04/15/2017 1:40PM FAX

M0002/0004

Check # 2162

State of New Jersey NOTIFICATION OF ASSECTOS ABATEMENT (Pursuant to NJAC 5:80 and 12:120)

			(PI	ומע פינ	10 NJA	3 6:80 and 12:12	0) _		DOL	10	n	YΔ	
Date of Notification (1) 04/16						ing Owner/Operator			nor		ענ	1	1
Agencies Notified EPA DEP	Type Notill				et Addres & Huntit	s ngdon Pike			Alim	7/		: 1	7=
150 ⊒OF		nent &	<u> </u>	Me Me	, Siste, Zip adowbro	ok, PA 19046			M	VVI	处		
DGA DGA	D canceri	lion) ation			Dempst	7077-50		11				KU	₩.
				FA	CILITY IN	FORMATION						_	=
Name of Facility Where Holy Radsemar Ho	Abstement is me Care	Taking Place	1 (2)				Type of Facili						
Street Address 352-362 Union Ave	nue			*			Bubchepte Other (i.e., homes, etc.	r 8 (Other			ម៉ាក់មិន		
City (8) Elizabeth							Square Feet 19,500		rloars	10000	ldg. /	App.	
County (5)				Cou	niy Code	(7) (BYATE	Current Use (ng demol		-	_	_
Union Name of Munitoring Fun	Hires by Roll	dinn Dungs		ABCM		Name of Abatem	Offices	A1	_			_	
(B) Langer Brigineering				N/A	1 100.	Yallant Asso		•1					_
Street Address 619 River Drive Cer	nter 1					Street Address 145 Mill Stre	et						
City, State, zip Code Elmwood Park, NJ	07407					City, State, Zip C Paterson, N	qde						
Project Manager for Mo. Vijay Patej	nitoring Firm		225000	ephone 1-794	No. •6900	Telephone No. 973-553-537	74		108				
Start Date (10) 04/17/2014	T	04/30/201		illon D	sto (11)	Name of OSHA R	Abnitar						
Dodupancy Status Durin	g Abalament		_			Street Address	MO11PD, 2-14						_
Facility Closed Vecat						145 MIII Stre							
Absisment Parformat Other - Describs:	Outside of No	ormal Facility	/ Hou	f8	_	Paterson, NJ							
Scope of Work (Chack a	Il that apply)		_										
25 of or >3 ff 2 100 at or ≥260 if			novat Imol	lon Non		Mini-End	g Procedure						
	4.1	No	ocali rmuli	,		IX Non-Ex	ampled (*) and	Nan-Etta	ble Proo		bete		
Lecation Asbesies-Containing M		Vaed Main	Gnan	122/		Description of		Ame				m	
TO BE ABA		10.0	abdi 1911?	9)	(1.0.	, Inermal systems is surfacing, VAT,	10	(Spe		Remove	R	псар	Enclosur
(13)			(12)	Γ_		other miscallanee	ua)		**************************************	IBADI	Repair	Encayedists	Sur P
Jarage		Yes	Np	XX	Asbeste	os contaminated	debris	70 Ya	ds	XX			
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				-				-		-	_		_
Name of Registered Was	ste Hauler		Th	JOEP	Wasie	Cubic Yards	Name of Rep	stered La	narill	ىل			_
Service Transport G			_ "	2095	Na.	70 Waste	Minerva I.	andfill					~-
City, State New Custle, DE				•		Disposel Date 04/17/2014	Waynesbu						
Completed By		Title Project M	21121		Oi a	e Janesa	ner bor	_	Date 04/16/	2014			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Northvale Shopping Center Associates 14 Street Address Type Notification ☐ Initial 1355 15th Street Ste 130 City, State, Zip Code Amendment #1 Fort Lee NJ 07024 ☐ Emergency (including justification) T-I--basa Number Name of Contact **Gregg Slater** ☐ Cancellation FACILITY INFORMATION

ASB-41						stos licensure exe	mated activities						
Completed By (Print or Type) Nick Petrovski		e Presid	ent				hille	kn	w ·	4-	21.	-/	4
New Castle, DE	Tit	10				4/30/14 Signature	10.50	urgh, OH	Da	te			
Service Transport Group	, Inc			SW21		5 Disposal Date	Minerva L City, State	_anomi		_	-		
Name of Registered Waste Hau				NJDEP N Hauler II		Cubic Yards of Waste	Name of Reg		fill				
Exterior Windows				\boxtimes	Windo	w Caulk		3 E/	4				
Roof					Roof F	lashing		175 L	.F				
IN Facility (13)	ű.	Yes	(12) No	N/A		surfacing, VA other miscellan		SF or I					350
Location of Asbestos-Containing Materia TO BE ABATED	I (ACM)	Use Ma	Locat lorma d Sole intena	illy ely by ance/	Asbe (i.e	Description estos Containing M e., thermal systems	laterial (ACM) s insulation,	Amou (Spec	ify	A Remova	Repair	Encapsulate	e Enclosure
Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pply)	☐ Rei				☐ Mini-En	ntainment with Ne closure ag Procedure empted (*) and No						0
Occupancy Status During Abater Facility Closed/Vacated Durin Abatement Performed Outside Time of Abatement:Al	g Entire Per e of Normal MPI	riod of A	Nbater Hours	s - Desc	cribe AM	2 Hendersor City, State, Zip C West Caldwo	code						
04 /23 /14	Mark Town	25011		_ / _	14	Superior Ab	atement Inc						
Start Date (10)			mplet	tion Date	e (11)	Name of OSHA							
Project Manager for Monitoring F Jim Proctor	1111			09) 704		(973) 808-16	16	00411	II.				
Hammonton NJ 08037	irm		Teler	phone N	ln.	West Caldwe	ell, NJ 07006	License N	No.	-			-
City, State, Zip Code						City, State, Zip C							
Street Address 318 12th Street	13					2 Henderson	Drive						
Health & Safety Services,	Inc			00117		Street Address	atement ino						\neg
Name of Monitoring Firm Hired by		wner (8)	ASCM N		Name of Abatemo							
Bergen							Commercial						-
County (6)				County	Code (7)	(STATE USE ONLY)	Current Use (Pri		molishe	ed)			
City (5) Northvale							15,380	1		50	5		
252 Livingston Street			-				Square Feet	# of Floors	3	Bldg	g. Age	;	
Street Address						* 1	Other (i.e., pr homes, etc.)	ivate and cor	nmercia	al build	dings		
252 Livingston Street							☐ School (K-12) ☐ Subchapter 8	(Other than	K-12)				
Name of Facility Where Abatemer	nt is Taking	Place (3)				Type of Facility (

