of Waste ~ 240	Name of Reg. L Grand Central S 1963 Pen Argyl	Sanitation	n		
City, State 311 East Blackwell Street,	Dover N	.1 07801	Disp. Date 11/20/2016	City, State Pen Argyl, P	A 1807	72		
Completed by (Print or Type)	Title	0 01001	Signature //	Date				
David Camacho		et Supervisor	Havil Com	08/22/2016				