21

Agencies Notified

(NJAC 5:23-8)

☐ EPA

☑ DOLWD

☑ DHSS

☐ DCA

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)					W-30/15	
_4 / _	11	/ _1	4		No	rthvale S	hopping Center	Associates	Al	PR 2 🚜	1 2	014		
Agencies Notified	Type No	tification			Street	Address					_			
☐ EPA	☑ Initia	I			135	5 15th S	treet Ste 130							
☑ DOFMD	☐ Ame				City. S	State, Zip (Code						_ :	
DHSS		ndment a		_		t Lee NJ				1.5			- 10	
☐ DCA (NJAC 5:23-8)	☐ Eme	ication)	nciuain	g		of Contac			Telephone	Number	_	-		
(140/10/0.20-0)	☐ Cano	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				gg Slate		-8	Ligishions	Number	-	E		
													_	
Name of Facility Where A	hatemen	t is Takir	ng Place	2/3)	FA	CILITY	FORMATION	Type of Facility	(4)		_			_
252 Livingston Stre		r io i ciui	.guo.	3 (0)				School (K-12						
Street Address	-							Subchapter 8	*	K-12)				
252 Livingston Stre	et							Other (i.e., pr		mmercial	build	lings	3 ,	
City (5)				_				homes, etc.) Square Feet	# of Floor		Dida	. Ag		-
Northvale								15,380	1	•	56 56		e	
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri		molished				
Bergen					Jour	ity odde (i	HOTATE OSE ONET	Commercial		HIOHSHEO	,			
Name of Monitoring Firm	Hired by	Building	Owner	(8)	ASCM	No	Name of Abateme				_			
Health & Safety Ser			O 441 101	(0)	0011	000707	Superior Aba							
Street Address	71003, 11				- 001	-	Street Address	tement inc						
318 12th Street							2 Henderson	Drive						
City, State, Zip Code							City, State, Zip Co				_	_		-
Hammonton NJ 080	37						West Caldwe							
Project Manager for Monit	toring Fire	n		Tel	ephone	No.	Telephone No.	., 110 0. 000	License N	lo.		-	-	
Jim Proctor						4-8850	(973) 808-161	6	00411					
Start Date (10)		Sche	duled C	omple	etion Da	te (11)	Name of OSHA M	lonitor			_			
_04 / _21 /	14	1	04 /	_2	2 /	14	Superior Aba	tement Inc						
Occupancy Status During	Abateme	nt (Che	k only	one)			Street Address							
□ Facility Closed/Vacate							2 Henderson	Drive						
☐ Abatement Performed							City, State, Zip Co	ode						-
Time of Abatement:	AM-		W/	PM		AM	West Caldwe	II, NJ 07006						
Scope of Work (Check all	that appl	y)												
≥3 sf or ≥3 lf			ПР	enovat	lion			ainment with Neg	ative Pressu	re				
☐ ≥160 sf or ≥260 lf				emoliti			Glovebac							
							⊠ Non-Exe	mpted (*) and No	n-Friable Pro	cedure				
1				s Loca Norma						,	Abat	eme	nt Ty	уре
Location of Asbestos-Containing M		ACM)	Use	ed Sol	ely by	Asbe	Description of stos Containing Mar		Amoun	+ 7	0	Re	En	9
TO BE ABA	TED	,	F. 1	inten	ance/ Staff?		., thermal systems i	nsulation, .	(Specifi	y la	3	Repair	cap	Enclosure
IN Facility (13)	У		Ous	(12)		1	surfacing, VAT, other miscellane		SF or LF	-) 2	3		Encapsulate	üre
(10)			Yes	No	N/A	1	Other miscenaries	ous,		- 1	1		ë	
Roof		-	10			Roof FI	ashing		175 LF	- D	a li	1		П
Exterior Windows		-					v Caulk				-	-		
Exterior Williams	_		+	-		AAIIIGOA	V Cauik		3 EA	D	-	4		
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										. [][
Name of Registered Wast	e Hauler		'	1,110	VUDEP I		Cubic Yards of	Name of Regis	tered Landfill					
Service Transport G	roup, In	C		1	lauler II		Waste	Minerva La	ndfill					
City, State		1			SW21	1/	5 Disposal Date	City, State				-		
New Castle, DE							4/22/14	Waynesbu	rah, OH					
Completed By (Print or Ty	pe)	Tit	e	-			Signature			Date				
Nick Petrovski	/	0.000	ereside	ent			Oigilatule					11.	-14	4
ASB-41									my	17	-/	1-	1	
MAY 11			Do not	use t	his form	for asbest	tos licensure exemp	ted activities.						

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Mo Chock				(Pı	ursuant	to NJAC	8:60 and	d 12:120	0)		W 20 *	Ť	,	7)	
Date of Notification (1) 4/23/14			-			f Building (n Enterp				DCO, Ame	rican [Develop	ment	Com	pany	
Agencies Notified		otification		100	Street A	ddress Industria	l Highv	way			Ani	2 4	2014			
EPA DEP DOL	X Ar	tial nended nendment	#_2		City, Sta	ate, Zip Co ampton,	de			. 11						
DOH DCA	jus	nergency (stification) ancellation			Name o	f Contact leznak					Tele	ephone Nu	ımber	=		
		anochation				LITY INFO	ORMATI	ON			3			AP		
Name of Facility Where Former Pathmark S	Abateme Superma	nt is Takin arket Bu	g Place (3 ilding)				ON-	Тур	oe of Facility (AUS4			,		
Street Address 2881 Mt. Ephraim A	Avenue								×	Subchapter Other (i.e. p	8 (Othe	er than K-	12) cial buil	dings	home	es,
City (5) Camden				ř.					30	uare Feet 0,000	# of	Floors		3ldg. <i>A</i> 50+	ge	
County (6) Camden	n Monitoring Firm Hired by Building Owner (8)					Code (7) USE ONLY)		_		rrent Use (Prietail shoppi			shed)			
	ental Management Inc.					M No.			of A	batement Cor						
Street Address 34 E. Germantown	nmental Management Inc.							Street	Add		lighwa	v. Suite	500			
City, State, Zip Code E. Norriton, PA 194	401							City, S	tate,	Zip Code A 19341						
Project Manager for Mor Ray Giordano	nitoring Fi	rm			Telepho			Teleph	none	No.		License	No.	22-112-2	-	
Start Date (10)		I	Schedule			77-0405 Date (11)		100		-8884 SHA Monitor		01161				
5/5/14 Occupancy Status Durin	a Abatom	ent (Chee	5/30/14					EMS	(775)							
Facility Closed/Vac	ated Duri	ng Entire F	Period of A	Abatem	ent			Street 200 l		te 130 Nor	th					
Abatement Perform Other – Describe:	ed Outsion Work limit	de of Norm ed to unoc	nal Facility cupied reta	Hours ail spac	æ		_			Zip Code nson, NJ(08077					
Scope of Work (Check A	II That Ap	oply)	0.00000						200							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ETTER TO	enova emoliti				×	N	Full Containme Mini-Enclosure Blovebag Prod Non-Exempted	e cedure				e	
			Is	Locati	on						() =			Abat	ement	t
Location		0.002000		lormall d Solel				scription						1)	rpe I	\vdash
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED ity	(ACM)	Mai	intenar odial S (12)	nce/ staff?		thermal surface		s insi T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
F:4.0		-	Yes	No	N/A								4-	-	Œ	
First floor on	Section 1975	ie	-		X	31	ayer V					000 sf	X			
2nd floor me	a regulation to the				X			er cera		;		000 sf 00 sf	X			
Zild lioor lile	ZZGIIIIK		+				1 16	iyei v	~		7.0	JU SI	Α.			
Name of Registered Was	te Haule	r		N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfi			L	
Service Transport				H	auler ID	No.	of Was	ste		Minerva	a Land	fill				
City, State New Castle, DE							Dispos TBD	al Date		City, State Waynes		ОН				
Completed by Jack Bally			Title Sr. Pr	oject	Mana	ger	8	ignature	L	Bal	ly 1	D	ate /23/1	1		
								1		1	/1					

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2:12)

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	· · · · · · · (1)·	Name	of Build	ling U	ool	r			724 PM4	10.2-100 NO.			1	
fNot	tification (1):	Newal	k Publi	C SCII	301			di e	THI	:21			1	
/2014	Type Notification	n Street	Addres	s:				- 557	no.	4. 4			1	
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ed	□ Initial	City,	State, Z	1p Co	uc.			120	A-*-			ė.	1	
A	Amended Amendment#:	News	ark, NJ	0/102				1				N.	1	
P	Amendmentor. □ Emergency	Nam	e of Con	ntact.	andevo			1,		4.7			7	
DL	(including	Mr.	Benjam	in Ola	gado						5-3		-	
	instification)							FATTON						
ЭΗ	Cancellation				TF.	CILI	TY INFORM	AATION (4)						
CA_							1 1	ypc or -						
		Assente Sc	hool					School (K-12)	har than K-12)	1 etc)			- 1	
me of	f Facility Maple	Avenue					\ 6	School (K-12) Subchapter 8 (Ot	e & commercial	buildings, nomes, etc.)			1	
	1 - Avenue	535				. (7	Di 1	Other (i.e., priva	, w	buildings, homes, etc.) # of Floors:			1	
Mapi	le Avenue	1.16	· ·	TO	County (Code ().	Square Feet:		# 02-			- 1	
ty/ (5	0	County (6).	10	7112		1/2							
ty/ (3 ewark	k	Essex						Bldg. Age	abool					
O A4 CIL								Current Use: S Name of Abate	ment Contracto	or (9):				
						100	M No.:	Name of Abate	ment con					
	of Monitoring I	TTI-A h	y Build	ing O	wner:			Apex Develo	pment, Inc.		0			
Jame	of Monitoring I	Firm Hired o	, , ,			0003)	Street Address						
TTI F	of Monitoring I ENVIRONMEN	TAL, INC.				1		1						1
			-2.00 (4.10)					658 Rutge	rs Place					1
Street	t Address:	Street						658 Kuige	n Code:					1
1253	t Address: 3 North Church	1 20000						City, State, Z	p Code.					1
								Paramus, N	J 07652	License No.:				
City	, State, Zip Cod	e:						Telephone N	0.:					1
	- ** (10057				Tele	phone No.:	Telephone	01	01215	-			1
Mo	ject Manager for	r Monitoring	Firm:			856	-840-8800	(973) 350-01						1
Proj	ject Manager 10			7 (302/1404)		1		Name of OS	HA Monitor: tical Laborato	ries				7
Jam	nes A. Gullardi		Schedul	ed Co	mpletio	n Date	(11).	Metro Anal	tical Laboration					1
Sta	art Date (10):	1	05/05/	14				Street Addr	ess:	te 203				-
05	/02/14		05/05/	ck only	v one)			255 West 3	6. Street, Da.					1
031	- D	1 Latam	ent (Che	UK OIN	c a b atom	nent			a. Code.					1
-	- supancy Status D	uring Abatem	1,3%					City State.	Zip Co	0018				- 1
Oc	/02/14	uring Abatem eated During	Entire Po	eriod o	i Adalei ity Hou	S		City, State	New York, 1	0018				
Oc	Facility Closed/va	uring Abatem eated During med Outside	Entire Poor	eriod o al Faci	lity Hou	S		City, State, New York	New York, 1	0018				
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0	Facility Closed/va Abatement Perfor Describe:	uring Abatem acated During med Outside	Entire Po of Norma	eriod o al Faci	ity Hou	S		New York	, New Torray		Negativ	e Pres	sure	
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0 0 0 0 1 5	Facility Closed/va Abatement Perfor Describe: ☐ Other Describe: Scope of Work (C ☐ ≥ 3 sf or ≥ 3 l ☐ ≥ 160 sf or ≥	heck all that a	of Norma	Is L	ocation	Renova Demoli	11011	New York Description Containing Mi	☐ Full ☐ Mir ☐ Glo ☐ Non of aterial (ACM) insulation,	Containment with Nai-Enclosure vebag Procedure -Exempted (*) and Na	on-Fria	Abate Ty	ment pe	_
0 0 0 0 1 5	Facility Closed/va Abatement Perfor Describe: ☐ Other Describe: Scope of Work (C ☐ ≥ 3 sf or ≥ 3 l ☐ ≥ 160 sf or ≥	heck all that a	of Norma	Is L No	ocation	Renova Demoli	Asbestos (i.e., t	Description Containing Mahermal systems	☐ Full ☐ Mir ☐ Glo ☐ Non of aterial (ACM) insulation,	Containment with N ii-Enclosure vebag Procedure -Exempted (*) and No Amount (Specify	on-Fria	Abate Ty	ment pe	_
0 0 0 0 1 5	Facility Closed/va Abatement Perfor Describe: ☐ Other Describe: Scope of Work (C ☐ ≥ 3 sf or ≥ 3 l ☐ ≥ 160 sf or ≥ Locat	heck all that a f 260 If ion of taining Mate	of Norma	Is L No Used	ocation ormally Solely	Renova Demoli 1 by	Asbestos (i.e., t	Description Containing Mahermal systems	☐ Full ☐ Mir ☐ Glo ☐ Non of aterial (ACM) insulation,	Containment with N ni-Enclosure vebag Procedure -Exempted (*) and No	negativon-Fria Removal	ble Pr	ocedu ment	_
0 0 0 0 1 5	Facility Closed/va Abatement Perfor Describe: ☐ Other Describe: Scope of Work (C ☐ ≥ 3 sf or ≥ 3 l ☐ ≥ 160 sf or ≥ Locat Asbestos-Cont	heck all that a f 260 If ion of taining Mate	of Norma	Is L No Used Mair	ocation ormally Solely ntenanoustodia	Renova Demoli 1 by	Asbestos (i.e., t	New York Description Containing Mi	☐ Full ☐ Mir ☐ Glo ☐ Non of aterial (ACM) insulation,	Containment with N ii-Enclosure vebag Procedure -Exempted (*) and No Amount (Specify	on-Fria	Abate Ty	ment pe	_
0 0 0 0 1 5	Facility Closed/va Abatement Perfor Describe: ☐ Other Describe: Scope of Work (C ☐ ≥ 3 sf or ≥ 3 l ☐ ≥ 160 sf or ≥ Locat Asbestos-Cont (A)	heck all that a f 260 If ion of taining Mate CM) ABATED	of Norma	Is L No Used Mair	ocation ormally Solely ntenandistodia Staff?	Renova Demoli 1 by	Asbestos (i.e., t	Description Containing Mahermal systems	☐ Full ☐ Mir ☐ Glo ☐ Non of aterial (ACM) insulation,	Containment with Ni-Enclosure vebag Procedure Exempted (*) and No Amount (Specify SF or LF)	Removal Removal	Abate Ty	ment pe	_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Check#1873 Name of Building Owner/Operator (2) Date of Notification (1) 21 / 14 Susan Pisello 04 Street Address Type Notification Agencies Notified 158 Mountain Way X Initial ☐ EPA City, State, Zip Code ☐ Amended ▼ DOLWD Amendment # Morris Plains, NJ 07950 X DHSS ☐ Emergency (including Name of Contact DCA justification) (NJAC 5:23-8) Susan Pisello 7 Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Nother (i.e., private and commercial buildings, Private home homes, etc.) Street Address Bidg. Age # of Floors Square Feet 158 Mountain Way Current Use (Prior if being demolished) City (5) County Code (7) (STATE USE ONLY) Morris Plains, NJ 07950 County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Teiephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Envirovision Consultants,Inc 05 / 01 / 14 Start Date (10) 04 / 30 / 14 Street Address Occupancy Status During Abatement (Check only one) 20-21 Wagaraw Road, Bldg .# 34A ▼ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours - Describe Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Time of Abatement: ____AM-_ Full Containment with Negative Pressure Scope of Work (Check all that apply) Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Renovation >3 sf or >3 lf 2 160 sf or 2260 lf Demolition Abatement Type Repair Is Location Removal Encapsulate Description of Normally Asbestos Containing Material (ACM) Amount Used Solely by (Specify Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Maintenance/ SIF or LF) surfacing, VAT, or Custodial Staff? TO BE ABATED other miscellaneous) IN Facility (12)(13)N/A X No Yes 230 LF Pipe insulation X Basement NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 City, State Disposal Date Gr Tech LLC Tullytown, PA City, State TBD Date Signature Wayne, NJ 07470 04/21/2014 Title Completed By (Print or Type) Owner * Do not use this form for asbestos licensure exempted activities.

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City, State, Zip Code			City, State, Zip			L
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Hackensack,			Disposal Date 4-24-16		ourg , 01	h
						4-18-14

cic 5010 Date of Notification (1) Name of Building Owner/Operator (2) 21 16 TR. TIM SKAHILL EASENERS, AU Agency Notified Type Notification Street Address 136 TOUNTAIN D Initial D EPA City, State, Zip Code D DEP □ Amended EAST HANDVER. 07936 Amendment # NI. ☐ Emergency (including Name of Contact DOH ius@fication) D DCA MR. □ Cancellation SHAHILL FACILITY INFORMATION 10 Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MR SKAHILL School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) D-Other (i.e. private & commercial buildings, 136 400 I LEASENT homes, etc.) City (5) Bidg. Age Square Feet # of Floors HANONER 80 KENNS LAST 2500 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY OKINIS MESI DENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) Best Removal Inc Street Address Street Address 450 S.River St City, State, Zip Code City, State, Zio Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. License No. 00388 201-329-7444 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/2 Omega Environmental Inc 2 14 Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St Q. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code South Hackensack, N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure #23 stor≥3 F -El Renovation D ≥ 160 sf or ≥ 260 lf □ Demolition Q Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Nomally Location of Description of Used Solely by Containing Material (ACM) tos Containing Material (ACM) Annount Encapsulate Maintenance/ Enclosure Removal TO BE ABATED fi.e., thermal systems insulation, Repair (Specify Custodial IN Facility surfacing, VAT, or SF or LF) Shell? (13) other miscellaneous) (12)No N/A CRAWL SPACE THERMAL I.NSULATION SO LF Name of Registered Waste Hauter NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Best Removal Inc 17109 107 Minerva Enterprises City, State Disposal Date Waynesburg , Oh Hackensack, N.J. 07601 Completed by Title Signature J. Maiorano 21/26 Estimator م عمره ده

* Do not use this form for asbestos licensury exempted activity

ASB-41



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

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ASB-41 MAY 11

Completed By (Print or Type) Brian Scafiro SB-41		Title	mato	or			Signature Second	Pafirs/ 1	il	Date	4//	6/1	4	
NEW CASTLE, DE 1972		T					Disposal Date	City, State WAYNESBU	IRG, OF	44688				
Name of Registered Waste H SERVICE TRANSPORT		P, INC.		Ha	DEP V auler ID 20990	No.	Cubic Yards of Waste	Name of Registe						
1000]						1/7					
Roof	_]			Pipe In	sulation		25	LF	\boxtimes			
Apartment 910			_			Floor ti	le and mastic		375	SF	Ø			
			res	No	N/A		- Caret misochaned						ate	
Location of Asbestos-Containing Mate TO BE ABATE! IN Facility (13)			Used	lorma d Sole ntena odial S (12)	ly by nce/	Asbe (i.€	Description of estos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amo (Spe SF o	cify	Removal	Repair	Encapsulate	ype
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		<u> </u>] Der	novati molitic	n	Ι	☐ Mini-Encl ☐ Glovebag	ainment with Negrosure Procedure npted (*) and Nor			1			=
✓ Abatement Performed Out Time of Abatement: 8:30 ✓ Scope of Work (Check all that	tside of N AM- <u>5:30</u>	Normal F	acility	Hour	s - Des	scribe	City, State, Zip Co BRISTOL, PA	de						
Occupancy Status During At Facility Closed/Vacated D					ment		Street Address 1123 BEAVER	STREET						
4 / 15 /					_ /	14		/IRONMENTAL	., INC.					
Start Date (10)	T	Schedul					Name of OSHA M	onitor		_	-			
Monty Krough	J			1		-9600	215-788-6040		Licens 005					
Project Manager for Monitor		*	-	Tele	phone	No	BRISTOL, PA	19007	lia	o N'a				
City, State, Zip Code Wilmington, DE 19801							City, State, Zip Co							
801 Industrial St							1123 BEAVE							
Street Address							Street Address	VINORIAL NI AL	-, ING.					
Name of Monitoring Firm His Brightfields, Inc	rea by Bu	iliaing Ov	vner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9) VIRONMENTAL			9			
Camden		7.11	West State of				0	Apartments		g aemolis	inea)			
Camden County (6)			-		Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if boin	. d P.				
City (5)		X						Square Feet	# of F	oors	В	ldg. A	\ge	
130 Mickle Blvd								Other (i.e., po homes, etc.)	rivate and	comme	rcial b	uildin	gs,	
Riverview Towers Ap Street Address	artment	S						School (K-12) 3 (Other t	han K-12	1			
Name of Facility Where Aba			Place	(3)				Type of Facility	•					
					_		NFORMATION						_	
	Cancell				100-1000000	e or Conta			Teleph	one Num	ber			
DCA (NJAC 5:23-8)	Emerge justifica	ency (inc				ilmington e of Conta	n, DE 19809	*	т=	28		Ü#		
☑ DHSS		ea ment # <u>1</u> -	-4/16	/14	0.50	State, Zip			1,40	10%		. 10		
10	☑ Initial ☑ Amend				41	Denny R	d.	رخ.	YSIN	TAN	f ()			
Agencies Notified 7	ype Notif	fication				et Address		& C/O	970 -	1//: 5	,			
0.00	02 /	14			- 777		ing Owner/Operator ((2) GEO.	C4 1	M/1:27	7			
Date of Notification (1)				-	TAI-	(5 11			7		\wedge	333		

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Date of Notification (1) 4 / 02	,	14		Na	Arbor Man	ding Owner/Operator	(2)	APRO		y u	7/	
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DCA DCA	Amendme Emergenc justification	y (inclu	ding	1	y, State, Zi Wilmingto me of Cont	on, DE 19809		**************************************	NG	01		
	Cancellatio				me or Cont			Teleph	one Nur	riber		
N				F	ACILITY	INFORMATION						_
Name of Facility Where Abates	ment is Ta	king Pl	ace (3)				Type of Facility ((4)				
Riverview Towers Apart Street Address	ments						School (K-12)				
130 Mickle Blvd							☐ Subchapter 8	Other t	han K-1	2)		
City (5)							Other (i.e., pr homes, etc.)	ivate and	d comme	ercial	buildi	ings,
Camden							Square Feet	# of F	loors	T	Bldg.	Age
County (6)			1510.0000	Co	unty Code	(7)(STATE USE ONLY)	C					
Camden Name of Monitoring Firm Hired	by Build						Apartments	or if bein	g demoli	ished)	
Brightfields, Inc	oy Buildin	ig Own	er (8)	ASC	M No.	Name of Abateme				-	_	
Street Address					2	BRISTOL EN	VIRONMENTAL	, INC.				
801 Industrial St						Street Address			-			
City, State, Zip Code						1123 BEAVER						
Wilmington, DE 19801				85		City, State, Zip Co						
Project Manager for Monitoring	Firm					BRISTOL, PA	19007					
Monty Krough	CHALL			lephone		Telephone No.		Licens	e No.			
Start Date (10)	10.0				6-9600	215-788-6040		005	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
	Scri	equieg 4	Compl	etion D	ate (11)	Name of OSHA Me						
4 /15 /14	- -	4	/ _1	etion D	ate (11)	BRISTOL ENV	onitor /IRONMENTAL,					
4 / 15 / 14 Occupancy Status During Abate	ment (Che	4 eck only	/ _1 / one)	7_/	14	Street Address	/IRONMENTAL,					_
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* Do not use this form for ashestos licensum avandad

Joseph Cold

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

Date of Notification	(1) 4/10/14					Building		er / Operato	or (2	2)	·	824 /)		
Agencies Notified	Type Notifica	ation				ddress	uwio	1100	-		P(3)	NSING	1//				
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☐ DEP ☐ DOL	☐ Initial					te & Zip		0040			~	No.	70				
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□ DOH □ DCA		gency ellation	- 1			y White	70						relep	DITIO	ie iv	umbe	31
							C-3. H. O. D. O. O. C.					.	~	_			
Name of English W/h	oro Abatama	nt in Taking Di	000 /		CIL	LITY IN		MATION	1:4./	'A\				_			
Name of Facility What Lawrenceville Fire			ace (5)			li-	ype of Facil School (
Street Address	c oompan	,			-					8 (Other th	an K-12	2)					
64 Phillips Avenu	ıe						15			rivate & cor		27.	ngs, h	om	es, e	tc.)	
	7.7							quare Feet		# of Flo			Bldg.				
City (5)		County (6)	Co	unty	Coc	de (7)											
Lawrenceville		Mercer					С	urrent Use	(Pri	or if being o	lemolis	hed)					
			annon-		Setul Second				950						000000000000000000000000000000000000000		
Name of Monitoring		ner (8)		A	ASCM N	40.000 E			nent Contra								
Environmental C	onnection						$\overline{}$			nmental, l	nc.						
Street Address	. 044						1000	treet Addre		44							
120 North Warrer City, State & Zip Co								123 Beave ity, State &									
Trenton, NJ 0860								ristol, PA									
Project Manager for		irm	Teler	hone	e Nu	umber		elephone N			IL	icense	Numb	er			
Richard Beach							100	215)788-60			0	00509					
Scheduled Start Da		Scheduled Cor	npletio	on Da	ate ((11)		ame of OS									
ON HOL							_			nmental l	nc.						
Occupancy Status I							4073	treet Addre	1735 July 1								
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	upied During	all the second s					l ^p	ristol, PA	150	007							
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Bristol Environm	ental. Inc				auie 370			u Yd	G	ROWS La	ndfill						
City, State				1.0				osal Date		ity, State							
Bristol, PA								3/14		orrisville,	PA						
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CK 2197

Date of Notification	(1)	-	1	Name	9 06	D. iii	ding C	huner / Operate	- 90	74 An-	-	1				
Date of Notification	4/10/14			Tow	nsi	ouil	of La	wrence	ı (Z	1. APR 24 "	١,,					
Agencies Notified EPA	Type Notifica	ition		Stree	t A	ddres	s	owner / Operator wrence /	r ej	ESTING CON	M//:	₹2				
DEP .			1				Zip C	ode	-	E Line, Con	170	-				
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□ DOH 9821	☐ Emer	gency		Name							4	Tel	enho	no NI		'
☐ DCA	☐ Cano	ellation		Greg	gor	y W	hiteh	ead			,				3-5-10	
				FA	CII	LITY	INF	ORMATION								-1-1-194
Name of Facility Wh			ace (3	3)				Type of Facili								
Lawrenceville Fi	re Company	У						School (I			40)					
Street Address										3 (Other than K		uildings	home		۱. ۱	
64 Phillips Aven	ue							Square Feet		# of Floors	Ciai Di		g. Age			
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Lawrenceville		Mercer		unity	00.	30 ()	,	Current Use	(Pric	or if being demo	lished)				
Lawrencevine									Ç							
Name of Monitoring		y Building Owr	ner (8)		1	ASCI	M No.			ent Contractor (9)					
Environmental C	onnection									nmental, Inc.				V Date		
Street Address	Chunch							Street Addres								
120 North Warre City, State & Zip Co			- 1/4 2			_		City, State &			-					
Trenton, NJ 0860							-	Bristol, PA								
Project Manager for		irm	Tele	phone	e N	umbe	er	Telephone N			Lice	nse Nun	nber			
Richard Beach								(215)788-60	040		005	09				
Scheduled Start Da 4/21/14		Scheduled Cor		on Da 3/14	ate ((11)		Name of OSI		Monitor nmental Inc.						
Occupancy Status I		nent (Check or	-					Street Address								
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		utside of Norm	al Ho	urs –	7ar	n to	3pm	City, State &								
Describe:	7AM to 3:3							Bristol, PA	190	007						
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Scope of Work (Cite	sck all that ap	piy)							П	Full Contain	ment v	with Neg	ative	Pres	sure	•
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	(10)		Yes	No		J/A		or other missen	u.,0)			-		ਰਿ	1 6
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Name of Registered	Waste Haule	ar.		N	IDE	EP W	/aste	Cubic Yards	Ns	me of Register	ed l ar	odfill			Ш	
Name of Registered	I Waste Haut	51		5000		er ID		of Waste	INC	ine or register	cu Lai	idilii				
Bristol Environm	nental, Inc.			18	870)6		2 Cu Yd		ROWS Landfi	II					
City, State Bristol, PA		17.1	333					Disposal Date 4/23/14		ty, State orrisville, PA						
Completed By (Prin	t or Type)			Ti	itle			Signatur _i e /	7				Date			
Gino Pizzigon				100	(T)	ect age	-	Hurl	/ X				4/	0/	4	
CI14071		 	531-331-3	191	-411	-90		1	X	X	-		1		#12. 	
GI14071									4	()						

Date of Notification (1)	A/17/14 Initial	Name of Building Owner/Operator (2) Educational Testing Service												
Agencies Notified	Type Notification		S	treet A	ddress		Rosedale Roa		e C	5/2		Ý.		
EPA DEP			-	ity Sta	ate, Zip Co	ode	Trobboard Tro		\rightarrow	10%	37.	\exists		
DOL.		luding		, 0.0	,		inceton, NJ 08	3541		4/	1	1		
⊠ DOH	justification)	Juding	N	lame o	f Contact			Telephone Number	-	(%)				
□ DCA	☐ Cancellation		1_		(Cliff Banks		'						
				FACI	LITY INFO	ORMATION						_		
Name of Facility Where	Abatement is Taking	Place (3	3)				Type of Facility							
	ETS - Facili	ties B	uildi	ng			School (K-12	?) 3 (Other than K-12)						
Street Address	5	. D	4				Other (i.e., pr	rivate & commercia	buildi	ngs,				
	Roseda	de Roa	ad				homes, etc.) Square Feet	# of Floors	T Bld	a. Ad	e	\dashv		
City (5)	n_:_						10000	2	-					
	Prin	ceton		County Code (7) (STATE Current Use (Prior if being demolished)								-		
County (6)	Aercer.			USE) (01/11/2		acilities Build						
		wner	- I	SCM N	lo.	Name of Abater	nent Contractor (9)	20					
(8)				Stevens Environmental Services, Inc.										
Street Address						Street Address								
						322		_	_	_				
City, State, Zip Code				City, State, Zip	Code	n NI 09501								
					Allentow	n, NJ 08501								
						Telephone No.	50 0688		0493	F				
William Weisgarber Jr.			-	***	230-4010 (000) 200 0000							_		
				MECS										
	- Abstament (Cha			Street Address										
				nent		PQ Box 341								
M Abatement Performe	ed Outside of Norma	I Facility	Hours	3		City, State, Zip	Code							
Other - Describe:	4pm-Midnight		~					ks, NJ 08515						
								ti December						
% 7 >3 sf or >3 lf		Ren	novation	on 1		☐ Mini-E	ontainment with Ne nclosure pag Procedure							
			-		15	Non-E	xempted (*) and N	on-Friable Procedu		hata	mont			
				n										
Location	n of	Used	Solely			Description of								
Asbestos-Containing	Material (ACM)				Asbes (i.e.	tos Containing M , thermal systems	aterial (ACM) insulation,	Amount (Specify	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	771	Enc	En		
IN Facil	ity	S	taff?		(1.0.	surfacing, VA	T, or	SF or LF)	emo	(epa	apsı	Enclosure		
(13)	## A/17/14 ## Shotified Type Notification Initial Amended Amendment # Emergency (including justification) Notification Notifi			other miscellan	eous)		Val	=	ılate	l re				
		Yes	No	N/A					_			_		
Carpenter	's Shop	x				Asbestos Fi	ttings	35 fittings	han K-12) commercial buildings, coors Bldg. Age 2 50 g demolished) s Building Services, Inc. 2 8501 se No. 00493 1 08515 essure Procedure Abatement Type count ecify or LF) Removal Abatement Type andfill					
-		+												
Name of Registered W	/aste Hauler	1 1		JDEP \		Cubic Yards	Name of Reg	gistered Landfill						
		es, Inc.	. Н	auler ID	292 292	of Waste		T.R.R.F., I	nc.					
City, State						Disposal Date	City, State		ъ.		5.25%	-75		
	Allentown,	NJ				4/21/14	7		PA	- 10	_	_		
Completed By	Tit	e		1.		Signature		Date	4/1	7/14				
Mahlon E. S	tevens	Pr	oject	IVIar	nager		4		1/ 1					

ASB-41 MAR 00

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

04005585

D&S Proj. #: 2014-158

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

Abatement nd 12:120)	REC	EIVED
	2014 APR 31	-, AED
	ASSECTION OF LICE	PHII: i
	& 1100	CONTA

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Date of Notification (1) 0 4 / 1 7 / 1 4	LEIGH MARSHALL Steer Address County Code (7) Steer Address Steer Add																	
EPA Initial	110	Street Address 114 GORDONHURST AVENUE							CENSI	NTR	Oį.							
L DEP I	1	City, State, Zip Code									20							
DOI	-11	MONTCI	AIR. NJ	07042							4.22 h							
DOH (including	Na						- AMERICAN PLANTS	Telephor	ne Numbe	r								
	- 11	LEIGH MARSHALL																
Cancellation		DEIGHT			ATION		2			ž.			_					
Name of facility where abatement i	s taking pla	ice (3)	+		M155		Туре											
LEIGH MARSHALL		3037						=	11.82		an K-	12)						
Street Address							11				cial							
114 CORDONHURST AVE	NUE				*		Sai				Blo	lg. Ag	e					
		nty (6)	-		Cour	nty Code (7)	1 "		n				1					
only (o)							Cu	rrent Use (F	rior if beir	ng dem	olishe	d)						
MONTCLAIR	ESS	SEX																
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abateme	ent Contra	actor (9)										
		*					RATIO	N, INC.										
Street Address																		
												_						
City, State, Zip Code						1000												
									11:	- Ni con la								
Project Manager for Monitoring Firm	1	Pho	one Numb	er							er							
										71107								
Start Date (10)	Sched	I. Completio	n Date (11)				nc.										
04/30/14	05/20	0/14			+ 3		ution, is											
Total Control						20 California	Avenue											
						City, State, Zip Code												
Abatement performed outside	of normal	facility hours	S															
Other-Describe: NORMAL I	IOURS				_	Paterson, NJ	07503											
			17-10				Full C	ontainment	w/negativ	e press	ure							
\boxtimes >3 sf or >3 lf	Renovation	on				Ē												
>160 sf or >260 lf	Demolition	n				Ė				-friable	proce	edure						
	Is locatio	n normally u	sed solely	/			1	zionipioa (7	IR	R	_	1000					
asbestos-containing		enance/cust	odial	Descripti	ion of a	sbestos-containing	,				е	9,9359	18.78					
material (acm) to be		Γ	Г	material	(ACM)				SF or	7.0	a		C					
abated in facility (13)	Yes	No	N/A					,			r	р						
BASEMENT		X		PIPE INSU	JLATI	ON	1	30 L FT										
						777-78							Ш					
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Registered Waste Hauler D & S RESTORATION, INC.					Waste				ECOVE	RY								
City, State																		
PATERSON, NJ 07503			05/01/1			TULLYTOW	VN, PA											
Completed by (Print or Type)		NIN IT		Signature						7/201	1							
DEP Amendment #:										112014								

C/5584

D&S Proj. #: 2014-157

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

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			Name of Bu	ilding Own	er/Operator (2)			<i>18</i> 2	11/2 AL			0	-
			ELIZABI	ETH BAI	RUKA			385	C .	PH	//		
DOH	ess				æ (1330		1.	9				
= 1	=		-		VENUE				CENSO	MI	2		
_	Amendment #:	[City, State, 2	Zip Code					'/1	G	07		
_					K, NJ 07932						AB		
_			Name of Contact Telephor										
☐ DCA	Cancellation	1	ELIZAE	BETH BA	RUKA								
				FAC	ILITY INFORM	IATION	ſ						
Name of facility wh	ere abatement i	is taking p	lace (3)					Type of Facility	(4) ol (K - 12)				
ELIZABETH B	ARUKA								apter 8 (Ot	her th	an K	-12)	
								○ Other	(Private/Co	mme		12)	
14 MALCOM	STREET							Bldgs.	/Homes, et	1 2000	BI	dg. A	ne ne
	31KEE1	Co	unty (6)			Cou	nty Code (7)	Square reet	# OI FIOOIS	'	Di	ag. A	ge
Oity (O)			(-/			63.5	te use only)	Current Use (P	rior if being	dem	olish	ed)	
												**	
Name of Monitorin	g Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement	25 - 50					
_							D & S RESTOR	ATION, INC.					
Street Address							Street Address	4					
City State Zin Code							20 California A City, State, Zip Code	ve.					-
ony, onato, zip ood	•						Paterson, NJ 07	503					
Project Manager for Monitoring Firm Phone Num				one Numb	er	-	Telephone Number	303	License I	Numb	er		
							973-345-8020		01	169			
Start Date (10)		Sche	ed. Completic	on Date (1	1)	Name of OSHA Monitor D & S Restoration, Inc.							
04/30/14		05/	20/14				Street Address	on, Inc.				-	
And the second s	During Abatemer						20 California Av	venue					
						City, State, Zip Code							
Abatement performed outside of normal facility hours-													
Other-Descrit						-	Paterson, NJ 07	503					
1			~	7				Full Containment	v/negative	press	ure		
		Renovat	ion					Mini-enclosure Glovebag procedu	re				
≥160 sf or ≥2	60 If	and the second	NACCO CONTRACTOR OF THE PROPERTY OF THE PROPER			N.		Non-Exempted (*)				-	<u>, </u>
	A-1-1				1		241 - 241 -	Amount		H e	R e	E n	E
					Descripti material		sbestos-containing	Amount (Specify S	SF or	m o	p a	С	n
abated in faci	ility (13)	Yes	No	N/A		•		LF)		v e	i	a p	L
BASEMENT			X		PIPE INSU	JLATI	ON	173 L FT		Ď			
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Registered Waste	auler	INIT	DEP Haules	ID# 1.0	ubic Yards of	Maeta	Name of Registered	Landfill		Ш	Ш	Ш	
					2 YD	· vasic	TULLYTOWN,		ECOVER	Y			
City, State				Disposal D			City, State		9				
				05/01/1	ARREST CONTRACTOR OF THE PARTY		TULLYTOWN.	PA	1-				
			DENT		Signature				Date 04/17/	2014			
DOOD/III JOE		TREST	DLI(I		<u> </u>	04/17/2014							

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) April 21, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address 111. X EPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DE® ☐ DCA □Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPO X DOL ■ Emergency (including) City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **DOOLITTLE HALL, BLDG# 3572** ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 1 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County Code (7) County (6) (State Use Only) **PISCATAWAY MIDDLESEX** Current Use (prior if being demolished): ACADEMIC OFFICES/LABS Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 05/02/14 05/17/14 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Building For Demolition Shift Hours: 8:00AM - 12:01AM (24hrs. as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) X Full Containment with Negative Pressure ▼Renovation ≥ 3 sf or ≥ 3 lf Mini-Enclosure ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure & Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Various Locations X 8199 SF X Various Locations X TRANSITE HOODS & TABLE TOPS 1109 SF X Exterior X ROOFING 10500 SF X Various Locations X X TSI 111 LF Hallway112.MER112A. 6456 SF X SHEETROCK/JOINT COMPOUND X Bathrooms112B&C,Foyer112 D,Lab120,Morgue/Lab121, Morgue123 &Storage Rm124 Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 240 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 05/17/14 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP # 22612 215-736-1700 Completed by (Print or Type) Title Signature Date Raymand C. Pedalino RAYMOND C. PEDALINO SENIOR PROJECT April 21, 2014 MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith ATC, Attn: Brian Kearney

Check#10884

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) April 21, 2014 RUTGERS, THE STATE UNIVERSITY OF JU 2411.56 Agencies Notified Notification Type Street Address ☐ EPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEP D DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPU X DOL Emergency (including City, State, Zip Code ▼ DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 **X** DOH □ Cancelled Name of Contact Telephone Mr. MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) GEOLOGY OFFICE, BLDG# 3541 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address M Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years City (5) County (6) County Code (7) PISCATAWAY (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC OFFICES/LABS Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/02/14 05/17/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement ■Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Building For Demolition Shift Hours: 8:00AM - 12:01AM (24hrs. as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf ▼Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 lf ■ Demolition Glovebag Procedure & Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA 101, 101A, 105,108,111-117, X VAT X 2031 SF 123, 123A, 123B & 123C Exterior X TRANSITE SIDING 3500 SF X Exterior X ROOFING 4500 SF X 109,117,123,123A,123B,123C X TRANSITE LAB TOPS 309 SF X &124 Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 120 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 05/17/14 100 New Ford Mill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Rd. Morrisville, Pa NJ DEP# 22612 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalina April 21, 2014 MANAGER

STATE OF NEW SERVE	., 5=			775~									
ate of Notification (1)			Name of Building Owner/Operator (2)	VE/VE	7								
04/17/2014			Ami Rosenburg 4PR 2										
gencies Notified	Type of Notificati	on	Street Address										
gencies Notified	1		607 Bloomfield Street 111										
) USEPA	(X) Initial No	d	City, State, Zip Code										
X) NJDEP	() Amende Amendn	nent#	Hoboken NJ 07030										
X) NJDOL	(X) Emerger	cy (including	Hoboken, NJ 07030										
X) NJDOH) NJDCA	justificat	tion)	Ami Rosenburg		76								
) NJDOA	() Cancella	ation				1990							
			TY INFORMATION Type of Facility (4)				2122						
lame of Facility Where Abateme	nt is Taking Place (3)	() School (K-12)										
Residential Property			() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.										
Street Address			(X) Other (i.e. private & commercial	al blags., Home	3, 010.								
619 Bloomfield St			Sq. Feet: <u>5,000</u> # of Floors	3	Bldg. Age	e <u>60</u>							
City (5)	County (6)	County Code (7) (State Use Only)	Sq. Feet: 0,000										
Hoboken	Hudson	(State Ose Omy)	Current Use (if being demolished):										
		100111	Name of Contractor (9)	20-20									
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No. N/A	Industrial Safety & Environmental Solutions, Inc.										
N/A			Street Address										
Street Address			3300 Hudson Avenue										
N/A			City State, ZipCode										
City, State, Zip Code N/A			Union City, NJ 07087										
Project Manager for Monitoring	Firm Telephone	Number	Telephone Number	Telephone Number									
N/A	1		(201)325-0055										
Scheduled Start Date (10)		Completion Date (1	Name of OSHA Monitor ISES, Inc.										
04/18/2014	04/21/20		Street Address										
Occupancy Status During Abate () Facility Closed/Vacated D	ement (Check only of	of Abatement	3300 Hudson Avenue										
() Facility Closed/Vacated C () Abatement Performed Out	itside of Normal Fac	cility Hours	City, State, Zip Code										
V VOIL Describe:			Union City, NJ 07087					_					
Work area in basement un) Demolition	(X) Renovation			2							
Source of Work (Check all that	apply) () Demolition		uttive Press	ure								
() Minor Project (< 25S	F or < 10LF ACM	1)	(X) Full Containment with () () Mini-Enclosure	Negative Press	uie								
V \ Cmall Project (> 25S	F < 160 SF or > 10	JLF \200LI AOW	Olava had Drocadure										
() Large Project (>1605	SF or > 260LF AC	M	() Non-Exempted (*) and	Non-Friable P	rocedur	e patemen	t Type	8					
Location of Asbestos-	Is Location No	ormally Used	Description of ACM	Amount (Specify SF		- T	. 1760	_					
Containing Material (ACM)	Solely by Ma	intenance or	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	or LF)	ایدا	_	Ē						
To be Abated in Facility (13)	Custodial	Stall? (12)			Remova	Repair	caps						
	YES N	O N/A			oval	air	Encapsulate						
								L					
		-	VAT (Floor Tile)	~ 150 SFT	X			1					
BASEMENT				+				I					
			The state of the s	Name of Rec	nistered I	andfill		1_					
Name of Reg. Waste Hauler		DEP Waste Hauler	D# Cubic Yards of Waste 2	IESI BETH	ILEHE	M LAN	DFIL	L					
NEWARK CARTING	3 04	509		City, State			- Newsenson						
City State			Disposal Date 04/21/2014	BETHLEH	EM, P.	A 180	15						
369 Raymond Blvd., No	ewark, NJ 0710	0	Signature Signature	<u>Date</u>									
Completed by (Print or Type)	<u>Title</u>		La/ // much	APRIL 1	7 201	4							
David Camacho	General	Manager	TAVIT AJIVA	AFRILI	1, 201	-							
David Calliactio				_									